What Goes Around Comes Around: Improving Faculty Retention Through More Effective Mentoring

JANNE DUNHAM-TAYLOR, PhD, RN,* CYNTHIA W. LYNN, MSN, RN,† PATRICIA MOORE, MSN, RN,C, CNS,‡ STACI McDANIEL, MSN, RN,§ AND JANE K. WALKER, BBA, MSN, RN§

In the midst of a nursing faculty shortage, recruitment and retention of new faculty are of utmost importance if the country is to educate and graduate a sufficient number of nurses to fill the health care demands. The pressure of horizontal hostility combined with lack of support, guidance, and knowledge about the educational system makes the novice nurse faculty members vulnerable to burnout and early resignations. Mentorship is the single most influential way to successfully develop new nursing faculty, reaping the benefits of recruitment, retention, and long-term maturation of future nurse mentors. Mentoring is a developmental process designed to support and navigate the novice nurse educator through the tasks and experiences of nursing education. The essential elements of an effective mentorship program include the following: socialization, collaboration, operations, validation/evaluation, expectations, transformation, reputation, documentation, generation, and perfection. The mentoring process can lead to an upward spiral of success. If negative, the new faculty experience is at risk for a downward spiral. In this spiral, the final outcome will ultimately be the creation of productive faculty (and future nurse mentors), along with improved faculty group dynamics and teamwork, or just another vacant position. (Index word: New faculty mentoring) J Prof Nurs 24:337–46, 2008. © *2008 Elsevier Inc. All rights reserved.*

As SUMMER EBBS and leaves begin to turn color, another academic year begins for universities and colleges across the country. For some, this represents a season for new opportunities and growth; each year, doctoral- and master's-prepared nurses elect to take positions as new nurse educators in the university setting. New faculty come with the hope that they can make a contribution by educating future nurses as well as experiencing personal growth in the new teaching role. This is a *pivotal time* for those at the educational institution to ensure the success of the fledgling faculty.

Mentorship can be *the single most influential way* to help in the successful development and retention of new nursing faculty, not only for the initial purpose of filling a vacant position but also for the long-term maturation of nurse faculty members. In a time of dwindling resources—both with potential faculty applicants and with monetary issues—mentoring benefits the new faculty, the university, and the nursing profession. It is a win–win situation. What goes around comes around.

Lack of Mentorship or Worse

Correspond this with a new faculty member who is thrown into a new full clinical and lecture assignment with the present faculty so overworked that *no one takes the time* to welcome/help/mentor the new faculty

*Professor, Professional Roles/Mental Health Nursing, College of Nursing, East Tennessee State University, Box 70658, Johnson City, TN.
†Assistant Professor of Nursing, Carson Newman College, Jefferson City, TN.
‡Assistant Professor, East Tennessee State University, Johnson City, TN.
§Assistant Professor of Nursing, Walters State Community College, Morristown, TN.
Address correspondence to Dr. Dunham-Taylor: Professional Roles/Mental Health Nursing, College of Nursing, East Tennessee State University, Box 70658, Johnson City, TN 37614-1701.
E-mail: dunhamta@etsu.edu
8755-7223/$ - see front matter

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member. It is a wonder in this second scenario that any faculty member stays in the faculty role! And many do not! The National League for Nursing (NLN) Nurse Educators Survey reported that within baccalaureate and higher degree nursing programs, a mean of 1.4 full-time faculty members per school resigned from their position, with a range of 0–10 faculty resignations per program (NLN, 2006a). Reasons for resignation were as follows: 24% retired, 15.4% wanted a career change, 13.5% had family obligations, and 15.4% experienced salary issues. "These patterns were essentially the same across program types" (p. 3).

One could say, "We just didn't have the time and resources to properly mentor the new faculty." Unfortunately, if we do not take the time to mentor, we only perpetuate the problem, lose those faculty recently hired, and need to once again find and hire more faculty. This requires more time and resources than it would have taken to properly mentor a new faculty member in the first place. It costs thousands of dollars (faculty salary doubled is a generally accepted rule of thumb) to replace one nurse faculty member when one considers up-front costs as well as the time it takes to recruit, interview, and orient a new faculty member. It was neglectful enough not to give proper mentoring to new faculty when nurses were plentiful and many nurses wanted the opportunity to teach. However, it is even more of a concern now when there is a significant faculty shortage. Once again, what goes around comes around.

Unfortunately, in some situations, the issue goes beyond not having the time to mentor. *Horizontal hostility*, or "nurses eating their young," occurs in academia as well as in the clinical setting. Horizontal hostility is not only the lack of support and mentorship a senior nurse fails to offer a new nurse but also the criticism, verbal abuse, and apathy toward fellow nurses in the work setting. Jackson, Clare, and Mannix (2002) cite bullying, harassment, and intimidation as forms of violence in the workplace. Hostility, including workplace conflict between nurses, is associated with nurse burnout, stress, and anxiety (Jackson et al., 2002; Thomas, 2003). Unfortunately, this negative attitude toward new employees, as well as other forms of hostility and conflict, may contribute to the shortage of nursing staff (Jackson et al., 2002; Thomas, 2003) as qualified nurses leave their current positions to seek greener pastures, which, in most cases, are outside the health care arena.

The July 2001 issue of the *American Journal of Nursing* contained an editorial on the subject of mentoring (Mason, 2001). "Professional hazing" as well as "lack of mentorship and nurturance of new colleagues" were seen as potentially influencing job dissatisfaction, ultimately leading to nurses leaving their employment positions. The readers' response to this editorial was tremendous, with many sharing their experiences with workplace hostility, and the comments were not all from clinical settings:

> I have recently ended a 20-year career in nursing education. One of the reasons for my departure was my growing discomfort with the way that nurse educators treat students and each other. The competition in applying for grants, and even in whom to admit to nursing programs, is intense. This environment is antithetical to the spirit in which mentorship is valued as a critical component of professional development. Mentorship is a skill that must be learned, and those who are educating future nurses must conduct themselves as role models. It's not enough to teach students to value patients. We need to emphasize that treating our colleagues with respect is also fundamental to our code of professional ethics" (Hanrahan, 2001. p. 65).

Being nonthreatening and being nonjudgmental are two personal characteristics of an effective mentor (Horton, 2003). Nursing needs effective mentors to orient new nurses and nursing faculty to meet the needs of students and society in general. Professional hazing and horizontal hostility are clearly not conducive to effective mentoring or to the increased retention of qualified, caring, professional nurses. Nurses need to leave the "junior high school" mentality behind and focus on providing the assistance and guidance fellow nurse faculty members need.

Worsening Nursing Faculty Shortage

Presently, we are in the midst of a severe faculty shortage. According to a 2005 American Association of Colleges of Nursing (AACN) report, enrollment in entry-level baccalaureate nursing programs increased by 13% during the 2005–2006 period, with more than 40,000 qualified applicants denied admission to baccalaureate and graduate programs due to an inadequate number of faculty, classroom space, clinical sites, and clinical preceptors and to budget restrictions (AACN, 2006). During this time, almost 75% of the nursing schools pointed to a shortage of faculty as a reason for not accepting all qualified applicants into their program. The Southern Regional Education Board (SREB) (2005) reported a total of 392 unfilled full-time and part-time faculty appointments for 2005. At a time in the United States when the nursing shortage is projected to escalate as baby boomers age and the need for health care services intensifies, the nursing faculty shortage offers a devastating blow to the health care industry.

Such a crisis at the academic level has far-reaching implications for the health care industry in terms of the nursing shortage. According to a study conducted by the SREB (2002), 16 member states and the District of Columbia documented a critical nursing shortage at a 12% shortfall. The first-ever Nursing Management Aging Workforce survey (2006) reported that 55% of the 1,000 nurses surveyed expressed plans to retire between 2011 and 2020 (AMN Healthcare, 2006). The Health Resources and Services Administration (2006) projects that the national nursing shortage will peak to more than 1

million by 2020. According to the American Hospital Association (2006), 118,000 registered nurses will be needed to fill the 8.5% vacancy rate.

With such staggering statistics, *recruitment and retention of new nursing faculty stand as critical elements* toward meeting this country's demand for qualified nurses. Mentorship is an *essential component* for accomplishing this objective. The AACN (2005) lists programs designed to orient new nursing faculty as one essential strategy toward better retention of nursing faculty. Such programs not only help new nursing faculty understand the role expectations associated with the teaching role but also assist them in expanding professional competence while growing professionally.

An AACN (2005) white paper identifies factors contributing to the shortage: salary issues, faculty age, reluctance to pursue terminal degrees, tuition and loan burden for graduate education, declining enrollment in graduate studies, older age of those with a doctoral degree, faculty role/expectations, and alternative career opportunities. In addition, there is an increase in the number of part-time faculty with a small number of doctorally prepared faculty overall.

Low Salary Issues

The faculty shortage issue is compounded by the 9-month contract that most academic institutions issue. This translates to a lower rate of pay based on hours worked, and there is a significant disparity between nonacademic and instructional rates of pay. At times, a master's-prepared nurse can earn two or three times more working elsewhere in the nursing profession. The pay issue is compounded by new nurse educators only viewing teaching hours as work time without taking into account the additional hours needed for preparation and student interaction. Additional dollars may be needed to pay for student loans and/or doctoral education. Further education is often required to be eligible for a tenure track or a permanent position. The latter becomes a significant monetary burden for a new master's-prepared faculty member when one's salary is already compromised.

Taking all this into account, new faculty members must be willing to sacrifice a better income to teach. Thus, nurses electing to enter the world of academia often have a passion for the work with an understanding that their contribution has the potential to reach far beyond the boundaries of the classroom setting.

When an institution is fortunate enough to obtain such an individual, it is essential that this institution take special care to cultivate a nurse educator who will not only remain but also flourish in academia. Such cultivation must include a clear and purposeful plan with the commitment to provide opportunities for professional development, as well as mentoring and institutional support, for new faculty. This support must begin with a strong mentoring process and continue throughout the faculty's academic career. Mentoring should be viewed not only as a list of short-term objectives that assist the novice nurse faculty in assuming the teaching role but also as a process that ultimately transforms the mentee into a mentor for the future preservation of the nursing profession.

Mentoring as a Process

> Originating in the Homeric poem, *The Odyssey*, the term *mentor* can be traced to the Ithican noble by this name to whom Ulysses entrusted his son Telemachus while Ulysses was gone fighting the Trojan War. As guardian and surrogate parent to Telemachus, Mentor is meant to embody wisdom and to serve as teacher, protector, and counselor. Importantly, the goddess Athena later assumes Mentor's form to advise and protect Telemachus during critical junctures in his own coming-of-age travels. In this way, *mentor* is a caretaking archetype with both male and female qualities (Johnson, 2007, p. 18).

Mentorship is not a new concept in the world of academia and nursing. Although little is chronicled about the relationship between early nurse leaders and their mentors, some indication exists in the historical archives that these leaders engaged in relationships with the intent to learn, receive council, or accept guidance. For example, Fields (1991), upon examining Florence Nightingale, Linda Richards, Mary Adelaide Nutting, and Annie Goodrich, found that "although each nursing leader reviewed had outstanding qualities that enabled her to proceed to greatness, each of them had a mentor who was able to cultivate her abilities and offer her opportunities to use those abilities" (p. 261).

In a more recent example, Megel (1985) described mentorship as a form of planned socialization, with the mentor as the socializing agent. In the discipline of nursing, relationships are posited between the mentoring process and the "Novice to Expert" work of Benner (1984; Siler & Kleiner, 2001; Snelson et al., 2002; Young, 1999) and the "reality shock" (Jacelon, Zucker, Staccarini, & Henneman, 2003) experienced as new faculty begin their teaching careers. Such discussion begs the question: *Why does not mentoring occur routinely in nursing academe?*

Since mentoring as a concept has such a long history, it is no surprise that confusion exists as to the deeper meaning behind this seemingly simple word. What is mentoring then? Mentoring is a process that should not cease after a few weeks or months. It is the ongoing means to encourage nursing faculty to remain in teaching roles. In academia, mentors undertake both informal and formal mentoring roles as some are assigned to the mentee and some are natural mentors by virtue of current positions of responsibility. For example, faculty in course or laboratory coordinator positions automatically serve as mentors to new faculty with teaching responsibilities in the skills laboratory or the particular course. The term *mentor* describes the person, through assignment or desire, who guides the professional development of

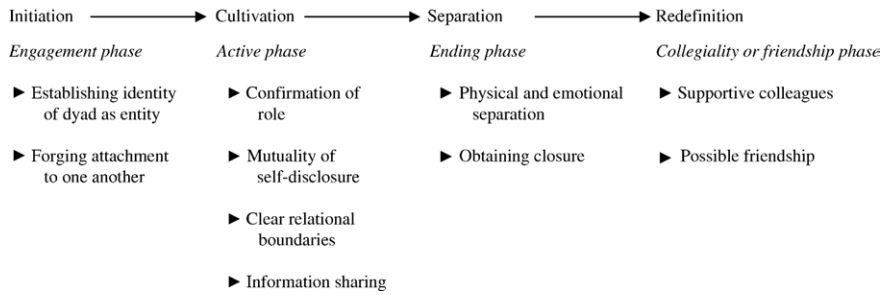

Figure 1. Faculty mentoring continuum (data from Kram in Johnson, 2007).

another person. Through this relationship, the mentor provides ongoing activities meant to assist the faculty member's integration into the academic community.

The concept of mentorship—a type of sponsorship from the mentor for the mentee—is viewed on a continuum and seen as a *developmental process*. Narrowing the focus and thinking developmentally, staging each phase might assist in comprehension. Mentors should bear in mind, however, that flexibility is essential to a successful mentoring relationship. Not all relationships will move through these phases at the same pace. Kram, as discussed in Johnson (2007), describes four phases—initiation, cultivation, separation, and redefinition (see Figure 1).

As a continuum, Johnson (2007) describes these phases in detail. Briefly, the *initiation* phase begins when the mentor and mentee meet and determine necessary goals. Repeated reciprocal interactions are key to this phase. As the mentoring relationship continues, the *cultivation* phase ensues as the new faculty member learns all the details. This phase is the "meat and potatoes" portion of the process because a majority of the mentee growth as nurse educator occurs here. Thirdly, the *separation* phase involves the dyad reaching the mutually agreed upon goals from the initiation phase and agreeing to conclude the mentoring relationship. The mentee is ready for independence in most functions as a new educator (Johnson, 2007). After conclusion of the third phase on the continuum, the former mentor and mentee decide whether or not there will be a *redefinition* of their relationship into one that is collegial and/or friendship focused.

From a more global perspective, mentorship in nursing academia today affords many limitless benefits. Providing structured guidance to new nursing faculty prevents the premature departure of those with potential and unrealized goals.

Interviews With Novice Nursing Faculty Members

Many novice nurse educators come from clinical environments. Most often, these consist of routine work hours on a 12-month work schedule. Expectations and competencies are clearly defined through regular, unilateral evaluations mandated by the health care institution. Thus, the new faculty member is often surprised when the work schedule is measured in terms of semesters rather than weeks, when one is paid monthly instead of biweekly, and when evaluations are multidimensional, that is, coming from administration (yearly), colleagues (yearly if peer evaluations are required), and students (each semester). Also, academic work occurs in cycles depending on the course and the number of weeks in the semester.

We interviewed several new nursing faculty members in various settings. All faculty members expressed a need for (a) information on the technical/organizational aspects of teaching, (b) skills to organize a course or develop a syllabus and objectives, (c) knowledge on how to use computer programs necessary for e-mail and inputting examinations and grades, (d) an overview of the whole semester from the beginning, (e) the outcome at the end of the course before going through all the components needed to get to the outcome, and (f) rotation through all the classes, allowing the new person to visualize the sequence of study and the entire process of nursing education.

One person expressed a necessity for having self-motivation and the ability to seek information for oneself, as this information is not offered automatically. Although she enjoyed the autonomy and flexibility of her position, she often found it difficult to know where to begin to acquire the information needed, as she did not know how the system operates or the best resource person to contact.

A second new faculty member needed knowledge about dealing with student issues such as confrontation or conflict. She had expected her teaching role to be very fulfilling and for students to want to learn and to succeed. She planned to resign after her first semester. Her comment was, "I thought I had a much tougher skin than I do," depicting her frustration and disappointment with her first teaching experience.

A third new faculty member now realized that there are nonteaching responsibilities and that they affect time management. She felt that it was vital to include this information for new faculty. She planned to use the knowledge gleaned from her first semester to improve in her teaching role. However, she felt that it would have been better to have this information at the onset.

More than one faculty member expressed the need for a mentor to "shadow." This would assist in understanding the processes involved in nursing education. The mentor is the resource or contact person for any questions or concerns. Most of the new faculty felt a sense of isolation

as they immersed themselves in their new role, and a mentoring relationship decreased this sensation.

Essential Elements of the Mentoring Process

Mentoring programs are not merely initiatives set in place to help satisfy administrative requirements. A mentorship program should be designed to address individual academic and professional needs of novice nursing faculty while keeping the educational institution and the nursing visions as clear guides within the process. Figure 2 summarizes the essential elements of this process.

Process Activities—Socialization

As any new faculty member will attest, moving from the clinical arena into academia is fraught with anxiety and confusion. The entire academic system is unfamiliar from this "side of the blackboard" (Siler & Kleiner, 2001, p. 399). Even growing up with parents in academia does not alleviate the fear, nervousness, and feelings of being unprepared. One new faculty member stated, "I cannot believe they actually trust me enough to do this." Socialization to the new environment, both on macro and micro levels, is imperative to alleviate some fears.

Roles of new faculty members are learned through socialization into the environment. Role theory describes this relationship building in a new environment as "ongoing processes that are dynamic rather than static" (Fuszard & Taylor, 2007, p. 201). Socialization then is "an interactional and reciprocal process in which the socializee (mentee) and socializer (mentor) are mutually influenced" (Hurley, 1978, p. 32). Socialization from the macro perspective involves orientation to

Activity	*Spiral up*	*Spiral down*
Socialization	**Providing enculturation to campus, department, individual course, clinical area**	**Permitting individual faculty member to discern**
Collaboration	**Becoming connected as a team; sharpening skills at teamwork**	**Fostering us versus them mentality; Me versus everyone else**
Operations orientation	**Providing explanations of written/unwritten rules, policies and procedures**	**Allowing individual faculty member to discern; tolerating learning by "mistakes as you go"**
Validation	**Providing feedback and constructive criticism from peers, leaders, and students to improve teaching skill and self-esteem**	**Allowing physical and social isolation; allowing ineffective teaching/advising to occur/recur**
Expectations	**Balancing work and personal life**	**Encouraging burn-out and personal problems**
Transformation	**Monitoring and encouraging role transition (novice to expert); encouraging use of talents, skills, and strengths to create future nursing leaders**	**Modeling horizontal hostility, professional hazing, "eating the young"; fostering competitive environment**
Reputation/Inspiration	**Illustrating appropriate behavior for academic and local community; providing positive motivation**	**Modeling and/or allowing inappropriate behavior detrimental to academia, nursing, and local community; dampening spirit and excitement**
Documentation	**Facilitating development of professional portfolio; teaching importance of documenting interaction with students**	**Allowing promotion credits to lag; fostering laissez-faire attitude with students**
Generation	**Using wisdom of more experienced faculty; generational diversity; willingness to share with peers**	**Recreating the wheel; fighting generational differences**
Perfection?	**Modeling and encouraging scholarship, service, research, and teaching effectively; does not require perfection**	**Obstructing career advancement in scholarship, service, teaching, and research; requiring perfection**

Figure 2. Mentoring activities: spiraling up with positive mentoring and spiraling down with ineffective or no mentoring.

the teaching role in general and to the role on the specific campus in particular. An orientation to the division under which the nursing department falls should also be included. Mere tours and a brief discussion are not adequate. Ongoing conversations and faculty introductions as the semester/academic year progresses will allow individual needs to surface, which the mentor can address.

Micro socialization is more specific, involving introductions to the nursing program and its faculty, individual course faculty, and the responsibilities undertaken therein. This socialization into the subculture allows the new faculty member to better understand the assigned roles, as well as how these responsibilities affect colleagues in the department. It is also crucial for long-term relationship building within the program.

Collaboration

According to Croasdale (2006), critical variables in any collaborative relationship include "communication, purpose, resources, environment, process, and structure." Nurses understand multidisciplinary responsibilities in clinical arenas, but in academia, differences exist in the minutiae of collaboration. Achieving the common goal of graduating well-prepared registered nurse candidates remains the priority, but nursing faculty tend to be isolated members of a collaborating team. Self-motivation is a proficiency crucial for educators. This can be difficult for new faculty to understand, for they must also learn how to function within this team. The mentor's responsibility includes teaching how to seek needed information and function on a team in a collaborative environment while mostly functioning independently. Recent research shows that collaboration with others helps new nursing faculty "overcome their feelings of isolation" (NLN, 2006b, p. 2; Boice, 2000; Menges & Associates, 1999; Rice, Sorcinelli, & Austin, 2000).

Operations

Most orientations are sure to include written rules and procedures of the campus, division, and department in the first few days on the job. For new faculty, information overload precludes much of this from sinking in. Thus, it is necessary for the mentor to repeatedly ensure that their mentees understand these policies and procedures and know how to find information when necessary. In nursing, an example that may assist with this comprehension is to allow the new faculty member time to review previous accreditation documents and for the mentor to review it with the mentee.

In addition, and possibly more important, the mentor must ensure that the new faculty member knows the *unwritten* policies and procedures to avoid making unnecessary mistakes. Positive mentoring and some anticipatory guidance allow the mentees to function in their new role more effectively.

Validation/Evaluation

Humans crave validation. Giving another individual constructive criticism, praise, and helpful advice allows a release from the feelings of insecurity and nervousness that come with a new role. Feedback allows the new faculty member to improve lectures, test writing, and other faculty functions before mistakes are made. Student evaluations allow the new faculty member to understand student perceptions of teaching strategies. Daily responsibilities can be overwhelming for the new faculty who, coming from the clinical arena, knows little, if not nothing, about the overall curriculum, required classroom planning, and classroom management techniques. If the mentor explains a task and then corroborates the appropriateness once complete, learning takes place for the mentee. Should the mentor focus on these activities before mistakes occur, the mentee is more effective and quickly builds self-esteem as a nurse educator.

Expectations

Learning to be an effective, organized nurse educator takes time. A new faculty member must learn to walk the tightrope between work and personal time. Otherwise, burnout and job dissatisfaction occur within a few short semesters. Mentors should include large doses of anticipatory guidance for the mentee, explaining that busy times occur around the beginning, during the middle part, and toward the end of each semester. Planning and staying ahead are important skills for faculty—skills that take time to develop.

Transformation

Those in the nursing profession have historically been prone to "eating their young." This horizontal hostility (Thomas, 2003) means more experienced nurses refuse to assist—but may even haze—new nurses, trying to make transition periods as difficult as they were for the experienced nurse. In academia, it is for the mentor to ensure that this does not occur. Much like positive feedback, encouraging professional growth through reading, attending educator conferences, and watching other, more seasoned educators can provide the mentee the impetus to stay and grow from novice to expert in the nurse educator role. By cultivating a spirit of "we're all in this together," the entire faculty can experience increased career satisfaction (Thomas, 2003).

Reputation

Whether faculty acknowledge it or not, exhibited behaviors have effects on the reputation of nursing, the teaching institution, and the community. The mentor needs to illustrate and discuss appropriate and inappropriate behaviors, both on and off campus. Nurses are desperately needed in health care and academia, and it is those within the profession that can most positively contribute to the reputation of the profession, the particular program, and nursing education as a career.

Mentors should inspire their mentees to continue in nursing education. From the perspective of most new to academia, there is a vision of knowing it all and leading nursing students to greatness. While this might be stretching it a bit, most are inspired and excited about their new roles and responsibilities. Portraying a positive attitude despite the stressful days that come with nursing education can keep that inspiration and excitement fresh with each new semester.

Documentation

Anecdotal notes of student behavior, both in the classroom and in the clinical arena, are crucial in the world of nursing education. However, in our interviews with new faculty at several institutions, no one told them that anecdotal notes were necessary. How can faculty justify their actions if there is no documentation? Mentors must share this important task with mentees.

In addition, new faculty members need to know the importance of creating a method to stay abreast of needed documentation for licensure, promotion, and tenure. It is much easier to keep up this task as the semesters pass than it is to do it in a short amount of time just before licensure renewal, promotion, and/or tenure review. Mentors can facilitate this process from the beginning by letting the mentee know the process and paperwork required and by continuing to encourage young faculty to keep professional portfolios current.

Generation

Would it change the faculty shortage dramatically if nursing believed in the African proverb "it takes a village" (Clinton, 1996)? If all faculty members were amenable to assisting new nurse educators, there is no limit to the heights a new member could reach. As new faculty come into the program, they are usually expected to take on full teaching and advising loads. A lighter load is more conducive for the eventual retention of a new faculty member. Taking advantage of and offering former versions of lectures and class materials can be of great assistance in preparing for class. The mentor can facilitate this by ensuring that it is not viewed as a process about which to become defensive. Why recreate the wheel?

Current literature abounds with explanations of generational differences among those in the workforce (Hart, 2006; Moats-Kennedy, 2001). Regardless of generation, learning to appreciate and use each generational strength takes time. Mentors can facilitate this process for mentees so that the entire faculty becomes a stronger team overall.

Perfection?

Not one nursing faculty member is perfect. Thus, it is inappropriate to have perfection as an expectation for new members. However, some new to academia hold themselves to this standard and eventually fall… hard. Positive mentoring can prevent this from occurring by making sure that the mentee knows that perfection is not an expectation. Mistakes will be made, even with the best of mentors among the best faculty. Rather than focusing on perfection, the mentor needs to encourage creativity and innovation, which increases the likelihood of mistakes. Admitting mistakes is a sign of maturity and humanness.

If the mentor models participation in activities such as service to the campus and community, student support, research, and teaching excellence, the mentee experiences positive reactions toward the mentor and nursing education as a whole. What better way than to facilitate the desire to remain in education?

Implementation of Mentoring Programs

When developing a mentoring program, each institution must consider the individual needs of the novice faculty member. Oftentimes, new faculty have such limited experience in education that they are unable to identify their needs. As one novice faculty member stated, "I don't know enough to even ask about what I need to know." Many factors affect the mentoring relationship, including time constraints, lack of incentive for involvement, and randomly assigned mentors. Suggestions on implementing new mentoring programs or improving existing programs are listed below.

Availability

For the mentoring process to be effective, the mentor and mentee must work similar schedules. As stated by a recently hired faculty member at a local community college, "We are never on campus at the same time, so it's like I am all alone." Obviously, the mentor must be available to be effective. Mentoring relationships should occur within the same general course area, such as medical–surgical nursing or a nursing foundations course.

Participation

Effective mentoring requires a partnership between the mentor and mentee. In order for the dyad to be successful, similarities should exist. Pairings of mentor/mentee should be based on personality, philosophical beliefs, and clinical teaching areas. According to Horton (2003), many institutions encourage voluntary participation of mentors, although finding one who is willing to mentor can be difficult.

Using Hagberg's (1994) Model of Personal Power, a person is not able to empower others until one reaches at least Stage 4, Power by Reflection. People at this stage are "competent, reflective, strong, comfortable with their personal style, skilled at mentoring, and show true leadership" (p. 100).

> The word leadership is about as misunderstood as the word power.… In order to determine which people show the characteristics of higher stages of leadership we must ask leaders who they are promoting: themselves, others, themselves at the expense of others, both themselves and others? In this context, … a truly non-self-promoting leadership does not begin until Stage Four. Fours have

> survived the integrity crisis and have emerged as more whole, honest, principled, reflective, and secure people (p. 87).

Thus, it is important to find mentors who are at least at Stage 4 who have developed a meaningful life purpose for themselves. Poorly chosen mentors can cause excessive stress and possible attrition of new faculty.

If voluntary mentoring is not possible, measures that will encourage faculty to approach the process with enthusiasm should be taken. Offering incentives such as reduced workload for faculty, financial stipends, or credit toward individual promotion may encourage faculty to participate in mentoring projects.

Retired Faculty

Recently retired faculty could serve as a gold mine of information for the new faculty member. Recent retirees have an insider's view of the organizational system. The retiree can actively socialize the newly hired faculty member into the academic environment. Having a working understanding of the organizational management of the school can alleviate stress. Robinson (2004) describes this process as "forming alliances." Every institution has unspoken rules that are followed, and these must be identified and articulated to the new faculty members (Robinson, 2004). It is valuable for the newly hired to know which secretary is responsible for testing, who processes expense accounts, and who is responsible for booking classrooms.

Workload

In order to fully understand the philosophy and mission of a nursing program, the newly hired faculty should be oriented to each level or department within the school or college. It is helpful to offer new faculty reduced workloads during the first semester of employment to observe classes taught by experienced faculty. Decreasing class or clinical load, especially during the new faculty's first semester of employment, would allow for more intensive orientation activities.

In the same vein, mentoring faculty should be given time allowances to devote to the mentorship. Faculty who volunteer as mentors may be given decreased lecture time or decreased clinical hours. These "release" hours can be used to assist the new faculty in organizing clinical and classroom instruction. The mentor may attend the first few clinical and classroom days with the new faculty to establish ground rules and to set ground rules for the students.

Active Involvement

New faculty can be overwhelmed with technology in the classroom. Effective mentoring must include "hands-on" demonstration of equipment. Orienting the faculty to the course management system SMARTboard and other technologies should be completed over a period of several days or weeks to keep them from becoming inundated with information. The mentor may also be available for the first few class sessions should technological difficulties arise.

Mentorship applies to the clinical experience as well. New faculty may be placed in unfamiliar clinical surroundings and be expected to teach using unfamiliar equipment. This unnecessary stress can be eliminated through clinical site orientation with an experienced faculty member. Enculturation into the clinical facility can be much smoother when faculty who are familiar with the facility introduce the new instructor to the staff. Time allowances can be granted to the mentor to be available for the first few days of a clinical experience.

Peer Review

Many new faculty enter the education profession with no prior teaching experience. Ongoing evaluation by the mentor can assist the new faculty in altering teaching style or evaluation techniques to promote effective teaching habits. According to Oleson and Vance (1999, p. 55), "Learning the role of teacher, evaluator, and facilitator for students is enhanced with the help of a seasoned nurse educator who can help shorten the learning time by coaching, role modeling, and providing feedback."

Peer review is especially helpful when new faculty begin their tenure trajectory. Mentoring programs should attempt to pair individuals with similar research interests. Writing for publication is often an essential ability for tenure track status in higher education. Peer review allows the new faculty the opportunity to improve writing skills prior to journal submission, thereby increasing the chances of a manuscript being accepted for publication.

Encourage Teamwork

Besides having a mentor, it is important that all faculty support and encourage new faculty. For example, the mentor should include the mentee breaks and/or lunches. This supports getting a new team off to a good start. In an attempt to keep new faculty from "eating their young," the mentoring relationship should encourage teamwork. Following the principles of Kravitz and Schubert (2000), great performance of teams occurs when there is open communication, trust, and a passion for the job. While the mentor/mentee dyad constitutes the key components of the team, the entire faculty should support the team philosophy, thereby enabling the new faculty member to approach other faculty if the mentor is unavailable.

Addressing Generational Diversity

When pairing a mentor and a mentee, generational considerations must be addressed. Many, if not most, current nursing faculty belong to the baby-boomer generation. This generation holds a strong work ethic, frequently being described as "workaholics." New faculty are likely to belong to Generation X. This group of individuals tends to seek positions that allow for skill development and continuing education and to seek a work environment that allows some personal control

over their work schedules (Horton, 2003). Generation Xers tend to be self-reliant, placing less value in the particular institution than in one's self. Xers have seen the negative consequences of loyalty shown to organizations. Contention can occur when generational differences are not embraced. Cross-generational mentoring programs must take these differences into account to keep new faculty from being stifled in their development.

Baby-boomer mentors should embrace the differences of Generation Xers. Xers consider the work environment as a place for growth. They expect frequent feedback from mentors. Attending clinical and classroom sessions will allow the mentor to provide immediate feedback and to give advice on instructional methods. Xers are highly independent and self-reliant. These qualities may adversely affect the mentoring relationship. Mentors should serve as a guiding influence, encouraging self-reliance while tempering it with promotion of teamwork.

Setting Up a Mentoring Program

Stepwise programs may be instituted for continuity. Any mentoring relationship should begin with an introductory period. Meeting for breakfast or lunch gives the participants a chance to get to know one another on a personal level. This meeting could occur before classes begin to facilitate a more relaxed atmosphere.

Formal orientation is required by most higher education programs. The mentor should attend the orientation with the new faculty. Questions that arise during orientation need to be addressed immediately. The mentor should also interpret educational lingo that many clinicians do not understand. The formal orientation process should extend into the program itself, with the mentor reviewing manuals, handbooks, and various forms used by the nursing division/college. During this part of the mentoring program, new faculty should be oriented to program policies such as documentation of student incidents, grading procedures, and addressing student complaints.

As the new faculty enters into the clinical and classroom arenas, the mentor should be available. Ideally, the new faculty could attend lecture and clinical sessions taught by the mentor. Because many new faculty have never taught in a school or university setting, simply observing a class in action can alleviate fear. As mentioned previously, the mentor should attend the first several classes and clinical days in an effort to ease the faculty into the new atmosphere.

The time frame of the mentorship should be left to the participants. Some faculty may feel at ease and choose to terminate the mentorship after a few months, whereas other relationships last for years. The formal mentoring should occur at least 1 year, allowing the new faculty to approach the mentor as problems or questions arise.

Recommended Texts

There are several resources that will be especially helpful in assisting new educators through the maze of the first year in education. These resources are as follows: Bastable (2003), Beavis and Watson (2000), Billings and Hallstead (2005), Boice (2000), DeYoung (2003), Gaberson and Oermann (2007), McGlynn (2001), and O'Connor (2006).

Conclusion

Transition from the clinical setting to academia requires socialization and enculturation into the new faculty role. This includes learning technological skills associated with developing and implementing educational programs. Add to this the myriad of tasks associated with faculty workloads, both during class/clinical time and out-of-class/clinical time, and psychosocial issues faculty encounter when interacting with students. Allowing *and expecting* new faculty to make these adaptations alone lead to a sense of isolation, as well as uncertainty, frustration, and lack of satisfaction with the position of educator. As a result, the shift from a clinical practitioner to a nursing educator in the academic setting can be daunting and may lead to the ultimate lack of retention of qualified, caring faculty who have much to offer our students and our profession. Teamwork among all faculty members is disrupted as new faculty are not brought into the group dynamics, and if they leave the system, this adds to the lack of qualified educators in nursing programs.

Mentoring of new faculty by nurses experienced in the faculty role is *the single most influential way* to bring our new cohorts into the circle of academia, thereby preventing the isolation, frustration, and dissatisfaction commonly seen in new nursing faculty. Mentoring assists our new peers, as well as their mentors, in the growth and maturation of their professional selves. Likewise, the growth and maturation of all faculty are affected as the new member is welcomed into the fold. As in a spiral model, "what goes around comes around." The spiral can go either up or down. It is our choice. New faculty who share a quality mentoring relationship are likely to model mentoring to other new faculty, as well as students. Students may go on to mentor other students, as well as fellow nurses, after graduation.

As the school year ends, and we again look forward to the coming fall, mentoring brings with it the hope that last year's new faculty will become mentors to those who will be entering the academic world, creating and building a new, better team and thus ensuring that the circle remains unbroken and the spiral continues to evolve upward.

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