A Novice Nursing Faculty Evidence-Based Mentorship Program

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Doctor of Nursing Practice

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Abstract

The nursing faculty shortage has been heralded since the publication of the 2005 white paper entitled *Faculty Shortages in Baccalaureate and Graduate Nursing Programs: Scope of the Problem and Strategies for Expanding the Supply* (AACN, 2005 in Feldman, Greenberg, Jaffe-Ruiz, Kaufman & Cignarale, 2015). This work alerted the nursing profession to project into the future, as the Baby Boomer generation was aging. Two-thirds of the nursing schools that responded to an AACN survey in 2012 cited that faculty shortages kept them from admitting more students. Recruitment and retention of new faculty is important for school of nursing leadership. In 2015, the American Association of Colleges of Nursing (AACN) reported that United States schools of nursing turned away at least 68,938 qualified potential nursing students due to a lack of qualified nursing faculty. Mentorship has been demonstrated to increase job satisfaction and retention. In one study, only 15% of mentors had any previous training. After a more formalized training program, 96% of the mentors reported that they were better mentors and had a significant increase in their mentoring skills (Pfund, House, Asquith, Fleming, Buhr, Burnham, ... & Shapiro, 2014). Recommendations for content of an evidence-based novice faculty mentorship training program will provide a comprehensive and adaptive structure for retention and recruitment of future nursing faculty.

*Keywords:* nursing faculty, nursing education, mentors, mentorship programs, nursing shortage, academic mentoring, diversity
Introduction and Background

Recruitment and retention of nursing faculty is an administrative challenge and a leadership function. As a nurse leader, it is important that new faculty members are placed in sound, evidence-based formal mentorship programs to provide faculty peer support in a systematic and sustainable way. A healthy new faculty mentorship program may entice faculty to become engaged in the school of nursing and faculty role activities such as chairing committees, grant acquisition, publishing and presenting at conferences, and becoming involved in specialty associations and activities. Novice faculty will become acculturated to academia and be able to navigate the demands for research and be familiarized with new organizational frameworks.

Problem Statement

The need for a new faculty mentorship program in a southern California university’s school of nursing presented itself through the director of the nursing program. The problem addressed in this project is the current nursing faculty shortage and the need to replace faculty that will be retiring. In the case of the university in which this DNP project took place, according to the Director of Nursing, the expected retirement percentage is 60% of the current faculty within 5 years. There is no formal new nursing faculty mentorship program. The school of nursing had attempted to develop a program as evidenced by the general faculty meeting minutes as early as 2013 (L. Hartono, December 17, 2013, General Faculty Meeting, meeting minutes). At first glance, the challenges were many. Using the meeting minutes as a guide, lack of available funding for the project was evident and faculty members are expected to mentor without any monetary reward or class release time. It was voted on by the Faculty Development Committee to be an informal, rather than prescriptive or formal process. New faculty members can choose their mentor from a faculty list. There is a need to apply evidence-based research on
mentorship programs to help meet this university’s desire for a new faculty mentorship program.

The problem statement can be looked at a glance in the following PICOT table.

<table>
<thead>
<tr>
<th>TABLE 1.1 Using the PICOT Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
</tr>
<tr>
<td>Area of Interest</td>
</tr>
<tr>
<td>Comparison</td>
</tr>
<tr>
<td>Outcome</td>
</tr>
<tr>
<td>Time</td>
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</tbody>
</table>

**Purpose Statement**

The DNP project entailed surveying current faculty that have been mentors and recommending elements in a program of mentorship for new faculty in a school of nursing. In completing this DNP project, the aim is that by utilizing a successful evidence-based program prototype, the implementation of a successful policy will improve the faculty mentorship process. A robust social and professional connection between the expert faculty and the new faculty member will support retention and satisfaction. The mentorship program needs to have built-in sustainability so that the successful model will continue to support future new faculty. Sustainability will be assured by support from the Director of the School of Nursing and the expectations and mission of the College of Health and Human Development in the university.

Simply stated, the project question is: Will effective leadership and the use of a validated survey tool help create evidence-based mentorship program components in the creation of a New Faculty Mentorship program?
The aims of this project can be measured in a series of SMART goals. A SMART goal is specific, measurable, attainable, relevant and timely. The following table defines what can be reasonably achieved upon completion of this project.

**TABLE 1.2 Purposes, Aims and Objectives of DNP Project**

<table>
<thead>
<tr>
<th>SPECIFIC</th>
<th>MEASURABLE</th>
<th>ATTAINABLE</th>
<th>RELEVANT</th>
<th>TIMELY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create a new faculty mentorship program based on a validated survey tool for mentors and evidenced-based proven customizable mentorship program.</td>
<td>Survey participants in a pilot study for the novice faculty mentorship program using an evaluation matrix and a simple Likert scale of qualitative measures.</td>
<td>Survey full time faculty who have been involved in a mentorship program with new nursing faculty.</td>
<td>The purposeful intent of the program creates a customized new faculty mentorship program based on the answers from a validated survey.</td>
<td>By the end of March 2017.</td>
</tr>
<tr>
<td>Compare survey results with national database responses.</td>
<td>The pilot program results will be analyzed as the first step in the full implementation of the program.</td>
<td>Survey participants in the pilot study phase.</td>
<td>The intent of comparing survey results to a national database will verify needed program components.</td>
<td>By the end of April 2017.</td>
</tr>
<tr>
<td>Disseminate information acquired by the faculty questionnaire to others seeking novice nursing faculty mentorship programs.</td>
<td>Present DNP project information and results at a regional and national conference.</td>
<td>Abstracts that meet conference and association specific requirements are submitted and accepted.</td>
<td>This information on structured, evidence-based mentorship program for novice nursing faculty will be shared.</td>
<td>By the end of May 2017.</td>
</tr>
</tbody>
</table>
The idea of spearheading a program that is wanted and needed by the practice site university brings an opportunity for leadership in planning a new faculty mentorship program in a school of nursing. Using leadership skills and evidence from the literature to implement a program will enhance new faculty members’ experience. Using Benner’s theory *From Novice to Expert* (Benner, Sutphen, Leonard & Day, 2010) and a motivation for change framework built the foundation for program effectiveness. Utilizing both virtual and face-to-face communities, every new faculty member can participate as a mentee and all experienced faculty can share their expertise. Nursing leaders like Smith, Calderwood, Storms, Lopez & Colwell (2016) agree that faculty mentoring can be done well within a community of practice model. Placing these ideas for mentorship applies theory to practice.

**Review of Literature**

New faculty mentorship programs are important for connecting and acculturating the novice nursing instructor. From a review of the literature, there are few formal, structured programs that have been assessed for transferability by evidence-based standards, but common aspects of successful mentorship programs in nursing and other professions share similar attributes. Numerous studies have been done on the topic of new faculty mentorship and its importance in retention. Most of the studies were qualitative or phenomenological in method. Savage (2004) described “best practices” as being structured, have established guidelines and expectation, customized for the culture and field, there should be forms of assessment, and there should be a reward and recognition component. Savage’s work was based on general faculty mentorship programs in colleges and universities, not in nursing programs alone. The literature search aimed for an answer to the question of which framework or theory provided the best evidence for a successful mentorship program and to seek recommendations for a standard in
new faculty mentorship programmatic outcomes and practices. The literature search was unable to provide a standardized “one size fits all” approach to mentoring.

A literature search was performed using CINAHL, Google Scholar, ERIC, MEDLINE, PubMed, Citation Linker, Cochrane databases and ProQuest to determine the success and frameworks of new faculty mentorship programs in baccalaureate degree granting nursing schools. Keywords and Boolean terms included: nursing faculty, nursing education, mentors, mentorship programs, nursing shortage, academic mentoring, and diversity.

This resulted in several descriptive studies and recent publications on various program methods. The search term “diversity” echoes the desire of universities to hire a more diverse faculty pool, one that reflects the current and future students. The studies chosen for inclusion described diversity in terms of minority faculty populations (Kolade, 2016) and in faculty knowledge of readiness for teaching lesbian, gay, bisexual, and transgender health in baccalaureate programs (Lim, Johnson, & Eliason, 2015). Diversity in faculty members and knowledge of diverse student populations is imperative in the future as nursing students move from homogeneity to a more diverse student body. Knowledge of diverse populations, younger faculty and embracing cultural assets is increasingly important in a mentorship program that will attract and retain new faculty members while increasing cultural competency. Feldman, Greenberg, Jaffe-Ruiz, Kaufman & Cignarale (2015) state that successful retention strategies should consider the needs and wishes of the next generation of professionals who expect balanced lives, personal and professional growth and rewards for accomplishments.

A majority of the studies were qualitative or descriptive. These descriptions are not without value, and comparisons can be summarized to bring to the development of a new faculty mentorship program. For example, Benner based her Novice to Expert model on the work of
Dreyfus, who developed the Model of Skill Acquisition. It takes in account skills, experience, and education in passing through five levels of proficiency. The levels are novice, advanced beginner, competent, proficient, and expert (Benner, 1984). This ladder of achievement could be used as a framework for a new faculty mentorship program. Bergstresser (2011) described a similar ladder of expertise, to be used when assigning or matching mentors to mentees. Achievement holds its own intrinsic value and when administration honors these levels, for both a mentor and a mentee, other acknowledgments of recognition or compensation can be levied at each stage of accomplishment. Bergstresser (2011) also points out that faculty members need to be educated on how to mentor and to become proficient.

Some of the criticisms by mentees in mentorship programs include that mentors are assigned, but are not actively involved. In the same study, the mentors themselves reported that they spent significant time on mentoring activities (Gadbois & Graham, 2012). This disconnect may have to do with the lack of achievement benchmarking or acknowledgement. Marking milestones may solidify that goals have been met and, therefore, the mentor was involved in supporting the goal of the mentee. They need to celebrate the goal achievements together.

Mentors need to be educated on the new role. Johnson (2012) described a mentoring program at the University of California San Francisco and noted that although mentoring was described as a critical component of career development and success, only 15% of the mentors had any previous training. After a more formalized training program, 96% of the mentors reported that they were better mentors and had a significant increase in their mentoring skills (Johnson, 2012). It appears that when a mentor/mentee relationship is formed, neither is satisfied unless there are established goals and benchmarking. The studies in this literature review demonstrated more dissatisfaction with mentorship programs. In the study of minority faculty, six themes emerged –
missing mentorship, lack of collegial support, harnessing external support, acculturation, feeling isolated, and feeling “more like a minority” (Kolade, 2016). McDermid, Peters, Jackson & Daly (2012) stated that the literature suggests that faculty development programs should be seen as a continuous process, involving reflection, examination of assumptions, and active participation. They noted that many novice academic staff report having unmet needs in spite of having a mentor. Some note that mentorship of novice faculty is essential to support role transition (Reid, Hinderer, Jarosinski, Mister & Seldomridge, 2013). This recurring theme is corroborated by Chung and Kowlaski (2012) as cited in Reid, Hinderer, Jarosinski, Mister & Seldomridge (2013), merely 40% of full-time nursing faculty in the U.S. (N=959) had a current work mentor.

**Theoretical Model**

In the descriptive studies, words like socialization, collaboration, operations, validation/evaluation, expectations, and transformation were used to describe the positive aspects and outcomes of mentorship programs (White, Brannan & Wilson, 2010). Using Benner’s Novice to Expert framework, this author proposes a new faculty mentorship program based on successful programs as discovered in this literature review. Although there was no definitive discovery of a valid quantitative approach to this topic, I believe that using the tools and examples of the mentorship program outcomes in this literature review, a new faculty mentorship program can be developed that has a better chance of success than before conducting the review. With a solid framework, like Benner’s Novice to Expert Model with built-in recognition and reward, a successful, useful and sustainable program may be established. The theory and construct for the purposes of this new faculty mentorship program is Patricia Benner’s seminal work on the Novice to Expert Model (Benner, 1984). Mentoring is a much more sophisticated concept than simple orientation for onboarding new faculty. It is the establishment of a paired
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relationship with an existing faculty member that can be an informal or formal mentorship program (Nick, et al., 2012). Benner’s Novice to Expert Model explores five stages of moving toward excellence. This model can be used as a framework to set goals and achieve specific outcomes at each level of attainment, using a mentor-guide for support. Using these levels have been shown to develop skills that can manage the stress of a person in a new position and replace that stress with positive achievements.

Universities and schools of nursing who onboard new faculty members in the clinical and didactic areas and at all levels of advanced education are interested in fostering excellent and effective faculty. Through a review of the literature, there is not a single approach that universities and colleges use to mentor new faculty, however, common aspects of successful mentorship programs for nurses in the clinical arena can be used as evidence that can be transferred into academic areas. Best practices in mentoring are described as being structured, have established guidelines and expectations, and customized for the field. Programs should have forms of assessment, and have a built-in reward and recognition for both the mentor and the mentee (Savage, 2004).

Benner’s model was based on the Dreyfus Model of Skill Acquisition (Benner, 2004). Benner used the Dreyfus model to describe and look at skill acquisition and clinical judgment in nursing practice and education. Stuart E. Dreyfus was an applied mathematician and Hubert Dreyfus was a philosopher who developed their model of skill acquisition by studying chess players, pilots, and army tank drivers and commanders (Dreyfus & Dreyfus, 1980). The Dreyfus model is based on experiential learning. This model established the five theoretical phases of beginner to expert. At the University of San Francisco, Benner looked at nurses in three major studies over 21 years using the Dreyfus model and extended it to nursing practices that were
complex and fast-paced. The Dreyfus brothers were consultants and used as experts during her research. She looked at the expert nurse and observed that the skill of involvement and development of moral agency were linked. Other attributes that were noticed in the nurses studied were critical reasoning, scientific decision-making, perceptual acuity, logic, recognizing trends, the use of measurements and responses to interventions. These attributes were developed more completely as the nurse became more comfortable with skill acquisition. All of this learning was done during the experience of nursing tasks and roles. Experiential learning involves self-assessment of actions and recognition of understanding when problem-solving techniques are to be implemented. Experiential learning is an essential function of the progression from novice to expert in any field (Saver, 2009). Benner’s Novice to Expert Model can be easily and unambiguously applied to a new faculty mentorship program in a university setting by using the five steps in the model as a guide to graduated successes.

Benner considered that skill acquisition was not the only aspect of nursing in which nurses became experts. The easy transferability of this model to nurse educators lies in Benner’s theory components. Major themes that current nurse educators espouse fit well with Benner’s ideas that developing from a novice to an expert demands that character, knowledge and skill contribute to the development of the practice (Hall-Ellis & Grealy, 2013). New nursing faculty will face these current themes in university education. Nursing students have diverse learning needs; faculty need to adapt to the new role, they need to learn active learning techniques, understand university policies and how to handle incivility, recognize legal and ethical considerations in the role, how to integrate interprofessional education, and their role in regulatory and accreditation bodies (Billings & Halstead, 2015). There are special concerns for the inclusion of new faculty that enter an established culture, including minority and gender
identity that differs from the institutional norm (Lim, Johnson, & Eliason, 2015). Benner’s Novice to Expert Model and the Five Steps can address these current issues and establish criteria for expertise. Benner’s five stages of competence and their descriptors are as follows:

1. **Stage 1: Novice**

   The novice new faculty member has no experience with the situations they are about to perform. Mentoring a faculty member at this stage not only involves experiential learning but the tasks of role acquisition. The new faculty member will learn the basics of the nursing educator tasks in relation to computer platforms, electronic grading and communication systems and well as the rules and handbooks for students and faculty.

2. **Stage 2: Advanced Beginner**

   At this stage, the new faculty member has experienced enough to formulate their own guidelines for action. They have teaching knowledge and have experienced the classroom or online environment, but may not have experienced in-depth encounters with student populations or have knowledge of faculty norms.

3. **Stage 3: Competent**

   Faculty now can see actions in terms of long-range goals. They have a feeling of mastery and can rely on advanced planning and organizational skills. Decisions are easier to make.

4. **Stage 4: Proficient**

   The faculty member can see situations from a larger perspective, rather than in parts. They have learned from experience how to modify plans in light of different events. Decisions must be made consciously.

5. **Stage 5: Expert**
Experts know what need to be done and have a well-developed ability to recognize demands and resources in situations and attain goals. They have deep knowledge and experience. There are no specific timeframes for the movement from one level to another. New faculty may come in at a Stage 2 or 3, so assessment of the associated levels must commence with the first meetings of mentor and mentee.

Benner’s model has been used in a variety of nursing settings. Guidelines that can be applied to levels of new faculty expertise can be used based on the five stages. More expanded versions of the descriptions of each phase, opportunities for recognition of the stages experienced and problem solving for change should be incorporated. A progressive benchmarking scale of achievement could be used as a framework for a new faculty mentorship program. Objectives for each level can placed in an aggregate graph framework using the current practice themes as identified by Billings and Halstead (2015). A level of achievement scale using the five stages of Benner’s model will be applied to the new faculty mentorship program. Published by Benner in 1984, the use of a tool citing the level of development and characteristics of each level will help the mentor and mentee gauge activities and objectives for each level’s achievement. See Figure 1.
Mentoring new faculty in a university setting is an important process for improving faculty excellence and promoting self-assessment and job satisfaction. The need for new faculty that will stay in the field is urgent. Patricia Benner’s seminal work on the Novice to Expert Model (Benner, 1984) is a theoretical model that can help in the framework of a new faculty mentorship program. Mentoring is a professional relationship with a faculty colleague that is more expert in the field of education. Benner’s Novice to Expert Model explores five stages of moving toward excellence and to set specific outcomes using a mentor-dyad construct. Using Benner’s Novice to Expert model as a framework, this DNP project will be an exemplar in utilizing evidence-based practice models in the university setting for a new faculty mentorship program.
Project and Study Design

The development of recommendations for a New Faculty Mentorship Program began with an assessment of the current program and required a specific timeline for the assessment, results, analysis and development and preparation for further dissemination of the results. An adapted assessment tool that was validated statistically and developed through a National Institute of Health grant was issued to the faculty that have been involved in the current mentorship effort at the university (Fleming, et al., 2013). An instructive PowerPoint on the six competencies of mentors was viewed and a pre-post questionnaire taken afterward. The evaluative instrument was distributed online through the faculty email server (Outlook) and reformatted to be administered through Qualtrics, an available survey template web-based software tool. The assessment of the current program was analyzed using a Chi-square analysis of six competencies of mentors: maintaining effective communication, aligning expectations, assessing understanding, addressing diversity, fostering independence, and promoting professional development (University of Wisconsin-Madison, 2007). The project timeline is depicted in Figure 2.
Implementation

Standard ethical research review is an important step when conducting any research or project that involves humans, those at risk, and protection of their personal information. The United States Department of Health and Human Services delineates specific guidelines for the use of Institutional Review Boards (IRB) and when research or projects using human subjects may be exempt from IRB examination and approval (Wikler, 2016). The university’s IRB follows these guidelines. The doctor of nursing practice project involves only the use of a survey or interview and is not a systematic investigation designed to contribute to generalizable knowledge. It is simply the use of an opinion questionnaire that is blinded to identification of the faculty member or other private information. This project was determined to be exempt from oversight according to 45 CFR 46.102f (Zarin, Tse, & Menikoff, 2014 in Woodroffe, 2016). To recruit faculty member’s responses, an email was sent out describing the risks and benefits of participation in the survey. The intent was to use information obtained by the questionnaire to recommend changes to the current Faculty Mentorship Program and create sustainability.
A description of the purpose, analysis and outcome of the questionnaire along with a risk/benefit ratio assessment was sent out for explanatory purposes in a single email before the actual survey was sent. The same information was included in the email with the questionnaire. In the statement of risk, it was explained that identification of survey respondents will be coded at the time the survey is completed and the DNP project author will not have any private identifying information. Therefore, the participants will respond to the survey anonymously. Confidentiality and privacy issues are insured through the anonymous single-directional survey instrument and the guarantee of ordinal scale data sets are without subjectivity or identification. No background or pre-existing information will be obtained from any other source. There is no compensation awarded for survey completion and the invitation to participate was presented as a professional activity for the improvement and formation of a new faculty mentorship program.

The results of the survey, as described in the following section on evaluation, determined the recommendations for content in the New Faculty Mentorship Program. Six topic modules prepared by the University of Wisconsin Madison are available for inclusion. These topics comprise the core curriculum for the mentorship program. This was a pilot study. The intervention was the viewing of a 20-minute voice-over PowerPoint presentation on the six topic areas. A 20-question pre-and post-intervention questionnaire acted as a formative assessment to drive full implementation of all topics in modules, based on current needs, in the Fall Semester of 2017.

**Evaluation**

The participants are current full time faculty members. A letter went out to all full-time faculty members explaining the survey and the project and asking for participation. Full time faculty members are mentors. They were asked to participate in the survey to self-evaluate their
skills as a mentor. The data was collected using standardized, expertly developed testing materials. The “Mentoring Competency Assessment” tool developed in a National Institute for Health (NIH) grant on mentoring faculty through the University of Wisconsin has been tested for statistical reliability and validity. Analysis of the project data used chi-square comparisons in the six areas. The evaluative instrument was based on the Mentoring Competency Assessment (MCA), a 26-item skills inventory that enables research mentors and mentees to evaluate six competencies of mentors: maintaining effective communication, aligning expectations, assessing understanding, addressing diversity, fostering independence, and promoting professional development (University of Wisconsin-Madison, 2007).

The MCA tool was examined for internal consistency using coefficient alpha scores and showed reliability (internal consistency). The hypothesized model with its six latent constructs (competencies) resulted in an acceptable fit to the data. For the instrument completed by mentors, chi-square = 663.20; df = 284; P < .001; root mean square error of approximation (RMSEA) = 0.069 (90% CI, 0.062–0.076); comparative fit index (CFI) = 0.85; and Tucker-Lewis index (TLI) = 0.83. For the instrument completed by mentees, chi-square = 840.62; df = 284; P < .001; RMSEA = 0.080 (90% CI, 0.063–0.077); CFI = 0.87; and TLI = 0.85. The correlations among the six competencies were high: 0.49–0.87 for mentors, 0.58–0.92 for mentees. All parameter estimates for the individual items were significant; standardized factor loadings ranged from 0.32 to 0.81 for mentors. The findings demonstrate that the MCA has reliability and validity. Not all of these measures were used when comparing the data from the internal university surveys. Because the n was anticipated to be small and it was a convenience group of participants, it was interesting to compare the data to the published results. This survey was analyzed using Pearson’s Chi-square utilizing 20 questions in the survey assessment. The
results from the university faculty was specific to the needs of the culture and environment of the school of nursing in this place and time. Further work will be the creation of a new faculty mentorship program that is customized to these specific interests and be placed in an electronic handbook that can be updated and changed with each periodic assessment.

**Analysis of Results**

The Mentoring Competency Assessment (MCA) evaluative instrument for novice research faculty is a 26-item skills inventory (Pfund, House, Asquith, Fleming, Buhr, Burnham, ... & Shapiro, 2014). A revised version of the MCA was adapted for nursing faculty mentors by this project author. Questions regarding physical laboratory knowledge and mentorship of the same were deleted. The revised questionnaire with 20 items was sent to 30 full-time nursing faculty members, including lecturers, tenure-track and tenured nursing faculty both in undergraduate and graduate nursing programs. There were 12 faculty members (40%) that started or reviewed the questionnaire and 11 (36.6%) that entered descriptive data. A total of 7 faculty members viewed the voice-over PowerPoint presentation intended to increase awareness of the six components of effective mentoring and completed the pre-and post-test. This reflected a final response rate of 23.3%. Descriptive data included age, race identification, faculty title, highest degree earned, and years of mentoring experience (n=7; Figure 3). Data were analyzed using Qualtrics, a web-based quantitative statistical analysis survey software (Snow & Mann, 2013) and the IBM SPSS Statistics Survival Manual (Pallant, 2013). Descriptive data were used to summarize the questionnaire participants generalized profiles (see Figure 3.). Due to the low number of responses (n=7), there were no statistically significant Chi-square tests or p-value results. The p-value cross tabulation results for each variable (pre-questionnaire type a. compared to post-questionnaire type b.) for all 20 questions’ before and after results were all p-values of
1.0. The Chi-square results for each pre- and post-question ranged from 4.96-21.0. The Chi-square approximation is an inaccurate finding and indicates a low frequency of answers as the \( n=7 \) was not large enough for the results to be statistically significant.

Figure 3.

<table>
<thead>
<tr>
<th>Respondent Mean Descriptive Data</th>
<th>(n = 7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE</td>
<td>61.7</td>
</tr>
<tr>
<td>WHITE RACE</td>
<td>71.4</td>
</tr>
<tr>
<td>ASST/ASSOC PROF</td>
<td>57.1</td>
</tr>
<tr>
<td>DOCTORAL DEGREE</td>
<td>85.7</td>
</tr>
<tr>
<td>YRSEXPMENTOR</td>
<td>21.5</td>
</tr>
</tbody>
</table>

**Discussion of Findings**

The low \( n \) was an expected outcome. There also was a low improvement significance of the pre- and post-intervention (voice-over PowerPoint on Awareness of Identified Novice Faculty Mentor Topics). This could have reflected the high confidence level of the responders in their ability to mentor or their experience. The average years of mentoring experience ranged from 10-30 with an average of 21.57 years of experience in mentoring. The age range of the respondents was 50-71 with an average of 61.7 years of age.

The questionnaire design was based on a Likert rating scale of 1-7 with 1 = “not at all skilled”, 4 = “moderately skilled” and 7 = extremely skilled”. The results were grouped into 3 areas. A rating score of 1-3 was assigned a “low” skill area, a rating score of 4 or 5 was assigned
a “moderate” skill area, and a rating of 6 or 7 equaled a “high” skill area. An interesting incidental finding was with the two overall rating questions. They were “To what extent do you feel that you are currently meeting your mentees’ expectations? (MeetExp)” and “Rate your overall quality of mentoring(QualMent)”. The average self-rating of MeetExp was 6 (high skill level) with a 5-6 range. The average self-rating of QualMent was 5.8 (less than high, but more than moderate skill level) with a range of 5-7. This may indicate that at least in the quality of mentorship, there could be room for improvement.

There were 10 questions (50%) in the questionnaire that at least one respondent rated as “low” skilled and either moved to a moderate level or stayed at a low level of skill after viewing the PowerPoint. The four lowest rating scores were Questions 13, 15, 18 and 20. These question topics were: 13. stimulating your mentor’s creativity, 15. working with mentees whose personal background is different than yours, 18. balance between personal and work life, and 20. helping mentees acquire resources like grant funding. Although not statistically significant, these results may be compared in future studies on novice faculty mentorship with a larger number of participants and a less homogenous faculty population.

Implications for Nursing

With the average age of the seasoned nursing faculty member increasing and retirement numbers increasing, new faculty mentorship programs are important for acculturating and retaining the novice nursing instructor. There are few structured programs that are evidence-based, and using some common aspects of other faculty mentorship programs may be adapted to nursing faculty. Studies have shown that new faculty mentorship is importance in retention of the novice (McDermid, Peters, Jackson & Daly, 2012) (Reid, Hinderer, Jarosinski, Mister & Seldomridge, 2013).
Dissemination

One of the anticipated outcomes for this project is the significance and implication for nursing programs, not only at the university in which the project is being conducted, but also for other universities looking to improve their mentorship programs for novice faculty.

Dissemination of the project proposal was presented in a poster format at the annual educational event, poster presentation, and induction of the Upsilon Beta chapter of Sigma Theta Tau International in April 2017. There were approximately 150 attendees, and 40 posters from the community and the school of nursing masters and doctoral programs were presented. In addition, an abstract has been accepted for inclusion into the 10th Annual National Doctor of Nursing Practice Conference in New Orleans in September of 2017. The abstract was selected for a 50-minute break-out session at the conference and will include PowerPoints, handouts and active classroom learning activities.

Conclusion

One of the anticipated outcomes for this project is the significance and implication for nursing programs, not only at the university in which the project is being conducted, but also perhaps for other universities looking to improve their mentorship programs for new faculty. The anticipated outcome of this project is not only to create a single effective new faculty mentorship program, but also to contribute efforts to increase the recruitment and retention of nursing faculty. This is an administrative challenge and a leadership function. As a DNP leader, it is important that new faculty members are placed in sound, evidence-based formal mentorship programs to provide faculty peer support in a systematic and sustainable way. A healthy new faculty mentorship program may entice faculty to become more involved in the school of nursing and encourage novice faculty participation in activities such as chairing committees, applying for
grants and other funding, publishing and presenting at conferences, and becoming involved in specialty associations (Clark, 2013).
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doi: http://dx.doi.org/10.1016/j.nepr.2013.03.022.


