

ORIGINAL RESEARCH

Mentorship in nursing academia: A qualitative study and call to action

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ABSTRACT

Objective: Around the world nursing education institutions have been calling for mentorship; however, little is known about nursing faculty member's perspective on if and why mentorship is important and at what career stages it is most valuable. The purpose of this study is to describe the nursing faculty member's perspectives on mentorship in Canadian schools of nursing and explore if, why, and when mentorship is perceived to be needed.

Methods: A qualitative thematic analysis study was conducted. Participants were purposively samples from the 81 English-speaking schools to capture variation across rank, tenure, school size, and areas within Canada. Semi-structured telephone interviews were conducted with 48 nursing faculty members from across Canada. Interview data was thematically analyzed.

Results: Mentorship was identified as being essential yet widely absent from academic nursing. Participants viewed mentorship as a professional responsibility, and vital in consideration of the nursing faculty shortage and potential impact on students. There was an expressed need for mentorship during transition, advancement, collaboration, and as a means of way finding essential resources.

Conclusions: Identifying nursing faculty member's perspectives on mentorship is an important first step in developing mentorship in academic nursing. Nursing faculty views should be considered in the development, execution, and evaluation of mentorship programs.

Key Words: Mentorship, Nurses, Nursing, Academia, Qualitative study, Higher education

1. INTRODUCTION

The growing shortage of nursing faculty is one of many challenges nursing education institutions are faced with globally.^[1] Internationally, nursing institutions have issued calls for mentorship to help mitigate some of the challenges presented by the nursing faculty shortage.^[2-4] In a systematic review conducted to identify strategies to address the nursing faculty shortage, the authors recommended offering mentorship programs for new nursing faculty to help retain experienced nurses in academic positions by offering guidance and support to those entering into academia.^[5] The Institute

of Medicine of the National Academies^[6] contended nurses have a responsibility to provide mentorship to new nurses. Furthermore, they advocated for nursing organizations to be responsible for providing mentoring guidance and support. Others have suggested that mentoring programs should not only be implemented to help satisfy administrative requirements, rather they should be designed to address individual nursing faculty academic and professional needs.^[7] The nursing literature provides many references to the significance of mentorship, yet mentorship in academic nursing is not a customary practice^[8] and little is known about nursing faculty

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member's perspectives about if, why, and when mentorship is needed.

A further confusion is the lack of consistent understanding of the nature, definition, and role of mentorship within nursing and across the broader literature. For the purpose of this study mentorship was defined as:

A process whereby an experienced, highly regarded, empathetic person (the mentor) guides another (usually younger or more junior) individual (the mentee) in the development and re-examination of their own ideas, learning, and personal and professional development. The mentor, who often (but not necessarily) works in the same organization or field as the mentee, achieves this by listening or talking in confidence to the mentee.^[9]

As evidenced by authors who recently conducted a systematic review, mentorship has positive impact on nurses in higher education.^[10] When compared and contrasted with mentorship research in other disciplines, increased scholarly productivity, improved career advancement, and increased academic success are reported positive outcomes of mentorship.^[11,12] However, mentorship has also historically been undervalued by academic intuitions, with the work of mentorship often not being considered in promotion and tenure decisions. Studies in medicine suggest medical faculty that want mentorship, yet less 20% of academic faculty receive mentorship.^[13] Straus, Chatur and Taylor^[14] identified that academic medicine clinicians viewed mentorship as important yet often had trouble finding mentors and forming successful mentoring relationships. There is a call for mentorship, yet there is a gap in empirical evidence identifying nursing faculty member's perspectives on if and why mentorship is important and at what career stages it is most valuable.

To date, no research been conducted to systematically explore nursing faculty member's perspectives on the need for mentorship. This is a significant first step for developing, implementing, evaluating, and improving mentorship initiatives. Given the global institutional call for mentorship, the purpose of this research was to describe nursing faculty member's perspectives on mentorship in Canadian schools of nursing and examine if, why, and when mentorship is perceived to be needed.

2. METHODS

2.1 Design

The data presented in this paper are part of a larger national study exploring mentorship in nursing academia with a number of works published.^[8,10,15-17] A qualitative thematic

analysis design^[18] underpinned by pragmatic philosophy^[19] was used to gain a comprehensive understanding of if, why, and when nursing academics are calling for mentorship. This research is presented following the Consolidated Criteria for Reporting Qualitative Research (COREQ).^[20]

2.2 Sample and recruitment

Canada has 81 English speaking schools of nursing. For this study nursing faculty members were recruited from these 81 schools based on results from a previously conducted survey about mentorship in nursing academia.^[8] Survey participants were recruited from 81 schools of nursing through the Canadian Association of Schools of Nursing newsletter list serve and publicly accessible email addresses. Participants who agreed to be interviewed (n = 203) were purposively sampled to capture variation across rank and tenure including professoriate and instructors, PhD and masters prepared faculty, and those who focus on graduate and undergraduate education (n = 48). Variation in school sizes, areas within Canada, and those with and without mentorship programs were sought.

2.3 Ethical considerations

The local University Health Research Ethics Board granted permission to conduct this research (REB15-0194). All participants provided informed verbal and written consent prior to engaging in an interview. Participant anonymity was maintained by allocating a unique identifier to each participant and aggregating all data.

2.4 Data collection

Participant's perspectives about mentorship were explored through open-ended questions and a semi-structured interview guide. The author conducted all of the 30-45 minute telephone and face-to-face interviews. Interviews were digitally-recorded and transcribed verbatim. All data were de-identified prior to analysis. Researcher insights about mentorship were captured in field notes throughout the interview process. Data collection occurred between January and March of 2016 and continued until data saturation was achieved – the point at which no new themes emerged from the data.^[21] Data saturation was assessed using an auditable structured codebook that noted all code development throughout the analysis.^[22]

2.5 Data analysis

Following the guidance and research processes of Creswell^[23] the collection and analysis of data occurred iteratively throughout the study. All data were allocated unique identifiers and imported into NVivo (version 10) to organize and support data coding. Thematic analysis methods and

processes guided the phases of data analysis.^[18,24] Thematic analysis provides a rich and detailed, yet complex account of data through examining the perspectives of different research participants, highlighting similarities and differences, as well as generating unanticipated insights.^[18]

2.6 Rigor

To maximize the trustworthiness of study findings several evidence bases techniques were utilized. The researcher aimed to explore the perspectives of the widest sample of participants therefore purposive sampling for maximum variation in participants was used. Data collection, integration, and prolonged engagement with the data were used to increase the probability of credible findings being produced.^[25] Research processes were purposely logical, traceable, and clearly documented using an audit trail to increase the dependability of research findings.^[26,27] To assist with the reporting of the research process detailed field notes, transcripts, a reflexive journal, and a codebook were kept to maintain a research audit trail.^[24,28] All records of raw data, field notes, transcripts, and a reflexive journal to were kept to help systemize, relate, and cross reference data, as well as ease the reporting of the research process.^[28]

3. RESULTS

3.1 Characteristics of participants

From the 935 survey responses, 203 participants indicated interest in partaking in an interview; 48 participants were purposively chosen to complete a semi-structured interview. Table 1 details participant characteristics.

Participants provided their perspective on mentorship in nursing academia. A sensitivity analyses was conducted whereby the themes from all participants were compared to themes with only participants from certain levels of experience and/or academic ranks. This resulted in less robust themes, however, no differences in themes were apparent. Themes prompted from participant responses emerged into four interconnected and expansive themes (see Table 2): (1) mentorship is essential, (2) mentorship is missing, (3) why mentorship is needed, and (4) when mentorship is needed.

3.2 Mentorship is essential

When asked to describe mentorship, participants used words such as ‘extremely important’, ‘absolutely necessary’, and ‘essential’. Others described mentorship as “the very best thing that we can do”. (female Professor, more than 25 years’ experience) The work of nursing academics was described as complex and often requiring support and guidance in order

to be successful and mentorship was needed to help nursing faculty to “get their feet well established under them to become strong teachers and academic scholars” (female Associate Professor, 20-24 years’ experience). The idea that mentorship was needed at all levels of career progression was commonly identified.

“I believe it’s really important for all nursing faculty to have a mentor...beginning faculty members are particularly in need of mentoring. But as we grow and mature in our practice, I still believe there are areas where we have blind spots and we can still use mentoring from other people.” (male Professor, more than 25 years’ experience)

Table 1. Characteristics of participants

Characteristic	n = 48	
	n	%
CASN region		
WNRCASN	29	60
COUPN	12	25
QRCASN	1	2
ARCASN	6	13
Number of faculty in the school		
Less than 50	24	50
More than 50	19	40
I don’t know	5	10
Nursing programs offered		
Bachelor’s degree only	26	54
Graduate degrees in nursing	22	46
Academic rank		
Instructor Rank	16	33
Professor Rank	26	54
Leadership	6	12
Highest level of education		
Bachelor’s degree	2	4
Master’s degree	22	46
PhD	24	50
Years of experience		
0-4 years	19	39
5-9 years	10	21
10-14 years	9	19
More than 15 years	10	20
Mentorship program in the school		
Yes	18	38
No	30	62

Note. WNRCASN = Western and Northern Region Canadian Association of Schools of Nursing; COUPN = Council of Ontario University Programs in Nursing; QRCASN = Quebec Region Canadian Association of Schools of Nursing; ARCASN = Atlantic Region Canadian Association of Schools of Nursing.

Table 2. Themes and subthemes

Themes	Subthemes	Exemplar quotes
Mentorship is essential		“It’s absolutely necessary... it’s a huge divergence to go from any form of practice into academia... the roles are different, the organization is different and really, the intent and outcome of what you’re doing is different...most nurses... come to academia after five, ten, twenty years’ experience ... they often don’t have much of an idea of how to navigate their way through things like tenure and promotion and networking within the academy. So I think mentorship is really important.” (female Instructor, 1-4 years’ experience)
Mentorship is missing		“I think mentorship is really a piece that’s missing for a lot of new nurse educators coming in. And unfortunately, without that in place, if they’re not able to seek that out on their own it can kind of be a lonely road.” (female Assistant Professor, 5-9 years’ experience)
Why mentorship is needed	Mentorship as a professional responsibility	“I think it’s an expectation of nursing and I think whether you’re on a clinical setting or an educational setting that support of newer members is something that to me fits within our standards of practice and should be expected.” (female Associate Professor, 1-4 years’ experience)
	Mentorship and the nursing faculty shortage	“If you look at the statistics across Canada we are an aging workforce, so if we’re going to maintain our professionalism and for nursing actually to survive as a profession in an academic culture one is that we have to contribute to new knowledge and research and we have to ensure that our new, young educators are supported in that aspect.” (female Associate Professor, 10-14 experience)
	The impact of mentorship on nursing students	“What it’s costing academics to not be mentored is huge ... it’s costing the education situation in terms of quality and effectiveness, appropriateness. Because students are going to feel the effect of this in terms of... mentorships that aren’t sufficient.” (female Professor, 20-24 years’ experience)
When mentorship is needed	Transition	“I think it’s a really difficult transition to make from being a nurse in clinical practice to being a nurse in an academic setting. And I don’t know of any better way to facilitate that transition than mentoring. I think that’s really the very best thing that we can do.” (male Professor, 20-24 years’ experience)
	Advancement	“I’ve seen people go up for tenure and they didn’t get it. And the reason why they didn’t get it was because they were lacking in significant areas. The reason why they were lacking in significant areas is because they needed to be mentored and they didn’t know that they were lacking in those areas and have they been mentored I don’t think that that would have happen.” (female Assistant Professor, 10-14 years’ experience)
	Collaboration	“I know for our university we developed ... a collaboration with two other colleges to offer our undergraduate degree. And that’s the point where we then, as a collaboration, recognized we had to be much more deliberate and intentional in terms of creating mentorship opportunities.” (female Assistant Dean, 1-4 years’ experience)
	Way finding resources	“You don’t know what you don’t know, so sometimes you find yourself ... going oh, I don’t know how to do this ... And then you think... oh, if there had been a mentorship program ... Nobody teaches you how to do that. And there’s numerable things ... a lot of us newbies struggle with for the first few years, until you do it once or twice”(female Assistant Professor, 1-4 years’ experience)

3.3 Mentorship is missing

Although mentorship was viewed as essential it was described as ‘something that is missing,’ ‘a little bit a hit and miss,’ ‘you rarely see it done,’ and ‘there’s not enough’. Participants commonly stated that they did not perceive a lot of mentorship and when present it was rarely purposeful, rather “it happens informally when people are lucky” (female Associate Professor, 15-19 years’ experience)

“I have experience as faculty working in a school of nursing in three different environments. I would say that there has been minimal, very little mentorship in any one of those environments. I would say in my experience, in my sense of what mentorship might involve, I would say there’s been none.” (female Associate Professor, 1-4 years’ experience)

3.4 Why mentorship is needed

Participants provided numerous examples of why mentorship was needed in nursing academia. Themes prompted from participant answers were categorized into three subthemes (1) mentorship as a professional responsibility, (2) mentorship and the nursing faculty shortage, and (3) the impact of nursing faculty mentorship on nursing students.

3.4.1 Mentorship as a professional responsibility

Many nursing faculty members expressed mentorship to be part of their role highlighting it as part of their professional ‘standards’, ‘responsibilities’, and ‘obligations’. One participant clearly called for the development of a mentorship agenda in nursing academia to consider “mentorship being a core of what we do as academics, but doing it in a more deliberate way at a more organizational or school level.” (female Assistant Dean, 1-4 years’ experience) A number of participants identified mentorship as fundamentally part of being a registered nurse, yet, somehow nurses working in academia may lose sight of these foundational standards.

“You’re a registered nurse and inherently that’s the foundation of our practice, regardless of where you’re choosing to spend most of your time in academia, whether it’s involved in heavy duty research or educating. We still have foundationally this identity as a registered nurse. But ... somehow now, because you’ve moved into academia those same standards and inherent responsibilities that are associated with professional practice don’t apply. Why wouldn’t they? Like who are we educating? And why would we not role model that for students, graduate students, new faculty, whomever that might be?

Because it’s being professional and accountable and ethical.” (female Instructor, 5-9 years’ experience)

3.4.2 Mentorship and the nursing faculty shortage

As the nursing faculty shortage continues to grow, mentorship was identified as one way to help ensure new faculty are well equipped to succeed. Participants frequently mention they were ‘losing senior scholars’, ‘facing mass retirements’, ‘seeing high turnover’ and that experienced nursing faculty with the ability to mentor are retiring in the next few years. As a result of the exodus of seasoned faculty, new faculty members identified they were ‘quickly becoming senior faculty members’. In light of the looming nursing faculty shortage there was a call for mentorship to help pass on valuable knowledge to the next generation of nursing educators, yet “so many people are retiring and there’s so many new faculty and we don’t have anyone really to show the ropes.” (female Assistant Professor, less than one year’s experience)

“I think that mentorship needs to be used in a greater capacity. We’ve got many people that are probably going to retire and we’re going to lose their knowledge and their abilities. We’ve got younger people and maybe not as experienced moving into academia, so they need a lot more support, particularly when you look at the ideas of nursing shortage. It’s not just impacting practice; it’s also impacting education as well.” (female Nursing Instructor, 5-9 years’ experience)

Nursing faculty members suggested in light of the shortage that “mentorship should be key and aligned with recruiting strategically” (female Assistant Dean, 1-4 years’ experience) There was a call to recruit nursing academics “early in their careers and mentor them, teach them, build them to be research intensive, so there’s more people coming in behind you.” (female Dean, 5-9 years’ experience)

3.4.3 Mentorship impact on students

Mentorship was believed to have “benefits both the educator and the students.” (male Instructor 10-14 years’ experience) When nursing academics felt supported by a community of educators it influenced the way they performed, which had a direct impact on student learning. However, the current lack of mentorship for nursing academics was identified as negatively impacting students. One participant noted that it is “ultimately the students are the ones suffering if you don’t give it [mentorship] to them [nursing faculty]”. (female Instructor, 1-4 years’ experience)

“I think it makes it a more stressful experience for the faculty member and for the students when you’ve got somebody who is new and who is unsure about what they’re doing and isn’t well supported.” (male Instructor, 1-4 years’ experience)

Participants noted that mentorship helps to create a “culture of support” (female Associate Professor, 1-4 years’ experience) that demonstrates a compassionate and caring environment and that enriches the student experiences. One participant reflected on how the mentorship provided to her positively impacted her students.

“[Mentorship] really assisted me to provide the best teaching experience for my students. . . . [my mentor] helped me in leaps in bounds to be prepared and be able to provide a really good experience for my clinical students.” (female Assistant chair, 1-4 years’ experience)

3.5 When mentorship is needed

Nursing faculty members provided numerous examples of when mentorship was needed in nursing academia. This theme was categorized into four broad subthemes: (1) transition, (2) advancement, (3) collaboration, and (4) way finding resources.

3.5.1 Transition

Participants most frequently noted the need for mentorship during periods of transition, especially when transitioning from clinical practice to education. Nursing academia was identified as a completely different environment from clinical nursing. Transitioning into nursing academia required learning about “a new environment . . . new culture, new processes, new policies” (female Associate Professor, 1-4 years’ experience). Shifting into an academic role also requires a transition in identity because “you identify yourself as being a nurse and you work in a certain context as a registered nurse that you’re familiar with and the academic setting isn’t that context.” (female Instructor, 5-9 years’ experience) Most new nursing academics identifying they did not have practical teaching experience or theoretical understanding of teaching pedagogy. Teaching was acknowledged as a whole other skills set that new nursing academics need to develop.

“I believe that nurses come into academic settings with very sound practice background and they’re often expert nurses in their practice field. When they come into education they often think they’ll transfer that skill seamlessly. And that’s not the case . . . they need lots of mentorship in

order to understand how to actually help students learn . . . to understand how to transfer all of their fantastic knowledge and use it in the education field.” (female Associate Professor, 15-19 years’ experience)

For those who were hired into the professor ranks, their focus was most often on research during their graduate degrees yet teaching was something they were required to do. Mentorship may be one way to help support their teaching development.

“it struck me as very odd that I’m being hired into an assistant professor position, which forty percent of my time is dedicated to teaching and I have never taught a class in my life. It’s never been a focus of mine and here I am about to take on four courses a year, but nobody is teaching me how to do it.” (female Assistant Professor, 1-4 years’ experience)

A few participants who were currently in nursing administration positions noted mentorship was also need for transitions within academia. “There needs to be mentorship for academics that go into academic administration in nursing. . . that seems to be something that’s really lacking.” (female Associate Professor, 1-4 years’ experience) Those participants who did have mentorship identified they were “able to transition a little bit more easily.” (male Assistant Professor, 5-9 years’ experience) “managed that transition from practice to academia much more successfully than others have.” (female Chair, 1-4 years’ experience)

3.5.2 Advancement

Nursing faculty who were advancing in their academic careers (tenure, promotion, becoming a chair, or moving into administrative or leadership roles) identified the need for mentorship to guide their advancement. Participants noted that within academia are processes that are not explicit and often lack written rules. Tenure was viewed as a ‘hidden’, ‘secret thing’, ‘arduous process’ and there was a noted ‘fear of the unknown’. However mentorship was identified to as “instrumental in getting tenure, and getting promotion” (female Assistant Professor, 1-4 years’ experience). Some participants specifically sought out mentorship to help with the tenure process.

“I purposely sought out someone. . . who I knew was on the tenure and promotion committee, so who knew the things I needed to do if I wanted to get tenure. . . that worked out really well for me.” (female Assistant Professor, 1-4 years’ experience)

The lack of mentorship was described as detrimental to those applying for tenure and the absence of mentorship was described as one reason faculty may be unsuccessful in their tenure applications.

“Someone who started at the time as me didn’t go up for tenure because they didn’t think her portfolio was good enough. And in hindsight. . . someone within the school of nursing should have . . . said okay, this is what it has to look like. . . You need to be applying for tri-counsel funding . . . you need to become part of grad faculty and you need to start supervising PhD students . . . I think there should have been some from a formal mentorship with kind of milestones for how people go through or what they need to do to get tenure.” (female Assistant Professor, 1-4 years’ experience)

Participants who moved into leadership roles or research chair positions often sought mentorship at “a little bit of a higher level than just our own department” (female Assistant Professor, 5-9 years’ experience) because the mentorship support required in these positions was “quite different than what an average academic might need.” (female Professor, 20-24 years’ experience) However, participants noted “a lack of mentorship as people want to maybe move onto other types of leadership roles.” (female Instructor, 5-9 years’ experience) There was a noted call for mentorship at all stages of nursing academic careers.

“The mentorship needs change obviously as you grow. Those needs change, but I don’t think it’s any less important . . . even leaders and people who have been around for a long time that are in mentorship roles still need mentorship.” (female Instructor, 5-9 years’ experience)

3.5.3 Collaboration

A number of participants described collaborative programs where Universities join with colleges to offer a common curriculum. These collaborative programs may have multiple partners and mentorships that follow partnership agreements often in relationship to scholarship, teaching and learning, research, and publication.

“One of the elements. . . that they outlined was the role of mentorship within those collaborative memorandums of agreement relative to mentoring college faculty. And it was focused on scholarship and the ideas of them needing support relative to scholarship within the change from a

college diploma to a university degree.” (male Assistant Professor, 10-14 years’ experience)

Although purposeful mentorship was often part of the collaborative agreements it frequently presented challenges including differences in job expectations, workload requirements, and availability of time.

“you’re not only looking at people who might be new to research and people who are feeling somewhat uncertain about how to go about it, but you’re also dealing with bridging two cultures and different sets of expectations. And how do we effectively mentor? And that I think is a huge challenge at the present time.” (male Associate Professor, 5-9 years’ experience)

These collaborative approaches also provided fertile ground for reciprocal mentorship between the Universities and Colleges.

“We thought we were the experts . . . it only took a few months to realize that yes, we’ve got expertise in problem-based learning, but they’re bringing an expertise around clinical practice, around working with larger groups, around multiple choice questions, and setting exams that we didn’t have. So I think it came out maybe a bit of what we saw ourselves as being THE university having to help the college reach a standard when it fact that wasn’t the case at all.” (female Assistant Dean, 1-4 years’ experience)

3.5.4 Way finding resources and logistics

Nursing faculty identified that mentorship was needed to navigate the academic world. The logistics around ‘managing a classroom’, ‘setting up exams’, ‘entering grades’, ‘dealing with course appeals’, ‘writing letters of reference’, ‘writing performance reviews’, and ‘understanding student feedback’ were common challenges faced by new faculty. Mentorship was identified as a way to support the new faculty when teaching a new course.

“So when you start . . . some of the things that helped me were some of my colleagues would handover courses that had been well-established and were previously developed. . . and also, the professors that maybe have taught them before are there to help guide you, direct you and answer any questions you might have as you’re going through the process.” (male Assistant Professor, 5-9 years’ experience)

A number of participants identified a common struggle to figure out “who to go to when you need help for those practical little bits of advice.” (female Associate Professor, 20-24 years’ experience) Although orientation was seen as valuable, information provided initially was often not immediately applicable. However participants identified that “when you do need to know it, it would be good if there was someone who could actually help with it.” (female Associate Professor, 1-4 years’ experience) Participants also noted a sense of vulnerability in asking for mentorship around process and logistics.

“those of us that are starting in an academic position, there’s an implied level of self-sufficiency, based on the fact that you got where you got to. It’s almost like well, you should be able to figure it out. And that’s maybe the message that’s implied . . . you should be able to figure this out and it’s not wrong. And I can figure it out, but I think a lot of times things could be made much clearer.” (female Assistant Professor, 1-4 years’ experience)

4. DISCUSSION

Nursing education institutions are faced with many challenges including a shortage of nursing faculty. Mentorship may be one way to help ensure nursing faculty, who facilitate student learning and conduct important research, are properly prepared and supported in their roles. This study aimed to describe nursing faculty member’s perspectives on mentorship in Canadian schools of nursing and explore if, why, and when they believe mentorship is needed.

Participants identified that mentorship is essential in nursing academia, yet it is often missing. Others have identified the need for mentorship to reassure and provide support to new faculty as they move from novice to proficient educator.^[29] Tanner and Bellack^[30] argued that if strategies are not developed to better prepare the next generation of nursing faculty, we may be left with too few nursing faculty to educate and mentor new nurses and ensure that we continue to respond to the societal need for well-qualified nurses. Mentorship facilitates professional and personal growth of nursing faculty and lack of mentoring was identified as a key factor in adversely affecting career advancements.^[31] New nursing faculty who come straight to academic settings from clinical practice settings are often startled at the ‘informality’ of orientation procedures and the inadequate mentorship received.^[32,33] As a result, the shift from a clinical practitioner to nursing faculty can be overwhelming and might result in decreased retention of qualified, caring faculty who have much to offer students and the profession of nursing.^[34] To assist the

smooth transition into a university academic role mentorship can foster a cooperative network, boost morale, increase motivation, and help new nursing academics to improve their teaching practices.^[35]

Nursing faculty members who participated in this study provided numerous examples of why mentorship was needed including mentorship being a professional responsibility, and important in light of the nursing faculty shortage. Participants also identified that mentorship, or the lack thereof, may impact nursing students. Expert clinicians often question their decision to leave full-time clinical practice for an educational setting, and struggle with self-doubt about their abilities as educators.^[36,37] New nursing faculty may experience feelings inadequacy, loss, and decreased confidence in a new and foreign culture.^[38] Without mentorship around the role of teaching and learning, new faculty resort to teaching in the same manner they were taught while learning by ‘trial and error’.^[39] It is important that nursing faculty are given adequate and ongoing support and mentorship so that they can in turn support students to become confident and competent practitioners.

Mentorship was suggested to be essential across career trajectories, and especially during time of transition. Expert clinicians who join the academic community, or make significant role changes within their academic roles, often struggle in the career change transition and often need to re-establish a sense of self.^[38] Increased knowledge about transition and having access to mentorship may help normalise the anxieties inherent in transitioning between roles.^[40] Employers need to be cognisant of the impact of work role transition in order to reduce potential stressors by providing appropriate mentorship during periods of professional change.^[40] Nurse educators should consider ways to promote the development of mentorship in the educational community.

Beginning a career in academia can be challenging and complex. Nurses electing to enter the world of academia often have a passion for the work with an understanding that their contribution has the potential to reach far beyond the boundaries of the classroom setting.^[40] Nursing faculty often enter academia with the hope that they will make significant contribution through educating future nurses, and researching problems of importance while experiencing personal growth in their academic roles. The lack of mentorship needs to be addressed in order to assure quality education for nursing students and positive academic careers for nursing faculty members. Nurse faculty members should continue to consider ways to promote the development of mentorship in the academic community.^[41]

This study included participants from a diverse nursing

schools and roles across Canada, however, was limited by excluding French-speaking schools of nursing. Although the inclusion of a variety of schools permitted exploration of the complexity and variation of mentorship in English speaking schools of nursing in Canada, comparisons with nursing schools and faculty members from various countries would help to strengthen the research findings.

5. CONCLUSION

Identifying nursing faculty member's perspectives on mentorship is an important first step in developing mentorship in

academic nursing. Nursing faculty views should be considered in the development, implementation, and evaluation of mentorship programs. Although mentorship was identified as being essential it remains widely absent from academic nursing. While there is a clear call for mentorship in nursing academia, further research is required to determine how institutions can assure equitable and ongoing mentorship for nursing faculty.

CONFLICTS OF INTEREST DISCLOSURE

The author declares that there is no conflict of interest.

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