

EXPERIENCES DESCRIBED BY NOVICE TEACHING ACADEMIC STAFF IN BACCALAUREATE NURSING EDUCATION: A FOCUS ON MENTORING

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As the nursing faculty shortage grows, teaching academic staff (TAS) increasingly fill vacant faculty positions. The TAS have limited employment contracts and are usually master's prepared; although they are well grounded in nursing practice, they often are inadequately prepared and minimally supported in an academic teaching position. No study could be found in which the experiences and mentorship of novice TAS in baccalaureate nursing programs were explored. Understanding these issues is essential to guiding approaches that would enhance retention and strengthen the quality of nursing education. The purpose of this study was to describe the experiences of novice TAS in baccalaureate nursing programs and how those experiences compare to their expectations and needs, with a focus on mentoring experiences. A descriptive qualitative design with focus group interviews was used with 10 participants from three settings participating in the study. Five categories emerged from the data: feelings, preparation for role and expectations, resources, challenges, and mentorship. Implications, a comparison with existing literature, and suggestions for further research are identified. (Index words: Teaching academic staff; Baccalaureate nursing education; Baccalaureate nursing education; Mentor; Preceptor) *J Prof Nurs* 25:211–217, 2009. © 2009 Elsevier Inc. All rights reserved.

NEWLY HIRED TEACHING academic staff (TAS) are often enticed at the last minute from the practice setting. There, they have been experts as clinical nurse specialists, nurse practitioners, or staff nurses. Now, however, as they step into the educator role, the TAS are novices. They typically have limited employment contracts and are often master's prepared with no previous educator experiences. They often “hit the ground running” after a short campus orientation and a few meetings about various nursing courses, clinical groups, and agencies. After this whirlwind orientation, the TAS may be isolated in their clinical educator or classroom teacher role. They may not even know what questions to ask as they come to academia committed and excited but overwhelmed and unprepared in many ways.

Background

The nursing faculty shortage is well recognized nationally, with several contributing factors. In 2003 ([Faculty Census Survey of RN and Graduate Programs, 2003](#)), survey results indicated that “with heavy teaching loads, enormous student responsibilities, expectations that they maintain their clinical competence, and all the other demands placed on members of the academy, many nursing faculty are likely to consider retiring earlier than might otherwise have been the case or leaving the academic arena for positions that are more financially rewarding” (p. 108). Reflecting this faculty exodus, alarming data in a more recent report ([Kovner, Fairchild, & Jacobson, 2006](#)) indicated an ever-increasing nursing faculty shortage: Vacancy rates in baccalaureate and higher degree programs increased 32% from 2002. Increasing numbers of retiring nurse educators will further increase the faculty shortage; almost two thirds of all full-time nurse faculty members in 2006 were 45–60 years old and likely to retire in the next 5–15 years.

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As the nursing faculty shortage grows and to maintain current education programs, TAS are being increasingly utilized to fill vacant faculty positions, often on a part-time basis. In particular, most baccalaureate and higher degree programs reported hiring part-timers as their primary strategy to compensate for unfilled, budgeted, full-time positions (Kovner et al., 2006). Many of the TAS hired to fill these vacancies hold other practice positions in health care settings and certainly are experts in their practice roles, but they are new to the academic setting. They may have had little formal preparation for the educator role and have minimal preceptorship or mentorship provided.

Although there is ample research and other literature about experiences of novice tenure-track faculty, particularly in relation to preceptorship and mentoring (Cawyer & Friedrich, 1998; Grosshaus, Poczwardowski, Trunnell, & Ransdell, 2003; Leslie, Lingard, & Whyte, 2005; Sarmiento, Laschinger, & Iwasiw, 2003; Siler & Kleiner, 2001; Solem & Foote, 2004; Turnbull & Roberts, 2005), no study could be found in which the experiences and mentorship of novice TAS were explored. Understanding these issues is essential to creating approaches that would enhance TAS retention, strengthen the quality of nursing education, and cultivate a more robust and personally satisfying educational experiences. The purpose of this study then was to examine the following research questions: (a) What are the experiences described by novice TAS in a baccalaureate nursing program and how do these experiences compare to their expectations and needs? (b) How was mentoring experienced by novice TAS?

Literature Review

A broad literature review resulted in numerous articles about the experiences described by novice educators in a variety of disciplines. Various formal and informal programs for mentoring or orienting new faculty to the institution were outlined. However, the focus in all of the research- and nonresearch-based writing was faculty in tenure tracks or community college settings. The following summary is organized around the experiences of novice faculty, including their expectations, concerns, and survival strategies, as well as mentoring definitions and examples.

Experiences

New faculty are often likely to feel overwhelmed when they are hired into an academic setting. Although many are experts in their field of practice and have the educational credentialing to support their new position, new faculty are often novices in their new setting. Many reported feeling a lack of preparation for their new positions as educators and are surprised by the intense amount of course work, time required to prepare for courses, and requirement for committee work in addition to their course assignment (Siler & Kleiner, 2001; Solem & Foote, 2004).

New faculty have also reported high anxiety regarding their performance as educators (Siler & Kleiner, 2001;

Solem & Foote, 2004). To alleviate this anxiety, they indicated a need for more peer feedback (i.e., someone observing and providing advice vs. solely relying on student evaluations). Novice educators not only report feeling anxious about the struggle to balance all the responsibilities of the teaching role (Siler & Kleiner, 2001), but they also struggle with balancing their professional and personal lives (Solem & Foote, 2004). A third source of anxiety was keeping up with the ever-changing technologies and discovering new, innovative ways of teaching (Lewallen, Crane, Letvak, Jones, & Hu, 2003). To add to their struggles and anxieties, new faculty reported feeling they were left to "figure things out on their own" (p. 402), developing their own survival and teaching strategies via trial and error (Siler & Kleiner, 2001).

To cope with the experiences of being a novice faculty, many reported independently seeking out supportive collegial relationships or attempting to develop a professional support system (Lewallen et al., 2003; Siler & Kleiner, 2001; Solem & Foote, 2004). It was through this professional networking that new faculty began to feel a sense of enculturation into the unfamiliar, often secluded academic setting. This support system also provided a sounding board to work through new ideas and receive feedback and a safe haven in which to share concerns.

Mentoring

Over the last few decades, several mentoring roles have been identified and increasingly differentiated to better describe the different types of mentoring relationships. Descriptions reflecting the mentoring role have included friend, coach, career guide, facilitator, advocate, information source, intellectual guide, and role model (Bower, Diehr, Morzinski, & Simpson, 1998; Pierce, 1998; Provident, 2005; Sands, Parson, & Duane, 1991; Zanting, Verloop, & Vermunt, 2001). These descriptions indicate the multiple dimensions of the role, as well as the evolutionary nature of the relationship between mentors and their mentees.

Grosshaus et al. (2003) illustrated how this evolving relationship occurs in several different stages. Their research with 11 senior health education faculty supported the Phillip-Jones and Krams models of mentoring (as cited in Grosshaus et al., 2003). The following phases of a mentoring relationship were identified in the study: (a) mutual admiration, (b) cultivation, (c) disillusionment, (d) separation, and (e) redefinition.

Qualities sought in a mentor are often descriptors such as honest, nonjudgmental, readily available, ability to provide sincere feedback, and having the mentee's best interest at heart. For the mentoring relationship to work, a certain level of compatibility between the participants is required. For example, matching value sets, style of teaching and/or practice, and similar personalities is often helpful (Leslie et al., 2005; Rose, 2003). Considering these critical qualities and compatibility when seeking a mentor or developing a mentoring program is essential. These aspects further indicated that a mentoring relationship is "a complex, multidimensional activity" (p. 189)

and that the mentor and mentee may have diverse needs (Sands et al., 1991).

Because the term *mentoring* is used freely, it may be confused with an orientation process or a preceptorship relationship. It is commonly believed that a true mentor cannot be assigned and that it must be a mutually agreed upon, naturally evolving relationship. As a result, a division of terms evolved—formal and informal mentoring (Ross, 1996). In formal mentoring, a program was designed where new faculty are assigned a mentor; in informal mentoring, the relationship evolves naturally.

The goals of a faculty development program, as an example of formal mentoring, are to enculturate, orient, and socialize new faculty members; assist them in both teaching and scholarship; and provide feedback and support (Fox, Waldron, Bohnert, Hishinuma, & Nordquist, 1998; Golding & Gray, 2002; Pierce, 1998). By participating in such a program, new faculty reported feeling more self-assured and prepared, having a better understanding of what is expected from them, and feeling a sense of support. These programs also provide new faculty with someone to offer feedback or suggestions and provide encouragement and/or simple affirmation. What better way to nurture new faculty than by orienting them to their new community, offsetting the seclusion of the classroom, introducing best practices to the new faculty, and providing them with much needed professional support (Pierce, 1998).

In some studies, many new faculty felt as though some questions and needs remained unanswered and unmet despite having an assigned mentor (Angelique, Kyle, & Taylor, 2002; Lewallen et al., 2003). Angelique et al. (2002) outlined the importance of forming peer support groups in addition to having assigned or formal mentoring programs as a means of survival for new employees in higher education. The foundation of the peer relationship was naturally evolving and entirely voluntary. The authors supported this by pointing out that, in formal mentoring, there are often not only inequalities between age and position held but also a difference in hierarchy/power. Furthermore, the relationship between an assigned mentor and mentee may simply create sameness among faculty—the new faculty is likely to feel as though they do not have a voice and no opportunity to show their uniqueness. This was not the case in peer support groups, where the attendees had more similarities in position and hierarchy (all were untenured). The group format resulted in naturally evolving relationships, feelings of collaboration and support, and sharing a collective voice to advocate for change.

It is evident from the literature then that novice faculty in tenure tracks or in community college settings feel overwhelmed, experience anxiety that is rooted in numerous concerns, and seek several different strategies to cope with the challenges and struggles of a new role and position. No matter what form (formal or informal), the need for new faculty to develop a supportive, professional relationship with their colleagues is also clear. However, this literature has only focused on the experience of novice

educators who are faculty in tenure tracks or in community college settings. What has not been examined is how TAS experience their first years as educators in the university setting. To begin to fill that gap, the experiences, expectations, and needs of novice TAS in a baccalaureate nursing program were explored in this study, with an additional focus on their mentoring experiences.

Method

Naturalistic inquiry with a descriptive qualitative design was utilized as the research approach. Lincoln and Guba (1985) developed guiding principles for naturalistic research, including the important belief that realities are multiple and are constructed and therefore realistically can only be studied holistically.

The institutional review board at the University of Wisconsin-Eau Claire approved the study. A cover letter was given to all participants, and informed consents were obtained. All data were coded to protect confidentiality and stored in a secure location.

Sample and Data Collection

The 10 participants were TAS conveniently selected from three baccalaureate nursing programs (two public and one private) at regional Midwest liberal arts universities. The sampling criteria included (a) first through third year of teaching, (b) teaching in a baccalaureate nursing program, and (c) no prior teaching experience in nursing.

Participants were asked to identify their age based on 5-year increments; the age range for the sample was 26 to 65 years. All participants were Caucasian, with nine women and one man. Eight participants were married, one was divorced/separated, and one was single. Their highest degree completed was a master's degree with most participants in their second year of teaching and coming with a wide variety of nursing practice experience. The majority held a 50% position or greater with seven participants having classroom and clinical teaching responsibilities, whereas three had only clinical teaching responsibilities.

A single focus-group interview was conducted at each of the three universities by at least one researcher using semistructured questions. Two to four participants were interviewed at each site. Interviews were audio-taped and transcribed verbatim. Because of the emergent design of naturalistic inquiry, interview questions were modified based on the transcribed data from the first interview.

Data Analysis

Data management and analysis techniques suggested by Knafl and Webster (1988) for a naturalistic study were used. Each transcript was analyzed individually to identify all key phrases using a reductionistic approach. After this, the researchers then met as a team to review the transcripts, discuss identified phrases, and combine and name the phrases. These named phrases were then grouped into categories by the research team for each of the interviews. Finally, using consensus discussion, the categories from the three interviews were compared,

constructing five main categories, with subcategories in three of them.

Trustworthiness

Trustworthiness was enhanced in several ways. Using investigator triangulation, three researchers analyzed and interpreted the data. In addition, the three-site data collection reflected space triangulation, and using two public and one private university enhances the transferability of the findings. The 1 1/2- to 2-hour group interviews afforded sufficient time for building trust and rapport and collecting in-depth data. Member checking was also utilized periodically throughout the interviews, as well as formal member checking after the data analysis. All transcripts were reviewed for accuracy by the researcher who conducted the interview. Finally, the study was conducted by three nurse educators whose qualifications and experiences help establish confidence in the data. Although the researchers were nurse educators, bracketing preconceived notions and opinions through reflexive journaling and intrateam prompting strengthened the confirmability of the data.

Findings

Five major categories emerged from the data analysis, with subcategories identified for three of the categories. The five categories were feelings, preparation for role and expectations, resources, challenges, and mentorship (see Table 1).

Feelings

A variety of feelings were expressed by the participants. These included worry, frustration, uncertainty about own performance and what to expect, confusion, awkwardness, isolation, expendability, and fear about patient and student safety. Participants frequently described their feelings: "That was the part that was a little scary, just not knowing exactly what to expect...especially setting limits...being younger...you wonder if you're going to get that respect from students"; "I felt really nervous and that was a really

big stressor to me that I wasn't familiar with this hospital"; and "I was really really worried that with the senior students that they would know more than I did." Finally, referring to faculty with doctor of philosophy (PhD) in their setting, "I feel that distinction, not on the level that a PhD thinks they are better than you...just you're an expendable part of this university," and, "if somebody with a PhD comes along that our job is gone."

Positive feelings were also identified: confidence, feeling supported, and a sense of belonging to a group of new employees. One participant said "...so I don't worry about their [students] opinion of me....I assume that I will give them valuable information."

Preparation for Role and Expectations

Participants described their preparation for the educator role, and their expectations about the role and about students. Preparation included (a) life experiences, such as problem-solving skills; (b) education background (i.e., graduate education as a nurse practitioner, clinical nurse specialist, and nurse educator); (c) work experiences (e.g., staff nurse precepting new employees or nursing students); and (d) own student experiences, including having effective clinical faculty as role models. Participants identified a variety of professional development activities that prepared them. Familiarity with content was also seen as preparation for the teaching role. Although some participants had no expectations, others held personal expectations about students' performance related to their level in the program (e.g., sophomore or senior) and whether students were traditional or nontraditional.

Resources

Resources, as the third category, reflected the activities, services, and interpersonal considerations that supported the participants in their novice educator role. This category included four subcategories: sources of support, relationship with faculty colleagues, characteristics of support persons as experienced by the participants, and helpful

Table 1. Categories and Subcategories of Experiences Described by Novice TAS

Categories	Subcategories
Feelings	
Preparation for role and expectations	
Resources	<ul style="list-style-type: none"> • Sources of support • Relationship with faculty colleagues • Characteristics of support persons as experienced • Helpful things others can do
Challenges	<ul style="list-style-type: none"> • How to teach • How to evaluate student learning • Personal • Organizational
Mentorship	<ul style="list-style-type: none"> • Description and comparison with preceptorship • Mentorship experienced • Becoming a preceptor or mentor

things others can do. Course leaders/coordinators, as well as role modeling, shadowing experiences, and sharing materials by new and experienced faculty, were significant sources of support. In addition, printed documents (e.g., orientation manual and handbook of forms and teaching tips) also were helpful. Campus orientation, university mentoring programs, and computer/technical support were valuable. Finally, spending time on campus and attending faculty meetings situated in a “culture of helpfulness” contributed to the sources of support.

Relationship with faculty colleagues emerged as a second subcategory of resources. Collaboration was important to the participants, with the relationship built on collegiality and equality. For some, this relationship existed on a social level and was positively influenced by their previous graduate student role. Friendliness, seeking advice, and being a team player were identified as significant components. Also, the reciprocal nature of learning and shared confidence contributed to the relationship with faculty colleagues.

Most of the participants identified beneficial characteristics of support persons. Being understanding, willing to listen, returning calls, having a sense of humor, asking for participants' opinions, providing encouragement to try new things, following through on materials that were promised, and being helpful but not “in my face” all the time were examples experienced. One participant described a helpful support person who gradually withdrew as she herself gained experience in the novice role.

Helpful things others can do surfaced as a fourth subcategory of resources. The following examples were identified: (a) providing shadowing experiences and more structured orientation to the nursing program and clinical facilities that would save time “trying to figure things out on my own,” (b) anticipating needs of new TAS as frequently the participants “did not even know what questions to ask,” (c) identifying specific teaching assignments well ahead of time to increase preparation time and decrease anxiety, and (d) maintaining continuity with teaching assignments to facilitate relationships with students and familiarity with content.

Challenges

Challenges, as the fourth category, were new situations and experiences requiring significant time, effort, and attention. Four subcategories of challenges included the following: how to teach, how to evaluate student learning, personal, and organizational. Participants described a wide range of challenges in how to teach, with an emphasis on clinical teaching. These challenges included teaching students critical thinking, understanding students' anxieties in new clinical situations, affirming students, preparing students for differences in clinical sites and course progression, and managing multiple students in various sites. One participant said, “I guess I didn't know enough about having eight students to know how hard it is to keep track of what these people are doing when they're in separate rooms.” Another said, “the

students are scattered to the wind and not on one floor... they're everywhere...and you don't know where they are, where they're going.”

Challenges in clinical teaching were further described by several participants. These situations included (a) managing unique student occurrences (e.g., sick calls, unprofessional student dress, and student anger), (b) learning and meeting the standards and expectations of the health care facility, (c) understanding all the players in the clinical setting (i.e., patient, family, staff, student, and instructor), (d) setting limits with students about assignment requirements and due dates, and (e) teaching in an unfamiliar clinical area. Although one participant had discussed clinical teaching with a colleague, the experience was still challenging: “...an idea of what to expect...actually getting into it though was a whole different story.”

How to evaluate student learning was a second subcategory of challenges. Using objectives to evaluate students rather than comparing students with each other to determine student progression or failure in clinical was described by several participants. In addition, appraising students' critical thinking, providing feedback to students, and developing trust in students' independence were examples of other challenges experienced.

As a third subcategory, personal challenges also were identified. These included meeting high self-expectations, not knowing what questions to ask or finding things out after the fact, managing demands of a halftime position that felt more fulltime, becoming the senior person in a course after 1 year, and balancing one's personal and professional life. Participants also described their (a) hesitancy to seek help because of others' heavy workload (e.g., “not wanting to be a bother”), (b) lack of background in specific content, (c) efforts at keeping organized and track of assignments, (d) focus on clearly communicating expectations to students, and (e) interpretation of their own professional development (i.e., time investment, pursuit of PhD, and employment future).

Challenges from an organizational perspective comprised the final subcategory. Unclear chain of command, unfamiliarity with available resources, contract delays, and changes in support staff were examples. In addition, several of the participants described challenges related to the master's degree as their highest level of education. Because the organization emphasized the PhD, they were asked to “fill in wherever there was a need.” Furthermore, some participants believed that educators who were pursuing a PhD were viewed as more committed.

Mentorship

Three subcategories comprised the final category of mentorship: description and comparison with preceptorship, mentorship experienced, and becoming a preceptor or mentor. When directly questioned about mentorship versus preceptorship, the participants described several unique characteristics of both. Mentorship was portrayed as an actively pursued, long-term relationship that

changes over time and is grounded in feelings of connection and trust. In mentorship, there is a desire to emulate the mentor; however, the mentee's uniqueness is also honored. Although decreased employee turnover was identified as a positive outcome, there may be additional unexpected or unknown benefits that evolve from the mentoring relationship. The mentor was viewed as an experienced, knowledgeable, and valuable resource, frequently sharing a common philosophy of education with the mentee.

In contrast, preceptorship was depicted as typically a short-term relationship where the preceptor and preceptee work alongside each other. Preceptors were described as being assigned in the work setting, practical or task focused, and usually not involving a friendship. One participant related preceptorship to "project management."

Mentorship experienced was the second subcategory. Some participants described their desire for mentorship and saw potential mentors in their work settings. Others, when asked explicitly about mentoring, described their experiences as being precepted rather than mentored (i.e., help with organizing forms and making student assignments). Another participant did not see any mentorship occurring in the work setting; most of the participants were not actively pursuing it. For yet another participant who began employment in the summer, little precepting was received. Finally, the experience of mentorship was perceived as different for TAS than that for PhD faculty: "that person [PhD faculty] had more of a mentor than we did....I constantly see that person being linked with someone and others doing things with them."

Becoming a preceptor or mentor was the final subcategory in mentorship. Participants were asked when they saw themselves serving in these roles. Responses reflected a wide range of readiness: (a) "I don't know if I would ever feel ready," (b) after being through the course once, (c) after 1 year, (d) after 2 years, (e) more than 2 years, and (f) "could be someday."

An additional component in the final subcategory included several distinct perspectives about the significance of experience (e.g., being knowledgeable about the tasks and responsibilities) compared with relationship with others. Some stated that experience was more important than a specific length of time in determining the ability to move into a preceptor or mentor role. Others stated that relationship with others was more valuable than a specific educational degree or length and type of experience. Still, others stated that experience was key (rather than relationship with others) in becoming a preceptor or mentor. Finally, one participant noted the value of novice educators precepting others who are new: "I was able to answer a lot of their questions because I was just in that territory myself."

Discussion

In this study, novice TAS reflected on their experiences as new educators, and it is evident that they often struggled through their first years. Many experienced an emotional

roller coaster of feelings and faced numerous challenges along the way. In fact, although ages ranged from 26 to 65 years and participants came with varying lengths of work experiences, the challenges and feelings they described as novices were similar.

Several findings from this study are consistent with those from previous research conducted with tenure-track faculty. For example, the worry and frustration reported by the participants in this study were similar to the feelings of being overwhelmed and anxious reported in the literature (Siler & Kleiner, 2001; Solem & Foote, 2004). In addition, there was concern about keeping updated with technologies and focusing on creative teaching techniques that echoed the discussion of Lewallen et al. (2003). However, participants in this research identified several challenges more unique to nursing education, such as those pertaining to clinical education and critical thinking.

In this study, a feeling of expendability was identified, which had not been mentioned in previous research. Novice TAS described feelings surrounding the nature of their "temporary" contract versus that of a PhD-prepared person. Some felt that if a PhD-prepared faculty was offered a position, their contract may not be renewed.

As in the literature (Lewallen et al., 2003; Siler & Kleiner, 2001; Solem & Foote, 2004), participants in this study also sought out support through various resources to cope with feelings and challenges. Although most experienced some sort of orientation and preceptorship, it was clear from the participants that more support and more information were needed. Participants also reported that the more they were on campus, the more support they felt. This poses an area needing further study, especially pertaining to the experiences of TAS who hold less than full-time positions.

When asked about their experiences with mentorship, many of the participants described more of a preceptorship model. There also seemed to be confusion surrounding *mentor* and *preceptor* differentiation. Although participants were able to list differences between the terms, when describing the mentorship experience, many were actually relating a preceptorship or formal mentoring experience. Descriptions of experiences varied from participant to participant. Most described experiences with a supportive person; however, no participants described being in a long-term, naturally evolving mentored relationship as a novice TAS. A clear single consensus regarding mentoring did not emerge, except for a general differentiation between mentorship and preceptorship previously described. Considering the demands for a novice educator, further understanding and differentiation of the precepting and mentoring roles, as well as their active pursuit, may occur in subsequent years.

Most of the discussion surrounding mentorship involved senior faculty members answering questions and sharing materials with the novice TAS. Participants valued this relationship and support system, although many TAS still reported not even knowing where to begin

or what questions to ask to get the help or answers they needed. Senior faculty, or those who had taught the same course or clinical before, served as valuable resources. As stated before, even with this support, the novice faculty needed something more.

It was clear from the interview process at all three sites that simply bringing people together in dialogue resulted in networking and sharing available local resources during the focus interview. So perhaps activities such as scheduled weekly "eat and meets" for new faculty with experienced faculty could be helpful. These meetings could focus on recent student issues, concerns the new faculty may have, or simply providing a chance to vent frustrations. Considering the pressing time factor in education, even opening up an e-mail discussion among new and experienced faculty might be helpful, where new educators can post questions or concerns and both new and experienced faculty could respond. This approach could be used for specific sections of courses or even be expanded to an interdisciplinary or campus-wide level for all novice faculty.

Sampling was the primary limitation in this study. As this is a beginning effort, the need for additional study is recognized. Further research with a larger sample size will provide greater saturation of the data. In addition, convenience sampling in this study resulted in participants who were all Caucasian and represented only one geographic area. Although there was a strong interest in this study, scheduling challenges prevented more people from participating. TAS wanted and needed to discuss this topic, and a great deal of rich and detailed data were collected from all three sites. Therefore, further research must include larger and broader participant representation.

As a research team, we discussed what lessons we learned from this experience. We all felt a strong connection to this topic as all three of us are educators, two within our first 3 years of teaching. With that, it was difficult at times to separate our own experiences from the actual data. Data gathered were rich, filled with the participants' thoughts, experiences, and feelings. Clearly, there is much to be studied about this unique group of faculty. Recommendations for future research include exploring the feeling of expendability surrounding the temporary nature of the TAS contract, experiences of TAS holding less than halftime positions, and development and success of support systems for these faculty. Developing supportive experiences for TAS using findings that emerged from this study will benefit students, faculty, and patients.

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