MENTORSHIP AND NOVICE NURSING FACULTY: WORKING TOGETHER FOR SUCCESSFUL ROLE TRANSITIONING

by

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ABSTRACT

In baccalaureate nursing programs in which context based learning (CBL) is used as a teaching-learning modality, it has been observed that there is a shortage of experienced faculty both in the classrooms and in the clinical settings. This shortage has led to an increasing number of clinicians, frequently with no formal teaching preparation and with little or no teaching experience being hired into the position of faculty lecturer or sessional faculty. Such hiring practices have led to concerns about the mentoring process of these faculty members and their transition to the academic setting. Role transitioning from that of experienced clinician to novice educator is often filled with trepidation and uncertainty. Effective mentoring is pivotal to successful role transitioning of novice faculty. To date, there is an absence of research regarding this mentoring process.

The purpose of this grounded theory study was to examine the process involved in mentoring novice nursing faculty in a large university in Western Canada. Data collection occurred via semi-structured interviews. In keeping with grounded theory, constant comparative analysis and theoretical sampling were used. *Working Together* emerged as a dynamic and interactive process that occurred during an effective mentor-mentee relationship. Fundamental to this process of *Working Together* which ultimately fostered successful role transitioning for the mentee were four inter-related ambient conditions that included: a) *sharing; b) communicating; c) role modeling, and d) supporting.* Findings from this study could serve to augment our understanding of the mentoring

process and in turn contribute to the promotion of an academic milieu that is nurturing,

encouraging, and supportive for novice faculty.

PREFACE

This thesis is an original work by Azizah Amir Sculley. The research project, of which this thesis is a part, received research ethics approval from the University of Alberta Research Ethics Board on September 25, 2012. The name of the research project is "The Process Involved in Mentoring Novice Nursing Faculty in Undergraduate Nursing Education" and the project identification number is Pro00032172.

DEDICATION

I dedicate this thesis to all the teachers who have inspired and guided me endlessly, in particular those who have been my mentors along this doctoral journey. I dedicate this work to my family for without them this dream would not have materialized, my husband, Michael/Fauzi, our daughters Sharizah and Zharinah, and to the loving memory of my parents, Haji Amir and Hajah Jamilah.

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We make a living by what we get, we make a life by what we give – Winston Churchill

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vii

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TABLE OF CONTENTS

CHAPTER 1

INTRODUCTION

A shortage of nursing faculty has been identified and has persisted for several years in Canada (Bartfay & Howse, 2007; Canadian Nurses Association & Canadian Association of Schools of Nursing [CNA & CASN], 2010) and in the United States of America (Cangelosi, 2004; De Young & Bliss, 1995; Mullinix, 1990; Tanner, 1999) owing to retirement and decreasing numbers of graduate students enrolled in teaching in graduate programs (Bellack, 2003; Rukholm et al. 2005; CNA & CASN, 2010; Krisman-Scott, Kershbaumer, & Thompson, 1998). Subsequently, this shortage has led to an increasing number of clinicians, frequently with little or no teaching experience and/or teaching preparation, being hired as nurse educators in academia. This development has led to concerns regarding the mentoring process of novice nursing faculty and their transition to the role of nurse educator in the academic setting. In her study that involves nurse practitioners and clinical nurse specialists Anderson (2009) posits that the lack of academic preparation presents a multitude of challenges that consequently inhibits the work-role transition of novice nursing faculty in the university setting. In another qualitative study it was revealed that novice faculty in their first year of teaching in academia realized that the academic calendar was not the only difference between the academic settings and the hospital environment (Siler & Kleiner, 2001). The shortage of academically prepared and experienced nurse educators, therefore, presents a challenge to the quality of nursing education that ought to be addressed.

Context

In her survey of teachers with less than two years of teaching experience in

general education, Gilbert (2005) reports that the top four strategies most valued bynovice teachers are related to spending more time with experienced teachers. The fourstrategies ranked in order of importance include: (1) affording new teachers the opportunity to actively observe other teachers as they engage in the teaching learning process; (2) assigning mentors to new teachers; (3) providing new teachers with feedback based on classroom observation; and (4) assisting new teachers to plan class time. These findings support the notion put forth by Feiman-Nemser (2003) who writes that "Beginning teachers have legitimate learning needs that cannot be grasped in advance or outside the context of teaching" (p. 26). Feiman-Nemser also reiterates that within the culture of teaching beginning teachers often encounter reality shock, the lonely struggle to survive, and a loss of idealism. In addition, in Boice's (1991a) study with inexperienced and experienced tenure track faculty, he indicates that new faculty are often mistreated and neglected even in a university setting that is known for its interest in faculty development. Boice reports that, "As a rule, new faculty seem to feel neglected, isolated, overworked, and deprived of vital supports and feedback." (p. 42). The findings of Boice (1991a), Gilbert (2005), and Feiman-Nemser (2003) in the discipline of education give credence to the importance of effective mentoring for novice faculty in academia. One cannot help but relate these findings of new teachers to those of novice nursing faculty in the lecturer and/or sessional role.

Problem and Significance

A nursing faculty member is a Registered Nurse (RN) and is therefore, obligated to uphold the scope of practice of RNs as stipulated by the regulatory and professional body of the province or territory where the faculty resides. In the province in which this

study was conducted the scope of practice for RNs is governed by the provincial College and Association of Registered Nurses. Within their professional scope of practice as nursing faculty these registered nurses have the responsibility to facilitate students' development of "knowledge and skill related to nursing, including nursing science and supportive disciplines; critical appraisal; therapeutic communication; advocacy, political and social action; clinical reasoning and practice; and leadership, teamwork and establishing effective/collaborative/ interdisciplinary working relationships." (CASN, 2006, p. 2). In addition, nursing faculty are responsible "to prepare new graduates with the competencies necessary to provide safe, competent, and ethical nursing care in a variety of settings and with a wide range of clients ..." (CNA & CASN, 2004, p. 1). The obligation to fulfill this responsibility is also expected of novice faculty who have little or no teaching experience and/or academic preparation.

In addition, the actual scope of practice of a nursing faculty is also dependent on the position, the terms of employment, and policies stipulated by the academic institution in which he/she is employed, which for this study was in a large urban university in Western Canada. The participants for this study comprised novice faculty lecturers and sessional faculty who were teaching in undergraduate programs in which context based learning (CBL) is the primary approach to teaching and learning. In addition to the need for promoting student centered learning, another challenge for these novices therefore, includes the responsibility for effective management of group process in the tutorial sessions in the classroom or during the post-clinical conferences in the clinical setting (Grand Maison & Des Marchais, 1991; Haith-Cooper, 2000; Hmelo-Silver, 2004; Hmelo-Silver & Barrows, 2006). As educators, faculty members are expected to evaluate

students' progress, offer appropriate feedback, participate in team meetings, and team activities related to their teaching assignment. As well, service contributions are required of lecturers who are therefore expected to participate in curriculum review and development as well as in the governance of the faculty through committee membership. For the novice faculty the expectation to fulfill their academic role can be quite daunting especially when they have little or no experience and/or preparation in pedagogy (Siler & Kleiner, 2001).

Novice faculty are often provided with an orientation usually scheduled prior to the beginning of their teaching terms and are required to decipher their roles as faculty members in the maze of academia, albeit, with some support from their teaching team members and immediate supervisors. Indeed, the literature indicates that successful socialization of novice nursing faculty to their role is possible with the creation of an effective mentoring relationship (Anderson, 2009; Blauvelt & Spath, 2008; Chester & Espelin, 2003; Genrich & Pappas, 1997; Neese, 2003; Smith & Zsohar, 2007; Young, 1999). Several benefits of effective mentoring for the novice faculty have been reported in the literature for example easier adaption, less stress, and ability to engage in teaching more readily (Anderson, 2009; Bilings & Kowalski, 2008; Blauvelt & Spath, 2008; Brown, 1999; Cangelosi, 2004; Chester & Espelin, 2003; Genrich & Pappas, 1997; McArthur-Rouse, 2008; Neese, 2003; Smith & Zsohar, 2007; Snelson et al., 2002; Taylor, 1992; Thorpe & Kalishuk, 2003; Young, 1999). Furthermore, it has also been reported that new faculty require at least three to four years to adjust successfully and to feel competent and comfortable in the academic culture (Boice, 1991a, 1991b; Feiman-Nemser, 2003; Morin & Ashton, 2004). Thus, it could be suggested that the first teaching

experience could undoubtedly influence a novice faculty member's decision to continue or to vacate the faculty role permanently. The decision to exit nursing education by the novice faculty will in turn impact the overall shortage of nursing faculty. It is remarkable that even after being academically prepared for their role as teachers, the beginning teachers in the study by Boice (1991b) and Gilbert (2005) still champion the need for mentoring with their daily work of teaching. An outcome from Boice's (1991a; 1991b) findings, Gilbert (2005), and Feiman-Nemser (2003) is that the mentoring of novice teachers with experienced teachers is important for their successful transition into academia.

Given that novice faculty are generally inexperienced as educators one could assume that some form of mentoring has been occurring for these novice faculty to facilitate their transition into the role. However, although the literature alluded to the connection between mentoring and the successful transition of novice faculty, it remains unknown as to how the mentoring process might have contributed to the transition of novice nursing faculty to their role. Furthermore, there is a complete absence of literature pertaining to mentoring of novice faculty who are classified as faculty lecturers and/or sessional faculty teaching in CBL programs.

CBL is a philosophical variation of problem-based learning (PBL) that originated at McMaster University in Ontario in the mid-60s and was utilized primarily by the School of Medicine (Jackson, 2004). The School of Nursing at McMaster University also pioneered the use of PBL in undergraduate nursing education in Canada. Besides being student-centered, PBL as a teaching and learning strategy, also promotes critical thinking skills, teaches students how to learn within a group setting, and how to apply theoretical

knowledge to selected scenarios or medical events that they may encounter in the clinical settings (Bernstein et al., 1995; Grand Maison & Des Marchais, 1991; Williams & Day, 2007).

Learning in CBL occurs primarily in small group discussions usually referred to as tutorials, with the role of the faculty member as facilitator of students' learning. Consequently, it is imperative that the faculty member be familiar with the process of group dynamics and the evaluation of learning during tutorials as well as other effective tutor skills (Azer, 2005; Grand Maison & Des Marchais, 1991; Hmelo-Silver 2004; Hmelo-Silver & Barrows, 2006; Jung, Tryssenaar, & Wilkins, 2005; Williams & Day, 2007). In their study with nursing students in a CBL curriculum, Andrews and Jones (1996) report that a difficult activity for teachers involves the decision for calling "time out" when they would like the students to move on with their discussion. A nursing curriculum that adopts CBL as the primary approach to teaching and learning would therefore, require a particular set of pedagogical skills by the nursing faculty in order to promote students' learning experiences that are genuinely liberating, collegial, insightful, and non-oppressive.

Underlying Assumptions

The underlying assumptions of this research study were as follows: a) given that novice faculty members often lack the experience in teaching and the preparation for teaching in academia, it was assumed that they were being mentored into their new role; and b) because these faculty members encountered many challenges throughout the teaching and learning process as they transition into this new role (Anderson, 2009; McDonald, 2010; Siler & Kleiner, 2001), it was assumed that they were facilitated,

advised, and guided through these challenges, and thus, were supported and nurtured through this transition process.

Purpose of the Study

The purpose of this study was to generate a substantive theory that could contribute to our understanding of the mentoring process of novice nursing faculty during their transition to their role in academia from the perspective of the mentees and mentors. More specifically, the goals of the proposed study were as follows: 1) to examine the basic social psychological process involved in mentoring novice faculty particularly in a nursing program in which CBL is the primary approach to teaching and learning; 2) to determine the characteristics of an effective mentor; 3) to gain insight into how these effective mentoring characteristics contribute to the mentoring process, and 4) to ascertain the role of mentoring in the transition of novice faculty in the lecturer and/or sessional role. The findings from this study could serve to augment our understanding of the mentoring process.

Research Questions

The fundamental research question that guided this study was: What is the basic social psychological process involved in mentoring novice nursing faculty in a baccalaureate program in which CBL is the primary approach to teaching and learning? In addition, the following questions were of interest:

1. How do novice faculty describe the characteristics of an effective mentor?
2. How do the characteristics of an effector mentor contribute to the mentoring process?

3. How is the transition of novice faculty to the educator role facilitated through the mentoring process?

CHAPTER 2

STATE OF KNOWLEDGE

Although the literature abounds with mentorship articles in nursing education, there is limited published literature regarding the mentorship process involving novice nursing faculty in the lecturer or sessional role in undergraduate nursing programs. It is interesting to note however, that there exists a large volume of theoretical literature and research studies regarding the need and benefits of mentoring newly hired nurses in the hospital settings (Allen, 2002; Barton, Gowdy, & Hawthorne, 2005; Borges & Smith, 2004; Broome, 2003; Erdem & Aytemur, 2008; Fawcett, 2002; Funderbunk, 2008; Greene & Puetzer, 2002; Grindel, 2004; Groah, 1996; Hayes & Scott, 2007; Lanser, 2000; Mills, Francis, & Bonner, 2008; Reeves, 2004). The lack of literature that relates specifically to mentoring novice faculty members in undergraduate nursing education is quite noticeable. Furthermore, literature vis-à-vis the mentoring experience of novice nursing faculty in undergraduate programs in which problem based learning (PBL) or context based learning (CBL) is the primary approach to teaching and learning appears to be non-existent. It is necessary therefore, to explore the literature more broadly and to examine some key areas that can potentially inform our understanding of the complexities that are innate to the mentoring process of novice nursing faculty. Research studies and theoretical literature in four key areas are believed to be particularly essential to the context of this study. The four key areas include: 1) *the concept of mentorship; 2) characteristics of good mentors; 3) novice nursing faculty and their challenges; and 3) mentoring in nursing education.*

Prior to examining each of the key areas indicated above, some general

observations are warranted about the overall state of knowledge relevant to the study. In

relation to the definition of mentor, ambiguity exists regarding the term in several articles

and research studies completed overseas. For example, several articles from the United

Kingdom (UK), Europe, Hong Kong, and Australia have used the term mentor to be

synonymous with preceptor (Carnwell, Baker, Bellis, & Murray, 2007; Chow & Suen,

2001; Eps, Cooke, Creedy, & Walker, 2006; Gray & Smith, 2000; Ioannides, 1999;

Neary, 2000; Saarikoski, Marrow, Abreu, Riklikiene & Ozbicakci, 2007; Watson, 2000;

Webb & Shakespeare, 2008). By using the terms mentor and preceptor interchangeably,

authors promote a feeling of non-consensus to the specific meaning of these terms and

thus, a certain degree of misunderstanding for the readers. This misunderstanding could

create obstacles and incorrect perceptions when drawing conclusions from the research

studies. Indeed, Jacobi (1991) posits that the nebulous description of a mentor continues

to cloud the important elements concerning the mentoring relationship in spite of the

increasing research studies on the topic.

Although there are several research studies and doctoral dissertations focused on

mentoring, most of the available literature is theoretical, anecdotal, and/or

autobiographical. Furthermore, the literature has been published most notably in the

United States of America (USA) with the exception of a few journals from the UK and

some doctoral dissertations from USA and Canada. Caution must be taken, therefore,

when considering the mentoring theory to nurse educators outside of North America and

the UK. Additionally, the shortage of nursing faculty appears to have propelled

mentoring as an important topic in the current nursing literature as evidenced by the number of publications within the last five to 15 years and its continued steady growth.

<div align="center">**The Four Key Areas**</div>

The Concept of Mentoring

The word mentor originates from Homer's mythical Greek story about Telemacus who was left behind in Athens while his father, Odysseus had to fight in the Trojan War. Odysseus decided to entrust the care of Telemacus to his friend and trusted advisor, Mentor (Allen, 2002; Borges & Smith, 2004; Carroll, 2004; Donovan, 1990; Grosshans, Poczwardowski, Trunnell, & Randsell, 2003; Yoder, 1990). In addition, unbeknown to Odysseus, Athena, the Goddess of Wisdom had disguised herself as Mentor and would actually guided Telemacus to become the man whom Odysseus had hoped (Allen, 2002; Borges & Smith, 2004). Hence, the concept of mentorship has been historically associated with an experienced, older, wiser, person who is willing to assume the role of guide, supporter, advisor or counselor for a younger and inexperienced person. In addition, the mentor-mentee relationship is understood to be one that may evolve into a long-term relationship.

As previously alluded to the term mentor has been used interchangeably in the literature with the term preceptor in several studies that originated out of the UK (Bray & Nettleton, 2007; Carnwell et al., 2007; Gray & Smith, 2000; Neary, 2000; Pulsford, Boit, & Owen, 2002; Watson, 2000; Webb & Shakespeare, 2008), Hong Kong (Chow & Suen, 2001), and Australia (Eps et al., 2006). Using the term mentor to signify preceptor is also noted in a study conducted by the thematic European nursing network (TENN) which involves eight nursing schools located in Belgium, Estonia, Finland, Lithuania, Portugal,

Romania, Turkey, and the UK (Saarikoski et al., 2007). In these articles a mentor refers

to a registered staff nurse who becomes a guide, supervisor, counselor, and evaluator for

a nursing student in a clinical placement as part of a clinical course. This type of learning

approach that is focused on a teaching-learning relationship with a specific period of time

is more conducive to the concept of preceptorship in undergraduate nursing education, as

is the practice in Canada (Canadian Nurses Association, 2004; Luhanga, Billay, Grundy,

Myrick, & Yonge, 2010; Myrick & Yonge, 2005; Yonge, Billay, Myrick, & Luhanga,

2007) and in the USA (Altmann, 2006; Chickerella & Lutz, 1981; Udlis, 2008).

  Andrews and Wallis (1999) note that certain terms, such as coordinator,

facilitator, preceptor, supervisor, and assessor have also been used interchangeably with

the term mentor, a practice that has led to more confusion for the nursing staff and nurse

educators in the UK. According to the literature, in an attempt to assist the nursing staff

with their mentoring role, several authors (Anforth, 1992; Armitage & Burnard, 1991;

Bray & Nettleton, 2007; Morle, 1990; Woodrow, 1994) have conveyed to the English

National Board on several occasions the need for clarity regarding the term mentor and

the guidelines for the mentorship role. Additionally, whilst the concept of preceptorship

has been suggested as a favorable alternative to mentorship (Morle, 1990; Armitage &

Burnard, 1991) it has also been suggested that the mentoring role be "restricted to

assisting, befriending, guiding, advising and counselling students, and should not

incorporate the roles of supervisor, assessor, preceptor or facilitator." (Anforth, 1992, p.

299). Based on the literature reviewed, it appears that confusion remains about the

definition of a mentor and the role of mentorship within the context of nursing education

in the UK.

Vance (1982) posits that a good mentor "like a good parent is an invaluable asset to the personal and career development of the younger person." (p. 8). Thus, it would be reasonable to suggest that a mentoring relationship implies a long-term relationship that is meaningful, supportive, nurturing, and maybe reciprocal in nature with tangible benefits for both the mentor and the mentee. In recognition of the supportive and nurturing components of the mentoring relationship it would be rational to assume that the role of a mentor should not include the role of evaluator. However, this is clearly not the case as discussed in the articles by Anforth (1992), Bray and Nettleton (2007), Morle (1990), and Woodrow (1994) from the UK. In their articles these authors alluded to the dilemma and confusion experienced by a mentor (i.e., a staff nurse) when faced with the task of evaluating a mentee (i.e., a student nurse). Clearly, given the historical context and the perception that a mentoring relationship is naturally supportive and nurturing one can appreciate the confusion faced by a mentor regarding his/her evaluative role. Furthermore, the role of evaluator in a mentoring relationship is considered a hindrance to personal disclosure that is by necessity an important aspect of a supportive mentor-mentee relationship (Sword et al., 2002).

The concept of mentorship in this study is perceived as a relationship between an experienced faculty member and a novice faculty member for the expressed purpose of assisting the novice faculty to adapt readily to their academic role.

Characteristics of Good Mentors

The literature about mentoring indicates that several mentor characteristics are pivotal to the foundation and promotion of an effective mentor-mentee relationship. These characteristics include patience, enthusiasm, knowledge, respect, inspiration,

honesty, credibility, availability, approachability, resourcefulness, flexibility, modesty, humility, as well as, a sense of humor, and a commitment to advocating for the mentee (Fawcett, 2002; Horton, 2003; Ludwig & Stein, 2008). Other distinguishing features of good mentors include having a repertoire of effective communication skills, being empathetic, being a good role model, and willing to commit time and energy to the relationship (Borges & Smith, 2004; Frandsen, 2003; Groah, 1996; Horton, 2003; Lanser, 2000; Lee et al. 2006; Ludwig & Stein, 2008). While full time nursing faculty (i.e., tenured, tenure track, instructors or lecturers) in a study by Sawatzky and Enns (2009) indentified trustworthiness, honesty, a non-judgmental attitude, and caring as important characteristics of good mentors, full time tenured and non-tenured nursing faculty in a study by Frandsen (2003) reported other features of an ideal mentoring relationship that include believing in the mentee's capabilities and offering intellectual guidance, encouragement, and feedback. In addition, while supporting the importance of mentors to be trustworthy, honest, and non-judgmental. Leslie, Lingard, and Whyte (2005) proposed that mentors should also be accessible, reliable, and be "a 'good match' in terms of practice, style, vision, and personality…" (p. 694). According to the participants in Frandsen's (2003) study personal compatibility, shared goals, and research interests are most important in the mentor-mentee relationship. On the other hand, in a study with 18 new nursing faculty, Anderson (2009) reports that it is important for the mentor to possess the desire to be a mentor and to have accumulated more work-related experience than the mentee.

The literature on mentoring clearly indicates that mentor professionalism is important for an effective mentor-mentee relationship. From her survey of 477 full time

female academicians in nursing programs, Taylor (1992) reports that integrity, professional values, and trustworthiness are personal attributes of the mentor that the protégé considers as being most important. While Lanser (2000) indicates that setting clear expectations or goals is an essential element to a successful mentoring relationship Groah (1996) posits that sharing creativity, and a willingness to be a co-learner are other important characteristics of a good mentor. Additionally, good mentors are viewed as important role models by their mentees (Chester & Espelin, 2003; Neese, 2003; Sneslon et al. 2002, Taylor 1992).

Clearly, the characteristics of good mentors as described above are similar to those characteristics already espoused by experienced nurse educators. It would be reasonable to suggest, therefore, that the capacity to advise, guide, and support novice nursing faculty as they adjust to their faculty role is also within the ability of experienced or senior faculty members. Furthermore, the literature indicates that as mentors, senior faculty members are an important resource for the novice faculty (Anibas, Brenner, & Zorn, 2009; Cangelosi, 2004; Genrich & Pappas, 1997; Siler & Kleiner, 2001; Snelson et al. 2002; Taylor 1992; White, Brannan & Wilson, 2010). It is unclear, however, how these mentor characteristics contribute specifically to the basic social psychological process involved in mentoring novice nursing faculty, as well as, in their transition to the faculty role. This research was therefore timely and needed to explore the contribution of mentoring and to identify the basic social psychological process involved in mentoring novice nursing faculty, specifically those who assume the role of faculty lecturer and/or sessional faculty in undergraduate programs in which CBL is the primary approach to teaching and learning.

Novice Nursing Faculty and Their Challenges

A shortage of nursing faculty has been identified for several years in Canada (Bartfay & Howse, 2007; CASN & CNA, 2010; Rukholm et al., 2005) and in the USA (Anibas et al., 2009; Cangelosi, 2004; De Young & Bliss, 1995; De Young, Bliss, & Tracy, 2002; Mullinix, 1990; Oermann, 2004; Tanner, 1999). Such a shortage has persisted and can be largely attributed to retirement and decreasing numbers of graduate students enrolled in programs focused on teaching and learning. (Bellack, 2003; CASN & CNA, 2010; Krisman-Scott, Kershbaumer, & Thompson, 1998; Oermann, 2004). Subsequently, as this shortage of nursing faculty continues, many baccalaureate nursing programs have resorted to hiring clinicians who are highly experienced in their fields of practice but who as novice faculty lack the knowledge experience, and/or academic preparation regarding the complex process that are fundamental to pedagogy (Anderson, 2009; Diekelmann, 2004; Genrich & Pappas, 1997; Krisman-Scott et al., 1998; Siler & Kleiner, 2001).

Based on her qualitative study with 18 nurse practitioners and clinical nurse specialist, Anderson (2009) reports that the lack of academic preparation clearly presents many challenges and impedes the work-role transition of these novice nursing faculty. The participants in her study stressed the importance of having a mentor to guide their understanding about their roles and responsibilities as nurse educators. These participants, who were in their first or second year of teaching in a baccalaureate program, reported that as novices they were unaware of the principles of academic teaching. Furthermore, they relied on their previous experience as patient or staff educators as well as their experience as students to create their own principles of

teaching. One could surmise that such teaching practices by a novice faculty would not only have the potential for an untoward effect on the learning experience of students but could also provide a substandard teaching experience for the novice faculty. Indeed, a concern that could be considered is whether the novice faculty is even aware of the current philosophical trend in nursing education towards teaching practices that are authentic, liberating, and congruent with the approach to teaching that are student-centered. To practice student-centered teaching and to teach authentically requires teachers to be critically reflective of themselves and their craft (Brookfield, 2006; Myrick & Tamlyn, 2007; Paterson, 2007). This may not be the case with novice teachers as they would be initially occupied with learning the day-to-day work of teaching. Furthermore, since novice nursing faculty lack academic preparation in teaching (Anderson, 2009; Diekelmann, 2004; Genrich & Pappas, 1997; Krisman-Scott et al., 1998; Siler & Kleiner, 2001) they may also be unaware of the curriculum revolution and the emancipatory or constructivist approach to nursing education that emerged more than a decade ago (Allen, 1990; Bevis & Murray, 1990; de Tornyay, 1990; Moccia, 1990).

The curriculum revolution that transpired during the 1980s advocated for a new nursing curriculum that promotes the emancipation and empowerment of students with a vision to better prepare nurses to practice with a higher level of expertise within the health care system (Bevis & Murray, 1990; Moccia, 1990; Tanner, 1990). This new emancipatory curriculum acknowledges the individuality of the students, that is, in opposition to the traditional one that reflects the authoritarian philosophy and is perceived as oppressive. Within the premise of this paradigm shift, successful implementation of the curriculum includes student-teacher interactions that are open, empowering, and

collegial along with students' learning experiences that encourage critical consciousness and dialogue (Allen, 1990; Bevis & Murray, 1990; de Tornyay, 1990; Myrick & Tamlyn, 2007; Waters, 1990). Within this vision that reflects emancipatory education the shortage of academically prepared and experienced nurse educators, thus, poses a challenge to the quality of nursing education that ought to be aptly addressed.

Novice faculty are often provided with an orientation process scheduled usually at the beginning of their teaching terms and are then left to their own devices to decipher their roles as faculty members in the maze of academia, albeit, with some support from their teaching team members and immediate supervisors. Sheehe and Schoener (1994) suggest that in the academic world where academic freedom prevails, educators are often left alone to manage their daily work. This process can lead to confusion for the novice faculty who may be "accustomed to a health care setting where policies, procedures, and protocols are the norm." (p. 54). Morin and Ashton (2004) posit that new faculty require at least three years to adjust successfully to the culture of academia especially when they are teaching in the clinical setting. Indeed, based on his study, Boice (1991a) concludes that "New faculty needed at least three years to feel a real part of campus." (p. 29)

In another qualitative study that explores the mentorship experience of six new lecturers McArthur-Rouse (2008) concludes that the creation of an effective support system is possible when the struggles and trepidations experienced by novice lecturers and their need for a period of transition are overtly acknowledged. Although these novice lecturers who have been teaching for less than two years report positive experiences with the mentoring system they also acknowledge to having some concerns and anxiety during their transition. McArthur-Rouse explains that some of the anxiety-provoking situations

experienced by these novice lecturers include preparation for a lesson, management of classroom activities, using Power-Point presentations, and meeting with students. In addition, some of the concerns identified by these novice faculty relate to the lack of understanding regarding the workings of an educational institution and the lack of clarity about their new role as faculty members.

According to Olson and Osborne (1991), novice teachers experience considerable anxiety because of their need to be perceived as competent and their insecurity in identifying and managing their responsibilities as educators. Based on their naturalistic inquiry study, using a single focus group interview with 10 participants (i.e., teaching academic staff) from three baccalaureate nursing programs at three universities, Anibas et al. (2009) reported that the participants expressed feelings of "worry, frustrations, uncertainty about own performance and what to expect, confusion, awkwardness, isolation, expendability, and fear about patient and students safety." (p. 214). These teaching academic staff with a master's degree and without teaching experience in nursing were employed as clinical nursing educators holding at least a 50% position. Furthermore, a finding that ought to be of extreme concern to those of us in nursing education is that these participants in their second year of teaching in nursing also identified such challenging areas in clinical teaching that included how to teach and how to evaluate student learning. Clearly, the participants in Anibas et al.'s study conceded to feeling overwhelmed with the fundamental challenges as teachers during their transition to the faculty role.

Another area of concern reported in the nursing education literature is students' incivility includes using cell phones in class, engaging in side conversations, making

sarcastic remarks or gestures, dominating class discussion, sleeping in class, being late

for class, and leaving early from class (Clark & Springer, 2007; DalPezzo & Jett, 2010;

Ehrmann, 2005). In her qualitative study with 21 nursing faculty, Luparell (2007) reports

that the participants "often perceived immediate or delayed threat to their own well-being

and/or that of their loved ones, job security, or possessions." (p. 16). These participants,

whose teaching experience range from one year to 39 years, also described several

negative effects resulting from their encounters with student incivility. These negative

effects include loss of sleep and/or interrupted sleep patterns, a tendency for self-doubt

and self-blame, reliving the emotional experience, excessive time spent on follow-up

meetings and documentation, and personal financial costs for legal fees. Moreover,

Luparell reports that three participants left their teaching positions due to their negative

experiences while others questioned the benefits of being a nurse educator versus being a

clinician. The challenges for novice nursing faculty are enormous especially during their

transition to the faculty role.

In another qualitative study by Siler and Kleiner (2001) novice nursing faculty

who were in their first year of full time teaching in academia expressed their

unfamiliarity with the expectations and the culture of academia and came to realize that

the academic calendar was not the only difference between the academic settings and the

hospital environment. Siler and Kleiner indicate that for these novice faculty their past

work experience "did not, and could not, prepare them for their first year as faculty." (p.

401). In an autobiography of her transition from clinician to educator McDonald (2010)

suggests that although a learning curve is essential in any new position, in the case of a

nurse educator, adjusting to the new role is comparable to taking on several new

appointments. She further stipulates that in addition to learning about the academic role related to teaching in the classroom and/or the clinical site novice nursing faculty must not only learn the rules and regulations of their new institution but also acquire the special academic language used by nursing educators.

Siler and Kleiner (2001) discovered that even though their participants were inexperienced and in their first year as full time nursing faculty, in some institutions these novice faculty were given full teaching assignments and were solely responsible for the course or courses they were teaching. Although it was unclear as to whether these novice faculty were employed as tenure track faculty or not, Siler and Kleiner rightly emphasized that the allocation of teaching assignments in this manner could give the erroneous impression that teaching can be self-taught. Moreover, they stated that the expectations of novice faculty regarding their role as educators in their first year of teaching were similar to that of their own experience as students. However, the participants in this study soon realized that not everyone can teach and that even their experienced colleagues found it difficult to articulate how teachers teach. The challenges voiced by the participants in the study by Siler and Kleiner included the lack of understanding of the faculty role, lack of preparation and socialization for the requirement of academia, and lack of support from their assigned mentors.

Indeed, McDonald (2010) who has a master's degree with a focus in nursing education, reveals in her autobiography that the "Transition from practice to academia is a difficult journey." (p. 130) and suggests that new faculty may still feel unprepared to teach in the classroom or clinical setting even though they may have a master's degree with a focus in nursing education. Her personal journey as a novice faculty included three

areas of concern, (1) knowledge deficit, (2) culture and support, and (3) salary and workload. According to McDonald, for the novice faculty, knowledge deficit may include a lack of knowledge regarding the routine practices in an unfamiliar clinical setting, unfamiliarity with the academic language in nursing education, and the lack of technological knowledge. Additionally, McDonald posits that new faculty members are required to adapt to the cultural practices that are particular to the academic world. Although it was unclear as to whether the participants in their study were tenure track faculty or not, Siler and Kleiner (2001) implied that the potential for culture shock was presented following acceptance of the teaching position when "clinicians are socialized differently than academicians" (p. 397). Furthermore, McDonald alludes to the notion that for the novice faculty the adjustment to the salary scale and the workload in academia may be quite severe when compared to their hourly rate and workload as clinicians in hospital settings. Undoubtedly, there are many areas of adjustment required of registered nurses during their transition from clinicians to novice nursing faculty.

Based on the results of her qualitative study with full time nursing faculty having less than three years of teaching experience, Schriner (2007) postulates that novice faculty need to be cognizant of the expectations, the differences in values, and the unique practices that are inherent and exclusive to the culture of academia. In addition, Schriner stresses the importance of a formal mentoring program for new faculty, especially for those who are assigned to clinical teaching as they "struggle the most with their new positions." (p. 148). Understandably, a formal mentoring program would offer the novice faculty an opportunity to learn the skills that are germane to pedagogy in a supportive environment and consequently, would avoid learning the skills of pedagogy by trial-and-

error especially in the clinical setting. Indeed, the importance of supporting and nurturing new faculty members during the transition to the faculty role, has been discussed by numerous authors (Anibas et al., 2009; Bilings & Kowalski, 2008; Boice, 1991a, 1991b; Cangelosi, 2004; Fong, 1993; Genrich & Pappas, 1997; McArthur-Rouse, 2008; McDonald, 2010; Morin & Ashton, 2004; Neese, 2003; Schriner, 2007; Snelson et al., 2002; Taylor, 1992; Thorpe & Kalishuk, 2003).

McArthur-Rouse (2008) posits that a supportive environment may facilitate the transition of novice faculty who may in turn experience increased job satisfaction and consequently, retain his/her position as a faculty member. In addition, Morin and Ashton (2004) propose that novice faculty need to have detailed clarification regarding the regulations and expectations of the institution so as to decrease their stress level during the transition to their faculty role. Thus, it could be inferred that a novice nursing faculty first teaching experience may influence his/her decision to continue as an educator or to leave the faculty role permanently. The decision to leave nursing education would in turn impact the overall shortage of nursing faculty. Clearly, the importance of providing a supportive and nurturing environment for the professional and personal development of novice faculty must be emphasized. My study, therefore, was timely and could potentially illuminate the mentoring process involved with novice faculty during their transition to the faculty role.

In her survey of teachers with less than two years of teaching experience in general education, Gilbert (2005) reports that the top four strategies most valued by novice teachers are directly related to spending more time with experienced teachers. The four strategies ranked in order of importance are, (1) affording new teachers the

opportunity to actively observe other teachers as they engage in the teaching learning process, (2) assigning mentors to new teachers, (3) providing new teachers with feedback based on classroom observation, and (4) assisting new teachers with planning class time. These findings support the notion put forth by Feiman-Nemser (2003) who purports that "Beginning teachers have legitimate learning needs that cannot be grasped in advance or outside the context of teaching" (p. 26). Feiman-Nemser also reiterates that within the culture of teaching, beginning teachers are often faced with reality shock, the lonely struggle to survive, and a loss of idealism. Furthermore, in his study with inexperienced and experienced tenure track faculty, Boice (1991a) discovers the neglect and mistreatment of new faculty even in a university setting that strives to support faculty development. Boice reports that, "As a rule, new faculty seem to feel neglected, isolated, overworked, and deprived of vital supports and feedback." (p. 42). One cannot help but relate these finding of new teachers to those of novice faculty lecturers and sessional faculty who are beginning their role as nursing faculty. In fact, the lack of support for new teachers has been reported as one reason why they leave the teaching profession (Halford, 1998; Millinger, 2004).

It is interesting to note that even after being academically prepared for their role as teachers in the discipline of education, beginning teachers in the studies cited above still feel the need for mentoring with the day-to-day work of teaching. A lesson based on the findings of Boice (1991a, 1991b), Gilbert (2005), and Feiman-Nemser (2003) is that mentoring of novice teachers by experienced teachers is important for the successful transition in their role as faculty members in academia.

Mentoring in Nursing Education

The literature regarding mentoring in nursing education indicates that successful socialization of novice nursing faculty to their faculty role is possible with the creation of an effective mentor-mentee relationship (Anderson, 2009; Bilings & Kowalski, 2008; Blauvelt & Spath, 2008; Brown, 1999; Cangelosi, 2004; Chester & Espelin, 2003; Genrich & Pappas, 1997; McArthur-Rouse, 2008; Neese, 2003; Smith & Zsohar, 2007; Snelson et al., 2002; Taylor, 1992; Thorpe & Kalishuk, 2003; Young, 1999). However, although the literature alludes to the connection between mentoring and the successful socialization of novice faculty, it remains unclear as to how mentoring facilitates the transition of novice faculty to the faculty role.

In a study exploring the mentorship of new nursing faculty Brown (1999) reports that all mentors and mentees evaluated the experience positively. Mentors listed several activities that they thought were helpful for the mentees. These activities included being available, having regular meetings, helping mentees learn to prevent and to cope with problems, and helping with teaching responsibilities, such as classroom teaching, grading, etc. From the mentees' perspectives the most important mentoring activities included the mentor's availability, his/her ability to listen, and to provide feedback about the mentees' teaching, and their adjustment to the educator role. The participants in Brown's study acknowledged that the mentoring experience was beneficial to both their psychosocial and career development.

In another qualitative study, Frandsen (2003) reports that nursing faculty members concurred that having a role model in their mentor was of significant benefit to their mentor-mentee relationship. Young (1999) posits that for the new teachers in her study

their mentor-mentee relationship promoted the feeling that they belonged and could fit in their new environment that in turn increased their self-confidence. Indeed, Vance (1982) suggests that in a mentoring relationship the advantages for the mentee include gaining personal satisfaction, increasing self-confidence, and enhancing self-esteem.

In another autobiography, Smith and Zsohar (2007) stated that the positive outcome of their mentor-mentee relationship was a testament to the value of an effective mentoring relationship. It was clearly evident to Smith (i.e., the mentee) who had limited teaching experience in academia that an effective mentor-mentee relationship had increased her job satisfaction and consequently, instilled in her the desire to be a mentor to other new faculty. This aspiration of wanting to give back to the mentor by being a mentor to others was also reported in an autobiography by Hawkins and Fontenot (2009).

A positive mentoring experience was also reported by Chester and Espelin (2003) who established a mentor-mentee relationship when Espelin (i.e., the mentee), who was a master's student in nursing, took the opportunity to co-teach in a course with Chester (i.e., the mentor). These authors acknowledged the importance of sustaining an open, honest, and trusting relationship that nurtured the mentee's aspiration as a novice faculty. Chester and Espelin reported that their mentor-mentee relationship eventually "evolved into a cohesive peer relationship" (p. 253).

In another mentoring study with 26 tenured and tenure track nursing faculty who were teaching in nursing doctoral programs, respondents indicated that having a mentor was important at the beginning of their career and that the mentoring experience did expedite their career progression (Powell, 1990). Although participants in Powell's study reported largely positive feelings about the mentoring relationship nine respondents also

reported negative feelings of frustration, anger, anxiety, bewilderment, misunderstanding, and discouragement. Nevertheless, Powell maintains that mentoring is one way to successfully socialize university faculty members to their academic position and suggests that university administrators find the means to increase the use of mentoring for the benefit of new faculty.

A lack of faculty support and time to fulfill the mentor role effectively was reported as a barrier to the mentoring process in a study by Sawatzky and Enns (2009) whose participants were tenured, tenure track, nursing instructors, and lecturers. However, the investment of time was recognized as an important factor for a successful mentoring relationship in another study by Lewallen et al. (2003) with five tenure track nursing faculty. Based on their study with nursing faculty in their first year of teaching, Siler and Kleiner (2001) reported that although mentors were assigned to the novice faculty the mentoring relationship did not always prosper due to scheduling conflicts, personality differences or other reasons. In her autobiography, McDonald (2010) reports that it is important for the mentor and mentee to have similar teaching assignments so that the mentor is available as a resource for the mentee.

In a study that examined the importance of the mentoring relationship amongst female academics, participants reported having one or more mentors in their careers (Taylor, 1992). As well as providing the opportunity to become familiar with the teaching roles, Taylor suggests that mentoring is also useful for instilling a way of thinking about scholarly activities. In Taylor's study, the protégés viewed their mentor as "a positive, pivotal figure in their academic lives, … as a positive role model and master teacher and in inspiring confidence." (p. 54). Taylor suggests that mentoring could

potentially enhance job satisfaction, increase the commitment to teaching, and to scholarly productivity of nursing faculty. Consequently, Taylor aptly recommends that orientation programs for new faculty be utilized to foster the concept of mentoring along with mentoring programs to help faculty learn to become effective mentors.

In her article, Cangelosi (2004) reports that as a new tenure track faculty her involvement in the mentoring program led to increased productivity in her scholarly work (i.e., authorship of four manuscripts, and two presentations each at a national and an international conference). Furthermore, she reports that mentoring made the tenure process less stressful and increased the level of camaraderie amongst the faculty. Clearly, the benefits of mentoring for novice faculty members whether employed as lecturers or tenure track faculty cannot be underestimated. It behooves those in nursing programs to offer the novice faculty a formal or informal mentoring program to support and nurture them especially during their transition to the faculty role.

Summary

With the shortage of nurses, nursing programs are being asked to enrol more students even though a shortage of nursing faculty has also been recognized for several years. Mentoring of novice faculty is thus important and is "needed to assist new faculty members as they learn to balance all aspects of their complex role" (Finke, 2009, p. 6). Many new faculty members are unaware of the skills and competencies required to engage effectively in the scholarship of teaching owing to the fact that they were probably not taught the fundamental principles of teaching and learning in their undergraduate programs (Diekelmann, 2004; Genrich & Pappas, 1997; Krisman-Scott et al., 1998; Siler & Kleiner, 2001). However, according to McDonald (2010) even after

acquiring a master's degree in nursing education, novice faculty may still feel unprepared to teach in the classrooms or clinical settings.

The literature regarding mentoring indicates that novice nursing faculty whether employed as tenure track faculty, lecturers, or sessional faculty do feel anxious, are frequently overwhelmed with their new role, and face many challenges as novices especially during the transition period that may last up to three years or longer. The unfamiliarity of their new work environment combined with the need to adjust to a different set of expectations, values, and cultural norms that are particular to academia may further place these novice faculty in a myriad of challenging situations with their students and perhaps even with their colleagues. In addition to these challenges novice faculty must also learn a new language that is embedded in the nursing curriculum and consequently, in the nursing courses that they are assigned to teach. Mentoring, either formally or informally, has been identified as one effective way of guiding, supporting, and nurturing novice faculty during their transition to the academic role.

As reported in many studies the benefits of mentoring especially for the mentee cannot be underestimated. However, there is a paucity of literature in the area of mentoring as it pertains to the transition of novice faculty to the educator role. Furthermore, there is a complete absence of published literature pertaining to the mentoring process of novice faculty classified as faculty lecturers and sessional faculty teaching in undergraduate nursing programs in which CBL is the primary approach to teaching and learning. This research study could potentially illuminate our understanding of the basic social psychological process involved in mentoring novice nursing faculty and in understanding the contribution of mentoring in their transition to the teaching role.

Novice faculty ought to be guided, supported, and nurtured in their efforts to learn and exercise teaching practices that are emancipatory and student-centered. Understanding the ways and approaches of supporting and nurturing novice faculty during their transition period is an important research topic. This study was timely and could potentially add to the body of knowledge regarding the mentoring process involved with novice faculty especially from the perspective of novice nursing faculty who were teaching in undergraduate nursing programs in which CBL has been the primary approach to teaching and learning.

CHAPTER 3

METHOD

Grounded Theory

To gain an understanding of the basic social psychological process involved in the mentoring of novice nursing faculty during their transition to the faculty role, a grounded theory method, specifically Glaserian (1978), was used to conduct this study. The goal of grounded theory is to generate a substantive theory that emerges systematically and directly from the data, that is, a theory that serves to uncover the process under study (Glaser, 1978). In other words, a grounded theory study allows the emergence of a core variable that reflects the major process occurring, in this case, the process that involved the mentoring of novice nursing faculty in their transition to their academic role. Central to this method are the tenets of symbolic interactionism, constant comparative analysis and theoretical sampling.

Symbolic Interactionism

Grounded theory has its underpinnings in symbolic interactionism which purports that human behavior is constructed through social interaction, is constantly changing, and is negotiated and renegotiated between and amongst people based on people's interpretation of the meaning assigned to an action or to something of value in an interaction (Blumer, 1986; Morse & Richards, 2002; Speziale & Carpenter, 2003; Wuest, 2007). Symbolic interactionism explores the processes of interactions between people's social roles and their behaviors (McCann & Clarke, 2003a). Interactions are constructed of processes that use symbols, words, gestures, interpretations, and language to convey

meaning. Symbolic interactionists assert that people construct their realities via their interactions with the symbols around them and are, therefore, active participants in the creation of their situations (Cutliffe, 2000; Morse 1995).

According to Blumer (1986), meanings are created with every social interaction and people respond accordingly to these meanings by following a specific process of self-talk and interpretation of the meanings. Consequently, in any social interaction people behave toward someone or something in response to the meaning and interpretation they attribute to the relationship they have with that someone or something. Through this process of symbolic communication and by creating meaning in any interaction, human beings are able to develop shared meanings that form patterned behavior with the familiar and expected response from others within human society (Chenitz & Swanson, 1986; Milliken & Schreiber, 2001). Blumer's (1986) concept of a joint action refers specifically to this process of fitting one's line of action to one another as members of the human society. Thus, specific to this study, symbolic interactionism afforded the researcher an opportunity to explore the construction and interpretation of meanings derived from the social interactions that occurred in the mentee-mentor relationship of novice nursing faculty transitioning to the educator role in academia.

Rationale for Choosing Glaserian Approach to Grounded Theory

The lack of research regarding the mentorship of novice nursing faculty, classified as faculty lecturers or sessional faculty, teaching in undergraduate programs in which context base learning (CBL) is the primary approach to teaching and learning provided the impetus for selecting grounded theory as a research approach for this study. According to Glaser (1978), grounded theory "… deals with what is actually going on,

not what ought to go on. ("It tells it like it is"). It gives traction over action; it makes

sense, by making theoretical sense of common sense" (p. 14). The emphasis on

emergence, the higher level of abstraction, and conceptualization as stipulated by Glaser

(1978) was better suited for the development of a substantive theory that could uncover

the mentorship process of novice faculty in their transition into academia. Thus,

Glaserian grounded theory was used to explore the process involved in the mentorship of

novice nursing faculty in this study. The process of analysis involved substantive coding

and theoretical coding as prescribed by Glaser (1978) unlike Corbin and Strauss' (2008)

process of analysis which also involves axial coding. In determining which grounded

theory method to embrace for this qualitative study two issues were considered: a) user-

friendliness; and b) capacity for generating substantive theory (Cooney 2010). The

Glasserian grounded theory approach was specifically selected because of its ability to

allow me to study human action and interaction with a focus on social process, social

structure, and social interaction (Annells, 1997b; Holloway & Todres, 2003). This

approach to grounded theory is especially useful when exploring social situations to

which individuals must adapt, in this study the adaptability of novice faculty to their

academic role (Benoliel, 1996; Schreiber, 2001).

The technique of constant comparative analysis in the grounded theory method

allowed the researcher to uncover the particular social psychological phenomenon

engaged in by the participants in this study that led to the generation of a theory grounded

in data. By using this process of analysis and in conjunction with theoretical sampling,

the researcher ensured the absence of preconceived ideas and was not testing existing

theories that predict or control the outcomes of the phenomenon of interest (Charmaz, 2006; Glaser, 1978; Jeon, 2004).

The process of constant comparative analysis served to ensure that all pieces of data were compared with each other, for example, by using line by line coding, one incident was compared to another incident and then placed in a category (Elliot & Jordan, 2010; Walker & Myrick, 2006). Similar data were placed in similar categories and new categories were created with different data. The researcher constantly compared new data with established categories in an attempt to identify more emerging categories, a process that led to the emergence of the core category and/or the generation of theoretical properties of the core category (Glaser, 2008). The grounded theory method presented an opportunity for the researcher to conceptualize a theory based on the categories and concepts that emerged directly from the data, that is, a theory inductively constructed through the process of constant comparative analysis (Glaser, 1978, 1992, 1998). The conceptualization of the theory therefore, was grounded in data provided by the participants who were the experts inasmuch as they have personal knowledge of the phenomenon under study. In other words, the purpose of this study was not to force but to discover a core variable and a subsequent theory that would explain that core variable.

Theoretical sampling, also fundamental to grounded theory, refers to the process of selecting participants based on theoretical significance of the data that they could provide (Glaser, 1978). Theoretical sampling was used to check on the emerging theory. From the beginning of data collection and through constant comparison, codes were assembled from the raw data and used to guide further data collection. These additional data were thus used to develop the codes theoretically with their properties, and their

relationships with other categories were assessed until saturation occurred with each category (Glaser, 1978). Theoretical sampling ceased when a code was saturated, i.e., no new data were discovered from which further perceptions of the categories could be developed. With theoretical sampling it was not possible to determine in advance what data to look for and where it would lead. Glaser (1978) explains that for the researcher "Only as he discovers codes and tries to saturate them by looking for comparison groups, does both what codes and their properties and where to collect data on them emerge." (p. 37). For this study, once the initial data were collected and analyzed, I then based subsequent data collection on the emergent categories.

Procedures

In this study, data collection included conducting a series of audiotaped semi-structured interviews with all of the participants. Consent to participate (Appendix C) in the study and demographic data (Appendix D) were obtained prior to the interview with each participant. Data were transcribed and as themes emerged supplemental data were sought using a literature review from relevant sources and additional interviews. I retained a journal of personal thoughts and reflections that occurred before and during data collection, as well as during data analysis with the emergence of the categories and subcategories. I also retained detailed field notes and memos that reflected any observations or thoughts occurring during and after the interviews. These field notes and memos served to augment data that may not have been evident or inclusive from the audiotaped data. The memos also facilitate theoretical formulation from established codes and their relationships toward emergence of a core category as well as providing the researcher written records of ideas and questions throughout the study (Glaser, 1978).

Setting and Sample

Setting

This study was conducted in the Faculty of Nursing at a large university in Western Canada.

Sample

The sample consisted of nursing faculty lecturers and/or sessional faculty who were teaching in baccalaureate programs in nursing (BScN). In this faculty, context based learning (CBL) was used as a primary approach to teaching and learning. During this study the participants were teaching in one of the three undergraduate programs, i.e., BScN Collaborative, After Degree, or Bilingual Program. The Collaborative Program is offered primarily to high schools graduates or those who have completed some postsecondary education. The students complete the entire four years at the university in which this study was conducted or at three provincial colleges who collaborate with the university to deliver the program at their sites. The After Degree Program is two years in length and is specifically developed for those students who have completed a recognized university degree in another field. The Bilingual Program is four years in length and is specifically offered for bilingual high school graduates who are fluent in both English and French.

A final sample of 13 participants was recruited for this study. The participants comprised 12 females and one male. Seven of the participants were classified as mentors and six were classified as mentees. Of the mentees, five were interim mentees (i.e., a faculty member with prior teaching experience who had assumed a new teaching position within the last three years) and one was a bona fide mentee (i.e., a newly hired faculty

who had assumed the teaching role for the very first time). In keeping with the nature of qualitative research I did not specifically determine the sample size in advance owing to the fact that I could not predict how many participants would be required to achieve saturation of the data. In total, 37 interviews were conducted with 13 participants, that is, 22 interviews with seven mentors and 15 interviews with six mentees.

Mentors. Six out of the seven mentors were faculty lecturers and prepared at the masters level and one was a sessional faculty with a Bachelor of Science Degree in Nursing. The mentors ranged in age from 40 to 62 years. Their experiences as nursing educators in the Faculty of Nursing ranged from 2 to 17 years. All mentors were experienced teachers in the Collaborative Program; one mentor had taught in all three programs; two mentors had taught in the Collaborative Program and After Degree Program and two had taught in the Collaborative Program and Bilingual Program. The mentors assumed their role either formally or informally and were teaching either in the clinical setting, the laboratory, or in the classroom.

Mentees. Five out of the six mentees were interim novices and one was a bona fide novice. The mentees ranged in age from 30 to over 50 years. Experience as a nursing educator in the Faculty of Nursing ranged from nine months to nine years. The bona fide novice had been with the Faculty for nine months and was teaching a clinical course. One mentee was teaching in the lab; one was teaching a seminar course, and four were teaching in the clinical setting. The mentees were classified as interim novices because they were teaching a new course (i.e., four mentees), held a new position as a Course Lead (i.e., one mentee), or was a Co-Coordinator (i.e., one mentee). In this Faculty of Nursing, a Course Lead is responsible for facilitating the overall planning and

implementation of the course including collaboration with the teaching team and program leadership team regarding course delivery and students' academic progress. A Co-Coordinator is a faculty member who shares a Coordinator position and is also responsible for the planning and implementation of all courses and the management of students' academic progress in a specific year (example, 1st, 2nd, 3rd, or 4th Year Coordinator) or in a specific area (example, Lab Co-Coordinator or 2nd Year Co-Coordinator) of the undergraduate program.

Data Collection

For this study, I collected data by using one-on-one semi-structured interviews with the participants and by reviewing relevant literature to substantiate the data throughout data analysis. In addition, as noted earlier, I retained a journal of personal reflections and analytical memos to be included as supplementary data for expansion and saturation of the data (Glaser, 1998).

In using grounded theory, individual interviewing of the participants was the principal method of data collection for my study (Hernandez, 2010; Nathaniel, 2008; Schreiber, 2001; Wuest, 2007). Interviews offered the participants an opportunity for a "spill" to "vent their concerns to the max" (Glaser, 1998, p.123). As such, interviews afforded the participants an opportunity to discuss their thoughts and feelings, as well as to express their opinions and concerns regarding their mentoring process. Individual interviews also allowed me to ask a broad range of in-depth and/or clarifying questions.

The interviews were conducted at a mutually agreed upon time and place. The first interview lasted between approximately 60 minutes and 90 minutes while the second and third interviews lasted between 15 minutes to 45 minutes. All interviews were audio-

taped. Prior to the first interviews, demographic data (Appendix D) and consent to participate (Appendix C) were obtained from all the participants. An interview guide was used with open-ended questions to assist the participants in describing their mentoring process (Appendix E and F). The list of open-ended questions was constructed based on the literature and in collaboration with my dissertation supervisor who is an experienced grounded theory researcher (Myrick, 2002; Myrick & Yonge, 2001, 2002, 2004; Myrick, Yonge, & Billay, 2010; Walker & Myrick, 2006). These guiding questions were sequenced to commence with a general question, such as, "Tell me about your role as a nursing tutor" and progressed to more specific questions as the interview evolved. Probing or in-depth questions were also asked to clarify statements, ideas, thoughts, and feelings to gain a better understanding of the participants' mentoring process. To ensure accuracy, the interviews were transcribed by the researcher. In addition, data were confirmed by the participants during the second and the third interviews to verify if the findings accurately reflected their perspectives, a process known as member checking (Hoffart, 1991).

During the semi-structured individual interviews, I began with guiding questions (Appendix E) that served as stimuli for the participants and to maintain the focus of the discussion throughout the interviews when needed. However, I was mindful of the need to allow a "spill" and to avoid too much structure on the interviews that would limit the amount and quality of data (McCaan & Clark, 2003b; Schreiber, 2001). Some probing and open-ended questions were interspersed as necessary to clarify any ambiguities derived from the information shared by the participants (Hernandez, 2010; Kvale, 2007; Nathaniel, 2008; Wuest, 2007).

Data Analysis

Substantive Coding

Indicative of a grounded theory study, as the data collection commenced data analysis was also initiated almost immediately with substantive coding. The two sub-phases of substantive coding are *open coding* and *selective coding* (Glaser 1978, 1992; Walker & Myrick 2006).

Open Coding. Data analysis began with open coding that involved analyzing the Open Coding. Data analysis began with open coding that involved analyzing the data line-by-line, comparing incident by incident, and "coding the data in every way possible" (Glaser, 1978, p. 56). In conducting line-by-line coding as the researcher, I averted forcing preconceived ideas and categories while ensuring the emergence of conceptually dense categories and their properties from the data (Boychuk-Duchscher & Morgan, 2004; Elliot & Jordan, 2010; Glaser, 1978; McCann & Clark, 2003b; Walker & Myrick, 2006). These conceptual categories were consequently compared to any newly transcribed data together with memoing of the theoretical ideas that emerged from the process of constant comparative analysis (Walker & Myrick, 2006). Open coding led me to emergent discoveries of the categories and their properties. During open coding, I constantly asked, "What category or property of a category does this incident indicate?" (Glaser, 1992, p. 39). This question served as a constant reminder that what emerged from the data might not be what I had proposed or hoped to study. In other words, I often asked; "What is going on in this incident?" and "How is this description related to the mentoring process?"

For this study, prior to line-by-line analysis, I highlighted fragments of the data, stories, or individual words from the participants' interpretation of the process of being mentored that they considered to be significantly meaningful in their transition to the faculty role in the academic setting. The participants' own words or language such as, "non-threatening", "welcoming", and "approachability" were used as in vivo words in the substantive categories. Codes that emerged from the data and which were created by me as the researcher included "knowledge", "feedback", and "effective teaching." I then analyzed the data by identifying patterns in the data prior to coding the patterns as part of the conceptualization process (McCann & Clark, 2003b).

The second sub-phase of substantive coding, i.e., selective coding began with the emergence of a core category relating to most of the other categories and that served to explain the pattern of behavior that was most relevant to the participants (Glaser, 1998; Walker & Myrick, 2006). In other words, for this study the core category *"Working Together"* offered the most salient explanation about the way in which faculty lecturers and sessional faculty were found to be resolving the central issue or situation they encountered during their mentoring process as they transitioned to the academic role.

According to Glaser (1978, 2008), a core category is fundamental to the generation of a theory that is complete, integrated, "dense and saturated" (Glaser, 1978, p. 93). By conducting constant comparative analysis and theoretical sampling, a core category subsequently emerged via the power of its relationships with most if not all of the other categories and their properties. In this study, when the core category or core variable finally emerged and was examined, it revealed a dynamic and integrative process that occurred during an effective mentoring relationship which the researcher referred to

as *"Working Together."* With the identification of a core category, the focus of the data analysis was delimited to those categories that the participants viewed as central to their pattern of behavior and that resolved the situation they encountered pertaining to the mentoring process (Glaser, 1992). The core category known as *"Working Together"* therefore, contributed to the formulation of a conceptual theory regarding the mentoring of novice faculty that was grounded in the data. To date, nowhere in the published literature has the process of *"Working Together"* been identified as a core category in the mentorship process (Brown, 1999; McDonald, 2010; Siler and Kleiner, 2001).

   Selective Coding. In keeping with Glaser's (1978) coding method, with selective coding I ceased open coding. Selective coding was then delimited around the one core category. Selective coding involved constantly comparing previously established open codes against newly emerging codes and "… collapsing codes into categories or higher level concepts" (Schreiber, 2001, p.70). As the researcher, I was required to commence selective coding almost immediately and in tandem with open coding. With the transcription of new data I was therefore constantly comparing the new data to the existing codes and other data, thus, initiating the process of conceptualization (Schreiber, 2001). Schreiber explains that the researcher will be "comparing incidents to incidents and incidents to concepts to determine similarities and differences" (p. 70). This constant comparative process assisted me to identify the absence of any theoretical concepts in the data that then offered guidance for future theoretical sampling (Glaser, 1978). This process of constant comparison continued until conceptual density and saturation of the categories was achieved. As categories continued to emerge, the relationships between and among these categories were examined further and identified accordingly (McCann

& Clark, 2003a; Schreiber, 2001). As Glaser (1978) suggests, I found that in using the grounded theory approach, the process of theoretical sampling and constant comparative analysis was inescapably time consuming.

Theoretical Coding

With the accumulation of substantive codes, I was able to initiate theoretical coding which is also known as second level coding. Theoretical coding involved ordering data and determining the relationship of substantive categories (Glaser, 1978). During theoretical coding, I used theoretical codes to analyze the relationships amongst the substantive codes or categories in conceptualizing the formation of a possible theory (Dey, 1999; Glaser 1978; Walker & Myrick, 2006). According to Glaser (1978), the goal of theoretical coding is to "conceptualize how the substantive codes may relate to each other as hypotheses to be integrated into a theory" (p. 72). Through theoretical sampling new data were constantly compared with emerging clusters of data and then grouped together accordingly into various substantive codes. Alternatively, if the new data did not fit the previously established codes, then the new emerging code was compared to the emergent core category.

As the researcher, however, I was prepared to take the "cues from the data" (Glaser 1978, p. 73) and to drop codes from the initial data when they were not supported by data from subsequent interviews (Elliot & Jordan, 2010; Stern, 1980). As categories began to form, they were assessed and compared to the existing data, as well as, through further theoretical sampling (Schreiber, 2001). In this study, the emerging core category referred to as *"Working Together"* reaffirmed the relationship between and among the substantive codes (McCann & Clark, 2003a). Indeed *"Working Together"* seemed to explain the

process used in mentoring novice nursing faculty that promoted an effective mentor-mentee relationship and subsequently facilitated transitioning into the academic educator role.

With the initiation of theoretical coding and the emergence of *"Working Together"* as a core category, I then conducted a series of deductive analysis by consulting pertinent literature to substantiate the emerging themes. In grounded theory the literature is viewed as another form of secondary data that can be used to further constant comparison with the emerging categories and themes (Glaser, 1998, 2007). According to Glaser (1978; 1992) an extensive and diverse reading is required during the phase of theory generation to assist the researcher in constructing the conceptual models as revealed by the data, i.e., making sense of the data.

Memoing and Diagramming

Memoing is an ongoing and integral activity by the researcher when using the grounded theory method (Birks, Chapman, & Francis, 2006; Corbin and Strauss, 2008; Glaser 1978; Glaser 1992; Giske & Artinian, 2009; Loiselle, Profetto-McGrath, Polit, & Beck, 2011; McCann & Clark, 2003a*;* Schreiber, 2001). Glaser (1992) explains that "Memos are the theorizing write-up of ideas about substantive codes and their theoretically coded relationships as they emerge during coding, collecting and analyzing data and during memoing" (p. 176). For this study, I documented any ideas, questions, feelings, and reflections following the interviews and data analysis as well as during data analysis to demonstrate a personal dialogue about the emerging conceptual themes with the data. Glaser (1992) encourages memos to be free from structure and emphasizes the practice of "memo freedom" and "moment capture" (p. 178) to increase the memo bank.

Similarly, Schreiber (2001) and Corbin and Strauss (2008) also propose that the researcher write the memos freely, without concerns of adhering to a strict format or writing style. As theoretical coding and my memo bank increased along with memo maturity, I was able to identify the core category and advance the data analysis from the level of categorical description to theoretical conceptualization (Glaser, 1992; Myrick, 1998).

Diagramming (Corbin & Strauss, 2008; Schreiber, 2001) and conceptual mapping (Giske & Artinian, 2009) have been suggested as another way of capturing and presenting the relationships between the key concepts and the emerging categories. Diagramming promotes theoretical conceptualization and may also disclose the absence of theoretical concepts in the data, as well as, concepts that may need further development and/or refinement (Corbin & Strauss, 2008; Schreiber, 2001). Corbin and Strauss (2008) explain that both memos and diagrams "begin as rudimentary representations of thought and grow in complexity, density, clarity, and accuracy as the research progresses" (p. 118). As well, memoing and diagramming assisted me as the researcher by not only advancing the analysis forward but also by keeping track of all the complex and cumulative thinking that is fundamental to qualitative analysis (Corbin and Strauss, 2008). For this study, I used both memo writing and diagramming as part of the analytical process.

As the researcher, I began memoing during the planning stages to record my ideas and reflections regarding the progression of the study. Understandably, memoing continued until the completion of the study. During memo writing, I was guided by several questions that allowed the emergence of categories and their properties. These

questions also prevented me from being lost in the re-experiencing of the data (Glaser, 1978; Myrick 1998). These questions included: What relationship did one code have to another? Was one code the property of another? What were the conditions that influenced the codes? Memoing was thus an essential tool for capturing ideas and for theory development and revision. In this study, diagramming or conceptual mapping occurred periodically as guided by the data for conceptualization of the emerging theory (Corbin & Strauss, 2008; Giske & Artinian, 2009; Schreiber, 2001).

Rigor in Qualitative Research

There are four specific criteria for ensuring rigor or trustworthiness in qualitative research: a) credibility; b) fittingness; c) auditability; and d) confirmability (Beck, 1993; Chiovitti & Piran, 2003; Guba & Lincoln, 1989; Koch, 1994; Sandelowski, 1986; Sharts-Hopko, 2002; Yonge & Stewin, 1988).

Credibility

In qualitative research, credibility refers to how accurate the description of the phenomenon is in relation to the account given by the participants (Beck, 1993; Chiovitti & Piran, 2003; Sandelowski, 1986; Sharts-Hopko, 2002; Yonge & Stewin, 1988). Credibility occurs when the participants and other readers who have had that similar experience immediately recognize the interpretation of the phenomenon as their own, even though the description may be from another participant (Beck, 1993; Chiovitti & Piran, 2003; Sandelowski, 1986; Yonge & Stewin, 1988). According to Sandelowski (1993), member validation which is a technique for clarifying and confirming the emerging theory against the participants' own version is one strategy that is highly recommended for increasing credibility in a qualitative study. This technique, known also

as member checking is the single most important feature in ensuring for credibility (Beck, 1993; Chiovitti & Piran, 2003; Hoffart, 1991; Sharts-Hopko, 2002). Sandelowski (1993) also asserts that member checking corroborates "the validity of researchers' interpretations of data collected ..." while "... ensuring that these participants have access to what has been made of their experiences." (p. 4). Furthermore, Sandelowski contends that member checking entails "... a professional obligation to support members' right to know." (p. 4). For this study, member checking was conducted with each participant during the second and third interview. During the second interview, a copy of the transcript was provided for review by the participant for the purpose of acquiring their feedback regarding the accuracy of my interpretation of the data. During the third interview, findings of the study were discussed with each participant and explanation given regarding the emergence of the core category, *Working Together* along with the four ambient conditions. All participants confirmed that my interpretation of their responses was accurate and that the findings of this study were true to their description of the mentorship process.

Another strategy for improving credibility is the writing of a personal journal, field notes, and memos (Beck, 1993; Chiovitti & Piran, 2003). For this study, I also wrote a personal journal, field notes, and memos. In addition, I also utilized the technique of member checking, as well as, theoretical sampling for confirming and clarifying the emergent categories with regard to theoretical conceptualization.

Fittingness

The criteria for fittingness, also known as transferability, refers to how well the hypotheses or findings fit into a context that is different from the study situation (Beck,

1993; Chiovitti & Piran, 2003; Sandelowski, 1986; Sharts-Hopko, 2002; Yonge & Stewin, 1988). Fittingness is also related to whether the findings are considered meaningful to others who may be in the same circumstance (Chiovitti & Piran, 2003; Yonge & Stewin, 1988). Strategies suggested to increase the degree of fittingness include presenting details about the sample, the setting, and emphasizing the similarities and relationship between the findings and their corresponding literature (Chiovitti & Piran, 2003; Yonge & Stewin, 1988). Such detailed description affords the readers the ability to decide for themselves the transferability of the findings. For this study, I have provided a detailed outline regarding the sample, the setting, and the strategies for data analysis that included reviewing the literature related to the emerging categories. In addition, I have also included the findings from the literature review on mentoring into the analysis, as well as, describing it in the final write-up in chapter four, i.e., Findings and Discussion.

Auditability

Audibility refers to the ability of another researcher to follow the audit or decision trail of the original researcher (Beck, 1993; Chiovitti & Piran, 2003; Sandelowski, 1986; Sharts-Hopko, 2002; Yonge & Stewin, 1988). According to Rodgers and Cowles (1993), the materials amassed for the audit trail are indispensable to the study as are the data generated from the data collection. For this study, I have ensured that documentations for the audit trail included a personal journal, field notes, and memos. (Yonge & Stewin, 1988).

Confirmability

Confirmability necessitates the use of an audit trail or decision trail throughout the proposed study. According to Yonge and Stewin (1988), confirmability is ascertained

when "the participants and others observe that the findings are meaningful to their lived experiences" (p. 65). Confirmability was realized when the criteria for credibility, auditability, and fittingness were established.

To ensure rigor for this study, I have adhered to the four previously mentioned criteria in consultation with the guidance and supervision provided by my dissertation supervisor. In addition, I worked closely with my doctoral supervisor throughout the study and especially during the process of data collection and data analysis.

Ethical Considerations

Ethical approval was received from the Health Research Ethics Board at the university in which the study was conducted (Appendix H). As well a letter of administrative approval was issued by the Vice Dean of the Faculty of Nursing (Appendix G). During the first meeting and prior to the interview, the participants were given: a) an information letter (Appendix B) explaining the purpose of the study and their rights as participants; b) an explanation regarding the interview procedure; and c) assurance that their participation was voluntary and they could withdraw from the study at any time. As well, prior to starting the first interview, a written informed consent (Appendix C) including consent to audiotape the interviews was obtained from each participant.

The taped interviews were conducted in a private meeting room at a mutually agreed upon time by the participants and the researcher. Participants' confidentiality was maintained by several measures. Each transcript was numbered and coded to coincide with the consent forms. The names of the participants were removed from the audio recordings, written transcripts, and field notes and replaced with pseudo names consisting

of the names of tropical flowers in alphabetical order, for example, the code name for the first participant (P01) was Alpinia and the second participant (P02) was Bromeliad. The transcripts, audiotapes, consent forms, coding notes, field notes, reflective journals, and memos were all locked in a filing cabinet in my office. In addition, the consent forms were kept in a separate drawer from the transcripts to ensure further confidentiality. As well, the taped interviews and the transcripts were accessible only to my committee members and me. The recordings and transcripts will be retained for future study subject to ethical review and approval.

I am also a faculty member at the university where the study was conducted, therefore, I took measures to ensure that the participants were not coerced into becoming participants. Advertisements consisting of several letter-size posters (Appendix A) were printed and posted strategically on the notice boards available throughout the office areas of the Faculty of Nursing where the study was to be conducted. In addition, assistance of the Undergraduate Office was obtained for distributing, via the electronic mailing list, the information letter (Appendix B) to all faculty lecturers and sessional faculty. Appendix B contained my contact information and all participants emailed me directly once they had decided to participate in the study. To prevent role confusion and to limit the participants' perceptions of my role, power, and/or influence, I eluded public interaction with the participants during recruitment and during the length of the study. Finally, because I was still teaching in the Faculty throughout the study I recruited only those faculty members with whom I was not directly working or teaching and who were teaching in a different nursing course or in a different undergraduate program than the one in which I was teaching.

CHAPTER 4

FINDINGS AND DISCUSSION

Working Together for Successful Role Transitioning

Through the process of constant comparative analysis and by way of personal contemplation and deep reflection the basic social psychological process known as *Working Together* emerged from the data. As a core variable, *Working Together* revealed a dynamic and interactive process that occurred between the mentor and mentee during an effective mentoring relationship that ultimately fostered successful role transitioning for the mentee.

Intrinsic to the process *of Working Together* are four ambient conditions that included: *(a) sharing, (b) communicating, (c) role modeling, and (d) supporting.* An effective mentoring relationship transpired when all four conditions were evident. Synergistic collaboration occurred in conjunction with the mentor exhibiting behaviours indicative of *sharing, communicating, role modeling, and supporting.* Data from this study revealed that manifestation of these behaviours by the mentor sets the foundation for an effective mentoring relationship. The process of *Working Together* was reflected when these four ambient conditions were present which then fostered an environment favourable to successful role transitioning of the mentee from an experienced nurse clinician to a novice nurse educator. The diagram represented in Figure 1 on page 55 delineates the intricate process involved in an effective mentoring relationship. Each figure in this chapter depicts a specific component to visually position these four ambient conditions within the expansive perspective of the mentoring relationship enacted by the

mentor and the mentee. *Working Together* is the process depicted when an effective mentoring relationship exists between an experienced bedside nurse and his/her mentor during the process of role transitioning. Findings from this study revealed that as the mentor and mentee work together through their mentoring relationship via their interactions they put into motion the four ambient conditions that begin with the mentor *sharing* his/her knowledge and experience in *supporting* the mentee, for example by being collegial and approachable. The mentorship process warrants that the mentee who may be a very skilled and an experienced RN be willing to embrace the position of a novice educator. By virtue of being a novice and being in an unfamiliar environment the mentee would understandably lack the skill and experience as a nurse educator (Benner, 1984).

While in their position as novice educators, the faculty instructors or tutors as they are known in this program invariably proceed through what could be portrayed as routine interactions explicit to their role as mentees while learning the roles and responsibilities as novice nursing educators. The novice tutors expressed their needs to the mentors who would respond accordingly by demonstrating behaviours indicative of the concepts of *sharing, communicating, role modeling, and supporting*. The data in this study also revealed that the process of sharing involved the mentors not only being willing to share their knowledge, experience, and resources but also being generous and available with their time. In responding to the needs of the mentees the mentors would exhibit communication that were open, receptive and effective especially when offering any feedback. While *Working Together* the mentor would invariably offer guidance and role model various responsibilities regarding teaching, interacting with students, organizing

course work, and in being a professional. In supporting the mentees the behaviours of importance included the mentors being approachable, encouraging, non-judgemental, and collegial.

In this study, the practice of *Working Together* while being mentored generated a sense of belonging and comfort for the mentees along with feeling welcomed, supported, and being taken care of by their experienced and newly acquired colleagues. Being acutely aware of this collegial support along with incremental confidence gained through this process, as novice educators the mentees fulfilled their responsibilities with a decreased level of anxiety during their role transitioning. For at least three of the participants in this study, it was this sense of collegiality and accomplishment that was pivotal in their decision to remain in academia.

<div align="center">**Conceptual Diagram and Its Significance**</div>

The diagram entitled *Mentorship and Novice Nursing Faculty: Working Together for Successful Role Transitioning* details the conceptual diagram. The focus of any mentoring relationship is clearly on the mentee. Consequently, for this study by way of *Working Together* the mentor offered encouragement and supported the mentee as he/she transitioned from an experienced nurse clinician to a novice nurse educator. This dynamic, intricate, and interconnected relationship is illustrated in Figure 1 found on page 54. As depicted in the diagram both the mentor and mentee occupied a central position in *Working Together*, a relationship that is influenced by four key ambient concepts, *sharing, communicating, role modeling, and supporting*. The bi-directional arrows among the four represent the ongoing interactive process.

Conceptual Diagram
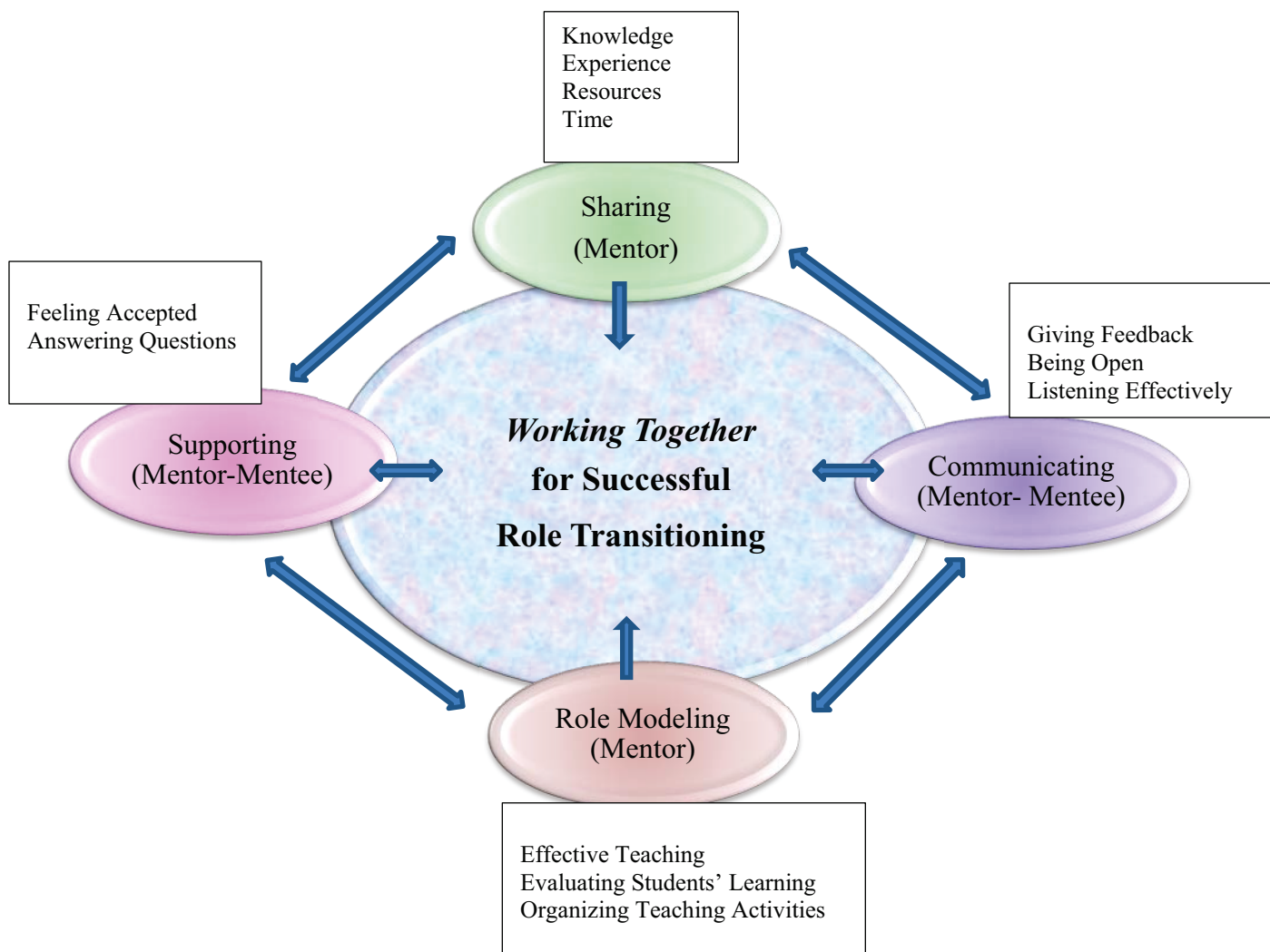
Knowledge
Experience
Resources
Time

Sharing
(Mentor)

Feeling Accepted
Answering Questions

Giving Feedback
Being Open
Listening Effectively

Supporting
(Mentor-Mentee)

Working Together
for Successful
Role Transitioning

Communicating
(Mentor- Mentee)

Role Modeling
(Mentor)

Effective Teaching
Evaluating Students' Learning
Organizing Teaching Activities

Figure 1: Mentorship and Novice Nursing Faculty: Working Together
for Successful Role Transitioning.

The data revealed that *sharing* and *role modeling* were exhibited specifically by the mentors, however, *communicating* and *supporting* were found to be reciprocal between the mentors and mentees. The categories integral to each of these concepts are listed adjacent to each concept. For example, the main categories intrinsic to *sharing* were found to be *knowledge*, *experience*, *resources*, and *time*. Finally, the fusion of four colours in the background of *Working Together* depicts the process of successful role transitioning when all fours conditions/concepts are evident during effective mentorship.

The initial process of *Working Together* afforded the mentors an opportunity to understand the needs of the mentees when learning the intricacies of the work involved in their role as novice nurse educators. Kram (1985) indicates that as a senior colleague a mentor would have specific and relevant experience to share with the mentee such as particular strategies that would assist the mentee to successfully navigate the challenges in his/her new work environment. This particular function which Kram identified as coaching has the capacity to enhance the mentee's career advancement by first learning the ropes. Hence, her inclusion of coaching under career functions as a component of the mentoring relationship. In this study learning the ropes encompassed the mentees' experience in *Working Together* successfully with their mentors. The process of learning the ropes begins with the mentor *sharing* several essential components that would facilitate successful transitioning of the mentee as a novice tutor.

Sharing

According to the participants, *sharing* involved several key components, that is, *knowledge, experience, resources, and time.* Understandably, the mentors who had the knowledge, experience, and resources often assumed the responsibility for initiating the

act of *sharing* and thus emerged as primary to the concept of *sharing*. According to

Kram (1985) *sharing* is an important element in "coaching" which from her perspective

is an aspect of "career function" since "The senior colleague has an experienced

perspective to share with the junior colleague who has the status, and limited knowledge,

of a newcomer." (p. 28). In addition, Kram suggests that "Often, coaching involves

sharing a senior person's understanding of the important players – who can be trusted,

who has the power, and who is likely to support or attack in a particular situation." (p.

29). Clearly then, *sharing* knowledge and expertise regarding the operation of an

organization is an integral concept that is necessary for a successful mentoring

relationship.

Sharing Knowledge

When sharing their knowledge the mentors willingly shared an extensive range of

information which they accumulated over several years as nurse educators in academia.

The information shared was especially pertinent to the delivery of the course that the

mentee was assigned to teach and included information related to the operational function

of the course such as the scholarly assignments, evaluation process, and implementation

of course objectives as well as policies and practices regarding the management of

students' issues and concerns.

In the following quotation a bona fide novice (i.e., a newly hired faculty member

who is teaching for the very first time) expressed the benefits of having a knowledgeable

mentor as her guide when she was assigned to teach in a community placement for a

clinical course:

> *[Having a mentor] who has taught the course before and guides*
>
> *you helps a lot because some courses have more components to it*
>
> *especially some of our community courses …. Because you have*
>
> *to do projects you are at the school for these days. So I think the*
>
> *logistics and knowing what to do, when to do it, and if you are*
>
> *doing it right, if you are meeting course objectives, things like*
>
> *that.* (Laelia-P12, Interview #1, p. 21, lines 1053-1063).

The mentor's knowledge and more importantly the *sharing of that knowledge* in areas relevant to the mentee's role transitioning were found to be essential for an effective mentoring relationship. In addition, a mentor's knowledge level regarding his/her role function as well as that of the mentee was also found to be significant as expressed in the quotation by an experienced mentor (i.e., Alpinia-P01):

> *Like I said, your approachability, your communication style, your*
>
> *availability, your knowledge level. The knowledge level of the*
>
> *role that that person is taking. The knowledge level of your role*
>
> *and where to take certain things. Knowledge of the black and*
>
> *white of policies, procedures, you know, the principles* (Interview
>
> #1, p. 12, lines 604-610).

By *sharing knowledge*, it was found that mentors assisted mentees in learning how to effectively complete their academic work within a particular course while guiding them in their teaching responsibilities as they transitioned into the nurse educator role. Similar findings were discussed in the literature by Anderson (2009), Gazza and Schellenbarger (2005), and Hessler and Ritchie (2006). Indeed, in her autobiography,

McDonald (2010) reported that an area of concern during her transition from clinical practice to academia included knowledge deficit regarding the routine practices in an unfamiliar clinical setting in addition to the academic language used by nurse educators. Anxiety resulting from not knowing or understanding academic language was also reported in a study with novice nursing teachers in the United Kingdom (MacNeil, 1997).

In the literature it is indicated that novice faculty tend to experience less anxiety and dissatisfaction during role transitioning when they begin to understand their role expectations through an effective mentoring relationship (Dunham-Taylor et al., 2008; McDonald, 2010; Smith & Zsohar, 2007). Similarly, Dunham-Taylor et al. (2008) also emphasize the importance of ensuring that mentees are made aware of the "unwritten policies and procedures to avoid making unnecessary mistakes." (p. 342). In addition, Dunham-Taylor et al. (2008) posit that by providing "positive mentoring and some anticipatory guidance" (p. 342) the mentees would be able to function more effectively in their new role.

In this study the notion of positive mentoring and anticipatory guidance was expressed by an experienced mentor:

> *And so the mentoring would really be about helping them [the*
>
> *mentees] let students learn by discovery and discussion. And if*
>
> *they are floundering around as a group that it's OK for you to let*
>
> *them do that for a while. And you don't have to immediately step*
>
> *in and do something. ... But the thing with [novice] tutors is that*
>
> *you have to explain how this works and how the group sort of*
>
> *gels. And then of course when you have groups that don't work*

well together which is the exception, then of course you have to

step in and help them deal with that. (Cannaceae-P03, Interview

#1, p. 6-7, lines 293-308)

As evident by this quotation it is not only the possession of knowledge that is important when mentoring novice faculty, but also the experience in knowing when to appropriately and actively offer guidance and support. In their study with a mentorship program for occupational therapists (i.e., prior to and post-graduation) Milner and Bossers (2004) report that the mentors' experience, knowledge, and the ability to provide guidance, and support were considered the most desirable qualities by the participants. Similarly, in my study, the mentors' knowledge and experience were found to be indispensable for a successful mentoring relationship.

The mentor's knowledge of the "bigger picture" in how a course is planned and implemented was also considered another critical element of *sharing knowledge* with the mentee. In her role as a course lead and as an informal mentor Falenopsis (P06) expressed the complexity of mentoring new tutors in a nursing theory course she was leading:

Being aware of all the different dynamics and all the different

levels that things have. It's not just, "Here I think this is a good

idea. We'll do it this way. I am going to change this and make it

this." You can't change that because it has to go here, here, and

here. And you need this thing and you got this timeline. It's really

quite complex and you don't realize that there's so many things.

> *… Makes it really challenging.* (Falenopsis-P06, Interview #1, p.
>
> 5, lines 205-218).

It was clear by Falenopsis' comments above that guidance from a knowledgeable mentor could potentially decrease the amount of dissatisfaction during role transitioning of novice faculty. Likewise, in her dissertation, Specht (2011) reports that mentoring eases the transition of novice faculty into academia by "decreasing the severity of role ambiguity and role conflict experienced during their acclimation into academe." (p. 11). Specht posits that mentoring could promote the successful transition of novice faculty by providing direction and support, which would then decrease role conflict, role ambiguity, and dissatisfaction during transitioning to academia.

In guiding the mentees in this study, it was evident that the mentors needed to share their knowledge regarding course management and evaluation of students' performance. As a bona fide novice Laelia (P12) was extremely candid in disclosing her lack of knowledge regarding the management of her clinical course and how to evaluate the students' clinical performance:

> *It was mainly surrounding evaluation of students. Or even just*
>
> *like a lot of it is also how to manage the course too. What to do*
>
> *with your time and what to talk about for post-conference. But I*
>
> *think the large majority of my questions came down to evaluation*
>
> *of students because I think that was probably and still can be a bit*
>
> *of a challenge for me. … So the type of questions I guess was,*
>
> *how do you know where a student is? A 2.5, a 3, 3.5 or 4? How*
>
> *do I evaluate the reflections? Is that something that you evaluate?*

Or is that something you know? Things like that. Their papers

too. How is that? What does a strong paper look like? What does

a less strong paper look like? So mainly surrounding evaluation

of students. (Laelia-P12, Interview #1, p. 2, lines 64-82)

As a novice teacher, Laelia's admission about her lack of knowledge regarding the basic principles of pedagogy was supported by Anderson (2006, 2009) who reported that participants in her study, also novice nursing faculty, were also unaware of the principles of academic teaching. Anderson suggests that the lack of academic preparation presents many challenges and impedes the work role transition of novice faculty. Similarly, Anibas et al. (2009) report that participants in their research study did identify several challenges in clinical teaching that include how to teach and how to evaluate students' learning. These findings, therefore, indicate that a mentor's knowledge regarding pedagogical principles is of significance in a successful mentoring relationship. More importantly, in my study I found that *sharing* of tacit knowledge, i.e., knowledge about teaching acquired from personal experience as shared by their mentors was also clearly valued by the mentees in the academic setting. According to Smith (2001), tacit knowledge is derived "from face-to-face contacts, like casual conversations, stories, mentoring …" (p. 315). Furthermore, Smith (2001) suggests that by "showing them the ropes" tacit knowledge is directly taught to those with less experience by those who are experienced (p. 317).

The literature regarding tacit knowledge suggests that it is acquired through experience and reflection and is therefore difficult to articulate or formalize (Augier & Vendelo, 1999; Gore & Gore, 1999; Haldin-Herrgard, 2000). Since tacit knowledge is a

product of internal individual processes it cannot be taught or shared in the same way as explicit knowledge (Haldin-Herrgard, 2000; Smith, 2001). Suitable methods for sharing tacit knowledge include "apprenticeship, direct interaction, networking, and action learning that include face-to-face social interaction and practical experiences" (Haldin-Herrgard, 2000, p. 363). Smith (2001) suggests that tacit knowledge could also be shared through mentorship, internship, and storytelling. Based on the findings of her study exploring the structure of tacit knowledge in nursing, Fox (1997) agrees that mentorship could promote learning of tacit knowledge for nurses particularly when coping with managerial tasks.

In a study exploring trust and tacit knowledge sharing, Holste and Fields (2010) discovered that sharing tacit knowledge was influenced by the presence of warm personal relationships along with affect-based trust and face-to-face interactions. In my study, the benefit of sharing tacit knowledge was expressed by a mentee; "*[Having a mentor] who has taught the course before and guides you helps a lot because some courses have more components to it especially some of our community courses ...*" (Laelia-P12, Interview #1, p. 21, lines 1053-1056). It would be reasonable to suggest that sharing of tacit knowledge regarding know-what and know-how of teaching responsibilities could indeed occur in an effective mentoring relationship. Brown and Duguid (1998) explain that "know how is to a great extent the product of experience and the tacit insights experience provides." (p. 95). Clearly then, mentor *sharing* of teaching experience whether in the form of explicit or tacit knowledge is invaluable during the transitioning process for the mentees.

Sharing Experience

The mentees in this study conveyed that *sharing experience* about teaching by their mentors, (i.e., both what they considered to be the good and the not-so-good), were helpful for their learning as novice educators. In the following excerpt Gloriosa (P07) indicated that storytelling was a strategy that she used in *sharing experience* with her mentees:

> *Probably sharing stories with them, right? How to handle*
>
> *situations. What to do. Saying that, I'll be there to support you. If*
>
> *you need anything I am there.* (Gloriosa-P07, Interview #1, p. 18,
>
> lines 906-908).

According to Lindesmith and McWeeny (1994) storytelling "promotes critical thinking between expert practitioners and novices, strengthens collegiality and collaboration, builds self-esteem and rapport, and extends care and support to nursing colleagues." (p. 186). Likewise, storytelling in an educational setting affords the learners an opportunity to learn from each other by using tacit knowledge that is derived from their professional nursing experiences (Lindesmith & McWeeny). Furthermore, Bowles (1995) suggests that story telling requires the narrator to be reflective of his/her experience, positions, roles, and motivations thus initiating the possibility for achieving new perspectives for both the narrator and the audience. Similarly, Connelly and Clandinin (1990) posit that by telling their stories people are reflecting upon their lives as they explain themselves to others thereby reliving their experience. In the process of storytelling, lessons learned, that is, the good and not-so-good, are passed along to the mentees.

In the following quotation, Laelia (P12), a mentee and a bona fide novice (i.e.,
being a nursing tutor for the first time) reflected positively on her learning experience
when her mentor shared an effective teaching strategy as a learning activity for their
students:

> *So she had this activity that got you [the students] to do a budget*
>
> *for somebody who makes a minimum wage. ... So I thought that*
>
> *was a really interesting way to show the struggles that vulnerable*
>
> *people go through ... and tying in how primary health care*
>
> *principles work with regard to that and how the determinants of*
>
> *health [apply] as well. So tying in all those core concepts with*
>
> *that activity [budget planning] in order to help the students better*
>
> *understand.* (Laelia-P12, Interview #1, lines 533-551).

Laelia's quotation depicts a positive mentoring relationship whereby she
benefited from the experience and wisdom of her mentor who willingly shared an
effective teaching strategy. Laelia's mentorship experience highlights the gift of wisdom
within a mentoring relationship and the notion of mentoring "as an example of gift giving
in the gift exchange economy" (Gehrke, 1988, p. 192).

Gehrke (1988) posits that the first phase of gift giving is the "creation of the gift
itself" which may involve a great amount of effort but may be worth little in market terms
(p. 192). Gehrke further expounds that the gift of wisdom from the mentor is a gift that
has evolved over a lifetime of labor and experience. From Laelia's quotation above, it is
clear that by *sharing* an effective teaching strategy her mentor also gave Laelia the gift of
wisdom via her personal experience.

In this study, an experienced mentor in problem solving was also considered valuable from the mentee's perspective. For example, her mentor's knowledge of problem solving was found to be an important aspect of mentorship by Kahila (Participant 11):

> *The problem solving. She just knows how things are. She has years of experience and she's been teaching for a long time. So she understands how things work and to talk to whom.* (Kahila-P11, Interview #1, p. 18, lines 899-904).

As expressed by the participant, guidance with problem solving was significant to her role as a novice educator. A similar sentiment reported by Hessler and Ritchie (2006), for example, acknowledge that guidance by experienced faculty is instrumental to transitioning into the faculty role during the first year of teaching. In addition, they also posit that helping new faculty to achieve balance and ease of their transitioning to the educator role "will help decrease some of the anxiety many experience in their first year of academia." (p. 151).

Another participant, Ipomoea (P09) expressed the importance of mentor honesty and of mentors sharing negative experiences as being congruent with reflective practice:

> *And a good mentor would have filled me in on that. And it wasn't actually until our FLC, our group that everybody around the circle goes, "Oh yeah that's normal," right? But nobody talks about it. Nobody talks about their failures and we need to talk about that. I mean we need to be positive and optimistic and care about each other as mentors and be really positive. But we also*

have to say, look we make mistakes and we don't always do the

right things either. You know that kind of reflection instead of

making, trying to sweep it under the carpet. (Ipomoea-P09,

Interview #1, p. 6, lines 273-284)

Clearly, Ipomoea (P09) believes that by sharing a negative experience mentees would then understand that mentors are not immune from making mistakes and that mentors are also capable of reflective learning and more importantly that they continue to learn. Indeed, Dunham-Taylor et al. (2008) reiterate that through positive mentoring mentees ought to know that perfection is not an expectation since "Not one nursing faculty member is perfect" (p. 343). According to Dunham-Taylor et al. another important consideration is to acknowledge that mistakes are made despite the mentor's or mentee's best intention. However, the notion of functional counterfactual thinking asserts that the ability to reflect and comprehend past mistakes is instrumental in developing new behaviors toward success in the near future (Smallman & McCullogh, 2012).

In relation to learning and experience, Jarvis (2005) suggests that we understand the world mostly through secondary experience, that is, experience that is shared with us by someone who has gained that understanding by primary experience. Jarvis posits that primary experience is immediate, direct, and personal while secondary experience is gained from a teacher, information media, or another person. Therefore, mentors attain primary experience which are then conveyed to mentees as secondary experience. Consequently, in a mentoring relationship it could be suggested that mentees learn to appreciate the responsibilities of their new role owing to secondary experience from their

mentors. It could be suggested then that experience is a significant personal resource acquired by mentors through their careers and in this study it was found that experience as a significant resource was shared willingly by the mentors.

Sharing Resources

Initiated by the mentors by virtue of their knowledge and experience *sharing resources* included specifically sharing of teaching tools such as clinical schedule, students' hand-outs, and orientation packages. This element of *sharing resources* was recognized as an important component of *Working Together*. The impact of *sharing resources* was expressed in the following manner by a participant who has since become a mentor during the period of this study:

> *She took me under her wing really, so to speak and shared, I*
>
> *mean shared all of her tools and everything she created. And so*
>
> *taught me, gave me a context, the best way to describe it because*
>
> *when you first come in, and it's a clinical [course] and how you*
>
> *think logistically this is really hard to wrap your head around.*
>
> *But she came in and showed me how she organizes things and*
>
> *what tools she used and she shared a lot of her stuff with me. ... I*
>
> *would have been lost without it.* [Heliconia-P08, Interview #1, p.
>
> 1, lines 30-48].

This process of *sharing* and nurturing had such a lasting impression on Heliconia as a mentee that when she became a mentor much later she willingly and unquestionably subscribed to the practice of *sharing resources* with her mentees as depicted in her statement below:

> *I am just passing it on. I feel comfortable in the way I was*
>
> *mentored and it couldn't have been better I think. Because it's*
>
> *really taught me to do the same, just pass the information on. I*
>
> *am not territorial about anything that I do.* (Heliconia-P08,
>
> Interview #1, p. 29, lines 1430-1435).

The desire to pass on a positive mentoring experience is similar to the notion of passing on mentoring as a gift as discussed earlier (Gherke, 1988). As proposed by Gehrke, the concept of mentoring as gift giving is antithesis to the market economy thinking in which objects are bought and sold for a price. In a gift exchange economy the gifts are "passed along, given away to a third party" a process that "binds people to each other." (p. 191). From my perspective and for the purpose of my study, I would like to coin the process of passing on a good mentoring experience as the *cyclical impact of positive mentorship* whereby a mentee develops a desire to become a mentor in the future in order to share his/her positive experience with a future mentee. Indeed this *cyclical impact of positive mentorship* was expressed by Fontenot in her autobiography (Hawkins & Fontenot, 2009), "I hope to give back to my mentor by supporting, mentoring, and inspiring new nurses, faculty, and preceptors in the same way that I was a recipient of these gifts." (p. 360). It is worthwhile to note that Hawkins and Fontenot also touched on the idea of mentoring as a gift in this statement. Likewise, Smith and Zsohar (2007) alluded to the notion of the *cyclical impact of positive mentorship* by suggesting that effective mentoring during transitioning from expert clinicians to novice educators could set the stage for mentees to be mentors in the future.

Another participant who was a laboratory lead and who undertook the role of an informal mentor also acknowledged her belief about *sharing resources*:

> *For me it means to be a role model, both ethically and*
>
> *professionally for new faculty. And, with that to share my work*
>
> *that I have done with the new tutor. In terms of sharing it both*
>
> *verbally and non-verbally. So on papers, so giving the work that*
>
> *I've done. So if somebody is taking over a class all the work that I*
>
> *have, my teaching plan, everything, I give over to the other*
>
> *faculty.* (Gloriosa-P07, Interview #1, p. 1, lines 15-22)

The perception of "giving over" which in this situation refers to giving the teaching plan and handouts created by the mentor (i.e., Gloriosa) is analogous to the idea of mentoring as a gift of wisdom that involves time and effort (Gehrke,1988). By *sharing resources* for teaching in the laboratory, Gloriosa helped to reduce the mentee's course preparation workload. Indeed, as put forth by Dunham-Taylor et al. (2008) a question to be asked regarding teaching resources ought to be, "Why recreate the wheel?" (p. 343).

A similar sentiment regarding *sharing resources* and thus, not reinventing the wheel was also found in a quotation by another participant (Bromeliad-P02):

> *Everything. Documents, like anything that we always [use]. OK,*
>
> *this is what I've used in the past. She saved everything. She is*
>
> *very much like I am. And we revised or we just fix. So we don't*
>
> *have to totally recreate everything that we don't have to, right?*
>
> (Bromeliad-P02, Interview #1, p. 3, lines 107-111).

Also, Bromeliad (P02) emphasized that "hours and hours" were needed to initially create academic work that could later be used as a teaching resource to be shared with a mentee:

> *And lots of times when you are sharing academic work that*
>
> *you've done that you've spent hours and hours, and hours on.*
>
> *And basically you are handing it over so this person [mentee] can*
>
> *use it so that students have all the content, right? … and that's*
>
> *part of being a mentor. I mean I've done that dozens and dozens*
>
> *of times.* (Bromeliad-P02, Interview #1, p. 18-19, lines 910-917).

In the quotation above, the idea of a mentor crafting the gift of wisdom in the form of a teaching resource based on years of teaching experience and then passing on that resource to a mentee could indeed be visualized. This practice of *sharing resources* illuminates the concept of communal sharing and the values of benevolence as discussed in "Relational Models Theory" by Roccas and McCauley (2004). In relationships based on communal sharing, such as when individuals are employed by the same organization (Fiske, 2004), the values of benevolence, which include honesty, helpfulness and kindness are emphasized (Roccas & McCauley). In addition, benevolence values are contrary to power values which highlight control over people and resources (Roccas & McCauley). Likewise, the mentors in this study were motivated by benevolence values with the intention of being supportive, helpful and kind to the mentees.

In this study I also found that faculty members who were prepared at the doctoral level and who for this study were classified as interim novices clearly appreciated the practice of *sharing resources* as expressed by Gloriosa (P07):

> *… and they are all PhD faculty, they are tutors now and they've*
>
> *never taught before in the course. So with that said we give them*
>
> *everything and they said to us many times, "Thank you for*
>
> *sharing because this doesn't happen." So we were taken aback*
>
> *because in the lab we share everything. It was just funny to hear*
>
> *that [thank you] but nice to hear that. But they were very grateful*
>
> *for all the sharing and all the mentorship that we've provided in*
>
> *the meetings and clarification and going over and over so they*
>
> *are really well prepared.* [Gloriosa-P07, Interview #1, lines 25-
>
> 35]

The above quotation by Gloriosa (P07) illuminates the positive impact of *sharing resources* that occurred within her teaching team and in her role as an informal mentor. Clearly, in this situation the need of the mentees to be prepared for their teaching assignment was also met by the mentor's desire to advance the mentees' preparation for teaching a new course. In addition, Gloriosa's quotation highlights the recognition that knowledge and experience are two essential elements for an effective mentoring relationship as discussed in the mentoring literature (Chester & Espelin, 2003; Danna, Schaubhut, & Jones, 2010; Hadidi, Lindquist, & Buckwalter, 2013; Milner & Bossers, 2004; Smith & Zsohar, 2007).

Another participant (Ipomoea, Participant 09) expressed that *sharing resources* is not simply limited to sharing teaching materials but that it also includes *sharing time* with a mentor.

> *But I still go back to some of the more experienced teachers. ...*
>
> *comes to mind and just sit down and talk to her, almost a venting*
>
> *experience than anything. But she shares her materials with me*
>
> *because the materials aren't even given to you. You know the*
>
> *materials, the extra things, right?* (Ipomoea-P09, Interview #1,
>
> p. 2, lines 73-79

Clearly, for Ipomoea (P09) being a novice tutor not having any teaching material was a challenge to her role and thus, the act of *sharing resources* from an experienced tutor who then became an informal mentor was invaluable. In addition, her statement "*... just sit down and talk to her ... almost a venting experience than anything"* indicated that *sharing time* was an important component of the mentoring process found in this study and therefore will be discussed next.

Sharing Time

Sharing time was found to be an essential requisite for a successful mentoring relationship as expressed by a mentee:

> *Well, I certainly can think of one person in particular who has*
>
> *spent quite a bit of time with me because she is the Program*
>
> *Coordinator. ... Because I am a Course Lead I spent a lot of time*
>
> *with her and being not only a new instructor but a new Course*
>
> *Lead I had a huge learning curve* (Kahila - P11, Interview #1, p.
>
> 2, lines, 65-73).

It was evident that as a novice tutor and a novice Course Lead Kahila needed time with her mentor to understand program expectations and her responsibilities as a nurse

educator in academe. In this particular situation however, she not only had to learn how to be a teacher but also how to be a Course Lead which implied that she had responsibilities for two roles and thus, "had a huge learning curve." It was imperative for Kahila that she understood her roles and responsibilities in order to be an effective teacher and a Course Lead. By *sharing time* her mentor assisted Kahila to carry out her responsibilities appropriately and competently as expected of her two roles. The mentoring process thus facilitated personal learning and professional socialization that enable Kahila to uphold her positions as a novice educator and a novice Course Lead (Lankau & Scandura, 2007).

Novice nursing faculty often feel challenged in not knowing what to teach and how to teach (Diekelmann, 2004) as well as frustrations in feeling unprepared to teach and lack an understanding regarding the role of an educator (White, Brennan & Wilson, 2010). In addition, role conflict and role ambiguity can lead to role strain, a situation experienced by many non-mentored novice faculty (Specht, 2011). By *sharing time* mentors offered much needed guidance in the socialization of mentees into the educator role and into the culture of academia (Diekelmann, 2004).

In a successful mentoring relationship a significant amount in *sharing time* was spent by answering mentees' questions:

> *Well, she's generous with her time. I know she's busy and really I*
>
> *can go see her at any time. She'll always make time for me…*
>
> *because when something comes up that's important you need to*
>
> *have the knowledge of someone whose going to work with you*
>
> *right away. Or else my anxiety level is going to go way up. So I*

am also careful not to take advantage of her time. (Kahila-P11,

Interview #1, p. 17-18, lines, 863-867).

It is clear that availability of *sharing time* with a mentee was imperative for a successful mentoring relationship. Likewise, in their study, Cho, Ramanan, and Feldman (2011) found that mentor availability was perceived as a strong commitment for *sharing time* that could then foster a successful mentoring relationship.

In the same way, Heliconia (P08) stated that mentor *sharing time* implied availability either in person or by email and was essential for the success of her mentorship process. Evidently for Heliconia *sharing time* involved the mentor answering questions and offering guidance in challenging situations:

> *But the other thing that makes it work is that throughout the*
>
> *whole course I can come to her at any time and ask her questions*
>
> *or send her an email. She's always there to bounce ideas off and*
>
> *if I was struggling with something. And so that was important.*
>
> (Heliconia-P08, Interview #1, p. 3, Lines 113-119).

The advance in technology has increased the level of mentor availability and thus offers an advantage for the mentee with the possibility of instant and constant communication with his/her mentor and thus the potential for *sharing time* as needed and permitted by time itself. Thompson and Bunderson (2001) discuss the notion of time as a container of meaning and suggest that the phenomenological properties of time could lead to feelings of security and gratification when time is used for activities that are identity affirming. On the other hand, the view of time as a container of meaning could

lead to feelings of conflict particularly when time is used for activities that are not identity affirming.

In the following quotation a mentor expressed the noble practice of constantly being available for his mentees:

> *Well first I tell them anytime you've got questions get in touch*
>
> *with me. Anytime, because a certain time you need to know*
>
> *something you probably need to know it immediately. And we've*
>
> *got contact information … We got iPads. We got cell-phones. We*
>
> *use to have pagers. We have office phone numbers. I guess make*
>
> *yourself available.* (Emilia-P05, Interview #1, p. 15, lines 744-
>
> 753).

Mentor availability and generosity in *sharing time* therefore signifies a level of caring and support for mentees' position and identity as novices (Eifler & Veltri, 2010; Smith & Zsohar, 2007; Thorpe & Kalischuk, 2003). As a mentee Smith (Smith & Zsohar, 2007) values her weekly meeting and felt supported when her mentor "would take the time out of her busy schedule to individually attend to my teaching concerns in a safe and supportive way." (p. 185). By *sharing time,* Zsohar confirms and supports Smith's role identity as a novice (Smith & Zsohar, 2007). Clearly then, as evident also in my study *sharing time* with the mentee was instrumental in creating and sustaining an effective, meaningful, and successful mentoring relationship.

The importance of both mentor and mentee *sharing time* together was identified by Eifler and Veltri (2010) who posit that in a mentoring relationship "Both members must privilege their time together as much as they would any other professional

obligation." (p. 626). During their mentoring relationship, Eifler and Veltri found that regular weekly or monthly meetings scheduled either in person or by emails was beneficial during the first semester of the mentorship process. Similarly, Thorpe and Kalischuk (2003) concur that "making time for togetherness" (p. 8) or in other words, *sharing time* together "over a cup of tea or coffee … despite heavy work schedules" (p. 8) provides precious time for sharing concerns, seeking support, and offering guidance during role transitioning. Given the notion of time as a container of meaning discussed earlier (Thompson & Bunderson, 2001), *sharing time* is therefore invaluable to a successful mentoring relationship.

Another participant who has since become a mentor recalled her gratitude when her mentor took the time by guiding her through a difficult teaching situation with her clinical group:

> *What was good was … was going to take the time like an hour to*
>
> *drive there. Half an hour there and half an hour back.* (Kahila,
>
> Interview #1, p. 23, lines 1125-1129)

In the quotation above, *sharing time* involved the mentor taking time to drive to the clinical site to assist the mentee with the management of a clinical concern presented by the students. The effort taken for *sharing time* by this mentor who was also the Program Coordinator was invaluable and contributed positively to this mentoring relationship. Indeed, Cho et al. (2007) report that in a successful mentoring relationship four components indicate the strength of time commitment, i.e., 1) frequency, 2) availability, 3) duration, and 4) quality.

Similarly, as found in this study, time commitment or in other words *sharing time* was found to be integral to a successful mentorship process. According to Thorpe and Kalischuk (2003) making time for togetherness is an important element in the micro realm of the Collegial Mentoring Model. Based on their experience of a collegial mentoring relationship, Thorpe and Kalischuk developed the Collegial Mentoring Model and proposed that this model also embodies the processes of caring, connecting, and communicating. In addition, based on her autobiography, Smith (Smith & Zsohar, 2007) suggests that a collegial "mentoring relationship leads to invaluable and lasting friendship, along with employee retention in the long term" (p. 186). Smith credits her effective mentorship experience with Zsohar as instrumental in her decision to remain in academia which thus illuminating the notion of faculty retention as one benefit of a successful mentoring relationship (Smith & Zsohar, 2007).

An understanding that *sharing time* ought to begin with the creation of a mentoring relationship is a key aspect of mentorship expressed by another mentor in this study, "*First of all getting to know the tutor a bit. So meeting with them, having some time, getting to know them. Being clear that we are in this together.*" (Cannaceae - Participant 03, Interview #1, p. 14, lines 683-685). This particular quotation conveyed Cannaceae's belief that in *sharing time* with the mentee effective communication was critical in ensuring that the mentee felt accepted and not alone while transitioning to the novice educator role. Moreover, *communicating* was found to be a requisite within the core category of *Working Together* and will be discussed in the following section.

Communicating

In this study, it was found that through the *sharing of knowledge, experience, resources, and time* the mentor invariably imparts fundamental elements of teaching and teacher responsibilities that the mentee requires to embrace in transitioning to the novice nurse educator role. Additionally, three elements pertaining to communication were found to be significant for effective mentorship. These elements were: *a) giving feedback; b) being open; and c) listening effectively. Communicating* effectively involved the use of approaches by the mentor that were perceived as warmth, respectful, accepting, empathetic, and encouraging particularly when *giving feedback,* be it positive or constructive.

Giving Feedback

Positive feedback increases an individual's self-esteem and affirms for the individual a positive self-concept (Arnold & Boggs, 2003). More importantly, constructive feedback affords an individual a springboard for self-development (Balzer Riley, 2012). In addition, one's intention for giving feedback ought to be in offering an opportunity for individual self-growth that when given in a positive light serves to solidify the individual's self-concept (Balzer Riley, 2012). It would be reasonable therefore, to suggest that in a mentoring relationship *giving feedback* that is positive would potentially affirm the mentee's identity and self-esteem in his/her new role. A mentor therefore plays a valuable role when offering positive or constructive feedback:

> *I made sure that I tell the [novice] tutor they are doing a good*
>
> *job. I tell them because if they don't hear that then what's the use*
>
> *of mentoring? You have to give them both constructive and*

positive feedback, right? (Gloriosa-P07, Interview #1, p. 13, lines

612-616)

It was clear that Gloriosa understood her role as a mentor and the implication of

offering both positive or constructive feedback to her mentees. Vance and Olson (1998)

suggest that generosity of spirit as reflected by Gloriosa's statement above is an attribute

of a good mentor. According to Vance and Olson "Mentoring is a gift, and requires

unselfish givers." (p. 114).

Frandsen (2003) echoes the significance of *giving feedback* and reports that

participants in her study perceive critical aspects of an ideal mentoring relationship to

include the mentor believing in the mentee's capabilities particularly when offering

intellectual guidance, encouragement, and feedback. In this study, a mentor was cautious

and optimistic when *giving feedback* and offering guidance to a mentee in a clinical

situation:

> *I think I'd observe it [a clinical concern] a little bit longer to see,*
>
> *do we have a pattern here? But if it's something I felt was going*
>
> *to be a problem, I might just say, "You know here's where, not*
>
> *that you are doing this and this is going to be bad. But if you take*
>
> *this particular tact here's a problem it might run you into. Here's*
>
> *what I've seen in the past." Try to take some sort of a positive*
>
> *perspective like that because you could end up working with this*
>
> *person for 20 years. It's nice to get off on a good foot.* (Emilia-
>
> P05, Interview #1, p. 13, lines 633-645)

In the quotation above, Emilia, an experienced mentor, was mindful that the mentoring relationship could result in a long term working relationship. Being cognizant of such factor, Emilia thus exercised respect, thoughtfulness, and honesty when *giving feedback* to the mentee. In addition, self-disclosure was evident when Emilia appropriately shared a similar past experience from a clinical situation. Balzer Riley (2012) posits that a sense of connection ensues with mentor self-disclosure that then promotes bonding and consequently decreases the stress level for the mentee (Hadidi, Lindquist, & Buckwalter, 2013). According to Egan (1986) self-disclosure is fitting when it can help an individual develop new perspectives and frames of reference for managing challenging situations. Emilia's intent to help the mentee was clearly depicted in the above quotation.

Balzer Riley (2012) affirms that *giving feedback* in a respectful and caring manner portrays *feedback* that is not only receivable but also given in the best interest of the receiver. Indeed, Vance (2011) suggests that "Mentors have a unique perspective to give honest, helpful feedback to their protégés ..." (p. 111). Clearly then, *giving feedback* is important for an effective mentoring process.

In this study, *giving feedback* strictly for the mentee's self-growth instead of a performance evaluation was a focal point for another mentor:

> *I think we are all feel that in particular when we are at a new job*
>
> *and we want to do well and giving this feedback that where you*
>
> *[the mentor] are saying, "You could change this or you might*
>
> *look at it this way." But being clear that "This [feedback] is just*
>
> *for you" as opposed to somebody writing up an evaluation and*

handing it to the Associate Dean. (Cannaceae-P03, Interview #1,

p. 15, lines 730-736).

In this instance Cannaceae an experienced mentor, displayed an understanding that as a novice her mentee lacked teaching experience and therefore needed time for personal learning and professional development regarding teaching skills (Cho et al. 2011; Balzer Riley, 2012; Egan, 1986; Lankau & Scandura, 2007; Rowley, 1999; Thorpe & Kalischuk, 2003; Vance 2011). As defined by Benner (1984) novices "had no experience of the situations in which they are expected to perform." (p. 20) and therefore, no frame of reference upon which to compare their new experience. Furthermore, in the above quotation Cannaceae demonstrated empathy, a mentor characteristic indicating an acceptance of the mentee's position as a novice educator. By enacting an empathic relationship a mentor conveys an unconditional acceptance of the mentee's situation thus eliminating the mentee's fear of rejection and being misunderstood (Balzer Riley, 2012, Egan, 1986). Kram (1985) suggests that acceptance and confirmation is a psychosocial function that enhances a mentee's "sense of competence, identity and effectiveness in a professional role." (p. 32). In addition, acceptance creates trust which promotes respect and psychological nurturance (Kram, 1985) which is beneficial and needed by novices when transitioning to the educator role.

However, it was also found that the challenge to keep up with her teaching responsibilities as a novice faculty resulted in a lack of feedback for the following mentee:

> *Trying to figure out how to do it [teaching] that you don't really*
>
> *see that [asking for feedback regarding her teaching skills]. OK,*

this is my job. This is what I do. You are on you own. Maybe it

was wrong not to think about it but then you know I just don't

know, was so nervous. Am I doing the right thing? Am I being a

good tutor to the students? Am I helping them to develop in terms

of critical thinking? (Delonix-P04, Interview #1, p. 10, lines 460-

468).

It is clear from the above quotation that although Delonix felt nervous and did

question her teaching ability she neglected to ask for any kind of feedback from her

mentor as she was too busy trying to ascertain how to teach the course. Based on her

research on role transition of novice faculty, Anderson (2009) echoes a similar finding

concerning novice faculty's expression of self-doubt and questioning of their abilities and

performance as nurse educators. In addition, Anderson (2009) reports that novice faculty

identify the need to learn new responsibilities and commitments of the academic setting

and that "needing or soliciting feedback" is a characteristic reported by these novices.

From a nurse educators' survey Hubbard, Halcomb, Foley, and Roberts (2010) report that

asking for help and *being open* with *communication* are important components for

successful mentoring relationships. Further, according to Hubbard et al. (2010)

mentorship is facilitated most commonly by *being open* with *communication*, i.e., a

subcategory that will be discussed next.

Being Open

According to Norton (2003), in *communicating openly* or in other words by *being*

open an individual demonstrates several characteristics that include being conversational,

unreserved, honest, and approachable. In addition, an open communicator willingly

practices self-disclosure. Norton (2003) further suggests that openness in communication relates to trust, reciprocity, paraverbal cues, and liking the other person.

Being open and demonstrating a willingness to share her clinical teaching experiences and teaching resources were illuminated by a mentee:

> *She's open and willing to share, not territorial, and enthusiastic*
>
> *about the course. And she had taught for many years, and so has*
>
> *good insight about students. I think mostly it's the open and the*
>
> *sharing. I think that's so important.* (Heliconia-P08, Interview
>
> #1, p. 2, lines 92-98)

In this informal mentoring relationship Heliconia valued being mentored by an experienced colleague who exhibited kindness, helpfulness, and self-disclosure by *being open*. According to Roccas and Mcauley (2004) kindness and helpfulness are values congruent with benevolence which is subsumed within the structure of communal sharing. This relational structure is apropos as depicted in the quotation above since both Heliconia and the mentor shared a common interest regarding their role, (i.e., to be an effective nurse educator) which also "makes them socially equivalent in some respect." (Fiske, 2004, p. 4).

It was found that *being open* also involved the mentor candidly discussing concerns arising from the mentee's teaching experiences and/or interactions with the students:

> *We both got very open communication. We would debrief on days*
>
> *that we weren't together. And she [mentor] would give me*
>
> *pointers on students that I weren't sure about and what that*

means and how to deal with those situations. She would give me

enough freedom to do things on my own and challenge myself but

at the same time I could feel comfortable asking her questions

about things. ... So I found that really benefitted my mentorship

into the program as well as feeling comfortable asking her

questions. (Laelia-P12, Interview #1, p. 1-2, lines 45-61)

As illustrated in the quotation above, by *being open* the mentor shared her experience and wisdom and thus guided Laelia through her teaching challenges. At the same time, the mentor's openness was also found to foster a sense of acceptance regarding Laelia's need for personal learning and professional development of her teaching skills. In this instance, the mentor's attentiveness conveyed respect, warmth, and empathy which made her more approachable and trustworthy (Balzer Riley, 2012; Grover, 2005; Norton 2003). The mentor's approachability subsequently increased Laelia's own comfort level with her questioning and learning process. As well, by giving Laelia the freedom to challenge herself and to bring her questions forward, the mentor demonstrated her belief in Laelia's ability to progress and develop as an educator. Vance and Olson (1998) suggest that an openness to mutuality which includes respecting of the mentee and engaging in life-long learning is another attribute of a good mentor. Similarly, Frandsen (2003) reports that believing in the mentee's capabilities and offering guidance, encouragement and feedback are important features of an ideal mentoring relationship.

Open communication, open-mindedness, and mentor availability are considered indispensable for an effective mentoring relationship (Chester & Espelin, 2003; Hubbard

et al., 2010; White, Brannan, & Wilson, 2010). Furthermore, according to Hubbard et al.

(2010) *being open* in communication is the most common facilitator in a mentoring

relationship among nurse educators. In addition to *being open*, in this study *listening*

effectively was also found to be an integral component pertaining to *communicating*.

Listening Effectively

In this study, *listening effectively* involved reciprocity between the mentor and

the mentee. Within this context mentees were found to value communication approaches

that conveyed warmth, respect, empathy, and acceptance of the mentees' position as

novice faculty. *Listening effectively* emerged from the data in this study as a reciprocal

process and was reflected by the following mentee:

> *So we would set time to call each other and talk about how the*
>
> *day went and what sort of challenges I [mentee] faced or she*
>
> *[mentor] faced. How to deal with that and what to do next? Or*
>
> *what went well and things like that. So we would set time aside to*
>
> *debrief and talk about it and how things are going. And she was*
>
> *always asking me, "How are you doing?" And she would*
>
> *approach me as well. So that was nice.* (Laelia-P12, Interview #1,
>
> p. 5, lines 202-213)

As depicted from this excerpt, the process of *listening effectively* involved

reciprocity in action involving time and effort for debriefing sessions that occurred as

scheduled and in this instance by telephone. The above excerpt suggested that Laelia felt

accepted, valued, and respected when her mentor conveyed a caring attitude by

approaching her and "always" asking how she was coping. By *listening effectively* and

thus efficiently the mentor expressed respect and empathy for Laelia's role as a novice that then promoted a level of closeness, a sense of safety, and the development of trustworthiness in the mentorship process (Boggs, 2003; Ensher & Murphy, 2005). Grover (2005) echoes a similar sentiment in that "Spontaneous, empathic, and problem-oriented behaviours produce feelings of trust." (p. 179).

In addition, Laelia's comments indicated frequent communication with her mentor regarding discussions of challenges encountered during her clinical shifts. The literature on mentoring reveals that frequent and organized meetings are beneficial as they allow the mentee the opportunity for regular updates, reality checks, and the venting of frustrations that are common for novices during role transitioning (Hadidi et al., 2013; White et al., 2010). In a nurse educators' survey, Hubbard et al. (2010) report several important components of effective communication which include effective listening, asking for help and for mentoring. Laelia's sentiment implied that a sense of safety and trust existed with her mentor. Having a trusted mentor who willingly shares his/hers past challenges and effective strategies for overcoming challenges is invaluable from a mentee's perspective (Hadidi et al., 2013; Thorpe & Kalischuk, 2003).

Also, frequent communication with her mentor conveyed to Laelia that a certain level of meaning and value was placed on the mentoring relationship which would further enhance trustworthiness in her mentor. According to Blumer (1986), the nature of symbolic interactionism suggests that people react toward things based on the meanings placed upon the things, and in the context of this study the mentoring relationship is the thing. In addition, Blumer (1986) posits that these meanings undergo an interpretative process prior to people's demonstration of their social interactions toward these

meanings. It was noted from Laelia's quotation that the mentoring relationship carried a significant meaning for her mentor hence the mentor's willingness with the investment of time and energy toward a successful mentoring relationship.

In this study, it was found that *listening effectively* required that mentors *"have a certain communication ability and to be non-threatening."* (Alpinia-P01, Interview #1, p. 5, lines 239-244). Being non-threatening implied approachability which encompassed the elements of warmth, respect, positive regard (Erickson, 2012), and empathy (Balzer Riley, 2012).

In addition, it was found that *listening effectively* included using various forms of communication aside from face-to-face meeting, *"And we use humour and we meet, we talk on the phone, we email, if she has a question or I have a question for her"* (Ipomoea-P09, Interview #1, p. 14, lines 671-676). Undoubtedly, by *listening effectively* both mentors and mentees understood the strategies to apply in supporting each other and in promoting a successful mentoring process. Being available, non-threatening, and using humour when communicating conveyed a level of trust, comfort, and closeness in the mentoring relationship, a sentiment that was also echoed in the literature (Arnold & Boggs, 2003; Eshner & Murphy, 2005).

Promoting safety and trust are important components of the micro realm in the collegial mentoring model proposed by Thorpe and Kalischuk (2003) alongside the processes of caring, connecting, and communicating. Kram (1985) argues that effective communication skills such as listening, giving and receiving feedback are essential for the psychological functions associated with mentoring particularly for the functions of

counselling and coaching. According to Kram (1985) "Building rapport and increasing trust are the prerequisites for increasing the range of functions." (p. 41).

Evidently, creating a trusting and respectful relationship is fundamental for a communication process that conveys openness with efficiency thereby cultivating an environment conducive to successful mentoring. However, it was found that successful mentoring relationships are further enriched when *role modeling* was demonstrated particularly regarding the elements of *teaching, evaluating*, and *organizing* student learning activities. *Role modeling* and the aforementioned three elements were found to be integral to *Working Together* for a successful mentoring process.

Role Modeling

The findings of this study indicate that when *Working Together* mentees particularly valued their mentors' *role modeling* of their teaching approaches and responsibilities as a tutor whether in the laboratory, seminar, or clinical settings. In this study three subcategories pertaining to *role modeling* were perceived as important by both mentors and mentees alike*: a) effective teaching; b) evaluating student's learning; and c) organizing teaching-learning activities.*

Effective Teaching

Through the emergence of *role modeling* in the data, the intricacies regarding teaching, inherent responsibilities, and the educational philosophy of the mentor were evident. Consequently, mentees' awareness regarding the pedagogical underpinnings of their role as nurse educators also became quite apparent. Kram and Ragins (2007) suggests that role modeling is a psychosocial function of mentoring that enhances mentee's "professional and personal growth, identity, self-worth, and self-efficacy" (p.

5). This sentiment is aptly supported by Vance and Olson (1998) who assert that "Mentors serve as living role models" (p. 31) by introducing and socializing the protégé to professional values, customs, and membership. In addition, by *role modeling,* mentors essentially offer the mentees examples of teaching excellence to emulate (Vance & Olson, 1998) which would, in turn, be beneficial to the mentees. Indeed, as the literature indicates teaching skills is the most essential skill lacking for new faculty (Penn, Wilson, & Rosseter, 2008).

In my study, as part of the *Working Together* process, I found that *role modeling* for *effective teaching* encompassed several different mentor strategies, one of which was co-teaching, as recalled by a mentee: "*I would buddy up with her [mentor] and then after that we would just co-teach beside each other."* (Laelia-P12, Interview #1, p. 5, lines 202-213). Teaching together with a mentor was echoed by another participant as an approach for *role modeling of effective teaching* for psychomotor skills in the laboratory, "*I was teamed up with someone who had more experience teaching the course. We did the lab together."* (Kahila-P11, Interview #1, p. 14, lines 706-713).

In one study by Brown (1999) team teaching was found to be a helpful activity recognized by both mentors and protégés who responded to her questionnaires. In the mentoring literature it is suggested that increasing novice faculty awareness about their teaching role and responsibilities is essential (Dattilo, Brewer, & Streit, 2009; Dunham-Taylor et al., 2008; Gazza, 2009) and that "teaching about the job" is a significant function of the mentoring process (Kavoosi, Elman, & Mauch, 1995, p. 423; Sawatzky & Enns, 2009, p. 149). In addition, according to Kram (1985) the psychosocial functions of mentorship which include *role modeling* could augment "an individual's sense of

competence, identity, and effectiveness in a professional role." (p. 32). Kram (1985) further states that "*Role modeling* is the most frequently reported psychosocial function." (p. 33) as opposed to three other elements of psychosocial functions, i.e., 1) acceptance and confirmation; 2) counseling; and 3) friendship.

For novice educators in academia, mentor *role modeling of effective teaching* is invaluable because as novices they are unfamiliar with the values, activities, language, and culture in academia (Vance, 2013) and that the academic calendar is not the only difference between the hospital environment and academia (Siler & Kleiner, 2001). Kram (1985) maintains that both mentor and mentee benefit through *role modeling* owing to the formation of an emotional attachment that results in a sense of protection throughout the mentorship process. Within this context then one could speculate a sense of caring about the mentee as an appropriate outcome although Kram (1985) does not specifically identify caring as an element of the psychosocial functions.

In the mentoring literature it has been suggested that mentees feel nurtured in a caring environment that in turn promotes their personal and professional growth along with role socialization (Brown, 1999; Snelson et al. 2002; Thorpe & Kalischuk, 2003). According to Vance and Olson (1998), mentees' self-esteem and self-confidence are heightened when mentors demonstrate guidance and nurturing, however, the authors suggest that "a willingness to give and to receive the precious gift of mentoring" (p. 9) must be present before the benefits of mentoring will materialize. Similarly, in proposing the collegial mentoring model, Thorpe and Kalischuk (2003) suggest caring as an essential element of the model whereby "caring reflects our attitude, approach and

valuing of the other individual" (p. 10) which then fosters practices that are encouraging and supporting with those involved in the mentorship process.

Indeed, in my study, caring was exemplified by a mentor in the following excerpt *"[I] co-teach with whom I mentor. And so they are not struggling trying to figure out how to teach [in] the lab."* (Heliconia-P08, Interview #1, p. 26, lines 1310-1313). This quotation reveals that through co-teaching and therefore *role modeling*, Heliconia intended for her mentee not to be "struggling" as a novice lab tutor. In other words, Heliconia was mindful of the uncertainty and psychological stress that novices endure during role transitioning and hence she purposefully planned co-teaching and *role modeling* activities to decrease her mentee's stress level as a novice lab tutor. Snelson et al. (2002) suggest that an intention to care and the reduction of stress are two characteristics of caring. Likewise, from a study that explores the characteristics of outstanding faculty mentors in academic health sciences, Cho et al. (2011) report that being caring, compassionate, and empathetic are personal characteristics admired by mentees. Further, Rowley (1999) posits that good mentors willingly invest their time and energy to support mentees in their teaching endeavours thereby expressing the tenet of caring.

Expression of caring and the investment of time and energy in particular by the mentor were evident in the following:

> *So when I have new tutors on my team what I try to do now is not*
>
> *only sit down with them and explain to them what it takes. So give*
>
> *them the knowledge piece. But I role model which is what I felt*
>
> *that I needed. … So I arrange for them or give them the*

opportunity to sit in with my classes and observe and so they can

see how I teach, how I organize the class, how I get it to run, how

to cover all the information in the time given. ... So they actually

have the visual as well. (Bromeliad –P02, Interview #1, p. 4, lines

182-199)

The quotation above revealed that as a mentee Bromeliad was not given the

opportunity to observe *role modeling* of *effective teaching* that she felt she needed.

However, as a mentor she was determined and ensured that her mentee had the

opportunity to observe her *role modeling* of *effective teaching*. For Bromeliad the *role*

modeling process began by offering her mentee the opportunity to be an observer of her

teaching practices during several seminar sessions. Indeed, observing a mentor during

facilitation of students' learning is a valuable *role modeling* activity discussed in the

mentoring literature (Anderson, 2009; Chester & Espelin, 2003; Johnson, 2002;

McArthur-Rouse, 2008; Neese, 2003; Olson & Osborne, 1991). When mentors are

engaged in intentional *role modeling* along with mentored teaching, the mentees not only

gain an insight into effective teaching strategies (Johnson, 2002) but they also learn to

embrace the attitudes, approaches, and values of effective mentors (Chester & Espelin,

2003; Kram, 1985) and reflective teachers (Brookfield, 1995; 2006).

During the process of *role modeling* of *effective teaching* it was found that

mentees observed teaching practices that revealed the mentors' belief, assumptions, and

philosophical perspective about teaching and learning:

Obviously her [mentor] knowledge base was quite [strong] in

post-conference to stimulate critical thinking with students which

I think can be challenging and pulling out the key concepts that

you want the students to pull out when they are not only looking

at skills but how to critically think and develop that. I think she

did a really good job with that in post-conference. (Laelia-P12,

Interview #1, p. 7, lines 316-325)

Moreover, the mentor displayed promotion of students' critical thinking abilities

during a clinical post-conference by not only engaging in and encouraging discussion of

the nursing skills but also by asking the students to apply the theoretical basis of those

skills to previously learned key concepts in nursing. This type of critical discourse lends

itself to the creation of learning that originates from primary, secondary, and/or reflective

experience which fosters the foundation of meaningful dialogue for learning (Dewey,

1985; Brookfield, 2006; Jarvis, 1995; Mezirow, 2003). By promoting discourse for

meaning making and knowledge building the mentor was demonstrating the

philosophical underpinning of constructivism (Candela, 2012; Young & Maxwell, 2007)

versus the banking concept of education whereby obedient students passively receive and

memorize information given by the teacher (Freire, 2005). As a learning theory

constructivism purports that knowledge is socially constructed and that learners are

socially active participants in seeking meaning to their experiences thereby building their

own knowledge (Candela, 2012; Young & Maxwell, 2007).

Critical thinking is the foundation for clinical reasoning and clinical judgement,

skills required for nursing practice and with which nursing students are expected to

graduate from their programs (Rowles, 2012). Post-clinical conferences offer a rich

environment for learning whereby critical reflection pertaining to clinical experiences is

encouraged together with critical thinking as described by Laelia's comment above. Problem-based or context-based learning, an approach to teaching and learning that reflects the constructivist paradigm (Williams & Day, 2007) has been adopted by the nursing programs in this study. As a novice tutor observing the facilitation and promotion of students' critical thinking skills during a post-clinical conference would be an invaluable learning experience for Laelia inasmuch as "Students must be taught how to think, not merely what to think." (Myrick, 2002, p.155).

In addition, by encouraging students to relate previously learned key concepts to current nursing skills the mentor was demonstrating a deep approach versus a surface approach to learning (Ramsden, 1992). According to Ramsden (1992), "Deep approaches are connected with the qualitatively superior outcomes which we associate with understanding a subject: the making of an argument, the novel application of a concept, …" (p. 61). It would therefore be reasonable to suggest that integrating a teaching strategy such as critical discourse pertaining to critical thinking questions would encourage a deep approach to learning and thus promote assimilation of theoretical knowledge to clinical practice. Clearly then, for Laelia (P12), observing her mentor facilitate critical thinking as an *effective teaching* strategy during a clinical post-conference was indeed an invaluable learning experience vis-a`-vis mentor *role modeling*.

As well as gaining effective teaching skills, evaluating students' learning and level of performance ought to be a requisite for mentorship during role transitioning of novice educators (Reid et al., 2013) owing to the fact that students expect their faculty, novice or not, to know how to teach and how to evaluate their learning by marking and grading fairly (McDonald, 2010; Wolf, Bender, Beitz, Wieland, & Vito, 2004). Guiding

a mentee through the evaluation process is therefore another fundamental activity in the mentoring process. In this study it was found that *role modeling* an evaluation session was invaluable to the mentee. The next section will present *evaluating students' learning* as another subcategory of *role modeling*.

Evaluating Students' Learning

The findings in this study indicate that an important aspect of *role modeling* relating to the *evaluation of students' learning* included identifying concerns regarding clinical performance and the subsequent establishment of a learning plan for progression toward student's success. As a mentee and a bona fide novice, Laelia's response revealed the importance of clear, open, and effective communication in an evaluation process, as modelled by her mentor:

> *And we would both address the situation together. We'd meet*
>
> *with the student together. Also communicate and stuff like that*
>
> *about it. I guess what she [the mentor] tried to encourage was an*
>
> *open communication with the student. She frequently met with the*
>
> *student to talk about how she was doing and what her challenges*
>
> *were which I thought was a good strategy. It was kind of how to*
>
> *deal with a more challenging student. And having more open*
>
> *dialogue with that student as well.* (Laelia-P12, Interview #1, p. 6,
>
> lines 257-273)

By *Working Together* it was clear that Laelia's mentor modelled an appropriate approach in managing clinical concerns in this particular situation. Laelia's comment indicated that her mentor practiced effective communication skills by ensuring open

communication and offering frequent feedback regarding the student's progress. Stokes

and Kost (2012) emphasize that formative and summative feedback ought to be given

with the intent of supporting student learning and that timely and constructive feedback is

essential to student achievement and growth. From Laelia's comment it was evident that

her mentor was *role modeling* how an effective clinical tutor performs his/her role in

assisting a student to learn and grow from a challenging clinical situation through the

process of *evaluating student's learning* (Horton, 2003).

As reflected in her sentiment Laelia's mentor demonstrated an effective process

for following through with concerns regarding a student's clinical performance not only

by frequently meeting with the student and maintaining open communication but more

importantly by showing support and caring for the student. Stokes and Kost (2012) duly

assert that "Knowing how to give feedback regarding clinical performance … is an

important element of teaching." (p. 320). Indeed Brookfield (2006) contends that

"Evaluating student's learning is when the power relationship inherent in teaching

becomes public and undeniable." (p. 173) owing to the position that teachers undoubtedly

have the power of evaluative judgement regarding students' learning. Further, Brookfield

(2006) proposes that evaluations offer learning moments that can be inspirational or

demoralizing. According to Brookfield (2006) helpful evaluations have several features

that include: a) clarity; b) immediacy; c) regularity; d) accessibility; e) individualized; f)

affirming; g) future-oriented; h) justifiable; and i) educative. Having a vision for

improving student learning it is therefore incumbent upon the mentors to ensure that their

mentees are guided by the appropriate process for engaging in effective *evaluation of*

students' learning. In this study, *role modeling* of an evaluation process was found to be an invaluable learning experience for the novice educator.

The role transition from experienced clinician to novice tutor is stressful (Schriner, 2007; Weidman, 2013) and facilitating student learning in the clinical environment is challenging for a novice tutor (Anibas et al., 2009; Sawatzky et al., 2009). The stress and challenges experienced by novice nurse educators is partly attributed to the idea that novice educators generally lack academic preparation in teaching (Anderson, 2009; Diekelmann, 2004; Genrich & Pappas, 1997; Krisman-Scott et al., 1998; Schriner, 2007) and have little or no preparation for the expectations of academia (Anibas et al., 2009; Siler & Kleiner, 2001). Indeed, as stated by Cangelosi, Crocker & Sorrell, (2009), "Teaching is not a natural by-product of clinical expertise, but requires a skill set of its own." (p. 371). It follows then that one may also reasonably contend that an experienced clinician does not a teacher makes.

In the nursing programs for this study, a novice educator may be assigned to teach in a clinical course or a theoretical course. The work role transition of novice nurse educators is complex (Anderson, 2009), anxiety producing (Cangelosi et al., 2009; Chester & Espelin, 2003; McArthur-Rouse, 2008; Olson & Osborne, 1991; Shriner, 2007; Smith & Zsohar, 2007), frustrating (Anibas et al., 2009; White et al., 2010; Thorpe & Kalischuk, 2003) and has a definite learning curve with multiple roles to be accomplished (McDonald, 2010). In this study, the complexity and learning curve for grading a paper in a first year course was aptly described by a mentor:

> *They get their first paper back. ... And if you have high*
>
> *expectations you are going to slam them [give students poor*

marks]. But honestly this is where they are at. This is normal for

them. So to help them [mentees] realize, no this isn't a failing

paper. This is an average paper for the year. For the level that

they are at. ... And help the tutors realize what to actually expect.

It's [learning to mark scholarly papers] huge in first year.

(Falenopsis-P06, Interview #1, p. 8, lines 387-397)

Novice nurse educators are experienced clinicians however they are generally unfamiliar and educationally unprepared for the expectations of their role and responsibilities in academia (Anderson, 2009; Beres, 2006; Cangelosi et al., 2009; Duphily, 2011; Finke, 2009; Schriner, 2007; Siler & Kleiner, 2001). Novice educators are expected to teach in the classroom or in the clinical setting while also completing a multitude of other responsibilities expected within the nurse educator role (Choudhry, 1992; Culleiton & Shellenbarger, 2007; McDonald, 2010; Weidman, 2013). It follows, therefore, that novice educators have to learn how to teach, how to give feedback, and how to evaluate student assignments, such as grading scholarly papers or evaluating clinical performance, all to be learned at the same time as they are learning to teach (Beres, 2006; Culleiton & Shellenbarger, 2007; Esper, 1995; Penn, Wilson, & Rosseter, 2008). As illuminated in the quotation above, Falenopsis (P06) was cognizant that novice tutors were unaware of the difference in the levels of writing skills demonstrated by first year nursing students in comparison to students in the senior years. In addition, evaluation of students' performance including the marking of writing assignments can be subjective and thus novice tutors would benefit in being guided with grading scholarly papers (Rowles & Russo, 2009) as was the intention of Falenopsis.

Evaluating students' learning and achievement particularly in the clinical setting

is a challenging task for the novice clinical tutors who often encounter self-doubt with

their evaluation skills and a lack of understanding of students' behaviors (Anibas et al.,

2009; Scanlan 2001). From a study exploring the process of learning clinical teaching

Scanlan (2001) reports that novice clinical tutors are typically uncertain "about their

teaching practices and were unsure about what to do, how to do it, and whether they were

doing clinical teaching correctly." (p. 246). Novice clinical tutors naturally lack the

experience of clinical teaching and therefore do not have a reference on which to

confidently base their clinical evaluation of students (Benner, 1984). In addition, Scanlan

(2001) reports that novice clinical tutors learn about clinical teaching on the job and use

trial and error as a strategy to understand the complexity of their role and responsibilities.

It follows therefore that any clinical concern with a student may be seen as a "major

problem" by a novice tutor, a situation reflected by a mentor:

> *I think maybe a mentee will bring something up that happens*
>
> *during the day and I will look at it. They'll see it as this is the first*
>
> *time it's happened to them. It's a major problem. What do you*
>
> *do? And I can look at it from a different perspective and say,*
>
> *"I've had that happen a hundred times." Usually it's not as*
>
> *worrisome as they think it is. And I think that helps right away to*
>
> *put it in perspective. One is either I can help you with this. Or two*
>
> *we'll keep watching it. Or three it'll go away.* (Emilia-P05,
>
> Interview #1, p. 12, lines 573-586)

As a mentor Emilia thus demonstrated self-disclosure by sharing his experience with similar clinical concerns regarding students' performance and thereby assisted the mentee to perceive the evaluation process from a different perspective. Self-disclosure conveys empathy and promotes comfort, honesty, and trust in a relationship (Balzer Riley, 2012). In the context of this study, Emilia's willingness to self-disclose conveyed an empathetic response and an understanding that a novice tutor could misjudge a clinical situation during an evaluation process (Scanlan, 2001). Vance (2011) emphasizes that one of the traits of excellent mentors is being "Open to mutuality" which encompasses a willingness "to share ideas and information and engage in give-and-take" (p. 51). From Emilia's comments it could be suggested that by sharing his experience and wisdom regarding the clinical evaluation process he was indeed demonstrating the quality of an excellent mentor.

For novice clinical tutors the process of *evaluating students' learning* is challenging. They often question their ability and competence to fulfill their role as educators and evaluators (Anibas et al., 2009; Culleiton & Shellenbarger, 2007; Penn et al., 2008). For novice tutors the uncertainty of their evaluation skills may linger even after the clinical course is over as reflected in the following comments:

> *And that's [clinical evaluation] part of my job and I need to do it.*
>
> *So this person [mentor] really taught me how to do it and how to*
>
> *do it well and I feel comfortable doing it now. But I had to learn*
>
> *how to do it. I had to learn how to do the ENP [Evaluation of*
>
> *Nursing Practice]. And touch wood I haven't had someone appeal*
>
> *the ENPs.* (Kahila-P11, Interview #1, p. 3, lines 106-112).

This sentiment reflected the apprehension that Kahila perceived with each student's clinical evaluation and the possibility that the evaluation process could be appealed by the student. In an article that discusses transitioning to the faculty role Penn et al. (2008) suggest that "evaluating and testing may be the most intimidating" (p. 11) skill required of the novice faculty. The role of clinical teacher is full of challenges and novice teachers may be unaware of other influencing factors for ensuring an effective learning experience such as understanding the curriculum, the students, and the clinical environment (Stokes & Kost, 2012) all of which impact the process of *evaluation of students' learning*.

The learning curve for a novice tutor can be extremely steep. A mentor, therefore, needs to exercise patience and tolerance that the mentee will learn and accept the responsibilities associated with the educator role (Horton, 2003; McDonald, 2010). A mentee often learns the art of teaching and how to be an effective teacher by experience as reflected in the following:

> *But this person (mentor) taught me how to improve that skill*
> *[grading scholarly papers]. For example how to have more*
> *specific marking criteria because the students would come to me*
> *and say, "I am not happy with my mark. So prove to me why you*
> *gave me 13 out of 15." … And so to me it look clear why this*
> *paper was a 13 and the other paper was a 12 but I didn't have a*
> *more specific marking criteria. And so this person said, "Well,*
> *you have to make it more specific, so many marks for this, for*
> *that, for that." And at first I was reluctant to do that. I thought*

this is more like high school giving them like so many marks for

introduction, so many marks for this and that. But I realized once

I did that the students were more satisfied with their marks

because they could understand why I gave them the specific

marks. (Kahila-P11, Interview #1, p. 3, lines 106-112).

The above comment by Kahila indicated that she was initially resistance to her mentor's suggestion of making the marking guideline more specific. In this situation, Kahila's prescriptive assumptions regarding a specific marking guideline as applicable only to high schools students was restricting her ability to view the mentor's perspective and suggestion as valuable. Brookfield (1995) contends that prescriptive assumptions are extensions of our paradigmatic assumptions which are resistance to change without critical reflection. Kahila's comment indicated that in the end she did change the marking guideline to be more specific. This action implied that as a novice tutor Kahila did reflect critically on the student's question and on her mentor's suggestion regarding the marking guideline and then decided to change the guideline by making it more specific (i.e., as was initially suggested by her mentor) and much to the delight of her students. In this instance, it would be reasonable to contend that transformative learning occurred for Kahila in that via critical reflection along with experiential and communicative learning her frame of reference was altered (Mezirow, 2003).

As conceptualized by Mezirow (1997), transformative learning in knowledge development of the adult learner signifies three central propositions: the role of experience, rational discourse, and critical reflection. As part of the transformative process adults acquire a rational body of experience including, associations, concepts,

values, feelings, and conditioned responses that influence their frame of reference which also defines their life world. Rational discourse which is central to making meaning along with critical reflection thus affords the adult learners an avenue to transform their frame of reference and thus, develops autonomous thinking (Mezirow, 1997).

In this study transformative learning was evident via mentor-mentee feedback loop. Mezirow (1997) also indicates a frame of reference consists of habits of mind and a point of view and by way of transformative learning "learners move toward a frame of reference that is more inclusive, discriminating, self-reflective, and integrative of experience." (p. 5). In addition, Brookfield (1995) posits that a critically reflective teacher demonstrates informed action and is better able to explain the rationale behind her practice to her students and colleagues. It would be reasonable to contend that Kahila gained personal insight via this particular experience and consequently practiced reflective judgement thus promoting learning that is emancipatory (Mezirow, 2003) albeit with guidance from her mentor.

Learning how to evaluate students' performance is an important activity during the role transitioning process and ought to be integrated into the mentoring process. According to McDonald (2010) even though she has a master's degree in nursing she still felt unprepared for her role in academia. A similar sentiment was reflected by a mentee:

> *I think evaluating, giving feedback and all those kind of things.*
>
> *That's really what the first time tutor needs to know because in*
>
> *your masters you do a lot of theoretical work. But there is no*
>
> *course really that teaches you, this is how to teach, you know?*
>
> *Not really. ... it would have been really nice to shadow someone*

for a week. Someone who is teaching, spend a week with them,

see how they do it. How do they talk to students? How do they

organize post-conference?   (Jasminum –P10, Interview #1, p. 4,

lines 170-186)

In the quotation above it was clear that as a novice tutor Jasminum wished to

shadow an experienced tutor to facilitate her learning of the responsibilities associated

with the nurse educator role. The expression of new teachers wanting to spend time with

experienced teachers was supported by a survey of teachers with less than two years of

teaching experience in general education (Gilbert, 2005). From this survey Gilbert

(2005) reports that the most valued strategy by novice teachers is the opportunity to

actively observe other teachers as they engage in the teaching-learning process. In

addition to learning by observation it was found that novice clinical tutors also expressed

the need to learn how to organize their teaching activities, such as how to organize

clinical post conference. Role modeling for organizing learning activities will be

discussed in the following section.

Organizing Teaching Activities

In this study, mentees took several different approaches in learning to organize

and implement the course to which they had been assigned to teach. For example, in the

absence of a formal mentor, as a novice tutor Jasminum approached her colleagues or the

course lead to ask, "*How do you organize it? [teaching the course]. Then I sort of took*

bits and pieces of how every-body else did it and find my own way of doing it"

(Jasminum-P10, Interview #1, p. 4, lines 158-161). In this instance, Jasminum was

seeking assistance from colleagues who were members of her community of practice and

who would "typically share information, insight, and advice" as they engage in helping

each other to solve problems (Wenger, McDermott, & Snyder, 2002, p.4).

When a mentoring relationship existed the approach for learning to organize

course implementation was role modelled by the mentor:

> *So we just sit down at the beginning of the course, we take some*
>
> *time and we prep all the labs [together]. So I've had someone*
>
> *new and fresh looking at the course through different eyes. So you*
>
> *can bounce ideas off them [mentees] or they are giving you ideas.*
>
> *So it might be, "Let's put these scenarios into this lab and have*
>
> *the students work through this scenario." Or "Let's do this*
>
> *instead of this." And I am OK with that. I like that. It's just*
>
> *different. It makes it change a little bit.* (Heliconia-P08, Interview
>
> #1, p. 27, lines 1339-1351)

As a mentor Heliconia was open to mutuality, willing to share her ideas and

accepted her mentee's ideas in how the scenarios for the lab could be organized for the

course to which they were assigned to teach. Vance (2011) contends that mentors who are

open to mutuality and willing to engage in give-and-take of their ideas and information

are conveying a characteristic of excellent mentors. Another finding indicated that the

mentor would role model course organization by reviewing the course outline and the

assignments together with the mentee and which was reflected by Kahila:

> B*ut really the person from whom I learned the most, is the*
>
> *program lead. She and I spent a lot of time together going*
>
> *through the course outline, even though it's the same course, year*

after year. For some reason we always refine it. And we go

through the assignments together. We go through the marking

scheme together. (Kahila-P11, Interview #1, p. 16, lines 788-798).

Kahila and her mentor are thus portrayed as *Working Together* and engaging in a process whereby her mentor role modelled the responsibility of a tutor. In addition, the notion of *sharing time* together in the mentoring relationship was also illuminated. According to Vance (2011) "No one succeeds alone" (p. 74) and mentors assist their mentee to be successful by seeing the bigger picture, providing learning experiences, and by offering feedback and suggestions.

Being organized as a teacher whether in the classroom, laboratory, or clinical setting is paramount to effective teaching. In a study exploring strengths and weaknesses of faculty teaching performance Wolf et al., (2004) report that comments from both undergraduate and graduate students regarding faculty challenges include disorganization, poor time management, need for greater clarity, and inaccessibility. In addition, Wolf et al. (2004) explain that poor teachers "did not organize and deliver content well, did not develop a good relationship, …" (p. 123).

As previously discussed, learning to be an effective teacher requires a repertoire of skills that include the ability to understand *effective teaching* strategies and appropriate *evaluation of students' learning.* In addition, it was found that learning to understand the teaching environment was equally important:

You know like our system is so complex [for the novice tutor]. I

mean you know there's where … and I are spending our time, is

orientating them just to the environment. Let alone teaching,

right? ... mentoring into teaching is one thing. But you have to

mentor that tutor into the environment of teaching which is

another whole different ball of wax (Bromeliad-P02, Interview

#1, p. 23, lines 1120-1144)

As an experienced mentor and tutor in the laboratory Bromeliad understood that novice tutors needed to be orientated to the nursing lab environment in order to understand the intricacies of teaching in the nursing lab as well as with the management of the lab environment. It would be reasonable to contend, therefore, that Bromeliad also recognized the anxiety and uncertainties associated with being novice for the newly hired lab tutors (Anibas et al., 2009; McArthur-Rouse, 2008; Olson & Osborne, 1991). It was clear in this particular instance that Bromeliad intended to put into effect another important component of mentorship, i.e., supporting the mentee in his/her role as a novice lab tutor through the orientation of the teaching environment, i.e., the nursing lab. In this study, *supporting* the mentee was found to be significant for an effective mentoring relationship.

Supporting

In this study data revealed that mentees valued the feeling of acceptance and collegiality extended to them by their mentors. According to Vance (2011), an important facet of professional acceptance is collegiality which requires three conditions; 1) caring; 2) collaboration, and 3) cooperation.

Feeling Accepted

In this study, collegiality and caring was reflected in the following comment:

> *... you belong here. You are not an imposter. You are not*
>
> *somebody who needs to question themselves. You belong. She's*
>
> *like, "You know, I just have a baccalaureate degree" or*
>
> *whatever. You belong. There was a reason you were hired. We*
>
> *know you can do it. I know you can do it.* (Ipomoea-P09,
>
> Interview #1, p. 23, lines 1153-1158)

It was evident that Ipomoea empathized with her mentee and instilled in the mentee a sense of belonging and her belief in the mentee's capabilities as a novice tutor and that she was not an imposter. Brookfield (1995, 2006) contends that "Teachers often feel like imposters" (1995, p. 229) particularly those who are new to the profession. Teachers who feel like imposters believe that they do not merit any professional recognition and are undeserving of being taken seriously as competent professionals "because they don't really know what they are doing." (Brookfield, 1995, p. 229). Clearly, this message was not the one that Ipomoea wanted her mentee to receive even though it may be true to a certain degree that all novice teachers may not know how to teach effectively hence the notion of impostorship and more importantly the need for mentorship. By her comments Ipomoea was conveying a non-judgemental attitude regarding her mentee's qualification and reaffirming her belief in the mentee's ability as a developing person and professional (Frandsen, 2003; Rowley, 1999). Believing in the mentees' capabilities is a characteristic of good mentors and as Rowley (1999) suggests good mentors are accepting of beginning teachers.

By demonstrating empathy and trust, Ipomoea instilled in her mentee a sense of hope, confidence, and an increased self-esteem. In addition, empathy contributes to a

feeling of acceptance and connection which in turn fosters a trusting relationship (Balzer-Riley, 2012) that then conveys a feeling of support. When a mentee feels supported it creates an avenue whereby the mentee is eager to learn the art of teaching as reflected in the following comment:

> *I guess positive [mentorship experience]. It made me feel like she*
>
> *understood where I was at. That she also at one stage was*
>
> *learning and she never made me felt like I was not good enough*
>
> *or things like that. She made me feel comfortable which then*
>
> *made me want to learn more from her and want to take advantage*
>
> *of learning from somebody who has taught over 10 years.* (Laelia-
>
> P12, Interview #1, p. 3, lines 143-152).

Laelia's comment above indicated that an empathetic relationship existed in her mentoring process. By making Laelia feel comfortable and understood her mentor was indeed demonstrating empathy, a fundamental requisite for the development of a helping-trust relationship (Watson, 1979). The acceptance and support that Laelia felt from her mentor instilled in her the courage to want to learn more from her mentor, an aspiration made possible by her being in a trusting and supportive relationship. Inherent in Laelia's sentiment was the understanding that the mentor demonstrated several attributes of effective mentors including listening and communication skills, patience, knowledge of the organization, and the ability to read and understand others (Allen, 2007). Laelia's mentor's ability to listen with effective communication skills along with the ability to read and understood her feelings made Laelia feel accepted, understood, and supported which implied that her mentor was applying a high level of emotional intelligence

(Cherniss, 2007). Emotional intelligence denotes " the way in which people perceive, express, understand, and manage emotion in themselves and others." (Cherniss, 2007). People who demonstrate a high level of emotional intelligence are better able to understand the rationale for their reactions and are better able to manage these reactions effectively in a manner that is helpful for the demands of their daily living (Cherniss, 2007). In the mentor-mentee relationship, emotional intelligence was found to be more facilitative and conducive to the creation of a supportive mentoring process.

Mayer, Salovey, and Caruso (2008) suggest that an individual applies emotional intelligence (EI) when she/he (a) perceives emotion accurately in herself/himself and in others; (b) uses emotions to facilitate thinking; (c) understands emotion, emotional language, and emotional signals, and (d) manages emotions in order to achieve specific goals. Mayer et al. (2008) refer to these abilities as the Four-Branch Model of Emotional Intelligence whereby the hierarchy begins at the lower level with the ability to accurately perceive emotions and progressing to the higher level by managing the emotions appropriately. From their cross-sectional studies Mayer, Salovey, Caruso and Sitarenios (2001) conclude that emotional intelligence increases with age and that emotion contain information within the context of relationships.

From Laelia's comment it was clear that her mentor perceived Laelia's emotional signals i.e., feeling anxious and uncertain in her role as a new tutor. This mentor then created a comfortable mentoring relationship which instilled in Laelia the motivation to learn more about teaching and learning. By promoting an empathetic relationship Laelia's mentor was portraying self-awareness and empathy. According to Goleman's (1995, 1998) emotional intelligence framework, emotional awareness is a competency

within the self-awareness domain while empathy is a competency within the social awareness domain. People with emotional awareness realize how their emotions affect what they think, do, and say. Goleman (1998) views empathy as "our social radar" (p. 135) and maintains that it signifies the foundation skill for all social competencies relevant to the workplace including understanding others and developing their abilities by mentoring.

In a study exploring emotional intelligence and trust in formal mentoring programs Chun et al., reported that mentors' emotional intelligence was positively associated with the mentoring process and the level of trust toward the mentors (2010). In my study, Laelia's mentorship experience also reflects this finding in that the level of trust in her mentor increased as she felt more comfortable in their mentoring relationship which then motivates her to learn more about her role and responsibility as a nursing tutor. It is worth noting that the role modeling of emotional intelligence by Laelia's mentor could influence her teaching practices by increasing her awareness and by incorporating emotional intelligence with her teaching activities.

Benson, Ploeg, and Brown (2010) discovered that fourth year students demonstrated enhanced emotional intelligent skills compared to first year students. They also concluded that students are able to learn the skills related to EI the longer they are in the program. In other words, the competencies and skills associated with emotional intelligence are teachable and learnable (Beauvais, Brady, O'Shea, & Griffin, 2011; Benson et al., 2010; Bowkett, 2007; Bulmer Smith, Profetto-McGrath, & Cummings, 2009; Freshwater & Stickley, 2004; McQueen, 2004; Por, Barriball, Fitzpatrick & Roberts, 2011).

It would be reasonable, therefore, to suggest that it behooves nurse educators to be more attuned to the competencies related to emotional intelligence in order to accurately read the emotions of their students in promoting a helping-trusting relationship (Goleman, 1998; Watson, 1979) and to decrease the emotional demands of students' work (Por et al., 2011). Freshwater and Stickley (2004) contend that when nurse educators are aware of students' emotional development they can then enhance students' understanding of human relationships. Emotional intelligence is therefore invaluable in nursing education and *role modeling* of its competencies is necessary in *supporting* the mentoring process of novice nurse educators. According to Cherniss (2007) emotional intelligence promotes effective mentoring and vice versa. In effective mentoring relationships mentors support mentees for example by nurturing mentee's aspiration (Chester & Espelin, 2003) and by being non-judgemental, reliable, and accessible (Anderson, 2009) particularly in answering questions from the mentees.

Answering Mentees' Questions

The mentors' willingness to answer mentees' questions was another means of demonstrating support for the novice tutors in this study. The receptive and approachable characteristics of the mentors resulted in the mentees perceiving the mentoring relationship as one that is not only encouraging but also collegial. In this study, the mentees felt they could always approach the mentors with any questions, concerns, or suggestions as needed at any time. As well, some mentors invited their mentee to ask them any questions at any time thereby conveying support by being accessible. An experienced mentor demonstrates self-awareness by offering an open invitation for questions and conveying his intention to be helpful:

I also like to tell them that I want to be helpful to you. It's good

for everybody. And also that sometimes I forgot details, feel free

to ask questions (Emilia-P05, Interview #1, p. 15, lines 755-758)

Another mentor expressed a similar sentiment and willingness to answer as many

questions as needed:

As a mentee, it's really important to know that it's OK to go awry.

It's OK to ask questions, please do, especially in nursing. I mean

I'd much rather people ask me five hundred questions than put

somebody at risk (Alpinia-P01, Interview #1, p. 17, lines 858-

864)

Based on the comments above it became evident that both Emilia and Alpina

demonstrated an understanding and expectation that novice educators would have a

multitude of questions regarding their role and responsibilities. Further, as an

experienced mentor, Emilia was extremely aware of the importance of acknowledging the

mentee's feeling and wanted the mentee to feel comfortable in asking questions:

I think I want the person to feel comfortable with me. That is very,

very important. ... Feeling that they can ask questions. Feeling

that they can make comments. Feeling that they can bring up

situations that they are wondering about. (Emilia-P05, Interview

#1, p. 16, lines 797-805)

Emilia's comment clearly indicates that he was conscientious of the need to create

an empathetic relationship with his mentee, thereby *supporting* the mentee by applying

the skills associated with emotional intelligence.

For another mentor the opportunity of *supporting* her mentor materialized in applying the cyclical impact of positive mentorship or in other words, paying it forward:

> *As a mentor, I wanted her to feel the way I felt with my mentor. So*
>
> *supported, uplifted, some body to talk to, somebody you could ask*
>
> *any questions of and you wouldn't be judged.* (Ipomoes-P09,
>
> Interview #1, p. 22, lines 1093-1097)

For Ipomoea *supporting* her mentee implies the notion that the mentee "could ask any questions" without being "judged." The importance of mentees not feeling judged and in fact supported with their questions was also shared by a mentee:

> *Well she never makes you feel bad for having questions or for*
>
> *wanting to double check something. She never made you feel*
>
> *like you bothered her, always supportive, lots or reassurance,*
>
> *lots of positive feedback.* (Jasminum-P10, Interview #1, p. 1, lines 32-41)

The above quotation reveals that for the mentees support was felt when their mentors were available to answer their questions. In answering the mentees' questions the mentors were in essence involved in the process of promoting life-long learning, reflective learning, and transformative learning (Brookfield, 1995, 2006; Mezirow, 2003). In addition, offering informational support by answering mentees' questions is an indication of effective communication that also encompasses the function of social support (Cawyer, Simonds, & Davis, 2002).

The mentors in this study were clearly supportive of the mentees by being approachable and accessible to answer their questions thereby demonstrating the mannerism of effective mentors and consequently *supporting* the mentee in transitioning

to the nurse educator role. In addition, it was evident by their comments that the mentors in this study demonstrated a high level of emotional intelligence and therefore, were able to create and promote an effective mentoring relationship. However, there was evidence of an unexpected finding and unfortunately, a negative case thus emerged in this study.

The Unexpected: A Negative Case

In this study an unexpected finding emerged as a negative case from the experience of a mentee (i.e., Mokara-P13) who was a bona fide novice. The significance of mentoring a novice clinical tutor particularly with the preparation of course requirements and teaching activities was illuminated by this negative case in the following response:

> *The first couple of weeks weren't great for me but I just kept*
>
> *telling myself it's going to be better for next time. So at least now*
>
> *I know. I just started planning my own things and I should*
>
> *probably share with her [Mentor]. But I don't feel like she cares*
>
> *because she never email me back when I share something with*
>
> *her. She never responds. … No, unless I ask her specific*
>
> *questions and then she'll respond.* (Mokara-P13, Interview #1, p.
>
> 18, lines 889-898).

The above comment emphasized the lack of scheduled communication between Mokara and her assigned mentor regarding the preparation of the clinical course to which she was assigned. The lack of communication accompanied by a sense of role ambiguity and feeling uncared for caused Mokara to plan her "own things" for her clinical teaching activities even though this was her first teaching assignment in an undergraduate

program. The excerpt above amplified the notion that mentoring novice tutors particularly the bona fide novice is of the utmost importance if we are to ensure that novices are guided appropriately in becoming effective teachers and more importantly that they feel welcomed, supported, and valued as new members of academia. Specht (2011) suggests that effective mentoring decreases the level of role conflict and role ambiguity which then increases job satisfaction and the potential for faculty retention. In my study, mentors decreased the level of role conflict and role ambiguity by *communicating openly*, *answering mentees' questions* and by *Working Together* through the mentoring process and thereby *supporting* the mentees through role transitioning.

Unfortunately, the lack of communication between Mokara and her mentor resulted in several challenges during her role transition, that is, a) being unfamiliar with her role at this clinical site, b) the lack of information to help her prepare for teaching responsibilities, and c) being inexperienced and lacking guidance with course preparation. Mokara stated:

> *Before the course started I felt like I had enough information. I*
> *kind of knew what was going on but the first probably two weeks*
> *were really difficult for me because I just felt like every day I was*
> *finding out more things I should have known. I hadn't time and I*
> *didn't [ask questions] and I wouldn't even know how to ask. I just*
> *felt like I was always reacting to things and I have no clue what is*
> *going on. No clue. And it's so different then teaching in acute*
> *care because in acute care it's a lot more defined.* (Mokara-P13,
> Interview #1, p. 3-4, lines 149-160).

Mokara comments reflected the notion discussed by Wenger, McDermott, and Snyder (2002), that is, as a novice nurse educator and a new community member in this community of practice, Mokara naturally does not know the questions to ask. As such, she may have also experienced role conflict and role ambiguity during this role transition (Specht, 2011).

Although an experienced mentor was assigned to her, Mokara felt isolated owing to the lack of communication and the perceived uncared feeling of her mentor. In the excerpt below she shares her experience of not knowing what to teach and how to teach in this particular clinical course:

> *But I kind of do feel a little bit lost on my own. You have the*
>
> *objectives so now you just do what you want to do. I don't know*
>
> *what I want to do. I don't know what I am supposed to do. No,*
>
> *and I like very structured things. So I like to know, OK you do this*
>
> *in week one, this in week two, this in week three, week four, week*
>
> *five and do this and you are done. But there is no blue print or*
>
> *anything like that. It's kind of all over. You hope that everything*
>
> *works out.* (Mokara-P13, Interview #1, p. 2, lines 82-94).

Clearly, Mokara experienced many challenges during role transitioning and would have benefitted from having an effective mentoring relationship since her mentor could have shared her teaching experience and the tacit knowledge accumulated as an experienced clinical tutor. As already discussed earlier, the *sharing of knowledge, experience, resources and time* is of significant value to the mentee. *Supporting* the mentees by showing an interest in their role transition and development as an educator

was also considered valuable by the participants in this study. However, in this negative

case as described by Mokara below she did not perceive her assigned mentor as interested

in her development as a clinical tutor:

> *She did share her paper work with me like the calendar. But that*
>
> *was really the extent of it. I feel the same way about my mentor*
>
> *this time that it's somebody who is assigned to you. It's not*
>
> *somebody who necessarily has an interest in mentoring. I feel*
>
> *like the expectations is that they share the paperwork with you so*
>
> *you don't have to do your own stuff and you know what you are*
>
> *supposed to have. But I don't really feel like there's any kind of*
>
> *mentorship in terms of teaching.* (Mokara-P13, Interview #1, p. 3,
>
> lines 127-139)

Mokara's negative experience illuminates the idea that not everyone can be a

mentor and that emotive and cognitive elements are necessary for an effective mentoring

relationship (Kram, 1985). A key component of an effective mentoring process that has

emerged from this study is open and effective communication which unfortunately was

not experienced by Mokara. She explained:

> *I am not sure what it is because I don't think she's [mentor]*
>
> *withholding information even though that's how I felt at first.*
>
> *Because I felt, how could you not know that I need to know all of*
>
> *these things? But I just I had to tell myself that she's not*
>
> *withholding information. She's just not aware of the fact that I*
>
> *need it. I think because I haven't directly asked for it. And I don't*

know if it's not clear communication. I just think there is no

communication. ... Like the only communication comes when I

initiate it or ask and it's directly related to that. There's never, "I

am really glad you ask me about that because I should tell you

about these other things as well." That kind of connection, there

is none. (Mokara-P13, Interview #1, p.10, lines 468-485).

Mokara's explanation indicated the extreme lack of communication between her and her mentor during the mentoring process. It was evidently clear that as a mentee Mokara was seeking collegial support from her assigned mentor. More importantly, it appears that her assigned mentor was not aware of how Mokara might be feeling during the mentoring process, that is, the mentor did not accurately read the emotional signals from Mokara and was also unaware of how her behaviour was affecting the mentoring relationship. In other words, the mentor did not demonstrate emotional intelligence (Goleman, 1998).

Mokara elaborated further on her sense of isolation as a novice clinical tutor:

Just a little more sharing of information and asking, like

somebody who is interested in how I am doing in the course.

Because I don't have anybody to talk to about what is going on at

work, right? Because there's nobody else [at the clinical site]. I

mean I talk to one of my friends who taught another course but

it's a little bit different because the courses are a little different.

It's all the same issues but like [different course]. Somebody who

you could actually like debrief with a little bit. Who like you could

CHAPTER 5

SUMMARY AND CONCLUSIONS, IMPLICATIONS, RECOMMENDATIONS, STRENGTH, AND LIMITATIONS

Summary and Conclusions

Grounded theory is a method that was developed to explore the process involved in resolving the main concern of the participants regarding a particular event (Glaser, 1998; Morse, 2009). In other words, grounded theory allows us to develop an understanding of human behaviour or responses by explicating the process involved during the change or transition concerning a particular event, i.e., by exploring what is going on, what is happening or what has happened (Morse, 2009). In this study, the process involved in mentoring novice nurse educators as they transitioned from experienced nurses to novice nurse educators in academia was revealed. My aspiration for embarking on this study was motivated by a sense of inquiry and a need to positively influence the transitioning process of novice faculty by: a) uncovering the actual or substantive process involved in an effective mentoring relationship; b) determining how experienced nurses transition to the novice nurse educator role; c) ascertaining the characteristics of effective mentors; and d) determining how the mentoring process facilitates transitioning of novice faculty. In this study, *Working Together* emerged as a dynamic and interactive process that occurred between the mentor and the mentee during an effective mentoring relationship. Intrinsic to this process of *Working Together* which ultimately fostered successful role transitioning for the mentee were four ambient conditions that included: *a) sharing; b) communicating; c) role modeling and d) supporting*.

The first condition, *sharing*, involved the mentors conveying several key components that included their *knowledge, experience, resources, and time.* In discussing their readiness to share their *knowledge and experience*, the mentors were found to convey an altruistic outlook and a deep commitment for the successful transition of their mentees to the educator role. The notion of mentoring as a gift was highlighted with the *sharing of teaching resources* that included student handouts and orientation packages. *Sharing time* was evident by the mentors' immediate availability in particular to respond to the mentee's concerns an aspect of the process which was found to be an essential requisite for a successful mentoring relationship.

The second component in the process of *Working Together* involved *communicating* comprised of *giving feedback, being open, and listening effectively.* Mentors in this study were found to be consistently cognizant of the need to offer both positive and constructive feedback to their mentees. By *being open* they were perceived as being kind, approachable, and helpful. In *listening effectively* mentors conveyed respect, empathy, warmth, and positive regard.

The third ambient condition intrinsic to *Working Together* entailed *role modeling* which encompassed *teaching effectively, evaluating student learning, and organizing teaching activities*. This component may be described as part of the *Working Together* process whereby the novice tutors learned to become who they ought to be as tutors. Through the *role modeling* of their mentors, the mentees learned to embrace the attitudes, philosophical underpinnings, and educational approaches of their mentors and afforded the opportunity to of become socialized into their role as nurse educators.

The final condition intrinsic to the process of *Working Together* was one of *supporting* which included the mentees *feeling accepted* and the mentors *answering mentees' question.* During the process of *supporting* their mentees, it was found that the mentors notably displayed a high level of emotional intelligence in promoting empathetic relationships and a nurturing of the mentees' aspiration.

It became evident throughout the process of this study that mentoring of novice faculty in this CBL program was not dissimilar to mentoring in a traditional program. For example, as with mentoring in the traditional program (Snelson et al. 2002; Thorpe & Kalischuk, 2002) the mentees in this study also expressed the need for support and role modeling. The participants did not specifically identify CBL as being particularly relevant to the mentoring process.

Throughout the study one negative case emerged which involved a bona fide novice (i.e., a newly hired faculty member who was assuming the teaching role for the very first time) assigned to teach a clinical course. In this particular case, it was found that unlike the others in the study, the mentor with whom this particular participant was working did not engage in a process of *Working Together*. Clearly, the elements of *sharing, communicating, role modeling, and supporting* were absent from the mentoring process as described by this participant. Thorough examination of this negative or divergent case thus served to challenge me to develop a fuller understanding of the mentoring process at a higher level of abstraction of the phenomenon and served to refute the emerging conceptualization which, in turn, forced me as the researcher to explain or account for the fullest range of data that emerged in this study (Schreiber, 2001).

Implications for Nursing Education

In view of the findings that have emerged from this study, several key implications are suggested for nursing education:

1. Throughout the process of *Working Together*, it was found that novice nurse educators generally lacked formal academic preparation and teaching experience. Having assumed the novice position, these new faculty members needed to be recognized as novice academics and to be mentored either formally or informally while transitioning to their nurse educator role. From a pedagogical perspective it is important for nursing education, therefore, to acknowledge the necessary support required for this novice academic position. This finding thus has the potential to contribute to mentoring programs in nursing education with regard to how: a) novice faculty are valued and welcomed into academia; b) they are facilitated into the nurse educator role; and c) the mentoring process actually serves to facilitate transitioning of experienced clinician to novice educator.

2. A second important aspect of *Working Together* directly involved the need for effective mentoring behaviors. From a pedagogical standpoint it would, therefore, be important to address how experienced faculty: a) are actually prepared to be mentors; b) are supported in that role; and c) obtain feedback regarding their mentoring role.

3. An important feature of *Working Together* was the socialization aspect involved in transitioning to the new role. Central to this phase was open and effective communication between the mentors and the mentees. Pedagogically, therefore, the implications of effective communication need to be considered with regard to

how: a) communication occurs during transitioning; b) barriers to communication are addressed; and c) what communication tools are used.

4. Intrinsic to the process of *Working Together*, mentees valued an empathetic or an emotionally intelligent relationship which ultimately motivated them to learn more about their educator role. In light of this finding, it would, therefore, be prudent on the part of faculty to explore: a) how mentors demonstrate emotional intelligence; b) how mentors foster their skills with regard to emotional intelligence; and c) how emotional intelligence is actually nurtured in the mentoring process.

5. The process of *Working Together* also facilitates and support the transformation of experienced clinicians to novice nurse educators. As part of this transitioning, the mentees observed their mentors role model their professional values, philosophical perspectives, and pedagogical approaches which in turn has considerable implications for teaching-learning in the clinical context. .

Recommendations

In light of the findings that have emerged from this study, the following recommendations are proposed:

Education:

1. This research has generated a new area for study that speaks to *Working Together* in the mentoring process and the specific transitioning of novice nurse educators. These novice educators particularly those who are bona fide novice (i.e., employed for the very first time as nurse educators) ought to be recognized as such and supported from that perspective. An important part of mentee support

should include, but not be limited to, the assignment of both the mentor and mentee to teach in the same course, theoretical or clinical course. A finding from this study revealed that the mentor's role modeling during teaching activities was an intrinsic element of *Working Together*. When teaching the same course as their mentors, albeit not necessarily at the same time, the mentees would, therefore, be afforded the opportunity to not only learn but more importantly observe the practical application of the tenets of effective teaching, evaluation of student learning, and organization of teaching-learning activities. As role models it is important that mentors practice their teaching skills with credibility and authenticity. To that end, faculty need to be more involved with the development of those who are willing to be mentors. Ultimately, the existence of effective mentors could foster the development of effective mentor-mentee relationships.

2. Faculty also need to be more involved in providing support particularly to the bona fide novices who are teaching in a clinical course. The findings from this study identified several challenges associated with clinical teaching that could be promptly addressed when the mentor was at the clinical site, such as, when a mentee needed immediate advice regarding the management of a student's issues. This arrangement is possible when both the mentor and mentee are assigned to not only teach the same clinical course but are also located at the same clinical site, although by design, on different units. Also, being on the same shift would afford both mentor and mentee time at the completion of the shift for sharing clinical teaching-learning experiences that would include both positive and challenging aspects. These scheduled meetings would allow for feedback regarding the

mentee's progress and/or concerns including further assessment of the mentee's supportive needs. As well, the sharing of teaching-learning experiences could also nurture a collegial relationship and promote effective and open communication.

3. Ongoing support for the mentor teaching a clinical course was found to be just as important as mentee support. It is recommended therefore, that regularly site visits be scheduled from the course lead, the clinical tutor consultant, or the year coordinator. Such visits would offer both the mentor and the mentee an avenue for communicating their accolades and/or concerns regarding their mentoring relationship. As well, during the site visit faculty would not only gain firsthand knowledge of the mentoring relationship but would also be able to obtain a firsthand perspective of the mentor-mentee interactions and thus, be able to ascertain the progression of the mentorship. Also, if it is warranted, faculty would be able to facilitate further supportive needs of both the mentor and the mentee. In addition, support for the mentor could also result in retention of his/her mentoring role for the future.

Policy:

1. It is also recommended that faculty consider the development of a bona fide mentoring booklet that could include the following: a) the purpose, goals, and objectives of the mentorship program; b) roles, responsibilities, and expectations of the mentor and the mentee; c) *Working Together* and the role of emotional intelligence in mentorship; d) evaluation guidelines for student performance in the laboratory, classroom, or in a clinical course; and e)

guidelines for communicating and managing concerns regarding student

performance in the laboratory, classroom, or in a clinical course. As well, it is

suggested that an information session be scheduled prior to commencement of

the mentoring process wherein the mentor and mentee can discuss and review

the mentoring booklet. In conjunction with the mentoring booklet, another

information session regarding adult education and adult learning principles

that integrate educational theory from Brookfield (1995, 2006), Dewey

(1985), Freire (2005), Knowles (1980), and Mezirow (1997, 2003) be

scheduled ideally orientation to the curriculum where both the mentor and

mentee are in attendance.

Research:

1. Further research needs to be conducted about the dynamic relationship in
   mentorship, not only in nursing education but also in nursing practice,
   research, and administration. Given that mentorship is valued by the
   mentees, the following topics are proposed: a) preparation of academic
   mentors; b) mentorship of novice faculty who are also appointed as a
   course lead; c) support for the process of *Working Together* vis a vis the
   mentees and mentors; and d) the impact of emotional intelligence and
   mentorship.

In conclusion, this research offers considerable insights into the process involved

in the mentoring of novice faculty in the academic setting. Data generated from this study

can thus be used to develop greater support for the reality of mentees as they transition

into their educator role and contribute to faculty understanding of the mentoring process.

The process of *Working Together* can also provide a framework with which to examine the emotional and anxiety provoking process regarding role conflict and role ambiguity that is sometimes expressed by novice educators. The findings from this study can serve to reaffirm the significant role that mentorship plays during transitioning of novice educators. It would therefore, behooves faculty to ensure that novice faculty are indeed provided with a formal mentorship program when transitioning to their educator role.

Strength and Limitations

Strength

The strength of this study has generated findings that could augment our understanding of the mentoring process of novice faculty members who are in the position of faculty lecturers and sessional faculty in academe. This understanding could in turn contribute to the promotion of an academic milieu that is nurturing, encouraging, and supportive for novice faculty.

Limitations

As with any study, limitations are to be expected, particularly regarding skill, time, money, and creativity. My study was no exception and was impacted by personal bias, interview technique, and analytical creativity (Beck, 1993). The length of time taken to conduct this study may also be perceived to be a limitation. Data were collected over 11 months, i.e., from November 1st 2012 to October 3rd 2013. It is reasonable to suggest that the depth and richness of the data may have been influenced by the limited time allocated for data collection.

My own analytical creativity may have also posed a limitation to the depth and level of critical analysis of the emergent findings (Glaser, 1978). Throughout the research process personal bias was a constant overriding factor from the moment the problem was identified to the completion of the study. In grounded theory, a safeguard against bias can be ensured by delaying final interpretations until data collection is well established, an approach to data collection known as theoretical sensitivity (Glaser, 1978). Theoretical sensitivity was endorsed by entering "the setting with as few predetermined ideas as possible" (Glaser, 1978, p. 3). It was critical, therefore, that I remained cautious throughout the research process in order to avoid speculative ideas that could lead to preconception of the emerging findings (Glaser, 1978).

In addition, my dependence on the interview as the principal data source may have caused restrictions and bias. Participants may have thus provided information that they perceived the interviewer wished to hear (Morse & Field, 1995). In view of this possibility, considerable precautions were taken to ensure that the interviews were conducted in a neutral setting and in a manner that did not disclose any of my personal biases or anticipated responses that could have influenced the participants' reactions.

REFLECTIONS ON THE PROCESS

This study proved to be a most enlightening learning experience both in my role as a doctoral student and as a nurse educator. While the primary purpose of the study was to fulfil an important requirement of my doctoral program, the study by its very nature afforded me a firsthand glimpse into the "real" world of mentoring as it pertained to the participants in this study. In other words, this study afforded me the opportunity to explore the mentoring process as shared by the participants and particularly from the perspective of the mentees as novice nursing educators, i.e., as interim novice or bona fide novice.

Also, I was privileged to have the novices' share with me their often anxiety-provoking and frustrating encounters as they transitioned from an experienced nurse clinician to a novice nurse educator. It was also comforting to learn of the numerous positive mentoring relationships from the perspective of both the mentee and mentors. Throughout the interview process, I observed the delightful enthusiasm and deep commitment of the mentors in sharing their expertise and time. Similarly, the mentees openly shared their appreciation and eagerness to learn their new role as educators.

Key to mentoring and thus, to this study was the role of the mentors. It was important to explore through the lens of the mentors the process involved in mentoring novice faculty. It became abundantly clear that the mentors were committed to facilitating the mentees throughout their transitioning process with as little stress and anxiety as possible. I am reminded of the concept of mentoring as a gift given freely without any expectation of the mentee (Gehrke, 1988).

Mentees are the other important component of the equation in the mentoring process. It was important for me to come to understand that they too were equally committed to their new role as they struggled with their questions, uncertainties, and anxiety in endeavoring to assume their new role. I learned that many of the mentoring literature [particularly in general education] served to support the finding that mentoring new faculty is essential to their socialization into academia.

This research experience has reaffirmed my belief that mentoring is integral to a successful transitioning process from experienced nurse to novice nurse educator. It behoves all of us in nursing education, therefore, particularly as experienced educators to participate in the mentoring process of our novice colleagues whether in a formal capacity or otherwise, "because no one gets there alone" (Jipson & Paley, 2000, p. 38).

CONCEPTUAL DIAGRAM

Knowledge
Experience
Resources
Time

Sharing
(Mentor)

Feeling Accepted
Answering Questions

Giving Feedback
Being Open
Listening Effectively

Supporting
(Mentor-Mentee)

Working Together
for Successful
Role Transitioning

Communicating
(Mentor- Mentee)

Role Modeling
(Mentor)

Effective Teaching
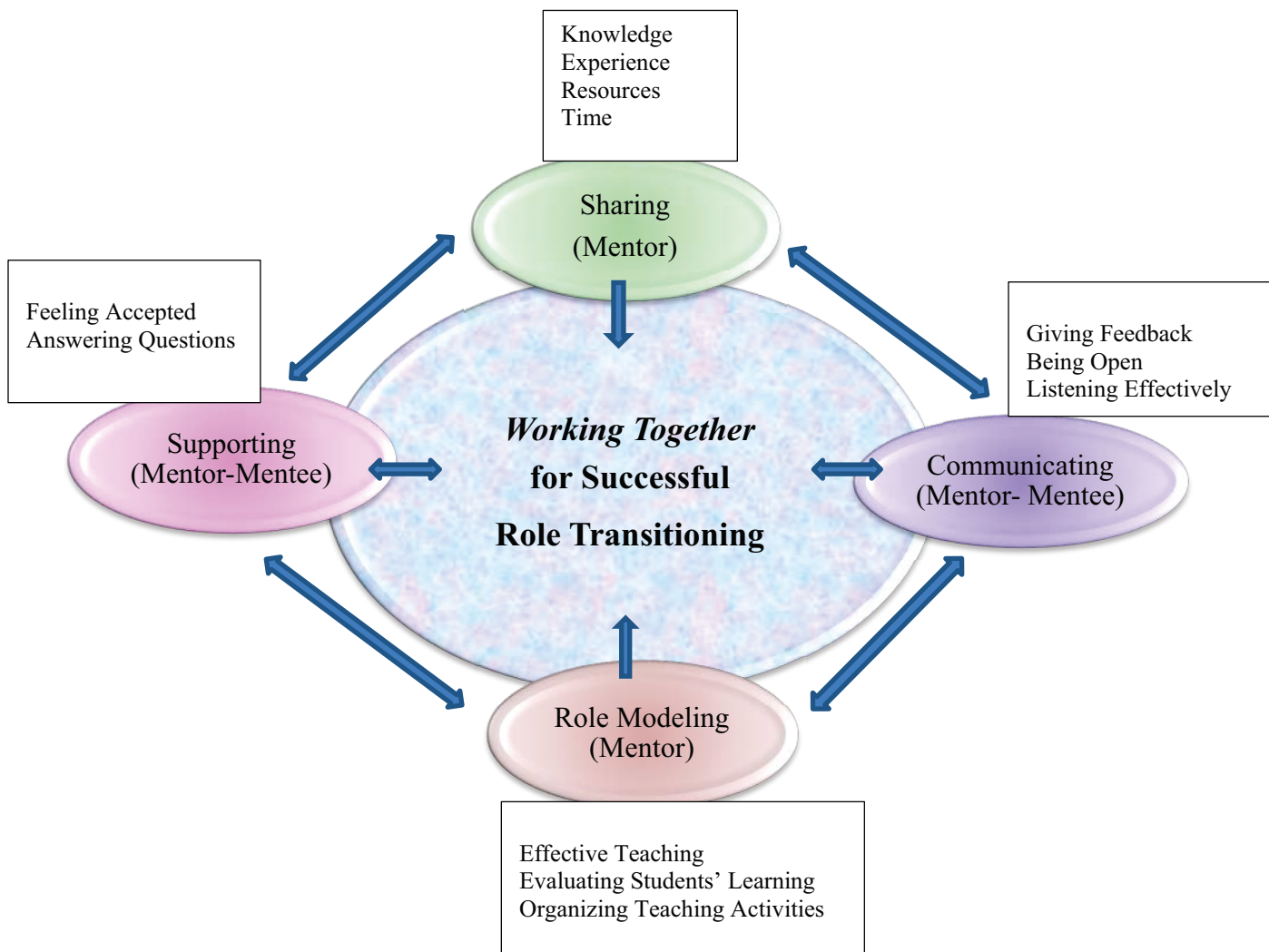Evaluating Students' Learning
Organizing Teaching Activities

Figure 1: Mentorship and Novice Nursing Faculty: Working Together

for Successful Role Transitioning.

REFERENCES

Allen, D. G. (1990). The curriculum revolution: Radical re-visioning of nursing

    education. *Journal of Nursing Education, 29*(7), 312-316.

Allen, T. (2007). Mentoring relationships from the perspective of the mentors. In B. R.

    Ragins & K. E. Kram (Eds.), *The handbook of mentoring at work: Theory,*

    research, and practice. Thousand Oaks, CA: Sage Publications.

Allen, S. (2002). Mentoring - The essential connection. *AORN Journal, 75,* 440-446.

Altmann, T. K. (2006). Preceptor selection, orientation, and evaluation in baccalaureate

    nursing education. *International Journal of Nursing Education Scholarship, 3*(1),

    Article 1. Retrieved from http://www.bepress.com/ijnes/vol3/iss1/art1

Anderson, J. K. (2006). *The work role transition from expert nurse clinician to novice*

    nurse educator in a baccalaureate nursing program. (Doctoral dissertation).

    Retrieved from ProQuest Dissertations and Theses database. (UMI No.

    3244764).

Anderson, J. K. (2009). The work role transition of expert clinician to novice academic

    educator. *Journal of Nursing Education, 48*(4), 203-208.

Andrews, M. & Jones, P. R. (1996). Problem based learning in an undergraduate nursing

    program: A case study. *Journal of Advanced Nursing, 23*, 357-365.

Andrews, M. & Wallis, M. (1999). Mentorship in nursing: A literature review. *Journal*

    of Advanced Nursing, 29, 201-207.

Anforth, P. (1992). Mentors, not assessors. *Nurse Education Today, 12,* 299-302.

Anibas, M., Brenner, G. H., & Zorn, C. R. (2009). Experiences described by academic

    staff in baccalaureate nursing education: A focus on mentoring. *Journal of*

Professional Nursing, 25(4), 211-217. doi: 10.1016/j.profnurs.2009.01.008

Annells, M. (1997). Grounded theory method, Part 1: Within the five moments of

    qualitative research. *Nursing Inquiry, 4*(2), 120-129.

Armitage, P. & Burnard, P. (1991). Mentors or preceptors? Narrowing the theory-practice

    gap. *Nurse Education Today, 11,* 225-229.

Arnold, E. & Boggs, K. U. (2003). *Interpersonal relationships. Professional*

    communication skills for nurses. (4th ed.). St. Louis, MI: Saunders.

Augier, M. & Vendelo, M. T. (1999). Networks, cognition and management of tacit

    knowledge. *Journal of Knowledge Management, 3(4), 252-261.*

Azer, S. (2005). Challenges facing PBL tutors: 12 tips for successful group facilitation.

    Medical Teacher, 27(8), 676-681.

Balzer Riley, J. (2012). *Communication in nursing* (7th ed.). St. Louis, Missouri: Elsevier.

Bartfay, W. J. & Howse, E. (2007). Who will teach the nurses of the future? *Canadian*

    Nurse, 103(7), 24-27.

Barton, D. S., Gowdy, M., & Hawthorne, B. W. (August 2005). Mentorship programs for

    novice nurses. *Nurse Leader,* 41-44.

Beauvais, A. M., Brady, N., O'Shea, E. R., & Griffin, M. T. Q. (2011). Emotional

    intelligence and nursing performance among nursing students. *Nurse Education*

    Today, 31, 396-401. doi: 10.1016/j.nedt.2010.07.013

Beck, C. T. (1993). Qualitative research: The evaluation of its credibility, fittingness, and

    auditability. *Western Journal of Nursing Research, 15*(2), 263-266.

Bellack, J. P. (2003). Advice for new (and seasoned) faculty. *Journal of Nursing*

    Education, 42, 383.

Benner, P. (1984). From Novice to expert. Excellence and power in clinical nursing practice. Menlo Park, CA: Addison-Wesley Publishing Company.

Beres, J. (2006). Staff development to university faculty: Reflections of a nurse educator. *Nursing Forum, 41*(3), 141-145.

Bernstein, P., Tipping, J., Bercovitz, K., & Skinner, H. (1995). Shifting students and faculty to a PBL curriculum: Attitudes changed and lessons learned. *Academic Medicine, 70*(3), 245-247.

Benoliel, J. Q. (1996). Grounded theory and nursing knowledge. *Qualitative Health Research, 6*(3), 406-428.

Benson, G., Ploeg, J., & Brown, B. (2010). A cross-sectional study of emotional intelligence in baccalaureate nursing students. *Nurse Education Today, 30,* 49-53.

Bevis, E. O. & Murray, J. P. (1990). The essence of the curriculum revolution: Emancipatory teaching. *Journal of Nursing Education, 29,* 326-331.

Billings, D. M. & Kowalski, K. (2008). Developing your career as a nurse educator: The importance of having (or being) a mentor. *The Journal of Continuing Education in Nursing, 39*(11), 490-491.

Birks, M., Chapman, Y., & Francis, K. (2006). Moving grounded theory into the 21st century: Part 2-Mapping the footprints. *Singapore Nursing Journal, 33*(4), 12-17.

Blauvelt, M. & Spath, M. (2008). Passing the torch: A faculty mentoring program at one school of nursing. *Nursing Education Perspectives, 29,* 29-33.

Blumer, H. (1986). *Symbolic interactionism: Perspective and method*. Berkeley, CA: University of California Press.

Boggs, K. U. (2003). Bridges and barriers in therapeutic relationship. In E. Arnold & K.

U. Boggs (Eds.), *Interpersonal relationships. Professional communication skills for nurses,* (4ᵗʰ ed.), chapter 6, pp. 143-165. St. Louis, MI: Saunders.

Boice, R. (1991a). New faculty as colleagues. *International Journal of Qualitative Studies in Education, 4*(1), 29-44. doi: 10.1080/0951839910040103

Boice, R. (1991b). New faculty as teachers. *Journal of Higher Education, 62*(2), 150-173.

Borges, J. R. & Smith, B. C. (2004). So you think you're ready to mentor? Strategies for mentoring a diverse nursing workforce. *Nursing Leader,* 45-48.

Bowkett, S. (2007). *Pocket PAL Emotional intelligence.* Malta: Gutenberg Press.

Bowles, N. (1995). Story telling: A search for meaning within nursing practice. *Nurse Education Today, 15,* 365-369.

Boychuk-Duchscher, J. E. & Morgan, D. (2004). Grounded theory: Reflections on the emergence vs. forcing debate. *Journal of Advanced Nursing, 48*(6), 605-612.

Bray, L. & Nettleton, P. (2007). Assessor or mentor? Role confusion in professional education. *Nurse Education Today, 27,* 848-855.

Brookfield, S. D. (1995). *Becoming a critically reflective teacher.* San Francisco, CA: Jossey-Bass.

Brookfield, S. (2006). The skillful teacher. On technique, trust, and responsiveness in the classroom (2ⁿᵈ ed.). San Francisco, CA: Jossey-Bass.

Broome, M. E. (2003). Mentoring: To everything a season. *Nursing Outlook, 51,* 249-250.

Brown, H. (1999). Mentoring new faculty. *Nurse Educator, 24,* 48-51.

Brown, J. S. & Duguid, P. (1998). Organizing knowledge. *California Management*

Review, 40(3), 90-111.

Bulmer Smith, K., Profetto-McGrath, J., & Cummings, G. G. (2009). Emotional intelligence and nursing: An integrative literature review. *International journal of Nursing Studies, 46,* 1624-1636. doi: 10.1016/j.ijnurstu. 2009.05.024

Canadian Associations of Schools of Nursing (2006). *Baccalaureate education and baccalaureate programs*. (Position statement). Ottawa, ON: Author.

Canadian Nurses Association & Canadian Association of Schools of Nursing (December 2004). *Educational preparation for entry to practice.* (Joint position statement). Retrieved from http://www.cna-aiic.ca

Canadian Nurses Association & Canadian Association of Schools of Nursing (December 2010). *Nursing education in Canada statistics 2008-2009.* Retrieved June 3, 2011 from http://www.cna-aiic.ca

Canadian Nurses Association (2004). *Achieving excellence in professional practice: A guide to preceptorship and mentoring.* Ottawa, ON: Author.

Candela, L. (2012). From teaching to learning: Theoretical foundations. In D. M. Billings and J. A. Halstead (Eds.), *Teaching in nursing: A guide for faculty* (4th ed., pp. 202-243). St.Louis: MO. Elsevier Saunders.

Cangelosi, P. R. (2004). A lack of qualified faculty. One school's solution. *Nurse Educator, 29,* 186-188.

Cangelosi, P. R., Crocker, S., & Sorrell, J. M. (2009). Expert to novice: Clinicians learning new roles as clinical nurse educators. *Nursing Education Perspectives, 30*(6), 367-376.

Carnwell, R., Baker, S., Bellis, M., & Murray, R. (2007). Managerial perceptions of

mentor, lecturer practitioner and link tutor roles. *Nurse Education Today, 27,* 923-932.

Carroll, K. (2004). Mentoring: A human becoming perspective. *Nursing Science Quarterly, 17*(4), 318-322. doi: 10.1177/0894318404269370

Cawyer, C. S., Simonds, C., & Davis, S. (2002). Mentoring to facilitate socialization: The case of the new faculty member. *International Journal of Qualitative Studies in Education, 15*(2), 225-242. doi: 10.1080/09518390110111938

Charmaz, K. (2006). *Constructing grounded theory. A practical guide through qualitative analysis.* Thousand Oaks, CA: SAGE Publications.

Chenitz, W. C. & Swanson, J. M. (1986). *From practice to grounded theory. Qualitative research in nursing.* Menlo Park, CA: Addison-Wesley Publishing Company.

Cherniss, C. (2007). The role of emotional intelligence in the mentoring process. In B. R. Ragins & K. E. Kram (Eds.), *The handbook of mentoring at work: Theory, research, and practice.* Thousand Oaks, CA: Sage Publications.

Chester, E. & Espelin, J. (2003). Nurture novice educators. *Nurse Educator, 28,* 250-254.

Chickerella, B. G. & Lutz, W. J. (January, 1981). Professional nurturance: Preceptorships for undergraduate nursing students. *American Journal of Nursing,* 107-109.

Chiovitti, R. F., & Piran, N. (2003). Rigour and grounded theory research. *Journal of Advanced Nursing, 44*(4), 427-435.

Cho, C. S., Ramanan, R. A., & Feldman, M. D. (2011). Defining the ideal qualities of mentorship: A qualitative analysis of the characteristics of outstanding mentors. *The American Journal of Medicine, 124,* 453-458. Doi: 10.1016/j.amjmed.2010.12.007

Choudhry, U. K. (1992). New nurse faculty: Core competencies for role development. *Journal of Nursing Education, 31*(6), 265-272.

Chow, F. L. W. & Suen, L. K. P. (2001). Clinical staff as mentors in pre-registration undergraduate nursing education: Students' perceptions of the mentors' roles and responsibilities. *Nurse Education Today, 21,* 350-358.

Chun, J. U., Litzky, B. E., Sosik, J. J., Bechtold, D. C., & Godshalk, V. M. (2010). Emotional intelligence and trust in formal mentoring programs. *Group and Organization Management, 35*(4), 421-455. DOI: 10.1177/1059601110378293

Clark, C. M. & Springer, P. J. (2007). Thoughts on incivility: Student and faculty perceptions of uncivil behaviour in nursing education. *Nursing Education Perspectives, 28*(2), 93-97.

Connelly, M., & Clandinin, D. J. (1990). Stories of experience and narrative inquiry. *Educational Researcher, 19*, 2-14.

Cooney, A. (2010). Choosing between Glser and Strauss: An example. *Nurse Researcher*, *17*(4), 18-28.

Corbin, J. & Strauss, A. (2008). *Basics of qualitative research* (3rd ed.). Thousand Oaks, CA: Sage Publications.

Culleiton, A. L. & Shellenbarger, T. (2007). Transition of a bedside clinician to a nurse educator. *MEDSURG Nursing, 16*(4), 253-257.

Cutcliffe, J. R. (2000). Methodological issues in grounded theory. *Journal of Advanced Nursing, 31*(6), 1476-1484.

Cutcliffe, J. R. & McKenna, H. P. (1999). Establishing the credibility of qualitative research findings:The plot thickens. *Journal of Advanced Nursing, 30*, 374-380.

DalPezzo, N. K. & Jett, K. T. (2010). Nursing faculty: A vulnerable population. *Journal of Nursing Education, 49*(3), 132-136.

Danna, D., Schaubhut, R. M., & Jones, J. R. (2010). From practice to education: Perspectives from three nurse leaders. *The Journal of Continuing Education in Nursing, 41*(2), 83-87.

Dattilo, J., Brewer, M. K., & Streit, L. (2009). Voices of experience: Reflection of nurse educators. *The Journal of Continuing Education in Nursing, 40*(8), 367-370.

Dewey, J. (1985). *Democracy and education 1916.* Carbondale, IL: Southern Illinois University Press.

Dey, I. (1999). *Grounding grounded theory. Guidelines for qualitative inquiry.* London, England: Academic Press.

De Young, S. & Bliss, J. B. (1995). Nursing faculty – An endangered species? *Journal of Professional Nursing, 11,* 84-88.

De Young, S., Bliss, J. B., & Tracy, J. P. (2002). The nursing faculty shortage: Is there hope? *Journal of Professional Nursing, 18*(6), 313-319.

de Tornyay, R. (1990). The curriculum revolution. *Journal of Nursing Education, 29*(7), 292-294.

Diekelmann, N. (2004). Experienced practitioners as new faculty: New pedagogies and new possibilities. *Journal of Nursing Education, 43,* 101-103.

Donovan, J. (1990). The concept and role of mentor. *Nurse Education Today, 10, 294-298.*

Dunham-Taylor, J., Lynn, C. W., Moore, P., McDaniel, S., & Walker, J. K. (2008). What goes around comes around: Improving faculty retention through more effective

mentoring. *Journal of Professional Nursing, 24*(6), 337-346.

Duphily, N. H. (2011). The experience of novice faculty in an associate degree education program. *Teaching and Learning in Nursing, 6,* 124-130.

Egan, G. (1986). *The skilled helper. A systematic approach to effective helping* (3rd ed.). Pacific Grove, CA: Brooks/Cole Publishing Company.

Ehrmann, G. (2005). Managing the aggressive nursing student. *Nurse Educator, 30*(3), 98-100.

Eifler, K. & Veltri, L. M. (2010). Drawing from the outside for support in teaching. *Journal of Nursing Education, 49*(11), 623-627. doi: 10.3928/01484834-20100630-02

Elliot, N. & Jordan, J. (2010). Practical strategies to avoid the pitfalls in grounded theory research. *Nurse Researcher, 17*(4), 29-40.

Ensher, E. & Murphy, S. (2005). *Power mentoring: How successful mentors and protégés get the most out of their relationships.* San Francisco: CA. Jossey-Bass

Eps, M. A., Cooke, M., Creedy, D. K., & Walker, R. (2006). Student evaluations of a year-long mentorship program: A quality improvement initiative. *Nurse Education Today, 26,* 519-524.

Erdem, F. & Aytemur, J. O. (2008). Mentoring – A relationship based on trust: Qualitative research. *Public Personnel Management, 37,* 55-65.

Erickson, M. E. (2012). Warmth. In J. B. Riley (Ed.) *Communication in nursing* (7th ed., chapter 7, pp. 84-92). St. Louis: MO. Elsevier Mosby.

Esper, P. S. (1995). Facing transition: Nurse clinician to nurse educator. *Journal of Nursing Education, 34*(2), 89-91.

Fawcett, D. (2002). Mentoring – What it is and how to make it work. *AORN Journal, 75,* 950-954.

Feiman-Nemser, S. (2003). What new teachers need to learn. *Educational Leadership, 60* (8), 25-29.

Finke, L. M. (2009). Teaching in nursing. The faculty role. In D. M. Billings and J. A. Halstead *Teaching in nursing. A guide for faculty,* (3rd ed., pp.3-17). St. Louis, MO: Saunders Elsevier.

Firtko, A., Stewart, R., & Knox, N. (2005). Understanding mentoring and preceptorship: Clarifying the quagmire. *Contemporary Nurse, 19,* 32-40.

Fiske, A. P. (2004). Relational models theory 2.0. In N. Haslam (Ed.) *Relational models theory. A contemporary overview.* (pp.3-25). Mahwah, New Jersey: Lawrence Erlbaum.

Fong, C. M. (1993). A longitudinal study of the relationships between overload, social support, and burnout among nursing educators. *Journal of Nursing Education, 32*(1), 24-29.

Fox, C. (1997). A confirmatory factor analysis of rthe structure of tacit knowledge in nursing. *Journal of Nursing Education, 36*(10), 459-467.

Frandsen, G. M. (2003). *Mentoring nursing faculty in higher education.* (Doctoral dissertation). Retrieved from ProQuest Dissertations and Theses database. (UMI No. 3102895).

Freire, P. (2005). *Pedagogy of the oppressed.* New York: Continuum International Publishing.

Freshwater, D. & Stickley, T. (2004). The heart of the art: Emotional intelligence in

nursing education. *Nursing Inquiry, 11*(2), 91-98.

Funderburk, A. (2008). Mentoring: The retention factor in the acute care setting

[Electronic version]. *Journal for Nurses in Staff Development, 24,* E1-E5.

Gazza, E. A. & Schellenbarger, T. (2005). Successful enculturation: Strategies for

retaining newly hired nursing faculty. *Nurse Educator, 30*(6), 251-254.

Gazza, E. A. (2009). The experience of being a full-time nursing faculty member in a

baccalaureate nursing education program. *Journal of Professional Nursing, 25*(4),

218-226. doi: 10.1016/j.profnurs.2009.01.006

Gehrke, N. (1988). Toward a definition of mentoring. *Theory into Practice, 27*(3), 190-

194.

Genrich, S. J. & Pappas, A. (1997). Retooling faculty orientation. *Journal of Professional

Nursing, 13*, 84-89.

Gilbert, L. (2005, May). What helps beginning teachers? *Educational Leadership, 6* (8),

36-39.

Giske, T. & Artinian, B. M. (2009). Learning Glaserian grounded theory by doing it. In

R. Schreiber & P. N. Stern (Eds.), *Using grounded theory in nursing* (pp. 177-190).

New York: Springer.

Glaser, B. G. (1978). *Advances in the methodology of grounded theory. Theoretical

sensitivity*. Mill Valley, CA: The Sociology Press.

Glaser, B. G. (1992). *Emergence vs forcing. Basics of grounded theory analysis*. Mill

Valley, CA: Sociology Press.

Glaser, B. G. (1998). *Doing grounded theory: Issues and discussions*. Mill Valley, CA:

Sociology Press.

Glaser, B. G. (2007). All is data. *The Grounded Theory Review, 6*(2), p. 1-22.

Glaser, B. G. (2008). The constant comparative method of qualitative analysis. *The Grounded Theory Review, 7*(3), p. 1-15.

Goleman, D. (1995). *Emotional intelligence.* New York: Bantam Books.

Goleman, D. (1998). *Working with emotional intelligence.* New York: Bantam Books.

Gore, C. & Gore, E. (1999). Knowledge management: The way forward. *Total Quality Management, 10*(4 & 5), 554-560. doi: 10.1080/0954412997523

Grand'Maison, P. & Des Marchais, J. E. (1991). Preparing faculty to teach in a problem-based learning curriculum: The Sherbrooke experience. *Canadian Medical Association Journal, 144*(5), 557-562.

Gray, M. A. & Smith, L. N. (2000). The qualities of an effective mentor from the student nurse's perspective: Findings from a longitudinal qualitative study. *Journal of Advanced Nursing, 32,* 1542-1549.

Greene M. T. & Puetzer, M. (2002). The value of mentoring: A strategic approach to retention and recruitment. *Journal of Nursing Care Quality, 17,* 67-74.

Grindel, C. G. (2004). Mentorship: A key to retention and recruitment. *MEDSURG Nursing, 31*, 36-37.

Groah, L. K. (1996). Mentoring is the greatest gift that perioperative nurses can give to each other. *AORN Journal, 64,* 868-870.

Grosshans, O., Poczwardowski, A., Trunnell, E., & Randsell, L. (2003). Senior faculty retrospectives on mentoring. *American Journal of Health Education, 34*(3), 146-153.

Grover, S. M. (2005). Shaping effective communication skills and therapeutic

relationships at work. The foundation of collaboration. *AAOHN Journal, 53*(4), 177-182.

Guba, E. G. & Lincoln, Y. S. (1989). *Fourth generation evaluation*. Newbury Park, CA: SAGE Publications.

Hadidi, N. N., Lindquist, R., & Buckwalter, K. (2013). Lighting the fire with mentoring relationships. *Nurse Educator, 38*(4),157-163.

Haith-Cooper, M. (2000). Problem based learning within health professional education. What is the role of the lecturers? A review of the literature. *Nurse Education Today, 30,* 267-272. doi10.1054/nedt.1999.0397

Haldin-Herrgard, T. (2000). Difficulties in diffusion of tacit knowledge in organizations. *Journal of Intellectual Capital, 1*(4), 357-365.

Halford, J. M. (February 1998). Easing the way for new teachers. *Educational Leadership,*33-36.

Hawkins, J. W. & Fontenot, H. (2009). What do you mean you want me to teach, do research, engage in service, and clinical practice? Views from the trenches: The novice the expert. *Journal of the American Academy of Nurse Practitioners, 21,* 358-361.

Hayes, J. M. & Scott, A. S. (2007). Mentoring partnerships as the wave for the future for new graduates. *Nursing Education Perspectives, 28*(1) 27-29.

Hernandez, C. A. (2010). Getting grounded: Using Glaserian grounded theory to conduct nursing research. *Canadian Journal of Nursing Research, 42*(1), 151-163.

Hessler, K., & Ritchie, H. (2006). Recruitment and retention of novice faculty. *Journal of Nursing Education, 45* (5), 150-154.

Hoffart, N. (1991). A member check procedure to enhance rigor in naturalistic research. *Western Journal of Nursing Research, 13*(4), 522-534.

Holloway, I. & Todres, L. (2003). The status of method: Flexibility, consistency and coherence. *Qualitative Research, 3*(3), 345-357.

Hmelo-Silver, C. E. (2004). Problem-based learning: What and how do students learn? *Educational Psychology Review 16*, 235-266.

Hmelo-Silver, C. E. & Barrows, H. S. (2006). Goals and strategies of a problem based learning facilitator. *The Interdisciplinary Journal of Problem Based Learning, 1*, 21-39.

Horton, B. J. (2003). The importance of mentoring and retaining junior faculty. *American Association of Nurse Anaesthetist, 71*(3), 189-195.

Holste, J. S. & Fields, D. (2010). Trust and tacit knowledge sharing and use. *Journal of Knowledge Management, 14*(1), 128-140. doi: 10.1108/13673271011015615

Horton, B. J. (2003). The importance of mentoring and retaining junior faculty. *American Association of Nurse Anaesthetist, 71*(3), 189-195.

Hubbard, C., Halcomb, K., Foley, B., & Roberts, B. (2010). Mentoring: A nurse educator survey. *Teaching and Learning in Nursing, 5*, 139-142. doi: 10.1016/j.teln.2010.02.006

Ioannides, A. P. (1999). The nurse teacher's clinical role now and in the future. *Nurse Education Today, 19,* 207-214.

Jackson, M. (2004). Does your doctor care? Bringing compassion back to medicine. *Saturday Night,* 38-39. Retrieved from http://fhs.mcmaster.ca/main/document/saturday_night_200409pdf.

Jacobi, M. (1991). Mentoring and undergraduate academic success: A literature review. *Review of Educational Research, 61*(4), 505-532.

Jarvis, P. (1995). Towards a philosophical understanding of mentoring. *Nurse Education Today, 15,* 414-419.

Jarvis, P. (2005). Towards a philosophy of human learning. An existentialist perspective. In P. Jarvis and S. Parker (Eds.) *Human learning. A holistic approach.* (pp.1-15). New York, NY: Routledge

Jeon, Y. (2004). The application of grounded theory and symbolic interactionism. *Scandinavian Journal of Caring Sciences, 18*(3), 249-256.

Jipson, J. & Paley, N. (2000). Because no one gets there alone: Collaboration as co-mentoring. *Theory into Practice, 39*(1), 36-42. College of Education, The Ohio State University.

Johnson, W. B. (2002). The intentional mentor: Strategies and guidelines for the practice of mentoring. *Professional Psychology: Research and Practice, 33*(1), 88-96. doi: 10.1037/0735-7028-33.1.88

Jung, B., Tryssenaar, J., & Wilkins, S. (2005). Becoming a tutor: Exploring the learning experiences and needs of novice tutors in a PBL program. *Medical Teacher, 27*(7), 606-612.

Kavoosi, M. C., Elman, N. S. & Mauch, J. E. (1995). Faculty mentoring and administrative support in schools of nursing. *Journal of Nursing Education, 34*(9), 419-429.

Knowles, M. S. (1980). *The modern practice of adult education: From pedagogy to andragogy.* Englewood Cliffs: New Jersey. Prentice Hall Regents.

Koch, T. (1994). Establishing rigour in qualitative research: The decision trail. *Journal of Advanced Nursing, 19*, 976-986.

Kram, K. E. (1985). *Mentoring at work. Developmental relationships in organizational life.* Glenview, Illinois: Scott, Forseman and Company.

Kram, K. E. & Ragins, B. R. (2007). The roots and meaning of mentoring. In B. B. Ragins and K. E. Kram (Eds.), *The handbook of mentoring at work: Theory, research, and practice* (pp.3-15). Thousand Oaks, CA: Sage Publications

Krisman-Scott, M. A., Kershbaumer, R. M., & Thompson, J. E. (1998). Faculty preparation: A new solution to an old problem. *Journal of Nursing Education, 37,* 318-320.

Kvale, S. (2007). *Doing interviews.* Thousand Oaks, CA: SAGE Publications.

Lankau, M. J. & Scandura, T. A. (2007). Mentoring as a forum for personal learning in organizations. In B. B. Ragins and K. E. Kram (Eds.), *The handbook of mentoring at work: Theory, research, and practice* (pp.95-122). Thousand Oaks, CA: Sage Publications

Lanser, E. G. (2000). Reaping the benefits of mentorship. *Healthcare Executive, 15 (3),*18-23.

Lee, S., Theoharis, R., Fitzpatrick, M., Kim, K., Liss, J. M., Nix-Williams, T., Griswold, D. E., & Walther-Thomas, C. (2006). Create effective mentoring relationships: Strategies for mentor and mentee success. *Intervention in School and Clinic, 41*(4), 233-240.

Leslie, K., Lingard, L., & Whyte, S. (2005). Junior faculty experiences with informal mentoring. *Medical Teacher, 27,* 693-698.

Lewallen, L. P., Crane, P. B., Letvak, S., Jones, E., & Hu, J. (2003). An innovative strategy to enhance new faculty success. *Nursing Education Perspectives, 24*(5), 257-260.

Lindesmith, K. A., & McWeeny, M. (1994). The power of storytelling. *The Journal of Continuing Education in Nursing, 25*(4), 186-187.

Loiselle, C., Profetto-McGrath, J., Polit, D., & Beck, C. T. (2011). *Canadian essentials of nursing research.* Philadelphia: Wolters Kluwer/Lippincott Williams & Wilkins.

Lomborg, K. & Kirkevold, M. (2003). Truth and validity in grounded theory – a reconsidered realist interpretation of the criteria: fit, work, relevance and modifiability. *Nursing Philosophy, 4,* 189-200.

Ludwig, S. & Stein, R. (2008). Anatomy of mentoring. *The Journal of Pediatrics, 152*, 151-152.

Luhanga, F. L., Billay, D., Grundy, Q., Myrick, F., & Yonge, O., (2010). The one-to-one relationship: Is it really key to an effective preceptorship experience? A review of the literature. *International Journal of Nursing Education Scholarship, 7*(1), Article 21. Retrieved from http://www.bepress.com/ijnes/vol7/iss1/art21 doi10.2202/1548-923X.2012

Luparell, S. (2007). The effects of student incivility on nursing faculty. *Journal of Nursing Education, 46*(1), 15-19.

MacNeil, M. (1997). From nurse to teacher: Recognizing a statue passage. *Journal of Advanced Nursing, 25,* 634-642.

Mayer, J. D., Salovey, P., & Caruso, D. R. (2008). Emotional intelligence. New ability or eclectic traits? *American Psychologist, 63*(6), 503-517. DOI: 10.1037/0003-

066X.63.6.503

Mayer, J. D., Salovey, P., Caruso, D. R., & Sitarenios, G. (2001). Emotional intelligence

    as a standard intelligence. Emotion, 1(3), 232-242. DOI: 10.1037//1528-

    3542.1.3.232

McArthur-Rouse, F. J. (2008). From expert to novice: An exploration of the experiences

    of new academic staff to a department of adult nursing studies. *Nurse Education*

    Today, 28, 401-408. doi:10.1016/j.nedt.2007.07.004

McCann, T., & Clark, E. (2003a). Grounded theory in nursing research: Part 1:

    Methodology. *Nurse Researcher, 11*(2), 7-18.

McCann, T., & Clark, E. (2003b). Grounded theory in nursing research: Part 3:

    Application. *Nurse Researcher, 11*(2), 29-38.

McDonald, P. J. (2010). Transitioning from clinical practice to nursing faculty: Lessons

    learned. *Journal of Nursing Education, 49*(3), 126-131. doi: 10.3928/01484834-

    20091022-02

Mezi row, J. (1997). Transformation theory out of context. *Adult Education Quarterly,*

    48(1), 60-62. doi: 10.1177/074171369704800105

Mezirow, J. (2003). Transformative learning as discourse. *Journal of Transformative*

    Education, 1(58), 58-63. DOI: 10.1177/1541344603252172

McQueen, A. (2004). Emotional intelligence in nursing work. *Journal of Advanced*

    Nursing, 47(1), 101-108.

Milliken, P. J., & Schreiber, R. S. (2001). Can you "do" grounded theory without

    symbolic interactionism? In R. Schreiber & P. N. Stern (Eds.), *Using grounded*

    theory in nursing (pp. 177-190). New York: Springer.

Millinger, C. S. (May 2004). Helping new teachers cope. *Educational Leadership,* 66-69.

Mills, J., Francis, K., & Bonner, A. (2008). Walking with another: Rural nurses'

    experiences of mentoring. *Journal of Research in Nursing, 13,* 23-35.

Milner, T. & Bossers, A. (2004). Evaluation of the mentor-mentee relationship in an

    occupational therapy mentorship programme. *Occupational Therapy*

    International, 11(2), 96-111.

Moccia, P. (1990). No, sire, it's a revolution. *Journal of Nursing Education, 29,* 307-311.

Morin, K. H. & Ashton, K. C. (2004). Research on faculty orientation programs:

    Guidelines and directions for nurse educators. *Journal of Professional Nursing,*

    20, 239-250.

Morle, K. M. F. (1990). Mentorship – is it a case of the emperor's new clothes or a rose

    by any other name? *Nurse Education Today, 10,* 66-69.

Morse, J. M. (1995). The Significance of Saturation. *Qualitative Health Research 5(2),*

    147-149. doi: 10.1177/104973239500500201

Morse, J. M. (2009). Tussels, tensions, and resolutions. In J.M. Morse, P. N. Stern, J.

    Corbin, B. Bowers, K. Charmaz, & A. E. Clarke (Eds.), *Developing grounded*

    theory: The second generation. (pp. 13-22). Walnut Creek: CA. Left Coast Press.

Morse, J. M. & Field, P. A. (1995). *Qualitative research methods for health professionals*

    (2nd ed.). Thousand Oaks, CA: SAGE Publications.

Morse, J. M. & Richards, L. (2002). *Read me first for user's guide to qualitative methods.*

    Thousands Oak, CA: Sage.

Mullinix, C. F. (1990). The next shortage – The nurse educator. *Journal of Professional*

    Nursing, 6, 133.

Myrick, F. (1998). *Preceptorship and critical thinking in nursing education.* (Doctoral dissertation). Retrieved from ProQuest Dissertations and Theses database.

Myrick, F. (2002). Preceptorship and critical thinking in nursing education. *Journal of Nursing Education, 41*(4), 154-164.

Myrick, F. & Tamlyn, D. (2007). Teaching can never be innocent: Fostering an enlightening educational experience. *Journal of Nursing Education, 46*(7), 299-303.

Myrick, F., & Yonge, O. J. (2001). Creating a climate for critical thinking in the preceptorship experience. *Nurse Education Today, 21*(6), 461-467.

Myrick, F., & Yonge, O. J. (2002). Preceptor behaviors integral to the promotion of student critical thinking. *Journal for Nurses in Staff Development, 18*(3), 127-135.

Myrick, F., & Yonge, O. J. (2004). Enhancing critical thinking in the preceptorship experience in nursing education. *Journal of Advanced Nursing, 45*(4), 371-380.

Myrick, F., & Yonge, O. (2005). *Nursing preceptorship: Connecting practice and education.* Philadelphia: Lippincott Williams & Wilkins.

Myrick, F., Yonge, O., & Billay, D. (2010). Preceptorship and practical wisdom: A process of engaging in authentic nursing practice. *Nurse Education in Practice, 10,* 82–87. doi: 10.1016/j.nepr.2009.03.018

Nathaniel, A. (2008). Eliciting spill: A methodological note. *The Grounded Theory Review 7*(1), 61-66.

Neary, M. (2000). Supporting students' learning and professional development through the process of continuous assessment and mentorship. *Nurse Education Today, 20,* 463-474.

Neese, R. (2003). A transformational journey from clinician to educator. *The Journal of*
    Continuing Education in Nursing, 34, 258-262.

Norton, R. W. (1978). Foundation of a communicator style construct. *Human*
    Communication Research, 4(2), 99-112.

Oermann, M. H. (2004). Reflections on undergraduate nursing education: A look to the
    future. *International Journal of Nursing Education Scholarship, 1*(1), Article 5,
    1-13. Rerieved from http://www.bepress.com/ijnes/vol1/iss1/art5 doi:
    10.2202/1548-923X.1011

Olson, M. R. & Osborne, J. W. (1991). Learning to teach: The first year. *Teaching and*
    Teacher Education, 7(4), 331-343.

Paterson, B. L. (2007). Musings: Reflecting on the future of nursing education. In L. E.
    Young and B. L. Paterson (Eds.) *Teaching nursing. Developing a student-*
    centered learning environment, (pp. 542-556). Philadelphia: Lipincott Williams &
    Wilkins.

Penn, B. K., Wilson, L. D., & Rosseter, R. (2008). Transitioning from nursing practice to
    a teaching role. *OJIN: The Online Journal of Issues in Nursing. 13*(3). Manuscript
    3. doi:10.3912/OJIN.Vol13No03Man03

Por, J., Barriball, L., Fitzpatrick, J., & Roberts, J. (2011). Emotional intelligence: Its
    relationship to stress, coping, well-being and professional performance in nursing
    students. *Nurse Education Today, 31,* 855-860. doi: 10.1016/j.nedt.2010.12.023

Powell, S. R. (1990). *Mentors in nursing in the university setting.* (Doctoral dissertation).
    Retrieved from ProQuest Dissertations and Theses database. (UMI No. 9112470).

Pulsford, D., Boit, K., & Owen, S. (2002). Are mentors ready to make a difference? A

survey of mentors' attitudes toward nurse education. *Nurse Education Today, 22,* 439-446.

Ramsden, P. (1992). *Learning to teach in higher education*. New York, NY: Routledge.

Rawl, S. M. & Peterson, L. M. (1992). Nursing education administrators: Level of career development and mentoring. *Journal of Professional Nursing, 8,* 161-169.

Reeves, K. A. (December 2004). Nurses nurturing nurses: A mentoring program. *Nurse Leader,* 47-53.

Reid, T. P., Hinderer, K. A., Jaronsinski, J. M., Mister, B. J., & Seldomridge, L. A. (2013). Expert clinician to clinical teacher: Developing a faculty academy and mentoring initiative. Nurse Educationin Practice, 13, 288-293. http://dx.doi.org/10.1016/j.nepr.2013.03.022

Roccas, S. & McCauley, C. (2004). Values and emotions in the relational models. In N. Haslam (Ed.) *Relational models theory. A contemporary overview.* (pp. 263-285). Mahwah, New Jersey: Lawrence Erlbaum.

Rodgers, B. I. & Cowles, V. (1993). The qualitative research audit trail: A complex collection of documentation. *Research in Nursing and Health, 16,* 219-226.

Rowles, C. J. (2012). Strategies to promote critical thinking and active learning. In D. M. Billings and J. A. Halstead, *Teaching in nursing. A guide for faculty,* (4th ed., chapter 15, pp. 258-284). St. Louis, MI: Saunders Elsevier.

Rowles, C. J. & B. L. Russo (2009). Strategies to promote critical thinking and active learning. In D. M. Billings and J. A. Halstead, *Teaching in nursing. A guide for faculty,* (3rd ed., chapter 14, pp. 238-261). St.

Louis, MI: Saunders Elsevier.

Rowley, J. B. (1999). The good mentor. *Educational Leadership*, pp. 20-22.

Rukholm, E., Bailey, P. H., Mossay, S., Duncam, C., McBride, W., & Idriss, D. (2005). *Educational preparation objective E: Nurse educators careers.* Ottawa, ON: Canadian Nurses Association.

Saarikoski, M., Marrow, C., Abreu, W., Riklikiene, O. & Ozbicakci, S. (2007). Student nurses' experience of supervision and mentorship in clinical practice: A cross cultural perspective. *Nurse Education in Practice, 7,* 407-415.

Sandelowski, M. (1986). The problem of rigor in qualitative research. *Advances in Nursing Science, 8*(3), 27-37.

Sandelowski, M. (1993). Rigor or rigor mortis: The problem of rigor in qualitative research revisited. *Advances in Nursing Science, 16*(2), 1-8.

Sawatzky, J. V. & Enns, C. L. (2009). A mentoring needs assessment: Validating mentorship in nursing education. *Journal of Professional Nursing, 25*(3), 145-150. doi:10.1016/j.profnurs.2009.01.003

Scanlan, J. (2001). Learning clinical teaching. Is it magic? *Nursing and Health Care Perspectives, 22*(5), 240-246.

Schreiber, R. S. (2001). The "how to" of grounded theory: Avoiding the pitfalls. In R. Schreiber & P. N. Stern (Eds.), *Using grounded theory in nursing* (pp. 55-84). New York: Springer.

Schriner, C. L. (2007). The influence of culture on clinical nurses transitioning into the faculty role. *Nursing Education Perspectives, 28*(3), 145-149.

Sharts-Hopko, N. C. (2002). Assessing rigor in qualitative research. *Journal of the*

Association of Nurses in AIDS Care, 13(4), 84-86.

Sheehe, J. B. & Schoener, L. (1994). Risk and reality for nurse educators. *Holistic*

    Nursing Practice, 8(2), 53-58.

Siler, B. B. & Kleiner, C. (2001). Novice faculty: Encountering expectations in academia.

    Journal of Nursing Education, 40, 397-403.

Smallman, R., & McCoullogh, K. C. (2012). Learning from yesterday's mistakes to fix

    tomorrow's problems: When functional copunterfactul thinking and psychological

    distance collide. *European Journal of Social Psychology. 42,* 383-390.

    doi:10.1001/ejsp.1858

Smeltzer, C. H. & Brinkley, R. W. (2007). A look back at diversity through friendship

    and mentorship. *Nursing Forum, 42,* 156-159.

Smith, E. A. (2001). The role of tacit and explicit knowledge in the workplace. *Journal of*

    Knowledge Management, 5(4), 311-321.

Smith, J. & Zsohar, H. (2007). Essentials of neophyte mentorship in relation to the

    faculty shortage. *Journal of Nursing Education, 46,* 184-186.

Snelson, C. M., Martsolf, D. S., Diekelmann, B. C., Anaya, E. R., Cartechine, K.A.,

    Miller, B., Roche, M., & Shaffer, J. (2002). Caring as a theoretical perspective for

    a nursing faculty mentoring program. *Nurse Education Today, 22,* 654-660.

Specht, J. A. (2011). *Mentoring relationships and the levels of role conflict and role*

    ambiguity experienced by neophyte nursing faculty. (Doctoral dissertation).

    Retrieved from ProQuest Dissertations and Theses database. (UMI No. 3460916).

Speziale, H. J. S. & Carpenter, D. R. (2003). *Qualitative research in nursing: Advancing*

    the humanistic imperative, (3rd ed.). Philadelphia: Lippincott Williams &Wilkins.

Stern, P. N. (1980). Grounded theory methodology: Its uses and processes. *Image, 12*(1), 20-23.

Stokes, L. G. & Kost, G. C. (2012). Teaching in the clinical setting. In D. M. Billings and J. A. Halstead, *Teaching in nursing. A guide for faculty* (4th ed.), chapter 18, pp. 311-334.

Sword, W., Byrne, C., Drummond-Young, M., Harmer, M., & Rush, J. (2002). Nursing alumni as student mentors: Nurturing professional growth. *Nurse Education Today, 22,* 427-432.

Tanner, C. A. (1990). Reflections on the curriculum revolution. *Journal of Nursing Education, 29* (7), 295-299.

Tanner, C. A. (1999). Developing the new professorate. *Journal of Nursing Education, 38,*51-52.

Taylor, L. J. (1992). A survey of mentor relationships in academe. *Journal of Professional Nursing, 8,* 48-55.

Thompson, J. A. & Bunderson, J. S. (2001). Work-nonwork conflict and the phenomenology of Time: Beyond the balance metaphor. *Work and Occupations, 28*(1), 17-39. doi:10.1177/0730888401028001003

Thorpe, K. & Kalischuk, R. G. (2003). A collegial mentoring model for nurse educators. *Nursing Forum, 38,* 5-15.

Udlis, K. A. (2008). Preceptorship in undergraduate nursing education: An integrated review. *Journal of Nursing Education, 47*, 20-29.

Vance, C. N. (April, 1982). The mentor connection. *The Journal of Nursing Administration,*7-13.

Vance, C. (2011). *Fast facts for career success in nursing. Making the most of mentoring in a nutshell.* New York, New York: Springer Publishing Company.

Vance, C. (2013). The mentoring role. In D. D. Hunt, *The nurse educator. Mastering academe.* (Chapter 15, pp. 197- 206). New York, New York: Springer Publishing Company.

Vance, C. & Olson, R. K. (1998). *The mentor connection in nursing.* New York, New York:Springer Publishing Company.

Walker, D., & Myrick, F. (2006). Grounded theory: An exploration of process and procedure. *Qualitative Health Research, 16*(4), 547-559. doi:10.1177/1049732305285972

Waters, V. (1990). Associate degree nursing and curriculum revolution II. *Journal of Nursing Education, 29* (7), 322-325.

Watson, J. (1979). *Nursing: The philosophy and science of caring.* Boston, MA: Little, Brown.

Watson, S. (2000). The support that mentors receive in the clinical setting. *Nurse Education Today, 20,* 585-592.

Webb, C. & Shakespeare, P. (2008). Judgments about mentoring relationships in nurse education. *Nurse Education Today, 28,* 563-571.

Weidman, N. A. (2013). The lived experience of the transition of the clinical nurse expert to the novice nurse educator. *Teaching and Learning in Nursing, 8,* 102-109. http://dx.doi.org/10.1016/j.teln.2013.04.006

Wenger, E., McDermott, R. & Snyder, W. M. (2002). *Cultivating communities of practice. A guide to managing knowledge.* Boston, Massachusetts: Harvard

Business School Press.

White, A., Brannan, J., & Wilson, C. B. (2010). A mentor-protégé program for new faculty, Part 1: Stories of protégés. *Journal of Nursing Education, 49,* 601-607. doi:10.3928/01484834-20100630-04

Williams, B. & Day, R. (2007). Context-base learning. In L. E. Young and B. L. Paterson (Eds.) *Teaching nursing. Developing a student-centered learning environment.* Philadelphia: Lippincott Williams & Wilkins.

Wolf, Z. R., Bender, P. J., Beitz, J. M.,Wieland, D. M. , & Vito, K. O. (2004). Strengths and weakness of faculty teaching performance reported by undergraduate and graduate nursing students: A descriptive study. *Journal of Professional Nursing, 20*(2), 118-128. doi: 10.1016/j.profnurs.2004.03.003

Woodrow, P. (1994). Mentorship: Perceptions and pitfalls for nursing practice. *Journal of Advanced Nursing, 19,* 812-818.

Wuest, J. (2007). Grounded theory: The method. In P. L. Munhall (Ed.), *Nursing research: A qualitative perspective* (4th ed., pp. 239-271). Sudbury, MA: Jones and Bartlett.

Yoder, L. (1990). Mentoring: A concept analysis. *Nursing Administration Quarterly, 15*(1), 9-19.

Yonge, O., Billay, D., Myrick, F., & Luhanga, F. (2007). Preceptorship and mentorship: Not merely a matter of semantics. *International Journal of Nursing Education Scholarship, 4,* Article 19.

Yonge, O. & Stewin, L. (1988). Reliability and validity: Misnomers for qualitative research. *The Canadian Journal of Nursing Research, 20*(2), 61-67.

Young, P. K. (1999). *Joining the academic community: The lived experiences of new teachers in nursing education.* (Doctoral dissertation). Retrieved from ProQuest Dissertations and Theses database. (UMI No. 9956274).

Young, L. E. & Maxwell, B. (2007). Student-centered teaching in nursing: From rote to active learning. In L. E. Young and B. L. Paterson, *Teaching nursing. Developing a student-centred learning environment.* Chapter 1, 3-25. Philadelphia, PA: Lippincott Williams & Wilkins.

APPENDICES

APPENDIX A

ADVERTISEMENT POSTER

Mentoring and Novice Nursing Faculty in Undergraduate Nursing Programs

As a nursing tutor in the position of Faculty Lecturer and/or Sessional Tutor and teaching either in the classroom, the laboratory, or in the clinical setting, *you are invited to participate in an exciting study* investigating the notion of mentoring, i.e., *either as a mentee or a mentor* in undergraduate nursing programs that uses CBL as an approach to teaching and learning.

In this study, a novice faculty refers to;

A. A *newly hired faculty* who is assuming the teaching role for the very first time

B. A faculty member with prior teaching experience who *within the last three years has,*

    a. relocated to assume *a new teaching position* for the first time in this faculty

    b. taught *a new course* or is currently teaching *a new course*

c. taught *a new clinical course* in a *new and unfamiliar clinical area* OR is currently teaching *a familiar clinical course* but in *a new and unfamiliar clinical area*

d. taught a familiar course and also *assumed a leadership role for the first time* OR is currently *teaching a familiar course* and is also *assuming a leadership role for the first time*

If you feel you have <u>been mentored</u> as a novice faculty or that you <u>have mentored</u> a novice faculty, I hope you will consider participating in an interview to share your thoughts and experiences. Interviews will be held in the ////////// at a time that is convenient for you.

For more information, please contact;

Azizah/Zee Sculley at xxx-xxx-xxxx or by email at azizah.sculley@xxx

APPENDIX B

LETTER OF INFORMATION

Research Study: The Process Involved in Mentoring Novice Nursing Faculty
in Undergraduate Nursing Education.

Investigator:	Co-investigator & Supervisor:
Azizah Amir Sculley, RN, BScN, MEd, Doctor of Philosophy (Candidate)	Dr. Florence Myrick RN, BN, MScN, PhD Professor and Associate Dean, Teaching & Learning
Faculty of Nursing Address xxx University of xxx Province xxx Area Code xxx Email: azizah.sculley@xxxx Phone: Area Code xxx	Faculty of Nursing Address xxx University of xxx Province xxx Area Code xxx Email: flo.myrick@xxx Phone: Area Code xxx

Invitation to Participate and Purpose of the Study

You are invited to participate in a research study to examine how novice nursing faculty are supported, facilitated, guided, and advised as they assume their new role in the academic setting. Examination of this process will further our understanding of the process involved in the mentoring of novice nursing faculty. This Letter of Information will give you a general idea about the study and the importance of your participation.

Voluntary Participation

Your participation in this study as a mentee or a mentor is entirely voluntary. You can withdraw from participating at any time throughout the study. Should you choose to withdraw from participating, any information you have provided will be deleted and not used. Also, you are free to refuse to answer any question or to discuss any topic that you do not wish to discuss, and you can request to have the digital voice recorder turned off at any time during an interview.

Participating in the Study:

Should you decide to participate in this study, we will ask you to provide your voluntary consent and sign a consent form. As a volunteer participant, you will be asked to take part in an individual interview at a date and time that is mutually convenient to you and the researcher. There may also be a need for possibly one or two follow-up interviews to clarify or expand on a topic that we have discussed. The first interview will last between 60 – 90 minutes. Subsequent interview(s) will last approximately 20 - 30 minutes. All the interviews will be audio recorded and transcribed for analysis. Any handwritten field notes made during our discussions will also supplement the data collection. To ensure anonymity, only the researcher will know your name and the audio recorded interviews will be coded.

Confidentiality

Your participation is completely voluntary and confidential. No other faculty member from your program will know of your participation unless you choose to share that information with them. All information that you provide will be kept confidential. All audio recordings, interview transcripts, and written notes will be locked in a filing cabinet in the researcher's office and will be accessible only to the researcher and to her committee. The digital interview files and electronic copies of interview transcripts and the researcher's field notes will be stored on the researcher's computer and will be password protected. The consent forms will also be kept locked in a separate filing cabinet.

Upon completion of the study, all tape recordings and documents regarding your comments will be stored in a locked filing cabinet for a minimum of five years in compliance with the University of XXX Research Policy. After five years, all documents including any information that has been saved electronically will be destroyed. Because the findings of this study will be published in professional conferences and journals, it is possible that some specific comments that you have made may be quoted and incorporated into the study reports, however, your name and any identifying information will be kept confidential.

Benefits and Risks

There will likely be no direct or immediate benefit to you from participating in this study however, your participation will be beneficial in that it will contribute to understanding the process involved in the mentoring of novice nursing faculty during the transition to their new role in the academic setting.

There are no foreseeable risks to you from participating in this research study, however, as a novice faculty member, it is possible that when reflecting on your personal experiences, you may experience some emotional discomfort. As a faculty member your participation will in no way affect your employment status. There will be no reprisal whatsoever should you decide to withdraw your consent to participate at any time during the study. We anticipate that there will be no financial cost to you as a participant in this study.

There is a possibility that data from this study will be used further in another study. I will seek approval from the Ethics Board again should this opportunity arises in the future.

If you have further questions about participating in this study, please feel free to contact either me at Area code xxx xxxx or my supervisor, Dr. Myrick at Area code xxx xxxx. Please feel free to contact the University of XXX Health Research Ethics Board (HREB) at Area code xxx xxxx if you have any concerns or further questions about your rights as a potential participant in this research study.

Thank you for taking the time to read this letter and for your consideration as a potential participant.

Sincerely,

………………………………..

Azizah Sculley, RN, BScN, MEd,

Doctor of Philosophy (Candidate)

* A copy of this Letter of Information must be given to each participant.

APPENDIX C

CONSENT FORM

Research Study: The Process Involved in Mentoring Novice Nursing Faculty
in Undergraduate Nursing Education.

Investigator:	**Co-investigator & Supervisor:**
Azizah Sculley, RN, BScN, MEd, PhD (Candidate)	Dr. Florence Myrick RN, BN, MScN, PhD
Phone: Area code xxx xxxx	Phone: Area code xxx xxxx
Email: azizah.sculley@xxx	Email: flo.myrick@xxx

The following is to be completed and signed by the study participants:

	Please check	
Do you understand that you have been asked to be in a research study?	Yes	No
Have you received a copy of the letter of information?	Yes	No
Have you had the opportunity to ask questions and discuss the study?	Yes	No
Do you understand that you are free to refuse to participate or withdraw from the study at any time without giving a reason?	Yes	No
Has the issue of confidentiality been explained to you?	Yes	No
Do you consent to being interviewed?	Yes	No
Do you consent to being audio-taped during the interview?	Yes	No
Do you consent to have your data reviewed at a later date?	Yes	No
Do you understand who will have access to your information and	Yes	No

comments made during the interviews?		
Do you give permission to me to revisit your data for future analysis pending ethic approval or review?	Yes	No

This study was explained to me by: _____ Date: _____

I agree to participate in this study.

_____   _____   _____

Signature of participant   Name of participant (Please print)   Date

I believe that the person signing this form understands what is involved in the study and has voluntarily agreed to participate.

_____   _____   _____

Signature of investigator   Name of investigator   Date

* A copy of this Consent Form must be given to each participant.

APPENDIX D

DEMOGRAPHIC DATA

Research Study: The Process Involved in Mentoring Novice Nursing Faculty
in Undergraduate Nursing Education.

Term: _____   Date: _____

1. Code: _____

2. Age: 25-29 ___   30-34 ___   35-39 ___   40-44 ___   45-49 ___   50 plus ___

3. Gender: Male _____   Female _____

4. Nursing education: Baccalaureate ___   Masters ___   PhD___

5. Date/Year of employment with this Faculty of Nursing: _____

6. Total years of teaching experience: _____

7. Current teaching assignment (i.e., Course(s) Number(s):

    _____

8. Nursing Program(s) involved with your teaching: Check all that apply
        Collaborative _____   Year 1 ___   Year 2 ___   Year 3 ___   Year 4 ___

        After Degree _____   Year 1 ____   Year 2 ___

        Bilingual _____   Year 2 ___   Year 3 ___   Year 4 ___

9. Brief description of previous teaching experience/responsibilities:

_____

_____

_____

10. Brief description of your position/employment immediately before accepting this teaching position:

_____

_____

_____

11. Brief description of how you have been prepared for your current role as a nursing tutor:

_____

_____

_____

_____

_____

_____

APPENDIX E

INTERVIEW GUIDE FOR THE FIRST INTERVIEW: MENTEE

Research Study: The Process Involved in Mentoring Novice Nursing Faculty
in Undergraduate Nursing Education.

These questions will be used as a guide in the first interview to provide systematic data collection for all participants. Since it is not possible to determine the kind of data that will be obtained during the first interview, subsequent interviews will be directed to those areas that require further clarification.

Examples of guiding questions for the first individual interview:

1. Tell me about your role as a nursing tutor.

2. How would you describe the process that you went through regarding your preparation as a nursing tutor?

3. Tell me about your experience in the course/s that you are currently teaching.

4. What kind of knowledge do you think is important for a tutor to have when beginning his/her new role?

5. How do you prepare for your teaching activities?

6. Have you heard about mentoring? What does mentoring mean to you? Tell me about your thoughts on being mentored as a novice faculty.

7. How have you been mentored in your current role?

8. What would an effective mentor look like to you?

9. What suggestions would you make regarding mentoring for the novice faculty?

10. What are your thoughts about being a mentor for a novice faculty in the future?

APPENDIX F

INTERVIEW GUIDE FOR THE FIRST INTERVIEW: MENTOR

Research Study: The Process Involved in Mentoring Novice Nursing Faculty

in Undergraduate Nursing Education.

These questions will be used as a guide in the first interview to provide systematic data collection for all participants. Since it is not possible to determine the kind of data that will be obtained during the first interview, subsequent interviews will be directed to those areas that require further clarification.

Examples of guiding questions for the first individual interview:

1. Tell me about your role as a nursing tutor.

2. How would you describe the process that you went through regarding your preparation as a nursing tutor?

3. Tell me about your experience in the course/s that you are currently teaching.

4. What kind of knowledge do you think is important for a tutor to have when beginning his/her new role?

5. How do you prepare for your teaching activities?

6. What does mentoring mean to you? How have you mentored a novice faculty? Tell me about your thoughts regarding being a mentor for a novice faculty.

7. How have you been mentored in your current role?

8. What would an effective mentor look like to you?

9. What suggestions would you make regarding mentoring for the novice faculty?

10. What are your thoughts about being a mentor for a novice faculty in the future?

APPENDIX G

LETTER OF ADMINISTRATIVE APPROVAL

October 29, 2012

Zee Sculley PhD(c), RN
Faculty Lecturer and Doctoral Student
Faculty of Nursing

Re: ***Mentoring and Novice Nursing Faculty in Undergraduate Nursing Programs***

Dear Zee:

Thank you for submitting your proposal for review and for your interest in conducting your study with novice nursing faculty at the Faculty of Nursing, University of XXX. As indicated in my email of October 17, 2012, I am pleased to inform you that you have approval to carry out your study. This approval is subject to the following conditions:

- You receive ethical approval for your study by the Ethics Review Board. *This condition has been met as per your email request where you indicate that your study has been approved.*

- You share the results of your study with the FON as part of your dissemination plan.

Thank you for accepting the above conditions. I would be pleased to answer any questions you may have and can be reached at … or via email at … Best wishes with your research and I look forward to learning about your progress as you proceed.

Sincerely,

XXXXXX

Vice Dean & Professor

cc.:   – Associate Dean Undergraduate Programs

          – Assistant Dean Undergraduate Programs

          – Director, Undergraduate Services

APPENDIX H

NOTIFICATION OF ETHICS APPROVAL

Date: September 25, 2012

Study ID: Pro00032172

Principal Investigator: Azizah Sculley

Study Supervisor: A Myrick

Study Title: The Process Involved in Mentoring Novice
                                                   Nursing Faculty in Undergraduate Nursing
                                                   Education

Approval Expiry Date: September 24, 2013

Thank you for submitting the above study to the Research Ethics Board 1. Your application
has been reviewed and approved on behalf of the committee.

A renewal report must be submitted next year prior to the expiry of this approval if your
study still requires ethics approval. If you do not renew on or before the renewal expiry
date, you will have to re-submit an ethics application.

Approval by the Research Ethics Board does not encompass authorization to access the
staff, students, facilities or resources of local institutions for the purposes of the research.

Sincerely,
William Dunn, PhD
Chair,
Research Ethic Board 1

*Note: This correspondence includes an electronic signature (validation and approval via
an online system).*