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Research Article

Enhancing the Teaching Experiences of Adjunct Nursing Faculty in an Associate Degree Nursing Program through a Focused Online Mentoring Intervention

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Abstract

Background: The current nursing faculty shortage directly affects the ability to prepare an adequate nurse workforce to meet the future needs of the nation. Colleges and universities are addressing the shortage through increased use of part-time, or adjunct, faculty in the clinical setting.

Problem: Expert nurses experience a predictable transition from their role as clinicians to the academic setting. Traditional nursing education does not include teaching methods, creating a knowledge gap when clinical nurses move into educator roles. Unsupported adjunct faculty frequently encounter difficulty and frustration in transitioning to the academic setting [1].

Approach: This intervention utilized a learning management system, Blackboard, and a group texting application, Groupme, to provide support and mentorship to new adjunct nursing faculty.

Conclusions: Although data derived from this intervention did not support the hypothesis that mentoring would increase job satisfaction, anecdotal information derived provided positive support for continued use of the intervention.

Keywords: Adjunct faculty; Clinical faculty; E-Mentoring; Mentoring; Online Mentoring; Online Support

Identification of the Problem

The current nursing faculty shortage directly affects the preparation of an adequate nurse workforce, and thereby the health of the nation [2]. One approach employed by colleges and universities to address the nursing faculty shortage is the increased use of part-time, or adjunct, faculty in the clinical setting. Adjunct faculty members are typically part-time employees hired on semester-by-semester contracts [3] and many are concurrently employed in clinical roles [4]. While adjunct faculty are expert

clinicians, they are frequently novice educators who experience a predictable transition from their role as clinicians to the academic setting [5]. Traditional nursing education does not include educational instruction methods or strategies, which creates a challenge when the clinical nurse moves into an educator role. Organizational support for adjunct faculty during this transition is not formally prescribed and varies greatly among nursing programs [6]. It has been shown that unsupported adjunct faculty may encounter difficulty and frustration in transitioning to the academic setting [1]. The need for mentoring and support for this population has been documented in the literature [7], and this project was designed as a specific strategy to fill the gap.

This project was implemented in a community college, Associate Degree Registered Nursing program. The purpose of the project was to increase adjunct nursing faculty job satisfaction through an on-line mentoring platform. The intervention occurred over the first 4 weeks of an academic semester and aimed to provide individual timely mentoring and access to adequate resources. Specific objectives were to reduce individual stress related to role change, provide mentoring support to adjunct faculty, and ensure the availability of resources and guidance needed to facilitate successful transition to the role of educator.

Review of Evidence

The literature demonstrated that colleges and universities are increasingly utilizing adjunct clinical nursing faculty in response to the current faculty shortage. Eighty-three percent of schools surveyed reported hiring more part-time faculty as their top strategy to counter the impact of nurse faculty retirements [8]. A 2015 report by the Pennsylvania Department of Health showed a 25% increase in the use of adjunct faculty in all Registered Nurse-Associate Degree programs between 2012 and 2013, compared to an increase of 4% in all nursing faculty [9]. Despite the increased numbers of adjunct faculty hired, studies showed that job satisfaction and intent to stay were low [10].

Transition and the Need for Mentoring

Although role transition and the need for mentoring of new adjunct nursing faculty have been widely discussed in the literature, the lack of support has been cited as a factor in poor outcomes related to this transition [11]. The most common concerns associated with role transition were poor understanding of role expectations and lack of formal mentorship. A 2010 literature review concluded that a mentor may make the difference between faculty staying or leaving the academic setting [12]. In 2016, the Faculty Forward Engagement Survey analyzed responses from over 11,000 clinical nursing faculty nationwide. This study concluded that mentored faculty members have significantly higher levels of job satisfaction and more confidence in their roles than those who are not mentored [13]. A pilot study by Hubbard in 2010 identified barriers to effective mentoring, which included lack of time and availability, and a lack of a structured mentoring plan. This study concluded that associate degree nursing programs must become leaders in the nurse educator mentoring process in order to continue to graduate the majority of the licensed Registered Nurses in the United States [14].

Two studies reviewed focused on distance mentoring and indicated that distance, or e-mentoring, is a practical option that may be especially beneficial to small and under-resourced nursing programs [15]. Fura & Symanski described a mentoring method that utilized an online learning management system, Blackboard, to provide asynchronous orientation and support. A 2016

collaborative research effort on e-mentoring suggested that the online platform can be effective in providing support and problem solving for new teachers [16].

Conceptual Framework - Meleis' Transition Theory

According to Meleis, role transition involves the need to attain new knowledge, a change in social status and interactions with others that may lead to feelings of instability and uncertainty as one moves from novice to expert in the newly defined role [17]. This description effectively describes the role transition experienced by expert nurse clinicians as they move into new positions as adjunct nursing faculty [18]. The challenge for any nursing program is to provide enough support and guidance to new adjunct faculty as they work through the transition. This support can be provided through the development of strategic interventions that will promote feelings of comfort and self-confidence [19]. The goal of any intervention within transitions theory is to facilitate and guide positive outcomes [20]. Mentors can be effective in clarifying role expectations, providing expertise and advice, modelling appropriate behaviors, and providing needed support and resources throughout the transition [20].

Implementation

Population Sample

This intervention focused on new and junior adjunct nursing faculty in a community college based Associate Degree Registered Nursing program. New faculty were defined as faculty with no previous teaching experience and junior faculty as those with at least 1 semester but less than 3 years of experience. The population included African American, African, Caucasian, Philippine, and Puerto Rican cultures. Faculty ages ranged from 35-70 years, and there were two males. All faculty held a Bachelor of Science degree in nursing, and most a Master of Science degree in nursing. All adjunct faculty were concurrently employed in a clinical setting. A total of 28 adjunct faculty teaching across 4 medical-surgical courses were targeted, each with a clinical group of 6-8 students. Participants had access to the mentoring intervention online, accessible by a computer, laptop, or cellphone device.

The Project

During an on-campus orientation session at the beginning of the semester, all adjunct faculty were asked to complete the Index of Work Satisfaction, although participation was optional (Table 1). A presentation to all adjunct faculty was provided reviewing specific aspects of roles and responsibilities. Each person was given a copy of the job description, Adjunct Faculty Handbook, and templates for forms utilized across the program. An overview of the Clinical Evaluation Tool and instruction on formative and summative evaluation expectations was provided. Instructions were given regarding grading rubrics for written assignments.

Information was provided regarding expectations for clinical pre- and post-conference sessions. Responsibilities of full-time and part-time faculty were reviewed.

Full-time faculty	Part-time faculty
Teaching students in the lecture and lab settings	Teaching students in the clinical setting
Creating course assignments, exams, calendars	Guiding students in clinical assignments
Coordinating all aspects of student learning and dealing with disciplinary issues	Guiding students in development of clinical skills and decision-making
Overall student assessment	Assessing student clinical behaviors and skills
Communicating with part-time faculty	Providing feedback to full-time faculty

Table 1: Faculty Responsibility Comparison.

The Blackboard site for adjuncts was introduced with a demonstration of how to access the site and navigate the system, as well as an introduction to and instructions for downloading the Groupme application.

The intervention centered on use of a designated site on the learning management system, Blackboard and the group texting application called Groupme. The Blackboard site was used for general online discussion and access to resources. Clinical site-specific information, such as contact information, available meeting spaces, and other relevant information was made available on the site. Course specific reference documents such as syllabus, study guide, assessment tools and rubrics, and a course calendar, were posted. The discussion board site was made available for use 24 hours per day. Participants were asked to log in to Blackboard at least once per week, and to post a status or comment in the discussion board. All participants also utilized Groupme to increase opportunities for real-time communication during clinical. Groupme is a free application that be used on any device and provides a private, common space for all members of a group to communicate. The mentor or project director monitored Groupme daily, answered questions, and posted weekly messages on the Blackboard site and through Groupme to keep participants up to date on college events, meetings, and what students were experiencing in the classroom and lab.

Data Collection Tools and Data Analysis

The Index of Work Satisfaction (IWS) was developed by Paula Stamps in 1997 to assess work satisfaction among nurses. The tool demonstrated a well-documented internal consistency and has been widely used since its publication. A meta-analysis

which focused on the reliability and validity of Part B of the IWS, concluded that Part B was valid and reliable in several different settings, including the academic setting [21]. For this project, pre- and post-intervention levels of job satisfaction for adjunct faculty were measured using the Index of Work Satisfaction Part B (Appendix B). Five open-ended questions were included on the post-intervention survey inquiring about factors that may have impaired participation, and about perception of the intervention and suggestions for improvement. Responses to Part B of the IWS survey questions were analyzed by each of the 6 subscales using a paired T-test to test for differences between the intervention and the control groups in pre- and post-intervention responses.

Data Analysis

The participant responses were entered in an excel spreadsheet by specific category, as prescribed by the IWS Scoring Handbook for data analysis. Respondents were randomly assigned identifying numbers, in order to collate and compare the pre- and post-intervention responses. Responses to open-ended questions were collated and reviewed separately. The intervention group was comprised of 13 participants, and the control group 17 participants. Using a paired sample T-test, the mean difference of the each IWS category score was compared pre- and post-intervention. Results between the intervention group and the control group were also compared. Assuming an alpha of 0.05, the hypothesis and null hypothesis are stated below.

H_0 - the intervention will have no effect on job satisfaction

H_1 - the intervention will affect job satisfaction

Results of pre-and post-intervention satisfaction across each of the 6 categories showed a high p value, > 0.5, which indicated support for the null hypothesis. The conclusion derived from the IWS data analysis is that the intervention had no effect on job satisfaction. Individual results for 2 categories are presented in Tables 2, 3.

Autonomy	Intervention	Control
Average Mean Pre	2.92	2.99
Average Mean Post	3.3	2.99
average mean d	0.37	0
sample std d	0.52	0.13
count	13	17
df	12	16
t	0.14	0.04
p	0.56	0.51
Note: results based on satisfaction with ability to control scheduling, input into the program of learning, supervision receive and personal control over the work		

Table 2: Autonomy.

Task Requirements	Intervention	Control
Average Mean Pre	2.32	3.11
Average Mean Post	2.33	2.38
average mean d	0.01	-0.74
sample std d	0.74	0.34
count	13	17
df	12	16
t	0.21	0.09
p	0.58	0.54
Note: Based on satisfaction with types of activates performed, amount of work performed, and amount of paperwork required.		

Table 3: Task Requirements.

In each of the 6 categories, the null hypothesis was not rejected indicating that the intervention did not have significant effect on job satisfaction. Although not testable, it is reasonable to assume that the participating adjunct faculty members were independent of each other.

Anecdotal Response Review

A review of the anecdotal responses to open-ended questions posed on the post-intervention questionnaire provided additional insight. These responses were separated into two specific themes, positive reactions and suggestions for improvement of the intervention. The questions posed are provided here.

- What, if anything, fully prevented you from participating in this intervention?
- How could this mentoring intervention have been more valuable?
- What aspects of the intervention were most helpful?
- What aspects of the intervention were not helpful?
- What additional mentoring would you like to have in the near future?

Positive Reactions

The overall response of all participants who provided answers to the open-ended questions was positive regarding the intervention itself. The Groupme application, which provided real-time response, was cited as very helpful and convenient to use. Participants enjoyed the “Real time platform to ask a question and receive an answer quickly” and indicated that it was “Nice to have full-time faculty checking in” during their clinical time to see how things were going. One participant indicated that the availability of forms on the Blackboard site was a positive feature.

All respondents indicated that they saw value in the continuation and increased use of the intervention across the nursing program.

Suggestions for Improvement

Several suggestions for improving this intervention were made by participants. The first suggestion was to increase the participation of full-time faculty and course coordinators in the use of the Groupme application and Blackboard learning management system. There were only 3 full-time faculties that consistently joined into the postings. Adjunct faculty members whose course coordinators did not participate observed that input specific to their courses would have been helpful. These adjunct faculties did state that they appreciated the postings that pertained to the program in general. All respondents identified the Groupme application as the most helpful part of the intervention. A suggestion for the orientation session was to make it a full day instead of a half day and to provide more one-on-one time between adjunct faculty and course coordinators.

In addition to orientation and ongoing support, opportunities for professional development were provided to adjunct faculty members via the Blackboard site. One adjunct faculty took advantage of a professional development opportunity that was posted on the Blackboard site and gave very positive feedback about the experience. The program will continue to share professional development opportunities on the Blackboard site, and adjuncts will be encouraged to participate.

Groupme

Review of the Groupme messaging that occurred over the course of the intervention revealed several themes that were utilized to develop a “Clinical Faculty Information” handout to be used in future semesters (see Appendix A). The information themes focused mainly on contact information, dress code, and attendance issues. Presenting this information in a single handout will provide a quick reference for new and existing faculty. Team Leaders will fill out the top portion of the handout with adjunct faculty and site-specific information. The handout will be provided at the beginning of semester orientation session and faculty encouraged to take it to the clinical site for use as needed.

Summary

The methods used for collecting information related to the novice and junior adjunct faculty members were successful, although data analysis did not show that job satisfaction was affected by the intervention. The length of time over which the intervention occurred could have affected the outcome. It is the plan of the program to continue this intervention in the future, and to more widely use the Groupme application and Blackboard site for all adjunct faculty members. Greater emphasis will be placed on the importance of full-time faculty involvement in the intervention. The anecdotal information gathered supports the sustainment of

the intervention through the identified feedback and observations of the participants.

Sustainability and Application to Practice

As schools of nursing work to secure increasing numbers of nurse educators, job satisfaction for adjunct nursing faculty widely employed across all nursing schools is vitally important. The literature has shown mentoring to be an important factor in nurse faculty job satisfaction and engagement [13]. Mentoring adjunct nursing faculty will have a direct effect on national health outcomes by reducing the gap in available nurse educators who are needed to prepare the coming generation of nurses.

The ability to sustain this intervention after completion was is an important aspect of the project. This on-line strategy provided a low-cost means for mentoring and supporting new adjunct faculty that is neither complicated nor time intensive. Once the learning management system site was established and the Groupme application set up, there is very little time required to update the information and maintain communications. The outline and structure of the orientation session can also be updated

for use in future semesters. The nursing program would need to designate a faculty member, possibly a Clinical Coordinator, to be responsible for oversight of this intervention. Full collaboration and cooperation of the entire nursing faculty will help to ensure overall success.

Conclusion

The value of mentoring for new nursing faculty has been demonstrated in the literature. This project focused specifically on adjunct clinical faculty as a population largely missed in existing new employee mentoring programs. While a nurse is an expert in the clinical field, there are skills and knowledge required in the academic setting that are not addressed in nursing education programs. As the current nurse faculty shortage continues, it will be increasingly important to provide effective mentorship to ease the transition from the clinical to the academic setting. Participants in this project provided positive feedback and knowledge gained will be used to improve future mentoring efforts. Further research in this area is required to provide evidence of the link between mentoring and improving job satisfaction.

Appendix A and B

Appendix A:

Clinical Faculty Information

Semester: Spring 2019

Name:	Adjunct Clinical Faculty	Section:	LD01
Course:	Fundamentals of Nursing	Clinical Site:	Larkin Chase Rehabilitation Center 111 Apple Way Largo, MD
Team Lead: Contact Number:	Jane Brown, MS, RN 301-546-1111	Clinical Site Contact: Contact Number:	Marie James, RN 301-111-1111
College IT contact number:	301-546-0637	Clinical site IT contact number:	301-111-1212

Important information for all clinical faculty:

1. Students who are more than 15 minutes late arriving at the clinical site will be sent home. Notify the Team Lead on the same day if this occurs.
2. Students who are absent from clinical will receive a make-up assignment from the Team Lead. Notify the Team on the same of any absence.
3. Clinical sessions are scheduled based on a specific number of hours for each course. All clinical days on the calendar are considered full clinical days, including the last day.
4. All students must be in full compliance with the Department of Nursing dress code, found in the Student Manual. Students who are not in compliance will be sent home. Highlights of the dress code are included here, but all faculty are encouraged to review the entire policy in the Student Manual.

- No jewelry may be worn except a wedding ring and a watch with a sweep second hand.
- Hair must be neatly arranged and off the collar, with no decorative attachments.
- Shoes must be clean, white, and all leather; no canvas shoes may be worn.
- Students must have a stethoscope, notebook, penlight, and physical assessment book for use at each clinical session.

Important dates:

- Week of February 18th - all clinical orientations at scheduled times
- Week of March 13th - midterm assignments and formative evaluations due
- March 19 - 24 - Spring Break - college closed
- Week of April 26 - final assignments and summative evaluations due
- Week of May 7 - final exam week

The International Council of Nurses (ICN), the largest in health professional organization in the world, considers the global shortage of nurse’s serious crisis that continues to adversely impact health care for everyone. In addition to a shortage of nurses with at least a baccalaureate degree, there is also a shortage of academically qualified faculty available to teach in schools of nursing. The International Council of Nurses (ICN), the largest international health professional organization in the world, considers the global shortage of nurse’s serious crisis that continues to adversely impact

health care for everyone. In addition to a shortage of nurses with at least a baccalaureate degree, there is also a shortage of academically qualified faculty available to teach in schools of nursing.

Appendix B:

Index of Work Satisfaction

Demographic Information

Your participation in this survey is optional. All responses are anonymous and will be used for informational purposes only.

Your current age: _____

Race: _____

Years since graduating from nursing program: _____

Years of experience teaching nursing: _____

Part B (Attitude Questionnaire)

Your participation in this survey is optional. All responses are anonymous and will be used for informational purposes only.

For each statement below, indicate your level of agreement by circling the number associated with your response. Please choose one response for each statement.

- 1) strongly agree
- 2) agree
- 3) agree more than disagree
- 4) disagree more than agree
- 5) disagree
- 6) strongly disagree

Questions	Strongly Agree	Agree	Agree more than disagree	Disagree more than agree	Disagree	Strongly Disagree
1. My present salary is satisfactory	1	2	3	4	5	6
2. Nursing is not widely recognized as being an important profession.	1	2	3	4	5	6
3. The nursing faculty at my job pitch in and help one another out when things get in a rush	1	2	3	4	5	6
4. There is too much clerical and “Paperwork” required of the nursing faculty at this college	1	2	3	4	5	6

5. Nursing faculty has sufficient control over scheduling their own work hours at this college	1	2	3	4	5	6
6. I feel that I am supervised more closely than is necessary	1	2	3	4	5	6
7. It is my impression that a lot of nursing faculty at this college are dissatisfied with their pay	1	2	3	4	5	6
8. Most people appreciate the importance of nursing care to hospital patients	1	2	3	4	5	6
9. It is hard for new faculty to feel "At home" at my college	1	2	3	4	5	6
10. There is no doubt in my mind that what I do on my job is important	1	2	3	4	5	6
11. There is a great gap between the nursing department administration at this college and the daily problems of the nursing faculty	1	2	3	4	5	6
12. I feel I have sufficient input into the program of learning for each of my students	1	2	3	4	5	6
13. Considering what is expected of nursing faculty at this college, the pay we get is reasonable	1	2	3	4	5	6
14. I think I could do a better job if I did not have so much to do all the time	1	2	3	4	5	6
15. There is a good deal of teamwork and cooperation between various levels of nursing faculty at this college	1	2	3	4	5	6
16. I have too much responsibility and not enough authority	1	2	3	4	5	6
17. There are not enough opportunities for advancement of nursing faculty at this college	1	2	3	4	5	6
18. At this college nursing faculty administrators make all the decisions. I have little direct control over my own work	1	2	3	4	5	6
19. The present rate of increase in pay for nursing faculty at this college is not satisfactory	1	2	3	4	5	6

20. I am satisfied with the types of activities that I do on my job	1	2	3	4	5	6
21. The nursing faculty at this college are not as friendly and outgoing as I would like	1	2	3	4	5	6
22. I have plenty of time and opportunity to discuss student learning problems with other nursing faculty	1	2	3	4	5	6
23. There is ample opportunity for nursing faculty to participate in the administrative decision-making process	1	2	3	4	5	6
24. A great deal of independence is permitted, if not required, of me	1	2	3	4	5	6
25. What I do on my job does not add up to anything really significant	1	2	3	4	5	6
26. There is a lot of “Rank consciousness” at my college: nursing faculty seldom mingle with those with less experience and different types of educational preparation	1	2	3	4	5	6
27. I have sufficient time for direct student interaction	1	2	3	4	5	6
28. I am sometimes frustrated because all my activities seem programmed for me	1	2	3	4	5	6
29. I am sometimes required to do things on my job that are against my better professional nursing judgement	1	2	3	4	5	6
30. From what I hear about nursing faculty at other colleges, we at this college are being paid fairly.	1	2	3	4	5	6
31. Administration decisions at this college interfere too much with student learning	1	2	3	4	5	6
32. It makes me proud to talk to other people about what I do on my job	1	2	3	4	5	6
33. I would deliver better educational support if I had more time with each student	1	2	3	4	5	6
34. If I had the decision to make all over again, I would still go into nursing	1	2	3	4	5	6

35. I have all the voice in planning policies and procedures for this college and my nursing program that I want	1	2	3	4	5	6
36. My particular job really doesn't require much skill or "Know-how"	1	2	3	4	5	6
37. The nurse faculty administrators generally consult with nursing faculty on daily problems and procedures	1	2	3	4	5	6
38. I have the freedom in my work to make important decisions as I see fit, and can count on my supervisors to back me up	1	2	3	4	5	6
39. An upgrading of pay schedules for nursing faculty is needed at this college	1	2	3	4	5	6

Please provide a response to each of the following questions:

- What, if anything, prevented you from participating in this intervention to the fullest extent?
- How could this mentoring intervention have been more valuable?
- What aspects of the intervention were most helpful?
- What aspects of the intervention were not helpful?
- Describe any additional mentoring that would be helpful to you in the near future.

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