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# Rescue the Clinical Nurse Educator with a Transformative Mentorship Program

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Rescue the Clinical Nurse Educator with a Transformative Mentorship Program

by

Brenda Sue Beaman

A DNP project submitted to the faculty of  
Gardner-Webb University Hunt School of Nursing in  
partial fulfillment of the requirements for the degree of  
Doctor of Nursing Practice

Boiling Springs, NC

2018

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## Abstract

The purpose of this project was to develop a transformative mentorship program for clinical nurse educators. Jean Watson's Theory of Human Caring (THC) was used as the theoretical framework for the development of this program. The population for this evidenced-based project was 12 clinical nurse educators who work in a private baccalaureate liberal arts college. These educators provide supervision for students in the hospital as well as community clinical practice settings. This evidence-based project examined if the implementation of a mentorship program would help increase the confidence level of the clinical educator. The project was implemented over a three-month period with the delivery of power points through the college's platform to the clinical educators. The topics presented within the power points included commonly encountered challenges faced by clinical educators and strategies for solutions to these challenges. Opportunities were provided throughout the three-month period for debriefing regarding any questions or comments related to the topics presented in the power points. The Confidence Scale (C-scale) developed by Susan Grundy was administered to the clinical educators as a pre-test prior to the mentorship program and as a post-test following completion of the program. The scale was used to determine if the educator's confidence increased. The Wilcoxon signed ranks test was used to determine if there was a significant difference in C-Scale item scores before and after participation in the mentorship program. Two of the five C-Scale items were significant at the .05 level of significance. There was sufficient evidence to support an increase in confidence level in performance and satisfaction with performance post-implementation.

Post implementation data collection also consisted of Evaluation of the Mentorship Program to provide additional data regarding the value of the mentorship program. All participants felt that the program was effective and provided them with opportunities to examine challenges of the clinical nurse educator role. Experienced nurse educators have a responsibility to mentor future educators as they transition from clinicians to the role of a nurse educator. Effective clinical nurse educators facilitate quality clinical practice for nursing students, which is a priority in the nursing profession. The practice of effective nurses for the future is mainly dependent upon the present practices of role modeling observed by students in the clinical setting (Cunze, 2016). A mentorship program that uses experienced nurse educators who value qualities of transformative mentoring provides a solution to help in the successful growth and retention of nursing faculty.

*Keywords:* Nursing education, mentorship, clinical nurse educators, empowerment, Jean Watson's Theory of Human Caring, transformative mentoring

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## SECTION I

### Problem Recognition

#### Introduction

According to Zaccagnini and White (2017), problem recognition stems from a clinical concern or opportunity by the nurse who is using critical reasoning. Further development of the problem statement identifies issues or concerns that require action to improve the identified problem. Areas for additional clarification of the problem identified include:

- deficits in current problem area
- setting of the problem
- magnitude in measurable terms
- impact of ignoring the problem on the population or organization
- gaps in practice
- evidence-based solutions (Zaccagnini & White, 2017, p. 451).

A critique and synthesis of the literature review related to the problem addresses the critical role of the clinical nurse educator in preparing the nurses of tomorrow. Benner, Sutphen, Leonard, and Day (2010) advocates the clinical educator as that powerful connection for students in bringing to life the connection between theory and clinical practice. The practice problem identified as a result of the literature review is lack of preparation for clinical nurse educators. Novice faculty report feeling a lack of support and increased stress perceived as bullying from their peers in education. This type of environment will carry over to the clinical area for the student and negatively impact a student's outcome in clinical practice.

The research indicates a deficit exists in the area of a growing nursing faculty shortage. This deficit includes challenges in finding qualified clinical nursing faculty, which is a unique role in the field of nursing education. A lack of preparation for clinical nurse educators impedes their ability to serve as effective role models for the student nurse. Student nurses must learn in a variety of practice settings prior to graduation and effective clinical faculty is a crucial component of the students' learning process. This problematic area will ultimately affect positive outcomes for students as they enter the practice of nursing. Further review of the literature suggests that mentoring interventions need to be a component of the formal process in academia for clinical nurse educators. The significance of a formal mentoring process for clinical faculty will enhance their confidence and teaching effectiveness in the clinical area. Students benefit from a strong clinical nurse educator and are more likely to be successful in the nursing program as well as on their licensure exams. National accrediting bodies for nursing as well as the state boards of nursing continue to set the benchmark higher for the preparation of faculty as well as maintaining retention and success of students. Academic programs must meet this challenge in order to graduate nurses who can provide safe and effective care to our health population. The impact a clinical nurse educator has on a student's education and overall perception of nursing as a career can never be underestimated. The role of this faculty member who is with the students directly providing patient care and interacting with family members or significant others requires a benchmark of quality care that is unique to its own. The clinical educator must not only have strong clinician and interpersonal skills themselves but the ability to role model and facilitate this type of learning for their students. At the same time, the educator must keep a critical eye on the

safety of the patients assigned to the students' care. The clinical educator is involved in transformation or shaping of a student's ability to critically reason through each aspect of the patient's care. An effective mentor is a powerful asset in guiding the educator through the process of empowering students to take ownership and accountability for their clinical practice. Mentorship of nurse educators is important as a component in solving the challenges facing this area of nursing education, specifically the faculty shortage, faculty satisfaction and preparation of the clinical nurse educator (American Association of Colleges in Nursing [AACN], 2016).

### **Problem Background and Significance**

#### **Nursing Faculty Shortage**

Workforce analysts address the nursing faculty shortage as a growing concern that impacts the number of graduates, therefore affecting the nursing workforce in general. One of the reasons for this shortage of nurses is the decrease of nursing faculty as the baby boomers retire. The shortage is projected to continue through the year 2025 and possibly beyond this period of time (AACN, 2016). The national discussion of this shortage has led to a greater interest among nurses in pursuing the nurse educator role. Stakeholders, which include nursing programs and clinical settings, must seek solutions in order to meet and sustain the need for an increase in nurses. Nurse faculty loan programs are in place to help provide monies and stimulate the interest of those who want to pursue a degree as a nurse educator. The lack of qualified nursing faculty and the impact on the nursing shortage is well documented in the literature. Evidence-based solutions from the literature reveal the collaboration of hospitals in joint effort with nursing programs that share practicing nurses, using them as part-time adjuncts in the role

of clinical nurse educators. Regardless of the solution for retaining clinical nursing faculty, it is clear from a review of the literature that a strong mentorship is needed for these faculty in order to positively impact faculty satisfaction, which influences the students' clinical practice experiences. The impact of the nursing faculty shortage includes the use of more adjunct clinical nurse educators who will need a strong mentorship program as an intervention to positively influence nursing students in practice (Penn, Wilson, & Rosseter, 2008; AACN, 2016).

Ignoring the importance of preparation for clinical nurse educators will lead to nursing faculty who leave the profession, which is costly and time consuming for administration. It also leaves negative perceptions by the students. Studies regarding findings as to reasons for leaving academia relate to a lack of a mentor or support system that takes an interest in the development of their career. It is an intimidating task at best, and without guidance in how to maneuver through the maze of this role, the educator will experience negative feelings and a lack of confidence in guiding students' clinical practice (Bohlender, 2014). Administration should not ignore the value of this significant component of a nursing student's educational process and, therefore, thoroughly prepare clinical nurse educators for their role.

### **Faculty Satisfaction**

Similar studies report work related factors including a lack of mentorship and role conflict as areas of dissatisfaction for these educators (Chung & Kowalski, 2012; Holmes, 2006; Oermann, 1998). The findings suggest that a mentor as a support can reduce feelings of separation among clinical nursing faculty with others in academia, yet only 40 % of full-time nursing faculty in the United States had a current work mentor.



Clinical nurse faculty experienced overall a low degree of role strain but a higher degree of role overload and conflict. Conclusions from these studies report that clinical faculty are not prepared for the role strain they will face in working with nursing students as a facilitator of the students' progression from novice to practicing nurse. An unhappy clinical nurse educator leads to educational problems for the student which impacts on clinical practice. Clinical educators reported a need for a mentor who is willing to help guide them through all the many channels of academia in order to be successful in preparing students for practice. The clinical nurse educator can positively impact the learning for students or obstruct a student's clinical practice outcome. Creative solutions to improve job satisfaction among this group of educators will result in a more effective role model for students, influencing their practice in a positive manner. The literature suggests nurses are willing to share their clinical practice expertise but are concerned about how to transition to the role of clinical nurse educator. Poor communication skills and lack of knowledge in working with the adult learner are problematic for nurse educators, ultimately hindering the students' learning. Job satisfaction is addressed in the literature as role overload challenges that occur among clinical nurse educators. A number of specific areas are alluded to relate to the role overload challenges including:

### **Confidence in Clinical Skills**

Clinical nurse educators must be able to demonstrate procedures for nursing students and in turn guide the student through this learning process. Dependent upon the background of the educator, they will have to put forth the effort to learn new skills and develop competency in these skills prior to working with the students. This type of situation requires extra effort on the faculty to learn new skills they have not utilized in

their specific practice area. If the clinical educator is not confident in a variety of skills, this will affect students' opportunities for learning in the clinical area within the safety net of the faculty member. In addition to demonstrating the skills, the educator needs to be able to facilitate the student's clinical reasoning process, as this is a critical component of the student's development in providing safe and quality nursing care (Cunze, 2016).

### **Interaction with Challenging or Failing Students**

A clinical educator will encounter students who challenge the system or the educator. This situational challenge requires the ability of a nurse educator who is well prepared in their role to first ascertain the reason for such a challenge. In order to effectively manage this type of situation, the educator must have strong communication skills. A skilled clinical faculty is required to help a student process the culture of nursing in the clinical setting that is progressive in nature. The educator must be confident in their own beliefs about nursing in order to role model appropriate behaviors for these types of students. The faculty must be adept at recognizing the impact of nursing school on increasing anxiety and stress within the student's life. The nurse educator is in a unique position to encourage self-care and help-seeking behaviors to strengthen a student's coping abilities in order to deliver nursing care in a professional and safe manner (McGregor, 2007). It is the faculty's responsibility to ensure students in need are guided toward the resources available on campus and treated fairly.

There is the potential for the clinical educator to use personal bias when evaluating a student who is potentially failing clinical or challenging the faculty or the system. An experienced mentor can guide the educator in the process of considering the patterns of behavior and or actions that constitute a failure. The North Carolina Board of

Nursing (NCBON) (2009) has available a tool known as the Student Practice Event Evaluation Tool (SPEET) for use in such situations as this (NCBON, 2009). The experienced mentor could provide guidance and support for the clinical educator in the use of such tools in working with students who present safety challenges within the clinical practice setting.

A clinical educator must be able to act quickly and effectively to ensure safe nursing practice for the student and yet provide a supportive environment in the nursing practice setting. Clinical evaluation tools must be validated and reliable in order to provide the clinical educator with a sound framework for appropriate evaluation of students. The literature supports clinical faculty complain that little or inadequate orientation in use of the clinical evaluation tool is available prior to beginning their role as clinical faculty (Altmiller, 2017). Many faculty say they are confused as to the evaluation criteria/process related to the academic failure of a student. Faculty must recognize the point at which characteristics and deficits are being demonstrated by the student such as lack of initiative, lack of growth in self-confidence, increasing anxiety, lack of organization, time management issues, and poor communication with the patient, family, and the health care team. The clinical faculty needs to recognize and act on these areas quickly and communicate professionally with the student. Goals must be set with the student for improvement in the hope this student can strengthen their area of weakness in clinical practice before the need for clinical failure occurs (Luhanga, Koren, Yonge, & Myrick, 2014).

The study by Cleland, Knight, Rees, Tracey, and Bond (2008) addressed self-efficacy issues for students that can hinder their success and safety in clinical practice.

Clinical educators need to understand fear and confidence issues could be the underlying cause of poor clinical practice. A strong clinical nurse faculty can facilitate growth in this area for the student through empowering the student to improve clinical practice. An insightful faculty will guide the student through the process of self-reflection, identifying strategies for improvement in practice. The failure of the clinical nurse educator to recognize and identify the needs of such a student can lead to detrimental effects for the patient. Early recognition with clear communication and feedback between the clinical faculty and student provides the student with opportunities to improve and perhaps prevent failure of the student. The advanced doctor of nursing practice leader is in a position to develop sustainable solutions that can mentor the clinical nursing faculty in working with a variety of student encounters.

### **Navigation of a Student through Clinical Reasoning**

Students cannot be responsible for their own learning in the clinical area without strong guidance from the educator involving facilitation of critical thinking skills (Adelman-Mullally, McCarter-Spaulding, Mulder, & Young, 2012; Benner et al., 2010). Student nurses have no choice but to rely on the expertise of their clinical nurse educator in directing them through the development process from student to beginning level practitioner. The abilities of the clinical nurse educator are a driving force in facilitating a student's perception of the overall clinical experience. The educator must have a clear understanding of the nursing curriculum in which the student learns and then facilitate the transition of those concepts through application in the practice environment.

For even the most experienced clinical educator, this can be an intimidating task. In order to guide students successfully through such a critical component of

their nursing practice, the novice clinical educator needs tools in place. In order to practice nursing safely and effectively, the student must learn to critically analyze a patient's situation and act accordingly. Guidance from a mentor is needed so that a clinical nursing faculty can understand how to choose meaningful clinical assignments for the student as well as use debriefing throughout the student's clinical day to connect the many critical pieces of learning. Expert clinicians report finding it challenging to move from the comfort level of a clinician to the academic role that has its own unique sub-culture. A positive network of experienced educators is needed to facilitate the transition of the clinical educator so that the ultimate effect is positive for the student and faculty within the practice setting, providing quality care for the patient. In a research study by Orton (2007), variables of teaching comfort and self-efficacy were studied as concerns of clinical educators in the clinical setting. Findings from the study reported a need for self-awareness and reflection by clinical faculty regarding their perception of the ideal clinical instructor. Clinical faculty reported decreased comfort with less experience in clinical practice settings in areas in which they were less knowledgeable. As faculty become more aware of their teaching behaviors, they will choose to affect change, resulting in increased comfort as an educator. Providing mentoring of faculty in their identified areas of less comfort should be a component of a mentorship program to enhance the instructor's effectiveness and impact upon the student's clinical practice (Orton, 2007).

### **Professional Boundaries between Educator and Student**

Inexperienced clinical nursing faculty are unsure of how to develop a positive yet professional role with their students in order to facilitate a strong practice environment. Nurses are held to high standards of behavior. The American Code of Ethics addresses professionalism for nurses in practice. Evidence from a study conducted by Henshaw (2008) supports faculty need guidance related to connecting with students in a professional manner. Faculty must be able to role model consistency in their practice with students in order to be fair. Students must receive clear and concise explanation of the evaluation tool, code of ethics, student policies and rationale for each in order to understand boundaries. The clinical setting is a stressful environment for students who perceive their clinical faculty lacks the ability to demonstrate mutual respect, caring, and professionalism for each student. There is a danger in that students will role model the same type of negative behavior with their peers and others as they enter the practice setting beyond graduation, leading to incivility issues in practice.

### **The Culture of Learning**

Creating a challenging yet positive learning environment is vital for a student's success in nursing practice. In order to best serve the students, the clinical faculty must be well oriented to policies, curriculum, and the academic culture as a whole. Evidence supports creativeness that addresses adult learning theory as significant in ensuring students learn to process theoretical concepts within the clinical area of practice (Tedesco-Schneck, 2013). The use of transformational concepts of learning by the faculty can help the students evolve

within the practice setting. Clinical nursing faculty need strong mentorship in the application of these theoretical concepts. Nursing faculty who can integrate their real-life examples of caring for patients along with the theory that is being taught in the classroom provides the student with the best practice environment. A strong mentor who recognizes this unique characteristic of the clinician will encourage using this talent to enable students to learn to prioritize and problem solve. Students depend upon their clinical faculty's confidence, ability to navigate through the healthcare system, and assistance in identifying priority needs and interventions for the patient. Students ultimately will role model such behaviors upon graduation if exposed to such during their student experiences.

### **Preparation for Clinical Teaching**

It is important for nursing academia to address the challenges faced by clinical nurse educators in order to facilitate a successful role transition. The socialization to the academic world of a nurse educator is an evolving process. A mentorship program can help support the clinical nurse educator. A positive mentorship experience for these faculty by experienced nurse educators leads to a positive social change resulting in the educator remaining in their role long term, decreasing the nursing faculty shortage (Flanigan, 2016). These positive effects upon the clinical nurse educator influence the clinical practice environment for the nursing students.

There is growing evidence of faculty-to-faculty incivility (Clark & Thompson, 2013). Novice faculty report feeling a lack of support and increased stress perceived as bullying from their peers in education. The magnitude of the

identified problem is noted throughout the literature review. Despite experiences in a variety of clinical settings, clinical faculty are not prepared for the role strain they will face in working with nursing students as a facilitator of their students' progression from novice to practicing nurse (Holmes, 2006; Reid, Hindere, Jarosinski, Mister & Seldomridge, 2013). The value of the clinical skills by an expert clinician needs to be integrated with the unique skills needed by an educator in order to best facilitate the students' learning.

A successful mentoring program for the educator is a key component in ultimately affecting the students' outcomes as they enter the workforce (Halstead, 2012; Holmes, 2006). Preparation for the novice clinical nurse educator includes a new level of development in one's profession. A mentoring program must include sound theoretical concepts that facilitate empowerment of the clinical nurse educator to transform the success of the next generation of nurses.

Transformational leadership concepts as a component of the clinical nurse educator's preparation can enable this faculty to make a conscious choice to empower the student. The effective clinical nurse educator will have a powerful impact on shaping the future nurses as they move forward in their practice.

According to the research, the clinical educator has a powerful and challenging role in leading the student through the maze of clinical opportunities that essentially result in transformation of the student to the future nurse in practice (Charneia, 2007; Gaberson & Oermann, 2010; McGregor, 2005). Findings were similar in pointing out that a positive relationship exists between how often students observe appropriate role modeling behaviors and clinical competencies in



the clinical setting among faculty producing a desirable result in students' behaviors and competencies. These studies further support the issue of enacting trust and a collaborative effort in nursing education between student and nursing faculty is reported as a significant factor in positive student and nursing faculty encounters. The practice of effective nurses for the future is mainly dependent upon the present practices of professional nurses in the clinical setting in which students learn (Cunze, 2016).

A research study by Jeffers and Mariani (2017) reports the challenges of role transition from clinician to nurse educator are addressed as very significant concerns for retention of nurse faculty. Evidence-based solutions are identified in the literature in preparing clinical educators for the transition into this role. A formal mentoring program addressing specific needs of nurse faculty is a component of problem solutions for the challenges faced by the clinical nurse educator. Recommendations based on this study related to improving the effectiveness of clinical instructors by developing programs that address specific faculty needs as an educator. An environment in which the clinical nurse educator feels supported and comfortable to seek out help in transitioning to the nurse educator role is critical for success of the faculty. This success influences the students' preparation to be effective in the practice work force upon graduation. Stakeholders, which include nursing programs and clinical settings, must seek solutions in order to meet and sustain the need for an increase in nurses (AACN, 2016). Evidence-based solutions from the literature include the collaboration of hospitals in joint effort with nursing programs who share practicing nurses and

utilize them as part-time adjuncts in the role of clinical nurse educators. Expert clinicians hired in this type of role need guidance in order to serve as a successful clinical nurse educator (Penn et al., 2008).

The literature suggests nurses are willing to share their clinical practice expertise but are concerned about how to transition to the role of clinical nurse educator. Inexperienced clinical nursing faculty are unsure of how to develop a positive yet professional role with their students in order to facilitate a strong practice environment. Poor communication skills and lack of knowledge of working with the adult learner are problematic for nurse educators, ultimately hindering the students' learning.

Based on a review of the literature, best practices and evidence of solutions that work in preparing clinical nurse educators center around a common theme of the need for an effective mentorship. Solutions mentioned from the literature review include partnerships between hospitals and academic programs using clinical nurse educators. This type of solution can be a winning situation for both organizations, provided the expert clinician receives the appropriate guidance related to a student's progression through the curriculum using sound educational theory. The use of a clinical nurse educator who is also employed at a particular hospital in which he or she takes students must receive guidance from the mentor related to separating the role of clinician versus educator. Evidence-based practice suggests the positive side of this type of sharing roles in which the clinician could navigate the system well and role model collaboration of communication skills needed among a variety of interdisciplinary teams. A nurse who is comfortable

within the hospital system would also project confidence and positive aspects of nursing practice. The closing of clinical nurse educator gaps in the literature addresses solutions involving strong administrative support and guidance from the director of the nursing program (Steward, 2016). Administration in academic settings needs strong connectedness with the clinical educator and the nurses working on the unit to link the student with this type of role modeling. As a result, students learn strategies related to the socialization of their professional role. The research by Babenko-Mould (2012) advocates that empowerment of students and self-efficacy for nursing practice occurs within the framework of a positive clinical setting environment. Clinical nurse educators must role model behaviors that demonstrate passion about their profession. Those who work in this role must have a clear understanding of the concept of empowering others by using the concepts of transformational learning within a supportive environment for the student. The optimum goal of the nurse educator is to provide nursing students with the many tools they will need to function safely and effectively within the health care system upon graduation. The Doctor of Nursing Practice degree prepares one to review best practices, develop and implement problem-based solutions such as a mentorship program in the preparation of clinical nursing faculty.

### **Problem Statement**

The challenges faced by clinical nurse educators based on a review of the literature support the problem identified which is lack of preparation for the clinical nurse educator role. A review and synthesis of the literature indicated common themes related to the clinical nurse educator role. The magnitude of this role includes many challenging

aspects that can lead to role overload and role dissatisfaction without appropriate support systems. An effective clinical nurse educator significantly impacts the students' learning and ability to move forward as a graduate nurse in the practice setting. The literature supports a growing shortage of nursing faculty and a need for creative solutions to facilitate transition from a clinician to a clinical nurse educator (AACN, 2015). A mentorship program provided for clinical educators during their transition period is the link to effective role transition and retention of these individuals as academic faculty members (Steward, 2016; National League for Nursing [NLN], 2015).

Nurse educators must take action in order to better prepare nurses for the future changes of health care (NLN, 2015). The provision of interventions that will prepare clinical nursing faculty more effectively in their transition from expert clinician to the role of the clinical nurse educator can significantly impact the retention of nursing faculty. This will be a vital component of easing the nursing faculty shortage. The research has shown that qualified clinical nurse educators will lead to a greater retention of students with the needed skills to practice their profession safely and effectively as they enter into nursing practice having benefited from a positive clinical nurse educator.

## **Section II**

### **Needs Assessment**

### **Literature Review**

#### **Evidence-Based Solutions**

The challenges faced by the complex role of the clinical nurse educator based on a review of the literature support the problem identified which is lack of preparation for this complex nurse educator role. Regardless of the clinician's skillset experience, the mentorship provided for this person is the link to their effective role transition and retention as an academic faculty member (NLN, 2015; Steward, 2016).

Qualified clinical nurse educators will lead to a greater retention of students with the needed skills to practice their profession safely and effectively as they enter into nursing practice. There are a variety of solutions addressed in the literature that speak to mentoring programs involving holistic coaching, application of Erickson's theory, transformational learning, adult learning theory, Watson's Theory of Caring, and Benner's Novice to Expert Theory which can be used by the Doctor of Nursing Practice leader as a framework in the development of an intervention addressing the identified practice problem.

An expanded literature review was completed to seek evidence-based solutions for the problem. A comprehensive literature review was conducted using the following databases for synthesis and critique of the literature:

- Bulldog One Search
- CINAHL
- Academic OneFile

The following is a list of the keywords identified for the critique and synthesis of the literature:

- Mentorship
- Coaching
- Mentoring
- Holistic approach to mentoring
- Novice educators
- Clinical nurse educators
- Mentoring solutions for clinical educators
- Challenges of clinical educators
- Perceptions of students within the clinical setting
- Empowering
- Erickson's Theory
- Toxic mentoring
- Benner's novice to expert
- Tools for mentoring
- Debriefing
- Correlation of theory to application in nursing education
- Role modeling
- Self-efficacy
- Transformative learning

Inclusion criteria for the expanded literature review consisted of articles addressing mentorship that involved empirical and non-empirical articles. Articles from

other disciplines were also a component of this literature review. Mentorship was well noted throughout the literature review as a solution for nurse educators. The articles chosen for the literature review were organized under the headings of evidence-based solutions. These solutions were based on common themes noted within articles selected that could be most valuable in providing guidance for an effective intervention for this evidence-based project. The research articles included varied from original research to expert opinions. The remainder of this expanded literature review will discuss a synthesis of these articles and solutions regarding mentorship.

### **Culture of the Academic Setting**

One aspect of a problem solution within the literature review supports mentoring of clinical nurse educators into the academic role. This type of preparation enhances the confidence of the clinical faculty, therefore projecting a more positive image to the nursing students within the clinical practice setting. The World Health Organization (WHO) (2016) identifies domains of core competencies as needed in the preparation of nurse educators in providing an effective experience for students who now enter a dynamic and challenging clinical practice setting. These domains include:

- “Ethical and legal principles of nursing education
- Nursing practice
- Educational theory and conceptual learning
- Teaching and learning in the clinical area
- Integration of theory and practice
- Assessment and evaluation of students and course/program outcomes
- Educational program development and evaluation

- Program management and administration
- Leadership and advocacy
- Effective communication
- Collaboration among disciplines
- Research
- Professionalism” (WHO, 2016, p.11).

Clinical educators need to feel connected to the academic community by solutions that include involvement of these educators through course team meetings and nursing faculty meetings. The culture and language of academia of must be addressed with clinical faculty. The clinical faculty can best address needs of their students in practice when they have a clear and thorough understanding of the philosophy, curriculum framework, and progression of concepts that is an integral component of the students’ learning process.

The research by Jeffers and Mariani (2017) had similar findings that support the nursing faculty shortage leads to the use of clinical faculty who may not have educational theory in teaching as a component of the degree they hold. Instead, clinical faculty have experience as administrators or expert clinicians who are suddenly placed in a situation of facilitating the nursing student’s learning in the clinical environment. They lack the academic experience needed to facilitate a student’s learning process in the clinical setting. Ultimately, findings revealed a common theme of role stress as a result of this situation, which affects job satisfaction for the clinical faculty and impacts negatively on the students’ clinical practice. A descriptive comparative design method was used to describe and examine differences in job satisfaction between two groups of novice nurse



faculty who were involved in a formal mentoring program versus those who did not participate in this type of program. The Mariani Nursing Career Satisfaction Scale (MNCSS), a semantic differential scale, was the instrument used to measure meaning of attitudes and beliefs (Jeffers & Mariani, 2017). Specific questions related to demographics, years of education, employment status, participating in a formal mentoring program, job satisfaction as a clinical instructor with intent to stay were components of the questionnaire administered to the participants. Open-ended questions that sought to gain additional information about the experience of transitioning from expert clinician to novice educator and the experience of a mentorship program were also included within this study. This qualitative data was analyzed using content analysis. A positive finding throughout these studies revealed nurses place value on a mentoring support relationship as they transition to the clinical nurse educator role. The qualitative data revealed the most valuable information related to mentoring as a key aspect regarding career satisfaction and intent to stay in academia. Those who participated in the study reported a supportive mentorship relationship as a reason for remaining in academia. There was a statistically significant difference in career satisfaction between faculty who intended to remain as a nurse educator and those who chose not to stay (Jeffers & Mariani, 2017). The participants in this study reported the transition to the academic setting of a nurse educator as difficult. In a faculty role, nurse educators without appropriate mentorship find themselves alone, which impacts negatively upon collaborative relationships in the educational setting.

Cangelosi (2014) reported similar findings in a study of the experiences of novice nurse faculty. New faculty members discussed their dissatisfaction with learning a new

role in an unfamiliar environment, without adequate support from formal or informal faculty mentors. In a study by Mann and Ge Gagne (2017), findings revealed that clinical educators need competence in clinical skills as well as teaching in the classroom setting. Additional findings suggested essential benefits to be gained by support of adjunct clinical faculty through a mentorship program. The participants reported support from informal and formal mentoring was an integral component of learning the clinical educator role. Participants also commented on the importance of matching the clinical skillset with the clinical environment in which they are asked to serve as a clinical educator for best outcomes for the students.

Common themes emerged among these findings related to a mentorship that provided for learning the culture of academia in working with nursing students. Clinical faculty reported there was a lack of information provided for them regarding academia for nursing students. This fostered the progression of a toxic environment with a feeling of abandonment. Limitations of these studies related to a lower number of faculty who participated in the formal mentoring programs. A practice solution gained from a synthesis of these studies is mentorship programs using adult learning theory that supports keeping the lines of communication open between mentor and mentee. In addition, the framework of these studies calls for ascertaining needs of the novice educator. The mentor needs to be enthusiastic about facilitating the growth of a new novice educator and collaborating with the mentee regarding specifics needed to enhance the role. By this type of collaborative effort, improved outcomes are reported by students in clinical practice.

Various studies found common similarities related to problem solutions for nursing faculty (Brady, 2010; Clark & Thompson, 2013; Derby-Davis, 2014; Jackson, 2016). These solutions begin at the administrative level in which demonstration of role modeling by administration is expected of the clinical nursing faculty in terms of providing a caring attitude toward new faculty. Fostering of a collegial relationship which includes providing a clinical faculty member with strategies to assist in facilitating a more effective clinical learning environment for the students is reported as needed by clinical faculty. These authors address the need for administrators leading the way for fostering an ethical academic culture as a common solution for the identified problem.

### **Debriefing for Facilitation of Critical Thinking Skills**

In focus group sessions with various faculty who serve as clinical instructors as well as administrators for these faculty, a poll was done related to concerns of clinical faculty. Similar themes concerning teaching critical thinking skills were noted. Comments regarding the challenge of connecting theoretical concepts to the clinical practice setting and facilitating students' growth in this area were concerns. Faculty expressed a desire for more guidance related to how to best facilitate a student's clinical reasoning. This is a necessary component of the student's success in order to practice safe and effective care in the clinical practice setting.

Simulation has been identified as a best practice solution to use in transforming the application of theory into clinical practice. Abell and Keaster (2012) looked at educators' barriers to the use of simulation. The theoretical framework cited in this study was Hall and Hord's Concerns Based Adoption Model (CBAM) and Rogers' Diffusion of Innovations Theory. The research revealed a progressive and consistent coaching of nurse

educators in the use of simulation is more likely to occur among educators with appropriate mentorship. Recommendations for a need to present a safe, practice environment for students support simulation as a solution in correlating classroom to clinical application (Institute of Medicine [IOM], 2011). Positive correlation was noted between how often simulation was used in relation to administrative support of this change. Mentors will need to serve in a role of providing and supporting education for the clinical faculty in order for the use of simulation in the lab and/or practice setting to serve as a valuable intervention for the transformation of theory to application. Simulation is currently supported as one of the strategies in best practice for nursing students within a safe setting prior to entering the clinical practice setting with their clinical faculty (Jeffries, 2007). The use of simulation permits students to think critically about their skills, actions, and decisions. Clinical educators need simulation skills as a component of their competency tool set as an educator. The IOM continues to stress the need for reform in nursing education as we enter an ever changing and dynamic healthcare system in which nurse educators must prepare students for the practice environment. The use of a creative mentorship program supported by administration as the new generation of nursing faculty come on board is one way in which to ensure best practices for preparation of clinical faculty for their complex role in facilitation of the student's educational process in nursing.

The research supports simulation activities such as debriefing as an evidence-based solution to further strengthen the clinical reasoning skills of the practicing nurse (Benner et al., 2010; NLN, 2015; Tanner, 2006). Clinical educators must be supported by mentorship that facilitates learning the debriefing process as a critical aspect of

evaluating the priorities, decisions and interventions of a student's clinical day. An educator who has been informed of the theoretical focus need for the group of students they are working with can select patients who provide excellent learning opportunities for integration of concepts into a real live practice setting. At the end of the day, the integration of many concepts learned in class can be pulled together in a clinical or lab post-conference debriefing period, serving as a powerful learning activity for students' clinical practice. Expert clinicians who serve as clinical educators must be mentored on the navigation of taking a student through the step-by-step problem solving process of recognizing a patient problem, identifying priorities, selecting a plan, and intervention followed by evaluation. This is a challenge for expert clinicians who are comfortable in their own clinical role but now must oversee the process of how students learn by the breaking down of theory into smaller components of application that ultimately build upon one another. This process involves an effective clinical educator who can facilitate the navigation of a student through this evolving process and prepare them to safely enter the clinical practice setting with appropriate knowledge of the nursing process (Benner et al., 2010).

The National League for Nursing (NLN, 2015) speaks to debriefing as a means for the student to correlate significant theory to the application of the clinical day. NLN also advocates for formal training in which nurse educators become skilled at this strategy which enhances a student's ability to critically think and prioritize, strengthening their knowledge in clinical practice. Debriefing is an active meaningful learning tool for the clinical/lab setting, providing a safe practice area for students, and ultimately improving confidence in a clinical practice setting. There is a variety of creative solutions

to use in the debriefing period, and to create a sense of autonomy among nursing faculty, faculty need to dialogue about creative strategies and support one another in their pursuits. Mentors can set up scenarios for their mentees prior to the clinical experience in anticipation of a variety of challenges that will be encountered by the faculty. This provides a collaborative opportunity to problem solve potential clinical challenges as an educator prior to entering the clinical setting with students.

A common theme that emerged from the research regarding simulation was noted by Wilson, McKinney, and Rapata-Hanning (2011) in that safe learning environments facilitated by a supportive faculty member revealed improved student practice outcomes. The opportunity for the mentorship program to provide novice faculty with practice on how to facilitate critical thinking, therefore empowering the student, correlates to a positive practice outcome for the student. A feeling of inner reward for the faculty member as they observe the growth of the student creates a sense of faculty satisfaction. Based on the evidence-based literature review, interventions throughout a mentorship program should incorporate the aspects of academic preparation, empowerment, and transformational learning to result in a more confident educator who can effectively guide a student's clinical practice.

### **Empowerment**

The concept of empowerment is noted throughout the literature review as a solution in mentoring novice educators. A strong mentor will foster confidence and a positive learning environment for the educator. As the educator is mentored through the challenges of socialization to their role, this transformation of increased confidence ultimately is passed on to the students who will feel more confident and comfortable in

the clinical setting by this type of role modeling. Self-efficacy for a clinical faculty is vital for their empowerment. Common themes among the research suggest solutions to mentoring that address caring (Wagner, 2010). The studies by Dewald (2012) and Baker (2010) found openness to cultural sensitivity in the manner by which an educator teaches exerts a positive influence on the learning environment for the student in the clinical setting. The research by Dewald (2012) used a Delphi technique as a method that uses experts' values to answer research questions and developed a list of best practices promoting cultural sensitivity in nursing education and nursing practice. The study used a purposeful sampling population but from a broad range of geographical locations. The study by Laschinger and Leiter (2006) used the theoretical framework of The Nursing Worklife Model scale to look at work environments of the nurse in linking burnout to the professional practice environment ultimately affecting patient safety outcomes. The sample size was a large group of hospital-based nurses in Canada. Results of this study showed a high correlation between emotional exhaustion and depersonalization for the nurses. Additional findings related to nursing leadership as a key factor in ensuring the environment in which nurses practice empower them to feel supported and appreciated as well as equipped with tools to manage their job stressors effectively (Laschinger & Leiter, 2006). This type of solution can be transferred to the same concept needed by academia in providing effective mentoring tools that support and empower clinical nurse educators. The fostering of the clinical educator role with specific tools necessary to learn their unique role is a critical intervention in the mentoring tool set. A more recent study by Laschinger and Junhong (2016) using the same theoretical model found similarities in

the satisfaction of novice nurses when provided with a practice environment centered around empowerment and support.

A descriptive correlational study to determine if there were commonalities of understanding among nursing students and faculty was conducted by Orton (2007). The participants of this study included 25 nursing faculty and 214 nursing students from a small junior college. A tool was a component of the study that looked at a solution to improve teaching for clinical nursing instructors. The findings of this study indicated a faculty development program is needed that specifically assesses the learning needs of a clinical nurse educator and develops interventions to guide these learning needs. The Clinical Teaching Perception Inventory (CTPI) tool and the Self-Efficacy Toward Teaching Inventory (SETTI) were used for this descriptive correlational study. A solution for the lack of preparation for novice educators centers around faculty feeling empowered related to doing a good job for the students. This type of environment is nurtured as the mentor provides interventions that promote academic growth for faculty. Solutions presented in the literature speak to best practices for mentoring educators who in turn role model the following for students:

- Expose student to a variety of clinical learning situations and diverse backgrounds of patients
- Use critical thinking studies promoting the culture of caring in clinical scenarios (Dewald, 2012).

Studies related to empowering come not only from nursing but also from other disciplines and provide evidence-based problem solutions for the mentorship of the novice clinical educator. For example, in the research by McPherson (2016), Malcolm



Knowles Adult Learning Theory and Kolb's Experiential Learning Theory guided the theoretical framework of the study. This framework provides a guide for preparation of a mentor model to help identify areas that are lacking for these expert clinicians to help prepare them as clinical educators. A common theme pervasive throughout this study related to expert clinicians lack knowledge in the role of working with students in the clinical settings. Findings revealed clinical faculty report a lack of specific orientation about their role in terms of managing students who are struggling clinically in application of theory. Nursing faculty who are not confident in addressing this concern affect the students' abilities to apply safe clinical reasoning skills in the practice area. Methodology used in the study included the use of open-ended questionnaires to obtain information from experts as to the needs of new clinical faculty. A Likert scale was used for the study in which a group of 77 clinical nursing faculty provided additional information about preparation needs for novice educators. The findings by McPherson (2016) indicated that full time faculty with a background in education had a better understanding of their role as clinical nursing faculty versus the expert clinicians who did not have a nursing educational background theoretical framework. The integration of adult learning theory as a component of a mentorship program provides a guide for clinical educators, empowering them to guide the students in their learning process.

### **Holistic Mentorship**

The framework of holistic mentorship advocates a best practice solution in which the novice educator must be viewed as a whole with many integral components involved in the development of a successful clinical educator (Bark, 2011; Hollywood, Blaess, Santin, & Bloom, 2016). This holistic approach draws foundational support from many

disciplines that can also be applied to the art of mentoring nursing faculty. Bark (2011) advocates the use of the Bark Coaching Institute (BCI) as a theoretical framework for holistic mentoring, approaching the development of the educator from simple to complex. The mentor identifies through conversation with the educator gaps in the transition to the new role of clinical educator. New areas of teaching/learning strategies are then discussed and a plan developed as to how to bridge the gap. Resources are identified for closing the gap. Common themes identified in research studies support interventions for novice educators by breaking down components of mentoring into smaller segments of learning (Beck, 2015; Hollywood et al., 2016). This learning curve is recommended to extend over a course of several years, addressing challenges such as student incivility, student and faculty relationships, and teaching practices as solutions that are sustainable for the novice educator. Numerous studies as noted throughout this paper support the challenges of novice faculty and the positive outcomes for the faculty who receive effective mentoring (Mann & GeGange, 2017). Nurse educators are ethically responsible for providing an optimal learning environment for nursing students.

### **Transformational Role Modeling**

The studies by Cunze (2016) and Nouri, Ebadi, Fatemeh, and Rejeh (2014) found a common relationship in regards to evidence-based solutions for mentoring which focus on the art of skillful role modeling by the clinical nurse educator. Cunze (2016) used an exploratory-descriptive qualitative approach at two private nursing education programs using a total of 60 students. The findings of this study revealed students report a positive attitude of the clinical educator as well as the staff nurse facilitates a culture of learning. Students additionally reported that professional interactions between the staff nurses and

the clinical educator create a welcoming environment in which the students feel accepted as a part of the unit and therefore more comfortable participating in the practice setting. Nouri et al. (2014) conducted a qualitative study using several focus group discussions that looked for common themes within the research using a similar small population sample. Face-to-face interviews were also conducted with instructors from several universities. The key focus of this study supports the significance of role modeling as an influence on students. The theoretical framework cited for this study included Modeling and Role-Modeling (MRM) theory by Erickson (Nouri et al., 2014). The similar theme echoed by the students from these studies centers on clinical educators who set the tone for a helpful learning environment by presenting a confident, calm, professional and positive approach with their clinical students. Students viewed a positive role model as the educator who could demonstrate respect and caring to the student as well as oversee and guide the student in their learning needs. Upon graduation, students will role model in their practice setting the attitudes and behaviors they have observed in their educational program (Lovric et al., 2014).

The Modeling and Role-Modeling Theory (MRM) developed by Erickson, Tomlin and Swain in 1983 encompasses a variety of mid-range theories that can be applied to aspects of a mentorship program (Butts & Rich, 2015). Concepts of this theory important in a mentorship program include facilitation, encouragement, and adaptation as the project leader plans for successful mentorship (Hertz, 2015). Development of mentorship programs to support faculty as they build their confidence in the educator role is supported in a study by Jacobson and Sherrod (2012). The use of a mentorship model for faculty that provides a supportive and encouraging environment will empower the

clinical educator, increasing the desire of educators to remain in academia as strong role models for nursing students.

The DNP educator is well prepared to apply leadership qualities and knowledge of transformational leadership to develop and implement a transformative mentorship program. This type of mentorship program will facilitate an effective transition for the clinical educator role. An inspirational project leader who is passionate about nursing education can motivate clinical educators to set and achieve new goals as they work through the socialization process of becoming a clinical nurse educator. The transformational leader is aware of the need for preparing clinical educators to effectively carry out their role sustaining the future of clinical nurse educators. The project leader develops a mentorship program of practice excellence recognizing the cultural and socialization needs that evolve from such a program in support of effective clinical educator practices. The DNP leader recognizes the need to establish a program with sustainability and support from stakeholders. According to Marshall and Broome (2017), transformative role modeling as a mentor includes the following:

- Establish trust between the mentor and mentee
- Support and provide opportunities to learn the role
- Guide and share knowledge
- Role model behaviors in the clinical practice environment
- Coach and collaborate allowing for exchange of questions and answers.

### **Identified Population/Community/PICOT Statement**

- P Population** Clinical faculty who were responsible for students in the clinical setting.
- I Intervention** A mentorship project for clinical educators in the form of PowerPoint Presentations that addressed key challenges and solutions for clinical educators. Opportunities for debriefing with the clinical educators occurred through face-to-face meetings as a group, individual meetings, conference calls and emails.
- C Comparison** The administration of a pre and post assessment of the faculty prior to the mentorship program and following completion of the program was completed using Susan Grundy's Confidence scale. An Evaluation of the Mentorship Program was completed at the end of the program by the participants answering questions and providing comments related to the program.
- O Outcome** The mentorship project was to increase confidence of clinical faculty.
- T Time** Fall Semester, 2017 over a period of three months

### **Sponsor and Stakeholders**

According to Zaccagnini and White (2017), stakeholders are those who benefit from the outcome of the project and will therefore have a personal stake in the success of the project. The team practice partners, that include the Associate Dean and Dean of the Nursing Program, are sincerely interested in strengthening the ability of their clinical faculty. They report challenges such as maintaining clinical faculty from year to year and the retraining efforts and time involved in bringing on new faculty each year who must take the students to the clinical area. The internal stakeholders are the administrators of

the nursing department (Dean and Associate Dean of the School of Nursing) and the Academic Provost, who oversees the administrators. The clinical faculty and students are also internal stakeholders.

External stakeholders include the patients that the clinical faculty and students care for. A more experienced and confident clinical faculty will impact positively on the student and provide guidance that improves clinical practice, therefore affecting patient outcomes.

### **Organizational Assessment (SWOT Analysis)**

#### **Strengths**

The atmosphere of the college is student-centered and friendly. The team practice partners are receptive to improving the confidence of clinical educators. They believe there is a strong correlation between effective clinical faculty and improved success on the NCLEX-RN as well as a better-prepared practitioner in the clinical setting. The administrators support further professional growth for their clinical faculty.

#### **Weaknesses**

The college is located in a setting in which clinical sites can be challenging for experiences of the students. Clinical faculty used by the college do not always return the following academic year; therefore, it is difficult to provide consistency and experience of faculty for students in the clinical setting. There is a turnover of nursing faculty on a yearly basis. Faculty currently employed at the college are challenged due to time constraints in providing mentorship for novice faculty.

**Opportunities**

Funding has recently been made available that will support the construction of a new simulation setting. Faculty will need additional educational preparation for simulation development. New clinical faculty turnover yearly presents the opportunity for mentorship of faculty in these areas.

**Threats**

The College is challenged with maintaining experienced nursing faculty and successful first time pass rates on the NCLEX-RN. Clinical faculty buy-in related to the strong impact of their role on the success of students in clinical practice is a critical area of need.

**Available Resources**

The college currently has a small, dedicated simulation lab setting as well as designated clinical sites where the faculty oversee the clinical practice of the students with intent to enlarge the simulation area.

The resources consisted of the assigned patients and utilization of the clinical experiences as the opportunity for correlation of theory to application to facilitate the students' critical thinking skills.

**Desired and Expected Outcomes**

The desired outcome of this evidence-based project was improvement in the clinical educator's confidence in meeting the challenges within this unique role. It was expected that the clinical educators would benefit from a mentorship program by the project leader incorporating aspects of transformative mentorship.

### **Team Selection**

The team consisted of the clinical faculty who participated in the mentorship intervention. The Dean and Associate Dean of the School of Nursing served as committee team members who helped to facilitate the mentorship project.

### **Cost/Benefit Analysis**

Retention of faculty versus turnover of faculty is a benefit to providing a mentorship project resulting in increased confidence among clinical faculty. Time and effort for administration are costly in setting up interview committees yearly as new faculty are needed and hired. The amount of time spent by administration in preparing new faculty is costly. Inexperienced faculty without appropriate mentorship can leave the academic setting, impacting negatively on student retention and success. Seasoned clinical faculty who utilize the mentorship program to facilitate the development of clinical faculty will result in improved job satisfaction among the educators. Literature review supports student satisfaction and increased retention of students with the support of confident clinical faculty (Beck, 2015).

Nursing students entering the profession having worked in a clinical setting under the supervision and guidance of a confident clinical educator who has the ability to empower the student will enhance the student's ability to move forward positively in their profession. Role modeling will be carried forward by the students as they mentor others for the future of nursing practice. This project can be sustainable and cost beneficial by utilization of this DNP project in this and in other educational settings for continued mentorship of clinical faculty who are transitioning to the many complexities of a nurse educator.



For this particular project, there was minimal cost to implement the program. There were no added costs to posting the Power Point modules periodically on the Canvas Platform throughout the course of the project timeframe. Costs included purchase of additional books related to mentorship as well as a mentorship manual provided for the School of Nursing following completion of the project. Additional expenses included gas expenses for the debriefing periods held at the School of Nursing. Approximate overall cost was \$400.00.

### **Scope of the Problem**

The findings from the literature review supported clinical faculty are faced with a need for mentorship to the clinical faculty role. Job strain and job dissatisfaction are common findings among clinical faculty. The research study by Mann and Ge Gagne (2017) concluded that experienced mentors help facilitate educators through transition from clinician to clinical nurse educator. The significance of unprepared clinical faculty results in a negative experience for students in the clinical practice setting. Students' learning is hindered by faculty who are unable to effectively empower students in the practice setting to integrate critical thinking skills. Beck (2015) found in her study negative relationships between students and educators is an area needing improvement. The literature revealed a common theme in which these types of relationships affect attrition of nursing faculty. As Beck (2015) pointed out, underlying currents related to such challenges among nursing faculty have foundational roots that encompass psychological and sociological concepts. The student graduates and is unable to project a confident and positive role model as a professional nurse if this was lacking as a component of their clinical environment within the educational program.

## **SECTION III**

### **Goals, Objectives, and Mission Statement**

The goal of this DNP project was to increase confidence among clinical faculty using Jean Watson's Theory of Human Caring as a framework in the development of caring interventions associated with the mentorship project. The objectives to reach this goal included using best practices regarding mentorship for clinical educators. The setting was at a School of Nursing located at a small private liberal arts college. The target population was 12 clinical educators who received a series of Power Points over a period of three months addressing specific challenges and solutions for clinical faculty.

A mentorship program was developed for the purpose of empowering clinical faculty to gain confidence in their role as they become more aware of the challenges and solutions in working as a clinical educator. A collaborative relationship between the project leader and participants was established that included sharing of evidence-based solutions for a variety of clinical challenges commonly faced by educators. The project leader served as a supportive mentor who allowed several debriefing periods to reflect upon the challenges of the role, offering guidance and support to enhance empowerment for the educator.

The intervention was unique in that components of the mentorship program were easily adaptable for educators within any clinical setting. The process objectives included an introductory session, collection of pre-assessment data, several debriefing sessions throughout the project implementation period and the delivery of Power Points to the target group by way of the college platform. A final debriefing session and collection of post-assessment data was done as the final phase of implementation.

## SECTION IV

### Theoretical Underpinnings

The theoretical framework guiding this Doctor of Nursing Practice (DNP) project is Jean Watson's Theory of Human Caring (THC), (1997). Watson's theory is applicable to the challenges of clinical nurse educators and the need for a mentorship program addressing these challenges. Common themes among the research suggest solutions for mentorship addressing caring aspects of the framework of Watson (Wagner & Seymour, 2007). The concept of empowerment is noted throughout the literature review as a solution in mentoring clinical educators. Self-efficacy for a clinical faculty is vital in empowering them to grow professionally.

The challenges faced by the clinical educator are well documented and without guidance result in an ineffective educator who will role model poor clinical practice for their students. This creates an unhealthy clinical practice setting that can permeate throughout the clinical group and have far-reaching negative effects as the students graduate and move forward into the clinical practice of the nursing profession.

An effective mentorship program for the clinical educator will foster confidence for the educator. As the educator is mentored through the challenges of socialization to their role, this transformation of increased confidence ultimately is passed on to the students who will feel more confident and comfortable in the clinical setting by being a part of this type of role modeling. It is the responsibility of nurse educators to mentor clinical nursing faculty demonstrating the artistic caring aspect of nursing. The clinical nurse educator must be able to cope with the complexity of this role in order to guide students successfully through many teachable moments within the students' clinical

practice. However, clinical nurse educators need a mentor who can help them navigate the challenges of this role. A toolset of a mentor program can offer a solution in meeting the challenges for the educator. Watson's THC offers a mindful and deliberate caring approach as the foundation for the implementation of mentorship (Watson, 1997).

A core essence of Watson's THC lies within the value of caring. A positive mentorship experience should involve a nurturing relationship that correlates directly to the framework of Watson's THC (Watson, 1997). Jean Watson's theory advocates for a caring relationship as one that has elements which facilitate promotion and enhancement of the holistic being (Wagner, 2010). The evidence-based solution for this Doctor of Nursing Practice Project is a mentorship program improving self-confidence of the clinical nurse educator by providing a caring, supportive, and professional relationship. By provision of a mentorship program that incorporates the elements of Watson's THC, a more confident clinical educator emerges in their role, ultimately impacting students positively in the clinical practice setting.

Dr. Watson first formulated her nursing theory in 1979 with continued refinement of her concepts throughout the years since that time. This theoretical framework utilized ideas from her own life experiences as well as Maslow's Theory of Self Actualization and Carl Rogers Theory of Humanistic Personality (Butts & Rich, 2015). Watson believes the caring relationship is based on moral commitment and encompasses "human dignity, wholeness, caring and healing" (Butts & Rich, 2015, p. 272). A person is defined as having unlearned value and is to be nurtured, respected, and cared for. The holistic aspect of body, mind, and spirit are tenets of Watson's theory. The framework of holistic mentorship advocates a best practice solution in which the clinical educator must be

viewed as a whole with many integral components involved in the development of a successful clinical educator (Bark, 2011; Hollywood et al., 2016).

This holistic approach draws foundational support from many disciplines that can also be applied to the art of mentoring nursing faculty. The THC builds a firm foundation using the building blocks of many theories. Watson derives her premise of human caring from areas such as educational counseling and psychology, which are inherently connected to addressing the issue of mentorship for clinical nurse educators. Using interdisciplinary theories promotes a collaborative effort needed within the health care system. The concepts of Watson's theory include 10 carative factors that are identified as foundational to her theory (Watson, 2009). Three of these carative factors served as a foundational guidance for this DNP project. The factors are: (1) cultivation of sensitivity to oneself and to others, (2), development of a helping-trusting human caring relationship, and (3) promotion of transpersonal teaching-learning (Butts & Rich, 2015, p. 503). These concepts directly support the integral components needed in the development of a mentorship program as an evidence-based solution for the identified problem of lack of preparation for clinical nurse educators. A mentor communicates to the mentee the significant value of their clinical educator role through various avenues of support. The mentor must sense and be aware of challenges faced by the clinical educator in order to cultivate the mentor-mentee relationship. Dr. Watson addresses the need for being aware of the moment you are in and sensitivity to others that are in that moment with you. A mentee can sense if a mentor truly is interested in facilitating their professional growth. By embodying an environment of caring-helping-trusting within a mentorship program, the mentor can facilitate increased confidence within the mentee.

The mentor must recognize the need to provide the mentee the opportunity for voicing their beliefs, concerns and solutions in the process of transpersonal teaching-learning as supported by Watson's THC (Sitzman, 2007).

The ultimate goal of a mentorship program is to use the foundation of the three tenets identified from Watson's THC to promote transformational learning, which is critical for a clinical educator's success in moving students forward in their clinical practice. Watson's THC supports providing hope and faith for growing in a professional role. A strong mentor recognizes this concept as foundational for transformational learning. A mentorship program allows for a coming together of an experienced and less experienced educator to share and exchange ideas in collaborative efforts which benefit the students' clinical practice.

Erickson's Theory of Transformative Learning in the educational process further supports the significance of Watson's carative factor related to the promotion of transpersonal teaching-learning (Watson, 2009). Students voice a common theme they view as necessary for clinical educators which is setting the tone for a helpful clinical learning environment. Change in learning occurs when students perceive they are empowered by the clinical educator who presents a caring, confident, positive and professional approach to the challenges of clinical teaching as they facilitate the student's emergence as a nurse who can critically think (Nouri et al., 2014). The clinical educator must transform their way of thinking from an expert clinician responsible for themselves to the many intricacies of assuming responsibility for up to 10 students in a practice setting facilitating these students' transformation from novice students to beginning level practitioners. This is a daunting task at best, yet rewarding with the support of a positive

mentorship intervention in that a transformation for the clinical educator and student can occur and lead to increased confidence because of empowerment (Twigg & McCullough, 2014).

In summary, the use of Jean Watson's THC provides a strong foundation for the basis of a mentorship program founded on nursing knowledge with the tenets of caring directed to rescuing our clinical nurse educators through a mentorship program. Empowering the clinical nurse educators to grow in their professional role will increase confidence in their ability to role model positively for students and sustain this form of practice as students move forward as future nurses role modeling a similar aspect within their own practice setting.

## **SECTION V**

### **Work Planning**

#### **Project Proposal**

The setting for the project was a school of nursing at a private liberal arts college. The target population was a group of 12 clinical educators who received a series of power points over a period of three months addressing specific challenges for clinical educators and solutions to consider in addressing these challenges.

This intervention is unique in that it provided general guidelines that are easily adapted for clinical nurse educators at any setting. A pre- and a post-test tool using Susan Grundy's C-scale was administered prior to and at the completion of the project intervention to determine if the confidence level for the clinical educator improved following the intervention of the project. In addition, an evaluation of the mentorship program to provide additional data was administered to the target group at the completion of the project. Data was collected from the clinical faculty regarding a measurable change related to an increased confidence in the clinical educators' effectiveness in the clinical setting. The process objectives according to Zaccagnini & White (2017) address specific activities that are used in the mentorship of clinical faculty to accomplish the outcome objective. The specific activities used for the mentorship project included an introductory session, collection of pre-assessment data, several debriefing sessions throughout the project implementation period, and the delivery of power points to the target group via the college's platform. A final debriefing and collection of post-assessment data was completed at the final implementation phase. The phases of this implementation occurred over a three-month period.



The purpose of this DNP project was to develop a mentorship program facilitating empowerment of the clinical nurse educator to increase self-confidence within this role. The problem statement is identified as lack of preparation for the clinical nurse educator role. This problem impedes their role and negatively impacts job satisfaction and the ability to positively role model for their students in the clinical setting.

Lack of preparation for clinical nurse educators hinders students' learning in the clinical setting. The literature review finds a lack of preparation of the clinical educator impacts negatively upon students' practice as the student progresses through the nursing program, graduates and enters into the practice of the nursing profession. A clinical nurse educator as a role model can never be underestimated in terms of the long-term influence upon students in clinical practice. Clinical educators are the driving force in bringing to life for students the connection of theory to application in the clinical practice area (Benner et al., 2010). Experienced nurse educators have a responsibility to mentor their colleagues through the process of learning the many facets involved as a clinical nurse educator.

The literature reports a supportive mentoring program as a valuable solution in facilitating the clinical nurse educator through the challenges faced in this particular role. Nurse educators may enter their role as seasoned and expert clinicians or administrators. However, a challenging transition period faced in this new role as a clinical educator is well substantiated in the evidenced-based literature. A few of these challenges are noted below which include lack of preparation related to the following:

- support systems from other nursing faculty
- knowledge about the culture of academia
- knowledge in interaction with the challenging and/or failing student
- use of the clinical evaluation tool
- confidence in facilitation of students through the clinical reasoning process
- awareness in setting role modeling behaviors between educator and student
- empowerment of students (Bohlender, 2014; Chung & Kowalski, 2012; Holmes, 2006; Oermann, 1998).

A challenge within the academic setting of nursing education is the lack of time for educators to mentor those in the clinical educator role. A challenge faced by academia is the cost of a designated educator who can facilitate a mentorship program for the transition of a clinician to an educator. Beck (2015) found in her study negative relationships between students and educators are becoming a focus for nursing education as this impacts student learning in classroom and clinical practice. The literature has revealed a common theme in which these types of relationships affect attrition of nursing faculty. As Beck (2015) pointed out, underlying currents related to such challenges among nursing faculty have foundational roots that encompass psychological and sociological concepts. The student graduates and is unable to project a confident and positive role model as a professional nurse if this was not a component of their clinical environment within the educational program.

The issues related to time commitment and costs can be offset by the benefits of a mentorship program which results in a more confident and empowered clinical educator who will remain in nursing education. It is costly to the institution to replace faculty. In

addition, it is detrimental to the students' learning if they lack a confident and positive role model who facilitates an effective learning environment in the practice setting.

### **Timeline**

The project was implemented during the Fall Semester over a period of approximately three months. The components of this project included the planning and development of power point modules identifying challenging aspects for clinical educators including resources for addressing these challenges. The implementation phase of the DNP project included an initial meeting with the targeted population in which the project manager presented the purposes and goals of this project. A debriefing time for discussion of the faculty's perception of their clinical experiences and challenges was held at this initial meeting. A Confidence Scale by Susan Grundy was administered to the faculty at the end of this initial meeting. The modules were then made available to the faculty periodically in an approved repository site with an opportunity for the faculty to reflect on content of the power points in between delivery of each one. The project leader met with the clinical faculty several times over the course of the three months period for the purpose of collaborative sharing of clinical challenges and solutions and reflecting upon information shared within the power points. The final meeting included the evaluation phase in which administration of Grundy's Confidence Scale and administration of the Evaluation of the Mentorship Program survey were completed.

### **Budget**

Following project administration there will be very little cost in the future to implement and sustain the project. Faculty will have access to the mentorship program through the use of an approved technology at the college such as a repository site. The

clinical faculty who agreed to participate in this program will experience an increased confidence and satisfaction to remain in this challenging role as nurse educators. They will also see the value of updating the mentorship program and using it for new faculty that are hired to facilitate their success in transition as a clinical faculty member.

## SECTION VI

### Evaluation Plan

Planning for evaluation of the DNP project is critical as a component of proving the need for funding of a project. A solid evaluation plan helps to ensure identified outcomes are met. Evaluation includes the use of quantitative and qualitative data collection. The evaluation of the DNP project needs to measure if change occurred within the target setting as a result of the intervention. Evaluation provides evidence regarding the quality of the practice project intervention as well as the need for this intervention to all those involved in the project, including the stakeholders. It is important to clearly define the outcomes to everyone involved in the project (Zaccagnini & White, 2017). For the purpose of this DNP project, quantitative data using Grundy's Confidence Scale (C-Scale, 1993) was collected to measure for increased confidence in the clinical educator as a result of participation in the mentorship project. Qualitative data was collected to measure the evaluation of the mentorship program.

The selection of the correct tools is crucial for appropriate evaluation of the project. Two tools were selected for this mentorship DNP project. The Confidence Scale, also known as the C-Scale, was developed by Grundy (Grundy, 1993). The author provided permission to adapt the tool. This tool asks the clinical faculty to rate their level of confidence on a scale of one to five with one meaning no confidence and five meaning absolutely confident. The questions are then added and the faculty score can range from five meaning low confidence to 25 meaning high confidence. This scale has been determined as reliable and valid. The second tool selected was developed by the project leader and is called the Evaluation of the Mentorship Program.

For this DNP project, quantitative and qualitative statistical methods were used and helpful in measuring the outcomes. The quantitative method provided aggregate data to analyze how the clinical faculty responded to the mentorship program in terms of confidence level pre and post implementation of the project. The qualitative method was helpful in determining how useful the project was as well as areas to address in the future to make the program more effective. A pre- and post-survey were given to the educators before and after the mentorship intervention to score their confidence using the C-scale. An Evaluation of the Mentorship Program survey using a Likert scale and a section for the faculty to offer comments was administered to obtain additional qualitative data. This tool provided an opportunity to gain additional descriptive statistics regarding the value of the mentorship program. The comments from the faculty regarding the evaluation of the mentorship program offered additional qualitative data helpful in determining the usefulness of the project. The comments provided insight as to future recommendations for improvement and sustainability of the program.

## **SECTION VII**

### **Implementation**

#### **Protection of Participants**

This DNP project received Institutional Review Board (IRB) approval from the project setting and from the University. The Dean of the school of nursing was supportive of this project as a valuable component needed for additional faculty development. Faculty who served as clinical educators agreed to participate in the project. The project leader met with the Dean of the nursing program and the nurse educators who were responsible for supervising students in their designated clinical area.

Nurse educators were recruited to participate voluntarily in the Mentorship Program following an informational session regarding the purpose and goals of the Doctor in Nursing Practice (DNP) project. The informational session was presented during a faculty meeting and provided a basic description of the project, surveys, and informed consent. Details related to collection of data were explained. Faculty were provided an opportunity to ask any questions prior to obtaining informed consent.

Following the informational session, those faculty willing to participate completed an informed consent and the Susan Grundy Confidence Scale (C-scale) pre-assessment. Surveys were returned to a large envelope in the conference room at the college. Clinical educators were encouraged to refrain from putting any identifiable information on the survey to ensure anonymity. The surveys were collected by the DNP project leader. Throughout the project, all surveys were stored in a locked file cabinet. Following this informational session, the project leader collaborated with faculty and the Dean to post the power points periodically throughout the semester via the college's

platform. A committee member agreed to post the power points on the Canvas platform making them available to all educators participating in the project.

### **Implementation of the Project**

The project leader developed an intervention related to key challenges for clinical educators as identified from the literature. The American Association of Colleges of Nursing (AACN, 2016) identifies key elements as recommendations for mentorship programs. These key elements include collaborative relationships and meaningful engagement. These elements were integral components of the evidence-based solutions throughout the implementation phase.

Based on a review of the literature that included studies that are similar to the environment in which the project leader conducted the evidence-based project, the project leader proposed the development of a clinical faculty mentorship program, delivered by power points periodically throughout the semester addressing key challenges faced by clinical educators along with solutions. A meeting with the Dean of the Program followed by a meeting with the faculty occurred in the implementation phase prior to the start of the clinical rotation for Fall Semester, 2017. A face-to-face meeting was held at the school with the participating members. An overall introductory power point, including the significance of the clinical faculty's role, was shown. Time for discussion was provided. Time was allowed at the end of the session for collection of the pre-assessment confidence-scale (C-Scale). Details related to the specific delivery of the mentorship program including debriefing opportunities with the mentor and mentee were discussed prior to administration of the pre-assessment C-Scale. Debriefing opportunity by way of face-to-face meetings, phone conversations, and emails provided a means by which the



project leader and clinical educators could connect periodically throughout the mentorship intervention to discuss any clinical challenge concerns and possible solutions. A post-assessment C-Scale along with a survey for the purpose of the evaluation of the mentorship program were completed at the end of the implementation phase.

The DNP project concentrated on providing informative evidence-based literature regarding challenges of the clinical nurse educator and strategies for solutions to these challenges. The power points were posted over a period of three months. There were six detailed power points addressing key concerns of clinical educators as noted from the literature as well as any feedback obtained from the debriefing sessions regarding clinical challenges expressed by the participants. The project leader met with the participants three times during the implementation phase. The meetings with the clinical nursing faculty were for focused face-to-face debriefing sessions allowing the educators an opportunity to dialogue about their role with students in the clinical setting. The project manager gained anecdotal feedback and provided an opportunity for discussion of solutions to challenges encountered as the educators progressed through the semester with their designated clinical group. For those unable to attend this face-to-face meeting, the project manager offered an opportunity for discussion on an individual basis by phone, meeting the educators following the end of their clinical day or via email. Specifics topics of the mentorship program included the following:

- Role of the clinical educator in clinical practice
- Pre-preparation for the clinical educator
- Impact of the clinical educator on student practice
- Empowerment through role modeling

- Interdisciplinary teamwork
- Strategies for clinical learning
- Quality clinical assignments
- Correlation of theory to clinical practice
- Stressors for students in the clinical setting
- Facilitation of students through the clinical reasoning process
- Evidence-based clinical teaching
- Clinical setting
- Clinical evaluation
- Clinical feedback
- Clinical failure
- Impact of failure
- Mindset of the clinical educator
- Mindset of the student.

Each of these power points presented evidence-based research addressing clinical educator challenges and solutions to these challenges. The value of mentorship as a process in working with clinical educators as noted in the literature review was the premise of these power points. The project leader corresponded on a regular basis with the committee team members by face-to-face meetings or conference calls.

### **Threats and Barriers**

When the project was first discussed with the DNP Practice Partner who was the Dean of the School of Nursing, it was with the intention of working with each clinical faculty at least once per semester in the clinical area as a means of further strengthening

the mentorship and mentee role. Threats according to Zaccagnini and White (2017) may be predicted or unpredicted. When it became known the project leader would not be permitted to go within the various clinical sites for this purpose due to detailed clinical orientation and permission that would be needed at each clinical site for the project manager, alternative ways of debriefing and allowing for question/answer discussion sessions became necessary. As a result, debriefing sessions were held with the faculty at the college during nursing faculty meetings or either individually by phone as mentioned earlier. This provided an acceptable resolution to the threat or barrier encountered in this particular situation. Email was also used as a means of communication with clinical faculty on several occasions.

Another threat that was unforeseeable was the challenge of meeting the clinical adjunct part-time educators at the debriefing sessions, as they did not have an opportunity to attend meetings as regularly as full-time nurse educators due to their additional work responsibilities with their full time job. This threat was resolved by offering to talk via phone, email, or meet the clinical faculty after their clinical day for a meeting in the lobby or library setting of the hospital. Two of the three part-time clinical educators were able to talk with the project leader by phone and one was not able to arrange her schedule to do so but emailed her thoughts regarding particular aspects of clinical challenges as an educator.

### **Project Closure**

The project leader met with the educators for a final debriefing session. The project leader then left the room and allowed the participants to complete the Evaluation of the Mentorship Program and post C–Scale surveys, which were returned in two

separate manila envelopes. Once all faculty had left the meeting, the project leader returned to collect the data and placed it in a locked file cabinet.

The data was separated into pre and post implementation using the Confidence Scale. Post implementation also consisted of the Evaluation of the Mentorship Program surveys that provided an opportunity for quantitative and qualitative results. The data was then compiled for interpretation.

## **SECTION VIII**

### **Interpretation of Data**

#### **Utilization and Reporting of Results**

This project focused on the lack of preparation of clinical nurse educators. Clinical nurse educators need adequate preparation in all aspects of the student's educational needs in order to be effective in facilitating the student's progression into clinical practice.

This study was carried out in terms of a mentoring program. The overall purpose was to provide mentorship for clinical nurse educators. The mentorship program was implemented in a small, private liberal arts college that has a nursing program. The population for this mentorship program was clinical faculty in the nursing program.

The Confidence Scale (C-Scale) developed by Susan E. Grundy is a measure of a subject's confidence in performing a task. Permission to modify the scale for this project was granted. The C-Scale has high internal consistency as measured by Cronbach's alpha. The C-Scale consisted of the following five statements for this project:

1. I am certain that my performance as a clinical nurse educator is correct.
2. I feel that I perform my role as a clinical nurse educator without hesitation.
3. My performance would convince an observer that I'm competent as a clinical nurse educator.
4. I feel sure of myself as I perform in the role of clinical nurse educator.
5. I feel satisfied with my performance as a clinical nurse educator.

Before the start of the mentoring program, the above C-scale was administered to the clinical nursing educators. This was considered the C-Scale pre-assessment. After

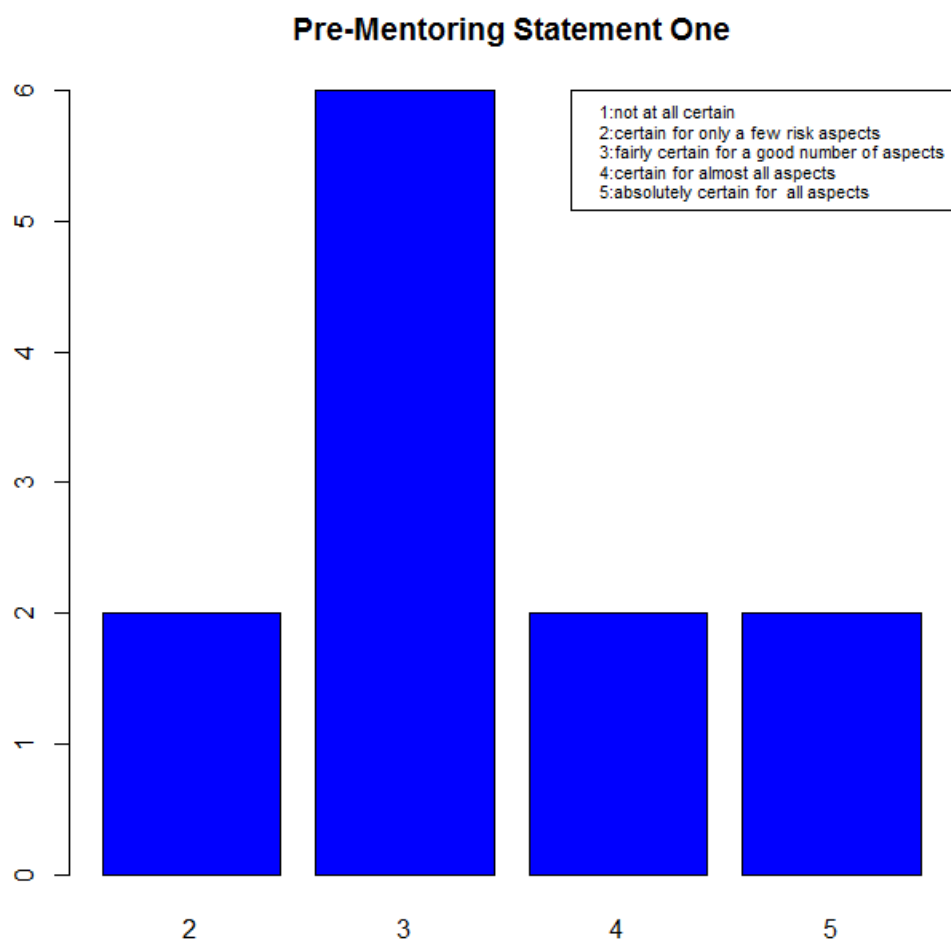
the mentorship program, the same C-Scale was administered to the clinical nursing educators. This was considered the C-Scale post-assessment. The C-Scales were completed anonymously. Twelve clinical nursing educators participated in this mentorship program. The overall goal and expectation was that this mentorship program would increase the confidence level among the clinical nursing faculty.

First, the data was summarized using bar charts and frequency tables. The C-Scale pre-assessment bar charts and frequency tables follow. (Tables 1-5 and Figures 1-5).

Table 1

*C-Scale Pre-Assessment Item 1: I am certain that my performance as a clinical nurse educator is correct*

Outcome	Frequency
Not at all certain	0
Certain for only a few risk aspects	2
Fairly certain for a good number of aspects	6
Certain for almost all aspects	2
Absolutely certain for all aspects	2



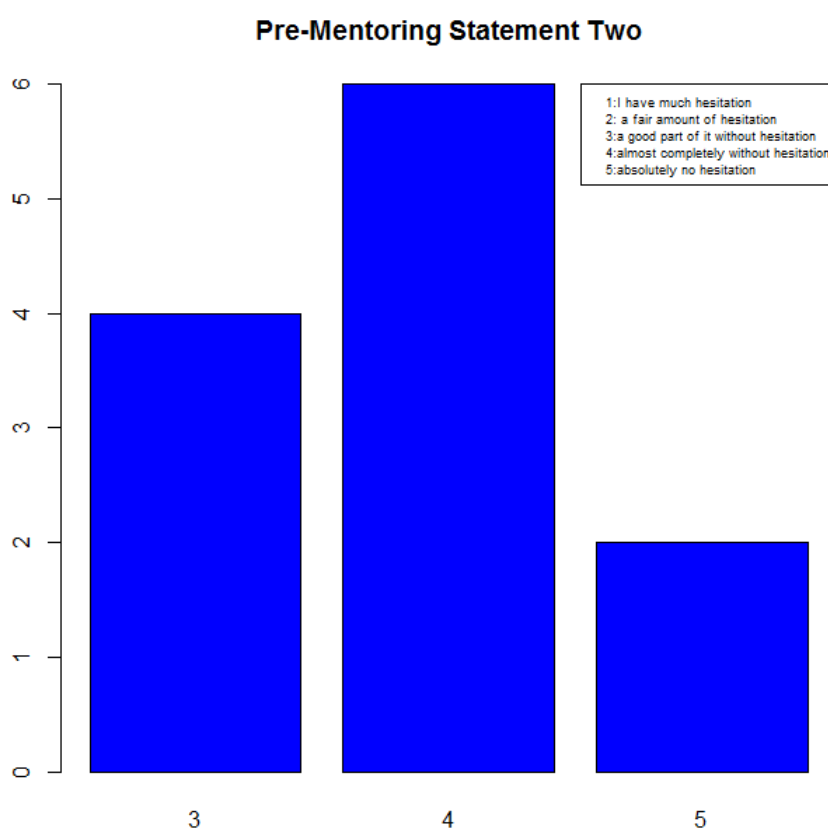
Graph 1: I am certain that my performance as a clinical nurse educator is correct

*Figure 1. C-Scale Pre-Assessment Item 1*

Table 2

*C-Scale Pre-Assessment Item 2: I feel that I perform my role as a clinical educator without hesitation.*

Outcome	Frequency
I have much hesitation	0
A fair amount of hesitation	0
A good part of it without hesitation	4
Almost completely without hesitation	6
Absolutely no hesitation	2



Graph 2: I feel that I perform my role as a clinical educator without hesitation

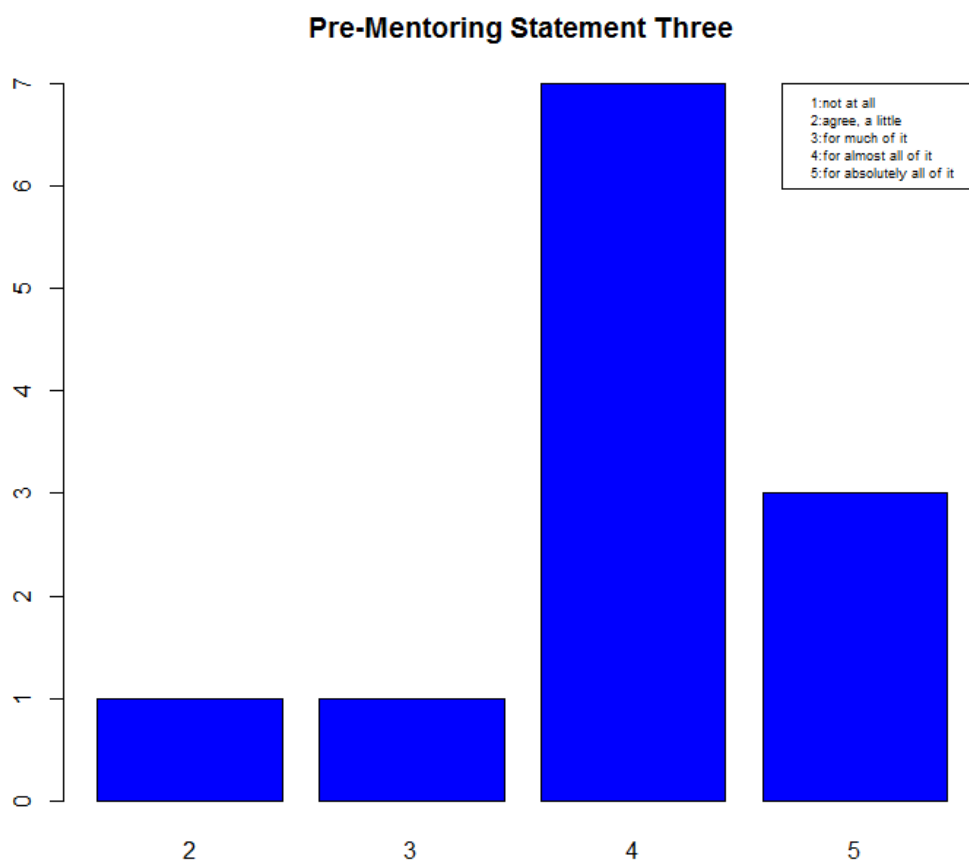
Figure 2. C-Scale Pre-Assessment Item 2



Table 3

*C-Scale Pre-Assessment Item 3: My performance would convince an observer that I'm competent as a clinical nurse educator.*

Outcome	Frequency
not at all	0
agree, a little	1
for much of it	1
for almost all of it	7
for absolutely all of it	3



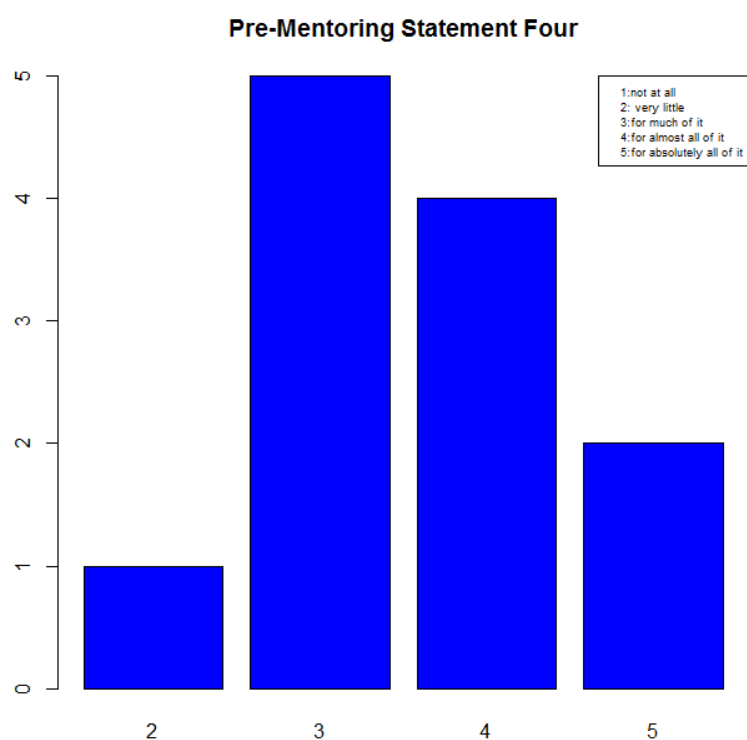
Graph 3: My performance would convince an observer that I'm competent as a clinical nurse educator

Figure 3. C-Scale Pre-Assessment Item 3

Table 4

*C-Scale Pre-Assessment Item 4: I feel sure of myself as I perform in the role of clinical nurse educator.*

Outcome	Frequency
not at all	0
very little	1
for much of it	5
for almost all of it	4
for absolutely all of it	2



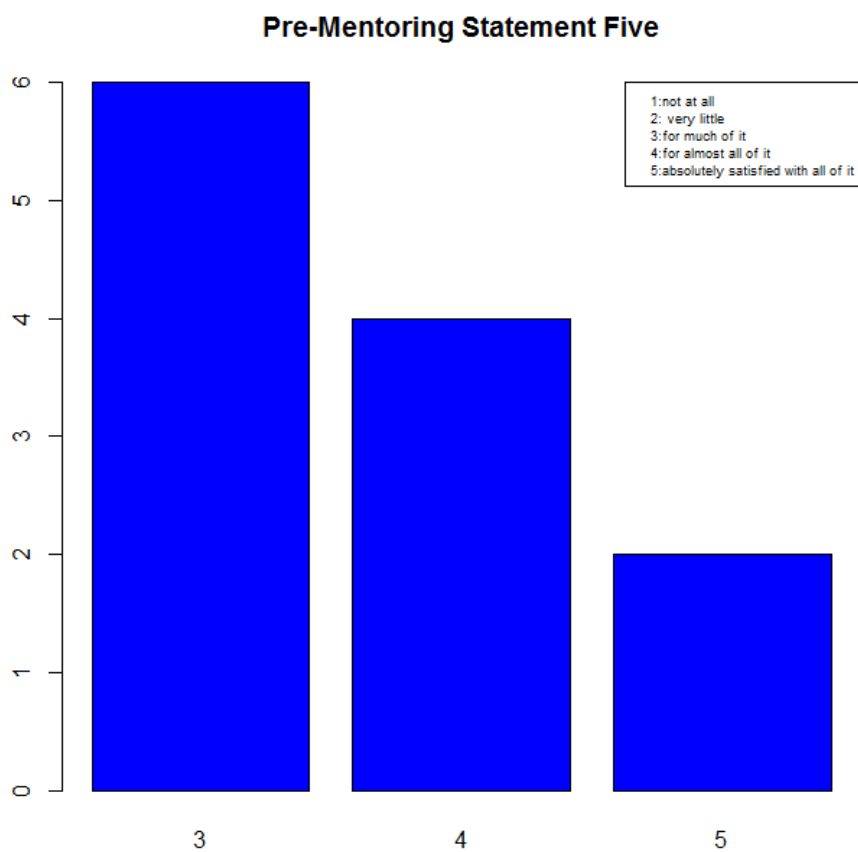
Graph 4: I feel sure of myself as I perform in the role of clinical nurse educator

Figure 4. C-Scale Pre-Assessment Item 4

Table 5

*C-Scale Pre-Assessment Item 5: I feel satisfied with my performance as a clinical nurse educator.*

Outcome	Frequency
not at all	0
very little	0
for much of it	6
for almost all of it	4
absolutely satisfied with all of it	2



Graph 5: I feel satisfied with my performance as a clinical nurse educator

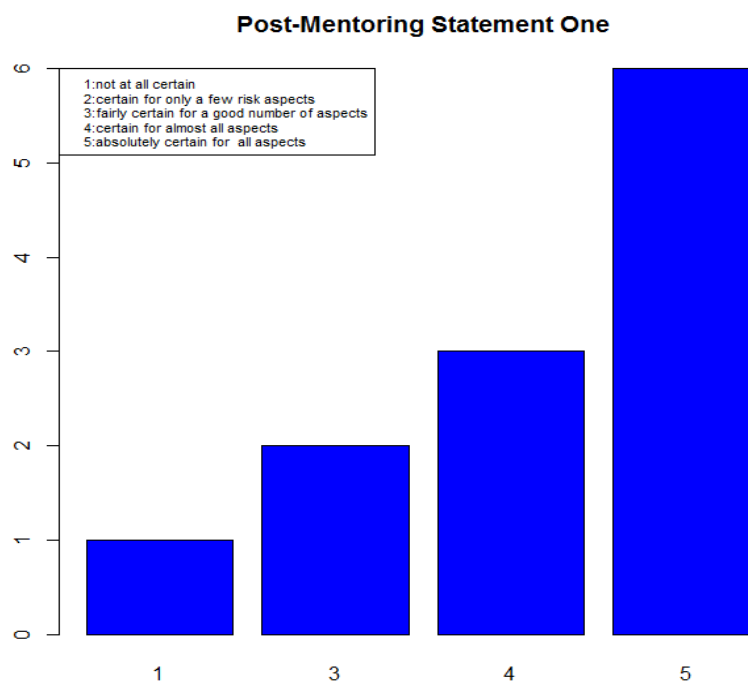
Figure 5. C-Scale Pre-Assessment Item 5

Data for the C-Scale post-assessment was summarized using bar charts and frequency tables. The C-Scale post-assessment bar charts and frequency tables follow. (Tables 6-10 and Figures 6-10).

Table 6

*C-Scale Post-Assessment Item 1: I am certain that my performance as a clinical nurse educator is correct.*

Outcome	Frequency
Not at all certain	1
Certain for only a few aspects	0
Fairly certain for a good number of aspects	2
Certain for almost all aspects	3
Absolutely certain for all aspects	6



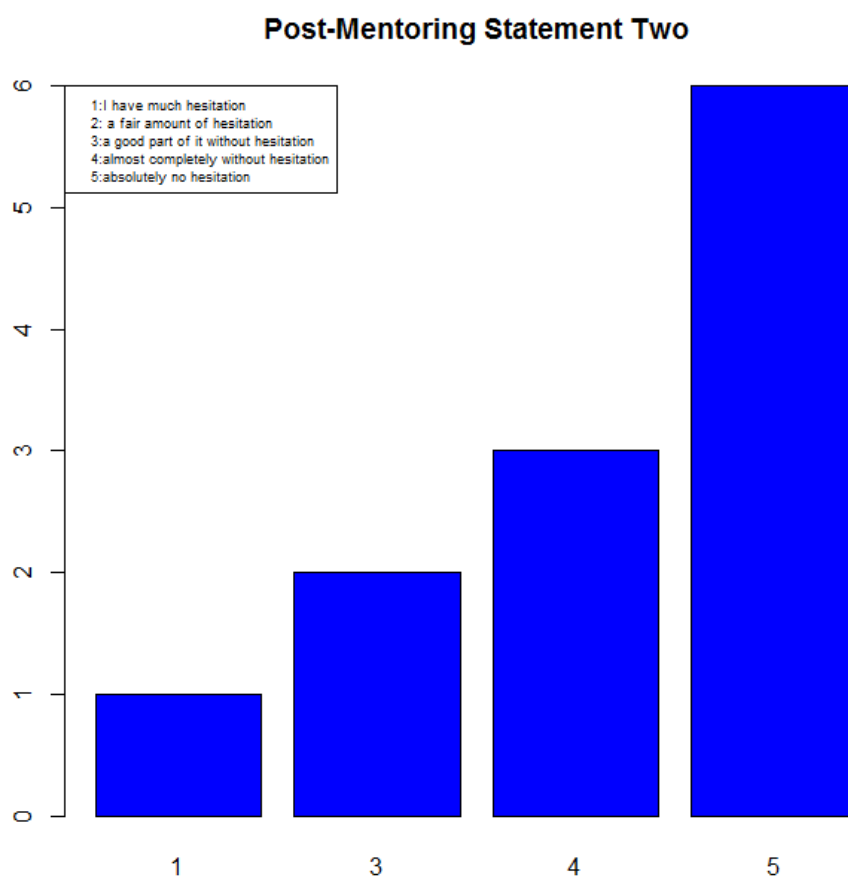
Graph 6: I am certain that my performance as a clinical nurse educator is correct

Figure 6. C-Scale Post-Assessment Item 1

Table 7

*C-Scale Post-Assessment Item 2: I feel that I perform my role as a clinical educator without hesitation.*

Outcome	Frequency
I have much hesitation	1
A fair amount of hesitation	0
A good part of it without hesitation	2
Almost completely without hesitation	3
Absolutely no hesitation	6



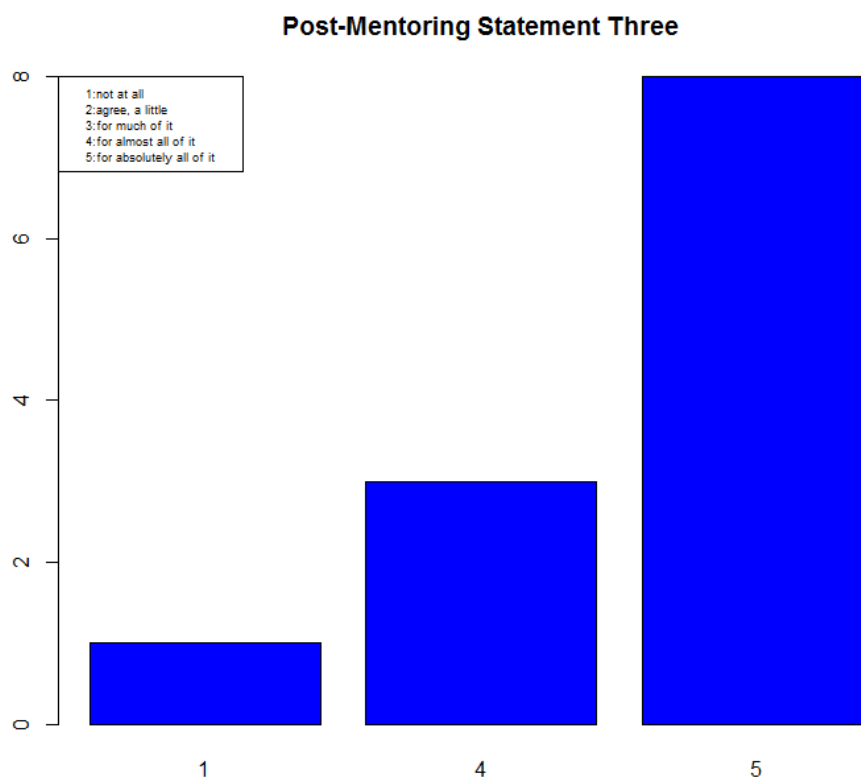
Graph 7: I feel that I perform my role as a clinical educator without hesitation

Figure 7. C-Scale Post-Assessment Item 2

Table 8

*C-Scale Post-Assessment Item 3: My performance would convince an observer that I'm competent as a clinical nurse educator.*

Outcome	Frequency
not at all	1
agree, a little	0
for much of it	0
for almost all of it	3
for absolutely all of it	8



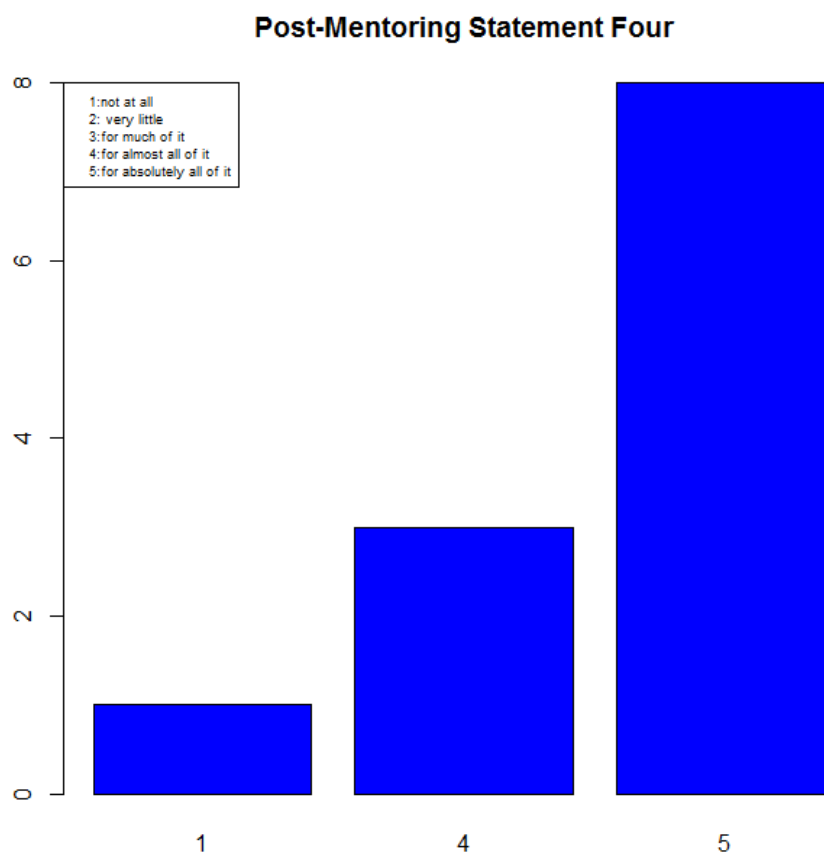
Graph 8: My performance would convince an observer that I'm competent as a clinical nurse educator

Figure 8. C-Scale Post-Assessment Item 3

Table 9

*C-Scale Post-Assessment Item 4: I feel sure of myself as I perform in the role of clinical nurse educator*

Outcome	Frequency
not at all	1
very little	0
for much of it	0
for almost all of it	3
for absolutely all of it	8



Graph 9: I feel sure of myself as I perform in the role of clinical nurse educator

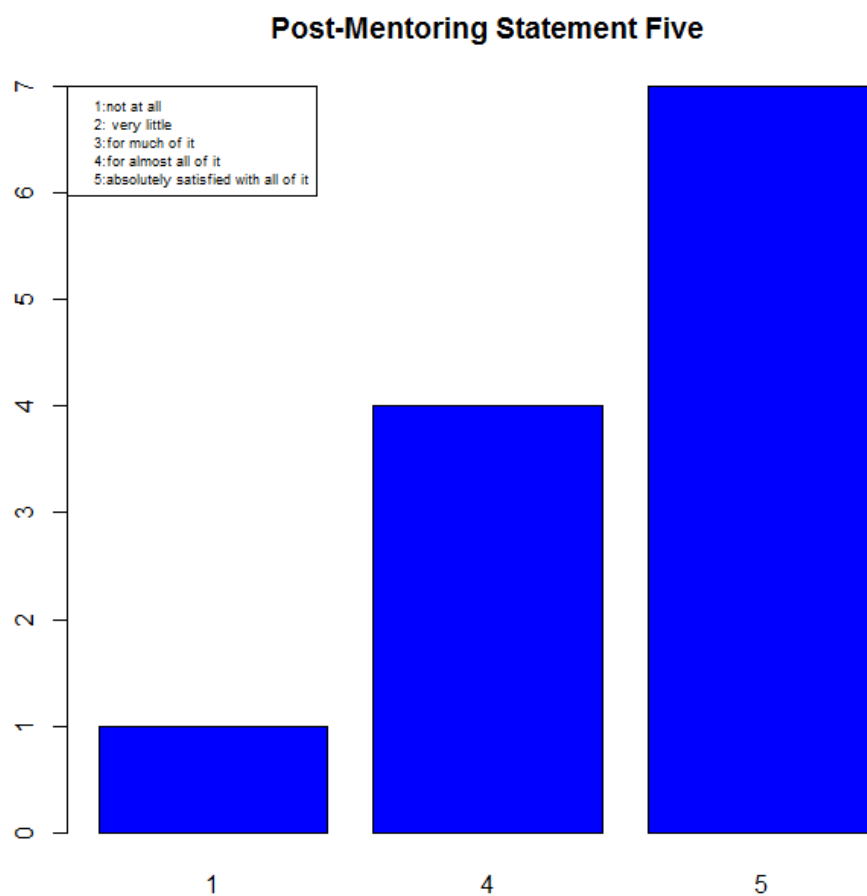
Figure 9. C-Scale Post-Assessment Item 4

Table 10

*C-Scale Post-Assessment Item 5: I feel satisfied with my performance as a clinical nurse*

*Educator.*

Outcome	Frequency
not at all	1
very little	0
for much of it	0
for almost all of it	4
Absolutely satisfied with all of it	7



Graph 10: I feel satisfied with my performance as a clinical nurse educator

Figure 10. C-Scale Post-Assessment Item 5



Table 11 compares the mean scores for each C-Scale item before and after participation in the mentorship program.

Table 11

*Mean Scores by C-Scale Item Before and After Mentorship Program Participation*

C-Scale Item	Before Program Mean	After Program Mean
Item 1	3.33	4.08
Item 2	3.83	4.08
Item 3	4.00	4.42
Item 4	3.58	4.42
Item 5	3.67	4.33

Note. All of the means for each item increased for the time of the pre-assessment to the post assessment. One participant did answer all of the C-Scale items with a score of one on the post assessment. It is not known whether this was an error or if the participant did feel less confident at the time of the post assessment.

The Wilcoxon signed ranks test was used to determine if there was a significant difference in C-Scale item scores before and after participation in the mentorship program. Table 12 summarizes the data analysis.

Table 12

*Wilcoxon Signed Ranks Test*

C-Scale statement	Wilcoxon statistic	Approximate p-value
I am certain that my performance as a clinical nurse educator is correct	42	0.07383
I feel that I perform my role as a clinical nurse educator without hesitation	30	0.1984
My performance would convince an observer that I'm competent as a clinical nurse educator	28	0.08599
I feel sure of myself as I perform in the role of clinical nurse educator	45	0.03857
I feel satisfied with my performance as a clinical nurse educator	51.5	0.05079

For C-Scale items one, two, and three, it was determined that the increase in scores was not significant at the .05 level of significance. There was insufficient evidence to conclude that the average clinical nursing faculty confidence after the mentorship program was greater than the average clinical nursing faculty confidence before the mentorship program.

For C-Scale items four and five, it was determined that the increase in scores was significant at the .05 level of significance. There was sufficient evidence to support an increase in confidence level in performance and satisfaction post-implementation.

### Evaluation of the Mentorship Program Descriptive Statistics

The evaluation of the mentorship program is summarized in Table 13.

Table 13

*Responses to Evaluation of Mentorship Program Survey*

Item	SD	D	SLD	SLA	A	SA	NA
1. My mentor was accessible.	0	0	0	0	6	6	0
2. The mentorship project provided an opportunity to identify the significance of the clinical educator's role in professional role modeling.	0	0	0	0	4	8	0
3. The mentorship project provided an opportunity to identify strategies related to connecting theory to clinical learning.	0	0	0	0	4	8	0
4. The mentorship project provided an opportunity to examine working with students at risk.	0	0	0	0	4	8	0
5. The mentorship project provided strategies for encouraging students to communicate professionally in the clinical setting.	0	0	0	0	4	7	1

Note. SD=Strongly Disagree; D=Disagree; SLD=Slightly Disagree; SLA=Slightly Agree; A=Agree; SA=Strongly Agree; NA=Not Applicable

### Qualitative Data

Perhaps most revealing were the comments provided by eight of the twelve participants. The comments included the following:

- I had no idea how hard the role would be and how to manage the responsibility. Having someone to mentor me when I first started my job would have been extremely helpful. At one point, I contemplated giving up and going back to my role as a clinical nurse. I stayed true to my dream and persisted on. I do not have any regrets about my decision. I am more aware of my responsibility now to mentor novice nurse educators and the importance of doing so
- This should be a required orientation for any clinical educator
- Mentor did what she said she would do; met and talked with me and was excellent at posting information
- Solidified that we are facing similar obstacles as clinical educators
- Excellent information and would like to see video conferencing in the future
- Detailed and organized information; Strategies are helpful and realistic; Thank you for this project
- In my first job as a clinical adjunct faculty, I thought my role was to be available to the students if they had questions; I was not sure what I was supposed to do in this role and was given very little direction from the nursing faculty in my early career. I basically sat in the conference room in the clinical area and told the students to let me know if they had any questions. A mentorship project is needed to guide and provide direction for this role.

- A mentor program such as this along with a mentor who could also come on site with me for a period of time would greatly lessen my anxiety until I gained experience in this role. It is not easy.

### **Limitations and Recommendations**

Limitations of the project included the small sample size of clinical faculty who participated in the mentorship program. An additional limitation that could have affected the results were variations in how long some of the participants had been practicing as clinical educators.

Recommendations for implementation of this program in the future include requiring the clinical educator to take a clinical educator orientation course at the time of hire. Ideally, the course would be offered over a period of one semester. The mentor should be an experienced nurse educator with qualities of a transformative mentor. This orientation course could be delivered in a hybrid format during this time period and include the following components:

- Power points delivered on-line weekly, addressing challenges for clinical educators. Discussion board forum participation weekly in which the participants are required to offer evidence-based strategies as solutions to these challenges and their approach in the clinical setting. Video conferencing in which the mentor facilitates and clarifies further questions regarding the transition from clinician to clinical educator could be held periodically throughout the semester.
- Require face-to-face simulation lab time every two weeks for two hours in which the experienced mentor facilitates the learning experience. A variety of

activities such as think-pair-share as well as the use of simulated lab scenarios in which the participants role play a variety of clinical scenarios between student and the educator. A debriefing period following each simulation would provide the opportunity to brainstorm regarding the application of the scenarios.

- The clinical educators should have the opportunity to shadow experienced nurse educators in the classroom setting followed by attending a clinical rotation with the educator that provides a broader perspective on aspects of the clinical educator role.

### **Conclusion**

The review of the literature consistently reveals a positive finding existing nationally in that nurses place value on a mentoring supportive relationship as they transition to the clinical nurse educator role. Nursing faculty who are not confident in navigating the challenges of the clinical nurse educator role impact negatively upon the student's ability to apply safe clinical reasoning skills in the practice area (Laschinger & Junhong, 2016).

The qualitative data from this project revealed the most valuable information related to mentoring as a key intervention that affected satisfaction and competence in this role. It is costly and time consuming to continue to look for new clinical nursing faculty and provide orientation to their role each year. Most importantly, it is detrimental to students when their clinical educator lacks confidence in facilitation of the student's clinical learning. With the growing shortage of nursing faculty, it is important that administration focus attention on the needs of clinical nursing faculty. A mentorship

program can serve to bridge the gap for clinical nurse educators as they enter the academic world of nursing education, facilitating quality clinical experiences for nursing students and job satisfaction for the faculty.

This project is sustainable; the private liberal arts college where it was completed has already stated they plan to continue to use the content of the Power Points for future clinical nurse educators. The project leader has been approached by several nursing directors indicating interest in having this type of mentorship program offered for their clinical faculty. The topics offered in the mentorship program were generic information that is needed by all clinical nurse educators in order to function effectively in their role.

## References

- Abell, C., & Keaster, R. (2012). Change and administrative barriers: Nurse educator's perceptions concerning the use of simulators. *Nursing Education Perspectives*, 33 (6), 395-398.
- Adelman-Mullaly, T., McCarter-Spaulding, D., Mulder, C., & Young, P. (2012). The clinical nurse educator as a leader. *Nurse education in practice*, 13 (1). doi:10.1016/j.nepr.2012.07.006
- Altmiller (2017). Content validation of a quality and safety education for nurses-based clinical evaluation instruments. *Nurse Educator*, 42(1), 23-27. 10.1097/NNE.0000000000000307
- American Association of Colleges of Nursing. (2015). Fact sheet: Enhancing diversity in the nursing workforce. Retrieved from [www.aacn.nche.edu/media-relations/diversityFS.pdf](http://www.aacn.nche.edu/media-relations/diversityFS.pdf)
- American Association of Colleges of Nursing. (2016). Nursing faculty shortage fact sheet. Retrieved from [www.aacn.nche.edu/leadinginitiatives/research-data/vacancy15.pdf](http://www.aacn.nche.edu/leadinginitiatives/research-data/vacancy15.pdf)
- Babenko-Mould, Y. (2012). Effects of clinical practice environments on clinical teacher and nursing student outcomes. *Journal of Nursing Education*, 51 (4), 217-25. doi: 10.3928/014848334- 20120323-06
- Baker, B. H. (2010). Faculty ratings of retention strategies for minority nursing students. *Nursing Education Perspectives*, 31 (4), 216-220. Retrieved from: <http://www.ncbi.nlm.nih.gov>



- Bark, L. (2011). *The wisdom of the whole ...coaching for joy, health, and success*. San Francisco, CA. Create Space Press.
- Beck, D. (2015). Incivility and student and faculty relationships: Implications for revising mentorship programs for nurse educators. *SOJ Nursing Health Care, 1*(1), 1-11.  
Retrieved from: <http://scholar.google.com>
- Benner, P., Sutphen, M., Leonard, V., & Day, L. (2010). *Educating nurses: A call for radical Transformation*. New York City, NY: John Wiley & Sons.
- Bohlender, D. (2014). *Nurse faculty mentoring: job satisfaction and mentoring of nurse educators in a baccalaureate nursing program* (Doctoral dissertation). Retrieved from ProQuest Dissertations Publishing (3644265).
- Brady, M. (2010). Healthy nursing academic work environments. *The Online Journal of Issues In Nursing, 15*(1). doi: 10.3912/OJIN.Vol15No01Man06
- Butts, J. B., & Rich, K. L. (2015). *Philosophies and theories for advanced nursing practice* (2<sup>nd</sup> ed). Burlington, MA: Jones & Bartlett.
- Cangelosi, P. (2014). Novice nurse faculty: In search of a mentor. *Nursing Education Perspectives, 35* (5), 327-329. doi: 10.5480/13-1224
- Charneia, E. (2007). Nursing students' perceptions of role modeling as it relates to learning in the clinical environment. (Doctoral dissertation). Retrieved from ProQuest Dissertations Publishing (3250069).
- 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. <https://doi.org/10.3928/01484834-20120509-03>

- Clark, A., & Thompson, D. (2013). Successful failure: good for the self and science. *Journal of Nursing*, 69 (10), 2145-2147. doi:10.10111/jan.12125
- Cleland, J., Knight, L.V., Rees, C.E., Tracey, S., & Bond, C.M. (2008). Is it me or is it them? Factors that influence the passing of underperforming students. *Medical Education*, 42 (8), 800-809. doi:10.1111/j.1365-2923.2008.03113.x
- Cunze, M., (July, 2016). The professional nurse as role model in the clinical learning environment. *Life Healthcare*. Sigma Theta Tau International 27<sup>th</sup> Nursing Research Congress
- Derby-Davis, M. J. (2014). Predictors of nursing faculty's job satisfaction and intent to stay in academe. *Journal of Professional Nursing*, 30 (1), 19-25. doi:10.1016/j.profnurs.2013.04.001
- Dewald, R. (2012). Teaching strategies that promote a culturally sensitive nursing education *Nursing Education Perspectives*, 33(6). Retrieved from <http://www.journals.lww.com>
- Flanigan, K. (2016). *Nurses' perceptions of supports and barriers in transitioning to the nurse faculty role* (Doctoral dissertation). Retrieved from ProQuest Dissertations Publishing (10158728)
- Gaberson, K., & Oermann, M. (2010) *Clinical Teaching Strategies in Nursing*. New York City, NY: Springer Publishing Company.
- Grundy, S. (1993).The confidence scale and psychometric development characteristics. *Nurse Educator*, 18 (1). Retrieved [http://journals.lww.com/nurseeducatoronline/Abstract/1993/01000/The\\_Confidence\\_Scale\\_Development\\_and\\_Psychometric.4.aspx](http://journals.lww.com/nurseeducatoronline/Abstract/1993/01000/The_Confidence_Scale_Development_and_Psychometric.4.aspx)

- Halstead, J. (September, 2012). Transforming nursing education to meet emerging health care needs. Robert Wood Johnson Foundation.
- Henshaw, C. M. (2008) Faculty-Student boundaries in associate degree nursing programs. *Journal of Nursing Education*, 47(9), 409-16. Retrieved from <https://www.ncbi.nlm.nih.gov>
- Hertz, J. (2015). *Modeling and role-modeling theory: An introduction*. Retrieved from [www.mrmnursingtheory.org](http://www.mrmnursingtheory.org)
- Holmes, S. (2006). *Student and faculty perceptions of clinical teaching effectiveness of full-time and part-time baccalaureate degree clinical nursing faculty*. (Doctoral dissertation). Retrieved from <http://search.proquest.com.ezproxy.gardner-webb.edu/docview/305361407/abstract/A78F115>
- Hollywood, K., Blaess, D., Santin, C., & Bloom, L. (2016). Holistic mentoring and coaching to sustain organization change and innovation. *Creighton Journal of Interdisciplinary Leadership*, 2 (1), 42-46. doi: <http://dx.doi.org/10.17062/cjil.v2i1.34>
- Institute of Medicine. (2011). The future of nursing: focus on education. *The National Academies of Science and Medicine: Science, Engineering, and Medicine*. Retrieved from [www.national Academies.org](http://www.national Academies.org)
- Jackson, A. (2016). *Nurse faculty job satisfaction: development and evaluation of the nurse educator satisfaction index*. (Doctoral dissertation). Kennesaw State University. Retrieved from [http://digitalcommons.kennesaw.edu/dns\\_etd](http://digitalcommons.kennesaw.edu/dns_etd)

- Jacobson, S. L. & Sherrod, D. R. (2012). Transformational mentorship models for nurse educators. *Nursing Science Quarterly*, 25 (3), 279-84. doi: 10.1177/089431841244756
- Jeffers, S., & Mariani, B. (2017). The effect of a formal mentoring program on career satisfaction and intent to stay in the faculty role for novice nurse faculty. *Nursing Education*
- Jeffries, P. R. (2007). *Simulation in nursing education: From conceptualization to evaluation*. New York: National League of Nursing. *Perspectives* 38, 18-21. doi: 10.1097/01.NEP0000000000000104
- Laschinger, H., & Junhong, Z. (2016). New nurses' perceptions of professional practice behaviors, quality of care, job satisfaction and career retention. *Journal of Nursing Management*, 24(5). doi: 10.1111/jonm.12370
- Laschinger, H., & Leiter, M. (2006). The impact of nursing work environments on patient Safety outcomes. *Journal of Nursing Administration*, 36(5). Retrieved from <https://www.ncbi.nlm.nih.gov>
- Lovric, R., Prlic, N., Barac, I., Pluzaric, J., Puseliic, J., & Berecki, I. (2014). Specificities and student's perceptions of nursing clinical faculties' competences. *Journal of Professional Nursing*, 30 (5), 406-417. doi: 10.1016/j.profnurs.2014.03.005
- Luhanga, F., Koren, I., Yonge, O., & Myrick, F. (2014) Strategies for managing unsafe precept nursing students: A nursing faculty perspective. *Journal of Nursing Education and Practice*, 4 (5), 116-125. doi: 10.5430/jnep.v4n5p116

- Mann, C., & Ge Gagne, J.C. (2017). Experience of novice clinical adjunct faculty: a qualitative study. *Journal of Continuing Education (48)* 4, 167-174. doi: 10:3928/00220124-20170321-07
- Marshall, E., & Broome, M. (2017). *Transformational leadership in nursing: From expert clinician to influential leader* (2<sup>nd</sup> ed.). New York, NY: Springer
- McGregor, A. (2005). Enacting connectedness in nursing education: moving from pockets to rhetoric to reality. *Nursing Education Perspectives*, 26 (2), 90-5. Retrieved from <http://www.freepatentsonline.com/article/Nursing-Education-Perspectives/131607706.html>
- McGregor, A. (2007). Academic success, clinical failure: Struggling practices of a failing student. *Journal of Nursing Education* 46(11), 504-511. Retrieved from <https://www.healio.com/journals/jne/2007-11-46-11/{143bf027-4a65-4>
- McPherson, S. (2016) Understanding *the preparation and support needed for undergraduate clinical faculty*. University of Nevada, ProQuest dissertation publishing 2016: 10147386
- National League for Nursing. Debriefing across the curriculum. (2015). NLN Vision Series. Washington, DC. Retrieved from [http://www.nln.org/docs/default-source/about/nln-vision-series-\(position-statements\)nln-vision-debriefing-across-the-curriculum.pdf?sfvrsn=0](http://www.nln.org/docs/default-source/about/nln-vision-series-(position-statements)nln-vision-debriefing-across-the-curriculum.pdf?sfvrsn=0)

- Nouri, J., Ebadi, A., Fatemeh, A., & Rejah, N. (2014). Experiences of role model instructors and nursing students about facilitator factors of role-modeling process: A qualitative research *Iranian Journal of Nursing and Midwifery Research*, 19 (3). 248-254. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4061624>
- North Carolina Board of Nursing. (2009). *Just culture student practice event evaluation tool (SPEET)*. Retrieved from [www.ncbon.org](http://www.ncbon.org)
- Oermann, M. (1998). Role strain of clinical nursing faculty. *Journal of Professional Nursing*, 14(6), 329-334. Retrieved from <https://www.ncbi.nlm.nih.gov>
- Orton, V. (2007). *Nurses as clinical teachers: Variables affecting teaching comfort and self-efficacy*. (Doctoral dissertation). University of Southern California, ProQuest Dissertations Publishing 20073261793
- Penn, B., Wilson, L., & Rosseter, R. (2008). Transitioning from Nursing Practice to a Teaching Role. *Online Journal of Issues in Nursing*, 13 (3). doi:10.3912/OJIN.Vol13No03Man03
- Reid, T., Hindere, K., Jarosinski, J., Mister, B., & Seldomridge, L. (2013). Expert clinician to clinical teacher: developing a faculty academy and mentoring initiative. *Nurse Education in Practice*, 13(4), 288-93. doi: <http://dx.doi.org/10.116/i.nepr.2013.03,022>
- Sitzman, K. (2007). Teaching-learning professional caring based on Jean Watson's Theory of Human Caring. *International Journal for Human Caring*, 11(4), 8-15. Retrieved from <https://scholar.google.com/citations?user=JiPK1D8AAAAJ&hl=en>

- Steward, I. (2016). The importance of professional education preparation for nursing faculty. Retrieved from <https://search.proquest.com>
- Tanner, C. (2006). Thinking like a nurse: A research-based model of clinical judgment. *Journal of Nursing Education, 45*(6), 204-211. Retrieved from <https://www.ncbi.nlm.nih.gov>
- Tedesco-Schneck, M. (2013). Active learning as a path to critical thinking: are competencies a roadblock? *Nurse Education in Practice, 13* (1), 58-60. doi: 1.1016/j.nepr.2012.07.007
- Twigg, D., & McCullough, K. (2014). Nurse retention: A review of strategies to create and enhance positive practice environments in clinical settings. *International Journal of Nursing Studies, 51*(1), 85-92. <https://doi.org/10.1016/j.ijnurstu.2013.05.015>
- Wagner, A. L. (2010). *Core concepts of Jean Watson's theory of human caring/caring science*. In Watson Caring Science Institute. Retrieved from [https://www.bing.com/search?q=Wagner+in+2010+on+core+concepts+of+Jean+Watson'+theory+of+human+caring%2Fcaring+science.+IN+Watson+Caring+Science+Institute&form=IE11TR&src=IE11TR&pc=EUPP\\_HPNTDFJS](https://www.bing.com/search?q=Wagner+in+2010+on+core+concepts+of+Jean+Watson'+theory+of+human+caring%2Fcaring+science.+IN+Watson+Caring+Science+Institute&form=IE11TR&src=IE11TR&pc=EUPP_HPNTDFJS)
- Wagner, L., & Seymour, M. (2007). A model of caring mentorship for nursing. *Journal for Nurses in Staff Development, (23)* 5. Retrieved from <https://www.ncbi.nlm.nih.gov>

- Watson, J. (1997). The theory of human caring: retrospective and prospective. *Nursing Science Quarterly*, 10 (1) Retrieved from <https://journals.sagepub.com>
- Watson, J. (2009). Caring science and human caring theory: transforming personal and professional practices of nursing and healthcare. *Journal of Health & Human Services Administration*, 31(4), 466-482. Retrieved from [https://www.researchgate.net/publication/24348751\\_Caring\\_science\\_and\\_human\\_caring\\_theory\\_Transforming\\_personal\\_and\\_](https://www.researchgate.net/publication/24348751_Caring_science_and_human_caring_theory_Transforming_personal_and_)
- Wilson, D., McKinney, C., & Rapata-Hanning, M. (2011). Retention of indigenous nursing students in New Zealand: A cross-sectional survey. *Contemporary Nurse: A Journal for the Australian Nursing Profession*, (38) 1-2. doi: 10.5172/conu.2011.38.1-2.59 9
- World Health Organization (2016). Nurse Educator Core Competencies. Retrieved from <http://www.who.int>
- Zaccagnini, M.E., & White, K.W. (2017). *The doctor of nursing practice essentials: A New Model for Advanced Practice Nursing* (3<sup>rd</sup> ed). pp 475-484. Burlington, MA: Jones and Bartlett Learning.