

Clinical Adjunct Nursing Faculty Virtual Mentoring Experience: A Qualitative Study



Jennifer Reyes¹, Lori Kupczynski², Angela Gibson³, Sunddip Panesar-Aguilar⁴

¹Hillsborough College, FL

^{2,3,4}Univeristy of St. Augustine for Health Sciences, St. Augustine, FL

ABSTRACT: Nursing and nursing education have been surrounded by discussions of shortages for many years. The United States lacks qualified nurses to care for its aging and increasing acutely ill population. The lack of qualified nurses stems back to several issues, at the forefront, a lack of qualified nurse educators. Due to the demand for skilled and competent nursing faculty, schools of nursing have been utilizing bedside nurses to teach in the clinical setting. While many are experienced bedside nurses, they may not be formally prepared to teach students. Clinical adjunct nursing faculty are also unique because they may never step foot on a college or school of nursing campus, teaching exclusively at the clinical site. This can lead to feelings of stress and lack of support from the other faculty members. It may also make it difficult to help prepare and guide clinical adjunct faculty as they teach and encounter educational issues without proper training. Mentoring is routinely cited as valuable to new faculty transitioning to the education role. The purpose of this study was to explore a new trend in mentoring, virtual mentoring, and determine if it is of value to clinical adjunct nursing faculty. Guided by a basic qualitative research design, eleven clinical adjunct faculty who have experienced virtual mentoring were interviewed in order to gather their perspective of the process and formulate interventions that may enhance the virtual mentoring process for this faculty population.

KEYWORDS: Nursing education, nursing, mentoring, clinical adjunct nursing, virtual mentoring, higher education.

I. INTRODUCTION

The United States (U.S.) is facing a nursing shortage while concurrently pushing to advance the education level of its nursing workforce. The profession has been facing such a shortage for decades. The American Association of Colleges of Nursing (AACN) and the Bureau of Labor Statistics recently suggested that a 15% increase in Registered Nurses (RN) is needed to care for the growing population¹.

As means to combat the nursing faculty shortage are discovered and discussed, institutions continue to hire expert clinicians to fill adjunct nursing positions². Nursing faculty who hold bachelor's and master's degrees in nursing or advance practice nursing are being recruited from the clinical setting to teach students in the clinical setting due to their expertise. Often, clinical instructors in this position lack formal training in educational principles³. Due to the nature of the role, many clinical adjunct faculty members teach off-campus and find themselves lacking support from other instructors and seasoned faculty⁴. Additionally, many clinical adjuncts have not received formal education in teaching and learning strategies to support student needs².

A study by Roberts, Kasal-Chrisman, and Flowers⁵ suggests that adjunct faculty who are immersed in a robust orientation and mentoring experience are more likely to feel supported and empowered to handle student issues. This, in turn, can lead to a greater increase in job satisfaction and job stability⁵. While a robust mentoring experience seems to be the answer to some faculty issues, challenges persist around what the framework and expectations of mentoring experiences should be. A study conducted by Swanson, Marson, and Malone⁶ indicated that expectations must be similar among faculty mentors, mentees, and the institution itself; otherwise, differing expectations can eventually lead to faculty mentees seeking other means of employment.

In nursing education, especially when expert nurses transition to novice nurse educators, mentoring may ameliorate the nursing faculty shortage by increasing feelings of support and job satisfaction and decreasing turnover⁷. It is also believed that mentorship in nursing education can help build leadership skills and reduce the number of educators who eventually leave the profession⁷. As nurse educators enter the world of academia, it is believed that mentorships are valuable in helping them gain confidence and competence while also influencing their teaching styles².

One form of mentoring is known as "virtual mentoring," and refers to the teaming of a novice nurse educator with an experienced nursing educator via some type of virtual communication⁸, i.e. email, Skype, or video phone call. Research related to both virtual mentoring and mentoring of adjunct faculty members in nursing education is limited⁹. Given the positive impact of mentoring,⁷

Clinical Adjunct Nursing Faculty Virtual Mentoring Experience: A Qualitative Study

more mentoring experiences should exist for all nursing faculty. The use of virtual mentoring can allow for more specific mentoring for clinical adjunct faculty nurse educators, helping them develop teaching and learning strategies and navigate the education environment, and become stronger educators⁸.

II. RESEARCH PROBLEM

The problem was clinical adjunct faculty perceptions of virtual mentoring. The use of virtual mentoring may be a solution to providing a mentoring experience for clinical adjunct faculty who would benefit from mentoring but do not hold a traditional academic role. However, the perceptions of virtual mentoring from those clinical adjunct faculty who have experienced it are unknown.

The purpose of this basic qualitative study was to explore clinical adjunct faculty's perceptions and views of virtual mentoring. Understanding these experiences, as described by the clinical adjunct faculty, may provide valuable insight to community colleges with nursing programs, as well as other colleges and universities, about virtual mentoring strategies that would enhance job satisfaction and possibly lead to longer tenures at one institution. By taking into account the experiences of adjunct clinical nursing faculty who have participated in a virtual mentoring program, colleges of nursing can develop a cost-effective method to educate and engage their clinical adjunct faculty while increasing faculty retention rates and job satisfaction, as well as promoting an engaging culture, and helping clinical adjunct faculty form a teaching identity.

III. LITERATURE REVIEW

Theoretical/Conceptual Framework

Schoening¹⁰ developed the Nurse Educator Transition Theory (NET) Model to describe the transition from clinical practice nurse to a nursing educator. Schoening¹⁰ classified the phases during the transition period and concluded negative effects that can occur but may also be reduced through mentoring during this timeframe. Schoening¹⁰ described four phases that RNs experience when transitioning to nurse education. These four phases are: (1) anticipation/expectation, (2) disorientation, (3) information seeking, and (4) identity formation⁶. Each stage is considered an integral part of the nursing faculty's development.

According to Schoening⁶, the NET model begins with the anticipation/expectation phase during which involves deciding to become a nurse educator and leave the current role at the bedside. During this phase, after the initial decision to transition to academia, research about nursing education leads to the discovery of other benefits, such as predictable scheduling, holidays and weekends off, etc., further fueling the desire to teach⁶. Research does not provide the RN with details about the teacher-student relationship or even expectations of their new role; therefore, during the second phase, when the RN begins working as a nurse educator, a period of disorientation occurs⁶. Schoening⁶ stated that disorientation occurs due to a lack of structure, expectations, mentorship, and socialization. Schoening¹¹ characterized this feeling as a downward movement as the expert RN now becomes a novice nurse educator, further fueling the disorientation experienced.

Due to the disorientation experienced by the nurse educator, the third phase of Schoening's model is the most critical. During the information-seeking phase, the nurse educator will seek information, mentorship, and understanding of the new role⁶. The opportunity to introduce efficient and effective mentoring is presented in this phase and should be provided to the new nurse educator. A lack of structure, expectation, and socialization can deter the new nurse educator away from the role. While attempting to fact find during the information-seeking phase, Schoening⁶ stated that novice nurse educators may "over prep," driven by a fear of failure. Structured orientations, faculty development opportunities, and mentoring should be incorporated into the nurse educator's transition to reduce the fear of failure and possibly the disorientation phase entirely⁶.

Following the information-seeking phase, the information formation phase will occur. This phase builds off the information provided during the third phase and the new nurse educator will start to blend their nursing knowledge with their educator knowledge and experience to form a new identity⁶. The faculty member will establish boundaries, find their teaching style and philosophy, and may take on additional responsibilities or roles⁶.

Schoening's model¹⁰ serves as an excellent framework for the clinical adjunct faculty experience. When evaluating clinical adjunct faculty perceptions of virtual mentoring, it should be compared to the NET model to help determine if virtual mentoring is effective and allows for a reduction of the disorientation phase. A reduction or elimination of this phase, according to Schoening⁶ can have a positive impact on socialization to the profession, experiences with and for students, and feelings of confidence.

The Role of the Adjunct Nursing Faculty

Adjunct faculty are not exclusive to nursing education. The role of the adjunct faculty member is to support institutional or full-time faculty member teaching needs as well as student support roles¹¹. Adjunct faculty may work part-time or on an as-needed basis for the institution while their main job exists outside the institution⁴. These faculty positions are often viewed as cost-effective and flexible allowing administrators to meet the changing influx demands of students¹².

Clinical Adjunct Nursing Faculty Virtual Mentoring Experience: A Qualitative Study

The Role of the Clinical Adjunct Faculty

Clinical adjunct faculty may be specific to health science programs. These faculty members' primary responsibility is teaching and learning of clinical concepts to students and supervising their performance within the clinical setting⁴. Oftentimes in nursing education, adjunct faculty are utilized in the clinical setting to extend the knowledge gained in the classroom as well as meet accreditation standards for accompanying clinical requirements. There are benefits as well as disadvantages to utilizing adjunct faculty in this way. To use adjunct faculty in the clinical setting means that clinically experienced and competent practitioners must be hired^{10,11}. Utilizing competent or expert clinicians aids in student's learning and understanding; however, many times these clinicians are not adequately trained in the principles of teaching and learning and do not possess the skill set required for academia⁶.

The nature of the clinical adjunct faculty role leads to faculty members teaching off-campus and finding themselves lacking support and socialization from other instructors and seasoned faculty^{4,6}. This can be a source of stress for clinical adjunct faculty while they are decreasing stress for the full-time faculty members they are supporting¹². Many first-time clinical educators transitioning from the bedside cite lack of information related to how to teach and lack of communication from full-time faculty members as obstacles they face¹³.

Transitioning Experience

The lived experiences of clinicians transitioning to teaching have been documented within nursing as well as other healthcare disciplines. Nurses who transition from the bedside to academia often find ambiguity surrounding their new role and expectations, however, faculty mentoring, and guidance is helpful to reduce ambiguity¹². Locasto and Kochanek¹⁴ utilized the theory of "reality shock" to describe how clinicians' transition to academia and evolve based on interactions and acceptance of the "challenges as part of the position" (p. 81). Upon entering the world of academia from clinical practice, novice nurse educators are met with the new workload and tenure-track demands in addition to a lack of support or guidance from senior faculty¹⁵.

Job Dissatisfaction. Locasto and Kochane¹⁴ reviewed several aspects of the nursing academia world that may shock, overwhelm, and dissatisfy the novice nurse educator. It is during the nurse educator's transition that the authors indicated they will progress through four stages referred to as moral outrage, rejection, fatigue, and perceptual distortion. During these stages, the new educator runs the risk of "becoming a doer rather than a teacher"¹⁴ (p. 80). The authors stated that the new nurse educator, without the right training and guidance, may become overwhelmed, take too much work home, and eventually long to return to the bedside¹⁴.

Compensation and Benefits. Barriers in nursing educator transition include perceptions of the educator role, the work environment, increased difficulty, increased job responsibility pressure, and compensation¹⁶. The National League for Nursing (NLN) also found that inadequate wages put a strain on faculty and influence them to stay in or return to clinical practice¹⁷. Nurses educators' salaries are remarkably less than faculty in other disciplines in higher education¹⁷. Additionally, in the same report by the NLN, nurse educators' salaries in the United States are similar to RNs working at the bedside and less than other advanced practice degree nurses (ARNPs, nurse midwives, CRNAs).

While compensation is not as easy to remedy as other barriers, it can influence clinical adjunct faculty to stay in the position. A majority of clinical adjunct faculty hold employment outside of their teaching job¹¹. This is often due to the pay difference from working at the bedside. Clinical adjunct faculty holding additional employment outside of teaching, are more likely to experience work imbalance and stress over juggling multiple jobs and therefore have less job satisfaction¹¹. Faculty retention could be increased through socialization and support¹¹.

Feeling Unprepared. As nurses seek to fulfill their desire to teach future nurses, research indicates that many felt unprepared to handle their new role as clinical adjunct faculty and that preparing for their role as a clinical instructor was an enormous undertaking¹⁸. Clinical adjunct faculty reported feeling unsure of the institution's expectations of them and experienced feelings of isolation^{3,18}. These feelings are referred to in Schoening's disorientation phase of the Nurse Educator Transition Theory¹⁰. During this phase, Schoening¹⁰ noted that this feeling occurs due to a lack of structure and mentorship. Additionally, other literature also supports the use of mentoring to reduce these feelings which, if unrecognized can increase job dissatisfaction and lead to turnover.

Mentoring

Formal Faculty Mentoring. The value of mentoring is well established throughout the literature related to nursing and nursing education as well as other healthcare disciplines^{7,18}. Yet, many adjunct faculties in nursing education report that they were not properly mentored or did not receive any mentoring at all¹⁹. The literature review included an assessment of current mentoring practices used throughout nursing education as well as in nursing and education. Throughout the review, researchers found that mentoring has a positive impact on job satisfaction, recruitment, and retention of nursing faculty²⁰. Despite the numerous benefits of mentoring discussed, there no consistent mentoring framework⁷.

Barriers can also exist with mentoring and for many there can be disconnects between the mentor and mentee personalities, experience, and teaching style. The mentoring experience is only effective if the mentor is committed and passionate about mentoring. The mentor and mentee relationship must be a good fit for both parties. Characteristics of a good mentor should include confidence, possession of active listening, and communication skills. Additionally, good mentors should be motivating,

Clinical Adjunct Nursing Faculty Virtual Mentoring Experience: A Qualitative Study

knowledgeable, and have a positive attitude²¹. There is also an investment of time, effort, and caring on both parties' part, to achieve a successful mentoring relationship/experience²¹.

Virtual Mentoring. Virtual mentoring was defined as the use of technology to host professional connections⁸. Due to the nature of this definition, other names can include e-mentoring, telemonitoring, online mentoring. Virtual mentoring is beneficial for adjunct faculty⁸. There are many platforms and ways for a mentor and mentee to engage, allowing for flexible meeting times, individualized guidance, and emotional support⁸. Similar to themes identified when exploring faculty mentoring, there is a lack of structure for virtual mentoring in nursing education as it is a relatively new concept⁸.

IV. METHODOLOGY

A qualitative methodology was used to explore the perceptions of clinical adjunct faculty's experience with virtual mentoring and its value. The use of this methodology best suited this study since perceptions were needed to determine the value of virtual mentoring. Additionally, virtual mentoring is a newer phenomenon in nursing education, therefore, a qualitative methodology was helpful to the researcher to gain an in-depth understanding of how clinical adjunct faculty perceived their experiences with virtual mentoring and the implication of it.

VI. DATA ANALYSIS

A. Population and Sample

This study relied on voluntary participants who meet the inclusion criteria. The college selected for this study was a large public college located in the state of Florida. Full-time and clinical adjunct faculty are responsible for the didactic and clinical education the students receive. The population of nursing faculty at the college includes 37 clinical adjunct faculty that support the full-time faculty and students. Clinical adjunct faculty are assigned to the clinical areas to fulfill expected student-to-instructor ratios during clinical experiences and ensure successful clinical experiences for students and patients while practicing in the institution.

The clinical adjunct faculty members employed by the college are required to work with students in a variety of healthcare settings. Clinical adjunct faculty members attend clinical with students throughout the metropolitan area within five different hospital systems with a combined total of 14 hospitals. Typically, clinical adjunct faculty work in this role 8-10 hours a week for the duration of the assignment. Many also lead clinical experiences in the same hospital where they concurrently practice as a Registered Nurse leading to differences in experiences for students.

The sample of this study included new clinical adjunct faculty hired within the 2019-2020 school year and who have experienced virtual mentoring efforts. These clinical adjunct faculty were exposed to new virtual mentoring efforts instituted by the nursing program that is a part of the community college. The sample was comprised of clinical adjunct faculty members with 3 years or less of nursing education experience and 10 or more years of nursing clinical practice experience.

B. Instrumentation

For this study, basic demographic information was gathered at the beginning of the interview, followed by open-ended questions related to the virtual mentoring experience in its entirety. Specific interview open-ended questions followed related to the required asynchronous course provided to the clinical adjunct faculty upon hire, the synchronous check-ins with a lead faculty member which was guided by a mentoring checklist, and the weekly topical emails known as Monday Morning Mentor. The participants then were asked to express any final thoughts that they wished to communicate.

C. Data Collection

Upon hire, new clinical adjunct faculty were asked to participate in a one-time asynchronous course offered by the institution. During the virtual mentoring process, a checklist was used to ensure specific topics related to institutional policies and procedures, academic standards, etc., were being met as well as ensure discussion of experiences the clinical adjunct faculty may have while in the hospital setting. Clinical adjunct faculty perceptions of this tool could indicate if it was useful in guiding the mentoring meetings or if it was a barrier. Clinical adjunct faculty and full-time faculty received weekly topical emails to provide knowledge and support while in the clinical setting. Clinical adjunct faculty perceptions of these emails could indicate if this was a useful way of guiding the semester.

Data Preparation

Eleven clinical adjunct faculty voluntarily participated to be interviewed. The participants' information was numerically labeled for data collection and analysis and to maintain privacy and confidentiality. Due to social distancing restrictions placed at the data collection site, participants were interviewed virtually. No audio or visual recording took place, and data was transcribed immediately verbatim as the participants provided their responses. Most interviews lasted between 45-55 minutes.

VI. ANALYSIS AND RESULTS

Descriptive Statistics

The demographic characteristics of the sample revealed that 10 participants were female and two participants were male, two participants were between the ages of 26-35, six participants between ages 36-46, and three participants between the ages of 47-57.

Clinical Adjunct Nursing Faculty Virtual Mentoring Experience: A Qualitative Study

Seven participants had a master's degree, four participants held bachelor's degrees, and two participants disclosed second master's degrees outside of nursing education. All participants maintained regular employment in addition to their clinical adjunct faculty role, with 10 working full time and one employed part-time. There was an average of 12 years of nursing experience and 3.5 years of nursing education experience among participants. Demographic data are listed in the table below (Table 1).

Table 1. Table of Demographic Data of Participants of the Study

Participant	1	2	3	4	5	6	7	8	9	10	11
Age	48	44	35	47	43	41	33	38	36	46	52
Gender	F	F	F	F	M	M	F	F	F	F	F
Race	C	C	C	C	C	H	C	C	C	H	C
Nursing experience (Yrs.)	25	11	14	9	7	6	5	10	14	15	30
Nursing education experience (Yrs.)	4.5	1	1	4	3	0.5	1	2	2	6	18
Highest degree level	MS	MS	BS	MS	MS	BS	BS	MS	BS	MS	MS
	N/E	N/E	N	N/E	N/EN	N	N/EN	N/E	N/E	N/E	N/E
	D	D		D	D		D		D	D	D
Works elsewhere	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

VII. RESULTS

The major themes identified were *Collaborate*, *Effective Communication*, *Meaningful Interactions*, *Socialization to the Role*, *Valuable*, and *Teach* (Table 2).

Table 2. Themes and Participants

Theme	Participant #
Collaborate	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11
Meaningful Interactions	1, 2, 5, 6, 7, 8, 9, 10, 11
Socialization to the Role	1, 2, 3, 4, 5, 6, 7, 8, 9, 11
Effective Communication	2, 3, 4, 5, 6, 8, 10, 11
Valuable	4, 5, 6, 7, 8, 9, 10, 11
Teach	1, 3, 4, 7, 9, 10, 11

Research Question 2: What are mentees' experiences with virtual mentoring?

The first research question was developed to explore with participants the virtual mentoring they received to prepare them and support them for teaching in the clinical area. The interview questions were designed to elicit participants' descriptions related to their experiences throughout the program. Responses were extracted related to how the participants were prepared for their new role at the data collection site as well as if particular aspects of the experience, such as synchronous meetings, an asynchronous course, a mentoring checklist, and weekly email tips, helped to promote a positive experience.

Participants were asked if the specific activities within the virtual mentoring program were valuable, what did not work, what they perceived as missing from the experience, and how effective they felt the virtual mentoring experience was at helping them transition to the clinical adjunct faculty role at the institution. All 11 participants addressed these questions and multiple themes emerged. Many participant responses centered around opportunities to collaborate with their mentor and prepare for their clinical experiences, discussing roles and expectations and teaching strategies with their mentor, and having multiple clinical teaching articles and ideas at their fingertips.

As the analysis of participants' responses took place, the theme of collaborate was established when participants spoke about working with their mentor on strategies, plans, or any part of their performance. The theme of meaningful interactions was established when participants spoke about how they felt when meeting or communicating throughout the virtual mentoring program.

Theme 1: Collaborate

The theme collaborate was first recognized in multiple interview responses related to research question one. Participants described how working with lead faculty members and within the other components of the virtual mentoring program helped to further define the role of the clinical adjunct faculty member and to provide insight and strategies when teaching in the clinical

Clinical Adjunct Nursing Faculty Virtual Mentoring Experience: A Qualitative Study

setting. Several participants described how the virtual mentoring program afforded them the opportunities to collaborate with their mentor about specific elements of their job or expectations. The communication, if mentioned by participants, was described as “valuable” or “helpful”. Some also mentioned developing strategies, during those meetings, to use while out in the clinical area thanks to the program. One participant stated, “I liked having my mentor and those online pieces that I could work at my own pace and go back and forth when I needed to prepare, plan, or needed an idea for clinical.” Another participant stated, “I think it [virtual mentoring] was effective. I was mentored via zoom and able to meet with my mentor and discuss different components of what is expected of me, but she also talked to me about how to do it.” The key from this participant’s response was that the mentor helped her with how to do a component of her role. It is implied that the participant was not just given a folder full of instructions and a job description, but instead strategies and guidance for how to effectively perform in the role of clinical adjunct faculty. The participant later stated the mentor collaborated with her and “sent resources I could use in clinical” that she used to prepare alternative plans for clinical (a module within the asynchronous course) “I used the back-up plan discussion to start thinking about what I should do and I was able to keep some clinical questions with me and I started having students do some NCLEX style quizzes during post-conference.”

Theme 2: Meaningful Interactions

The theme of meaningful interactions also emerged after analyzing the data. This theme was identified when participants described the types of communication and experiences they had with their mentor and the other components of the virtual mentoring program. The theme of meaningful interactions was established when participants spoke about how they felt when meeting or communicating throughout the virtual mentoring program. Typically, this theme emerged when codes such as “supported”, “valued”, “open communication”, or “teamwork” were identified in the participant’s responses.

Six participants described correspondence that occurred between themselves and the lead faculty that were valuable and meaningful to their role and how they felt towards the role. One participant commented, “When my mentor said ‘It’s ok to call me and text me’ that provided reassurance that it was more than just one time. It was a follow-up and follow-through.” The virtual mentoring program may have prompted specific interactions between mentor and mentee, but the specification of meaningful interactions comes from the idea that the clinical adjunct faculty member felt supported and valued in the role, despite not working in the same physical location as the full-time faculty members.

A second participant stated “it was nice that someone took the time to check-in with me and that the focus could be about anything, not just student issues/concerns. I felt supported and that someone was listening to me.” Clinical adjunct faculty may sometimes feel that their only communication with lead faculty or classroom instructors is when there is a student or safety issue. Having scheduled virtual opportunities to check-in with the clinical adjunct faculty member may help improve overall satisfaction in their role.

Research Question 2: What do mentees perceive as the successful aspects of virtual mentoring?

The second research question was designed to dissect what participants found most successful during their virtual mentoring experience. The interview questions were designed to elicit participants’ descriptions of those activities, strategies, and/or information that helped prepare them most while preparing for their clinical adjunct faculty role and assisted their teaching in the clinical setting. Responses were extracted related to what the participants liked about the synchronous meetings, the asynchronous course, the mentoring checklist, and the weekly mentoring email tips. Participants were also asked to describe why the things they liked were helpful to them.

Participants were asked what elements of each activity, synchronous meetings, mentoring checklist, asynchronous course, and weekly mentoring emails, in the virtual mentoring program were helpful, valuable, or pertinent to their role. The 11 participants addressed these questions for each activity and several positive themes emerged from the interview questions, however, the major theme identified was socialization to the role.

Theme 3: Socialization to the Role

Clinical adjunct nursing faculty participants reflected positively on the experiences in the virtual mentoring program and spoke highly of the various components within the virtual mentoring program. Socialization to the nurse educator role is very important because it helps that clinical adjunct faculty member develop an identity. The clinical adjunct faculty member, often employed in other areas of nursing as well, must learn, internalize, and align with new attitudes, values, behaviors, and skills to then help nursing students in clinical practice work towards their own identity as a nurse. Personal experiences will influence the clinical adjunct faculty member's values and beliefs, which can then impact their identity. Since many clinical adjunct faculty members in this role are also practicing in other areas of nursing, it can be difficult to separate experiences and feelings. Socialization to the role occurs when the clinical adjunct instructor feels synonymous with the clinical teaching role and can incorporate values, beliefs, and behaviors of both nursing and education.

Most participants in this study, all of which who were employed in other areas of nursing aside from education, described the value of knowing the role and expectations of the role. Even those who were considered experienced clinical adjunct faculty due to their teaching experience before coming to the data collection site talked about the value of knowing role expectations. When

Clinical Adjunct Nursing Faculty Virtual Mentoring Experience: A Qualitative Study

discussing the asynchronous course, one participant stated “I think just outlining the general expectations and what the role of the clinical adjunct faculty member is, was helpful. Every institution is just a little different, so it is nice to know.” Another similar response was, “I thought it was nice to have faculty discussing their expectations of us as well.” An additional participant stated, “It was helpful knowing where I needed to go and what the expectations of me were in clinical.”

Additional examples of responses which contributed to the development of the theme socialization to the role, included one response by a participant who stated, “I think all of the topics [on the mentoring checklist] were pertinent to my role and the why behind what I was doing, so I was not just doing it to do it.”

Research Question 3: What do mentees perceive as the challenges with virtual mentoring?

The third research question was designed to examine what participants found most challenging during their virtual mentoring experience. The interview questions were designed to elicit participants’ descriptions of those activities, strategies, and/or information that hindered them most while preparing for their clinical adjunct faculty role and did not enhance their teaching in the clinical setting. Responses were extracted related to what the participants did not like or did not find helpful about the synchronous meetings, asynchronous course, the mentoring checklist, and the weekly mentoring email tips. Participants were also asked to describe why they did not like those things or why they did not find the components helpful to them.

Participants were asked what elements of each activity, synchronous meetings, asynchronous course, and weekly mentoring emails, in the virtual mentoring program were not effective or they did not like. The eleven participants addressed these questions for each activity, and all did not acknowledge any part of the program that was challenging, hindering, or detracting. All of the participants described the activities within the virtual mentoring program as helpful or beneficial. Some participants did provide examples of challenges that are unique to the role of the clinical adjunct faculty member and that can sometimes be managed with proper socialization to the role and effective teaching strategies.

The theme of meaningful interactions, previously discussed, emerged in responses to the interview questions, in addition to, the major theme of effective communication.

Theme 4: Effective Communication

Effective and open communication is important to any relationship, not just a mentoring one. Many participants within this study indicated through their responses that effective communication was valued and helpful when navigating their roles and responsibilities in the clinical setting. One participant stated that effective communication is essential because “it's hard to get an idea of a tone and personality just through emails or written instructions. This [the virtual mentoring program] was a nice way to get to know your mentor and the other faculty members we interacted with in the asynchronous course and Monday Morning Mentors.”

When describing their perceptions of the activities within the virtual mentoring program, many participants felt they were provided opportunities for effective communication. An additional participant stated the activities were “valuable because it provided more frequent communication opportunities and that made me feel supported and part of the team.” Another participant summarized that effective communication is a need in order to make the program work. The participant stated, “I don’t think that there were any [activities during the virtual mentoring experience that did not work], but I also think it can’t just be all emails. There is still value to having an entire experience and not having to take a full day off from work.” A third participant stated, “I prefer to meet face-to-face and not just send another email or text. Meeting virtually on the phone or zoom worked and allowed for a chance to build relationships.”

Research Question 4: What do mentees recommend to improve virtual mentoring?

The fourth and final research question was designed to determine what participants would recommend that would improve the virtual mentoring experience. The interview questions were designed to elicit participants’ descriptions of activities, strategies, and/or information that they would have liked included in the virtual mentoring program that would have helped them while preparing and planning for their clinical adjunct faculty role. Responses were extracted from questions that directly asked the participant what they would have liked to have seen or included in the synchronous meetings, asynchronous course, the mentoring checklist, and the weekly mentoring email tips.

Participants were asked what they perceived as missing from the virtual mentoring experience and how it can be enhanced for future use. The eleven participants addressed these questions for each activity and some added ideas they would like to add to the program. All of the participants described the activities within the virtual mentoring program as helpful or beneficial and the major themes identified were valuable and teach.

Theme 5: Valuable

Clinical adjunct nursing faculty reflected positively on the experience and spoke highly of the various elements housed within the virtual mentoring program. The theme of valuable emerged and was identified as many participants did not have ideas to enhance the virtual mentoring program or feel it was missing anything. Many addressed the idea that it was valuable as it was. One participant stated, “No, I think whatever they [the institution] is coming out with will be beneficial for future adjunct faculty because it will be made available to them. Just having all this information is great. I think this needs to be shared outside of here.” This

Clinical Adjunct Nursing Faculty Virtual Mentoring Experience: A Qualitative Study

participant found value in all the activities and experiences and was happy to have that opportunity and information to help while transitioning to the role of clinical adjunct faculty.

Another participant stated, "I think it [the virtual mentoring program] is invaluable. I personally hope the team that put it together received recognition. I felt empowered at the end of this process. I was glad to have that connection." This participant indicates that the experiences, knowledge, and connections gained during this program were so valuable, that there is no way to describe the program's actual worth.

Theme 6: Teach

Clinical adjunct faculty enjoyed the virtual mentoring program and felt that components that would enhance its value would be those that further taught the faculty. When asked, some participants of this study also provided suggestions to improve the virtual mentoring experience, which introduced the theme of teach. One participant said, "Monday morning mentors were so great, but also even like a workshop can be helpful. Maybe [the workshops could be] about evaluations." The second participant stated, "[The program should include] more topic-driven workshops or a survey to rate the course and provide additional ideas to include." One participant also suggested the idea, "have an open communication board that adjuncts can post and find a response to." Another participant said there should be, "more communication from all people involved in the role such as the dean and director or clinical support liaison to eliminate that passing the buck or telephone game feeling." When discussing Canvas, the data collection sites learning management system, a participant suggested, "maybe they [the data collection site] could give Canvas instructions to help with navigating the course." All of these suggestions indicate the adjunct clinical faculty's desire to be taught and learn while in the role.

The themes identified in this study align with the research questions of this study and the pathway Schoening identified a clinical practice nurse takes as he or she transitions to nursing education. Schoening¹⁰ identified the process in which nurses' transition from clinical practice to nursing education takes place over four stages. The four stages are referred to as: (1) anticipation/expectation phase, (2) disorientation phase, (3) information seeking phase, and (4) information formation phase¹⁰.

VIII. CONCLUSIONS

The major themes identified support that virtual mentoring is a valuable form of mentoring as it provided opportunities for collaboration and meaningful interactions between mentors and mentees.

Schoening's¹⁰ (2009) NET model outlines the phases a novice nurse educator will move through when transitioning from an expert clinician. Many nurse educators will experience disorientation, making the third phase of Schoening's model¹⁰ (2009) the most critical. During the information-seeking phase, the nurse educator will seek information, mentorship, and understanding of the new role⁶. Virtual mentoring provided the clinical adjunct faculty at the data collection site the opportunity to experience efficient and effective mentoring. Participants from the study echoed this by saying, "It [the virtual mentoring experience] was empowering and inspiring and made me feel prepared as a new adjunct. I felt like I knew what I needed to know."

Additionally, the virtual mentoring experience was vital to the clinical adjunct faculty members' success when teaching because it allowed for socialization to the nurse educator role. Socialization to the role is very important because it can help that clinical adjunct faculty member develop an identity, which is something the faculty member is looking for and developing during the third and fourth phases of the NET model¹⁰. Participants stated things such as "It was helpful knowing where I needed to go and what the expectations of me were in clinical" and "I think all of the topics [on the mentoring checklist] were pertinent to my role and the why behind what I was doing, so I was not just doing it to do it."

Further, current literature supports that the value of mentoring is well established throughout nursing and nursing education as well as other healthcare disciplines^{6,7,9,13,15}. Yet, many adjunct faculties in nursing education report that they were not properly mentored or did not receive any mentoring at all¹⁹. Evidence also suggests that clinical adjunct faculty members want to be mentored and are seeking guidance and leadership^{15,20}. Within this study, participants echoed those ideas just by indicating that it would have been a challenge if they had not participated in the virtual mentoring program versus identifying a component of the virtual mentoring program that was challenging.

Communication should be used throughout any mentoring experience in a variety of ways. The mentor should possess good communication skills such as active listening²¹. In addition to good communication skills, the mentor or mentoring program should also consider what is communicated. Many first-time clinical educators transitioning from the bedside cite lack of information related to how to teach and lack of communication from full-time faculty members as obstacles they face¹³. Purposeful communication can also influence success and was identified within the literature as a way to help provide purposeful reflection and raise self-awareness in new faculty members²². Effective communication was identified as a major theme because participants cited how it was helpful to have had the communication they did.

Current literature also suggests, that the lack of formal training in educational principles that clinical adjunct faculty face can influence the clinical adjunct faculty members' perception of their role as well as satisfaction with the job³. The desire for participants of this study to want more structure and more opportunities to learn and grow within their role is not surprising. Working as a clinical adjunct faculty member is not only an opportunity to experience and "see if I liked teaching" but also a chance for them

Clinical Adjunct Nursing Faculty Virtual Mentoring Experience: A Qualitative Study

to grow and develop an identity as a nurse educator. Their desire to continue to learn or have more structured opportunities to ask questions and learn is likely fueled by this desire to advance as an educator.

Clinical adjunct faculty want to be mentored^{9,11,13,22}. The findings of this study align with other studies that state this. Clinical adjunct faculty will seek information, guidance, and mentorship to prepare for their role and often will over-prepare¹⁰. Providing them with mentorship is beneficial for the faculty member who will feel supported and less stressed.

REFERENCES

- 1) American Association of Colleges of Nursing. (2019). Nursing shortage. Retrieved from <https://www.aacnnursing.org/News-Information/Fact-Sheets/Nursing-Shortage>.
- 2) Gardner, S. S. (2014). From learning to teaching to teaching effectiveness: Nurse educators describe their experiences. *Nursing Education Perspectives, 35*(2), 106-111. doi: 10.5480/12-821.1
- 3) Koharchick, L. (2017). Supporting adjunct clinical faculty: Strategies to promote learning and enhance feelings of belonging among adjunct instructors. *American Journal of Nursing, 117*(9), 58-62. doi: 10.1097/01.NAJ.0000524551.58567.c6
- 4) Billings, D. M. & Halstead, J. A. (Eds). (2012). *Teaching in nursing: A guide for faculty* (4th ed.). St. Louis, MO: Elsevier Saunders.
- 5) Roberts, K. K., Kasal-Chrisman, S., & Flowers, C. (2013). The perceived needs of nurse clinicians as they move into an adjunct clinical faculty role. *Journal of Professional Nursing, 29*(5), 295-301. doi: 10.1016/j.profnurs.2012.10.012
- 6) Schoening, A. M. (2013). From bedside to classroom: The nurse educator transition model. *Nursing Education Perspectives, 34*(3), 167-172. doi: 10.1016/j.teln.2017.03.002
- 7) Norwell, L., White, D. E., Mrklas, K., & Norris, J. M. (2015). Mentorship in nursing academia: A systematic review protocol. *Systematic Reviews (2015), 4*(16). doi: 10.1186/s1364-015-0007-5.
- 8) Clement, S. (2014). The use of virtual mentoring in nursing education. *Online Journal of Nursing Informatics OJNI, 18*(2). Retrieved from <https://www.himss.org/use-virtual-mentoring-nursing-education>
- 9) Lima, G. (2018). Making visible our invisible faculty: Mentoring for contingent online faculty. *Journal of Higher Education Theory and Practice, 18*(2), 52-65. doi: 10.33423/jhetp.v18i2.546
- 10) Schoening, A. (2009). *The journey from bedside to classroom: Making the transition from nurse to nurse educator* (Doctoral dissertation). Available from ProQuest Dissertations & Thesis Database. (UMI No. 3344653)
- 11) Woodworth, J. A. (2017). Adjunct nurse faculty demographics and intent to stay teaching. *Nurse Educator, 42*(6), 295-298. doi: 10.1097/NNE.0000000000000376
- 12) Meyer, J. R. (2017). Administrator perspectives of advantages and challenges of employing part-time faculty in nursing education programs: Two sides of the same coin. *Nursing Education Perspectives, 38*(2), 80-84. doi: 10.1097/01.NEP.0000000000000121
- 13) Wenner, T. A., Hakim, A. C., & Schoening, A. M. (2019). Role transition of clinical nurse educators employed in both clinical and faculty positions. *Nursing Education Perspectives, 40*(4), 216-221. doi: 10.1097/01.NEP.0000000000000468
- 14) Locasto, L. W. & Kochanek, D. (1989). Reality shock in the nurse educator. *Journal of Nursing Education, 28*(2), 79-81. doi: 10.3928/0148-4834-19890201-10
- 15) Harris, J. (2019). Challenges of nursing faculty retention. *The Midwest Quarterly, 60*(3), 251-269. Retrieved from <https://search.proquest.com/docview/2220724932?accountid=158603>
- 16) Bagley, K., Hoppe, L., Hanson Brenner, G., & Crawford, M. (2018). Transition to nursing faculty: Exploring the barriers. *Teaching and Learning in Nursing, 13*(4), 263-267. doi: 10.1016/j.teln.2018.03.009
- 17) National League for Nursing. (2014). NLN nurse educator shortage fact sheet. Retrieved from <http://www.nln.org/docs/default-source/advocacy-public-policy/nurse-faculty-shortage-fact-sheet-pdf.pdf?sfvrsn=0>
- 18) Mann, C. & De Gagne, J. C. (2017). Experience of novice clinical adjunct faculty: A qualitative study. *The Journal of Continuing Nursing Education, 48*(4), 167-174. doi: 10.3928/00220124-20170321-07
- 19) Chung, C. E., & Kowalski, S. (2012). Job stress, mentoring, psychological empowerment, and job satisfaction among nursing faculty. *Journal of Nursing Education, 51*(7), 381-388. doi: 10.3928/01484834-20120509-03.
- 20) Kalensky, M. & Hande, K. (2017). Transition from expert clinician to novice faculty: A blueprint for success. *The Journal for Nurse Practitioners, 13*(9), e433-e439. doi: 10.1016/j.nurpra_2017.06.005
- 21) [21] Potter, D. R. & Tolson, D. (2014). A mentoring guide for nursing faculty in higher education. *International Journal of Caring Sciences, 7*(3), 727-732. Retrieved from <http://www.internationaljournalofcaringsciences.org/docs/4.%20Potter%20%20REVIEW.pdf>
- 22) Zanchetta, M. S., Bailey, A., Kolisnyk, O., Baku, L., Schwind, J., Osino, E., Yu, L. (2017). Mentors' and mentees' intellectual-partnership through the lens of the Transformative Learning Theory. *Nurse Education in Practice, 25*, 111-120. doi:10.1016/j.nepr.2017.05.009