

E-mentoring: A Strategy to Reduce Role Stress in Novice Nurse Faculty
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Abstract

This project examined whether the implementation of an e-mentoring or online mentoring program would demonstrate a favorable response from both mentors and mentees provided to novice nurse faculty at an inner city, baccalaureate program on a small private co-ed college campus, in southeastern Louisiana. The intent of this qualitative investigation was to depict the significance of mentoring novice nurse educators as it relates to hiring and orientation practices in nursing education. Lankau, et al. (2006) asserts role stressors, such as role ambiguity, role strain, and role conflict may be experienced at different phases of the role transition of novice nurse educators, which may lead to job dissatisfaction and ultimately, staff turnover. Integrating the university's Blackboard Learning Management System with the mentoring process, served as the platform to establish the mentoring relationship and provide additional support to the mentees as a strategy to decrease role stressors that may be experienced during their role transition to academia.

Keywords: dyad, e-mentoring, mentee, mentor, mentoring, novice

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E-mentoring: A Strategy to Reduce Role Stress in Novice Nurse Faculty

Background

Purpose/Problem

The nursing shortage impacts the recruitment and retention of both experienced and novice nursing faculty. The American Association of Colleges of Nursing (AACN), 2005 fact sheet report, forecasts the shortage to continue and possibly worsen as “baby boomers” age out and retire from nursing, more importantly, nursing education. Nursing schools’ administrators, therefore, must identify strategies which promote the development and retention of faculty, and combat the negative effects of what is currently happening in the work force. Efforts to recruit nurses into the field of nursing education must also rival higher paying nursing jobs, which often times result in a limited pool of applicants, and usually leave nursing education administrators few alternatives other than to hire nurses with little to no previous education experience. While it may be advantageous to hire master’s prepared nurses with clinical expertise to fill faculty vacancies due to their recent work experience, which is an asset to help prepare students for the clinical setting, nursing school administrators must also acknowledge that nurses who are new to academia may not be equipped with the knowledge and skills needed to immediately fulfill the demands of teaching and know how to succeed in the academic setting (Anderson, 2009).

Patricia Benner (1984, as cited in (Cangelosi, Crocker, & Sorrell, 2009), explains the phenomenon of nurses moving from a known area of practice to the unknown, as “expert to novice”. Therefore, becoming a novice again may create role stressors for new nurse faculty, which could lead to job dissatisfaction, and ultimately, staff turnover, if adequate support and development is not provided. Absence of mentoring in academia induces role stress for novice nurse faculty during transition from the clinical practice role to academia. This matter warrants

further considerations and demands attention to ameliorate high levels of stress experienced by novice nurse faculty and improve retention.

The purpose of this capstone project was to execute an innovative strategy, an online or electronic mentoring (e-mentoring) program with limited face-to-face interactions between a mentor and mentee. E-mentoring was developed as an attempt to mitigate role stressors, similar to those reported in the literature, for novice nurse faculty at Dillard University's School of Nursing (DUSON) while they were in transition from the clinical practice role to academia. Novice nurse faculty included full-time and part-time staff members with less than three (3) years teaching experience at the baccalaureate level or greater, and less than three (3) years employment at DUSON.

Objective

Lankau, et al. (2006) asserts role stressors, such as, role ambiguity, role strain, and role conflict have been reported by novice nurse faculty and may be experienced at different phases of their role transition. Studies have demonstrated that role stress is associated with job dissatisfaction. Job dissatisfaction may further result into nurse faculty vacancies and constant staff turnover which ultimately affects the school's ability to accept students into the nursing program and/or the quality of instruction they receive. Moreover, rehiring and retraining staff is costly to the institution and is an ineffective use of resources. The online mentoring project was designed to decrease the aforementioned role stressors by extending the current orientation process at DUSON for novice nurse faculty to re-inforce policies and procedures, as well as offer direct support to novice nurse faculty through e-mentoring. The development of this project was the first attempt to pilot a mentoring program in the school of nursing as a part of the process to

onboard new nurse faculty, by pairing them with an experienced faculty member during their role transition.

Question

Will novice nurse faculty respond favorably to the additional support received from the online mentoring program to ease their transition into the nurse educator role?

Hypotheses

Alternative Hypothesis

Novice nurse faculty at DUSON will respond favorably to the additional support provided after participating in the e-mentoring program.

Null Hypothesis

Novice nurse faculty at DUSON will not respond favorably to the additional support provided after participating in the e-mentoring program.

Operational Definitions

According to Nick, et al (2012), the word *mentor* originated from Greek mythology and means to serve as guide and teacher. However, *mentoring* has evolved to become an interactive process between the mentor and protégé. Mentoring is the one-to-one reciprocal relationship between a more experienced and knowledgeable faculty member (*mentor*) and a less experienced one (*protégé or mentee*) as defined by Haggard et al (as cited in Nick, et al. 2012). A dyad is formed by the pairing of a mentor and mentee (Nick, et al. 2012). Throughout this project, novice and new nurse faculty were used interchangeably.

Novice nurse faculty included full-time and part-time faculty members with less than three (3) years teaching experience at the baccalaureate level or greater and less than two (2) years employment at DUSON to serve as mentees. While *mentors* were full-time faculty members with

three (3) or more years of teaching experience in nursing education at the baccalaureate level or greater with more than two (2) years employment at DUSON.

E-mentoring or online mentoring primarily consisted of six (6) mini modules that provided an avenue for information to be shared, and communication exchanged between the mentor and mentee on discussion board, on the university's existing electronic platform, Blackboard *Learning Management System (LMS)*.

Assumptions

Nursing programs are faced with an ever present faculty shortage as evidenced in the literature for reasons mentioned previously. Weidman (2013) suggested that as a result of this phenomena, we must acknowledge that clinical experts are vital to educating future nurses and deserve additional education and development to successfully execute the role of nurse educator. Mentoring is an evidence based resource to support and facilitate new nurse faculty's success while transitioning into the academic community.

All participants were assured that complete anonymity and confidentiality were preserved. It was also assumed that all survey questions were answered truthfully by the participants, which enabled the findings to demonstrate whether or not this project is a possible response to the problem. Participants were considered volunteers and reserved the right to withdraw from this study at any time without ramifications.

Limitations

The project's scope was limited to an inner city baccalaureate program on a small private co-ed college campus in southeastern Louisiana where the nursing faculty consisted of eight (8) full-time faculty and (10) adjunct (part-time) faculty. Although the project was planned to pilot for

six (6) weeks at the beginning of the fall semester in the School of Nursing to increase participation, and decrease time commitments, some unforeseen delays were encountered. Additionally, participants were chosen from a small convenience sample, and the brief timeframe may have captured only a snapshot of the effects mentoring. The results rely on self-reports from the participants that may be influenced by unintended factors. Therefore, the results found here are less likely to be generalizable and may or may not be applicable to other settings based upon the findings presented here.

Significance

The intent of this qualitative investigation was to advance the trajectory and depict the significance of mentoring novice nurse educators to nursing school administrators, college and university presidents, nursing boards, and the professional nursing community. The hiring and orientation practices in nursing education warrants further considerations and demands attention to ameliorate high levels of stress experienced by novice nurse faculty which could possibly improve retention. It was well documented in the literature that nurses transitioning to an educator role experience a paradigm shift which produces stress due to landing in a place of not knowing once again or the inability to perform at the level they once practiced. Novice nurse faculty members that experienced a sustained amount of stress as the result of lack knowledge, for example, classroom preparation, policies and procedures, expectations, timelines, and the academic organizational reporting structure, may lead to frustration, job dissatisfaction, and ultimately, staff turnover. To curtail the unwanted effects experienced during this role transition, studies have demonstrated that implementing a formal mentoring program can negate the undesirable effects that occurs during this process (Anderson, 2009) (Lankau, et al., 2006) (Specht, 2013).

The National League of Nursing, NLN (2006, as cited in Weidman, 2013) recommended a mentoring program to include novice and experienced nurse educators. Cangelosi et al. (2009), asserted their findings compel nurse faculty to anticipate the stress and anxiety expert clinicians may experience as the move into educator roles. Pairing the two groups to encourage the sharing of knowledge and expertise through education and mentoring will result in better outcomes for the novice nurse and the employing institution.

Theoretical Framework

Benner's (1984) "Novice to Expert" theory delineated the competency levels novice nurse faculty members may find themselves during the transition from knowing to not knowing again. The path of progression towards becoming an expert again suggest that there be an acknowledgment of the learning needs new nurse faculty present with and the concentric circles illustrate the levels of competency toward expertise, which validates the necessity for schools of nursing to employ strategies, such as mentoring, to promote their successful attainment of theoretical knowledge and clinical performance. The five levels of competency and skills acquisition as postulated by Benner (1984), includes the following:

- 1) Novice, implies an experienced nurse working in a new area.
- 2) Advanced beginner, demonstrates marginally acceptable performance.
- 3) Competent, competent nurses have about three years of experience in the area where they are involved.
- 4) Proficient, has the ability to understand situations as wholes rather than in terms of tasks.
- 5) Expert, the performer no longer relies on an analytic principle to connect understanding of the situation to an appropriate action.

Benner's theoretical framework supports the path of progression new nurse faculty travel to acquire the level of competency needed to become a successful nurse educator. Supportive resources such as, orientation, precepting, and mentoring new nurse faculty has a direct association with successfully moving them through these levels of development and organizational phenomena found in academia. Although the concepts presented here are appropriate to assess nurses' skill levels in many areas of nursing practice, the focus here is in nursing education.

Albert Bandura's (1977) Social Learning Theory also frames the evolution of relationships and interactions that occurred during the mentoring process. Bandura asserts that people learn from one another through observation, imitation, and modeling. These behaviors are demonstrated in the reciprocal exchange between the mentor and mentee.

Literature Review

Discussion

In an effort to accurately review relevant literature for this subject matter, it became apparent early on that qualitative studies were most appropriate for answering the research question versus quantitative studies. Based on the assertion by Cesario, Morin, & Santa-Donato (2002), qualitative research findings can provide important information when there is little quantitative information to support nursing practice, therefore, the evidence presented here are primarily qualitative descriptive studies, while some include the use of quantitative methods. An extensive literature search (1994 through 2015) was performed first to affirm that the problem, and secondly, to identify scientific knowledge from prior studies to uncover evidence-based strategies to impede the established problem. Electronic data bases and online search engines were queried with key words on the subject under investigation, such as, "mentor new

nurse faculty” to conduct a systematic analysis of peer-reviewed journals which included the following; Cochrane Library, EBSCO Host, PubMed, Cumulative Index of Nursing and Allied Health (CINAHL), National League for Nursing (NLN), American Association of Colleges of Nurses (AACN), Science Direct, and Medline. As a result, ten (10) articles were selected, several of which implicated mentoring, more specifically, online mentoring or e-mentoring as an effective strategy to reduce unintentional negative effects, such as, role stressors that may be experienced by novice nurse faculty during role transition.

Critique

Specht (2013), asserted that implementation of mentoring relationships for novice nursing faculty is necessary for new faculty to ease their transition into the academic setting. For example, this study utilized a comparative design in which levels of role conflict were explored by comparing the effects of mentoring encounters on novice nurse faculty and found those that were mentored had lower mean role conflict scores (3.57) than those that were not mentored (M=4.62). Cangelosi, et al. (2009), employed interpretive phenomenological and Van Manen’s approach to human science research to examine the narratives of clinical nurse educators to gain insight into the perspectives as they assume their new role. The researchers found that anxiety, fear, and tension described by the participants and their perceived lack of mentoring speaks to the need for nurses to prepare for the roles and responsibilities of teaching and further contends that teaching should not be viewed as a natural byproduct of clinical expertise, but requires a skill set of its own. An investigation of the work-role transition of expert clinician to novice academic educator was inspected by Anderson (2009) through a naturalistic inquiry descriptive explanatory study. Detailed descriptions of what the subjects felt and experienced supported implications that there is a need for mentoring during the work-role transition with an initial

focus on support within the nursing program, and eventually expanding to the broader academic community. The results of a study performed by Nugent, Bradshaw, & Kitto (1999), utilized quantitative statistics to analyze descriptive data to determine if or how the variables under study influenced teacher self-efficacy in faculty with less than five (5) years teaching experience. Their findings support Bandura's (1977, as cited in Nugent, et al., 1999) self-efficacy theory that teachers become more confident in their ability when they receive instruction or experience, but in addition to instruction, there were implications that new faculty should be mentored. Lankau, Carlson, & Nielson (2006), measured the mediating variables of role stressors (role conflict and role ambiguity) to determine whether they interfere with mentoring functions since the mentoring process has been linked to job satisfaction (Wanberg, Wels, & Hezlett, 2003, as cited in Lankau, et al., 2006). Utilizing robust statistical methods which included a two-step approach, the measurement model where analyses comprised the LISREL 8.56 and all analyses used the covariance matrix and maximum likelihood estimation. And secondly, the mediation model to estimate three (3) nested structural models (Kelloway, 1998, as cited in Lankau, et al., 2006) to further analyze the mediating variables and the data. This study confirmed the importance of the mentoring relationship and suggested that greater psychosocial support is associated with less role stressors as predicted by the researchers. Brown (1999) described the process and evaluation of a program for new faculty at an academic institution that has sustained for over 12 years. Of the 44 faculty members (mentors) 33(70%) and of 47 new faculty (protégés), 39 (83%) that returned their questionnaires after a year, both mentors and protégés answering a post-survey indicated a positive response that essentially spoke to the mutual psychosocial and career benefits derived from the experience. Lasater et al. (2014), explored the effectiveness of an emerging phenomenon, distance mentoring to identify communication practices of nurse

educators and its ability to establish a meaningful mentoring relationship. The researchers employed interpretive phenomenological research to transcribe text from the participants which gave rise to three (3) major themes: connecting at a distance, committing to the relationship, and the evolving nature of the communication. The findings from this study suggested that distance mentoring along with a brief in-person meeting may be a viable alternative to establishing a mentoring relationship between mentor and protégé when resources and time are limited. While de Janasz and Godshalk (2013) describes e-mentoring as the process in which mentoring communications are exchanged between the mentors and protégés through the use of a technological medium or computer-mediated communication (CMC), i.e., internet, e-mail, instant messaging and other electronic means. It was found to have a positive impact on protégés' learning and satisfaction. Research measures utilized by the researchers to carefully examine e-mentoring received included; intercorrelations among the variables, Scandura's (1992, as cited in de Janasz & Godshalk, 2014) mentoring functions, and hierarchical regression to test seven (7) hypotheses as to whether e-mentoring functions received were positively associated with the dependent variables, which included; interaction frequency, pre-existing relationship, perceived similarity, e-mentor knowledge, comfort with establishing CMC relationships, self-efficacy, learning via e-mentoring, and protégé satisfaction. The researchers offered that since mentoring is intended to facilitate protégé learning, e-mentoring is a viable medium. For example, one of their findings revealed that protégés' overall satisfaction through statistical analysis, calculated the overall mean at 4.10, ($SD = 0.75$), and the reliability was .90. O'keefe and Anthony (2009), investigated the establishment of an online mentoring program to engage nurses in a mentor-protégé relationship at a large magnet hospital with descriptive analysis. The following strengths of the program were identified by nurse mentors and protégés'

as, fostering real-time communication, strategic thinking, easy to monitor progress, ability to share organizational knowledge, and ability to quickly access reports or inputs. Miller, Devaney, Kelly, and Kuehn (2008), explored the creation of an e-mentoring learning model to teach population-based public health practice at a distance utilizing descriptive analysis of a pre and post survey. Mentors and students (associate degree nurses) were paired and a dedicated web-based with a common discussion board was the means of communication for a semester. Students reported that the course contributed to them taking on expanded roles and acquiring new skills in problem solving. According to Miller, et al. (2008), the course completion rate was 92% (35/38 students) and 11 of those students went on to pursue advanced education in nursing.

Gaps in the Literature

Most of the studies reviewed included small sample sizes across various settings (clinical, academia or both) with varying timeframes in which the research was conducted. There is a lack of standardized formal and/or informal mentoring programs that can be readily adopted by schools of nursing to consistently measure and report the effects of mentoring. A final observation from this survey noted that most authors, if not all, addressed mentoring from the perspective of the mentee's needs and not nursing school administrators. This fallacy may be a hindrance to schools of nursing advancing or looking toward implementing standard mentorship programs such as distance mentoring.

Strength of Evidence

All of the evidence presented here devote robust discourse in support of mentoring as a solution to address common unmet socialization needs during the role change usually found among novice nurse faculty illustrated in the evidence tables (Appendix N).

An innovative approach to developing a mentoring program may include the use of technology to connect nurses to a social learning environment as a flexible and viable alternative to cross barriers, such as, distance, agency isolation, and busy schedules.

Methodology

Intervention Plan

The planned intervention was a systems improvement project that utilized a qualitative research design and descriptive statistics to purport and present facts concerning a pilot online mentoring program designed to mentor new nursing faculty members. A formal request for Internal Review Board (IRB) approval was submitted to Loyola and Dillard Universities requesting permission to pilot an online mentoring program which included mini modules on Dillard University's existing Blackboard LMS for approximately three (3) months. The online mentoring modules were accessible to the mentors and mentees participating in the pilot. The modules consisted of predetermined topics to serve as an adjunct to the onboarding process to orient and acclimate the mentee to the university's organizational structure, school of nursing (SON) philosophy, mission, and policies and procedures. The criteria to serve as a mentor were established as nursing faculty members that have three (3) or more years of teaching experience at the baccalaureate level or higher and have been employed at DUSON for two (2) years or greater. The mentee's criteria for the novice nurse faculty were established as less than three (3) years teaching experience at the baccalaureate level or higher and less than two years employment at DUSON. Mentors and mentees were assigned activities to promote interaction online, through other electronic communications, and at least two face-to-face meetings were allowed to lend additional, but optional, support to the mentee by answering questions, sharing knowledge of teaching expectations, responsibilities, timelines, and familiarity with the

university's culture. Informed consent was obtained once mentors and mentees volunteered to participate in the pilot. After a brief meeting to explain the process and expectations of the participants, dyads (mentor and mentees) were assigned to initiate the mentoring relationship. Mentors and mentees were later communications, and at least two face-to-face meetings were allowed to lend additional, but optional, support to the mentee by answering questions, sharing knowledge of teaching expectations, responsibilities, timelines, and familiarity with the university's culture. Informed consent was obtained once mentors and mentees volunteered to participate in the pilot. After a brief meeting to explain the process and expectations of the participants, dyads (mentor and mentees) were assigned to initiate the mentoring relationship. Mentors and mentees were later paired according to goals, backgrounds, and teaching assignments. The mentoring program concluded after eight (8) weeks of activity and evaluation.

Design

The study utilized a mixed methods design with a phenomenological approach to genuinely uncover the mentee's experience with the online mentoring process whereby an orientation learning module is at its core.

Sample and Setting

A convenience sample of five (5) or more mentors and five (5) or more mentees was the goal for recruitment, however, three (3) mentors and three (3) mentees were actually recruited from DUSON's full-time and part-time faculty at the beginning of the fall semester 2015. Criteria for this project included, nurse faculty members with greater than three year's employment at DUSON were eligible to serve as mentors. Nurse faculty members with less than three years'

employment at DUSON were eligible to participate as a mentee. This project does not involve vulnerable populations.

Volunteers were recruited during the DUSON's welcome back faculty orientation meeting in the fall semester for nurse faculty. An informational session, during the faculty's orientation, provided an overview of the program, allowed time for questions and answers, volunteers signed a consent form, and completed the demographic survey (Appendices C and D). The preceptor and mentoring program monitor met at a later date to pair mentors and mentees according to teaching interest areas indicated on the demographic surveys. An introductory face-to-face session could not be scheduled due to scheduling conflicts, however, an email was sent which included instructions, explain the goals, objectives and roles of the mentor and mentee. Mentees received an assignment to complete the e-mentoring module which consisted of pre-determined topics to increase the mentee's knowledge, while mentors were to provide additional information, feedback, or clarification as requested. The e-mentoring modules were accessible through the university's Blackboard Learn Management System (LMS), to both the mentors and mentees participating in the study. Orientation topics were intended to foster the mentee's learning and understanding about the organizational structure, academic culture, work environment, role expectations, policies, semester calendar, resources, clinical lab, dress code, and other relevant information. Communication between the mentor and mentee during the mentoring process could have included a face-to-face meeting initiated by either participant, however, electronic communication, such as, telephone, email, or discussion board. Once dyads were assigned, they were given final instructions to begin the mentoring process immediately. The e-mentoring module went live and was accessible in Blackboard by the end of the next business day. A reminder email communication was sent to participants by the mentoring

program monitor advising them that the module was accessible in Blackboard and of the program's timeline. The mentoring program monitor communicated via email with e-mentoring dyads weekly to monitor activity.

Timeline

The projected dates for implementation of the e-mentoring program was August 24 – October 2, 2015), however, unavoidable time delays moved the initiation of the e-mentoring program to September 8, 2015 – November 17, 2015. This time period included the final letter of approval from Dillard University to move forward through the completion of data collection activities.

Project Responsibilities

The study's team consisted of a mentoring program monitor, Chair of DUSON (preceptor), and the university's Coordinator for Instructional Technology. The immediate program contacts were listed in the consent form for participants (Appendix C). A predetermined topical outline and content was included in the e-mentoring modules that were previously developed by DUSON's faculty development committee and approved by the Chair of DUSON. All problems, questions, or concerns were addressed by the mentoring program monitor or Chair of DUSON. The Coordinator for Instructional Technology supported the project by advising and setting up the module in Blackboard, resolved any technical difficulty, and ensured access to the participants.

Resources and Costs

Costs to the university were minimal since it merely required the re-allocation of existing resources to support the program, such as, staff time (on and off campus), internet, Blackboard

(module), paper copies, as well as on and off campus communication that could have been accomplished electronically.

Organizational Impact

Implementing an e-mentoring program aligned with the university's movement and actions taken to promote an increased use of technology including computer mediated instruction, as evidenced by the debut of alternative course offerings during the spring semester, 2015. All faculty and students are required to onboard with Blackboard training, demonstrate competency in its use, and receive a certificate of completion from the learning management system.

Electronic media has proven to be a viable alternative for the university to maintain and sustain instruction for its students and faculty since it resides in a hurricane prone area. Electronic communication affords instruction to remain uninterrupted during natural or manmade disasters. It is an efficient means that saves time and doesn't require face-to-face interaction for an exchange of teaching and learning to take place.

Instruments/Tools

Due to the lack of tools measured for content reliability and validity found in the literature as it relates to faculty mentoring in higher education, the tools that utilized to develop this project were located in published peer-reviewed journal articles and were reported to satisfactorily capture an individual's experiences with mentoring. Harris (2013) was found to be the only author that may have successfully developed a tool and applied psychometrics to quantize qualitative data obtained from an opened survey, Perceptions of Mentoring Relationship Survey (PMRS). However, the PMRS tool was not appropriate for this project. Permission was obtained from the authors of two previous studies to re-use the consent form, demographic survey, survey tool, and evaluation questionnaire (Appendices A and B).

Descriptive phenomenological methods guided the evaluators to critically analyze and interpret the meaning of responses obtained from both the mentees' surveys and those completed by both mentees and mentors during the close out session, by applying rigorous techniques described in the literature and more specifically by Kleinman (2004) as follows:

- (1) Read the responses in its entirety
- (2) Read it a second time
- (3) Integrate the sections identified as having a similar focus or content
- (4) Verify that concrete, detailed descriptions have been obtained from participants
- (5) Phenomenological reduction has been maintained
- (6) Essential meanings have been discovered
- (7) Structure has been articulated
- (8) Raw data has verified the results

Evaluation Plan

Independent Variable/Dependent Variable

At the conclusion of the e-mentoring program, a post evaluation survey was administered. This examination revealed whether or not the participants found the additional support (independent variable) helpful to them to meet the demands and expectations of the nurse educator's role, thereby determining the effectiveness of e-mentoring (dependent variable). The online survey or post evaluation was developed similar to the questionnaire examples (Appendices E and F) by Weidman (2013) and Snelson, et al. (2002). The respondents' answers were evaluated to understand and interpret their experiences and feelings about the e-mentoring program.

Statistical Test(s)/Software

The online evaluation form consisted of open-ended and multiple choice questions (Appendix G). At the outset of the project, data analytics would have included the use of SPSS 22.0, however the small sample size and number of responses prohibited its use. All data collected was reviewed by the research team. Descriptive statistics were applied to demonstrate central tendency, variability, and other associations. Qualitative methods as previously described were also employed by the project's team to determine if commonalities were detected, and then aggregated accordingly relative to the dependent variable, such as, indication of whether or not they were in favor continuing the e-mentoring program, frequency of communication with mentor, availability of mentor, and comments about the information contained in the modules. According to Harris (2013), often times the perceptions and expectations of the participants and whether or not it was fulfilled, will affect the degree of satisfaction with the mentoring relationship.

Protection of Human Subjects

Measures to Protect Confidentiality

Informed consent (see Appendix C) was completed by all participants to re-assure them that anonymity and confidentiality would be preserved as much as possible (Weidman, 2013). All data collected will be de-identified, coded, and/or categorized for analysis. Participation in this project was strictly voluntary, no one received compensation. A \$10 SUBWAY® gift card was offered as an incentive to participate. Participants were informed that they could have withdrawn from the study at any time without consequences.

Risk-Gain Balance of Project

Foreseeable minimal risk included anxiety experienced by the participants, possible breach of confidentiality if electronic communication is shared with others outside of the study, and

unintentional personality conflicts within a dyad. All risks were explained and how to handle situations as they arise for the good of all participants. Potential risks were disclosed in the consent form. All documents are maintained in a locked file cabinet maintained by the investigator. Data collected was only shared with the project's team to analyze the results.

IRB Loyola and IRB Practicum Site Applications

Prior to the initiation of the online mentoring program, an Affiliation Agreement, Internal Review Board (IRB) training certificate and IRB approvals were obtained from Loyola University and Dillard University (Appendices I-K).

Intervention

Capstone Project Implementation

The foundation for the implementation of the e-mentoring project commenced near the end of August 2015, once final approvals to proceed were received. During the first week of September, an overview of the e-mentoring project was first presented to faculty during an orientation to the school of nursing. At that time, three (3) adjunct clinical faculty expressed an interest to participate and were recruited. Senior faculty members were recruited at a separate faculty meeting held a few days later. A total of six (6) faculty members were recruited. Informed consent and demographic information were obtained from the participants, and each was offered a SUBWAY® gift card in the amount of \$10 as an incentive for agreeing to participate in the mentoring program.

In mid-September, members of the project's committee (school of nursing chair, coordinator of instructional technology, and program monitor) met to review the demographic information obtained from the participants, such as, years of teaching experience, and area of expertise to assign their roles in the project to serve as a mentee or mentor. Mentors and mentees

were also paired which resulted into the formation of three (3) dyads. The next two weeks consisted of administrative activities that required organizing email addresses and contact information, building the content for the online course, consulting with the coordinator of instructional technology, and becoming more familiar with functions in the LMS. Content included in the online mentoring course was arranged into of six (6) mini modules and a discussion board which served as a forum to foster communication, discussion, and exchange between mentees and mentors. The modules contained essential information that were considered by the Chair of the school of nursing, as critical to an individual's success in the nurse faculty role, such as, the mission, guiding principles, teaching philosophy, and policies and procedures, which were extracted from the Dillard University School of Nursing (DUSON) Faculty Handbook. Upon completion of building the online mentoring course, all participants were enrolled in the course.

Several delays were encountered, therefore, the original timeline was adjusted a few times. However, the delays did not compromise the fidelity of the project. There was still enough time to implement the project for six (6) weeks as originally planned. The first week was designated as time for the dyads to get acquainted by email, telephone, or a face-to-face meeting, to establish goals and an understanding of what they hoped to accomplish by participating as a mentor or mentee. Once the online mentoring modules were available in Blackboard, the dyads were notified, given instructions, and the course remained open for five (5) weeks. During the implementation period of the project, weekly email communications were sent to each dyad separately to encourage continued participation, as well as to monitor for any problems, issues, or concerns with the online course. While electronic communication through the use of the

online mentoring course or email were primarily encouraged, the dyads were given the option to arrange face-to-face meetings throughout the project period as they deemed necessary.

Data Collection

At the conclusion of the e-mentoring project, an electronic questionnaire was developed in Survey Monkey® (Appendix G) which consisted of three (3) open-ended questions and five (5) Likert Scale questions (Weidman, 2013). The participants were notified via email with the link to complete the survey to obtain their assessment of the e-mentoring process (Snelson et al., 2002). All participants were invited to complete the online survey and provide feedback about their experiences as a participant in the online mentoring project. The online survey was available for one (1) week after the project ended, but there were no responses. The survey completion deadline was extended an additional week to receive responses. A total of five (5) surveys were received out of the six (6) participants, and one (1) survey was partially completed. The responses were recorded on the data collection tables (Appendix N).

Results

Data Analysis

There were 5(five) females and 1 (one) male that volunteered to participate in the study. All of the females opted out of reporting their ages, however, the male participant indicated that he was 44 years old. The years of clinical experience practicing as a registered nurse among the participants ranged from 17 to 34 years, with the median as 25.5 years' experience. There were 16 posts on the discussion board among participants. The time interval for response to the one question previously mentioned was 13 hours.

Post surveys were received from three (3) mentors (one complete and two incomplete) and two (2) mentees. There were three (3) open-ended questions and five (5) Likert scale questions. Recurring themes expressed by the mentees suggested that blackboard, telephone calls, and email were utilized to communicate with mentors during the study. The mentees expressed the need to seek assistance by telephone or email in addition to the e-mentoring course to receive timely feedback on use of the technology and faculty resources. Barriers with communications encountered by the mentees were noted as lack of knowledge on how to use Blackboard in their courses, using two computer screens simultaneously, and mentor not using the online discussion board to communicate.

The small sample size and non-normal distribution of the data in the study hindered application of parametric and nonparametric statistical testing to the data collected from the Likert scale questions. However, descriptive statistics were used to examine the characteristics of the variables under study in the frequency tables (Appendix N) for the responses received from both mentees and one (1) mentor as follows:

- a. 100% reported that their personal goals were at least minimally met during the study.
- b. 100% felt mentoring could reduce role confusion for the new faculty member.
- c. 100% reported that mentoring could contribute to new faculty's success in the teaching role.
- d. 100% reported feeling comfortable in their assigned role in the e-mentoring program.
- e. 100% reported the e-mentoring program should be continued for faculty new to the nurse educator's role or newly hired faculty requesting a mentor.

Discussion

The purpose of the e-mentoring program was to provide additional support to novice nurse faculty beyond the current orientation process in place, thereby reducing role stressors as reported in the literature that novice nurse faculty typically experience during their role transition to academia. A convenience sample representative of the nursing faculty (adjunct and full-time) at the university in terms of years of teaching experience and areas of clinical expertise was utilized. The very small sample size hindered application of parametric and nonparametric statistical testing, however, the descriptive analysis of the quantitative data collected was enhanced by the qualitative data that was captured. The evidence from this study, although not as robust as quantitative studies, reinforces the vast amount of literature cited earlier in support of the need for mentoring novice nurse faculty. The mentees in this study craved guidance from more seasoned faculty to assist them with learning new information or validating their assumptions about procedures to adequately perform in their new role. However, there was an obvious disconnect between mentors' and mentees' level of commitment to participate in the project. It appeared the mentors did not completely buy-in to assuming the role as a mentor as evidenced in the low level of activity observed throughout the monitoring of the program and not completing the post survey. This may be attributable to the mentors' lack of knowledge of the mentor's role, not having enough time, lack of technological skills, and feelings of, "What is in this for me?" However, the mentees may have participated at a greater level of interest because they were earnestly seeking out knowledge and resources to be successful in their new role.

Implications

Faculty onboarding practices in nursing education usually include some form of orientation, however, the lack of an informal or formal mentoring program to assist with sufficiently

preparing neophytes for meeting the expectations of teaching, scholarship, and service in academia may have negative effects that result in new faculty dissatisfaction, frustration, and ultimately staff turnover. Ameliorating role stress for new nursing faculty first requires acknowledging that it exists and its potential damaging effects and secondly, adopting evidence-based strategies, such as mentoring, to mitigate it.

This pilot project suggests the use of mentoring whether it is formal or informal, face-to-face, or online, to supplement orientation processes are desired by new faculty members. This additional guidance may address the need for extended supportive measures desired by new faculty to decrease their level of stress while learning a new role. According to Brannagan & Oriol (2014), formalized orientation and mentoring is a way to ensure that adjunct faculty are held to the same standards as their full-time counterparts, and it also increases feelings of connectedness among faculty.

Barriers to the study were the length and lack of responses to questions in the e-mentoring course, lack of knowledge on Blackboard's functionality, and faculty not having the time devoted to participate in the project. The very small sample size was a major limitation in this study.

Organizational Impact (Case Study Summary)

E-mentoring in the school of nursing at Dillard University, if adopted, is an innovative strategy that has the potential to serve as the launch pad to transform the orientation and onboarding process not only in nursing, but may be a viable alternative for faculty and staff across departments and the university as a whole. Integrating the use of technology in the classroom for staff and students is a part of the university's strategic plan and an objective for one of the overarching pillars to accomplish in the next few years.

Recommendations

Too often schools of nursing are failing to address socialization problems that may occur as a result of a major job or role change experienced by novice nurse faculty. Nursing education administrators are called to action by first recognizing the value in mentoring and educating their staff on how it may benefit faculty and students. Mentoring may be included in the school of nursing's organizing framework. The faculty development committee may consider conducting a mentoring needs assessment among its faculty. Additional recommendations include selecting educational activities on mentoring to train experienced faculty how to assume the mentor's role, lobby the support of the university's administration to make mentoring a requirement for tenure, and allocate time in the faculty's schedules for mentoring to take place. Online or e-mentoring should be considered a viable mechanism to engage nurse faculty in the mentoring process when time and schedules are a barrier, but it is also imperative that the faculty are capable of navigating the on-line platform (Blackboard) to ensure its success. More studies are needed to demonstrate successful implementations of the use of technology as the basis for establishing mentoring programs in schools of nursing, especially those operating with limited resources. There is a need for continued education on the value of mentoring novice nurse faculty and more research studies employing the use of quantitative methods to enrich the qualitative data collected.

Conclusion

Schools of nursing must give deliberate thought to attracting and retaining novice nurse educators that may become overwhelmed and dissatisfied with the lack of support while transitioning into their new role, and implement measures to decrease the likelihood that they

may eventually leave. Assessing, planning, and identifying innovative strategies, such as, e-mentoring to support and develop new faculty members may prove to be a viable alternative. The findings in this study were compatible with the research studies in the literature that support the need for mentoring novice faculty.

Dissemination Plans

Plans to disseminate the results include presenting a power point presentation during a nursing faculty development workshop, submission for a journal publication, poster presentation at the local chapter of Sigma Theta Tau International's annual Research Day, network with local and state nurses' organizations to present the findings, and condense the information into a brochure as a ready resource guide for those interested in initiating a similar project.

Immediate sustainability plans for the online mentoring program would include incorporating mentoring into DUSON's organizing framework and philosophy, the faculty development committee amending the current orientation process to include online mentoring, adopting policy that requires seasoned faculty to serve as a mentor to acquire tenure, and utilize mentoring as a means to comply with or maintain relevant accreditation standards in the school of nursing.

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II: Stories of mentors. *Journal of Nursing Education*, 49(12), 665-671.

Appendix A. Permission Granted

Subject: RE: FW: Nurse Faculty Mentoring - Evaluation Form
From: "SNELSON, CATHERINE" <csnelson@kent.edu>
Date: Tue, March 17, 2015 1:53 pm
To: "Kelly D. Smith" <ksmith2@loyno.edu>
Priority: Normal
Options: [View Full Header](#) | [View Printable Version](#) | [Download this as a file](#) | [Add to Address Book](#) | [View Message Details](#) | [View as plain text](#)

Hello Kelly,

Thank you for the information.

You do have my permission to utilize the evaluation form found in Table 1 of the article to assess the mentors' & mentees' perception of the e-mentoring project: "E-mentoring: A strategy to reduce role stress in novice nurse faculty."

I would appreciate you sharing your findings at the conclusion of your study.

Sincerely,

Cathy Snelson

Cathy Snelson, RN, MSN, CNE

Associate Lecturer, Kent State University

College of Nursing

Coordinator N40010 Nursing of the Critically Ill

Coordinator Standardized Testing

330-672-8838

csnelson@kent.edu

Appendix B. Permission Granted

Subject: RE: [Fwd: Transition of the Clinical Nurse Expert - Appendix A-C]
From: "Weidman, Natalie" <Natalie.Weidman@readinghealth.org>
Date: Tue, March 17, 2015 3:14 pm
To: "Kelly D. Smith" <ksmith2@loyno.edu>
Priority: Normal
Options: [View Full Header](#) | [View Printable Version](#) | [Download this as a file](#) | [Add to Address Book](#) | [View Message Details](#) | [View as plain text](#)

Hello Kelly,

Thank you, I am glad my research was helpful to you. You may gladly use my tool, survey and consent. Best wishes and send me your research when finished if you wish.

Natalie Weidman MSN, RN CNE

Nurse Educator

484-628-0185

Natalie.weidman@readinghealth.org

Appendix C. Consent Form

You are invited to participate in a research study being conducted by Kelly Smith. I am a doctoral nursing student at Loyola University completing my capstone project. I ask that you read this form and ask any questions you may have before you decide whether you want to participate in the study. The university requires that you give your signed agreement if you choose to participate.

This study is being conducted by Kelly Smith.

Title of the Study: E-mentoring: A strategy to reduce role stress for Novice Nurse Faculty

Purpose of the Study:

The purpose of this study is to evaluate an e-mentoring program and its effect on the clinical nurse expert while transitioning to a novice nurse educator.

If you agree to participate in this study, upon completion, we will ask both mentors and mentees to answer evaluation questionnaire, and mentees an additional post-survey to describe their experiences.

Risks and Benefits of Being in the Study:

The study has the following risks for experiencing anxiety and stress related to the interview topic. This may vary from person to person.

The benefit to participation is the ability to express your ideas and concerns about mentoring, the transitional experience, and/or professional development. Although this may not directly benefit you, it will help in developing a mentoring program for novice nurse educator.

Compensation:

There is no compensation for participating in the study.

Confidentiality:

All information will be handled in a confidential manner to the extent provided by law so that no one will be able to identify you when results are recorded. The records of this study will be kept private. In

any report or presentation, we will not include any information that will make it possible to identify a study participant.

Voluntary Participation:

Your participation in this study is completely voluntary. There are no penalties for not participating. You may discontinue your participation and withdraw from the study at any time without penalty.

Contacts and Questions:

The investigator conducting this study is: Kelly Smith

Email: kdsmith@dillard.edu

Preceptor: shutchinson@dillard.edu

You may ask any questions you have now. If you have questions later regarding the study, you may contact the investigator listed above. If you have any questions or concerns about the rights of research participants, please contact the IRB Committee at Dillard University.

Statement of Consent:

I have read the information described above and have received of this information. I have asked questions I had regarding the study and have received answers to my satisfaction. I am 21 years of age or older and voluntarily consent to participate in this study.

Signature of Participant

Date

Signature of Interviewer

Date

Appendix D. Demographic Survey

Please complete this form with your information as follows:

Age _____

Gender _____

Race _____

Years practicing as a RN _____

Highest degree earned _____

Nursing specialty _____

Type of nursing school that you are teaching

(Diploma, AND, BSN) _____

Previous teaching experience, if any _____

Any educational course taught, please describe _____

Appendix E. Survey Tool

Survey Questions for Mentees

- 1) Please describe why you wanted to make the transition from a clinical nurse expert to a novice nurse educator.
- 2) Please describe the process of the transition experience from clinic nurse expert to novice nurse educator.
- 3) Do you feel competent and prepared for the education role?
- 4) Please discuss aspects of your orientation to the university, the school of nursing, classroom, clinical unit, technology, examination writing, and student evaluation.
- 5) Discuss how you were mentored in the role of the nurse educator.
- 6) Describe your experience of coping with any concerns related to the transition experience.

Appendix F. Mentoring Program Evaluation

To all the participants of the Mentoring Program:

Please complete this form so that your recommendations and suggestions might be used to guide the future direction of the Mentoring Project. Indicate if you were the Mentor or Mentee on the blank line. Do not include your name.

Role: _____

- 1) What activities were used by the mentor to assist the new faculty in adapting to the role of teaching at the School of Nursing? Were these activities helpful or not helpful, and how?
- 2) What other activities should be included in the mentoring of new faculty?
- 3) What specific topics were most helpful in the e-mentoring program and what other topics would you like to see included?
- 4) How could the pairings of the participants in the mentoring relationship be improved?
- 5) Should we continue the e-mentoring program for new faculty and other recently hired faculty requesting to have a mentor?
- 6) Please evaluate the degree to which your personal goals of this mentoring relationship were or were not met by circling the appropriate response:
 - a. Met to a high degree
 - b. Generally met
 - c. Minimally met
 - d. Not met

Appendix G. Electronic Survey

Survey Monkey electronic questionnaire below:

3/14/2016

[SURVEY PREVIEW MODE] E-mentoring Program Evaluation Survey

E-mentoring Program Evaluation

E-Mentoring Program Evaluation

This evaluation is an opportunity for the participants to provide valuable feedback regarding their lived experiences with the mentoring process as a mentor or mentee.

Your feedback is vital to interpreting the experience of clinical nurses as they transition to their new nurse faculty role.

Project Title: E-mentoring: A strategy to reduce role stress in novice nursing faculty.

Principal Investigator: Kelly D. Smith

Email Address: Kdsmith@dillard.edu

Thank you for your participation.

1. Please complete this form so that your recommendations and suggestions might be used to guide the future direction of the E-mentoring Program. Indicate if you were the Mentor or Mentee on the blank line. Do not include your name.

Role: _____

2. What activities were used by the mentor to assist the new faculty in adapting to the role of teaching at the School of Nursing?

Next

3/14/2016

[SURVEY PREVIEW MODE] E-mentoring Program Evaluation Survey

E-mentoring Program Evaluation

E-Mentoring Program Evaluation

This evaluation is an opportunity for the participants to provide valuable feedback regarding their lived experiences with the mentoring process as a mentor or mentee.

Your feedback is vital to interpreting the experience of clinical nurses as they transition to their new nurse faculty role.

Project Title: E-mentoring: A strategy to reduce role stress in novice nursing faculty.

Principal Investigator: Kelly D. Smith

Email Address: Kdsmith@dillard.edu

Thank you for your participation.

1. Please complete this form so that your recommendations and suggestions might be used to guide the future direction of the E-mentoring Program. Indicate if you were the Mentor or Mentee on the blank line. Do not include your name.

Role: _____

2. What activities were used by the mentor to assist the new faculty in adapting to the role of teaching at the School of Nursing?

Next

3/14/2016

[SURVEY PREVIEW MODE] E-mentoring Program Evaluation Survey

E-mentoring Program Evaluation

3. What specific topics were most helpful in the e-mentoring program and what other topics would you like to see included?

4. What barriers, if any, did you encounter with communication during the e-mentoring program?

Prev

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3/14/2016

[SURVEY PREVIEW MODE] E-mentoring Program Evaluation Survey

E-mentoring Program Evaluation

5. Please evaluate the degree to which your personal goals of this mentoring relationship were or were not met by circling the appropriate response:

Not met

Minimally met

Generally met

Met to a high degree

6. Do you feel mentoring could reduce role confusion for the new faculty member?

Yes

No

Prev

Next

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3/14/2016

[SURVEY PREVIEW MODE] E-mentoring Program Evaluation Survey

E-mentoring Program Evaluation

7. Do you feel mentoring could contribute to new faculty members' success in their teaching role?

Yes

No

8. Did you feel comfortable in your assigned role in the e-mentoring program?

Yes

No

Prev

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3/15/2016

[SURVEY PREVIEW MODE] E-mentoring Program Evaluation Survey

E-mentoring Program Evaluation

9. Should the e-mentoring program be continued for faculty new to the teaching role and/or other recently hired faculty requesting to have a mentor?

Yes

No

Thank You!

Prev

Done

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See how easy it is to [create a survey](#).

Appendix H. NIH Human Subjects Training Certificate



Appendix I – IRB Approval Letters



OFFICE OF THE PROVOST AND SENIOR VICE PRESIDENT FOR ACADEMIC AFFAIRS
INSTITUTIONAL REVIEW BOARD

Federal Wide Assurance #00011521

IRB Registration #00004891

May 7, 2015

Principal Investigator: Kelly Smith and Dr. Sharon Hutchinson
Academic Affairs
Dillard University; New Orleans, LA 70122

Project Title: E-Mentoring: A strategy to reduce role stress in novice nurse faculty” IRB Project #: 15-0018

Dear Ms. Smith:

I certify that the titled research project above was reviewed and approved by the Dillard University IRB for the Protection of Human Subjects in accordance with the Code of Federal Regulations, Title 45 Public Welfare Part 46, on March 6, 2015 — Expedited Review Category Title 45 CFR 46.110 (F)(7).

Furthermore, it has been determined that the above-referenced study is exempt from continuing IRB review under the following category(ies):

Category 2: Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior unless: (i) information obtained is recorded in such a manner that human participants can be identified, directly or through identifiers linked to the participants; **and** (ii) any disclosure of the human participants' responses outside the research could reasonably place the participants at risk of criminal or civil liability or be damaging to the participants' financial standing, employability, or reputation. [45 CFR 46.101(b)(2)1.

Any changes or modifications to the study must be submitted to the Office of Human Research Support *prior to* implementing these changes.

Dillard University applies Title 45 CFR subparts A, B, C, and D to all research involving human subjects regardless of the source of support.

IRB Approval Period: May 7, 2015 through May 7, 2016

IRB Chairperson

Lovell Agwarambo, Ph.D.
Chair School of Science, Technology, Engineering, and Mathematics)
504-816-4489; lagwarambo@dillard.edu

cc: Lynn Strong, Director, Human Subjects Protection, Dillard University



OFFICE OF THE PROVOST
Institutional Review Board

Date: April 14, 2015
To: Ms. Kelly D. Smith, Principal Investigator
Dr. Heidi Landry, Faculty Supervisor
From: Dr. George E. Capowich, Chair, Human Subjects IRB Committee (00001194)
RE: Review of protocol entitled, "E-mentoring: A Strategy to Reduce Role Stress in Novice Nurse Faculty."

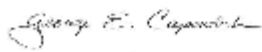
I have reviewed the materials you sent to me concerning the above-captioned research project and conclude that your research qualifies for expedited approval. Based on the information you have sent to me, I find that your study does not require full committee review because it does not place subjects at more than minimal risk as defined in the regulations of the Human Subjects IRB of Loyola University New Orleans and by 45 CFR 46.110.

This approval is effective April 21, 2015 and expires April 15, 2015. Any member of the Human Subjects IRB may examine the documents you have submitted to me and may call a meeting of the full committee for the purpose of reviewing your project until the effective date listed above.

In accepting this approval, your responsibilities are:

1. To conduct the research proposal as written, with the populations specified and (if necessary) with the approval of IRBs at other sites.
2. To solicit and receive IRB approval for any changes or amendments to the protocol or procedures.
3. To inform the IRB in writing of any unanticipated problems involving risks to others or if any human subjects experience an adverse event during the course of your study.
4. To keep records pertaining to your research, including signed informed consent forms, in a secure place on campus for a period of at least three years.
5. To submit a request for an extension prior to the expiration date if data collection is to extend beyond the expiration date.

The Human Subjects IRB at Loyola University New Orleans thanks you for your cooperation.



Chair, Human Subjects IRB

04/14/15

Date

c: Members of the Human Subjects IRB Committee

Appendix J. Loyola Amended IRB Approval



OFFICE OF THE PROVOST
Institutional Review Board

Date: March 7, 2016

To: Ms. Kelly D. Smith, Principal Investigator
Dr. Heidi Landry, Faculty Supervisor

From: Dr. George E. Capowich, Chair, Human Subjects IRB Committee (00001194)

RE: Request for Amendment to Protocol Entitled, "E-mentoring: A Strategy to Reduce Role Stress in Novice Nurse Faculty."

I have reviewed your request to amend the above referenced protocol by adding an incentive of a \$10.00 gift card to Subway. I approve your request. This approval is effective immediately.

Please remember that the conditions of your original approval remain in force as you complete your study.

The Human Subjects IRB at Loyola University New Orleans thanks you for your cooperation.

George E. Capowich

Chair, Human Subjects IRB

04/14/15

Date

c: Members of the Human Subjects IRB Committee

6363 St. Charles Avenue, Campus Box 30, New Orleans, LA 70118-6143, 504.865.3126, FAX: 865.3229, www.loyno.edu

Appendix K. Affiliation Agreement

AFFILIATION AGREEMENT

This Agreement between Loyola University New Orleans School of Nursing, 6363 St. Charles Avenue, New Orleans, Louisiana, 70118 (*University*) and **Dillard University** and **Dr. Sharon Hutchinson** (*Facility*) (each individually a "*Party*" and collectively the "*Parties*"), takes effect on the last date signed below ("*Effective Date*").

Background

- University's School of Nursing has students having a need for nursing experience ("*Students*").
- University offers Students an educational program to provide nursing experience ("*Program*").
- *FACILITY* operates an institution that provides nursing experiences for students enrolled in healthcare programs.
- The Parties desire to establish and implement a means to coordinate Program activities at *FACILITY*'s facilities between *FACILITY*'s personnel, Students and applicable University personnel.

Agreement

The Parties agree as follows:

- I. **SCOPE.** *FACILITY* authorizes University to assign Students to assignments at *FACILITY*'s facility to obtain learning experiences in nursing practice under the Program. *FACILITY* has discretion to assign Students to professional staff practicing at *FACILITY* to obtain learning experiences.
- II. **PAYMENT.**
 - A. Only As Specified. Under this Agreement, neither Party is obligated to make any payment of any kind to the other Party.
 - B. No Duty to Compensate Students. The Parties consider any service that any Student renders applicable to this Agreement to be educational in nature. Neither *FACILITY* nor any patient has a duty to pay any monetary compensation to any Student. Nothing in this Agreement's signing or performance establishes an employer-employee, agency, partnership or joint venture relationship among the University, the *FACILITY*, and the Students.
- III. **TERM AND TERMINATION.**
 - A. Term. This Agreement has a two-year term, unless terminated under this Article.
 - B. Termination. Either Party has a right to terminate this Agreement for any reason upon sixty days' written notice. If either Party provides a termination notice, any Student assigned to the *FACILITY* is allowed to complete any previously-scheduled clinical assignment then in progress at *FACILITY*.

C. University must direct any termination notice to the FACILITY at:
Dillard University
Attn: Dr. Sharon Hutchinson
School of Nursing, 2601 Gentilly Blvd.
New Orleans, LA 70122

D. FACILITY must direct any termination notice to the University at:
Office of General Counsel
Loyola University New Orleans Campus
Box 9
New Orleans, Louisiana 70118 IV.

UNIVERSITY RESPONSIBILITIES.

- A. Instruction. After consulting with each appropriate FACILITY representative, University must:
1. plan and conduct the Program; and
 2. provide FACILITY with discipline-specific goals and objectives for the Program.
- B. Coordination. University may provide reasonable opportunities for the FACILITY to participate in:
1. joint planning and evaluation of Student experiences; and
 2. developing Student schedules.
- C. Selection. University must select each Student for the Program, assigning only Students who satisfactorily have completed any University prerequisites for Program participation.
- D. Notice.
1. *Required Information.* University must provide FACILITY advance information concerning names of applicable Students, dates, and times to allow FACILITY time and opportunity reasonably to accommodate the Program.
 2. *Student Privacy.* "FERPA" means the Family Educational Rights and Privacy Act. FACILITY acknowledges that because many Student educational records are protected by FERPA, University must obtain each Student's permission before releasing specific Student data to anyone other than University. University must provide guidance to FACILITY with respect to complying with FERPA.
- E. FACILITY's Authority. "Faculty" means any University personnel applicable to the Program. University must inform and explain to Faculty and each Student that during the Program at FACILITY, the Student is:
1. under the jurisdiction of FACILITY officials for training purposes;
 2. subject to the responsibility and authority of the FACILITY's nursing, medical, and administrative staff over patient care and FACILITY administration;
 3. required to follow FACILITY rules and procedures relating to patient care and confidentiality of patients' records; and




4. required to follow each FACILITY rule or procedure to the extent that it relates directly to:
 - a. Program education and training; and
 - b. Patient safety.
- F. Insurance. University will:
 1. carry professional liability insurance (limits \$1,000,000/\$3,000,000) for each STUDENT while participating in any clinical experience at the FACILITY; and
 2. Upon FACILITY's request, SCHOOL shall provide to FACILITY proof of insurance for student before beginning any Program affiliation rotation.
- G. **Precautionary Measures. If required by Facility, student must provide necessary assurance or evidence of acceptable health levels. University is not responsible to guarantee health status of student.**
- H. Confidentiality. University must instruct each Student and any Faculty regarding the confidentiality of patient and FACILITY records.
- I. Faculty Access. University must designate in writing to FACILITY a Faculty member to coordinate the Students' educational experiences in conjunction with the Facility preceptor. Faculty has a right to visit FACILITY while Students are participating in any clinical experience.
- J. Dismissal.
 1. *By University*. University must determine an appropriate course of action if University or FACILITY determines a Student to be unacceptable for the Program. University must withdraw a Student from the Program at the FACILITY if - after consultation with FACILITY - University determines withdrawal to be warranted. University must notify FACILITY in writing of any withdrawal.
 2. *By FACILITY*. FACILITY retains discretion to remove a Student from the Program at FACILITY if FACILITY determines the removal to be in the best interests of FACILITY or FACILITY patients.
- K. Nonemployment. For the purposes of the Practicum only, University must ensure that each Student participating under the Agreement understands and affirms that the Student is not:
 1. **FACILITY's employee during the practicum hours and course obligations for any purpose; or**
 2. **Entitled to any compensation, or fringe benefit, workers' compensation, or unemployment compensation from the FACILITY, based upon meeting the Practicum course objectives, or time in the Facility dedicated to the Practicum experience. V. FACILITY RESPONSIBILITIES.**
- A. Learning Environment. FACILITY must provide Students a suitable environment for learning experiences that are planned, organized, and administered by qualified staff in conjunction with designated University personnel, in accordance with mutually accepted educational objectives and guidelines.



- B. Student is responsible to contact a Facility preceptor, who is responsible to facilitate student in meeting practicum objectives. Facility is responsible to accommodate the preceptor in meeting the student's approved program objectives.
- C. Ancillary Access. FACILITY must provide to Students and Faculty the use of FACILITY's cafeteria, conference rooms, dressing rooms and library as available and as required by the Program and without charge except for food consumed by the participants.
- D. Emergency Treatment. FACILITY must provide or arrange for emergency treatment - at the Students' expense – upon any accident or illness to any Student while at the FACILITY for the Program.
- E. Facilities Access. FACILITY must provide access to any FACILITY facilities, equipment, or supplies that are:
 - 1. necessary to achieve the Program's objectives; or
 - 2. required under applicable law or regulations.
- F. Dismissal.
 - 1. *Basis*. FACILITY has discretion to request University immediately to withdraw from FACILITY any Student whose clinical performance, conduct, or health is unsatisfactory, objectionable, or detrimental to FACILITY's patient care or the proper administration:
 - a. after consultation with University; and
 - b. subject to Article VII's non-discrimination provisions.
 - 2. *Procedure*. To assist University in its due process obligations to any Student excluded or withdrawn from the Program, FACILITY must provide a written statement of the reason or reasons for the withdrawal or exclusion. The University must respond to each request within two business days. FACILITY must direct any withdrawal request to: **Director**
School of Nursing
Loyola University New Orleans
Campus Box 45
6363 St. Charles Avenue
New Orleans, Louisiana 70118
- G. Legal Compliance. FACILITY must comply with each applicable federal, state or municipal law, ordinance, rule or regulation, and certify that compliance upon University's request.
- I. Accreditation. FACILITY must comply with any applicable accreditation authority's requirements. FACILITY as needed must permit any authority responsible for accrediting University's curriculum to inspect FACILITY's facilities, services or other items.




- J. Insurance. FACILITY agrees to provide assurance of commercial general liability insurance coverage of not less than \$1,000,000.00 per occurrence and \$3,000,000.00 aggregate.
 - K. Indemnification. FACILITY agrees to defend and hold University harmless from legal liability resulting solely from negligent acts on the part of FACILITY.
 - L. Orientation. FACILITY agrees to provide the orientation it deems necessary, administrative policies and procedures, and other information deemed essential to the conduct of the clinical experience.
- VI. **LIABILITY**. To the extent authorized by the Constitution and laws of the State of Louisiana, each Party accepts responsibility and assumes liability for only any injury to persons or property arising out of or caused by: A. its own acts, errors or omissions; and B. those of its respective employees, agents, officers, directors, and trustees in performing their duties and obligations contemplated in the Agreement.
- VII. **NON-DISCRIMINATION**. Each Party is separately responsible to comply with any antidiscrimination law that applies to the Party's activities under this Program. Neither Party has a right unlawfully to discriminate against any Student in the Program.
- VIII. **DISPUTE RESOLUTION**. The parties agree that in the event of any dispute arising under, or relating to, this Agreement, parties shall make a good faith attempt to resolve such dispute by mediation, on such terms as the parties find acceptable. The mediation shall take place in Orleans Parish, in the state of Louisiana. Each party shall bear the cost of its own legal fees and expenses.
- IX. **ASSIGNMENT**. The Party recognize that this agreement is based upon the skill and expertise of the Party and therefore agree that the agreement and the obligations thereunder may not be assigned or delegated without the written consent of the other Party, except as expressly allowed by this agreement.
- X. **AUTHORITY**. The person signing below on behalf of University and FACILITY warrant that he/she has the authority to execute this agreement according to its terms on behalf of University and FACILITY.
- XI. **BINDING ON SUCCESSORS**. All of the agreements, obligations, terms, provisions and conditions herein shall apply to and bind to the benefit of the heirs, administrators, executors, legal representatives, trustees and successors of the Party hereto.
- XII. **ENTIRE AGREEMENT**. This agreement constitutes the entire agreement and supercedes all prior or contemporaneous agreements, whether written or oral, between the Parties. Verbal representations not contained herein shall not be binding on either Party unless acknowledged by them in writing.
- XIII. **FORCE MAJEURE**. In the event the premises are rendered unsuitable for the conduct of activities or events by reason of Force Majeure, University may terminate this agreement by written notice following such casualty and University shall not be responsible for any damages sustained by user but user shall be entitled to a pro rate return of any sum paid or any other acceptable arrangement mutually agreed to by the Party. Force Majeure shall mean fire, earthquake, flood, act of God, strikes or other labor disturbances, riots or civil commotion, litigation, terrorism, war or other acts of any foreign nation, power of government or
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government agency or authority, or any other cause like or unlike any cause above-mentioned which is beyond the control or authority of University.

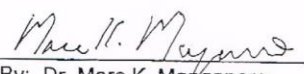
- XIV. **LEGAL CONSTRUCTION/SEVERABILITY.** In the event that any one or more of the provisions contained in this agreement shall for any reason be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect any other provision, and this agreement shall be construed as if such invalid, illegal or unenforceable provisions had never been contained in it. To this end, the provisions of this contract are declared to be severable.
- XV. **NON-WAIVER.** No covenant or condition of this Agreement may be waived except by written consent of the waiving Party. Forbearance or indulgence by one Party in any regard whatsoever shall not constitute a waiver of the covenant or condition to be performed by the other Party.
- XVI. **NOTICES.** Any notice given under this agreement by either Party to the other may be effected either by personal delivery in writing or by mail, registered or certified postage prepaid with return receipt requested. Mailed notices shall be addressed to the addresses of the Party as they appear below. Notices delivered personally shall be deemed communicated at the time of actual receipt. Mailed notice shall be deemed communicated three (3) days after mailing.

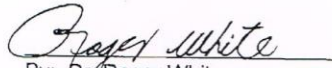
Signed:

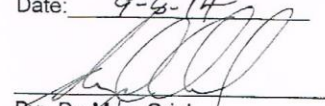
Dillard University New Orleans
(FACILITY)


By: Dr. Sharon Hutchinson
Title: Chair, School of Nursing
Date: 8/29/14

LOYOLA UNIVERSITY
NEW ORLEANS


By: Dr. Marc K. Mangano
Title: Provost/VP, Academic Affairs
Date: 9-10-14


By: Dr. Roger White
Title: Interim Dean, School of Social Sciences
Date: 9-5-14


By: Dr. Mary Oriol
Title: Interim Director, School of Nursing
Date: 9-8-14



Appendix L. Online Mentoring Participants' Demographic Information

Table 1

E-mentoring Program – Participants' Demographics

Participant	Age	Sex	Years Teaching	Specialty	Nursing Education Program
EE#1	44	Male	17 yrs	Med-Surg	0
EE#2	**	Female	17 yrs	Women's Health	1 yr BSN
EE#3	**	Female	34 yrs	Oncology	1 yr BSN
OR#1	**	Female	30 yrs	Med-Surg	20 yrs BSN
OR#2	**	Female	30 yrs	Nursing Administration/Acute Care	20 yrs BSN
OR#3	**	Female	25 yrs	Family Nurse Practitioner/Oncology/Hematology	15 yrs BSN 1 yr LPN
Mentee=EE	**not provided				
Mentor=OR					

Appendix M. Online Mentoring Course Activity

Table 2

Participants	Number of Discussion Board Questions Posted	Number of Discussion Board Responses Posted to Questions	Time Interval for Responses to Questions	Number of Questions Without Responses	Total Number of Posts on Discussion Board
EE #1	-0-	-0-	-0-	-0-	-0-
EE #2	5	-0-	-0-	5	6
EE #3	10	1	13 hours	9	10
OR #1	-0-	-0-	-0-	-0-	-0-
OR #2	-0-	-0-	-0-	-0-	-0-
OR #3	-0-	-0-	-0-	-0-	-0-

Appendix N. Post Survey Responses

Table 3

Questions	Mentee	Mentor
1. Number/Type of Respondents	2	3
2. What activities were used by the mentor to assist the new faculty in adapting to the role of teaching at the School of Nursing? Were these activities helpful or not helpful, and how?	<p>Yes, very helpful. Blackboard, telephone calls to provide verbal assistance, and received emails.</p> <p>Email.</p> <p>Telephonic Support.</p>	<p>Checked to see if any items were needed for clinical. Used as a resource person.</p> <p>Guidance and assistance in a thorough understanding of how to “jump start” your role as a new faculty member.</p>
3. What specific topics were most helpful in the e-mentoring program and what other topics would you like to see included?	<p>Verbal assistance with attaching documents to Blackboard, and verbal feedback when correctly completed a step (verbal validation).</p> <p>Use of the faculty handbook and university catalog.</p>	<p>Questions about testing and procedures.</p>
4. What barriers, if any, did you encounter with communication during the e-mentoring program?	<p>Not using a computer with two screens.</p> <p>Mentors did not use forum to communicate.</p>	<p>Length of time between responses.</p>
5. Please evaluate the degree to which your personal goals of this mentoring relationship were or were not met by circling the	<p>Minimally Met (1)</p> <p>Generally Met (1)</p>	<p>Generally Met (1)</p>

appropriate response:		
6. Do you feel mentoring could reduce role confusion for the new faculty member?	Yes (2)	Yes (1)
7. Do you feel mentoring could contribute to new faculty members' success in their teaching role?	Yes (2)	Yes (1)
8. Did you feel comfortable in your assigned role in the e-mentoring program?	Yes (2)	Yes (1)
9. Should the e-mentoring program be continued for faculty new to the teaching role and/or other recently hired faculty requesting to have a mentor?	Yes (2)	Yes (1)