

1-1-2011

# The association of mentorships and leadership practices with nursing faculty retention

Lisa M. Rettenmeier  
*Walden University*

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>

 Part of the [Educational Administration and Supervision Commons](#), [Nursing Commons](#), and the [Public Health Education and Promotion Commons](#)

---

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact [ScholarWorks@waldenu.edu](mailto:ScholarWorks@waldenu.edu).

# Walden University

COLLEGE OF EDUCATION

This is to certify that the doctoral study by

Lisa M. Rettenmeier

has been found to be complete and satisfactory in all respects,  
and that any and all revisions required by  
the review committee have been made.

Review Committee

Dr. Stacy Wahl, Committee Chairperson, Education Faculty

Dr. Sushil Jindal, Committee Member, Education Faculty

Dr. Kurt Schoch, University Reviewer, Education Faculty

Chief Academic Officer

Eric Reidel, Ph.D.

Walden University

2011

Abstract

The Association of Mentorships and Leadership Practices with Nursing Faculty Retention

by

Lisa M. Rettenmeier

MSN, Clarke College, 2004

BSN, Mount Mercy College, 1992

Doctoral Study Submitted in Partial Fulfillment

of the Requirement for the Degree of

Doctor of Education

Administrator Leadership for Teaching and Learning

Walden University

December 2011

## Abstract

The lack of mentored relationships among nursing educators has the potential to negatively influence perceptions of leadership practices and could decrease the numbers of nursing faculty staying in academia. The purpose of this study was to investigate the perceptions of mentorships and leadership practices of nursing faculty teaching in academia. Watson's caring theory was the theoretical foundation to explain the congruence between mentored relationships, leadership practices, and the association with faculty retention. The first research question focused on differences between mentoring experience, assistance, and characteristics by mentor training type. Question two assessed the relationship between leadership practices by mentor training type. In this cross sectional, research design, a nonrandomized convenience sampling method was used to select 65 masters or doctoral level nursing faculty from one Midwestern state in the United States. The  $z$  test statistic measured the perceptions of mentoring experience, assistance, and characteristics by mentor training type; results indicated no significant differences in the perceptions of mentoring experience, assistance, and characteristics by training type. The ANOVA measured the perceptions of leadership practices by mentor training type. Results showed that nursing faculty who reported no mentor scored significantly lower on the perception of leadership practices when compared with nursing faculty who had formal mentor training. Recommendations for action include an exploration of barriers to mentorships and the perceptions of leadership practices within the workplace setting. This study contributes to positive social change by encouraging administrative personal and nursing leaders to focus on developing and maintaining healthy working relationships to potentially offset the nursing faculty shortage.



The Association of Mentorships and Leadership Practices with Nursing Faculty Retention

by

Lisa M. Rettenmeier

MSN, Clarke College, 2004

BSN, Mount Mercy College, 1992

Doctoral Study Submitted in Partial Fulfillment

of the Requirement for the Degree of

Doctor of Education

Administrator Leadership for Teaching and Learning

Walden University

December 2011

UMI Number: 3490415

All rights reserved

INFORMATION TO ALL USERS

The quality of this reproduction is dependent on the quality of the copy submitted.

In the unlikely event that the author did not send a complete manuscript and there are missing pages, these will be noted. Also, if material had to be removed, a note will indicate the deletion.



UMI 3490415

Copyright 2012 by ProQuest LLC.

All rights reserved. This edition of the work is protected against unauthorized copying under Title 17, United States Code.



ProQuest LLC.  
789 East Eisenhower Parkway  
P.O. Box 1346  
Ann Arbor, MI 48106 - 1346

## Dedication

I wish to dedicate this work to my family. First, I would like to thank the three men in my life, my husband Joe, and our two sons, Lukas and Joshua. Without their persistence, support, and unquestionable love, I could not have fulfilled my dreams. I would like to thank my parents, Don and Diane Schemmel. They were my first cheerleaders throughout my educational journey. They have always believed in me and their undying faith continues to strengthen my will to succeed. Finally, I would like to dedicate this work to Earl and Marlene Rettenmeier, my super parent in-laws. They were forever on call to watch the boys when I needed time to think, write, and stay sane. I love all of you and would like to express my sincerest gratitude for your continued belief in me.



## Acknowledgments

There is an abundance of thanks that I wish to extend to those in my life who have made this work possible. I wish to thank my committee, Dr. Stacy Wahl and Dr. Sushil Jindal for all of their hard work and dedication throughout the dissertation process. They have continually supported my project, believed in my abilities, and continually offered positive encouragement to keep me moving forward. In the end, their constant e-mails, statistical expertise, and unending support have made this dream come true. They have been and continue to be such an inspiration to me and this work.

I would like to thank all of my coworkers for their continued support and perseverance. I would especially like to thank Sister Joan Lingen, Sister Kate Hendel, Dr. Molly Kuhle, Dr. Roberta Lavin, Lana Erion, Ann Weltin, Keith Tackett, Renee Pilcher, and Patty Veneziano for stopping by my office to check on the progression of my project. Their proffered words of wisdom and consideration have sustained my will and kept me motivated.

I would like to thank all of my great river friends for their “sanity checks” over the past several years. I would especially like to thank my very good friends, Mary Doty, Julie Wolff, Tina Anglin, Peg Buse, Lynette Wilwert, Janice Splinter, Mary Kernall, Nancy Pape, and Ruth Gallo for the gift of their laughter. They are my sisters in kindred spirit and have given me the courage and strength of mind to see this project to completion. Now, Julie, I can finally retire!

Finally, I send my thanks heavenward to my good Lord and Savior, Jesus, Michael the Arch Angel, Saint Anne, Our Blessed virgin Mother Mary, and all my angels in Heaven who are looking out for me. Thank you.

## Table of Contents

List of Tables.....	iv
Section 1: The Problem.....	1
Problem Statement.....	3
Evidence of the Nursing Faculty Shortage at the Local Level .....	4
Evidence of the Nursing Faculty Shortage at the National Level.....	5
Purpose of the Study.....	7
Significance of Study.....	7
Nature of the Study .....	8
Research Questions.....	8
Operational Definitions .....	13
Assumptions, Limitations, Scope, Delimitations .....	14
Conclusion .....	15
Section 2: Review of the Literature .....	17
Nursing Faculty Retention.....	18
Job Satisfaction.....	21
Mentorships .....	24
Transition into Academia.....	24
Formal Mentoring.....	25
Informal Mentoring.....	29
Barriers to Mentoring.....	30
Leadership Practices .....	32
Progression into Leadership Role .....	32

Leadership Practices through Transition .....	33
Empowering Leadership Behaviors .....	35
Conclusion .....	37
Section 3: The Research Methodology .....	39
Research Design and Approach .....	39
Sample and Setting .....	40
Instrumentation .....	41
Variables .....	45
Data Collection and Analysis .....	48
Limitations, Scope, Delimitations .....	54
Participant’s Rights .....	54
Conclusion .....	56
Section 4: Data Analysis .....	58
Research Tools .....	59
Faculty Retention .....	60
Conclusion .....	75
Section 5: Discussion .....	77
Summary of the Problem .....	78
Research Methodology .....	78
Research Questions .....	79
Nursing Faculty Retention .....	87
Discussion of Practical Applications .....	88
Implications for social change .....	90

Recommendations for Action .....	91
Recommendations for Further Study .....	94
Conclusion .....	95
References.....	97
Appendix A: Teacher Mentoring and Retention Questionnaire .....	110
Appendix B: Leadership Behavior Description Questionnaire.....	116
Appendix C: Permission for Tool Usage .....	118
Appendix D: Letter for Consent to Participate .....	120
Appendix E: IRB Approval .....	128
Curriculum Vitae Lisa M. Rettenmeier.....	129

## List of Tables

Table 1. Frequencies and Percentages for Participant Demographics ....	60
Table 2. Frequencies and Percentages on Intention to Teach ....	61
Table 3. Descriptive Statistics on Intention to Teach Ratings ....	62
Table 4. Frequencies and Percentages on Mentoring History.....	64
Table 5. Descriptive Statistics on Mentoring Experience, Assistance, Characteristics ....	66
Table 6. Descriptive Statistics on Leadership Practices - Initiating Structure and Consideration .....	67
Table 7. Mentor type grouping variables.....	68
Table 8. Independent Sample z-Test on Mentoring Experience by Group.....	69
Table 9. Independent Sample z-Test for Mentoring Assistance by Group .....	70
Table 10. Independent Sample z-Test for Mentoring Characteristics by Group ...	71
Table 12. ANOVA for Leadership Practices-Initiating Structure by Group.....	72
Table 13. Means and Standard Deviations for Leadership Practices-Initiating Structure by Group .....	73
Table 14. Levene's Test of Homogeneity of Variances.....	73
Table 15. ANOVA for Leadership Practices-Consideration by Group ....	74
Table 16. Means and Standard Deviations Leadership Practices-Consideration by Group.....	74

## Section 1: The Problem

A disparity exists between mentor type experiences, leadership practices, and their overall association with nursing faculty retention. Mentorships and leadership practices have the potential to lead to increased nursing faculty retention and offset the impending nursing shortage (Lewallen, Crane, Letvak, Jones, & Hue, 2003). The future of the nursing profession is threatened by a lack of qualified nursing faculty (American Association of Colleges of Nursing [AACN], 2009). The lack of qualified nursing faculty compounds the nursing shortage; schools of nursing turn away qualified students because of the lack of availability of qualified nursing who are willing to teach (Allen, 2008; Berlin & Sechrist, 2002; Gazza & Shellenbarger, 2005). Proto and Cox-Dzurec (2009) reported that the shortage of nurse educators will continue to worsen as the economy rebounds and qualified nursing faculty prepare for retirement. According to a special survey on vacant faculty positions released by AACN (2007), “a total of 767 faculty vacancies were identified at 344 nursing schools with baccalaureate and/or graduate programs across the country” (p. 1). If the current faculty shortage persists and the nursing profession continues to lose qualified faculty, the problem could lead to decreased numbers of nurses working at the bedside, greater numbers of patients to care for, and increased patient accidents or fatalities at the bedside.

The baby boomer generation will soon be the largest consumer of medical care and the average age of a registered nurse working at the bedside is 46.7 years (AACN Fact Sheet, 2007; Robert Wood Foundation, 2007). Buerhaus, Donelan, Ulrich, Norman, and Dittus (2006) concluded that there is a surge of registered nurses entering the workforce who are 50 years of age or older. Buerhaus et al. (2006) further noted that one

third of the population of 50 and older registered nurses (RN) plan on leaving their respective positions within the next 3 years. The Council on Physician and Nurse Supply (2008) reported that, in order to reverse the projected nursing shortage, 30% more nurses must graduate each year for an additional 30,000 nurses—roughly the number of qualified applicants who were denied admission to nursing programs. The dwindling numbers suggest that there will be a large shortage of practicing nurses at the bedside and the implications allude to adversities in patient care.

Many RNs working in hospitals and/or healthcare field are members of the baby boomer generation, and because increasing numbers of baby boomers will be retiring, there is an underlying trepidation that the shortage of nurses working at the bedside will continue to worsen (Dunham-Taylor, Lynn, Moore, McDaniel, & Walker, 2008). The largest consumers of health care are the baby boomers and the generations that follow are fewer in numbers. The large number of retiring nurses exacerbates the current problem associated with the shortage of nurses and nursing faculty and needs to be addressed. Consequently, the purpose of the study was to research mentorships, leadership practices, and the association with nursing faculty retention and discusses future implications. Mentorships and leadership practices have the capability to provide caring, sustainable relationships that have the potential to positively influence nursing faculty retention. Sustaining more nursing faculty would enable nursing schools to admit and graduate more students from qualified nursing programs, thereby alleviating the projected nursing shortage (Lewallen, Crane, Letvak, Jones, & Hue, 2003).

Section 1 will provide an overview of the nursing faculty shortage at the local and national levels. Section 1 also provides a description for the nature of the study, the

theoretical framework, operational definitions, and a review of the scope, delimitations, and limitations founded within the study.

### **Problem Statement**

The lack of mentored relationships has the potential to influence perceptions of leadership practices and could lead to decreased nursing faculty retention. Many factors lead to nursing faculty leaving the educational arena. Job burnout, impending retirement, noncompetitive salaries, and lack of support by fellow faculty and leaders may compound the problem for recruiting and retaining qualified nursing faculty (Berlin & Sechrist, 2002; Gazza & Shellenbarger, 2005; Yordy, 2006). According to the American Association of the Colleges of Nursing ([AACN], 2005), there is a mass exodus of nursing faculty leaving the profession for positions outside of academia, and a large number of nursing faculty members express job dissatisfaction. Increasing demands of maintaining clinical competencies and the pressures of sustaining personal and professional life balances adds to early career frustration and a decreased ability to meet job expectations (Yordy, 2006).

Mentoring relationships have long been recognized as a prominent contributor to the psychosocial development of individuals and have been linked with enhanced and advanced career development, increases in promotions, higher job satisfaction, and increased retention rates of both faculty and students (Baker, 2010; Disch, Edwardson, & Adwan, 2004; Dunham-Taylor et al., 2008; Hansman, 2002, Hessler & Ritchie, 2006). When applying mentoring to practice, typically, the mentoring relationship in the educational realm is composed of a seasoned faculty member (mentor) who serves as a supportive guide for a new or junior faculty member (protégé) who has less experience.



Within the mentored relationship, the mentor acts as the protégé's advisor, teacher, protector, role model, advocate, counselor, and sponsor (Baker, 2010; Zeind et al., 2005).

Nursing faculty may benefit from an exploration of mentorships, leadership practices, and nursing faculty retention levels (AACN, 2009; Dunham-Taylor et al., 2008; Hessler & Ritchie, 2006; Lewallen, Crane, Letvak, Jones, & Hu, 2003). If there is a positive correlation between participation in a mentorship and increased persistence in retention, institutions of nursing may be influenced to implement programs that stress mentorships and caring leadership practices (Brendtro & Hegge, 2000). An increase in faculty retention could also lead to an increase in the numbers of students admitted into nursing programs, thereby potentially alleviating the nursing shortage.

#### **Evidence of the Nursing Faculty Shortage at the Local Level**

In 2008, there were approximately 324 baccalaureate nursing faculty members teaching within the selected Midwestern state (The Iowa Board of Nursing Annual Program Reports [IBON], 2008). The IBON (2009) reported that there were 29 unfilled faculty positions and approximately 277 students waiting to be admitted into qualified baccalaureate nursing programs across the state. Job burnout, impending retirement, noncompetitive salaries, and lack of support may compound the problem for recruiting and retaining qualified nursing faculty; consequently, schools of nursing may find that they have to turn away potential candidates due to the lack of nursing faculty (Gazza & Shellenbarger, 2005; Yordy, 2006). Brendtro and Hegge (2000) stressed that the nursing shortage will be further intensified by the current nursing faculty shortage. According to Proto and Cox-Dzurec (2009), vacancy rates at the baccalaureate level were reported at 7.9%, which is a 32% increase since 2002. Retaining faculty at the state level will

remain a challenge based on more financially lucrative clinically focused job offerings (Proto & Cox-Dzurec, 2009).

### **Evidence of the Nursing Faculty Shortage at the National Level**

The lack of qualified nursing faculty is a nationwide problem that can be directly linked to schools of nursing turning away qualified students (Berlin & Sechrist, 2002; Blauvelt & Spath, 2008). The AACN (2005) contended that there were 41,683 qualified applicants turned away from nursing programs due to insufficient faculty in the United States. The problem continues to worsen as the year's progress. Two years later, the AACN Student Enrollment Press Release (2007) noted that nursing programs across the United States turned away 42,866 qualified applicants from baccalaureate and graduate nursing programs due to an insufficient number of nursing faculty, lack of clinical sites, classroom space, preceptors, and budgetary concerns. The problem is compounded by the aging of nursing faculty and nursing faculty reaching retirement age (Kowalski, Dalley, & Weigand, 2006). According to Berlin and Sechrist (2002), there will be an estimated 200-300 nursing faculty leaving their respective positions annually. Kowalski et al. (2006) concluded that the mean age of nurse educators is 51.7 years with the optimal perceived age for retirement was 62.4 years with the likely hood of nursing faculty working until 64.4 years. There may be a mass exodus of nursing faculty leaving the profession due to retirement with fewer faculty to replace them (Berlin & Sechrist, 2002; Blauvelt & Spath, 2008; Kowalski et al., 2006).

The AACN (2005) and the NLN (2006) agreed that sustainable mentoring relationships might alleviate the increasing numbers of nursing faculty vacancies. Through the induction and utilization of mentored relationships, a nurse can begin the

process of growth from a novice faculty member into one in which leadership skills enhance student learning and successful transitioning into the nursing profession (Zeind, et al., 2005). The challenge for educational institutions that are serious about developing future leaders through sustained mentoring programs is to learn how to create both a physical and psychological climate in which faculty members are afforded opportunities to interact with each other to such an extent that they can form intentional and effective mentoring relationships (Cunningham, 1999).

Effective mentoring and leadership practices are shared by members of the learning community and help earn credibility through the utilization of collegiality and gained trust from teachers, administrators, and students (Starratt, 2005). As future changes and innovations develop, it will be imperative that mentoring programs be utilized by novice and experienced nursing faculty to offer shared wisdom, knowledge, and caring and supportive attitudes (Knight, 1998).

Positive social change can occur when nursing faculty and leaders within the nursing profession focus on the importance of developing and maintaining healthy working relationships (Mintz-Binder & Fitzpatrick, 2009; NLN, 2006). Strong (2005) purported that factors such as increased stress levels, feelings of inadequate support, and poor communication between faculty and administration may be averted by mentoring and the development of mentoring relationships. Through the establishment and utilization of mentored relationships, leaders can implement a climate in which faculty members are afforded opportunities to interact with each other to such an extent that they can form intentional and effective mentorships (Cunningham, 1999). Integrating caring leadership practices with mentoring has the potential to have a significant impact on job

satisfaction and nursing faculty retention (Disch, Edwardson, & Adwan, 2004; Mintz-Binder & Fitzpatrick, 2009).

### **Purpose of the Study**

Mentoring new faculty has been recognized as a significant component of faculty development and retention and is an important constituent of the academic environment (Zeind et al. 2005). Newly established mentoring relationships can assist novice nursing faculty to learn the culture of the institution, offer guidance when necessary, and demonstrate proper role modeling attributes (NLN, 2006). The shortage of nursing faculty must be addressed before the shortage becomes overwhelming (AACN, 2009; Lewallen et al., 2003; National League for Nursing [NLN], 2006). The number of qualified nursing faculty teaching in the academic setting is rapidly decreasing due to an increase in the number of faculty nearing retirement age and the exodus of nursing faculty to alternative career positions (NLN, 2006). Therefore, additional research is warranted to understand the perceptions of mentorships and leadership practices of nursing faculty teaching in academia.

### **Significance of Study**

Worsening faculty shortages are threatening the United States health profession's educational infrastructure (AACN, 2007; Allen, 2008; Berlin & Sechrist, 2002; Gazza & Shellenbarger, 2005). Dominating factors for this trend are a large number of nursing faculty expressing job dissatisfaction due to increases in workload requirements, increased research and clinical expectations, and noncompetitive annual salaries (AACN, 2005; Brendtro & Hegge, 2000; Mintz-Binder & Fitzpatrick, 2009). Job dissatisfaction, increased workload and clinical expectations, and noncompetitive salaries are leading to

an increased number of nursing faculty members who are leaving at an unprecedented pace at both the local and national levels (Berlin & Sechrist, 2002; Gazza & Shellenbarger, 2005; Yordy, 2006).

### **Nature of the Study**

The purpose of the research was to assess the differences between mentoring relationships, leadership practices, and implications related to nursing faculty retention. To investigate the relationship, a quantitative survey design was employed. A cross sectional survey was sent to masters and doctoral prepared nursing faculty in a Midwestern state within the United States. The survey was comprised of two instruments, the Leadership Behavior Description Questionnaire (LBDQ) and the Teacher Mentoring and Retention Questionnaire (TMRQ). The tool was used to assess intent to stay teaching in nursing, as well as the mentoring and leadership experiences of nursing faculty. Further information related to the nature of the study can be found in section 3.

### **Research Questions**

There were two research questions used to frame the study. Each research question is accompanied by null and alternative hypotheses.

#### **Research Question 1a**

*RQ1a:* What is the difference in the perceived mentoring experiences between nursing faculty who received informal mentor training and nursing faculty who received both informal/formal mentor training?

*H1a<sub>0</sub>*: There is no difference in the perceived mentoring experiences between nursing faculty who received informal mentor training and nursing faculty who received both informal/formal mentor training.

*H1a<sub>a</sub>*: There is a difference in the perceived mentoring experience between nursing faculty who received informal mentor training and nursing faculty who received both informal/formal mentor training.

### **Research Question 1b**

*RQ1b*: What is the difference in the perceived mentoring assistance between nursing faculty who received informal mentor training and nursing faculty who received both informal/formal mentor training?

*H1b<sub>0</sub>*: There is no difference in the perceived mentoring assistance between nursing faculty who received informal mentor training and nursing faculty who received both informal/formal mentor training.

*H1b<sub>a</sub>*: There is a difference in the perceived mentoring assistance between nursing faculty who received informal mentor training and nursing faculty who received both informal/formal mentor training.

### **Research Question 1c**

*RQ1c*: What is the difference in the perceived mentoring characteristics between nursing faculty who received informal mentor training and nursing faculty who received both informal/formal mentor training?

*H1c<sub>0</sub>*: There is no difference in the perceived mentoring characteristics between nursing faculty who received informal mentor training and nursing faculty who received both informal/formal mentor training.

*H1c<sub>a</sub>*: There is a difference in the perceived mentoring characteristics between nursing faculty who received informal mentor training and nursing faculty who received both informal/formal mentor training.

### **Research Question 2a**

*RQ2a*: What is the relationship between nursing faculty perceptions of leadership practices-initiating structure, by nursing faculty training type; no mentoring versus, informal mentoring, versus both informal/formal mentoring?

*H2a<sub>o</sub>*: There is no relationship between nursing faculty perceptions of leadership practices – initiating structure, by nursing faculty training type; no mentoring, versus informal mentoring, versus both informal/formal mentoring.

*H2a<sub>a</sub>*: There is a relationship between nursing faculty perceptions of leadership practices – initiating structure, by nursing faculty training type; no mentoring, versus informal mentoring, versus both informal/formal mentoring.

### **Research Question 2b**

*RQ2b*: What is the relationship between nursing faculty perceptions of leadership practices-consideration, by nursing faculty training type; no mentoring, versus informal mentoring, versus both informal/formal mentoring?

*H2b<sub>o</sub>*: There is no relationship between nursing faculty perceptions of leadership practices- consideration, by nursing faculty training type; no mentoring, versus informal mentoring, versus both informal/formal mentoring.

*H2b<sub>a</sub>*: There is a relationship between nursing faculty perceptions of leadership practices-consideration, by nursing faculty training type; no mentoring, versus informal mentoring, versus both informal/formal mentoring.

### **Theoretical Base**

Watson's (1979) caring theory was used as a framework to explain the relationship between leadership practices, mentorships, and nursing faculty retention. Caring is the foundational practice on which the profession of nursing is built and can be considered an essential component for dealing with faculty, administration, and students within the educational realm (McCance, McKenna, & Boore, 1999). Caring theories have been used in prior research related to the mentoring experience (Blauvelt & Spath, 2008; Snelson et al., 2002). Blauvelt and Spath (2008) implemented a caring course into a mentoring program with the ideation that caring would aid in role development, social support, organizational framework, and advising roles. When evaluating the mentoring experience, protégés identified role acclimation which exemplified a caring environment (Blauvelt & Spath, 2008). Snelson et al. (2002) developed a mentoring program that utilized the caring framework for the theoretical perspective. The mentoring program was designed to promote the adaptation of the less experienced faculty to the institution (Snelson et al., 2002). More specifically, the protégé was acclimated to role development, resources, and the culture of the institution. The survey responses alluded to positive benefits that exemplified the mentoring experience and caring practices (Snelson et al., 2002). The caring theory can be used to understand the interactions and experiences involved within the mentored relationship and can serve to understand the dynamics between leadership practices and the implications associated with nursing faculty retention.

Watson's caring theory focuses on the harmonious actions of the mind, body, and spirit and can be attributed to creating positive mentoring relationships. The caring theory



is focused on the interactions between individuals and the main impetus is to “protect, enhance, and preserve humanity by helping a person find meaning in illness, suffering, pain, and existence” (McCance, McKenna, & Boore, 1999, p. 1390). Watson’s caring theory offers different perspectives related to being present in the moment, being attentive to the needs of others, and being conscious of the thoughts and interactions when working with others (Fawcett, 2002). Using Watson’s caring theory as a guide for role development provides the mentor and protégé with a common language that can be used as a foundation when developing and sustaining relationships (Pipe, 2008).

Watson’s (2007) caring theory is constructed of 10 caritas processes. The Caritas processes can be beneficial for the role development of both mentor and protégé by allowing for transference of knowledge that facilitates a creative and caring atmosphere that is congruent with facilitating scholarship and professional nursing faculty role development (Watson, 2007). The holistic model portrays a sense of conscious intention to help with role transitioning into academia (Hoover, 2002). Blauvelt and Spath (2008) contended that in order to be a successful mentor, one must be “approachable, nonjudgmental, intuitive, and empathetic” (p. 30). The continuation of shared practice and role modeling is a central ideation for preparing nurse educators to practice in the faculty role.

Caring leadership practices invoke a sense of understanding that is reciprocated between the mentor and protégé that creates an atmosphere of understanding between people and attempts to build caring, compassionate, and knowledgeable relationships (Watson, 2009). Pipe (2008) further ascertained when the protégé and mentor establishes

a high level of trust; they form an internal network in which a construction of critical analysis can be conducted that supports both the participant and the organization.

Hoover (2002) suggested that individuals who work and share experiences collectively can learn from each other. Mentoring programs that promote the building of caring mentor and protégé relationships enhance and affirm the values and mission of the program and the institution (Blauvelt & Spath, 2008). The caring concept is central for providing the foundational framework for nursing practice and should remain a central focus for nursing faculty who are transitioning through change or are concerned with developing positive leadership practices. Pipe (2008) asserted that self-reflective practice facilitates a trusting relationship in which the protégé seeks information from the mentor. The caring theory will be the foundation for explaining the relationships between faculty retention, mentorships, and leadership practices.

### **Operational Definitions**

*Culture*: A process of creating relationships and understanding the dynamics associated with the construction of reality in which nurse's practice (Knight, 1998).

*Job satisfaction*: The feeling an individual experiences when he/she fully embraces the perspective position, is satisfied with the faculty role, and feels valued by other faculty and administration (Garbee & Killacky, 2008).

*Leadership*: Creating a positive influence and being present and influential in the lives of others and promoting teamwork towards a common goal (Northouse, 2010; Pipe, 2008).

*Mentor*: An experienced faculty member who serves as a supportive guide for a new or novice faculty member who has less experience (Gazza & Shellenbarger, 2005, Hansman, 2002).

*Retention*: Persistence of influencing an individual's decision to stay within the allotted role and maintaining faculty within the appointed position (Garbee & Killacky, 2008).

### **Assumptions, Limitations, Scope, Delimitations**

A convenience sample was drawn from the 324 qualified nursing faculty teaching at approved baccalaureate nursing programs within a Midwestern state (Iowa Board of Nursing website [IBON], 2010). The sample was selected by excluding public institutions and nursing programs that only offer registered nurse to baccalaureate degree completion programs (RN-BSN). The sample was further limited by excluding faculty prepared at the baccalaureate degree (BSN) or lower. Master's and doctoral faculty were chosen for the study related to requirements upheld by accrediting agencies that specify that qualified nursing faculty who teach at the baccalaureate level or higher must hold at minimum of a master's and/or doctoral degree with a major degree in nursing (Commission on Collegiate Nursing Education [CCNE], 2009; IBON, 2009). Therefore, the qualified individuals for the study included nursing faculty teaching at baccalaureate institutions and prepared at the master's and/or doctoral level within a Midwestern part of the United States. The final sample consisted of 153 nursing faculty members who were teaching in the selected programs.

## **Limitations**

There were a few identifiable limitations to the study. I excluded public institutions, those that only offer the RN-BSN program, nursing faculty with a BSN degree or lower, and also excluded nursing faculty from associate and diploma nursing programs. The research sample consisted of 153 nursing faculty members and a convenience sample was used rather than a sample obtained through randomization. Additionally, 65 participants completed the survey; all but 1 participant were female which may influence the perceptions of mentorships and leadership practices. Thus, the results of the study cannot be generalized to the national population; however, the study could potentially be replicated. Replication studies that yield similar findings would add to the strength of the importance of establishing mentorship programs for all nursing faculty members.

## **Conclusion**

Section 1 included a description of the difficulty related to retaining qualified nursing faculty in baccalaureate nursing programs. Furthermore, worsening faculty shortages are threatening the United State's health profession's educational infrastructure (AACN, 2007; Allen, 2008; Berlin & Sechrist, 2002; Gazza & Shellenbarger, 2005). Job burnout, impending retirement, noncompetitive salaries, and lack of support may compound the problem for recruiting and retaining qualified nursing faculty (Berlin & Sechrist, 2002; Gazza & Shellenbarger, 2005; Yordy, 2006). Further research is justified to understand the perceptions of mentorships and leadership practices of nursing faculty teaching in academia.

The main impetus for studying mentoring experiences and leadership practices is to promote positive social change. Positive social change can occur when nursing faculty and leaders develop and maintain healthy working relationships which have the capability to lead to an increase in retention of nursing faculty (National League for Nursing, 2006). Through the establishment and utilization of mentored relationships, personal can promote a climate in which faculty members are afforded opportunities to interact with each other and form intentional and effective mentorships (Cunningham, 1999). Mentoring relationships have the capability to develop leaders, retain novice nurses, and may lead to an increased number of nursing faculty members staying in academia.

Section 2 will include an in-depth review of the literature related to nursing faculty retention, mentoring, leadership practices, and caring. Section 3 will provide a detailed description of the research methodology. The research study will consist of utilizing a quantitative, cross sectional, survey design to gain a better understanding of mentoring, leadership practices, and the association with nursing faculty retention.

## Section 2: Review of the Literature

Retaining qualified nursing faculty in academia is imperative to the future of the nursing profession (AACN, 2009). As the United States continues to witness an increased number of baby boomers retiring, the shortage of nurses at the bedside will continue to worsen (Brendtro & Hegge, 2000; Dunham-Taylor et al., 2008). Established mentoring relationships and caring leadership practices can assist new nursing faculty to learn the culture of the institution, offer guidance when necessary, and demonstrate proper role modeling behaviors (Blauvelt & Spath (2008); Halcomb, et al., 2007). Both formal and informal mentoring relationships have the potential to extend across the educator's entire career continuum and can encompass orientation to the faculty role, socialization to the academic community, development of teaching, research, service skills, facilitation of the growth of future leaders in education, and more specifically, nursing education (Gazza & Shellenbarger, 2005; National League for Nursing, 2006).

Caring leadership practices can be utilized to positively influence others to meet the needs of the program, organization, and/or institution (Pipe, 2008). Lambert et al. (2002) asserted that leadership practices evoke a centralized vision for all faculty in academia, allows for open conversation, a deconstruction of old assumptions, and formulates centralized goals and outcomes for the betterment of achievement and success. Leaders who exemplify caring practices and ensure cohesive mentored relationships within nursing programs enhance retention and recruitment amongst nursing faculty (Sawatzky & Enns, 2009). Promoting a caring environment that is supported by leaders within nursing programs has the capability to enhance the overall perception of the individuals teaching in academia.

The review of the literature incorporated key research studies related to mentorships, leadership practices, and nursing faculty retention. Faculty retention will be the first concept investigated followed by mentoring and leadership practices. The Walden electronic data bases were used for gathering data that related to mentoring, leadership practices, and nursing faculty retention. Key words that were used in the search included *mentoring, retention, nursing, culture, leadership, and caring*. Literature from 1998-2010 was reviewed to ensure a thorough analysis and depiction of the research. The specific databases that were explored included Thoreau, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Academic Search Premier/Complete, Educational Resources Information Center (ERIC), Walden 360, and dissertations and theses linked to the Walden Library Website. Both nursing and education-based journals were examined to provide valid and up to date research that related to mentoring, leadership practices, and nursing faculty retention.

### **Nursing Faculty Retention**

There is a large shortage of practicing nurses nationwide that is exacerbated by increasing numbers of nursing faculty vacancies (AACN, 2009; Allen, 2008; Blauvelt & Spath, 2008; Dunham-Taylor et al., 2008; Hessler & Ritchie, 2006). Shirey (2006) contends that nursing faculty are at higher risk for burn out related to an increase in the need for doctoral preparation as entry into the educational realm. Allan and Aldebron (2008) supported that finding and asserted that a large number of faculty are attaining advanced degrees later in life and are reaching retirement age at a faster rate than clinical nurses.

There are many stressing issues that faculty face on a day-to-day basis, yet an increasing demand for nursing faculty remains apparent (Allen, 2008; Blauvelt & Spath, 2008; Lewallen, et al., 2003). Job burnout, impending retirement, non-competitive salaries, and lack of support may compound the problem for recruiting and retaining qualified nursing faculty, consequently, schools of nursing may find that they have to turn away potential candidates due to the lack of nursing faculty (Gazza & Shellenbarger, 2005; Yordy, 2006). Shirey (2006) concluded that there is an exacerbated amount of stress associated with higher job expectations for nursing faculty. Increasing demands of maintaining clinical competencies and the pressures of sustaining personal and professional life balances adds to early career frustration and inability to meet job expectations (Yordy, 2006). The additional stressors related to teaching in the nursing profession have the potential to increase numbers of faculty leaving academia.

Nursing programs across the country are limiting the numbers of qualified students admitted to nursing programs because the supply of nursing faculty does not meet the demand of students desiring to pursue a career in the nursing profession (AACN, 2006; NLN, 2006). According to a survey conducted by the American Association of Colleges of Nursing (2007) 71.4% of schools of nursing cited a lack of qualified faculty as limiting admission of applicants into programs. The lack of qualified faculty left to teach may have an impact on the numbers of nurses working at the bedside, which in turn, may exacerbate the nursing shortage.

The shortage of nursing faculty continues to negatively affect the numbers of students admitted into nursing programs and must be addressed before the shortage of faculty and nurses at the bedside worsens (Allen, 2008; Brendtro & Hegge, 2000;



Dunham-Taylor, 2008). Supportive faculty relationships along with the inception of mentorships are an essential component for the recruitment and retention of new and seasoned faculty (Blauvelt & Spath, 2008; Dunham-Taylor et al., 2008; Gazza & Shellenbarger, 2005; Halcomb, Gregg, & Roberts, 2007). Mentoring programs come in many varieties and may vary from formal or informal support of a new faculty member with one who has experience teaching, knowledge of the academic climate, and research responsibilities (Strong, 2005). Mentoring relationships have the capability to acclimate new faculty to the role and may lead to an increased number of nursing faculty staying in academia (Dunham-Taylor et al., 2008; Hessler & Ritchie, 2006; Lewallen et al., 2003). Building sustainable relationships amongst faculty has the capability to lead to increased retention of faculty in academia and increase overall job satisfaction.

In order to retain qualified faculty, Zeind et al. (2005) reported on the creation and implementation of a mentoring program developed to promote professional development and retention levels of new pharmaceutical faculty. The program included 32 protégés and 16 mentors and employed a quantitative research methodology (Zeind et al, 2005). The overall impact of the program demonstrated a positive impact on the mentor and protégé and, after a 5- year span; Zeind et al. indicated that there was a 72% retention rate of new faculty and the mentoring relationship could be utilized as an important component in retaining new faculty in the academic setting. Zeind et al. averred that retaining new faculty could be a challenge and that assistance was needed for professional development and orientation to institutional policies and procedures.

Although Zeind et al. reported on a pharmaceutical mentoring program, the results could be reflective towards faculty entering the nursing profession. The results of

the study indicated a need for nursing programs to support the need for mentored relationships. Mentored relationships have the potential to develop sustainable working relationships that retain qualified faculty in academia and offset the nursing faculty shortage and the shortage of nurses working at the bedside (Baker, 2010; Disch, Edwardson, & Adwan, 2004; Dunham-Taylor et al., 2008; Hansman, 2002, Hessler & Ritchie, 2006). The inception of mentored relationships can be utilized to increase job satisfaction and increase the likelihood for higher numbers of nursing faculty remaining in academia.

### **Job Satisfaction**

Job satisfaction can be an influential contributor to attracting and retaining qualified faculty in the educational arena (Shirey, 2006; Yordy, 2006). To further support the ideation of job satisfaction enhancing faculty retention, Mintz-Binder and Fitzpatrick (2009) conducted a study related to social support and job satisfaction. Participants from Mintz-Binder and Fitzpatrick's study included a small number of program directors under the age of 50 with the majority of seasoned directors nearing retirement age (55.3 years). There were a high number of statistically significant relationships to social support and job satisfaction. Doctorally prepared leaders, compared to others, reported higher job satisfaction and greater working relationships with colleagues. Respondents described a high level of perceived stress and a high sense of personal sacrifice as negative factors that lead to high rates of attrition. Mintz-Binder and Fitzpatrick (2009) concluded that future researchers may want to focus more attention on social support, job satisfaction, and workload issues.

Additionally, as a component of the Robert Wood Johnson initiative, Disch, Edwardson, and Adwan (2004) conducted a study related to nursing faculty satisfaction, with an emphasis on institutional, and leadership factors with licensed practical nurse (LPN) programs, associate degree nursing (ADN) programs, and baccalaureate nursing (BSN) programs. Disch et al. (2004) reported that there were 298 respondents and the results indicated that the average age of the respondents approximated at 50-years old. Faculty members from all three programs reported a disparity regarding to compensation not being fair for the amount of time and commitment applied to teaching responsibilities (Disch et al., 2004). Respondents alluded to a need for salary increases, support for extending research, grant writing, and continuance of clinical support (Disch et al, 2004). Disch et al. (2004) recommended open dialogue for conversation and relationship building, proposed an importance for recognizing faculty achievement, senior faculty expertise, conduct periodic faculty surveys regarding satisfaction with career, and facilitate and develop opportunities for professional growth.

The research conducted by Mintz-Binder and Fitzpatrick (2009) and Disch et al. (2004) reported that the majority of participants were aged in the 50's and were reaching retirement age. The results supported claims made by the AACN (2006) and the NLN (2006) that reported nursing programs are limiting the numbers of students admitted into nursing programs due to the decreasing numbers of nursing faculty left to teach in academia (Mintz-Binder & Fitzpatrick, 2009; Disch et al., 2004). Kowalski et al. (2006) also concurred that the mean age of faculty in the educational sector was 51.7 years with the optimal perceived age for retirement was 62.4 years. Kowalski et al. (2006) reported that nursing faculty would likely work until the age of 64.4 years. Conclusions that may

be garnered from the information may indicate that there may be large numbers of nursing faculty leaving academia within the next 10 years related to impending retirement with fewer faculty to replace them (Berlin & Sechrist, 2002; Blauvelt & Spath, 2008; Kowalski et al., 2006). Decreased numbers of nursing faculty left to teach in academia can have a direct impact on the numbers of new nurses entering the workforce needed to alleviate the nursing shortage (Lewallen, Crane, Letvak, Jones, & Hue, 2003). There is a notable inverse relationship related to increased numbers of faculty leaving academia and decreased numbers of students admitted into qualified nursing programs. The relationship warrants further examination to determine the overall implications associated with nursing faculty retention and the nursing shortage at the bedside.

In summary, job satisfaction, social support, and collaboration were reported as being essential components for building relationships and promoting a healthy workplace atmosphere (Disch et al., 2004; Mintz-Binder & Fitzpatrick, 2009). Promotion of a healthy workplace atmosphere has the potential to lead to a higher number of satisfied faculty staying in the educational arena.

Limitations for Mintz-Binder and Fitzpatrick (2009) and Disch et al. (2004) included small sample sizes and utilizing convenience samples from the states of California and Minnesota. To better understand the impact of job satisfaction more thoroughly, larger sample sizes from across the United States that focus on studying the impact of job satisfaction in conglomeration with the nursing faculty shortage would be warranted.

## **Mentorships**

Mentoring relationships have long been recognized as a valuable contributor to the psychosocial development of individuals and have been linked with enhanced and advanced career development, increase in promotions, higher job satisfaction, and increased retention rates of faculty (Hansman, 2002). The mentoring relationship in the educational realm is comprised of an experienced faculty member (mentor) who serves as a supportive guide for a new faculty member (protégé) who has less experience. The mentor has the responsibility to act as the advisor, teacher, protector, role model, advocate, counselor, and sponsor (Zeind et al., 2005).

## **Transition into Academia**

Mentored relationships are essential for nurse's leaving the clinical arena and entering the educational realm. Mentorships have the capability to assist new faculty members adapt to the roles and responsibilities associated with the faculty position, increase job satisfaction, and learn the culture of the institution (Baker, 2010; Disch, Edwardson, & Adwan, 2004; Dunham-Taylor et al., 2008; Hansman, 2002, Hessler & Ritchie, 2006). Schriener (2007) ascertained that nurses making the transition from a clinical specialty to the role of faculty member must be involved in an effective mentoring program and have the opportunity to learn the skills of pedagogy, along with access to resources and support systems to facilitate their progress in the faculty role.

Expert nurses transitioning from clinical practice to academia may not be proficient educators and may have a difficult time transitioning into academia (Cangelosi, Crocker, & Sorrell, 2009). Cangelosi et al. (2009) reported that new faculty experienced additional stressors and high anxiety associated with the transition from clinician to

teaching in academia. To further assess the transitional experiences of clinical nurses into the academic role, Schriener (2007) conducted a qualitative study to assess the cultural ambiguities associated with transition into academia. Schriener (2007) indicated that people must learn cultural sensitivity and confront personal prejudices when orientating clinical nurses to the faculty role. Schriener (2007) suggested that cultural dissonance can be improved through the utilization of formal educational programs, mentoring, and the socialization of nurses to the academic role.

Results from Schriener's (2007) study indicated that there is a need to study cultural influences within nursing programs to better acclimate new nursing faculty to the respective teaching position. According to Blauvelt and Spath (2008) and Halcomb et al. (2007), mentorships assist new faculty to learn the culture of the institution and offer assistance throughout transitional periods. Mentorships that assist new faculty in learning the culture of the institution can provide assistance in learning the academic role, develop lasting relationships, and increase the rate of job satisfaction. Increased job satisfaction and the development of long lasting relationships have the potential to sustain faculty in the academic role (Blauvelt & Spath, 2008; Halcomb et al., 2007; Schriener, 2007).

### **Formal Mentoring**

A formal mentor typically is an assigned, experienced, faculty member who facilitates new relationships and serves as a supportive guide for new faculty members who have less experience (Gazza & Shellenbarger, 2005, Hansman, 2002). Dattilo, Brewer, and Streit (2009) reported that mentored relationships prepare new faculty for dealing with difficult student issues and facilitated learning the roles, responsibilities, and expectations grounded within the institution. To further expand upon the formal

mentored relationship, Harrison, Lawson, and Wortley (2005) assessed reflective practice strategies to understand ways in which knowledge is shared during mentoring sessions to demonstrate a progressive and constructive growth process for the mentor and novice faculty member. The program attributed reflection and action to the development of an in depth contextual understanding of the faculty role related to professional practice. The theoretical frameworks from Kolb, Schön, and Loughran were used as a framework for Harrison et al. (2005) to discern reflective practices and the analysis of passages between the mentor and protégé. Kolb, Boyatzis, and Mainemelis (1999) delineated a process that supported ways in which knowledge is accrued in adult learners. Schön (1987) asserted reflection-in-action is a causative mechanism utilized for a more in depth understanding of iterative learning for both the mentor and the protégé. Harrison et al. (2005) concluded that the reflective processes that occurred within the meetings and the construction of knowledge that occurred during the sessions could ultimately empower both the mentor and the protégé within their respective professional practices. Reflective practice strategies can enhance learning through assessing past situations and applying knowledge gained toward future decision making. In essence, faculty can learn from past experiences and apply new insights toward future teaching experiences.

Constructing new knowledge related to the mentored relationship is essential for the professional development of new and seasoned faculty in academia. The intended purpose of Tang and Choi's (2005) study was to demonstrate the construction of professional knowledge through the use of mentoring and the development of practices that occur within the academic setting. Tang and Choi (2005) employed a qualitative research methodology to examine a theory-and-practice model. Tang and Choi (2005)

utilized Marton and Booth's (1997) theory of variation as a framework in to explain how participants facilitated and conceptualized learning and identified individual coping strategies related to the challenges of learning. The theory and practice model provided insight into gaining professional knowledge through reflective mentor experiences and the development and attainment of professional knowledge in teaching (Tang & Choi, 2005). By utilizing the theory and connection model, participants were able to develop new knowledge, formulate connections, and demonstrate professional growth from experiences gained by being active in the mentor role (Tang & Choi, 2005). Knowledge gained through participating in the mentoring program allowed the formation of understanding the complexity of the faculty role and a sense of connectedness to responsibilities associated with new faculty orientating into academia.

Baker (2010) described a community colleges nursing faculty orientation program that included the orientation to program goals, assessment of faculty competencies, an instructional plan, mentoring, professional development initiatives throughout the first year of teaching. Mentors were assigned based on mutual interest and orientation sessions facilitated a collaborative and collegial learning environment (Baker, 2010). Teaching perceptions were rated the same or higher, professional development was enhanced, and a sense of emotional support was garnered (Baker, 2010). Since the program's inception, 11 new faculty members have completed the program, 3 have enrolled into doctoral programs, and only 1 faculty member has left (Baker, 2010). Baker (2010) deduced the importance of acclimating new faculty to the teaching role to enhanced overall nursing faculty retention. Developing and sustaining mentored relationships has the capability to retain faculty in academia, thereby, potentially



offsetting the shortage of nurses working at the bedside (Blauvelt & Spath, 2008; Halcomb et al., 2007; Schriener, 2007)..

The precept of caring was built into a formal mentoring program reported by Blauvelt and Spath (2008). The main objective of the program was intended to accustom new faculty to the teaching role with the intent of fostering nursing faculty retention (Blauvelt & Spath, 2008). A special caring course was integrated into the development of the new mentoring program to facilitate caring interactions amongst new and seasoned faculty (Blauvelt & Spath, 2008). Protégés were acclimated to the faculty role by receiving caring support and socialization into the institution (Blauvelt & Spath, 2008). During the first semester, the mentors and protégés met weekly in group meetings (Blauvelt & Spath, 2008). The second semester consisted of one-to-one meetings between seasoned faculty and the protégé (Blauvelt & Spath, 2008). Mentors assessed the teaching history for each respective new faculty member to better allow for a prioritization of topics that needed to be covered (Blauvelt & Spath, 2008). Through the intended caring strategies, a sense of trust was fostered. Since the onset of the program, 15 new faculty members participated in the year-long program and 12 continue to teach in the nursing department (Blauvelt & Spath, 2008). Caring attitudes and practices that are integrated into nursing programs and mentored relationships can foster trusting, sustainable, working relationships that can serve to understand the dynamic relationships associated with faculty orientating into academia.

In summary, Harrison et al. (2005) reported that a mentoring relationship was needed to engage new teachers in a reflective community of practice and enabled them to be viewed as viable and respected members of academia. Tang and Choi (2005) asserted

that learning to mentor required an exploration of old and new knowledge regarding learning, teaching, and mentoring. Through the utilization of this process, participants were able to develop a deeper understanding and appreciation of the concept of mentoring and could readily relate to struggles and issues that affected new faculty (Tang & Choi, 2005). Tang and Choi (2005) and Leslie et al. (2005) agreed that mentoring new faculty could facilitate a deeper understanding of underlying values, traditions, and unwritten behavior codes related to academia. The utilization of the aforementioned attributes could be utilized to establish and maintain a systematic network of professional collegiality and promote caring attitudes toward new faculty entering academia (Blauvelt & Spath, 2008). Fostering mentored relationships could help promote the sustenance of trusting, honest, workplace atmosphere which is conducive to retaining qualified nursing faculty (Blauvelt & Spath, 2008; Halcomb et al., 2007; Schriener, 2007). The summation of research supports the development and maintenance of mentored relationships that could extend across the entire career continuum.

### **Informal Mentoring**

Gaining informal support from seasoned faculty is imperative for the development of new faculty entering academia (Gazza, 2009). Oftentimes new faculty members seek assistance from a seasoned faculty member to help with learning the role and acclimating to the institution (Gazza, 2009; Gazza & Shellenbarger, 2005; Hansman, 2002). The role of informal mentor is comprised of a self selected senior faculty member who serves as a role model for a novice faculty member who has less experience (Gazza & Shellenbarger, 2005; Hansman, 2002). Informal mentored relationships have the potential to promote

open communication, provide a supportive environment, enhance collegiality, and develop professional working relationships (Hubbard et al., 2010).

Leslie, Lingard, and Whyte (2005) sought to understand the reasoning for junior faculty seeking guidance, support, and advice from seasoned faculty. Leslie et al. employed a qualitative methodology that included 10 participants and utilized a convenience sampling structure. A grounded theory approach was utilized to conceptualize ways in which the mentored experience is interpreted by the participants (Leslie et al., 2005). The grounded theory is based on the premise of symbolic interactionism which allows individuals to actively participate in the learning process to understand the dynamics of human behavior (Pitney & Ehlers, 2004). The grounded theory allows for new ideas to be formed from studying the behaviors of individuals as they occur in the natural environment (Hand, 2003). Implications from Leslie et al. (2005) support evaluation of informal mentored relationships for effectiveness of role acclimation and support for the novice faculty member. The utilization of the aforementioned attributes could be utilized to establish and maintain a systematic network of professional collegiality.

### **Barriers to Mentoring**

Several studies reported a multi dimensional set of barriers related to the mentored relationship (Dunham-Taylor, 2008; Leslie et al., 2005; Schriener, 2007; Schell, 2006; Tang & Choi, 2005). Dunham-Taylor (2008) reported barriers that included feelings of isolation and role frustration which have the potential to lead to increased attrition rates for new faculty. Participants in Tang and Choi's (2005) study described the mentored relationship to be hierarchical and/or intimidating which was not conducive to

learning. Leslie et al. (2005) supported the perception that participants identified time constraints as being a large barrier to the mentoring relationship and also reported feelings of intimidation when asking for assistance from experienced faculty members. Schriener (2007) reported a cultural dissonance and a conflict with transitioning from a clinical specialist role into an academic role as a potential barrier to the mentored relationship. Lastly, Schell (2006) identified barriers to innovative teaching and leading included unmotivated faculty, negative attitudes, fear, and lack of knowledge. The aforementioned barriers could lead to negative mentored relationships and a breakdown in lines of communication negating faculty role satisfaction, thereby increasing attrition rates for new faculty.

Additionally, a study conducted by Hubbard, Halcomb, Foley, and Roberts (2010) added further information related to facilitators and barriers associated with the mentoring relationship. The survey took place at a nurse educator conference held in the Rockies (Hubbard et al., 2010). A convenience sample was utilized, 440 surveys were distributed, and 163 surveys were collected (Hubbard et al., 2010). Hubbard et al. (2010) identified seven themes as facilitators of mentoring and seven themes that were identified as barriers to mentoring (Hubbard et al., 2010). Reported barriers to mentoring consisted of lack of time and availability, horizontal violence, non supportive environment, incompatibility, fear and insecurity, disinterest in the mentoring process, and lack of a mentoring plan. Hubbard et al. (2010) asserted that only 72% of the respondents had been in a mentoring partnership. Most participants expressed satisfaction with the mentored relationship; however, the participants also stated that having this relationship offered earlier in their careers would have been beneficial (Leslie et al., 2005).

Implications from Hubbard et al. (2010) indicated that informal mentoring should be evaluated periodically and methods should be developed to determine the effectiveness of mentored relationships. Facilitating factors and barriers to mentoring should be identified early in the relationship to promote long lasting, supportive, workplace environments. Further, additional research may be warranted to investigate the dynamics associated within the mentored relationship, both formal and informal, and to study the rationale associated with the lack of mentored relationships.

### **Leadership Practices**

Leadership can be defined as creating a positive workplace environment, being influential in decision making, and promoting teamwork towards a common goal (Northouse, 2010; Pipe, 2008). Effective leaders are driven intrinsically by motivational factors which Sergiovanni (2005) asserted are “the virtues of serving, caring, respecting, empowering, and helping without asking for anything in return” (p. 74). Effective leadership practices are shared by members of the learning community and help earn credibility through the utilization of collegiality and gained trust from teachers, administrators, students, and the community (Starrett, 2005). Leadership practices exemplified by individuals in leadership positions may have a direct correlation with harnessing either positive or negative relationships with other faculty in academia.

### **Progression into Leadership Role**

Mentored relationships can be an integral component for the development and sustention of leaders in academia (Whitehead, Fletcher, & Davis, 2007). Ensuring successful enculturation for all new faculty eases shock and facilitates sustainable working relationships within the academic setting (McDonald, 2010). Whitehead et al.

(2007) conducted a qualitative study to explore how nursing faculty progressed into the leadership role. Themes identified by Whitehead et al. (2007) were passion, self, foundation, atmosphere, and background. Throughout the study, participants identified mentoring as an important aspect of leadership development and a pivotal transition point identified throughout their respective nursing careers (Whitehead et al., 2007). The mentoring relationships helped facilitate the transition of novice faculty into competent individuals and provided a nurturing environment that supported growth (Whitehead et al., 2007). Whitehead et al. (2008) concluded that caring leadership practices helped formulate a supportive environment that could be enhanced over time by transforming novice nurses into competent nursing faculty.

Based on the results of the Whitehead et al. (2007) study, mentored relationships should be promoted and supported by administrative personal to facilitate the development of caring leadership practices in nursing programs. Caring leadership practices have the potential to build sustainable working relationships amongst new and seasoned nursing faculty and can quite possibly influence interactions with other faculty and students. Caring interactions enacted amongst all leaders, faculty, and students have the capability to promote professional practice, alleviate the nursing faculty shortage, and ultimately offset the impending nursing shortage (Blauvelt & Spath, 2008; Hoover, 2002; Pipe, 2008).

### **Leadership Practices through Transition**

Knowledge regarding curriculum, evaluation, and teaching/learning strategies are vital for facilitating the mentored relationship and transitional leadership processes (McDonald, 2010). Ultimately, the leader's responsibility is to provide guidance for

faculty throughout the transitional process. Knight (1998) provided valuable insight regarding curricular revisions in nursing education. Leadership traits identified throughout the included trust, sharing of ideas or openness for clear lines of communication, and acknowledged the need for a cohesive working environment for faculty and students (Knight, 1998). Clear lines of communication are needed between nursing faculty and nursing leaders, and a positive caring environment is conducive to learning during periods of transition (Knight, 1998; White, Brannan, & Wilson, 2010). Knight (1998) suggested that nursing programs support faculty during transitional periods, acknowledge that there are many tedious emotions that faculty experience, and suggested that administration should provide a caring environment in which prominent issues are dealt with on an ongoing basis. Positive leadership practices can ease the transitional process, offer caring, thoughtful guidance, and promote healthy working relationships amongst all faculty members within the nursing program.

Building on the foundations of transitional change, Schell (2006) conducted a Delphi study that examined innovative teaching practices and identified positive and negative attributes that facilitated or negated innovative teaching. Schell's (2006) study utilized 28 participants and employed a mixed qualitative/quantitative research methodology. Qualities of teacher attitudes associated with positive change included openness to new ideas, utilizing innovative teaching strategies, being motivated, and maintaining a positive attitude (Schell, 2006). Schell (2006) asserted that innovations in teaching linked positive leadership practices, attitudes, and inherent leadership qualities that supported growth. The results also ascertained that teaching in a culture that stressed academic freedom, promoted innovation, enhanced teaching practices, and demonstrated

a creative environment encouraged learning and strengthened relationships amongst faculty and students (Schell, 2006). Leadership practices have the potential to facilitate positive faculty working relationships which may support and promote a centralized focused vision for all faculty and students to embrace.

### **Empowering Leadership Behaviors**

Empowering behaviors have the capability to build and sustain relationships amongst leaders, faculty, and students (Brancato, 2007; Johnson, 2009). Johnson (2009) reported that nurses should be competent and be empowered by leaders to adapt to the changes associated within academia. Brancato (2007) conducted a quantitative study, utilizing 531 nursing faculty from across the United States, to assess empowerment tactics utilized in teaching and learning strategies associated with the teaching role. Empowered collegiality was deemed as an important aspect of teaching and learning and was a positive correlation in the determinant in working with others and solving problems (Brancato, 2007). Brancato (2007) did report an increased need for faculty to be supported by administrators when undergoing curricular change and in shared decision making strategies. Empowered leadership behaviors have the capability to foster trusting, honest, working relationships amongst leaders and faculty with academia.

The promotion of positive leadership practices has the capability to enhance the connectedness and improve communication amongst faculty and students (Anibas, Brenner, & Zorn, 2009). Hanson and Stenvig (2008) conducted a qualitative study to identify leadership practices that helped nursing students facilitate safe and effective patient care. Leadership practices deemed as most important were knowledge level of the nursing faculty, interpersonal presentation along with positive supportive attitudes, and



teaching strategies utilized for effective teaching (Hanson & Stenvig, 2008). Hanson and Stenvig's (2008) concluded that leadership practices portrayed by nursing faculty within the clinical arena of teaching enhanced leadership development and supported a culture of caring for faculty and students. Positive leadership practices displayed by new and experienced faculty could enhance relationship building and ultimately promote students learning.

In summary, Brancato (2007), Hanson and Stenvig (2008), Knight (1998), Schell (2006), and Whitehead et al. (2007) provided a significant amount of contextual knowledge related to leadership development that promoted a caring culture. Schell (2006) reported innovations in teaching linked positive leadership practices, attitudes, and inherent leadership qualities that supported growth. The results also ascertained that teaching in a culture that stressed academic freedom, promoted innovation, enhanced teaching practices, and demonstrated a creative environment encouraged learning and strengthened relationships amongst faculty and students (Brancato, 2007; Hanson & Stenvig, 2008; Knight, 1998; Schell, 2006; Whitehead et al., 2007).

Brancato (2007) utilized a random sample drawn from nursing faculty across the United States for quantitative data collection and analysis. The random sampling technique allowed for generalization of the study's results to the nursing faculty population across the United States. Hanson and Stenvig (2008), Knight (1998), Schell (2006), and Whitehead et al. (2007) utilized qualitative data collection methods, small sample sizes, and convenience sample populations. Results from the qualitative studies cannot be generalized to the entire population but could potentially be replicated.

There is great importance placed on the ideation to continue research related to leadership practices, mentorships, and caring cultures due to the number of master's and doctoral prepared nursing faculty leaving the profession, retiring, or gaining positions in other health care arenas (NLN, 2006). Through this process, contributions could be made to the nursing profession by studying the impact of caring leadership practices and mentored relationships influence the retention rates of nursing. Continued research might influence nursing programs to place further value on caring cultures founded within the institution, assess leadership practices, and support mentored relationships to promote role development and retain new and seasoned nursing faculty.

### **Conclusion**

Section 2 presented a broad range of literature associated with mentorships, leadership practices, caring, and nursing faculty retention. The research signified that mentorships and caring leadership practices shared by members of the learning community helped to form credibility, collegiality, and trust from teachers, administrators, students, and the community (Lane et al., 2010; Starrett, 2005). Mentoring and caring leadership practices should continue to be studied in an attempt to envisage the changes that are needed to promote healthy workplace environments and to offset the nursing and nursing faculty shortage.

Section 3 will define the research methodology utilized to assess mentoring relationship and leadership practices. The research questions, hypotheses, and a description of the survey instruments will be included. Additionally, a description of the population and sampling procedure will be provided along with information related to the statistical analysis. Data analysis consisted of using ANOVA and the z-test statistic.

Both forms of statistical analysis will be used in an effort to understand the relationship between the variables. An overview of participant's rights to participate in the study will also be discussed.

### Section 3: The Research Methodology

Mentoring and caring leadership practices, in combination with nursing faculty retention, continue to be an important topic of study due to the number of masters and doctoral prepared nursing faculty leaving the profession, retiring, or gaining positions in other health care arenas (NLN, 2006). Section 3 is to provide an overview of the research methodology designated for the study of mentoring, caring leadership practices, and nursing faculty retention. Section 3 will also provide an explanation for the research method, research questions, and hypothesis statements, as well as the instrumentation that was used for the intended research study. Sampling procedures, data collection, and data analysis procedures will also be discussed. An overview of participant's rights to participate in the study will also be discussed.

#### **Research Design and Approach**

The purpose of the study was to investigate the perceptions of mentorships and leadership practices of nursing faculty teaching in academia. To investigate the relationship between the aforementioned variables, a quantitative research design was the best suited method for the research study. Creswell (2003) suggested that a quantitative survey design will assist the researcher in gaining numeric data that describes "trends, attitudes, or opinions of a population..." (p. 153). The quantitative research design enabled the researcher to make inferences about a specific population based on the survey results.

#### **Overview**

The study was a quantitative, survey design in order to gain a better understanding of mentorships, leadership practices, and intent to stay teaching in the nursing profession.

The survey utilized was a cross-sectional, self-administered questionnaire which gathered pertinent demographic information as well as detailed information relating to mentoring of nursing faculty, caring leadership practices, and nursing faculty retention. The survey was administered on line through Survey Monkey. Collecting data electronically was inexpensive and allowed for ease of completion for the participant (Creswell, 2003).

Demographic information was gathered to better understand the dynamics of the participants in the research study. The demographic information included the participant's present age, age at which he/she entered the teaching profession, gender, total number of years as a nursing faculty member, intent to stay teaching at the same institution for the next academic year, and chairperson influence on intent to stay teaching. A section of the demographic portion of the questionnaire included open ended responses to gather detailed information from participants.

### **Sample and Setting**

A nonrandomized, convenience sampling method was utilized for the purposes of the quantitative research study. The population for the study included 324 nursing faculty within the selected Midwestern state (IBON, 2010). The sample was limited by excluding public institutions and nursing programs that only offered registered nurse to baccalaureate degree completion programs (RN-BSN). The sample was further limited by excluding faculty prepared at the baccalaureate degree in nursing (BSN) or lower. Master's and doctoral faculty were chosen for the study due to accrediting body policy regulations that specify that masters and/or doctorally prepared faculty teach at the baccalaureate level (CCNE, 2009; IBON, 2009). Therefore, the sample consisted of 153 nursing faculty members from across the selected state. The research study purpose,

intent, and procedures were forwarded to qualified faculty members who were masters and/or doctoral prepared and were actively teaching at baccalaureate institutions within the selected state (see Appendix D for the introductory letter).

### **Instrumentation**

Two instruments were combined into one for the purposes of the research study. The instruments included the Teacher Mentoring and Retention Questionnaire and the Leadership Behavior Description Questionnaire. The Teacher Mentoring and Retention Questionnaire (TMRQ) was developed by Smith (2007) in an effort to understand the relationships between formal and informal mentoring experiences and influences on teacher retention (Appendix A). The Leadership Behavior Description Questionnaire (LBDQ), shortened version was developed to assess leadership characteristics that occur in the natural setting. Two types of leadership behaviors were assessed within the context of the survey; the behaviors included Consideration and Initiating Structure (Appendix B). The following section contains detailed information that relates to each tool.

**Teacher Mentoring and Retention Questionnaire.** The survey instrument selected for studying the mentorship experiences was the Teacher Mentoring and Retention Questionnaire developed by Smith (2007). The survey was developed to assess the relationship between peer mentoring and retention of teachers in the southern Mississippi public school system.

Smith (2007) utilized a panel of experts to assess the validity of the tool. The panel included two professors from a higher learning institution and three teachers from kindergarten through twelfth grade. The panel assessed and verified that the tool was

valid and reliable based on the content that pertained to mentoring and teacher retention, ease of instrument usage, and ease of understanding the instrument.

The tool included gathering specific demographic information that pertained to the participant's age, age in which the participant entered the teaching profession, total number of years in the teaching profession, and gender. More specifically, in questions seven through nine the researcher asked whether the respondent intended to stay or leave the teaching profession and included a list of reasons why the respondent would choose to leave. Questions 10 through 17, the researcher inquired about participants mentoring experiences throughout each person's respective career and delineated whether the mentoring experience was formal or informal. Questions 18 through 20 related to mentoring experience, mentoring assistance, and mentoring characteristics.

The Smith (2007) tool used a variety of content sections within the instrument. The content sections investigate formal vs. informal mentoring experiences, administrative support for mentoring, intent to stay in the teaching profession, and satisfaction with the mentorship. The tool utilized categorical scales that relate to participants having a formal or informal mentoring relationship (items 1-6, & 8-17, see Appendix A); continuous scales were used to assess the mentoring relationship and areas where mentorships proved the most beneficial (items 7, & 18-20, see Appendix A).

In an effort to maintain reliability and validity of the tool, every attempt was made to keep the survey tool worded as Dr. Smith had intended. However, the survey was consolidated in an effort to make the instrument user friendly and less ambiguous. The consolidation included eliminating the formal and informal subset of questions and formulating a new question (item 10, see Appendix A) relating to mentoring and

delineated the type of mentor, no mentor versus formal mentor versus informal mentor. Question 19, the researcher asked participants to rate areas where formal or informal mentoring aided individuals. Two components of the question asked individuals to rate the school and the district which were not specific to baccalaureate nursing programs. Therefore, the selections were changed to state the program and the institution which more accurately portrayed the structure associated within higher learning. Question 14 was originally written to assess the professional teaching title for the informal or formal mentor. The question was formulated to collect the title of the mentor and designated whether the mentor was an administrator or a teacher. For the purposes of this study, the question was reworded to reflect the different ranks of nursing faculty that included the instructor, assistant professor, associate professor, and full professor ranks. Question seven (subsection c) was added to the survey as a predictor for chairperson influence on nursing faculty retention. Additionally, question nine helped indicate whether leadership practices influence nursing faculty retention. The doctoral committee (two PhD prepared faculty) reviewed and approved the aforementioned changes.

A letter requesting permission to use the tool was sent to Dr. Smith through e-mail. Dr. Smith did grant permission to use the tool and requested results from the research upon completion. The initial letter along with permission for tool usage can be found in Appendix C.

**Leadership Behavior Description Questionnaire.** Leadership practices were measured using the Leadership Behavior Description Questionnaire (LBDQ) developed by Ohio State University Personal Research Board in 1957. The LBDQ is the most widely used tool to assess leadership behaviors (Northouse, 2010). The LBDQ tool was



developed to assess leadership behaviors as they occurred in the natural environment and initially was utilized by organizations such as the military, law enforcement, and industrial organizations (Northouse, 2010; Stogdill, 1963). The shortened version of the questionnaire was created in 1963 and is titled the LBDQ-XII (Northouse, 2010; Stogdill, 1963). The instrument utilized a five point Likert scale that consists of using the terms always, often, occasionally, seldom, and never seeing the leader engage in the associated behaviors (see Appendix B). The respondents were asked to rate leadership behaviors based on the frequency that the mannerisms were displayed.

Stogdill (1963) reported two identified generalizable styles of leadership behavior. The two types of behaviors identified included the concepts of Consideration and Initiating Structure. Initiating structure behaviors focused on task oriented behaviors and emphasized organizational abilities, scheduling, and ensured that the job gets completed. Consideration referred to building relationships with team members, encouraged a trusting atmosphere, and built camaraderie amongst team members (Garbee, 2006; Halpin, 1962; Northouse, 2010; Stogdill, 1963). The Initiating structure questions accounted for in the original survey tool include numbers: four, 14, 24, 34, 44, 54, 64, 74, 84, and 94. Consideration questions from the original survey include numbers: seven, 17, 27, 37, 47, 57, 67, 77, 87, and 97 (Appendix B).

Stogdill (1963) noted that the reliability of the subscales found within the LBDQ-XII was based on the modified Kuder-Richardson formula. The author further stated that “each item was correlated with the remainder of the items in its subscale rather than with the subscale score including the item” (p.8). Stogdill (1963) further noted that the

“modified Kuder-Richardson formula yielded a conservative estimate of the subscale reliability” (p. 8).

The original and revised versions of the LBDQ and the LBDQ-XII can be found on the Ohio State University, Fisher College of Business Web Site (<http://fisher.osu.edu/research/lbdq>). The web site stated that the tools can be used at no cost for the purposes of furthering research and also stated that permission is not required for use of the LBDQ forms. The Teacher Mentoring and Retention Questionnaire and the LBDQ were combined into one survey for ease of use. Both tools used terminology familiar to the nursing faculty population to diminish response error.

Electronic mail (E-mail) was used to deliver the letter of intent, purpose of the research study, and provide the link to Survey Monkey. The rationale for utilizing this form of tool and delivery method was the ease of completing the survey and the fast rate of returns.

## **Variables**

Nursing programs across the country are limiting the numbers of qualified students admitted to nursing programs because the supply of nursing faculty does not meet the demand of students desiring to pursue a career in the nursing profession (AACN, 2006; NLN, 2006). Data delineated through studying mentored relationships, leadership practices, and chairperson influences on mentored relationships has the capability to identify differences associated with nursing faculty retention.

The dependent variables for research question 1 subparts a, b, and c were subdivided into three different categories that are synonymous with each respective research question. The dependent variables for research question 1a, 1b, and 1c included

mentoring experience, mentoring assistance, and mentoring characteristics, respectively. The mentoring experience assessed the protégé's experience with the mentoring relationship. The protégé rated the overall mentoring experience, relationship with the mentor, the impact of the mentoring experience on teaching, and administrative support. Mentoring assistance was used to evaluate the overall assistance with lesson planning, classroom management, acclimation to the program, institution, and teaching profession, reducing stress, problem solving, working with parents, and being a better teaching. Mentoring characteristics defined the perceptions associated with the mentoring experience. Mentoring characteristics included the mentor's age, planning, teaching, proximity, and mentoring success. The dependent variables, mentoring experience, assistance, and characteristics was analyzed through question items 18, 19, and 20 (see Appendix A).

The dependent variable for research questions 2a and 2b included leadership practices, initiating structure and consideration. Leadership practices have the potential to create an environment that is supportive and nurturing for new and experienced nursing faculty. Effective leadership practices are shared by members of the learning community culture and help earn credibility through the utilization of collegiality and gained trust from teachers, administrators, students, and the community (Starrett, 2005). Past experiences facilitate the leader to visualize program needs and identify changes that need to occur within today's academic institutions. The initiating structure and consideration questions were measured using items 21(a-j) and item 22 (a-j) in the survey (see Appendix B).

The independent variables for research questions 1a, 1b, 1c, and 2a and 2b included the mentor training type; no mentor, versus informal mentor, versus formal mentor. Formal mentorships often include a preordained partnership with a trained seasoned faculty member. The assigned faculty mentor will assist with introductions with key personnel, review resources, offer a review of the courses and curricula being taught, provide an overview of job benefits, administrative, and governance structures, and provide an overview depicting the culture and political environment of the institution (Blauvelt & Spath, 2008; National League for Nursing [NLN], 2006).

The differentiation with informal mentoring is the protégé and the mentor selects each other without formal assignment (Leslie, et al., 2005). Through the induction and utilization of mentored relationships one can begin the process of growth from a novice faculty into one in which leadership skills enhance faculty development in the nursing profession. Formal and informal mentoring experiences are considered the grouping variable for each research question and will be measured using question 10 (see Appendix A).

Prior to analysis of the research questions, the mentor variable (survey item 10) was grouped to create new variables. One mentor variable was composed of three categories/groups; no mentor, informal mentor, and formal mentor. Faculty who reported having had *both* an informal and formal mentor was placed into the formal mentor category. A dichotomous mentor variable was created from this grouping system by eliminating individuals who reported no mentor.

Through studying the dynamics of the defined variables, positive contributions could potentially be made to the nursing profession by discerning the differences between

leadership practices and mentorships. For the purposes of the study there was not manipulation of the variables within the research, rather, the intent was to observe the variables as they existed naturally in the environment (Gravetter & Wallnau, 2008).

### **Data Collection and Analysis**

Data collection took place after obtaining final approval from the Walden University Institutional Review Board (Appendix E). Data was collected using a four part administration survey process. Salant and Dillman (1994) cited that the four part administration survey process that included follow up measures ensured the highest rate of response (as cited in Creswell, 2003, p. 158). Initially, qualified masters and doctoral faculty within the selected state received a brief e-mail letter that explained the purpose of the study and included a link to the survey via Survey Monkey. One week later, a 2nd e-mail was sent that included a detailed letter explaining the purpose of the study, directions for completing the survey, and a hyper link to the survey. The 3rd e-mail was sent one week after the second e-mail and consisted of a brief reminder for survey completion. The 4th e-mail was sent one week after sending the third e-mail. The 4th e-mail was sent to participants as a reminder for nursing faculty who had not completed the survey and included a thank you note for respondents who had completed the survey. After the four e-mails were sent, data analysis commenced.

The hyper link was included in each of the e-mails and linked participants to Survey Monkey. Survey Monkey was used as a fast efficient way to collect data through an internet service provider. Further, Survey Monkey was chosen for ease of data analysis and anonymity for each of the participants.

## Statistical Analysis

Data were entered into PASW version 18.0 for Windows for analysis. Descriptive statistics were conducted on the participant demographics to describe nursing faculty respondents who participated in the study. Descriptive statistics were also conducted to report participants' responses to specific survey items of interest. Frequency and percentages were calculated for nominal (categorical/dichotomous) data and means and standard deviations were calculated for continuous (interval/ratio) (Howell, 2010).

**Analysis of Variance.** Analysis of Variance (ANOVA) was an appropriate statistical analysis to verify whether there was a significant relationship in the mean between one continuous dependent variable compared with two or more discrete groups (independent variable). ANOVA is a parametric test and it is proffered over Non-parametric test like chi square or Mann Whitney test because parametric tests are more robust than non parametric tests. The ANOVA uses the  $F$  test which is the ratio of two independent variance estimates of the same population variance (Pagano, 2010). The  $F$  test allowed the researcher to make a comparison amongst the group means. Prior to conducting any analysis, the assumptions of ANOVA were examined. The assumptions included the precepts of normality and homogeneity of variance. Normality assumed that the scores were normally distributed (bell shaped) and were assessed using the one sample Kolmogorov Smirnov test. Homogeneity of variance assumed that both groups have equal error variances and was assessed using Levene's test. In many cases, analyzing data with the ANOVA infers that assumptions may be violated. Violation of the assumptions is considered a robust statistic with relatively minor effects (Howell, 2010). All the assumptions of ANOVA were satisfied in this study.

**Z-Score.** The  $z$ -score was an appropriate statistical analysis to use for the research because the  $z$ -score established an association between the score, the mean, and the standard deviation. The preemptive purpose of the  $z$ -score was to consolidate the raw  $X$  values, standardize each score within the distribution and convert each  $X$  value into a signed number (+ or -). The sign allowed the researcher to determine whether the score was located above (+) or below (-) the mean and the number verified the distance between the score and the mean in terms of the number of standard deviations. A  $z$ -score that  $z = + 1$  is located one standard deviation above the mean, conversely, a  $z$ -score that  $z = - 1$  is positioned one standard deviation below the mean. The researcher chose a medium effect size of .50, a generally accepted power of .80 and a significance level of .05 to determine statistical significance within the results (Gravetter, & Wallnau, 2008).

### **Research Question 1a**

*RQ1a:* What is the difference in the perceived mentoring experience between nursing faculty who received informal mentor training and nursing faculty who received both informal/formal mentor training?

*H1<sub>a0</sub>:* There is no difference in the perceived mentoring experience between nursing faculty who received informal mentor training and nursing faculty who received both informal/formal mentor training?

*H1<sub>a1</sub>:* There is a difference in the perceived mentoring experience between nursing faculty who received informal mentor training and nursing faculty who received both informal/formal mentor training?

To test the hypothesis, a  $z$  test of independent groups was conducted to assess the difference in the perceived chairperson influence on nursing faculty experience between

nursing faculty who received informal mentor training and nursing faculty who received formal mentor training. The dependent variable, mentoring experience, was obtained from survey item 18, Parts a-d, which was summed to provide a total score. The grouping variable was mentor training type; informal vs. informal/formal.

### **Research Question 1b**

*RQ1b:* What is the difference in the perceived mentoring assistance between nursing faculty who received informal mentor training and nursing faculty who received both informal/formal mentor training?

*H1b<sub>0</sub>:* There is no difference in the perceived mentoring assistance between nursing faculty who received informal mentor training and nursing faculty who received both informal/formal mentor training?

*H1b<sub>a</sub>:* There is a difference in the perceived mentoring assistance between nursing faculty who received informal mentor training and nursing faculty who received both informal/formal mentor training?

To test the hypothesis, a z test of independent groups was conducted to assess the difference in the perceived chairperson mentoring assistance between nursing faculty who received informal mentor training and nursing faculty who received informal/formal mentor training. The dependent variable, mentoring assistance, was obtained from survey item 19, Parts a-i, and was summed to provide a total score. The grouping variable was mentor training type; informal versus informal/formal.



**Research Question 1c**

*RQ1c:* What is the difference in the perceived mentoring characteristics between nursing faculty who received informal mentor training and nursing faculty who received both informal/formal mentor training?

*H1c<sub>0</sub>:* There is no difference in the perceived mentoring characteristics between nursing faculty who received informal mentor training and nursing faculty who received both informal/formal mentor training?

*H1c<sub>a</sub>:* There is a difference in the perceived mentoring characteristics between nursing faculty who received informal mentor training and nursing faculty who received both informal/formal mentor training?

To test the hypothesis, a z test of independent groups was conducted to assess the difference in the perceived mentoring characteristics between nursing faculty who received informal mentor training and nursing faculty who received formal mentor training. The dependent variable, mentoring characteristics, was obtained from survey item 20, Parts a-h, which was summed to provide a total score. The grouping variable was mentor training type; informal vs. informal/formal.

**Research Question 2a**

*RQ2a:* What is the relationship between nursing faculty perceptions of leadership practices-initiating structure, by nursing faculty training type; no mentoring versus, informal mentoring, versus both informal/formal mentoring?

*H2a<sub>0</sub>:* There is no relationship between nursing faculty perceptions of leadership practices – initiating structure, by nursing faculty training type; no mentoring, versus informal mentoring, versus both informal/formal mentoring.

*H2a<sub>a</sub>*: There is a relationship between nursing faculty perceptions of leadership practices – initiating structure, by nursing faculty training type; no mentoring, versus informal mentoring, versus both informal/formal mentoring.

To test the hypothesis, a one-way analysis of variance (ANOVA) was conducted to assess the difference in the ratings of leadership practices-initiating structure by nursing faculty training type; no mentor vs. informal mentor vs. formal mentor. The dependent variable, leadership practices-initiating structure, was obtained from survey item 21, Parts a-j, which was summed to provide a total score. The grouping variable was mentor training type; no mentor vs. informal mentor vs. formal mentor. Post-hoc comparisons were conducted to assess the significant differences among the three groups.

### **Research Question 2b**

*RQ2b*: What is the relationship between nursing faculty perceptions of leadership practices-consideration, by nursing faculty training type; no mentoring, versus informal mentoring, versus both informal/formal mentoring?

*H2b<sub>o</sub>*: There is no relationship between nursing faculty perceptions of leadership practices- consideration, by nursing faculty training type; no mentoring, versus informal mentoring, versus both informal/formal mentoring.

*H2b<sub>a</sub>*: There is a relationship between nursing faculty perceptions of leadership practices-consideration, by nursing faculty training type; no mentoring, versus informal mentoring, versus both informal/formal mentoring.

To test the hypothesis, a one-way analysis of variance (ANOVA) was conducted to assess the difference in the ratings of leadership practices-consideration by nursing faculty training type (no mentor vs. informal mentor vs. formal mentor). The dependent

variable, leadership practices-consideration, was obtained from survey item 22, Parts a-j, which was summed to provide a total score. The grouping variable was mentor training type; no mentor vs. informal mentor vs. formal mentor. Post-hoc comparisons were conducted to assess the significant differences among the three groups.

### **Limitations, Scope, Delimitations**

There were a few identifiable limitations for the study. First, the study excluded nursing faculty with a degree less than a masters in nursing (MN) or masters of science degree in nursing (MSN) and also excluded nursing faculty from associate and diploma nursing programs. Second, the research study consisted of a relatively small sample size and utilized a convenience sample rather than randomization. Additionally, there were 65 participants and all but one participant was female. Male participants may have different perceptions regarding leadership practices and mentorships. Thus, the results of the study could not be generalized to the national population; however, the study could potentially be replicated. Replication of the study in other states could potentially emphasize the importance of mentoring, leadership practices, and nursing faculty retention.

### **Participant's Rights**

Once the researcher received final IRB approval, a detailed letter regarding the purpose of the research was e-mailed to qualified nursing faculty requesting permission and consent to participate in the study (Appendix C). The letter verified the purpose of the research, provided background information, including risks and benefits of the research, and offered an explanation of the right to participate or opt out of the research study. The letter also provided a link to the survey via Survey Monkey. Respondents

were asked to click on the electronic link that implied voluntary consent to participate in the research study. The electronic link provided in the letter automatically connected participants to the survey via Survey Monkey.

Participation in the research study was voluntary. Participants were made aware that almost all research bears risks and benefits to participating in the study. Furthermore, the respondents were made aware that participation in an on-line research study may have caused anxiety or stress related to the length of time required for survey completion. If the respondent felt any undue stress during data collection or could not answer questions due to personal preferences, the respondent had the option to quit or opt out of the survey.

Privacy was protected by maintaining anonymity throughout the survey completion and submission by utilizing Survey Monkey. Participants were instructed that there was not compensation for completing the survey and there were no direct benefits for completing the survey. However, participants were instructed that participation in the survey could potentially lead institutions to invest more time and energy into mentored relationships and caring leadership practices, thereby, increasing nursing faculty retention.

### **The Role of the Researcher in the Data Collection Process**

I am a licensed registered nurse for the past 19 years and currently teach in a baccalaureate nursing program. Bias from the researcher is limited due to very minimal contact with other institutions and nursing faculty within the state. I began the data collection process by accessing the state's board of nursing's website to retrieve names of qualified baccalaureate programs within the state. I searched each institutional website

for names and e-mail addresses of the qualified faculty teaching within each nursing program. Once the names and e-mail addresses were obtained, a letter via e-mail was sent to explain the purpose of the research, and provided a link to the survey (see appendix A). Detailed instructions for completion of the survey were included in the letter and in the beginning portion of the on-line survey.

All data was collected through use of the electronic data survey collection system, did not have any identifiers or codes attached to responses, therefore, participant responses remained anonymous. Once the data was collected through Survey Monkey, the responses were entered into PASW version 18.0 for Windows for analysis. I utilized descriptive statistics for the participant demographic information; the *z*-score and ANOVA were used to analyze the association (strength) of the relationship between the variables and was deemed appropriate for use with ordinal data (Howell, 2010).

### **Conclusion**

Section 3 presented a detailed summary of the research methodology and design. Two research questions were identified for the study. Research questions 1a, 1b, and 1c assessed the differences in mentoring experience, mentoring assistance, and mentoring characteristics between nursing faculty who received informal mentor training and nursing faculty who received both informal/formal mentor training. Research questions 2a and 2b assessed the relationships between leadership practices-initiating structure and consideration by nursing faculty training type; no mentoring versus, informal mentoring, versus formal mentoring. The two statistical tests chosen to analyze the data included the *z*-score and the ANOVA. A synopsis of the variables, participant rights, limitations, and role of the researcher was also provided.

Section 4 provides a review of the data analysis from the survey responses. The data was assessed to determine the differences between the dependent and independent variables and verified the significance. The formulated null hypotheses were either accepted or rejected based upon statistical significance.

#### Section 4: Data Analysis

The purpose of the study was to investigate the perceptions of mentorships and leadership practices of nursing faculty teaching in academia. Section 4 provides a brief description of the survey tools; justification for changes made to the TMRQ tool, and also provides the data that was collected from the survey.

Data were transferred into PASW 18.0 for statistical analysis. The data were screened for the completion of survey responses. Demographic data included the respondents' gender, age, years taught, years as a fulltime faculty member, number of years in current teaching position, number of years intending to teach, reasons to stay in the current teaching position, reasons to leave the current teaching position, intention to teach in current nursing program, and leaders influence on intent to stay teaching. Descriptive data related to mentoring history included: mentoring experience, mentor selection, gender of mentor, title of mentor, years the mentor taught, and formal mentor training. Data for each of the variables were also reviewed for completeness, missing data, consistency of response-set, outliers, and extreme cases. Incomplete survey responses were not included in the analysis. Once a thorough review of the data was completed, data analysis commenced. Frequency distributions were conducted to determine that responses were within possible range of values and that the data was not distorted by inaccuracies, outliers, non-random patterns, or missing data. Data were analyzed using the  $z$  test for testing hypotheses 1a, 1b, and 1c, and the analysis of variance (ANOVA) was used for testing hypotheses 2a and 2b.

E-mailed letters with a link to Survey Monkey were sent to 153 qualified nursing faculty teaching within one Midwestern state. Of the 153 surveys sent, 68 were returned

resulting in a 44% return rate, 3 surveys were incomplete and were not included in the analysis. The responses from 65 surveys or 42.5% of the participants were used in the final data analysis.

### **Research Tools**

The instruments used for the survey included the Teacher Mentoring and Retention Survey and the Leadership Behavior Description Questionnaire (Appendix A & B). The Teacher Mentoring and Retention Questionnaire (TMRQ) was developed by Smith (2007) in an effort to understand the relationships between formal and informal mentoring experiences and influences on teacher retention (Appendix A). The Leadership Behavior Description Questionnaire (LBDQ), shortened version was developed to assess leadership characteristics that occur in the natural setting. Two types of leadership behaviors were assessed within the context of the survey; the behaviors included Consideration and Initiating Structure (Appendix B).

The changes in the TMRQ tool were justified. The addition of question 7 (subsection c) was added as an assessment tool for chairperson influence on intent to stay teaching in the nursing profession. Although only six respondents indicated leaving their respective teaching positions this past academic year, replicated studies may find a correlation with leadership practices in relation to nursing faculty retention. Upon further introspection, I would recommend the elimination of question 11, the type of mentor during the 1st year of teaching, to minimize confusion for the participant and to eliminate disparities in the analysis.

Sixty-five full-time nursing faculty members took part in the study. All but 1 (98.5%) participant were female and 31 participants (47.7%) were aged 46-55. The mean



age that faculty began their respective teaching careers was 37.68 years ( $SD = 9.55$ ), with a range between 22 and 59 years. Twenty eight respondents (43.1%) reported between 1 and 5 years experience as full-time nursing faculty, and 19 (29.2%) reported between 6 and 10 years experience. Thirty three (50.8%) were employed between 1 and 5 years experience in their current teaching position, and 20 (30.8%) were employed between 6 and 10 years experience in their current position. Frequencies and percentages are presented in Table 1.

Table 1

*Frequencies and Percentages for Participant Demographics*

Demographic		<i>n</i>	%
Gender	Male	1	1.5
	Female	64	98.5
Age	25-25 years	6	9.2
	36-45 years	15	23.1
	46-55 years	31	47.7
	56+ years	13	20.0
Years full-time as a nursing faculty member	1-5 years	28	43.1
	6-10 years	19	29.2
	11-15 years	8	12.3
	16-20 years	1	1.5
	21+years	9	13.8
Number of years in current position	1-5 years	33	50.8
	6-10 years	20	30.8
	11-15 years	6	9.2
	16-20 years	3	4.6
	21+years	3	4.6

**Faculty Retention**

Eighty six percent of nursing faculty ( $n = 57$ ) intended to continue teaching for a minimum of 6 additional years. Of the reasons chosen to remain in their respective

current faculty positions, love teaching was reported by the majority (50, 76.9%), followed by proximity to home (31, 47.7%), supportive environment (30, 46.2%) and financial reasons (20, 38.5%). Having college-aged children at the institution was selected by five (7.7%) faculty participants.

Six faculty endorsed reasons for not staying in the current teaching position, including 3 participants who reported lack of supportive environment, 2 selected the absence of a supportive mentor, 2 who endorsed proximity to home, and 1 who reported financial reasons. Upon completion of the survey, respondents had the opportunity to select multiple reasons for not staying in the current teaching position. Frequencies and percentages are presented in Table 2.

Table 2

*Frequencies and Percentages on Intention to Teach*

Intention to teach		<i>n</i>	%
Number of years intending to teach	1-5 years	8	12.3
	6-10 years	17	26.2
	11-15 years	14	21.5
	16-20 years	15	23.1
	21+years	11	16.9
Reasons to stay in current position*	Financial	20	38.5
	Love teaching	50	76.9
	Supportive environment	30	46.2
	College-aged children at the institution	5	7.7
	Supportive mentor	11	16.9
	Vested in retirement program	10	15.4
	Proximity to home	31	47.7

*Note:* \* Participants could select multiple responses.

Intention to teach, intent to teach next year, and chairperson influence on intent to teach was also assessed with survey item 7 (Parts a-c). Response options included 1 =

not at all through 5 = extremely likely. Nurse faculty ratings on the items ranged from a score of 1 to 5. Intent to teach next year received the highest mean score ( $M = 4.92$ ,  $SD = 0.51$ ), followed by intent to teach in current nursing program next year ( $M = 4.80$ ,  $SD = 0.77$ ). The statement, *leadership practices influence intent to stay teaching in current nursing program*, was also high ( $M = 4.17$ ,  $SD = 1.14$ ). Overall, the nursing faculty responses indicated the likelihood to continue to teach. Descriptive statistics are presented in Table 3.

Table 3

*Descriptive Statistics on Intention to Teach Ratings*

Intention to teach ratings	<i>N</i>	Minimum	Maximum	<i>M</i>	<i>SD</i>
Intent to teach next year	65	1.00	5.00	4.92	0.51
Intent to teach in current nursing program next year	65	1.00	5.00	4.80	0.77
Leadership practices influence intent to stay	65	1.00	5.00	4.17	1.14

**Mentoring**

Faculty was evenly divided on having had an informal mentor (27, 41.5%) or having had *both* an informal and a formal mentor (27, 41.5%) during the individual teaching experience. Three (4.6%) faculty members reported having only a formal mentor and 8 (12.3%) reported they had *no* mentor during the individual teaching experience. During the 1<sup>st</sup> year of teaching, 25 of the faculty had *both* an informal and a formal mentor (42.4%) or a formal mentor (21, 35.6%). Twenty four (24, 37.5%) faculty reported their 1<sup>st</sup> year mentor was assigned by the school administrator. Mentors were assigned for a period that ranged from less than 1 semester to as many as 4 semesters

( $M = 1.89$ ,  $SD = 1.02$ ). Fifty one of the primary mentors were female (94.4%) and were either associate (25, 45.9%) or assistant professors (19, 34.5%) who had taught for 16 or more years (23, 41.8%). Seven (12.7%) nursing faculty participants reported their mentors had received formal training, while 19 (34.5%) reported their mentors had not received formal training, and 29 (52.7%) did not know their mentor's training history. Frequencies and percentages are presented in Table 4.

Table 4

*Frequencies and Percentages on Mentoring History*

Mentoring history		<i>n</i>	%
Mentor during teaching experience	No mentor	8	12.3
	Informal	27	41.5
	Formal	3	4.6
	Formal and informal	27	41.5
Mentor during first year of teaching	No mentor	12	18.5
	Informal mentor	7	10.8
	Formal mentor	21	32.3
	Informal and formal mentor	25	38.5
First year mentor chosen by...	No mentor first year	12	18.5
	Did not have a "formal" mentor	8	12.5
	You selected mentor	8	12.5
	Mentor selected you	3	4.7
	Assigned by school administrator	24	37.5
	Assigned based on grade/content area	6	9.4
	Don't know	3	4.7
Gender of primary mentor	Male	3	5.6
	Female	51	94.4
Title of primary mentor	Instructor	3	5.5
	Assistant professor	19	34.5
	Associate professor	25	45.5
	Professor	8	14.5
Number of years your mentor taught	1-3 years	3	5.5
	4-10 years	17	30.9
	10-15 years	12	21.8
	16 or more years	23	41.8
Did your mentor receive formal training?	Yes	7	12.7
	No	19	34.5
	Don't know	29	52.7

### **Mentoring Experience, Assistance, and Characteristics**

Three subsections of the survey obtained information related to the mentoring experience, mentoring assistance (classroom management), and mentoring characteristics (perceptions of the mentored relationship) of the nursing faculty. Mentoring experience was calculated by summing survey item 18, Parts a-d, to provide a total score. The items were rated using a scale of 1 = most negative/worst to 5 = most positive/best with 20 possible points. The mean score for mentoring experience was 14.14 ( $SD = 4.30$ ), indicating that overall, the mentoring experience was in the middle of the range from worst to best. Mentoring assistance was calculated by summing survey item 19, Parts a-i, to provide a total score. The items were rated using a scale of 1 = not at all helpful to 5 = extremely helpful with 45 possible points. The mean score for mentoring assistance was 27.89 ( $SD = 10.36$ ), indicating that overall, the mentoring assistance was in the middle of the range from not at all helpful to extremely helpful. Mentoring characteristics was calculated by summing survey item 20, Parts a-h, to provide a total score with 40 possible points. Items were coded: 1 = strongly disagree, 2 = disagree, 3 = no opinion, 4 = agree, 5 = strongly agree. The mean score for mentoring characteristics was 20.61 ( $SD = 4.21$ ). The minimums, maximums, means, and standard deviations related to the mentoring experience, assistance, and characteristics are provided in Table 5.

Table 5

*Descriptive Statistics on Mentoring Experience, Assistance, Characteristics*

Variable	<i>N</i>	Minimum	Maximum	<i>M</i>	<i>SD</i>
Mentoring Experience	56	4.00	20.00	14.14	4.30
Mentoring Assistance	56	9.00	45.00	27.89	10.36
Mentoring Characteristics	59	12.00	29.00	20.61	4.21

**Leadership Practices – Initiating Structure and Consideration**

Leadership practices-initiating structure was calculated by summing survey item 21, Parts a-j, to provide a total score. The items were coded 1 = never, 2 = seldom, 3 = occasionally, 4 = often, and 5 = always, with 50 possible points. The mean score for initiating structure was 36.13 ( $SD = 7.79$ ), suggesting that, on average, nurse faculty perceived the leaders to initiate structure *occasionally* to *often* (Appendix B).

Leadership practices-consideration was calculated by summing survey item 22, Parts a-j, to provide a total score. The items were coded 1 = never, 2 = seldom, 3 = occasionally, 4 = often, and 5 = always, with 50 possible points. Three negatively worded items were reverse-coded for analysis (F, I, and J). The mean score for initiating structure was 36.05 ( $SD = 9.75$ ), suggesting that faculty, on average, perceived their leaders to demonstrate consideration *occasionally* to *often*. The minimums, maximums, means, and standard deviations for leadership practices, initiating structure and consideration are provided in Table 6.

Table 6

*Descriptive Statistics on Leadership Practices - Initiating Structure and Consideration*

Leadership practices	<i>N</i>	Minimum	Maximum	<i>M</i>	<i>SD</i>
Initiating Structure	63	15.00	50.00	36.13	7.79
Consideration	64	13.00	49.00	36.05	9.75

**Mentor Types**

Results indicated that three participants indicated having a formal mentor and 27 reported having *both* a formal and informal mentor (survey item 10). Prior to data analysis utilizing the z-test, the groups were combined to form a more meaningful grouping variable; informal/formal group ( $n = 30$ ). A dichotomous mentor variable was created for the grouping system by eliminating individuals who reported no mentor. The two grouping variables for the z-test consisted of the informal mentor ( $n = 27$ ) versus the informal/formal grouping variable ( $n = 30$ ).

Three mentor groups were used for the ANOVA analysis. Faculty who reported having a formal mentor and those who reported having *both* a formal and informal mentor were combined to make one group; the formal mentor type group ( $n = 30$ ). The remaining two groups consisted of individuals who reported no mentor ( $n = 8$ ), participants who reported an informal mentor ( $n = 27$ ). The new grouping variables are presented in Table 7.



Table 7

*Mentor type grouping variables*

Grouping Variables	Mentor type	<i>n</i>	%
Three mentor groups	No mentor	8	12.3
	Informal mentor	27	41.5
	Formal mentor	30	46.2
	Total	65	
Dichotomous group	Informal mentor	27	47.4
	Both Informal and formal mentor	30	52.6
	Total	57	

**Hypothesis Testing**

Research question 1a, 1b, and 1c assessed the differences in mentoring experience, mentoring assistance (classroom management), and mentoring characteristics (perceptions of the mentored relationship) between nursing faculty who received informal mentor training and nursing faculty who received both informal/formal mentor training. Research questions 2a and 2b assessed the relationship between leadership practices-initiating structure and consideration by nursing faculty training type; no mentoring versus, informal mentoring, versus formal mentoring. The hypotheses were delineated as either rejected or failed to reject based upon statistical significance. The following section will provide a detailed description the perceived differences related to the overall mentoring experience, mentoring assistance, and the mentoring characteristics related to the group. Additionally, there will be a comparison related to the relationships between

perceived leadership practices and the mentor type group, no mentor, versus informal mentor, versus formal mentor.

**Research Question 1a.** What is the difference in the mentoring experience between nursing faculty who received informal mentor training and nursing faculty who received both informal/formal mentor training?

To test the hypothesis, a z test of independent groups was conducted to assess the difference in mentoring experience between those who received informal mentor training and those who received informal/formal mentor training. The dependent variable was mentoring experience, obtained from item 18, Parts a-d, which was summed to provide a total score that measured mentoring experience. The grouping variable was mentor training type; informal group versus informal/formal group.

Results of the independent sample z-test were not significant,  $z = -0.63$ ,  $p = .526$ , suggesting mentoring experience was not different by group (having an informal mentor vs. having both formal and informal mentors). Results of the z-test are presented in Table 8.

Table 8

*Independent Sample z-Test on Mentoring Experience by Group*

Group	<i>z</i>	<i>p</i>	Informal mentor ( <i>n</i> = 25)		Formal and informal mentor ( <i>n</i> =30)	
			<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Group	-0.63	.526	13.80	3.84	14.53	4.73

**Research Question 1b.** What is the difference in the perceived mentoring assistance between nursing faculty who received informal mentor training and nursing faculty who received both informal/formal mentor training?

To test the hypothesis, a z test of independent groups was conducted to assess the difference in the perceived chairperson mentoring assistance between those nursing faculty who received informal mentor training and those who received informal/formal mentor training. The dependent variable was mentoring assistance, obtained from survey item 19, Parts a-i, which was summed to provide a total score that measured mentoring assistance. The grouping variable was mentor training type; informal versus informal/formal group.

Results of the independent sample z-test were not significant,  $z = -0.70$ ,  $p = .482$ , suggesting that mentoring assistance was not different by group; having an informal mentor vs. having informal/formal mentors. Results of the z-test are presented in Table 9.

Table 9

*Independent Sample z-Test for Mentoring Assistance by Group*

Group	<i>z</i>	<i>p</i>	Informal mentor ( <i>n</i> = 25)		Formal and informal mentor ( <i>n</i> =30)	
			<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Group	-0.70	.482	27.16	8.76	29.07	11.33

**Research Question 1c.** What is the difference in the perceived mentoring characteristics between nursing faculty who received informal mentor training and nursing faculty who received both informal/formal mentor training?

To test the hypothesis, a z test of independent groups was conducted to assess the difference in the perceived mentoring characteristics between those nursing faculty who received informal mentor training and those who received informal/formal mentor training. The dependent variable was mentoring characteristics, obtained from survey

item 20, Parts a-h, which was summed to provide a total score that measured mentoring characteristics. The grouping variable was mentor training type; informal versus informal/formal group.

Results of the independent sample  $z$ -test were not significant,  $z = 0.74$ ,  $p = .458$ , suggesting that mentoring characteristics was not different by group; having an informal mentor vs. having both informal/formal mentors. Results of the  $z$ -test are presented in Table 10.

Table 10

*Independent Sample  $z$ -Test for Mentoring Characteristics by Group*

	$z$	$p$	Informal mentor ( $n = 25$ )		Formal and informal mentor ( $n = 30$ )	
			$M$	$SD$	$M$	$SD$
Group	0.74	.458	20.88	3.82	20.03	4.63

**Research Question 2a.** What is the relationship between nursing faculty perceptions of leadership practices-initiating structure, by nursing faculty training type; no mentoring versus, informal mentoring, versus both informal/formal mentoring?

To test the hypothesis, a one-way analysis of variance (ANOVA) was conducted to assess the relationship in the ratings of leadership practices-initiating structure by nursing faculty training type; no mentor, versus informal mentor, versus formal mentor. The dependent variable was leadership practices-initiating structure, obtained from survey item 21, Parts a-j, which was summed to provide a total score that measured leadership practices-initiating structure. The grouping variable was mentor training type; no mentor, versus informal mentor, versus formal mentor. The Levene's Test was not significant (see Table11).

Table 11

*Levene's Test of Homogeneity of Variances*

Dependent Variable	<i>Levine Statistic</i>	<i>df</i> 1	<i>df</i> 2	<i>p</i>
Leadership Practices-initiating structure	.389	2	60	.679

Results of the ANOVA were significant,  $F(2, 60) = 4.80, p = .012$ , suggesting there were differences in perceptions of initiating structure by group. To assess these differences, a post hoc analysis was conducted using Tukey pairwise comparisons. Those with no mentor ( $M = 28.88, SD = 9.91$ ) scored significantly lower than those with an informal mentor ( $M = 36.31, SD = 6.86$ ). Also, participants with no mentor ( $M = 28.88, SD = 9.91$ ) scored significantly lower than those with a formal mentor ( $M = 37.97, SD = 7.02$ ). There was not a significant relationship in the perceptions of initiating structure between participants who had a formal mentor and participants who had an informal mentor. The null hypothesis was rejected; there was a difference in the perceptions of leadership practices-initiating structure between nursing faculty who had no mentor and those who had a mentor; formal or informal. Results of the ANOVA are presented in Table 12.

Table 12

*ANOVA for Leadership Practices-Initiating Structure by Group*

Source	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Group	519.60	2	259.80	4.80	.012
Error	3245.38	60	54.09		

The means and standard deviations for leadership practices, initiating structure by group are presented in Table 13.

Table 13

*Means and Standard Deviations for Leadership Practices-Initiating Structure by Group*

Group	<i>M</i>	<i>SD</i>
No mentor	28.88	9.91
Informal mentor	36.31	6.87
Formal mentor	37.97	7.02
Total	36.13	7.80

**Research Question 2b.** What is the relationship between nursing faculty perceptions of leadership practices-consideration, by nursing faculty training type; no mentoring, versus informal mentoring, versus both informal/formal mentoring?

To test the hypothesis, a one-way analysis of variance (ANOVA) was conducted to assess the relationship in the ratings of leadership practices-consideration by nursing faculty training type; no mentor vs. informal mentor vs. formal mentor. The dependent variable was leadership practices-consideration, obtained from survey item 22, Parts a-j, which was summed to provide a total score that measured leadership practices-consideration. The grouping variable was mentor training type; no mentor, versus informal mentor, versus formal mentor. The Levene's Test was not significant (see Table 14).

Table 14

*Levene's Test of Homogeneity of Variances*

Dependent Variable	Levine Statistic	<i>df</i> 1	<i>df</i> 2	<i>p</i>
Leadership Practices-initiating structure	.195	2	61	.823

Results for the ANOVA were significant,  $F(2, 61) = 3.21, p = .047$ , suggesting there was a relationship in perceptions of consideration by group. To assess these differences, a post hoc analysis was conducted using Tukey pairwise comparisons. Those with no mentor ( $M = 28.75, SD = 10.36$ ) scored significantly lower than those who had a formal mentor ( $M = 38.28, SD = 9.02$ ). There was not a significant relationship in the perceptions of consideration between those who had no mentor and those who had an informal mentor or between those who had a formal mentor and those who had an informal mentor. The null hypothesis was rejected; there was a relationship in the perceptions of consideration between nursing faculty who had no mentor and those who had a formal mentor. Results of the ANOVA are presented in Table 15.

Table 15

*ANOVA for Leadership Practices-Consideration by Group*

Source	SS	df	MS	F	p
Group	571.49	2	285.75	3.21	.047
Error	5423.38	61	88.91		

The means and standard deviations for leadership practices, consideration by group are presented in Table 16.

Table 16

*Means and Standard Deviations Leadership Practices-Consideration by Group*

Group	M	SD
No mentor	28.75	10.36
Informal mentor	35.82	9.60
Formal mentor	38.28	9.02
Total	36.05	9.75

## Conclusion

Section 4 presented a summary of the data obtained from survey results. In total, 153 nursing faculty were e-mailed the survey, 68 surveys were returned, and 65 survey responses were used in the final data analysis. Descriptive statistics were used to explain the characteristics of the mentor. All but 1 participant was female and a large number of participating faculty members were aged between 46-55 years. More than half of the participants reported between 1 and 5 years experience in their current teaching position, and 20 participants reported between 6 and 10 years experience in their current teaching position. The majority of respondents cited that the 1st year mentor was assigned by school administrator; the dominant gender for the mentor was reportedly female, and the most common title identified was the associate professor rank. The majority of mentors taught for a duration greater than 16 years and most respondents reported not knowing whether the mentor received formal mentor training.

Two research questions were identified for the study. Research questions 1a, 1b, and 1c assessed the perceived differences between the mentor type group and the association with mentoring experience, mentoring assistance, and mentoring characteristics. Results of the independent sample *z*-test for questions 1a, 1b, and 1c were not significant, suggesting that mentoring experience, mentoring assistance, and mentoring characteristics were not different by group; having an informal mentor vs. having both formal and informal mentors. Results indicated that the individual perceptions of the overall mentored experience, mentoring assistance, and mentoring characteristics were not influenced by either formal or informal mentored relationships.



Research questions 2a and 2b disseminated the relationship between leadership practices-initiating structure and consideration by nursing faculty training type; no mentoring vs. informal mentoring vs. formal mentoring. Results from the ANOVA for questions 2a and 2b were significant, suggesting there were differences in perceptions of initiating structure and consideration by group. Participants who reported no mentor scored significantly lower than individuals who reported having a formal mentor. Results indicated that individual perceptions of leadership practices may be influenced by mentored relationships.

Faculty retention questions were addressed by assessing intention to teach in the current nursing program, intention to teach next year, and chairperson's influence on intention to teach. Results indicated that 70% ( $n=46$ ) of nursing faculty intended to continue teaching for a minimum of six additional years. Respondents were able to select multiple responses for indicating reasons for leaving the current teaching position. Six faculty endorsed reasons they do not intend to stay in the teaching profession, including three that reported lack of supportive environment, two that lacked a supportive mentor, two that endorsed proximity to home, and one that reported financial reasons for leaving.

Section 5 provides an overview of the research and an interpretation of the results. Section 5 also provides implications for social change, recommendations for action, recommendations for further study, and concluding remarks.

## Section 5: Discussion

The purpose of the study was to investigate the perceptions of mentorships and leadership practices of nursing faculty. The study was based on the theoretical premise that there is a lack of qualified nursing faculty within the United States that can be directly attributed to schools of nursing turning away students (Berlin & Sechrist, 2002; Blauvelt & Spath, 2008). Developing and implementing mentored relationships has been recognized as a significant component of faculty development and retention and is an important constituent of the academic environment (Zeind et al. 2005). Newly established mentored relationships and the implementation of caring leadership practices can assist novice nursing faculty to learn the culture of the institution and promote positive work place relationships (NLN, 2006).

Watson's (1979) caring theory was used to explain the relationship between leadership practices, mentorships, and nursing faculty retention. Caring is the foundational practice on which the profession of nursing is built and can be considered an essential component for dealing with faculty, administration, and students within the educational realm (McCance, McKenna, & Boore, 1999). Caring theories have been used in multiple research studies that related to mentoring experiences (Blauvelt & Spath, 2008; Snelson, Martsof, Dieckman, Anaya, Cartechine, Miller, et al., 2002). When evaluating the mentoring experience, protégés identified role acclimation which exemplified a caring environment (Blauvelt & Spath, 2008). More specifically, the protégé was acclimated to role development, resources, and the culture of the institution.

Section 5 will provide a brief overview of the study, the formulated research questions, and an interpretation of the results. Additionally, implications for social

change, recommendations for action, and recommendations for future studies are also discussed.

### **Summary of the Problem**

The research involved studying the perceptions of mentorships and leadership practices of nursing faculty teaching in academia. The goal for the research was twofold. First, the addition of new research disseminated differences between formal and informal mentoring experiences in relation to the mentoring experience, mentoring assistance (classroom management), and mentoring characteristics (perceptions of the mentored relationship). The second goal was to study the relationships between mentor training type, no mentor, versus informal mentor, versus formal mentor, and the individual perceptions of respondents related to leadership practices. Both goals could potentially shed new light on the perception of individual mentored relationships and leadership practices, which can aid in retaining qualified nursing faculty. Additional research was warranted to understand the relationship and differences between mentorships and leadership practices that may positively impact nursing faculty retention.

### **Research Methodology**

A quantitative, survey design was implemented to gain a better understanding of mentorships and leadership practices. The survey was a cross-sectional, self-administered survey which was sent to masters and doctoral prepared nursing faculty in a Midwestern state within the United States. The survey was comprised of two instruments, the Leadership Behavior Description Questionnaire (LBDQ) and the Teacher Mentoring and Retention Survey (TMRQ). The combined survey was used to

assess the perceptions of mentoring experiences, leadership practices, and identified the overall rate of nursing faculty retention as reported by respondents.

The sample consisted of 153 nursing faculty members from across the selected state. In April, 2011 e-mailed letters with a link to Survey Monkey were sent to 153 qualified nursing faculty teaching within one Midwestern state. There were a total of four e-mails sent to respondents to ensure the maximum number of participants for the study. Of the 153 surveys sent, 68 were returned resulting in a 44% return rate; three were incomplete and were not used in the analysis. The responses from 65 (42.5%) participants were used in the final data analysis.

Data were entered into PASW version 18.0 for Windows for analysis.

Descriptive statistics were conducted on the participant demographics to describe nursing faculty respondents who participated in the study. Data for each of the variables was reviewed for completeness, missing data, consistency of response-set, outliers, and extreme cases. Incomplete survey responses were not included in the analysis. Once a thorough review of the data was completed, data analysis commenced. Frequency distributions were conducted to determine that responses were within possible range of values and that the data was not distorted by inaccuracies, outliers, non-random patterns, or missing data. Data was analyzed using the  $z$  test for testing hypotheses 1a, 1b, and 1c, and the analysis of variance (ANOVA) was used for testing hypotheses 2a and 2b.

### **Research Questions**

Two research questions were used to frame the study. Research question 1 was divided into three subparts 1a, 1b, and 1c. A dichotomous mentor variable was created to form two groups; the informal mentored group and the formal mentored group. Faculty

who reported having had *both* an informal and formal mentor was placed into the formal mentor group. Once the dichotomous mentor groups were formed, the data for research questions 1a, 1b, and 1c were analyzed to assess the differences in the perceived mentoring experience, mentoring assistance, and mentoring characteristics between nursing faculty who received informal mentor training and nursing faculty who received both informal/formal mentor training.

Research question two was divided into two subparts, 2a and 2b. The intent was to assess the relationship between leadership practices, initiating structure and consideration by mentor group; no mentor, versus informal mentor, versus formal mentor. Each research question was disseminated individually to attain a better understanding of the results.

### **Research Question 1a**

What is the difference in the perceived mentoring experiences between nursing faculty who received informal mentor training and nursing faculty who received both informal/formal mentor training? The null hypothesis stated that was no difference in the perceived mentoring experiences between nursing faculty who received informal mentor training and nursing faculty who received both informal/formal mentor training. Twenty seven participants indicated having an informal mentor and 30 participants indicated having been in a formal/informal group. The mentoring experience (item 18, Parts a-d) was summed to provide a total score that measured mentoring experience with the mentor training type (item 10). Results of the independent sample z-test were not significant, suggesting mentoring experience was not different by group; the null hypothesis was not rejected.

Perceptions of the mentoring experience were used to assess the differences in the overall mentor relationship between individuals who were either informally or formally mentored, the impact of the mentoring relationship on faculty retention, and administrative support. Mentoring programs come in many varieties and may vary from formal or informal support of a new faculty member with one who has experience teaching, knowledge of the academic climate, and research responsibilities (Strong, 2005). Baker (2010) supported the inclusion of orientating new faculty to the institution and the nursing department, offered support as warranted and established learning communities, all in the hope of retaining the new faculty members. Baker (2010) deduced the importance of acclimating new faculty to the teaching role to enhanced overall nursing faculty retention. Mentored relationships remain a viable alternative to developing and sustaining meaningful workplace relationships that have the capability to retain qualified nursing faculty in academia.

### **Research Question 1b**

What is the difference in the perceived mentoring assistance between nursing faculty who received informal mentor training and nursing faculty who received both informal/formal mentor training? The null hypothesis stated that there was no difference in the perceived mentoring assistance between nursing faculty who received informal mentor training and nursing faculty who received both informal/formal mentor training. The z test showed that there was not a significant difference in mentoring assistance (item 19, Parts a-i) between nursing faculty who received informal mentor training and those who received formal mentor training (item 10). Based on the lack of statistical significance, the null hypothesis was not rejected.

Mentoring assistance assessed overall acclimation to teaching, the program, the institution and evaluated areas in which the mentored relationship benefited new faculty and disseminated ways in which faculty were acclimated to the faculty role. There are many stressing issues that faculty face on a day-to-day basis, yet an increasing demand for nursing faculty remains apparent (Allen, 2008; Blauvelt & Spath, 2008; Lewallen, et al., 2003). Promotion of a healthy workplace atmosphere has the potential to lead to a higher number of satisfied faculty staying in the educational arena. By utilizing the theory and connection model, participants were able to develop new knowledge, formulate connections, and demonstrate professional growth from experiences gained by being active in the mentor role (Tang & Choi, 2005). Constructing new knowledge related to the mentored relationship is essential for the professional development of new and seasoned faculty in academia (Tang & Choi, 2005). Knowledge gained through participating in the mentoring program allowed the formation of understanding the complexity of the faculty role and a sense of connectedness to responsibilities associated with new faculty orientating into academia.

### **Research Question 1c**

What is the difference in the perceived mentoring characteristics between nursing faculty who received informal mentor training and nursing faculty who received both informal/formal mentor training? The null hypothesis stated there was no difference in the perceived mentoring characteristics between nursing faculty who received informal mentor training and nursing faculty who received both informal/formal mentor training. To test the hypothesis, a z test of independent groups was conducted to assess the difference in the perceived mentoring characteristics (item 20, Parts a-h) between those

nursing faculty who received informal mentor training and those who received formal mentor training (item 10). Results of the independent sample *z*-test were not significant and the null hypothesis was not rejected.

Perceptions regarding mentoring characteristics such as gender, age, impact and proximity of the mentored relationship, and sustention within the teaching profession were evaluated. Research conducted by Hubbard et al. (2010) identified facilitating themes related to mentoring that included open communication, supportive environment, collegiality, professional commitment, positive past experience, accessibility, and a formal mentoring plan. Mentored relationships have the potential to develop sustainable working relationships that retain qualified faculty in academia and offset the nursing faculty shortage and the shortage of nurses working at the bedside (Baker, 2010; Disch, Edwardson, & Adwan, 2004; Dunham-Taylor et al., 2008; Hansman, 2002, Hessler & Ritchie, 2006). Harrison et al. (2005) reported that a mentoring relationship was needed to engage new teachers in a reflective community of practice and enable them to be viewed as viable and respected members of academia. Teaching new faculty to be viable members of academia can positively enhance the individual perceptions related to the roles and responsibilities associated with the educator role.

The concept of caring underlies the development and sustention of successful working relationships. Caring cultures have the capability to form bodies of knowledge, enhance teaching expertise, and form collaborative teaching environments. To support the ideation of implementing the ideation of caring into a nursing program, Blauvelt and Spath (2008) developed a mentoring program to facilitate caring interactions amongst new and seasoned faculty (Blauvelt & Spath, 2008). Protégés were acclimated to the



faculty role by receiving caring support and socialization into the institution (Blauvelt & Spath, 2008). Mentors assessed the teaching history for each respective new faculty member to better allow for a prioritization of topics that needed to be covered (Blauvelt & Spath, 2008). Through the intended caring strategies, a sense of trust was fostered.

### **Research Question 2a**

What is the relationship between nursing faculty perceptions of leadership practices-initiating structure, by nursing faculty training type; no mentoring versus, informal mentoring, versus both informal/formal mentoring? The null hypothesis stated there was no relationship between nursing faculty perceptions of leadership practices – initiating structure, by nursing faculty training type; no mentoring vs. informal mentoring vs. both informal/formal mentoring. A one-way analysis of variance (ANOVA) was conducted to assess the relationship in the ratings of leadership practices-initiating structure (item 21, Parts a-j) by nursing faculty training type; no mentor vs. informal mentor vs. formal mentor (item 10). Results of the ANOVA were significant at the  $p = .05$  level, suggesting there were differences in the ratings of initiating structure by group (formal mentor versus no mentor). Therefore, the null hypothesis was rejected.

Empowering leadership behaviors have the capability to build and sustain relationships amongst leaders, faculty, and students (Brancato, 2007). Empowered collegiality was deemed as an important aspect of teaching and learning and was a positive correlation in the determinant in working with others and solving problems (Brancato, 2007). Schell (2006) reported innovations in teaching linked positive leadership practices, attitudes, and inherent leadership qualities that supported growth. The results also ascertained that teaching in a culture that stressed academic freedom,

promoted innovation, enhanced teaching practices, and demonstrated a creative environment encouraged learning and strengthened relationships between leaders, faculty, and students (Brancato, 2007; Hanson & Stenvig, 2008; Knight, 1998; Schell, 2006; Whitehead et al., 2007).

Leadership practices - Initiating Structure, emphasized the leader's organizational abilities, scheduling, and ensured that the job gets completed (Garbee & Killacky, 2008; Stogdill, 1963). The convergence of mentored relationship and leadership practices supported a relationship between individuals who had a formal or informal mentored relationship compared with individuals who reported no mentoring experience. Pipe (2008) asserted that caring leadership practices facilitate the development of professional relationships that foster respect, responsibility, intention, and patience. Hoover (2002) reported that by identifying with others through teaching and learning experiences, individuals can formulate a greater understanding of the other. Leaders are responsible for developing and sustaining caring behaviors, and caring presence in formal and informal relationships.

### **Research Question 2b**

What is the relationship between nursing faculty perceptions of leadership practices-consideration, by nursing faculty training type; no mentoring, versus informal mentoring, versus both informal/formal mentoring? The null hypothesis stated there is no relationship between nursing faculty perceptions of leadership practices-consideration, by nursing faculty training type; no mentoring vs. informal mentoring vs. both informal/formal mentoring. A one-way analysis of variance (ANOVA) was conducted to assess the relationship in the ratings of leadership practices-consideration

(item 22, Part a-j) by nursing faculty training type (item 10). The results obtained from question 2b demonstrated that there was a difference in the perceptions of leadership practices for individuals who reported formal mentorship training versus participants who cited no mentoring relationship. Results obtained from the ANOVA were significant, at the  $p = .05$  level, suggesting there was a relationship in the ratings of consideration by group and the null hypothesis was rejected.

Brancato (2007) reported an increased need for faculty to be supported by administrators and was able to link empowering behaviors to future nursing practice and the development of positive leadership practices. Caring leadership practices invoke a sense of understanding that is reciprocated between the mentor and protégé that creates an atmosphere of understanding between people and attempts to build caring, compassionate, and knowledgeable relationships (Pipe, 2008; Watson, 2009). Building cohesive associations between faculty and leaders will help sustain caring and meaningful work relationships.

Leadership practices – Consideration, refer to building relationships with team members, encourages a trusting atmosphere, and builds camaraderie amongst team members (Garbee & Killacky, 2008; Stogdill, 1963). The reflective practices of caring leaders can support and build sustainable working relationships. Furthermore, caring elements help support reflective practice, relationship building, and facilitates the successful enculturation of new faculty into academia (Gazza & Shellenbarger, 2005). Caring precepts can facilitate relationship building by promoting communication with others, creating a shared vision, and developing honest and respectful work environments in which guidance and support amongst faculty members exists (Pipe, 2008). Watson

(2009) asserted that caring environments are increasingly dependent on relationships, partnerships, negotiation, coordination, and authentic connections. Caring relationships facilitate an in-depth understanding and involvement in the mentoring relationship that creates high levels of trust and caring (Mahara et al., 2005). Reflective practices that facilitate trustworthy, honest working relationships have the capability to build cultures immersed in a caring atmosphere.

### **Nursing Faculty Retention**

The researcher evaluated responses related to retention and attrition for faculty in academia. Results indicated that seventy percent of nursing faculty intended to continue teaching for a minimum of six additional years. Reasons identified for a continuance to teach indicated a love for teaching, supportive environment, close proximity to home, and financial reasons. Shirey (2006) and Yordy (2006) reported that increased job satisfaction can be an influential contributor to attracting and retaining qualified faculty in the educational arena. Clearly, this can be linked to a high number of individuals who reported a desire to stay in teaching in academia.

Six faculty members endorsed reasons they do not intend to stay in the teaching profession. Reasons cited for leaving respective teaching positions included the lack of a supportive environment, lack of a supportive mentor, a hostile working environment, financial reasons, and proximity to home. Mintz-Binder and Fitzpatrick (2009) concluded that future researchers may want to focus more attention on social support, job satisfaction, and workload issues. Hubbard et al. (2010) reported that increased attrition was linked to lack of time and availability, horizontal violence, non-supportive environment, incompatibility, fear and insecurity, disinterest in the mentoring process,

and lack of a mentoring plan. Dunham-Taylor (2008) reported that the lack of mentored relationships can lead to frustration, isolation, and role dissatisfaction with new faculty, thereby, increasing the probability for increased attrition. Based on the results from the survey, prospective employers may enhance faculty retention by promoting mentoring relationships and positive leadership practices. Further, there is an underlying precedence to remove barriers that lead to increased attrition. Addressing job satisfaction and barriers may lead to increased numbers of faculty staying in academia and, in turn, alleviate the nursing faculty shortage, and the nursing shortage.

### **Discussion of Practical Applications**

Mentored relationships have the capability to influence individual perceptions of leadership practices. The results suggested that there is a disparity between the perceived leadership practices-initiating structure and consideration, between individuals who reported no mentor versus participants who were formally mentored. Results from the research demonstrated that individuals who reported no mentor scored significantly lower than individuals who reported a formal mentored relationship. Inevitably, the mentored relationship has the potential to build a caring, sustainable, workplace atmosphere that will enhance retention of new and seasoned faculty in academia (Baker, 2010; Disch, Edwardson, & Adwan, 2004; Dunham-Taylor et al., 2008; Hansman, 2002, Hessler & Ritchie, 2006). Conversely, the lack of mentored relationships has the potential to influence perceptions of leadership practices and could lead to an increase in nursing faculty leaving academia. The results obtained from questions 2a and 2b raised serious questions regarding the lack of perceived mentor training in the group that reported no mentor. Reasons for the lack of mentor preparation would warrant further exploration to

assess reasons for the lack of mentored relationships. Further, barriers to mentoring should be explored to assess reasons that mentoring relationships are not being formed within programs of nursing or academic institutions.

Several studies reported a multi dimensional set of barriers related to the mentored relationship (Dunham-Taylor, 2008; Leslie et al., 2005; Schriener, 2007; Schell, 2006; Tang & Choi, 2005). Dunham-Taylor (2008) reported barriers that included feelings of isolation and role frustration which have the potential to lead to increased attrition rates for new faculty. Participants in Tang and Choi's (2005) study described the mentored relationship to be hierarchical and/or intimidating which was not conducive to learning. Leslie et al. (2005) supported the perception that participants identified time constraints as being a large barrier to the mentoring relationship and also reported feelings of intimidation when asking for assistance from experienced faculty members. The aforementioned barriers could lead to negative mentored relationships and a breakdown in lines of communication negating faculty role satisfaction, thereby increasing attrition rates for new faculty.

Watson (2009) stated that a lack of human caring may be related to the nursing shortage and professional shortfalls founded within the continuum of nursing. The results garnered from the study support the ideation that the development of caring leadership practices and mentorships may enhance sustainable working relationships. Individuals who lack the mentored relationship have the potential to experience a higher rate of burn out and the lack of caring, sustainable, working relationships. Watson (2009) further stated that caring leadership practices invoke a sense of understanding that creates an atmosphere of understanding between people and attempts to build caring,

compassionate, and knowledgeable relationships (Watson, 2009). Shirey (2006) reported the caring professionals, more specifically, social workers, teachers, and nurses are more likely to experience higher rates of job burnout and increased attrition related to high job expectations, pressure to maintain clinical competence, and heavy workloads. Watson (2009) concluded that a radical change to a caring consciousness is necessary to reverse the nursing shortage. A deeper philosophical, value based approach relevant to sustaining the integrity and dignity of the profession of nursing will be needed to increase faculty retention.

### **Implications for social change**

Mentored relationships and the perception of leadership practices were studied in order to gain a greater understanding of the dynamics involved with the development and maintenance of sustainable, caring, working relationships to curtail nursing faculty shortage. Results disseminated from the study have the potential to positively influence social change within the nursing profession. The results indicated that there was a significant difference between the perception of leadership practices between individuals in the formal mentor group and individuals without a mentor. Implications for social change can be inferred by accumulating new knowledge regarding leadership practices. Leadership perceptions of new and seasoned faculty should be explored to gain further insight into leadership characteristics deemed as important for heading a department of nursing and identifying quality indicators promoting a positive workplace culture, in turn, retaining qualified nursing faculty.

Implications for health care, nursing practice, and the overall effects of developing positive social change could be related to supportive mentorships and the

implementation of caring leadership practices. The National League for Nursing (2006) asserted that positive social change can occur when nursing faculty and leaders develop and maintain healthy working relationships which have the capability to lead to an increase in retention of nursing faculty. The inference for positive social change would call for institutions investing additional time, resources, and energy into mentored relationships, supporting caring leadership practices, in a concerted effort to increase nursing faculty retention (Cunningham, 1999). The results could have a possible windfall effect that may allow more students to be admitted into nursing programs thereby potentially offsetting the already present nursing shortage.

Additionally, social change has occurred at the local level by the instillation of a formal mentoring program within a local academic institution. The inception of the mentored program affirms the recommendations that mentoring programs be developed, supported, and promoted by leaders and administrative personal to ensure the future of nursing programs. The inception of mentoring programs have the potential to increase job satisfaction, retain qualified nursing faculty, increase the numbers of students allowed entrance into nursing programs, and increase of nurses entering professional practice (AACN, 2005; NLN, 2006). All would have implications for promoting the profession, development of professional working relationships between faculty, leaders, and administrative personal.

### **Recommendations for Action**

Recommendations for action have the potential to impact new faculty entering the academic arena, seasoned faculty, leaders, administrative personal, institutions, nursing students, and individuals seeking health care. Based on the results of the study, there



were two identifiable recommendations for action. The first recommendation warrants further assessment related to barriers for mentoring. Benefits from the recommendation have the potential to impact current and future faculty, students, leaders, and administrative personal. I would recommend that nursing programs assess barriers to address the lack of mentored relationships in order to disseminate factors that would build healthy, sustainable, working relationships. Results could aid in identifying problematic areas within each program from influencing new and seasoned faculty from attaining the same demise, which may lead to role frustration, and ultimately leaving academia. Mentoring faculty in academia could help strengthen nursing programs which can strongly influence the quality of new nurses entering the workforce. Identifying and alleviating barriers to the mentored relationship can maximize healthy, sustainable working relationships.

The second recommendation includes a continuance of formal and informal mentored relationships within programs of nursing. Perceptions of the mentored relationships could be explored in a qualitative research methodology and an interpretation of the results could help disseminate further areas within the workplace relationships that need further cultivation. In turn, mentored relationships supported and promoted by faculty, leaders, and administrative personal promote the future of nursing programs, improve faculty relationships in a caring and sustainable manor, thereby influencing the numbers of students entering schools of nursing and professional practice (Blauvelt & Spath, 2008; Dunham-Taylor et al., 2008; Gazza & Shellenbarger, 2005; Halcomb, Gregg, & Roberts, 2007). Brendtro and Hegge (2000) reported that the instillation of mentored relationships can positively influence nursing faculty retention.

All would have implications for promoting the nurses entering academia, alleviating the nursing faculty shortage, and ultimately offset the impending nursing shortage.

Ultimately, the increase of nurses entering the workforce and practicing at the bedside can positively influence patient care outcomes.

The positive aspects of the mentored relationship are threefold. First, the mentored relationships have the capability to enhance a caring atmosphere in which new faculty feel welcomed and valued. Second, seasoned faculty has the capability to foster caring relationships with new faculty and promote teaching expertise within academia. Third, leaders and administrative personal have the capability to implement and nurture mentored relationships within nursing programs and the institution. The nurturance of working relationships has the capability to formulate a positive culture at the programmatic and institutional level. The challenge for educational institutions is to learn how to create both a physical and psychological climate in which leaders and faculty are afforded opportunities to interact with each other to such an extent that they can form intentional, caring, and effective working relationships (Cunningham, 1999). Recommended future actions necessitate the need further investigating the depth of the mentored relationship, assistance with identifying areas in academia and the work place environment that need improvement, and disseminating reasons for faculty leaving academia. The implications resultant from the interventions has the potential to retain qualified nursing faculty, strengthen the structure of nursing programs and workplace relationships at the programmatic and institutional level, and positively influence the quality of nursing programs available for incoming nursing students. The benefits would

extend to alleviating the nursing shortage and positively influencing care being delivered at the bedside.

### **Recommendations for Further Study**

There was a notable disparity between the perceptions of leadership practices between individuals who were formally mentored versus individuals who indicated no mentor. Further research is warranted to explore the individual perceptions of leadership practices between the two groups and compare the perceptions of leadership practices. The results have the potential to help leaders reach out to individuals who had no formal mentoring and build satisfying working relationships with all individuals within the allotted nursing program. Building sustainable working relationships has the potential to instill a cohesive working atmosphere to foster the growth and development of all nursing faculty.

The final recommendation would warrant an exploration of the leader's perceptions between individuals who had no mentoring experience versus individuals who indicated an informal or formal mentoring experience. The benefits of the study would be two fold. First, the leader would begin to understand the disparity between the different mentored groups, no mentor, versus informal mentor, versus formal mentor, and understand the relationship and differences between the groups. The leader could facilitate a mentored relationship between individuals working within the academic climate to foster a more cohesive workplace atmosphere. Second, the leader has the potential to involve administrative personal in facilitating formal mentored relationships entering the academic role. The recommendations would assist leaders to develop an awareness of the differences in behaviors between the groups. Furthermore, the leader

could facilitate new faculty with role acclimation into academia and foster sustainable working relationships within the program and at the institutional level.

The recommendations for future research would warrant an exploration of the perceptions of new and seasoned nursing faculty within academia and leadership perceptions within individual nursing programs. The implications for future research have the potential to build and foster caring climates between individuals, leaders, and administration. The primary goal will include enhancing workplace collegiality, understand the working relationships and differences amongst the diverse groups, and preserve faculty within academia.

### **Conclusion**

Results indicated the leadership styles, initiating structure and consideration, have a direct correlation to faculty who indicated the lack of a mentoring relationship. Administrative personal, leaders, and nursing faculty should support and encourage mentored relationships to promote sustainable working relationships. Caring leadership practices can encourage trusting relationship, offer thoughtful guidance, and promote a healthy workplace atmosphere for all faculty members teaching within academia.

There is great importance placed on continued research related to leadership practices, mentorships, and caring cultures due to the number of master's and doctoral prepared nursing faculty leaving the profession, retiring, or gaining positions in other health care arenas (NLN, 2006). Job satisfaction and support from administration and leaders are considered essential components for building and sustaining healthy workplace relationships. Continued research might influence nursing programs to place

further value on caring cultures founded within the institution, leadership practices, and the promotion of supportive mentored relationships.

## References

- Allan, J. D., & Aldebron, J. (2008). A systematic assessment of strategies to address the nursing faculty shortage, *U.S. Nursing Outlook*, 56, 286-297. Retrieved from CINAHL (Accession No. 2010135512)
- Allen, L. (2008). The nursing shortage continues as faculty shortage grows. *Nursing Economics*, 26(1), 35-40. Retrieved from CINAHL (Accession No. 2009812506)
- American Association of Colleges of Nursing. (2009). *New AACN Data show the impact of the economy on the nurse faculty shortage*. Retrieved September 21, 2010, from [www.aacn.nche.edu/IDS/pdf/vacancy09.pdf](http://www.aacn.nche.edu/IDS/pdf/vacancy09.pdf).
- American Association of Colleges of Nursing. (2007, October). *Nursing faculty shortage fact sheet* (Rosseter, R. J., Ed.). Retrieved May 1, 2009, from <http://www.aacn.nche.edu/IDS>.
- American Association of Colleges of Nursing. (2006). *Student enrollment rises in U.S. nursing colleges and universities for the 6th consecutive year* (Press Release). Retrieved November 9, 2007, from <http://www.aacn.nche.edu/Media/NewsReleases/06Survey.htm>.
- American Association of Colleges of Nursing. (2005). *Faculty shortages in baccalaureate and graduate nursing programs: Scope of the problem and strategies for expanding the supply white paper*. Washington, D.C. Retrieved July 20, 2008, from <http://www.aacn.nche.edu/IDS/surveys.htm>

American Association of Colleges of Nursing (2005). *New data confirms shortage of nursing school faculty hinders efforts to address the nation's nursing shortage* (Press Release). Retrieved November 17, 2010, from

<http://www.aacn.nche.edu/media/newsreleases/2005/enrollments05.htm>

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

Baker, S. L. (2010). Nurse educator orientation: Professional development that promotes retention. *The Journal of Continuing Education in Nursing, 41*(9), 413-417.

doi:10.3928/00220124-20100503-2.

Bartels, J. E. (2007). Preparing nursing faculty for baccalaureate-level and graduate level nursing programs: Role preparation for the academy. *Journal of Nursing Education, 46*(4), 154-158. Retrieved from CINAHL (Accession No.

2009558630)

Berlin, L. E., & Sechrist, K. R. (2002). The shortage of doctorally prepared nursing faculty: A dire situation. *Nursing Outlook, 50*(2), 50-56. Retrieved from CINAHL (Accession No. 2002130540)

Black, S. (2007, September 1). Leadership and learning. *American School Board Journal, 194*(9), 56-59. Retrieved from Academic Search Complete (Accession No.

26215142)

- Blauvelt, M. J., & Spath, M. L. (2008). Passing the torch: A faculty mentoring program at one school of nursing. *Nursing Education Perspectives*, 29(1), 29-33. Retrieved from CINAHL (Accession No. 2009809002)
- Brancato, V. C. (2007). Psychological empowerment and use of empowering teaching behaviors among baccalaureate nursing faculty. *Journal of Nursing Education*, 46(12), 537-545. Retrieved from CINAHL (Accession No. 2009736181)
- Brendtro, M., & Hegge, M. (2000). Nursing faculty: One generation away from extinction? *Journal of Professional Nursing*, 16(2), 97-103. Retrieved from CINAHL (Accession No. 2000033190)
- Buerhaus, P. I., Donelan, K., Ulrich, B. T., Norman, L., & Dittus, R. (2006). State of the registered nurse workforce in the United States. *Nursing Economics*, 24(1), 6-12. Retrieved from CINAHL (Accession No. 2009123368)
- 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), 367-371. Retrieved from CINAHL (Accession No. 2010487274)
- Clark, C. M., & Springer, P. J. (2010). Academic nurse leaders' role in fostering a culture of civility in nursing education. *Journal of Nursing Education*, 49(6), 319-325. doi: 10.3928/01484834-20100224-01.
- Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2<sup>nd</sup> ed.). St. Paul, MN: West Publishing Company.
- Council on Physician and Nurse Supply. (2008). National council to address shortages of nurses and physicians: Top industry leaders seek solutions to critical problems. Retrieved November 17, 2020, from <http://www.physiciannursesupply.com/>.



- Creswell, J. W. (2003). *Research design, qualitative, quantitative, and mixed method approaches*. Thousand Oaks, California: Sage.
- Cunningham, S. (1999). The nature of workplace mentoring relationships among faculty member in Christian higher education. *The Journal of Higher Education*, 70(4), 441-463. Retrieved from CINAHL database (Accession No. EJ589822)
- Dattilo, J., Brewer, M.K., & Streit, L. (2009). Voices of experience: Reflections of nurse educators. *The Journal of Continuing Education in Nursing*, 40(8), 367-370. doi. 10.3928/00220124-20090723-02
- Disch, J., Edwardson, S., & Adwan, J. (2004). Nursing faculty satisfaction with individual, institutional, and leadership factors. *Journal of Professional Nursing*, 20(5), 323-332. doi: 10.1016/j.profnurs.2004.07.011
- Dunham-Taylor, J., Lynn, C. W., Moore, P., & McDaniel, S. (2008). What goes around comes around: Improving faculty retention through effective mentoring. *Journal of Professional Nursing*, 24(6), 337-351.
- Faul, F., Erdfelder, E., Buchner, A., & Lang, A.-G. (2008). G\*Power Version 3.1.2 [computer software]. Universität Kiel, Germany. Retrieved from <http://www.softpedia.com/get/Science-CAD/G-Power.shtml>
- Fawcett, J. (2002). The nurse theorists: 21st - century updates - Jean Watson. *Nursing Science Quarterly*, 15(3), 214-219. Retrieved from CINAHL (Accession No. 2002111122)
- Fisher College of Business: The Ohio State University. (1994-2011). *Leadership behavior description questionnaire-Form XII*. Retrieved March 11, 2010, from <http://fisher.osu.edu/research/lbdq>

- Garbee, D. D. (2006). *Factors influencing intent to stay of nursing faculty in selected schools of nursing in sixteen states within the southern region*. Unpublished doctoral dissertation, University of New Orleans. Retrieved from <http://ezp.waldenulibrary.org/login?url=http://proquest.umi.com.ezp.waldenulibrary.org/pqdweb?did=1283959691&sid=1&Fmt=2&clientId=70192&RQT=309&VName=PQD>
- Garbee, D. D., & Killacky, J. (2008). Factors influencing intent to stay in Academia for nursing faculty in the southern United States of American. *International Journal of Nursing Education Scholarship*, 5(1), 1-15. Retrieved from CINAHL (Accession No. 2009894640)
- 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
- Gazza, E. A., & Shellenbarger, T. (2005). Successful enculturation: Strategies for retaining newly hired nursing faculty. *Nurse Educator*, 30(6), 251-254. Retrieved from CINAHL (Accession No. 2009082933)
- Gravetter, F. J., & Wallnau, L. B. (2008). *Essentials of statistics for the behavioral sciences*. Belmont CA: Thomson & Wadsworth.
- Halcomb, K. A., Gregg, A. L., & Roberts, B. (2007). Implementing supportive strategies to retain nurse educators. *Teaching and Learning in Nursing*, 2(4), 133-137. doi: 10.1016/j.teln.2007.004

- Halpin, A. W. (1962). Manual for the leader behavior description questionnaire. In *LBDQ*. Retrieved March 11, 2010, from Fisher College of Business: <http://fisher.osu.edu/offices/fiscal/lbdq/>.
- Hand, H. (2003). The mentor's tale: A reflexive account of semi-structured interviews. *Nurse Researcher, 10*(3), 15-27. Retrieved from CINAHL (Accession No. 2003082311)
- Hansman, C. A. (2002). *Critical perspectives on mentoring: Trends and issues. Information series* (Vols. Ser-388). Columbus, OH: Office of Educational Research and Improvement: Center on Education and Training for Employment, Center Publications. Retrieved from ERIC (Accession No. ED465045)
- Hanson, K. J., & Stenvig, T. E. (2008). The good clinical nursing educator and the baccalaureate nursing clinical experience: Attributes and praxis. *Journal of Nursing Education, 47*(1), 38-42. Retrieved from CINAHL (Accession No. 2009775914)
- Harrison, J., Lawson, T., & Wortley, A. (2005). Facilitating the professional learning of new teachers through critical reflection on practice during mentoring meetings. *European Journal of Teacher Education, 28*(3), 267-292. doi: 10.1080/02619760500269392
- Hargreaves, A., & Fullan, M. (2000). Mentoring in the new millennium. *Theory Into Practice, 39*(1), 50-56. Retrieved from CINAHL data base (Accession No. EJ604239)

- Hessler, K., & Ritchie, H. (2006). Recruitment and retention of novice faculty. *Journal of Nursing Education, 45*(6), 150-154. Retrieved from CINAHL (Accession No. 2009187047)
- Hoover, J. (2002). The personal and professional impact of undertaking an educational module on human caring. *Journal of Advanced Nursing, 37*(1), 79-86. Retrieved from CINAHL (Accession No. 2002043468)
- Howell (2010). *Statistical methods for psychology* (7th ed). Belmont, CA: Wadsworth Cengage Learning.
- 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
- Iowa Board of Nursing. (2008). *Iowa board of nursing education statistics*. Retrieved May 1, 2009 from [http://www.state.ia.us/nursing/images/pdf/program\\_statistics/enrollmentdata.pdf](http://www.state.ia.us/nursing/images/pdf/program_statistics/enrollmentdata.pdf).
- Johnson, B.H. (2009). Empowerment of nurse educators through organizational culture. *Nursing Education Perspectives, 30*(1), 8-13. Retrieved CINAHL (Accession No. 2010196665)
- Kolb, D. A., Boyatzis, R., & Mainemelis, C. (2000). Experiential learning theory: Previous research and new directions. Prepared for R. J. Sternberg and L. F. Zhang (Eds.), *Perspectives on cognitive learning, and thinking styles*. (PDF, 342kb). Retrieved from ERIC (Accession No. EJ643959)
- Knight, S. (1998). A study of the lived experience of change during a period of curriculum and organizational reform in a department of nurse education. *Journal*

*of Advanced Nursing*, 27(6), 1287-1295. Retrieved from CINAHL (Accession No. 1998053787)

Kowalski, S. D., Dalley, K., & Weigand, T. (2006). When will faculty retire? Factors influencing retirement decisions of nurse educators. *Journal of Nursing Education*, 45(9), 349-355. Retrieved from CINAHL (Accession No. 2009297684)

Lambert, L., Walker, D., Zimmerman, D. P., Cooper, J. E., Lambert, M. D., Gardner, M. E., Szabo et al. (2002). *The constructivist leader*. New York, NY and Oxford Ohio: Teachers College Press and National Staff Development Council.

Lane, K. L., Esser, J., Holte, B., & McCusker, M. A. (2010). A study of nurse faculty job satisfaction in community colleges in Florida. *Teaching and Learning in Nursing*, 5, 16-26. Retrieved from [www.jtln.org](http://www.jtln.org), doi. 10.1016/j.teln.2009.05.001.

Leslie, K., Lingard, L., & Whyte, S. (2005). Junior faculty experiences with informal mentoring. *Medical Teacher*, 27(8), 693-698. doi:10.1080/01421590500271217

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. Retrieved from CINAHL (Accession No. 2004059339)

Lindsey, R. B., Roberts, L. M., & Campbelljones, F. (2005). *The culturally proficient school: An implementation guide for school leaders*. Thousand Oaks, CA: Corwin Press.

- Mahara, M. S., Bowen, D., Brennan, J., Crawford, L., Gomez, L., & Parsons, L. (2005). Sharing with the land of dancing lights. *Canadian Nurse, 101*(4), 22-25. Retrieved from CINAHL database (Accession No. 2005107271)
- Marton, F., & Booth, S. (1997). *Learning and awareness*. Mahwah, NJ: Lawrence Erlbaum Associates.
- McCance, T. V., McKenna, H. P., & Boore, J. R. P. (1999). Caring: Theoretical perspectives of relevance to nursing. *Journal of Advanced Nursing, 30*(6), 1388-1395. Retrieved from CINAHL (Accession No. 2000017582)
- McDonald, P.J. (2010). Transitioning from clinical practice to nursing faculty: Lessons learned. *Journal of Nursing Education, 49*(3), 126-131. doi. 10.3928/0148434-20091002-02
- Mintz-Binder, R. D., & Fitzpatrick, J. J. (2009). Exploring social support and job satisfaction among associate degree program directors in California. *Nursing Education Perspectives, 30*(5), 299-304. Retrieved from CINAHL (Accession No. 2010428402)
- Morgan, G.A., Leech, N. L., Gloekner, G. W. & Barrett, K. C. (2007). *SPSS for introductory statistics: Use and interpretation* (3<sup>rd</sup> ed.). Mahwah, NJ: Lawrence Erlbaum Associates, Publishers.
- National League for Nursing. (2006). Position statement: Mentoring of nurse faculty. *Nursing Education Perspectives, 27*(2), 110-113. Retrieved from CINAHL (Accession No. 2009162250)
- Northouse, P. G. (2010). *Leadership theory and practice*. Los Angeles, CA: Sage Publications.

- Pagano, R. (2010). *Understanding statistics in the behavioral sciences* (9th ed.). Belmont, CA: Wadsworth Cengage Learning.
- Pallant, J. (2007). *SPSS survival manual: A step by step guide to data analysis using SPSS for Windows* (3<sup>rd</sup> ed.). New York, NY: McGraw-Hill Companies.
- Pipe, T. B. (2008). Illuminating the inner leadership journey by engaging intention and mindfulness as guided by caring theory. *Nursing Administration Quarterly*, 32(2), 117-125. Retrieved from CINAHL (Accession No. 2009885234)
- Pitney, W. A., & Ehlers, G. G. (2004). A grounded theory study of the mentoring process involved with undergraduate athletic training students. *Journal of Athletic Training*, 39(4), 344-351. Retrieved from Academic Search Complete (Accession No. 15827377)
- Proto, M. B., & Cox-Dzurec, L. (2009). Strategies for successful management and oversight of nurse faculty workforce initiatives: Lessons from the field. *Journal of Professional Nursing*, 25(2): 87-92.  
doi:10.1016/j.profnurs.2008.10.003.
- 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
- Schell, K. A. (2006). A delphi study of innovative teaching in baccalaureate nursing education. *Journal of Nursing Education*, 45(11), 439-448.  
Retrieved from CINAHL (Accession No. 2009340415)
- Schön, D. A. (1987). *Educating the reflective practitioner*. San Francisco, CA: Jossey-Bass.

- Schriner, C. L. (2007). The influence of culture on clinical nurses transitioning into the faculty role. *Nursing Education Perspectives*, 28(3), 145-149. Retrieved from CINAHL (Accession No. 2009591499)
- Sergiovanni, T. J. (2005). *Strengthening the heartbeat: Leading and learning together in schools*. San Francisco, CA: Jossey-Bass.
- Shirey, M. (2006). Stress and burnout in nursing faculty. *Nurse Educator*, 31(3), 95-97. Retrieved from CINAHL (Accession No. 2009295938)
- Smith, L. J. (2007). *The relationship of mentoring to new teacher retention as perceived by current practitioners in South Mississippi public schools*. Unpublished doctoral dissertation, The University of Southern Mississippi. Retrieved from <http://ezp.waldenulibrary.org/login?url=http://proquest.umi.com.ezp.waldenulibrary.org/pqdweb?did=1472129461&sid=2&Fmt=2&clientId=70192&RQT=309&VName=PQD>
- Snelson, C. M., Martsof, D. S., Dieckman, B. C., Anaya, E. R., Cartechine, K. A., Miller, B., ... Shaffer, J. (2002). Caring as a theoretical perspective for a nursing faculty mentoring program. *Nursing Education Today*, 22, 654-660. doi: 10.1016/S0260-6917(02)00140-5
- Starratt, R. J. (2005). Responsible leadership essays. *The Education Forum*, 69(2), 124-133. Retrieved from ERIC database (Accession No. EJ683738)
- Stevens, J. P. (2002). *Applied multivariate statistics for the social sciences* (4th ed.). Mahwah, NJ: Lawrence Erlbaum Associates.



- Stogdill, R. M. (1963). *Manual for the leader behavior description questionnaire - Form XII*. Retrieved March 11, 2010, from Fisher College of Business:  
<http://fisher.osu.edu/supplements/10/2862/1962%20LBDQ%20MANUAL.pdf>.
- Strong, M. (2005, January 1). Mentoring new teachers to increase retention. *In Research brief*. Retrieved November 21, 2009, from New Teacher Center:  
[www.newteachercenter.org](http://www.newteachercenter.org).
- Tabachnick, B. G. & Fidell, L. S. (2006). *Using multivariate statistics* (5th ed.). Boston, MA: Allyn & Bacon.
- Tang, S. Y., & Choi, P. L. (2005). Connecting theory and practice in mentor preparation: Mentoring for the improvement of teaching and learning. *Mentoring and Tutoring, 13*(1), 383-401. Doi: 10.1080/13611260500206002
- Watson, J. (2009). Caring science and human caring. *JHSA, 31*(4), 466-482. Retrieved from <[http://www.watsoncaringscience.org/caring\\_science/index.html](http://www.watsoncaringscience.org/caring_science/index.html)>.
- Watson, J. (2007). Watson caring science institute. In *International caritas consortium*. Retrieved November 28, 2009, from  
<[http://www.watsoncaringscience.org/caring\\_science/index.html](http://www.watsoncaringscience.org/caring_science/index.html)>.
- Watson, J. (2006). Caring theory as an ethical guide to administrative and clinical practices. *JONA's Healthcare, Law, Ethics, and Regulations, 8*(3), 87-93.  
Retrieved from CINAHL (Accession No. 2009116433)
- White, A., Brannan, J., & Wilson, C.B. (2010). A mentor-protégé program for new faculty, part I: Stories of protégés. *Journal of Nursing Education, 49*(11), 601-607. doi. 10.3928/01484834-20100630-04

- Whitehead, D., Fletcher, M., & Davis, J. (2007). Chapter 15: Determination of how nurse educators successfully transition to leadership in nursing education. *Annual Review of Nursing Education*, 6, 271-285. Retrieved from CINAHL database (Accession No: 2009811149)
- Williams, B. (2001). *Adult learning theory: The mentoring connection* (The University of Akron No. ED 450 101, pp. 1-17). Akron, Ohio. Retrieved from ERIC (Accession No.ED450101)
- Yordy, K. D. (2006). *The nursing faculty shortage: A crisis for health care* (Robert Wood Johnson Foundation). Retrieved April 1, 2009, from [www.ahcnet.org/pdf/factors\\_affecting\\_the\\_health\\_workforce\\_2005.pdf](http://www.ahcnet.org/pdf/factors_affecting_the_health_workforce_2005.pdf).
- Zeind, C. S., Zdanowicz, M., MacDonald, K., Parkhurst, C., King, C., & Wizwer, P. (2005). Developing a sustainable faculty mentoring program. *American Journal of Pharmaceutical Education*, 69(5), 1-12. Retrieved from Academic Search Complete (Accession No. 20585551)

## Appendix A

## TEACHER MENTORING AND RETENTION QUESTIONNAIRE

1. What is your gender?            Male            Female (Circle one)
2. How many years have you been a full-time nursing faculty member? (Circle one)
  - a. 1-5 years            b. 6-10 years
  - c. 11-15 years        d. 16-20 years
  - e. 21 + years
3. How many years have you been in your current teaching position? (Circle one)
  - a. 1-5 years            b. 6-10 years
  - d. 11-15 years        d. 16-20 years
  - f. 21 + years
4. How many more years do you intend to teach in your career? (Circle one)
  - a. 1 to 5 years        b. 6 to 10years
  - c. 11 to 15 years     c. 16 to 20 years
  - d. 21 + years
5. At what age did you begin your teaching career? \_\_\_\_\_
6. What is your current age? (Circle one)
  - a. 25-35 years        c. 36-45 years
  - b. 46-55 years        d. 56 + years

For questions 7 a- c use the following scale, 1 = *not at all*; 5 = *extremely likely*

1 2 3 4 5

7a. Rate your intent to teach next year. 1 2 3 4 5

7b. Rate your intent to teach in your current nursing program next year.

1 2 3 4 5

7c. Rate the following statement: Leadership practices influence intent to stay teaching in current nursing program. 1 2 3 4 5

8. If you intend to stay teaching next year, please explain why you are choosing to stay in the teaching profession. (Select all that apply)

- a. Financial reasons (I cannot afford to leave my job)
- b. Love teaching
- c. Supportive environment
- d. I have college aged children attending the institution
- e. I cannot find a job doing something else
- f. I have a supportive mentor
- g. I am vested in the institutions retirement program
- h. Proximity to home

Other(s): (Please specify) \_\_\_\_\_

9. If you DO NOT intend to stay teaching next year, please explain why you are choosing NOT to stay in the teaching profession. (Select all that apply)

- a. Financial reasons (I cannot afford to stay in the teaching profession)
- b. I do not love teaching
- c. Lack of a supportive environment
- d. I have college age children attending a different institution
- e. I found a job doing something else
- f. I do not have a supportive mentor

- g. I am retiring
- h. Proximity to home (moving or no longer able to commute)

Other(s): \_\_\_\_\_

The following questions relate to your teaching experiences with mentoring. The following definitions are provided to help guide you as you answer the following questions:

- A mentor is someone who guides you through your first year(s) of teaching.
- A formal mentor is someone who is assigned or selected to guide a new teacher in a prescribed program.
- An informal mentor is someone who provides guidance or assistance based on relationship rather than assignment to the task.

10. During my teaching experience I have/had, (check one)

- a. No mentor
- b. An informal mentor
- c. A formal mentor
- d. Both an informal and a formal mentor

\*\*\*If you marked no mentor above, you have completed this section of the questionnaire.

Please move to question 20. If you had a mentor, please continue.

11. During your first year of teaching, what type of mentor did you have?

- a. Formal mentoring
- b. Informal mentor

12. How was the mentor chosen?

- a. Did not have a formal mentor

- b. You selected your mentor
- c. Your mentor selected you
- d. A school administrator assigned your mentor
- e. The mentor was assigned based on grade/content area
- f. Someone recommended the mentor to you
- g. Don't know

Other (write in) \_\_\_\_\_

The following items relate to Mentoring.

13. Select the Gender of your primary mentor (circle one):

Male                  Female

14. Select the Title of your primary mentor (circle one):

Instructor          Assistant Professor  
Associate Professor    Professor

15. Select the Number of years that your mentor taught (circle one):

1-3 4-10          10-15 16 or more

16. Did your mentor receive formal mentor training (circle one)?

Yes                  No                  I don't know

17. For what period of time was the mentor assigned? \_\_\_\_\_ (# of semesters)

18. Mentoring Experience: Using the provided scale, rate your mentoring experience by circling the number you feel best represents your views on the following:

*1 = most negative/worst and 5 = most positive/best*

- a. Your overall mentoring experience    1 2 3 4 5
- b. Your relationship with your mentor    1 2 3 4 5

c. Impact of your mentoring experience on keeping you in the teaching profession

1 2 3 4 5

d. Support from the administration for mentoring (e.g., were you given appropriate time and resources to support your mentoring experience)

1 2 3 4 5

19. Mentoring Assistance: To what degree did mentoring aid you in the following areas?

*1 = not at all; 5 = extremely helpful*

- |   |           |
|---|-----------|
| a. Lesson planning                        | 1 2 3 4 5 |
| b. Classroom management                   | 1 2 3 4 5 |
| c. Acclimation to the program             | 1 2 3 4 5 |
| d. Acclimation to the institution         | 1 2 3 4 5 |
| e. Acclimation to the teaching profession | 1 2 3 4 5 |
| f. Reducing stress                        | 1 2 3 4 5 |
| g. Resolving problems with students       | 1 2 3 4 5 |
| h. Working with parents                   | 1 2 3 4 5 |
| i. Being a better teacher                 | 1 2 3 4 5 |

Other: \_\_\_\_\_

20. Mentoring Characteristics: Give your perceptions related to mentoring based on the importance of each of the following using the provided scale: (check one box per statement.)

SA = Strongly agree; A=Agree; NA=No opinion; D=Disagree; SD = Strongly disagree

	SA	A	NA	D	SD
a. The mentor and protégé should be the same gender					
b. The mentor and protégé should be close in age					
c. The mentor and protégé should have common planning					
d. The protégé should have the opportunity to observe the mentor teacher in the act of teaching					
e. The mentor and protégé should be in the same building					
f. Mentoring has contributed to my remaining teaching profession					
g. A formal mentoring program provides the best opportunity for mentoring success					
h. An informal mentoring program provides the flexibility necessary for mentoring success					



## Appendix B

## Leadership Behavior Description Questionnaire

Leadership Practices-Questions 21a-j and 22a-j: The following items assess behaviors that reflect various leadership practices. For each of the following items, select the frequency that you have observed the leader of your program engage in the behaviors. For the purposes of this section, leader is defined as the Chairperson/Dean/Director of your nursing program.

21. Leadership Practices-Initiating Structure	Always	Often	Occasionally	Seldom	Never
a. Lets group members know what is expected of them					
b. Encourages the use of uniform procedures					
c. Tries out his/her ideas in the group					
d. Makes his/her attitudes clear to the group					
e. Decides what shall be done and how it shall be done					
f. Assigns group members to particular tasks					
g. Makes sure that his/her part in the group is understood by the group members					

21. Leadership Practices-Initiating Structure	Always	Often	Occasionally	Seldom	Never
h. Schedules the work to be done					
i. Maintains definite standards of performance					
j. Asks that group members follow standard rules and regulations					

22. Leadership Practices-Consideration	Always	Often	Occasionally	Seldom	Never
a. Is friendly and approachable					
b. Does little things to make it pleasant to be a member of the group					
c. Puts suggestions made by the group into operation					
d. Treats all group members as his/her equals					
e. Gives advance notice of changes					
f. Keeps to himself/herself					
g. Looks out for the personal welfare of group members					
h. Is willing to make changes					
i. Refuses to explain his/her actions					
j. Acts without consulting the group					

## Appendix C

## Permission for Tool Usage

Dear Dr. Smith,

I am a doctoral candidate attending Walden University and am working on an EdD with a specialization in administrator leadership for teaching and learning. My dissertation study will focus on the impact of mentorships and caring leadership practices on nursing faculty retention. I would like to request permission to use the tool created for the dissertation that was titled “The relationship of mentoring to teacher retention as perceived by current practitioners in South Mississippi Public Schools”. The tool looks perfect for assessing mentoring relationships and faculty retention.

Please let me know at your earliest convenience the decision regarding tool usage and permission. Thank you for your time and consideration.

Sincerely,

Lisa M. Rettenmeier

Ed. D. Candidate

Walden University

**Subject : Re: Lisa Rettenmeier - Re: Requesting permission to use the mentoring tool**

**Date :** Mon, Mar 08, 2010 01:58 PM CST

**From : Linda Smith**

**To :** Lisa Rettenmeier

Lisa,

Congratulations on nearing the end of this portion of your education journey! I am honored that you would want to use my evaluation instrument and you have my permission to use it in the gathering of your data. Please consider forwarding me your findings when you have successfully defended your dissertation. Best wishes to you as you continue this process.

Sincerely,

Linda Smith, Ph.D.

## Appendix D

### Letter for Consent to Participate

Greetings! This e-mail consent is the first of four reminder letters that you will receive over the next four weeks. You are invited to take part in a research study conducted by Lisa Rettenmeier regarding mentoring, leadership practices, and intent to stay teaching in the nursing profession. You were chosen for the study because you are a nursing faculty member teaching at a baccalaureate/graduate institution within the state of Iowa and you have either masters and/or doctoral degree preparation. This form is part of a process called “informed consent” to allow you to understand this study before deciding whether to take part.

#### **Background Information:**

The purpose of the research is to study the relationships amongst the mentored relationship, leadership practices, and intent to stay in teaching. The benefit for filling out the survey could lead to positive social change in which institutions invest more time and energy into mentored relationships and caring leadership practices, thereby, increasing nursing faculty retention. This has the potential to allow for more students to be admitted into nursing programs, potentially offsetting the already present nursing shortage.

#### **Procedures:**

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

- Click the link below to Survey Monkey
- By clicking on the link, you are giving your consent to participate in the study and are agreeable with the terms provided in this letter
- Complete the survey which will take approximately 20 minutes to complete
- In order to protect the anonymity of survey respondents, information gathered by completing the survey will not be linked to the results
- You may choose to keep or print a copy of the consent form for your personal use

**Compensation** – There will be no compensation offered for participating in the research study

#### **Voluntary Nature of the Study:**

Your participation in this study is voluntary. This means that everyone will respect your decision of whether or not you want to be in the study. If you decide to join the study now, you can still change your mind during the study. If you feel stressed during the study you may stop at any time. You may opt out of the survey if questions are too personal.

**Risks and Benefits of Being in the Study:**

Almost all research bears risks and benefits to participating in the study. Participating in an on-line research study may cause anxiety or stress related to the length of time required for survey completion. Please note that you can exit out of the survey at anytime that you feel undue stress or anxiety.

Privacy will be protected by maintaining anonymity throughout the survey completion and submission by utilizing Survey Monkey. Survey monkey tracks responses with the participant's internet protocol (ip) address. Tracking the ip address allows the participant to stop in the middle of the survey and come back to where he/she left off. Therefore, information obtained from the survey cannot be linked back to the responses and all data will remain anonymous.

There are no direct benefits for completing the survey. However, your participation in the survey could potentially lead institutions to invest more time and energy into mentored relationships and caring leadership practices, thereby, increasing nursing faculty retention.

**Confidentiality:**

Any information you provide will be kept confidential. The researcher will not use your information for any purposes outside of this research project. Also, the researcher will not include your name or anything else that could identify your person in any reports of the study.

**Contacts and Questions:**

You may ask any questions you have now. If you want to talk privately about your rights as a participant, you can call Dr. Leilani Endicott. She is the Walden University representative who can discuss this with you. Walden University's approval number for this study is 04-13-11-0062898 and it expires on April 12, 2012.

**Statement of Consent:** To protect your privacy, no consent signature is requested. If you are comfortable participating in the study as described above, please complete the survey. Your return of the complete survey will indicate your consent, if you choose to participate. By clicking here <https://www.surveymonkey.com/s/3XDYHC3>, you are agreeing to the terms described above and voluntarily imply consent.

Thank you,

Lisa Rettenmeier

## Consent to Participate Form – Letter 2

Greetings! This e-mail consent is the second of four reminder letters that you will receive over the next three weeks. If you have already completed the survey, thank you and disregard the e-mail notice. You are invited to take part in a research study conducted by Lisa Rettenmeier regarding mentoring, leadership practices, and intent to stay teaching in the nursing profession. You were chosen for the study because you are a nursing faculty member teaching at a baccalaureate/graduate institution within the state of Iowa and you have either masters and/or doctoral degree preparation. This form is part of a process called “informed consent” to allow you to understand this study before deciding whether to take part.

### **Background Information:**

The purpose of the research is to study the relationships amongst the mentored relationship, leadership practices, and intent to stay in teaching. The benefit for filling out the survey could lead to positive social change in which institutions invest more time and energy into mentored relationships and caring leadership practices, thereby, increasing nursing faculty retention. This has the potential to allow for more students to be admitted into nursing programs, potentially offsetting the already present nursing shortage.

### **Procedures:**

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

- Click the link below to Survey Monkey
- By clicking on the link, you are giving your consent to participate in the study and are agreeable with the terms provided in this letter
- Complete the survey which will take approximately 20 minutes to complete
- In order to protect the anonymity of survey respondents, information gathered by completing the survey will not be linked to the results
- You may choose to keep or print a copy of the consent form for your personal use

**Compensation** – There will be no compensation offered for participating in the research study

### **Voluntary Nature of the Study:**

Your participation in this study is voluntary. This means that everyone will respect your decision of whether or not you want to be in the study. If you decide to join the study now, you can still change your mind during the study. If you feel stressed during the study you may stop at any time. You may opt out of the survey if questions are too personal.

### **Risks and Benefits of Being in the Study:**

Almost all research bears risks and benefits to participating in the study. Participating in an on-line research study may cause anxiety or stress related to the length of time

required for survey completion. Please note that you can exit out of the survey at anytime that you feel undue stress or anxiety.

Privacy will be protected by maintaining anonymity throughout the survey completion and submission by utilizing Survey Monkey. Survey monkey tracks responses with the participant's internet protocol (ip) address. Tracking the ip address allows the participant to stop in the middle of the survey and come back to where he/she left off. Therefore, information obtained from the survey cannot be linked back to the responses and all data will remain anonymous.

There are no direct benefits for completing the survey. However, your participation in the survey could potentially lead institutions to invest more time and energy into mentored relationships and caring leadership practices, thereby, increasing nursing faculty retention.

**Confidentiality:**

Any information you provide will be kept confidential. The researcher will not use your information for any purposes outside of this research project. Also, the researcher will not include your name or anything else that could identify your person in any reports of the study.

**Contacts and Questions:**

You may ask any questions you have now. If you want to talk privately about your rights as a participant, you can call Dr. Leilani Endicott. She is the Walden University representative who can discuss this with you. Walden University's approval number for this study is 04-13-11-0062898 and it expires on April 12, 2012.

**Statement of Consent:**

To protect your privacy, no consent signature is requested. If you are comfortable participating in the study as described above, please complete the survey. Your return of the complete survey will indicate your consent, if you choose to participate. By clicking here: <https://www.surveymonkey.com/s/3XDYHC3>, you are agreeing to the terms described above and voluntarily imply consent.

Thank you,

Lisa Rettenmeier



### Consent to Participate Form – Letter 3

Greetings! This e-mail consent is the third of four reminder letters that you will receive over the next two weeks. If you have already completed the survey, thank you and disregard the e-mail notice. You are invited to take part in a research study conducted by Lisa Rettenmeier regarding mentoring, leadership practices, and intent to stay teaching in the nursing profession. You were chosen for the study because you are a nursing faculty member teaching at a baccalaureate/graduate institution within the state of Iowa and you have either masters and/or doctoral degree preparation. This form is part of a process called “informed consent” to allow you to understand this study before deciding whether to take part.

#### **Background Information:**

The purpose of the research is to study the relationships amongst the mentored relationship, leadership practices, and intent to stay in teaching. The benefit for filling out the survey could lead to positive social change in which institutions invest more time and energy into mentored relationships and caring leadership practices, thereby, increasing nursing faculty retention. This has the potential to allow for more students to be admitted into nursing programs, potentially offsetting the already present nursing shortage.

#### **Procedures:**

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

- Click the link below to Survey Monkey
- By clicking on the link, you are giving your consent to participate in the study and are agreeable with the terms provided in this letter
- Complete the survey which will take approximately 20 minutes to complete
- In order to protect the anonymity of survey respondents, information gathered by completing the survey will not be linked to the results
- You may choose to keep or print a copy of the form for your personal use

**Compensation** – There will be no compensation offered for participating in the research study

#### **Voluntary Nature of the Study:**

Your participation in this study is voluntary. This means that everyone will respect your decision of whether or not you want to be in the study. If you decide to join the study now, you can still change your mind during the study. If you feel stressed during the study you may stop at any time. You may opt out of the survey if questions are too personal.

#### **Risks and Benefits of Being in the Study:**

Almost all research bears risks and benefits to participating in the study. Participating in an on-line research study may cause anxiety or stress related to the length of time

required for survey completion. Please note that you can exit out of the survey at anytime that you feel undue stress or anxiety.

Privacy will be protected by maintaining anonymity throughout the survey completion and submission by utilizing Survey Monkey. Survey monkey tracks responses with the participant's internet protocol (ip) address. Tracking the ip address allows the participant to stop in the middle of the survey and come back to where he/she left off. Therefore, information obtained from the survey cannot be linked back to the responses and all data will remain anonymous.

There are no direct benefits for completing the survey. However, your participation in the survey could potentially lead institutions to invest more time and energy into mentored relationships and caring leadership practices, thereby, increasing nursing faculty retention.

**Confidentiality:**

Any information you provide will be kept confidential. The researcher will not use your information for any purposes outside of this research project. Also, the researcher will not include your name or anything else that could identify your person in any reports of the study.

**Contacts and Questions:**

You may ask any questions you have now. If you want to talk privately about your rights as a participant, you can call Dr. Leilani Endicott. She is the Walden University representative who can discuss this with you. Walden University's approval number for this study is 04-13-11-0062898 and it expires on April 12, 2012.

**Statement of Consent:**

To protect your privacy, no consent signature is requested. If you are comfortable participating in the study as described above, please complete the survey. Your return of the complete survey will indicate your consent, if you choose to participate. By clicking here <https://www.surveymonkey.com/s/3XDYHC3>, you are agreeing to the terms described above and voluntarily imply consent.

Thank you,

Lisa Rettenmeier

## Consent to Participate – Letter 4

Greetings! This e-mail consent is the fourth and final reminder letter that you will receive. If you have already completed the survey, thank you and disregard the e-mail notice. You are invited to take part in a research study conducted by Lisa Rettenmeier regarding mentoring, leadership practices, and intent to stay teaching in the nursing profession. You were chosen for the study because you are a nursing faculty member teaching at a baccalaureate/graduate institution within the state of Iowa and you have either masters and/or doctoral degree preparation. This form is part of a process called “informed consent” to allow you to understand this study before deciding whether to take part.

### **Background Information:**

The purpose of the research is to study the relationships amongst the mentored relationship, leadership practices, and intent to stay in teaching. The benefit for filling out the survey could lead to positive social change in which institutions invest more time and energy into mentored relationships and caring leadership practices, thereby, increasing nursing faculty retention. This has the potential to allow for more students to be admitted into nursing programs, potentially offsetting the already present nursing shortage.

### **Procedures:**

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

- Click the link below to Survey Monkey
- By clicking on the link, you are giving your consent to participate in the study and are agreeable with the terms provided in this letter
- Complete the survey which will take approximately 20 minutes to complete
- In order to protect the anonymity of survey respondents, information gathered by completing the survey will not be linked to the results
- You may choose to keep or print a copy of the consent form for your personal use

**Compensation** – There will be no compensation offered for participating in the research study

### **Voluntary Nature of the Study:**

Your participation in this study is voluntary. This means that everyone will respect your decision of whether or not you want to be in the study. If you decide to join the study now, you can still change your mind during the study. If you feel stressed during the study you may stop at any time. You may opt out of the survey if questions are too personal.

**Risks and Benefits of Being in the Study:**

Almost all research bears risks and benefits to participating in the study. Participating in an on-line research study may cause anxiety or stress related to the length of time required for survey completion. Please note that you can exit out of the survey at anytime that you feel undue stress or anxiety.

Privacy will be protected by maintaining anonymity throughout the survey completion and submission by utilizing Survey Monkey. Survey monkey tracks responses with the participant's internet protocol (ip) address. Tracking the ip address allows the participant to stop in the middle of the survey and come back to where he/she left off. Therefore, information obtained from the survey cannot be linked back to the responses and all data will remain anonymous.

There are no direct benefits for completing the survey. However, your participation in the survey could potentially lead institutions to invest more time and energy into mentored relationships and caring leadership practices, thereby, increasing nursing faculty retention.

**Confidentiality:**

Any information you provide will be kept confidential. The researcher will not use your information for any purposes outside of this research project. Also, the researcher will not include your name or anything else that could identify your person in any reports of the study.

**Contacts and Questions:**

You may ask any questions you have now. If you want to talk privately about your rights as a participant, you can call Dr. Leilani Endicott. She is the Walden University representative who can discuss this with you. Walden University's approval number for this study is 04-13-11-0062898 and it expires on April 12, 2012.

**Statement of Consent:**

To protect your privacy, no consent signature is requested. If you are comfortable participating in the study as described above, please complete the survey. Your return of the complete survey will indicate your consent, if you choose to participate. By clicking here <https://www.surveymonkey.com/s/3XDYHC3>, you are agreeing to the terms described above and voluntarily imply consent.

Thank you,

Lisa Rettenmeier

## Appendix E: IRB Approval

**Subject :****IRB Materials Approved-Lisa Rettenmeier****Date :** Wed, Apr 13, 2011 03:01 PM CDT**From :** IRB <IRB**To :** lisa.retttenmeier**CC :** Stacy Wahl**Attachment :**

Dear Ms. Rettenmeier,

This email is to notify you that the Institutional Review Board (IRB) has approved your application for the study entitled, "Nursing Faculty Retention, Mentoring, and Leadership Practices."

Your approval # is 04-13-11-0062898. You will need to reference this number in your doctoral study and in any future funding or publication submissions. Also attached to this e-mail is the IRB approved consent form. Please note, if this is already in an on-line format, you will need to update that consent document to include the IRB approval number and expiration date.

Sincerely,  
Jenny Sherer, M.Ed., CIP  
Operations Manager  
Office of Research Integrity and Compliance

Curriculum Vitae  
Lisa M. Rettenmeier

EDUCATION:

---

June 2007 – December 2011

Walden University

Anticipated Graduation Date: 2012

EdD in education with a specialization in Administrator Leadership for Teaching and Learning

August 2006 – May 2007

University of Northern Colorado

Nursing Education Certification Program

August 2001 – May 2004

Clarke College, Dubuque, Iowa

Master's Degree in Nursing - Nurse Educator Tract

August 1989 – May 1992

Mount Mercy College, Cedar Rapids, Iowa

Bachelor of Science Degree in Nursing

August 1987- May 1989

Clarke College, Dubuque, Iowa

TEACHING EXPERIENCE:

---

August 2004 - Present

Clarke University

Instructor of Nursing

COURSES TAUGHT:

Undergraduate

- NURS 224 - Nursing Care of the Adult I
- NURS 224L - Nursing Care of the Adult I Lab
- NURS 226 - Nursing Care of the Adult Through the Years
- NURS 316 - Nursing Care of the Adult II
- NURS 316L - Nursing Care of the Adult II Lab
- HLTH 212 - Health Assessment Lab
- NURS 111 - Perspectives on Nursing
- NURS 312 - Nursing Research
- NURS 416 - Community Health Nursing
- NURS 416L - Community Health Nursing Lab

- NURS 499 - Professional Nursing and Nursing Issues Capstone Timesaver
- NURS 427-6 - Professional Nursing Leadership and Management (Hybrid)
- NURS 423-6 - Nursing Theories, Trends, and Issues (Hybrid)
- NURS 312-6 - Nursing Research (Hybrid) Graduate
- NURS 502 - Nursing Research (on-line)
- NURS 510 - Nursing Theories (on-line)
- NURS 585 - Research Seminar (on-line)
- NURS 536 - Curriculum Development (Hybrid)
- HLTH 530 - Clinical Education in the Health Professions (on-line)

January 2003 - 2004

Iowa Leadership Training Coalition

Clarke College and Mercy Medical Center

Dubuque, Iowa

Position: Lead Instructor and Mentor

#### PROFESSIONAL DEVELOPMENT ACTIVITIES:

---

#### PROFESSIONAL ORGANIZATIONS:

2004 - Present: Iowa Nurses Association – Past president of the Northeast Iowa Region

2004 - Present: Iowa Nurses Association

2004 - Present: American Nurses Association

2002 - Present: Sigma Theta Tau International - Rho Eta Chapter, Clarke College,  
Dubuque - Past president and faculty counselor

#### MEETINGS ATTENDED:

April 12, 2011 – Advisory Board Meeting

April 7, 2011 – Rho Eta Annual Induction & Meeting

February 23, 2011 – IBON meeting (Des Moines)

November 1, 2010 – Advisory Board Meeting

October 4, 2010 – Senator Charles Grassley

September 24, 2010 – Heart Program

September 21, 2010 – INA phone conference

June 29, 2010 – Empowerment (Iowa City)

June 9, 2010 – Iowa Board of Nursing (Des Moines)

April 17, 2010 – INA meeting, Strawberry Point

April 9, 2010 – Portfolio review meeting

April 6, 2010 – Rho Eta Annual Induction & Meeting

March 18, 2010 – Transfer student orientation meeting

February 13, 2010 – INA Waterloo

August 17, 2009 – Finley Hospital Orientation

June 13, 2009 – INA meeting, Storm Lake Iowa

October 25, 26 & 27, 2009 – Iowa Nurses Association Convention  
 February 19, 2009 – Legislative Days in Des Moines  
 October 27 & 28, 2008 – Iowa Nurses Association Convention  
 October 26, 2008 – Iowa Nurses Association meeting – Coralville  
 April 19, 2008 – Iowa Nurses Association meeting, Grand Harbor Hotel  
 April 8, 2008 – Women and Heart Health  
 March 11, 2008 – Annual Rho Eta General Assembly  
 February 28, 2008 – Master Planning  
 January 22, 2008 – Rho Eta meeting  
 October 10, 2007 – Faculty Workshop, Windows 2007  
 October 9, 2007 – Danny Glover Seminar  
 September 28, 2007 – Students in distress seminar

#### WORKSHOPS OR COURSES:

Summer 2011 – Doctoral Study Intensive – Walden University EdD program  
 April 28, 2011 - Setting Expectations for Online Instructor Performance  
 January 2011 – Journal Club workshop  
 February 2, 2011– Letter writing workshop  
 Spring 2011 – Doctoral Study Intensive – Walden University EdD program  
 Fall 2010 – Doctoral Study Intensive – Walden University EdD program  
 Summer 2010 – Doctoral Study Intensive – Walden University EdD program  
 February 2, 2010 – Adding humor to your workplace – Jim Jalenski  
 Spring 2010 – Doctoral Study Intensive – Walden University EdD program  
 Winter 2009 – Doctoral Study Intensive – Walden University EdD program  
 December 16, 2009 – PDF Workshop  
 August 19, 2009 – TRTF fall faculty workshop  
 Fall 2009 – Qualitative Research – Walden University EdD program  
 Summer 2009 – Leading for Social Change – Walden University EdD program  
 March 11, 2009 – Blackboard workshop with Lynn Lester  
 January 9, 2009 – Faculty professional development workshop  
 November 13, 2008 – Young Professionals Symposium  
 Fall 2008 – Quantitative Research – Walden University  
 Summer 2008 – Leading Communities of Practice – Walden University  
 Spring 2008 – Statistics Course (Audit) – Clarke College  
 Spring 2008 – Research Approaches– Walden University EdD program  
 May 14 & 15, 2008 – Blackboard workshop  
 Spring 2008 – Research – Walden University EdD program  
 Fall 2007 – November 1 - 4 – EdD Residency, St. Charles, IL  
 Fall 2007 Foundations of Doctoral Study – Walden University EdD program  
 Fall 2007 – August 23 - Finley faculty development workshop  
 March 2007 – Applied to Walden University's EdD program and accepted  
 February 2007 – Web CT Advanced  
 February 2007 – Web CT Intermediate  
 February 2007 – Web CT Beginner  
 Jan 31 – 2006 – Finley Hospital computer training class



May 2006 - Audio Web CT  
 February 2006 – applied to University of Northern Colorado’s PhD program  
 April 2006 – Applied to University of Northern Colorado’s Ed certificate  
 October 2006 – Robert F. Kennedy – Environmental Lecture  
 January 2006 - Building learning communities with RSS feeds, Wikis, and blogs  
 October 2005 – NCSBN – NCLEX item writer (Chicago, Ill)  
 August 2005 – NACADA conference  
 August 2005 – NCSBN course – Continuing education credit hours  
 August 2005 – Mercy faculty development workshop  
 August 2005 – Finley faculty development workshop  
 May 2005 - Assessment workshop  
 April 2005 – Interdisciplinary Collaboration  
 December 2004 – Group wise workshop  
 December 2004 – Microsoft word workshop  
 August 2004 – Mercy faculty development workshop  
 August 2004 – Finley faculty development workshop

#### RESEARCH & PUBLICATIONS

---

Accepted for Publication - Fall 2011:

Lavin, R. P., Slepski, L., & Rettenmeier, L. (2011). Chapter 29: Directions for nursing research and development. *Disaster nursing and emergency preparedness for chemical, biological, and radiological terrorism and other hazards (3<sup>rd</sup> ed.)*. New York, NY: Springer Publications.

Research:

Dissertation Proposal: Mentorships, Leadership Practices, and the Association with Nursing Faculty Retention

Master’s Scholarly Project: Exploring the mentoring experiences of new BSN nurses: A case study – MSN Clarke College

#### SERVICE ACTIVITIES

---

Clarke University:

2011-Present General Education Advisory Committee  
 2009-2011 Transfer Task Force  
 2007-2009 Clarke College Admissions Committee  
 2005-2007 Clarke College Library Committee  
 2011 – Valedictorian Selection Committee  
 March 30, 2011 – (4p.m.-6p.m.) Prospective Transfer student session  
 August 3, 2010 – Private College Week  
 October 12, 2009 – Admissions faculty panel  
 Meetings to design Blackboard Class  
 August 5, 2008 – Iowa Private College week

August 6, 2008 - Iowa Private College week  
 April 17, 2008 – Talent show –Participated and helped organize talent show to raise money for a needy family  
 Admissions and Progression Committee  
 Nasal Flu Mist Clinic – Administered flu vaccination to qualifying students, faculty and staff  
 TB test clinic – oversaw junior nursing students deliver TB injections to other students, faculty, and staff through the Clarke College nursing office  
 CPR/First Aid instructor  
 TB test clinic – administered and read TB tests

Clarke University Nursing Department:

Faculty Development committee  
 Student Affairs committee  
 Evaluation committee  
 Curriculum Development Committee  
 Graduate Committee  
 May 20, 2011 – Prospective Faculty Interview  
 May 20, 2011- Transfer Core  
 May 18, 2011 – Jennifer May – Dissertation practice  
 May 13, 2011 – Pinning Ceremony  
 May 4, 2011 – freshman interviews  
 May 2, 2011 – freshman interviews  
 April 29, 2011 – Research day evaluator  
 April 15, 2011 – Advisory Board  
 March 18, 2011 – CPR recertification day  
 January 14, 2011– Core day  
 January 12, 2011 – Core student  
 November 23, 2010 – Freshman Interviews  
 November 15, 2010 – Freshman Interviews  
 October 25, 2010 – IBON – organized data  
 October 14 & 15 2010 – Sim Man Training  
 October 6, 2010 – Transfer student interviews  
 August 29, 2010 – Connect for new and transfer students  
 August 26, 2010 – Transfer Core  
 June 22 & 23, 2010 – Core days  
 January 14, 2010 – Core day  
 October 14 & 15 2010 – Sim Man Training  
 CCNE Accreditation writer  
 August 26, 2010 – Transfer Core  
 June 22 & 23, 2010 – Core days  
 April 23, 2010 – Research day evaluator  
 April 15, 2010 – Advisory Board  
 April 7, 2010 – Health Fair Mt. Carmel  
 March 26, 2010 – CPR recertification day

March 16, 2010 – Transfer Core day  
 February 25, 2010 – freshman orientation session  
 February 16, 2010 – Chair interview and dinner with Elaine Cook  
 January 8, 2010 – Transfer Core Day  
 December 11, 2009 – Transfer Core Day  
 Spring 2010 - Mentoring senior nursing students  
 Spring 2010 & summer 2010 - CCNE meetings  
 Spring & Fall 2010 Program Review Meetings throughout fall semester  
 Spring 2009 – Annual pinning ceremony  
 April 27, 2009 – CPR recertification day  
 April 24, 2009 – Research day moderator  
 April 14, 2009 – Advisory Board  
 March 9, 2008 – Health Fair Mt. Carmel  
 August 5 & 6, 2008 – Iowa Colleges Week  
 July 24, 2008 – Interviews for freshman  
 June 26, 2008 – Interviewed perspective freshman students  
 April 27, 2008 – Research day moderator  
 April 15, 2008 – Advisory Board  
 March 28, 2008 – CPR recertification day  
 March 26, 2008 – Health Fair Mt. Carmel  
 March 11, 2008 – Rho Eta general assembly meeting  
 February 25, 2008 – Health Fair Mt. Carmel  
 February 5, 2008 – women and heart disease  
 April 27, 2007 – Research Day - volunteered to be moderator  
 Spring 2008 - Mentoring senior nursing students each

#### Community:

April 16, 2011 – Into the Streets  
 January 22, 2011 – Sundown Ski Team volunteer  
 January 8, 2011 – Sundown Ski Team volunteer  
 November 6, 2010 – Kids against Hunger  
 October 5, 2010 – Mazzuchelli parent volunteer  
 January 23, 2010 – Sundown Junior Race Team Volunteer – Sundown Mountain  
 October 14, 2009 – Mercy, UCL Health Fair  
 June 5, 2009 – Fun days Eisenhower school  
 April 15, 2009 – Mt. Carmel Health Fair  
 March 9, 2009 – Mt. Carmel Health Fair  
 October 14 – Mercy, UCL Health Fair  
 June 3, 2008 – Fun days Eisenhower school  
 May 28, 2008 – Eisenhower School – helped at Four Mounds  
 April 2008 – Iowa Nurses Association District Representative  
 March/April 2008 – Helped organize Women’s Heart Health seminar by Jan Geertsema  
 February/March 2008 – Helped organize general assembly meeting for Rho Eta  
 November 2008 – Helped organize induction ceremony for Rho Eta student induction  
 and community members

Eisenhower School – June 4, 2007 – Volunteered Arboretum  
Eisenhower School – June 5, 2007 – Volunteered Eisenhower's fun days  
Eisenhower School – May 14, 2007 – Volunteered Mississippi River Museum  
May 2006 – Volunteered Eisenhower School – Fun Day activities volunteer  
April 2006 – Volunteer for Eisenhower School Arboretum Field Trip  
March 2006 – Sacred Heart Church Volunteer for church cleaning  
March 2006 – Sacred Heart Rosary Society Volunteer  
June 2005 – Eisenhower School – volunteered to help with fun day activities  
May 2005 - Sacred Heart Church – volunteered to help clean the church  
March 2005 - Sacred Heart Rosary Society Volunteer