MENTORING RELATIONSHIPS AND THE LEVELS OF ROLE CONFLICT AND ROLE AMBIGUITY EXPERIENCED BY NOVICE NURSING FACULTY

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This study explored the effect of mentoring on the levels of role conflict and role ambiguity experienced by novice nursing faculty related to their transitions into academe using a descriptive, comparative design. It also measured the relationship between the quality of mentoring experiences of novice nursing faculty and their levels of role conflict and role ambiguity using a correlational design. P. Benner’s (1984) novice to expert model was utilized as a framework for successful role transition. J. R. Rizzo, R. J. House, and S. I. Lirtzman’s (1970) role conflict and role ambiguity scale was used to measure the levels of role conflict and role ambiguity experienced by novice nursing faculty. Results indicate that participants (n = 224) who were mentored have significantly lower levels of role conflict (M = 3.57) and role ambiguity (M = 3.02) than those who were not mentored (M = 4.62 and M = 3.90, respectively). Also significant, the higher the participants’ reported levels of quality of mentoring experiences were, the lower their levels of role conflict and role ambiguity were. The results of this study indicate that mentoring eases the transition of novice nursing faculty from practice into academe by decreasing the degree of role ambiguity and role conflict that they experience. (Index words: Mentoring; Mentoring relationships; Role; Role transition; Role conflict; Role ambiguity; Role strain; Nursing; Nursing education; Nursing faculty; Junior faculty; Neophyte faculty; Novice faculty; Nursing shortage; Nursing faculty shortage; Retention) J Prof Nurs 29:e25–e31, 2013. © 2013 Elsevier Inc. All rights reserved.

Mentoring in nursing education has been identified as a valuable strategy to facilitate the transition of nurse clinicians into their roles as nurse educators, and therefore as an essential component to acclimating and retaining neophyte nursing faculty in an effort to ameliorate the current nursing and nursing faculty shortages. Mentoring relationships have long been touted as a method to acclimate novices into their roles within organizations. The application of mentoring to help transition nursing faculty into their teaching roles is a logical progression for the utilization of mentoring. This study explored the impact of mentoring relationships on the levels of role conflict and role ambiguity of novice nursing faculty.

Background

The reality of the growing shortage of nurses, and of nursing faculty to prepare new nurses, creates an urgency that demands strategies such as mentoring to transition and retain qualified nurses as nurse educators. The United States is in the midst of a nursing shortage, despite current economic conditions, that is expected to intensify as the aging population and the need for health care grow. The current shortage of practicing nurses is compounded by the shortage of nursing faculty to teach interested students. Strategies such as recruiting nurses from clinical practice to teach in academe have been suggested (Joynt & Kimball, 2008) in an effort to address the current shortage of nursing faculty, and ultimately of nurses. Mentoring of novice nursing faculty has the potential to ease the transition from nurse clinician to nurse educator and to increase retention by offering...
guidance, socialization, and role development to new nursing faculty (Diekelmann, 2004; Dunham-Taylor, Lynn, Moore, McDaniel, & Walker, 2008). The use of mentoring relationships to ease the transition from clinical practice into academe may be a crucial strategy in ameliorating the nursing faculty shortage, and ultimately the nursing shortage.

The clinical experts who are willing to change career focus from clinical practice to academe must become comfortable in their new environments and roles in order for them to be willing to stay in faculty positions and to enter doctoral study to develop their roles as nurse educators. A nurse’s transition into academe from practice can be difficult, especially given the differences in culture between the academic world and the practice world (Schriner, 2007). The expectations, values, skill sets, politics, and even the languages are different. These differences can compound the stress felt by new faculty members during the transition from an expert status in a practice setting to a novice status in academe. The transition of the nursing faculty member can be particularly arduous given the value placed on experience and expertise in the clinical setting and the different focus on scholarship, service, and teaching in the academic world. Even nurses with advanced degrees, such as nurse practitioners, may experience feelings of inadequacy during their transition into academe from clinical practice despite their clinical expertise and experience. Smith and Boyd (2012) identified the need for strategies, such as mentoring, to provide support and role clarification for expert clinicians transitioning into academe as novice educators.

Mentoring as a strategy to transition and retain novice nurse educators can help to address the growing problem of the nursing and nursing faculty shortages. The absence of guidance for the transitioning nurse can lead to failure to retain potential career educators (Dunham-Taylor et al., 2008). Nurses transitioning into academe who do not receive direction and guidance can experience role strain, or more specifically, role conflict and role ambiguity. Increased role conflict and role ambiguity can lead to dissatisfaction (Bedeian & Armenakis, 1981; Johnston, 1988; Kahn, Wolfe, Quinn, & Snoek, 1964; Tumulty, 1990) and eventually, a lack of retention (Tumulty, 1990). It is for these reasons that role strain was utilized to explore the transitions of novice nurse educators into their roles in academe.

Mentoring relationships have the potential to offer guidance, socialization, and role development to new nursing faculty (Diekelmann, 2004). The National League for Nursing (NLN) advocates the use of mentoring as a primary strategy to retain qualified nurse educators (NLN Board of Governors, 2006). Providing direction and support to transitioning nurses could decrease role conflict and role ambiguity, increase satisfaction and retention, and ultimately lead to a decrease in the shortage of both faculty and nurses.

Purpose
Mentoring in nursing education is a teaching–learning process that is mutually beneficial to both the mentor and mentee but is focused on the orientation, socialization, and professional development of mentees (Specht, 2009). Mentees are novices in their roles, and mentors are seasoned, expert educators or administrators. Mentoring, for this study, was the presence of a relationship that introduces novices to their roles as nurse educators, including familiarizing them with the politics and expectations of their institutions and academe in general. The quality of the participants’ mentoring experiences, if present, was defined as the positive or negative experiences related to their mentoring relationships associated with their academic roles.

This study’s purpose was to explore the effects of mentoring encounters on the level of role strain, specifically role conflict and role ambiguity, experienced by novice nursing faculty members transitioning from clinical practice into an academic setting. This was done in an effort to determine if the use of mentoring relationships could be a useful strategy to ease the transition of nurses into academe, potentiating long-term careers in nursing education.

Methods
Data Collection and Sample
The study utilized a nationwide convenience sample of full-time novice nursing faculty members of American Association of Colleges of Nursing (AACN) member schools within their first 5 years of service. The descriptive, comparative design of this study explored the relationships between mentoring, role conflict, and role ambiguity. In addition, the correlational design of this study measured the relationship between the quality of mentoring experiences of novice nursing faculty and their levels of role conflict and role ambiguity. A researcher-developed, on-line survey exploring the participants’ demographic information, mentoring experience, and levels of role conflict and role ambiguity was launched after determining its face validity. Mentoring was defined as the participants’ response of “yes” or “no” to an item on the survey inquiring if participants have experienced mentoring relationships in their academic roles, thus indicating that they have had at least one mentoring experience. The quality of the participants’ mentoring experiences was defined as the participants’ responses to a scale ranging from “+5” to “−5” indicating the participants’ perceived quality of their mentoring experiences from the most positive to the most negative. A rating of +5 indicated the most positive or helpful quality of experience, and a rating of −5 indicated the most negative or harmful quality of experience. The survey also measured the levels of role conflict and role ambiguity by employing Rizzo, House, and Lirtzman’s (1970) role conflict and role ambiguity scale. Before data collection, institutional review board
approval was granted, and informed consent was obtained from each participant. Subjects were full-time novice nursing faculty members in baccalaureate or graduate nursing programs in the United States within their first 5 years of service with no previous full-time academic faculty appointments. The participants were recruited by sending an electronic mail to 497 AACN member-school deans and chairpersons in the spring of 2010. The electronic mail requested that the deans or chairpersons forward the electronic mail, which included an on-line survey link, to their eligible nursing faculty members.

Of the 224 eligible participants who participated in the study, 86% (n = 192) were mentored, with the remaining 14% (n = 32) reporting that they were not mentored. The sample consisted of mostly women who identified themselves as “white” (n = 212). The mean age of the participants who reported their ages was 45.48 years. Sixty-nine percent (n = 146) of the participants reported that they have been employed full-time in an academic setting for less than 3 years. Nearly ninety-five percent of participants (n = 211) were at the “instructor” or “assistant professor” rank. A majority of the participants have been licensed as registered nurses for greater than 20 years and did not practice a profession prior to nursing.

Rizzo et al.’s (1970) role conflict and role ambiguity scale was employed to measure the levels of role conflict and role ambiguity in participants who were mentored and those who were not mentored. On this 7-point Likert-type scale, a score of “1” indicated the least amount of role conflict or role ambiguity, whereas a score of “7” indicated the greatest amount of role conflict or role ambiguity. This scale has consistently demonstrated acceptable reliability scores for both role conflict and role ambiguity (α ≥ .80), as well as construct validity. This study also explored the quality of the participants’ mentoring experiences and its correlation with their levels of role conflict and role ambiguity utilizing a researcher-developed item.

Data Analysis

The data were analyzed utilizing SPSS software (Version 17.0). Descriptive statistics and univariate analyses were conducted. Two analyses of covariance (ANCOVAs) were executed, each with a fixed-effect factor (mentoring experience vs. no mentoring experience) and a continuous-level, log-transformed covariate (age). One ANCOVA included role ambiguity as the dependent variable, and the other ANCOVA included role conflict as the dependent variable. Correlations were conducted to determine the relationship between the reported quality of mentoring experiences of participants and their levels of role conflict and role ambiguity. Additional correlations were conducted to determine the relationship between the participants’ perceived levels of role conflict and role ambiguity, and their levels of role conflict and role ambiguity as measured by Rizzo et al.’s (1970) role conflict and role ambiguity scale. Finally, internal consistency reliabilities of the items on the role conflict and role ambiguity scale were tested.

Results

Unadjusted univariate comparisons related to the independent variable found age to be significantly different between the mentoring and no mentoring groups (P = .047) even with equal variances not assumed. Because the mean age of those who were mentored was significantly lower than the mean age of those who were not mentored, this variable was included in the final analysis as a covariate.

Hypothesis One

The first hypothesis was that novice nursing faculty who experience mentoring relationships demonstrate decreased levels of role conflict compared with those who receive no mentoring. Based on the results of the ANCOVA, there was a significant main effect for the mentoring variable (mentoring experience vs. no mentoring experience) on role conflict, F(1, 222) = 6.47, P = .01, after adjusting for the impact of the level of educational preparedness, the interaction between mentoring status and level of educational preparedness, and the covariate of age. The estimated marginal means (adjusted for the effects of log-transformed age) demonstrated that those who were mentored have lower mean role conflict scores (M = 3.57) than those who were not mentored (M = 4.62). This indicates that those who were mentored had lower levels of role conflict than those who were not mentored as stated in the first hypothesis (Figure 1).

Hypothesis Two

The second hypothesis was that novice nursing faculty who experience mentoring relationships demonstrate

<table>
<thead>
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<th>Mean</th>
<th>Standard Error</th>
<th>95% Confidence Interval</th>
</tr>
</thead>
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<tr>
<td>Mentoring</td>
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<td>.152</td>
</tr>
<tr>
<td>Status</td>
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<td>.380</td>
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*Figure 1. Estimated marginal means for role conflict.*
decreased levels of role ambiguity compared with those who receive no mentoring. Based on the results of the ANCOVA, there was a significant main effect for the mentoring variable (mentoring experience vs. no mentoring experience) on role ambiguity, $F(1, 222) = 5.14, P = .02$, after adjusting for the impact of the level of educational preparedness, the interaction between mentoring status and level of educational preparedness, and the covariate of age. The estimated marginal means (adjusted for the effects of log-transformed age) demonstrated that those who were mentored had lower mean role ambiguity scores ($M = 3.02$) than those who were not mentored ($M = 3.90$). This indicates that those who were mentored had lower levels of role ambiguity than those who were not mentored (Figure 2).

**Hypotheses Three and Four**

The third hypothesis was that the quality of mentoring experience of novice nursing faculty is inversely associated with level of role conflict. The quality variable was negatively correlated with the level of role conflict ($r_s = -.47; P < .001; r^2 = .22$) as measured using the role conflict and role ambiguity scale (Rizzo et al., 1970). Therefore, the higher or more positive the participants' reported levels of quality, the lower their levels of role conflict (Figure 3). The fourth hypothesis was that the quality of mentoring experience of novice nursing faculty

<table>
<thead>
<tr>
<th>Mentoring Status</th>
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<th>Standard Error</th>
<th>Lower Bound</th>
<th>Upper Bound</th>
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**Figure 2.** Estimated marginal means for role ambiguity.

<table>
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<th>Quality of Role Ambiguity</th>
<th>Quality of Role Conflict</th>
</tr>
</thead>
<tbody>
<tr>
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<td>-.535**</td>
</tr>
<tr>
<td>Coefficient</td>
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<tr>
<td>Significance</td>
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<td>.000</td>
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<tr>
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<table>
<thead>
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<th>Role Ambiguity</th>
<th>Quality of Role Ambiguity</th>
<th>Quality of Role Conflict</th>
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<tbody>
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<td>1.000</td>
</tr>
<tr>
<td>Coefficient</td>
<td></td>
<td>.665**</td>
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<table>
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<tr>
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<td>Significance</td>
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<td>.000</td>
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<tr>
<td>N</td>
<td>163</td>
<td>163</td>
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</table>

**Figure 3.** Correlation of quality of mentoring to role conflict and role ambiguity.
is inversely associated with level of role ambiguity. The quality variable was negatively correlated with the level of role ambiguity ($r = -0.54$, $P < 0.001; r^2 = 0.29$) as measured using the role conflict and role ambiguity scale. Therefore, the higher or more positive the participants' reported levels of quality, the lower their levels of role ambiguity (Figure 3).

**Instrument Reliability**

The Pearson correlation between the researcher-developed item included in the on-line survey for validation related to participants' perceived role conflict and the construct of role conflict as measured using the role conflict and role ambiguity scale (Rizzo et al., 1970) was significant ($r = 0.76; P < 0.001$). The participants' perceived role ambiguity as measured using the researcher-developed item was also correlated with the role ambiguity items on Rizzo et al.'s scale ($r = 0.71; P < 0.001$). These results indicate that the scales used to measure the levels of role conflict and role ambiguity in this study were consistent with participants' perceived levels of role conflict and role ambiguity. Testing for internal consistency reliability of the role conflict and role ambiguity scale yielded strong results. Cronbach's alpha, based on the eight standardized items related to role conflict, was 0.88. For the six role ambiguity items, Cronbach's alpha was 0.89.

**Limitations**

There were 428 participants who participated in the study, but there were only 224 usable data sets mostly because of the omission of key data, generating incomplete data sets. The post hoc power analysis yielded 0.377 for role conflict and 0.337 for role ambiguity at $\alpha = 0.05$. However, the significant difference found between the mentoring group and the no mentoring group on levels of role conflict and levels of role ambiguity despite low power is indicative of the strong effect that mentoring has on levels of role conflict and levels of role ambiguity. In addition to the low power associated with the decreased number of eligible participants, there was a large difference in the number of participants in the mentoring group ($n = 192$) versus the no mentoring group ($n = 32$).

Unfortunately, despite the efficiency of the on-line distribution of the study's survey, the response rate could not be determined. This was due to the fact that the survey was distributed to all AACN member-school deans and chairpersons via an electronic mail requesting that they forward it to their nursing faculty members. The dissemination of the survey by each dean or chairperson likely varied widely depending on how many faculty members were available to receive the electronic mail.

**Discussion**

Mentoring is a recommended strategy to provide support to nurses during their transition into their roles as nurse educators (AACC, 2005; Diekelmann, 2004; Dunham-Taylor et al., 2008; McArthur-Rouse, 2008; Stewart & Krueger, 1996). As supported by this study, mentoring cases the transition of novice nursing faculty from practice into academe by decreasing the severity of role ambiguity and role conflict experienced during their acclimation into academe. Given the current issues related to the nursing and nursing faculty shortages, it is important to utilize mentoring in order to retain lifelong nurse educators (NLN Board of Governors, 2006) by facilitating the transition of interested nurse clinicians into their roles as nurse educators (Diekelmann; Dunham-Taylor et al.). The use of mentoring has been suggested to combat the lack of direction, support, structure, and clarity experienced by clinicians transitioning into academe (Diekelmann; McArthur-Rouse). Dunham-Taylor et al. concluded that uncertainty about role expectations may lead to a lack of retention of novice nursing faculty members. Therefore, nurses transitioning into academe who do not receive the direction and guidance that are associated with mentoring could experience increased role strain (role conflict and role ambiguity) resulting in a lack of retention of nursing faculty.

The participants in this study who experienced mentoring relationships during their transition into academe had significantly lower levels of role conflict and role ambiguity compared with those who had not been mentored. Subjects who were mentored had significantly lower levels of role conflict ($M = 3.57$) and role ambiguity ($M = 3.02$) than those who were not mentored ($M = 4.62$ and $M = 3.90$, respectively). In addition, participants who reported the highest quality (or more positive) mentoring experiences demonstrated the lowest levels of role conflict and role ambiguity. Tumulty (1990) found that decreased levels of role conflict and role ambiguity were related to increased retention. The decreased levels of role conflict and role ambiguity that are associated with mentoring relationships in nurses transitioning from clinical practice into academe are likely to lead to continuation in faculty positions. Consequently, mentoring may be associated with an easier transition of novice nursing faculty from practice into academe because of its potential to decrease the severity of role ambiguity and role conflict experienced during their acclimation into academe. Decreases in levels of role conflict and role ambiguity have been linked with increased job satisfaction, which also can improve retention. Retention of new nursing faculty has the potential to ultimately lead to a decrease in the shortage of both nursing faculty and nurses.

The findings of this study were consistent with others that identified mentoring as a strategy to develop the roles of new nurse educators and to ease their transition from clinicians to educators (Dempsey, 2007; Siler & Kleiner, 2001). Mentoring offers socialization that has been found to positively affect the role development of novice nurse educators (Stewart & Krueger, 1996) and has been recommended to address the lack of structure experienced by novice nurse educators related to their new roles (McArthur-Rouse, 2008). Mentoring can
address the lack of socialization experienced by new faculty and provide guidance to navigate the culture of academe (Diekelmann, 2004). Dunham-Taylor et al. (2008) further suggested that the transition from the clinical setting into academe requires socialization into the role of a new nurse educator. Vance (1977) recommended that mentoring should be built into the socialization process in nursing at all levels of the profession. Mentoring is an approach that can offer direction and guidance to new nurse educators as they transition into their new roles (Diekelmann; McArthur-Rouse; Stewart, & Krueger).

Mentoring is a recommended strategy to develop the roles of novice nursing faculty and to retain them in their positions (AACN, 2005; Dempsey, 2007; Diekelmann, 2004; Dunham-Taylor et al., 2008; McArthur-Rouse, 2008; NLN Board of Governors, 2006; Siler & Kleiner, 2001; Stewart & Krueger, 1996). The retention of nursing faculty members is crucial to addressing the current nursing and nursing faculty shortage. Future study is warranted to fully understand the potential impact of mentoring on the transition, role development, and retention of novice nursing faculty.

Implications

The findings of this study have significant implications related to nursing education, practice, and research. Analysis of the data revealed the following major findings:

• Mentoring relationships are associated with decreased levels of role conflict and role ambiguity in novice nurse educators.
• High quality mentoring relationships are associated with low levels of role conflict and role ambiguity.

There are several implications related to these findings, and the findings gleaned from additional analyses. The implications related to nursing education and practice include the following:

• Implementation of the use of mentoring relationships for novice nursing faculty members is needed to ease their transition into academe.
• The cultivation of mentoring relationships that serve to guide new nursing faculty in terms of offering clarity regarding the expectations of their roles, acclimation into their environments, and providing congruity regarding the structure and performance requirements of their roles should be endorsed.
• A focus on fostering quality mentoring relationships for novice nursing faculty should be employed in an effort to decrease the degree of role strain they experience.
• Promotion of new nursing faculty satisfaction with their roles should be encouraged through quality mentoring relationships that decrease role strain and likely result in long-term careers.
• The retention of nursing faculty through the use of mentoring relationships should be maximized because it has the potential to positively impact the nursing shortages.

Recommendations for Future Research

In addition to the implications identified for nursing education and nursing practice, the findings of this study have implications for future research. Mentoring has been suggested as a strategy to develop the roles of new nurse educators and to retain them in their positions (AACN, 2005; Dempsey, 2007; Diekelmann, 2004; Dunham-Taylor et al., 2008; McArthur-Rouse, 2008; NLN Board of Governors, 2006; Siler & Kleiner, 2001; Stewart & Krueger, 1996). This study's results support the literature related to the mentoring of novice nursing faculty and the literature related to the role development and retention of novice nursing faculty. This study provides a much needed link between the mentoring of novice nursing faculty and their role development in terms of empirical results. Although the literature suggests mentoring as a strategy for nursing faculty role development, there was no literature demonstrating the effects of mentoring on the levels of role conflict and role ambiguity experienced by novice nursing faculty as was illustrated by this study.

The findings of this study echo McDonald's (2010) recent review of the literature related to nurses' transitions from clinical practitioners to nursing faculty. She concluded that the culture shock and stress of the transition period can be eased by mentoring relationships. McDonald further posited that successful mentoring relationships positively affect the retention of nurse educators and are absolutely necessary to support novice nursing faculty personally and professionally.

Future research must build upon this study's illustration of the positive impact mentoring has on the role strain experienced by novice nursing faculty. The relationship of mentoring to levels of role conflict and role ambiguity must be fully understood in order to utilize mentoring to its maximum potential to ease the transition of new nurse educators into academe.

Longitudinal studies should be conducted to determine the long-term effects mentoring has on the retention of nursing faculty. These studies should consider the quality of all mentoring relationships experienced by nursing faculty transitioning into their roles.

Conclusion

The results of this study support the use of mentoring as an essential strategy to ease the transition of novice nursing faculty into their new roles as nurse educators by demonstrating that mentoring relationships were associated with decreased levels of role conflict and role ambiguity. Nurses transitioning into academe who do not receive direction and guidance, such as is offered through mentoring, can experience increased levels of role conflict and role ambiguity resulting in a failure to retain potential career educators (Dunham-Taylor et al., 2008). Mentoring has the potential to combat the lack of direction and support for practitioners transitioning
into academe (Dieckmann, 2004) and has been identified as a primary strategy to retain qualified nurse educators (NLN Board of Governors, 2006). Therefore, by providing direction and support to transitioning nurses, mentoring could decrease role conflict and role ambiguity and promote successful transitions of new faculty into their roles as nurse educators, ultimately leading to a decrease in the shortage of both faculty and nurses. An increase in the number of faculty and their retention will allow enrollments to nursing education programs to increase. This crucial strategy has the potential to successfully build sufficient numbers of faculty and ameliorate the current nursing shortage by transitioning, developing, and retaining nursing faculty. In addition, the use of mentoring to successfully transition and retain nursing faculty may result in a continuous ability to educate tomorrow’s nurses and ultimately generate a larger, more effective nursing workforce. Those who have benefited from mentoring are more likely to become mentors to the next generation of nurse educators (Smith & Zsihar, 2007). This suggests that mentoring has the potential to serve not only as a short-term solution to the nursing and nursing faculty shortages but a long-term solution as well.

References


