

Open Research Online

The Open University's repository of research publications and other research outputs

Supporting Student Nurses By The Educational Use of Self: A Hermeneutic Phenomenological Exploration of the Mentor Experience

Thesis

How to cite:

Wilson, Anthea Maria Elisabeth (2012). Supporting Student Nurses By The Educational Use of Self: A Hermeneutic Phenomenological Exploration of the Mentor Experience. PhD thesis The Open University.

For guidance on citations see [FAQs](#).

© 2012 Anthea Wilson

Version: Version of Record

Copyright and Moral Rights for the articles on this site are retained by the individual authors and/or other copyright owners. For more information on Open Research Online's data [policy](#) on reuse of materials please consult the policies page.

oro.open.ac.uk

Supporting student nurses by the educational use of
self: a hermeneutic phenomenological exploration of the
mentor experience

Anthea Maria Elisabeth Wilson PGCE, BSc (Hons), RN

Thesis Submitted for the award of Doctor of Philosophy

Faculty of Health & Social Care, The Open University

Date of submission: March 2012

Abstract

This thesis reports on a study of the lived experience of clinical nurses as mentors of student nurses in the workplace. Pre-registration nurse education, in which students must spend fifty percent of their time in practice, relies on a partnership between universities and health care providers and, crucially, the availability of practice mentors, able to support and assess practice learning.

Within a hermeneutic phenomenological research methodology, twelve nurses described their experiences of mentoring through conversational interviews and event diaries which included 'rich pictures'. The mixed methods provided openings for participants to talk about the harder-to-access elements of experience and generated multiple layers of rich data. Analysis of the data involved the application of different interpretive lenses: existentials in the care structure of Heidegger's (1962) Dasein and the four lifeworld existentials (van Manen, 1997).

For these respondents, the mentoring experience was rewarding, satisfying, frustrating, and even distressing at times. Being a mentor meant existing in worlds of 'high stakes', 'hope for the nursing profession' and 'fragments', governed by resource constraints, contextual demands and concern for others. Educational purposes dominated their being, revealing an essence, interpretively coined as 'the educational use of self', which meant that they were individually and authentically engaged in supporting and assessing learning.

This study promotes greater understanding of mentoring practice and workplace learning, which can inform processes of recruitment, preparation and support of both students and mentors. Key insights are that mentors need support to work with complex and often hidden knowledge, including situations involving their intuitions.

Acknowledgements

I owe a debt of gratitude to my three supervisors Dr Anita Rogers, Professor Jan Draper and Dr Rosalind Searle, whose extensive encouragement, wisdom and expertise helped make this thesis possible.

My family deserve special thanks for their endless patience and support, including my children, who grew up and became adults during the years it has taken me to complete these studies, and my parents, who never stopped believing in my abilities. My husband David has amazed me by his unstinting love and sustenance through this feat of endurance.

I am particularly grateful to the mentors who spent precious time with me talking about their experiences and keeping their event diaries, and their employers who supported the study.

Special thanks also go to my colleagues at The Open University who generously filled in the gaps when I took study leave, or patiently listened to my attempts to make sense of Heidegger, and everyone who supported me in numerous different ways.

Contents

Supporting student nurses by the educational use of self: a hermeneutic phenomenological exploration of the mentors' experience	i
Abstract	ii
Acknowledgements.....	iii
Contents	iv
List of figures	viii
List of tables	x
Glossary	xi
Abbreviations.....	xii
Chapter 1. Introduction: thesis contexts and organisation	1
1.1 Thesis contexts.....	2
1.1.1 Personal context.....	2
1.1.2 Mentoring contexts	3
1.1.3 The research questions and theoretical framework.....	8
1.2 Organisation of the thesis	9
Chapter 2. Mentoring and the knowledge gaps	12
2.1 Mentoring scholarship and the literature search.....	12
2.1.1 The search	12
2.1.2 Mentoring scholarship.....	14
2.2 Contextual and ethical awareness	18
2.2.1 Mentor competence in supporting workplace learning	18
2.2.2 Assessing	21
2.3 How do mentors practise?	23
2.3.1 Managing relationships.....	24
2.3.2 'Transferring knowledge'	27
2.4 What are the personal implications for mentors?	32
2.4.1 Negatives and positives.....	32
2.4.2 How can this study fill the gaps?.....	37

Chapter 3. Preparing to unfold the mentor experience	39
3.1 Framing: the research question and context	40
3.2 Philosophical and conceptual framing.....	42
3.2.1 Phenomenology as philosophy	43
3.2.2 Understanding the lived experience of professional practice	49
3.3 Epistemology and the methodological framework	59
3.3.1 Epoché, reflexivity and open attitude	62
3.3.2 Hermeneutics and interpretation.....	64
3.4 Developing a personal frame of reference	66
Chapter summary	70
Chapter 4. Engaging and dwelling in the hermeneutic circle	71
4.1 Research design and entering the hermeneutic circle.....	71
4.1.1 Entering the hermeneutic circle	73
4.2 Data gathering	79
4.2.1 Sampling, recruitment and engagement of participants	79
4.2.2 The interviews	81
4.2.3 Event diaries.....	89
4.3 Data analysis.....	92
4.3.1 Immersion and understanding	94
4.3.2 Abstraction, synthesis and theme development.....	97
4.3.3 Illumination and illustration of mentoring.....	99
4.3.4 Integration and critique of findings	101
4.4 Ethical and quality implications	103
4.4.1 Ethics	103
4.4.2 Credibility and trustworthiness	104
Chapter summary	105
Introduction to the findings chapters	107
Chapter 5. A world of high stakes.....	109
5.1 Weight of responsibility: being there for students in the milieu of practice.....	113
5.2 Perspective taking: relating to students and HEI colleagues	118

5.3	Personal implications: fearing failure, feeling burdened and vulnerable	122
5.4	Reflection on <i>Befindlichkeit</i> as interpretive lens	130
	Chapter summary	132
Chapter 6.	A world of hope for the nursing profession.....	134
6.1	Being a gatekeeper	137
6.2	Sustaining a professional will	143
6.3	Passing on the special things	150
6.4	Reflection on <i>Verstehen</i> as interpretive lens.....	154
	Chapter summary	156
Chapter 7.	A world of fragments.....	157
7.1	Working with transience.....	160
7.2	Working with time	166
7.3	Brokering practice knowledge.....	170
7.4	Knowing the student	176
7.5	Reflection on <i>Gerede</i> as interpretive lens	183
	Chapter summary	184
Chapter 8.	The educational use of self.....	186
8.1	The mentor and time.....	190
8.1.1	Bringing the past self into mentoring.....	191
8.1.2	Moving with daily/work rhythms	193
8.2	The mentor and space.....	197
8.2.1	Proximity and accountability	197
8.2.2	The inner and outer spaces of patients' bodies.....	200
8.3	The mentor as body.....	203
8.3.1	Using the body for teaching	203
8.4	The mentor in a web of relationships	208
8.4.1	Providing a good educational experience	208
8.4.2	Sustaining their educational selves.....	211
8.5	Discussion of lifeworld and <i>Dasein's</i> world	213
	Chapter summary	215

Chapter 9. The meanings of being a mentor	216
9.1 Meanings and challenges of being a mentor.....	218
9.1.1 What does it mean to be a nurse who mentors students in practice?.....	218
9.1.2 What can Heidegger contribute to our understanding of mentoring?.....	221
9.2 The ‘wheel of implications’ and practice recommendations.....	227
9.2.1 Valuing and supporting mentors	229
9.2.2 Shared understanding between NHS and HEIs	234
9.2.3 Equipping mentors to attend to their intuitions	240
9.2.4 Equipping mentors to teach	243
9.2.5 Wider implications	250
9.3 Reflections on methods and findings, and recommendations for future research	
251	
9.3.1 Extended applications of method.....	252
9.3.2 Topics for further investigation.....	253
9.4 Transformational journeys	257
Conclusion.....	259
References	261
Appendix	287
Appendix A	288
Appendix B	293
Appendix C.....	299
Appendix D.....	302
Appendix E	303
Appendix F	305
Appendix G.....	309

List of figures

Figure 1.1 Mentor responsibilities and stakeholders in the professional nursing context ..	5
Figure 1.2 Thesis chapter structure	9
Figure 2.1 A generic model of mentoring competence, (Lane and Clutterbuck, 2004: 195)	17
Figure 2.2 Mentoring approaches that match student confidence and competence levels (Ralph, 2002).....	29
Figure 2.3 The quality of experience as a function of the relationship between challenge and skill (Hektner et al 2007:143)	35
Figure 3.1 Framework surrounding the research question (Titchen and Ajjawi, 2010: 49)	40
Figure 3.2 Dasein's existentials and Lichtung disclosing the care structure (Blattner, 2004; Dreyfus, 1991; Heidegger, 1962; King, 1964; Polt, 1999).....	54
Figure 4.1 Transformation of mentor lifeworld into phenomenological description drawing on Heidegger's philosophy.....	78
Figure 0.1 Theme structure and broad interpretive frame of the mentor lifeworld.....	108
Figure 5.1 Emma's rich picture following a disturbing event involving a student who accused her of being unprofessional.....	109
Figure 5.2 Cate's rich picture of the weight of responsibility.....	126
Figure 6.1 Romaine's rich picture in which she juxtaposes her contrasting feelings about mentoring two different students	134
Figure 7.1 Shrimpy's rich picture of an event in which she reviewed her student's skill acquisition.....	157
Figure 8.1 Shrimpy's rich picture of an event in which she encouraged her student to grasp practice learning opportunities	186
Figure 8.2 Essence and themes of the mentor lifeworld and the existential lenses used in interpretation.....	188
Figure 9.1 Shrimpy's rich picture of an event in which she collapsed at work.....	216

Figure 9.2 Mentoring placed in the wider theoretical and practical contexts: the ‘wheel of implications’	228
Figure 9.3 Valuing and supporting mentors, and related concepts	230
Figure 9.4 Shared understanding between NHS and HEIs, and related concepts	235
Figure 9.5 Equipping mentors to attend to their intuitions, and related concepts	241
Figure 9.6 Equipping mentors to teach, and related concepts	244
Figure 9.7 Implications for other contexts	250

List of tables

Table 2.1 Personal, functional and relational factors within mentoring (Morton-Cooper and Palmer, 2000: 44)	16
Table 4.1 Summary of the research design.....	73
Table 4.2 Mentor participation and data outputs	81
Table 5.1 Elements at stake in the mentor lifeworld	111
Table 5.2 Existential interpretation of sub-themes in the world of high stakes.....	113
Table 5.3 Weight of responsibility	114
Table 5.4 Perspective taking.....	119
Table 5.5 Personal implications of mentoring.....	123
Table 6.1 Existential interpretation of sub-themes in the world of hope for the profession	137
Table 6.2 Mentors' 'gatekeeper checklist' of desirable and undesirable qualities in student nurses	138
Table 6.3 The professional will in mentors and its manifestations	144
Table 6.4 The special things and how mentors experienced passing them on	150
Table 7.1 Existential interpretation of sub-themes in the world of fragments.....	160
Table 7.2 Transient fragments of experience: features and characteristics.....	161
Table 7.3 Fragments of time: features and how characterised.....	167
Table 7.4 Fragments of practice knowledge: features and appearance	171
Table 9.1 Effective student learning behaviours.....	236

Glossary

Befindlichkeit:	how one finds oneself; affectedness, attunement
Dasein:	existence; being there, being-in-the-world, a human being
Eigentlich:	authentic; being oneself, owning one's existence
Eigentlichkeit:	authenticity
Existence:	being self-interpreting
Facticity:	being 'thrust into the world' in a way that matters to us
Falling:	being lost in the publicness of the 'they'
Gerede:	'idle talk'; 'groundless' talk, in which one assumes understanding, but which glosses over the actual experience
Lichtung:	clearing in a forest, window, source of light
Rede:	talk; discourse; language
Umwelt:	ordinary, everyday world - the practical, meaningful world of purpose
Uneigentlich:	inauthentic; being the they-self, disowning one's existence
Uneigentlichkeit:	inauthenticity
Unzuhanden:	unready-to-hand
Unzuhandenheit:	unreadiness-to-hand
Verstehen:	understanding; seeing something as <i>something</i> or capacity for practical action
Vorhanden:	present-at-hand
Vorhandenheit:	present-at-handedness
Zeug:	a collective noun analogous to 'gear', 'paraphernalia', or 'equipment'.
Zuhanden:	ready-to-hand
Zuhandenheit:	readiness-to-hand

Abbreviations

HCA: Health Care Assistant

HEI: Higher Education Institution

NHS: National Health Service

NMC: Nursing and Midwifery Council

Chapter 1. Introduction: thesis contexts and organisation

This study explores the lived experience of clinical nurses who mentor student nurses in the workplace. It responds to the demands of stakeholders from the nursing profession, higher education institutions (HEIs), employers and the government for improvement in mentoring capacity and quality within pre-registration nurse education (Andrews and Wallis, 1999; Hutchings et al., 2005; Murray and Williamson, 2009). In supporting their students with workplace learning, mentors work with intricate clinical and interpersonal detail and exist in a complex world compounded by the nomadic nature of students and interdependence of the stakeholders. In accessing mentors who are little heard, and yet central participants in nurse education, the thesis aims to 'speak to [...] professional lives' (van Manen, 2007: 13), inviting people to reconsider, reform or transform aspects of their practice.

The exploration takes place within the field of human science, which considers meanings of being human. Although we might be able to *explain* nature, human beings must, rather, be *understood* (van Manen, 1997b). Hence, van Manen (1997b: 183) contends that doing human science involves explicating meaning; in particular, studying 'lived meaning ... the way that a person experiences or understands his or her world as real or meaningful'. To study experience requires us to consider phenomena that may be veiled by our personal and theoretical assumptions (Spiegelberg and Schuhmann, 1982). Therefore, we need to clear a path to the lived world of immediate experience, or lifeworld, via practices supported by the tenets of phenomenology. Consequently, phenomenology offers a methodology whereby investigators can access lifeworlds and explicate meanings therein. Hermeneutic phenomenology, as a branch of phenomenology, privileges interpreting and uncovering the more hidden aspects of human enterprise (Spiegelberg and Schuhmann, 1982). This study, accordingly, employs hermeneutic phenomenology to uncover and interpret the experience of being a mentor.

This hermeneutic phenomenological approach to the investigation facilitates contact with the world of the mentor by attending to the detail of their lived experience. In so doing, it not only invites mentors themselves to re-examine their practice, but it also extends the invitation to the aforementioned stakeholders to reconsider their strategies, both for supporting students in the clinical workplace and for developing their mentoring programmes. Moreover, it can even 'speak' to students, offering them additional insights into learning in the practice environment and their relationships with their mentors.

1.1 Thesis contexts

The first part of this section summarises, in first person, my own context preceding engagement with this exploration of the mentor experience. It then adopts a more formal voice to describe other contexts that are significant in providing a rationale for the study. The section ends with a brief exposition of the research questions and aims.

1.1.1 *Personal context*

The research arises out of my experience of facilitating clinical placement availability and learning opportunities. During 2001 to 2004, I was employed in a locality of the National Health Service (NHS) with a remit to increase the number of student placements, develop a mentor register and support approximately 400 mentors of nursing and a range of allied health professions. The political focus at the time was on increasing student numbers and enhancing the quality of their learning experiences, in order to meet the demand for additional front-line professionals. During this time, I wondered what it was really like to be one of these mentors whom I continually visited, phoned or emailed, requesting a student placement. Some would present a list of reasons why it would be impossible to accept a student, reminding me of the hard work involved in combining clinical and mentoring practice and how it exhausted them. They sometimes told graphic tales of students who had made life difficult, or HEI colleagues who seemed disconnected from their reality. Others would tell me about the pleasing

students, their pride at reforming weak students, and the rewards they gained in mentoring.

All of these encounters with mentors prompted me to seek continually to improve the support for placement learning, but I also engaged on a more personal level. I empathised with those mentors who seemed genuinely unable to cope with additional students, and sometimes I felt guilty when trying to persuade these reluctant mentors. I was aware that successful student recruitment had contributed to exceeding the original government target, which was to achieve a 20,000 increase in nurse numbers between 1999 and 2004 (Department of Health, 2000). By March 2002, however, there was a confirmed national increase of 28,740 nurses, and by 2003 it was estimated to be nearer to 40,000 (The NHS Modernisation Board, 2003). The new nurses entering the workforce posed the double challenge of requiring preceptorship¹, in addition to being unable to act as mentors themselves. I was concerned that the escalation in student recruitment took little account of the practicalities relating to the clinical workplace, or the potential risks of diluting the support and practice experience opportunities that could be provided for students. Despite these pressures, there were some mentors who would always willingly take extra students and this contrast with the more reluctant mentors was a source of intrigue for me. The research reported here sets out to address my resultant passionate interest in what mentoring means to mentors.

1.1.2 Mentoring contexts

The NHS in England employs over 410,000 qualified nurses and midwives (NHSIC, 2011a) and commissions in excess of 20,000 student nurse and midwife places a year (Prime Minister's Commission, 2010). A simple calculation would indicate that approximately 60,000 students are undertaking their pre-registration education at any time, given that the majority are in training for three years. Each of these students is likely to encounter approximately three mentors a year. As mentors are listed on local

¹ A period of enhanced collegial (preceptor) support for newly registered practitioners

registers only, national figures are unavailable, yet in the locality where this research was undertaken more than a third of qualified nurses were mentors. The salary cost of the nursing profession is over £12 billion and pre-registration education costs almost £1 billion (Prime Minister's Commission, 2010). Therefore, the issue of mentoring student nurses and midwives has large-scale implications, not only financial but also the considerable issues of safety and protection of the public in the context of nursing practice.

The mentoring role

Mentoring features in almost every aspect of life (Clutterbuck, 2004). In a general context, the term 'mentor' is commonly understood to denote a trusted adviser and can be traced back to Greek mythology, in which Mentor was the trusted friend of Odysseus (Homer, nd). Odysseus' wife Athena assumed Mentor's form to help and advise their son Telemachus who was embarking on a voyage of exploration. Much as it was for the mythical Telemachus, a mentor facilitates transition in the mentee – towards overcoming a problem, moving forward in their life or career, or learning something. In pre-registration nurse education, mentors occupy a central and mandatory position in the learning experience of student nurses (NMC, 2008). They contribute to shaping the future generation of nurses in four main ways: through modelling their own nursing practice, selecting learning opportunities for students, directly teaching, and assessing. Despite these considerable responsibilities, mentors appear to have a fragile network of support and rely on goodwill from their relationships with team members, managers and with HEI colleagues.

The expectations placed on mentors arise from a number of different sources: the professional body, the pre-registration curriculum, and different individual understandings of what mentoring is. For example, the qualities students seek in a mentor are grounded in nurturing and emotional support (Wilkes, 2006) but the Nursing and Midwifery Council's (NMC) standards of assessment and accountability demand distinctly rigorous mentoring practices. These expectations can give little freedom for mentors to narrate

their own role identity (Finn et al., 2010), and although mentoring can be a route for professional development, it can also be considered a burden (Whitehead and Bailey, 2006). Moreover, Milton (2004: 119) claimed mentoring to be an ‘awe-inspiring responsibility’.

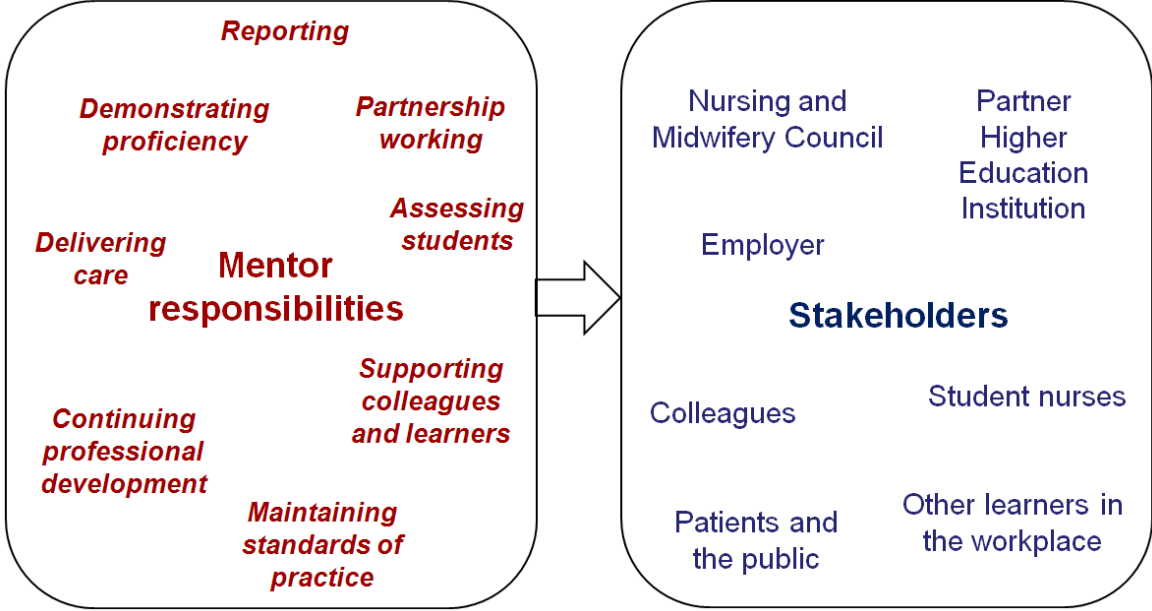


Figure 1.1 Mentor responsibilities and stakeholders in the professional nursing context

Figure 1.1 summarises the main responsibilities that mentors have towards the stakeholders within their professional working context. Their liaisons with the partner HEI and their work with students are additional to their nursing obligations. Mentors induct students into the workplace (for a placement of approximately 1-3 months), help to identify learning needs and opportunities and facilitate access to these, as well as carrying out an assessment of students’ practice against pre-determined competencies (NMC 2008). In validating the practice competence and professional conduct of students, mentors need to understand what constitutes safe, skilled and ethical practice (Quality Assurance Agency, 2001). In order to address concerns about fitness to practise, the NMC’s (2008) framework for learning and assessment in practice consolidates the

additional role of a 'sign-off' mentor, who confirms a candidate's fitness to practise in their final placement.²

Concerns about placement learning

Placement learning is a particular kind of workplace learning in which the students are guests in the workplace, with staged learning outcomes, time limitations and assessments. The literature on placement learning in nurse education repeatedly calls for improvements to support mentors. These include better access to mentor updates and professional development opportunities, dedicated time to spend with students, improved links with the HEIs, and better recognition from employers (Andrews and Wallis, 1999; Hutchings et al., 2005; Murray and Williamson, 2009). Although such needs have spawned many local initiatives, such as practice learning teams (Brooks and Moriarty, 2006), placement support units (Burns and Paterson, 2005) and facilitators (Lambert and Glacken, 2005), nevertheless, mentors report being overwhelmed by the totality of their work and the responsibility of mentoring (Nettleton and Bray, 2008). Moreover, students do not always have good learning experiences (Pearcey and Elliott, 2004) and some who should fail, pass these clinical placements (Duffy, 2003). Concerns about placement learning and the preparation and support for mentors require consideration in the context of mentors, primarily, as nurses.

Mentors as nurses

Facilitating professional learning involves mentors not only in passing on technical skills, but also in socialising students, inducting them into 'feeling rules', and passing on their authentic caring behaviour by performing emotion work characteristic of the nursing role (Bolton, 2000: 583). Nurses are characteristically altruistic and person-orientated, wanting the opportunity to help other people, and enjoying relationship-building with people and their families (De Cooman et al., 2008; Dockery and Barns,

² Data for this study were gathered around the time these roles were being established and the introduction of this role had minimal impact on the experiences of the participants at that time.

2005; Gully, 2005; Sadler, 2003). Thus, nursing can be a very personal, value-driven experience and this study will show that being a nurse is a fundamental and inseparable aspect of being a mentor.

Mentoring in strategic context

By providing mentors and workplace learning opportunities for student nurses, the NHS is investing significantly in the long-term future of its workforce. Over the last decade, however, with the developing performance management culture in the NHS and an emphasis on outcomes and targets (Bevan, 2006; Spicer, 2009), mentoring increasingly competes for priority alongside the pursuit of clinical service targets. Moreover, the demand for mentors appears to exceed those existing nurses who possess the necessary disposition and skills to mentor (Andrews et al., 2010; Hutchings et al., 2005). In this situation, nurses may therefore weigh up the personal costs of mentoring as well as the benefits, although at times of acute need for mentors in their organisation, they might not always have a choice.

In addition, the nursing workforce is ageing. For example, in England the proportion of qualified nurses and midwives aged over 45 has increased from 30% in 1998 to 44% in 2010 (NHSIC, 2009; 2011b), and as nurses retire, the risk of unfilled vacancies increases (Dean, 2009). Moreover, there are also global concerns about the loss of a 'collective wealth of knowledge and wisdom' (Jackson, 2008: 2949) as the proportion of nurses reaching retirement rises. Professional and public concern about standards has lately focused on skills deficit (Borneuf and Haigh, 2010; Long, 2009; UKCC, 1999), which is of critical relevance to the current nursing workforce and its mentors. Furthermore, there are requirements to defend the fundamental tenets of knowledge, accountability and continuing professional development which are the hallmarks of a profession (Barrett, 2002; RCN 2003).

1.1.3 The research questions and theoretical framework

Addressing the urgent and ongoing ‘supply and demand’ concerns that facilitate a student’s smooth passage through their practice learning placements creates little space to reflect on the mentor experience itself and to understand what it means to be a mentor. To begin to redress this situation, the overarching research question (in bold) and two sub-questions are as follows:

What does it mean to be a nurse who mentors students in practice?

- What does mentoring mean to mentors in the context of their work and their career?
- How do mentors experience the emotions/feelings involved in day-to-day interactions?

The aim is to achieve a deeper understanding of what is involved in mentoring, through immersion in the everyday experiences of mentors. As the investigation is ultimately seeking the meaning of being a mentor, it accepts that meaning occurs within interactions between experiencing and the symbolic representation (for example, language or images) of the experience (Gendlin, 1962). Using a Heideggerian lens to illuminate the human meaning of being in the world (Dreyfus, 1991), the study seeks interpretations of the mentor experience to reveal the meanings and feelings that constitute being a mentor. Indeed, the themes developed from the data reveal mentors occupying a world of ‘high stakes’, ‘hope for the profession’ and ‘fragments’. Aligning these three ‘world’ elements with Heidegger’s care structure of *Dasein* provides intriguing insights into mentors’ experiences. Similarly, aligning the central essence of mentoring, the ‘educational use of self’, with the lifeworld existentials (van Manen, 1997b), reveals equally compelling insights.

The findings have potential to inform the following practices:

- The selection, preparation of mentors and their ongoing support and development

- The selection and preparation of student nurses
- The organisation of workplace learning

Notes on style

I considered it appropriate to maintain a formal, third-person writing style in the majority of the thesis. At times, however, it was important to refer directly to myself as the active agent having feelings, thoughts and ideas, making decisions, and taking action. This will be particularly noticeable in Chapters four and nine, and in this introduction. Additionally, chapters five to nine each open with a 'rich picture' selected from the research data, for its ability to offer a visual window onto, and a more visceral connection with, the lived experience discussed in the chapters.

1.2 Organisation of the thesis

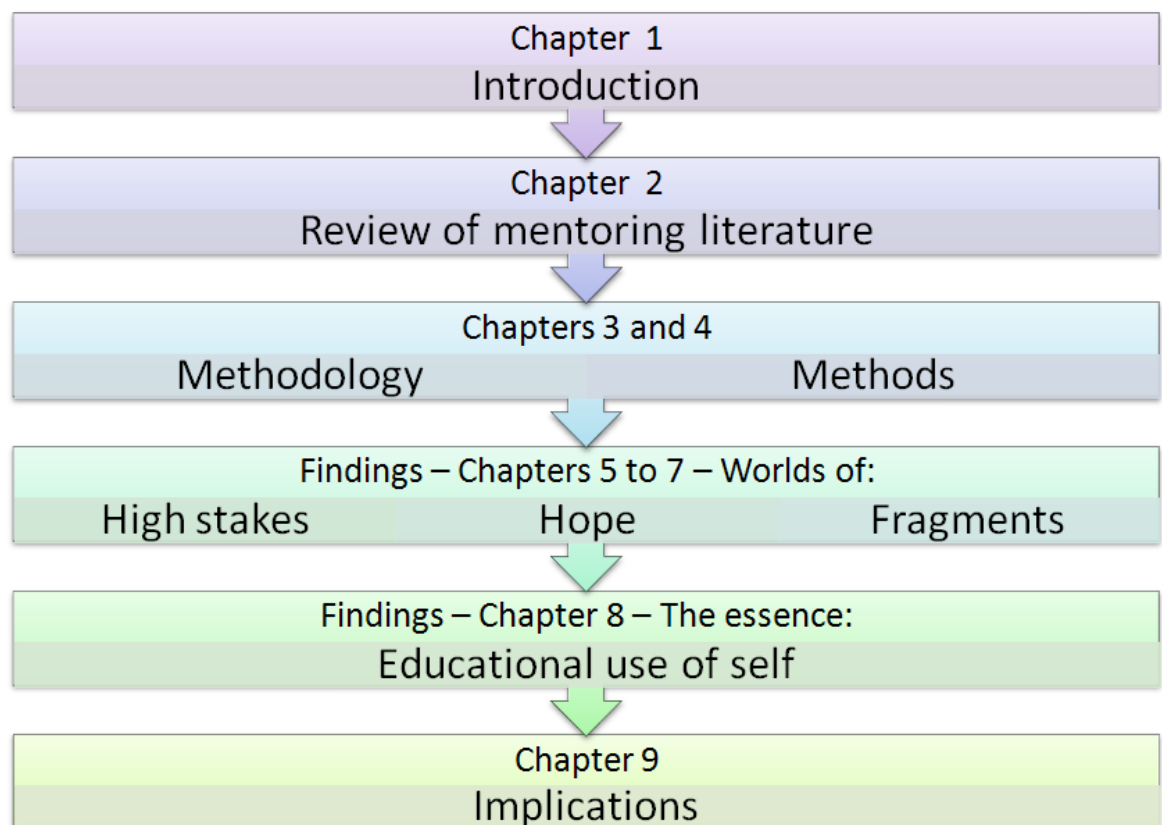


Figure 1.2 Thesis chapter structure

The thesis consists of eight main chapters (see Figure 1.2). **Chapter 2** positions the mentors under study within the structures and processes that define their unique role.

Although the experience of mentoring is heavily contingent upon context, the chapter considers mentoring in nurse education alongside the broader mentoring literature and theories of workplace learning. Additionally, in order to aid understanding of the complex interpersonal processes involved in mentoring, it reviews the cross-disciplinary emotional and social aspects of learning and assessment in the workplace. This exploration implicates disposition, trust, role conflict, adaptability, flow and stress as important concepts, and signals that mentor competence, time for mentoring and support for mentors are crucial factors in the education of student nurses.

Chapter 3 proposes the philosophical approach to the thesis. Hermeneutic phenomenology offers a methodology that allows in-depth exploration of lived experience and meaning. The chapter discusses how using phenomenology requires consistency between philosophical basis and mode of inquiry. It explains how the philosophy of Martin Heidegger (1889-1976) was particularly influential in guiding thinking about lived experience, and how Max van Manen (for example 1997b) guided the research process.

Chapter 4 describes the methods used to gather and analyse data. It incorporates an account of personal engagement with the field of study, as is consistent with hermeneutic phenomenology and the need to take a reflexive approach. The mix of methods used was in keeping with the complex nature of lived experience and the complexity of the mentor's world of relationships. Hence, this chapter deals with the rationale and procedures for combining conversational interviews, event diaries and rich pictures in the quest to arrive at a deeper understanding of the mentor lifeworld.

Chapters 5, 6, and 7 explicate the three themes that depict the mentor lifeworld: a world of 'high stakes', a world of 'hope for the nursing profession' and a world of 'fragments'. Each of these themes falls consecutively into one of the temporal dimensions of Dasein: having a past, having a future and having a present (Dreyfus, 1991; Heidegger, 1962). Drawing on this analysis, **Chapter 8** introduces the thematic essence of the mentor lifeworld 'the educational use of self' and applies a guided

existential analysis using van Manen's (1997b) four lifeworld existentials: temporality, spatiality, corporeality and relationality.

Finally, **Chapter 9** discusses the implications and recommendations for practice and for future research, including observations from engaging with different research methods and hermeneutic phenomenology. It identifies challenges to understanding mentoring that can be supported by a further engagement with the extant literature and a closer inspection of Heidegger's (1962; 1977) philosophy about being-in-the-world. In the spirit of hermeneutic phenomenology, it extends an invitation for further exploration of the mentor experience.

Chapter 2. Mentoring and the knowledge gaps

This chapter reviews the literature discussing the mentor role and informing our understanding of mentors' experiences. It explains that influential mentoring scholarship reveals the complexity of mentoring and the indeterminacy of what mentoring actually is. The review of the literature, subsequently, focuses on what we can already learn from the extant research, and the gaps in knowledge, about the nurse's experience of mentoring a student on placement. To elucidate the inevitable complexity of the overlapping nursing, educational and mentoring discourses, and the significance of meaning and affect in this personal mentoring endeavour, this chapter synthesises literature and knowledge across the different domains of nursing, workplace learning and mentoring, together with relevant psychosocial perspectives. It presupposes that drawing together such knowledge can provide initial theoretical insights into mentors' experiences.

The first section discusses the search techniques and influential mentoring scholarship. The second section establishes key theoretical workplace learning and assessment concepts underpinning assumptions about placement mentoring in the pre-registration nurse education context. The third section addresses the personal qualities and skills mentors require, how these can relate to the quality of mentor-student relationships, and what can make these relationships challenging. It reveals that much knowledge about mentoring is derived from the perspective of students. The last section explores research concerning the personal impact of mentoring, considering conflict and harmony, stress and flow and willingness to mentor. It ends with an explanation of how the current study addresses the knowledge gaps identified.

2.1 Mentoring scholarship and the literature search

2.1.1 *The search*

An initial search strategy incorporated database searches (British Nursing Index; CINAHL; International Biography of the Social Sciences; Psych Articles; ASSIA; Scopus;

Intute; ERIC) via The Open University library. Search terms employed included mentor; preceptor; clinical placement; work-based learning; workplace learning; nurse or professional education. These terms were also combined with others including practice; emotion; affect; motivation; trust; stress; emotional labour; job satisfaction, in response to issues raised in the extant literature. Overlapping use of terminologies made the search process more complex. For example, 'preceptor' is the more common term for mentoring students in Ireland and USA; in the UK, it means a nurse who is mentoring a newly qualified colleague. The term 'mentor' also has a wide range of applications in staff education and development. Later searches utilised the one-stop-search facility at The Open University library, which incorporates approximately twenty databases including most of the above and, additionally, ScienceDirect, Academic Search Complete, Science Citation Index and PsycINFO. In addition, citation lists, particularly in literature reviews, and targeted key online journals (for example, Nurse Education in Practice, Journal of Advanced Nursing, and Journal of Workplace Learning), facilitated and enhanced the search.

Table 2.1 shows the distribution of papers reviewed:

Table 2.1 Papers included in the review

	Number
Articles or books directly reporting empirical studies	109
Those which include data gathered specifically from practice-based mentors in pre-registration nurse education (2000 onwards)	21
Those which include data gathered from student nurses in relation to their practice experiences (1993 onwards)	27
Conceptual papers	14
Literature reviews	10
Opinion or comment articles	5

Despite the appearance in the nursing literature of a plethora of articles on education and mentoring, there has been little original research focusing directly on the mentor experience in pre-registration nursing practice placements, confirmed by a recent systematic review (Jokelainen et al., 2011). The relevant articles utilising student experiences predated the articles drawing directly on mentors, indicating that research interest in mentoring may have begun with the student experience. About forty-five percent of the empirical sources reviewed in this chapter are studies which either included data gathered from mentors of student nurses or captured the experiences and opinions of student nurses. The other fifty-five percent are mainly studies relating to workplace experiences involving teams, mentors, and supervisors, only some of which are situated in contexts similar to those of the student nurse mentor, for example physiotherapy clinical educators or mentors of novice teachers. This literature review also draws on other conceptual or theoretical work, and policy documents of direct relevance to mentoring.

2.1.2 Mentoring scholarship

Mentoring can be defined as a unique reciprocal and asymmetrical learning partnership between individuals that involves support processes and changes over time (Eby et al., 2007). Mentoring scholarship broadly comprises three streams of research: youth mentoring (typically organised within schools and communities), student-faculty mentoring (for supporting undergraduates and postgraduates) and workplace mentoring (Eby et al., 2007). However, any beneficial impact of mentoring, for example, on mentees' attitudes or self-image, has been difficult to establish (Eby et al., 2008). Eby et al (2008) partly attribute this difficulty to variability in the contexts (such as length of relationship) and functions of mentoring. Moreover, it has been suggested that mentoring may not always be beneficial to mentors, because it involves an intensification of effort at work, often without the affordance of extra time allowance or tangible organisational support (Billett, 2003).

Workplace mentoring, which is the area of interest in the current study, is notable for its inherent tensions. For example, Kram (1983) established two main strands: the 'psychosocial' functions that enhance work competence and role identity, and the functions that primarily support career development. This dichotomy represents nuanced comparisons between mentoring as facilitation of knowledge transfer (the 'psychosocial'), in which the mentor holds a superior position over the mentee in the organisation, and mentoring as a supportive process in which the mentor's wisdom and experience are paramount (Chiles, 2007). Similarly, the functions of mentoring have cultural differences across the Atlantic. In the UK, the focus is on equipping mentees with professional knowledge and improving their performance, while in the USA, it is more concerned with supporting career development by sponsorship, enhancing mentee visibility in the organisation, protecting (from which the term 'protégé' is derived), and coaching (Brockbank and McGill, 2006; Clutterbuck, 1999). A further tension of definition is presented by Clutterbuck (2008: 9) who favours the term 'mentoring' in association with broad, 'holistic development' and tentatively proposes that activity simply addressing 'performance' is better defined as 'coaching'.

A further dichotomy is evident between formal and informal mentoring. Formal mentoring occurs within mentoring programmes, whereas informal mentoring arises naturally and spontaneously between individuals (Eby et al., 2007). Furthermore, these distinctions might apply independently to relationship initiation (for example, choosing a partner) or relationship structure (for example, defining roles). In this current study, the mentors are formal mentors, both in the sense of relationship initiation and relationship structure, reflecting the established practices surrounding pre-registration nursing practice education (NMC, 2010b). Moreover, their functions primarily reflect Kram's (1983) 'psychosocial' aims of enhancing competence and nurturing role identity through 'knowledge transfer', rather than a 'career development' focus, which seems more applicable to supporting established professionals who wish to advance their careers.

Beyond the frequently debated functional definitions of mentoring are some commonly accepted factors for supporting the growth and development of mentees. Table 2.1 outlines the personal, functional and relational factors that relate to the ability of mentors, for example, to promote confidence building, provide support and facilitate trust, respectively. This table, however, does not easily translate into the placement mentor who, additionally, has to assess student competence. Thus, some authors claim that this cannot be conceived as a true mentoring role (Anforth, 1992; Nettleton and Bray, 2008). Subsequent sections will reveal certain aspects of this table the literature identifies as most salient to the mentoring context of this study. They will show that, despite the burgeoning literature, our understanding of what it actually means to be a mentor remains poorly developed.

Table 2.1 Personal, functional and relational factors within mentoring (Morton-Cooper and Palmer, 2000: 44)

Personal	Functional	Relational
<i>Promoting</i>	<i>Providing</i>	<i>Facilitating</i>
Self development	Teaching	Interpersonal relations
Confidence building	Coaching	Social relations
Creativity	Role modelling	Networking
Fulfilment of potential	Counselling	Sharing
Risk taking	Support	Trust
	Advice	
	Sponsorship	
	Guidance	
	Resources	

Being a mentor requires meeting different situational demands by applying appropriate skills and attributes (Clutterbuck, 2004). Despite this variability, Lane and Clutterbuck (2004) provide a helpful generic model of mentoring competence (see Figure

2.1), with one half of the model concerned with competence in 'doing' (relationship management and knowledge transfer) alongside a sense of contextual awareness and adaptability, and the other half focused on competence in 'being' (personal characteristics and experience) alongside a sense of ethical awareness. The 'being' of mentoring can relate to the need to be competent, confident and committed, self aware, flexible, approachable, proactive, responsive, patient, and to have a sense of humour (Morton-Cooper and Palmer, 2000: 60), whereas 'doing' is largely represented in Table 2.1. Subsequent sections will discuss what the existing literature reveals about mentors' 'doing' and 'being', demonstrating that 'experience' remains little explored. Hence, the approach taken in this literature review is a jigsaw-like piecing together of insights, from a range of literature, to establish a baseline understanding of the experience of mentoring. An initial discussion of workplace learning and assessment considers some pertinent areas of contextual and ethical awareness.

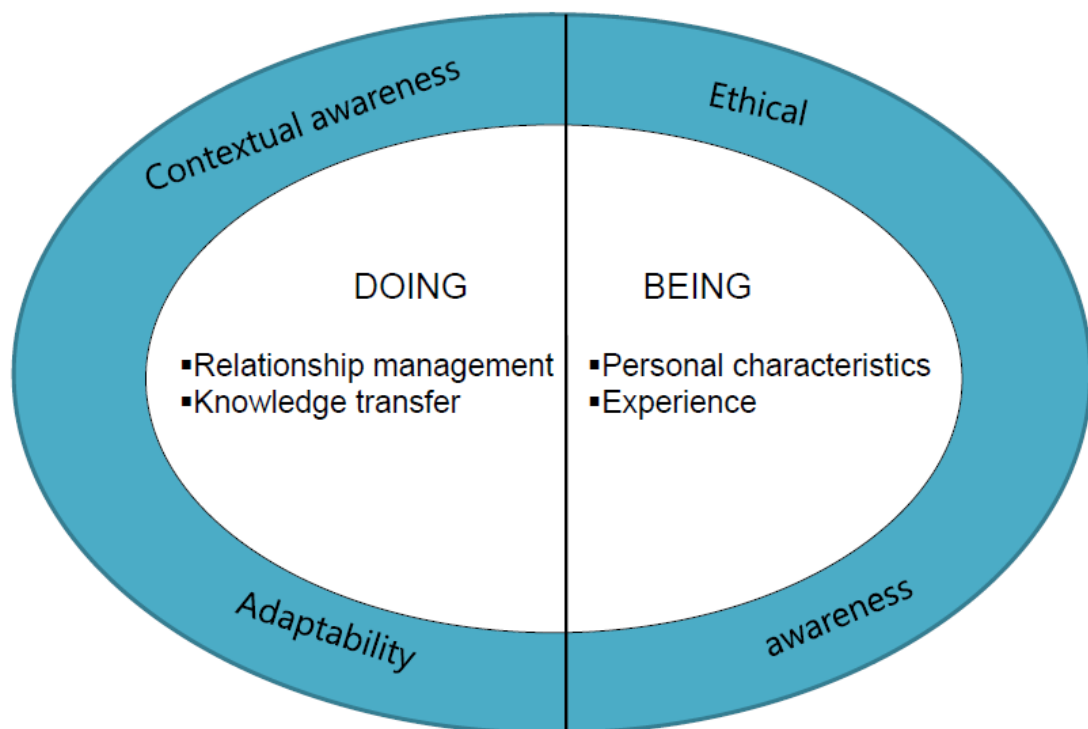


Figure 2.1 A generic model of mentoring competence, (Lane and Clutterbuck, 2004: 195)

2.2 Contextual and ethical awareness

Mentors are pivotal within the system of nurse education, and their central aims are to facilitate and assess student learning in practice. This section reviews the literature to identify the importance and the demands of this role and considers some key theoretical workplace learning concepts underpinning assumptions about mentoring. In so doing, it builds a picture of the world of placement learning that mentors occupy. The section considers three interconnected issues concerning the educational context of mentoring, all of which ultimately depend on the quality of mentoring: (1) learning opportunities, (2) students' actual learning, and (3) assessment of their learning. The former two depend on the extent to which a student has access to nursing practice opportunities commensurate with their learning needs, along with support to make sense of these experiences. The third depends on opportunities for students to demonstrate their practice and convey appropriate knowledge and attitudes in interactions with their mentors. The section is organised into two parts, first covering mentor competence in supporting workplace learning, and second, assessment.

2.2.1 Mentor competence in supporting workplace learning

Extant research indicates that mentoring is not simply a natural extension of nursing competence, and instead has to be viewed in the context of a collaborative partnership between practice and education staff (Hutchings et al., 2005; Smith and Allan, 2010). For example, in 'establishing effective working relationships', mentors need to understand 'how students integrate into practice settings', support students' 'transition from one learning environment to another', and have 'effective professional and interprofessional working relationships to support learning' (NMC, 2008: 20). Indeed, new mentors must undergo training in order to meet the NMC (2008) mentor competency requirements.

Mentors are required to develop an environment conducive to learning (NMC, 2008: 20). Moreover, to facilitate learning, they need to 'select appropriate learning opportunities' for each individual student, support the integration of learning 'from

practice and academic experiences', be an advocate for students, and support students' critical reflection (NMC, 2008: 20). Established theoretical views of workplace learning indicate some of the demands mentors can experience when facilitating learners in the workplace and the high level of skill involved. Research here can be categorised into four influential socio-cultural features relating to workplace learning (denoting the site of learning) and practice learning (denoting the focus of learning) that can apply to the nurse education context. These features, which are discussed below in relation to mentoring, comprise co-participation, access to work processes, communities of practice, and cognitive apprenticeship.

Co-participation and work processes

Learning can happen through engagement in work practices, and is dependent on supportive workplace conditions (Billett, 2000; Cooper and Rixon, 2001; Guile and Griffiths, 2001). This interdependency, in which learning depends on both the opportunities offered by the workplace and the learner's engagement and willingness to take up the opportunities, is described by Billett (2004: 197) as co-participation, the 'interdependent process of engagement in and learning through work'. A mentor's facilitation of such co-participation is consistent with enabling learning within Vygotsky's (1978) zone of proximal development, which relates to the distance between what one can do independently and the next developmental step a person can achieve through facilitation. Facilitating co-participation requires mentors to attune themselves to both the readiness of the learner and the concurrent workplace conditions.

Given that student nurses can learn from everyday practice, the nature of the workplace and their ability to participate in practice will influence *what* and *how* they learn. Moreover, the complexity of workplace settings, together with the diversity of individuals, can present challenges for everyone involved (Ockerby et al., 2009). The following work processes are suggested to give rise to learning: 'participation in group processes'; 'working alongside others'; 'consultation'; 'tackling challenging tasks and roles'; 'problem solving'; 'trying things out'; 'consolidating, extending and refining skills';

and working with patients (Eraut, 2006: 3). Student nurses entering practice placements on a supernumerary basis (additional to the clinical workforce) have to negotiate access to these work processes, usually in collaboration with their mentor (Spouse, 2001a). It follows that mentors need to be aware of the complexity, not only in the range of work processes available to students, but also in the diversity of students' approaches to the work, for example the degree to which they are enthusiastic or willing to engage (Ockerby et al., 2009).

Communities of practice and cognitive apprenticeship

In clinical placements, all registered nurses are subject to expectations that they share their expertise with students (NMC 2008; Spouse, 2001b), although mentors have a special role in ensuring their students can engage, both in the social world and the clinical practice. Student nurses can be conceptualised as 'apprentices' who experience 'legitimate peripheral participation' within the specific community of practice of a clinical placement, or the nursing profession itself (Lave and Wenger, 1991: 29). A community of practice is 'a set of relations among persons, activity, and world' that can exist in relation to and overlap with other such practice communities (Lave and Wenger, 1991: 98). The term is often applied to professional communities and workplaces to denote the way in which knowledge and identity can be situated in a specific activity context, such as nursing. A newcomer entering such a community of practice moves towards fuller participation in that community as their knowledge, discourse and identity develop and mature (Lave and Wenger, 1991). This concept of a trajectory helps to distinguish learning in communities of practice from co-participation, which primarily emphasises the interdependence between learner and workplace.

When entering a community of practice, a student enters a cultural as well as a practice environment in which relationships are fundamental to developing a shared professional identity along with the common practices (Wenger, 1998). In order to support a student's learning trajectory, mentors need to understand the overlapping

communities and discourses between different clinical contexts and the HEI (Cope et al., 2000; Kemmis, 2005).

As student nurses engage in the clinical environment, their technical and cognitive skills develop within a social context mediated by their mentors. Cope et al (2000) emphasise the importance of social and cultural acceptance of students, suggesting that they learn alongside their mentors partly through a process of cognitive apprenticeship (Brown et al., 1989). A key strategy of cognitive apprenticeship is the sequencing of learning activity from engagement in simple tasks to those with increasing complexity (Collins, 2006). Mentors can support such a transition either through modelling a task, coaching their student in the task, or scaffolding (a process of guiding learners slightly beyond their current ability). Another key strategy deployed is to make professional thinking visible through questioning and reflective dialogue (Woolley and Jarvis, 2007), achieved through encouraging articulation (in which the student explicitly states their knowledge and reasoning), reflection (including making comparisons of one's practice with others), and exploration (guiding students to solve their own problems) (Cope et al., 2000).

These four perspectives: co-participation, access to work processes, communities of practice and cognitive apprenticeship, which conceptually illustrate the educational context of mentoring, are revisited in Chapter 9. Viewing the world of mentors through these lenses emphasises the nurturing and supporting functions of mentors.

2.2.2 Assessing

Mentoring interventions include not only those that nurture students and *facilitate* learning, but also those that assess learning. Mentors need a 'breadth of understanding of assessment strategies', an ability to 'provide constructive feedback' and 'manage failing students', and they are accountable to the NMC for their decisions (NMC, 2008: 20). In addition, they need to evaluate students' learning and their own learning and

development (NMC, 2008: 20). Two important dimensions for consideration in assessing students, discussed here, are first, the concept of practice competence, and second, the quality (reliability, validity, objectivity) of the assessment.

Mentors must satisfy themselves that their nursing students, as they progress through their practice placements, can demonstrate the competencies specified by the NMC (2010a). Competence is defined in many ways, and Eraut's (1998: 129) definition, 'the ability to perform the tasks and roles required to the expected standard,' is adopted here. Nursing competence is multifaceted, involving a sophisticated ability to engage with people by applying appropriate attitude, skills and knowledge (Cassidy, 2009a; Stuart, 2007). However, due to the variables involved, it can be difficult to reach a consensus on competence when assessing students in practice. These variables include, for example, the difference between aptitude and ability, differing subjective views about what constitutes an acceptable level of performance, the ambiguity of students' capability at the borderline of the required standard, and the transfer of a skill between settings (Cassidy, 2009a). Consensus on defining and interpreting competence is elusive, particularly when qualities are abstract. For example, Chambers (1998: 202) identifies a major challenge is differentiating between nurses who can perform technical skills, which have concrete qualities, and those who are 'skilfully competent, empathetic and compassionate', which are equally desirable but more abstract qualities.

The issue of assessing and correctly failing students, has been widely discussed in the literature (Gainsbury, 2010; Gopee, 2008; Kendall-Raynor, 2009; Levett-Jones et al., 2011; Rutkowski, 2007; Wainwright, 2009). Doubts are raised about the reliability, validity and objectivity of practice assessment in nursing, with Duffy (2003) highlighting the personal, emotional, and practical issues that underlie assessment. Similarly, Ilott and Murphy's (1997: 311) research on occupational therapists' approaches to failing students, reports difficulties in 'defining threshold standards' and problems of 'obtaining sufficient, appropriate evidence related to professional unsuitability'. They identified considerable self-interrogation when assessors contemplated failing a student. Such

studies emphasise the need for mentors to be confident and competent in their practice, in order to apply standards appropriately and so protect their own emotional well-being.

Recent studies reporting initiatives aimed at improving student assessment indicate an ongoing search to improve the methods for measuring student competence (Fahy et al., 2011; Hyatt et al., 2008; Jervis and Tilki, 2011). Information on reliability, validity and objectivity in assessment is readily available for mentors (for example, Stuart, 2007), and as the main agents for assessing students in practice, the onus falls on them to ensure accurate assessments. Although judgements about professional capability may include mentors' *personal impressions* of students' enthusiasm, indifference or confidence (Shakespeare and Webb, 2008), assessment decisions also need to include *evidence of professional values and behaviours* (Fitzgerald et al., 2010). In addition, Cassidy (2009b) suggests that mentor reflexivity is critical for ensuring the validity of judgements about students. As this current study will reinforce, mentors can often take exhaustive measures to satisfy themselves that their judgements are appropriate.

Although both the NMC standards and the concepts of workplace learning and assessment are helpful in showing the educational context in which mentors work, and the important ethical aspects of student assessment, they are unable to convey the day-to-day practice and experience of mentoring. This issue demands a more thorough exploration of the literature.

2.3 How do mentors practise?

Mentor interventions can range from paying attention to the psychosocial factors affecting a student's interactions in the workplace, to taking practical steps that directly support learning. This section reviews the literature discussing mentoring practice and the necessary personal qualities and skills for mentoring. The concept of trust helps to illustrate some of the sensitivities of relationships in the workplace. Similarly, approaches to facilitating learning, which involve being a role model, facilitating reflection, and

actively including the student in their work, illustrate the complex demands on mentors to work flexibly and responsively in order to enhance student competence and nurture their role identity. The section is divided into two parts which cover, first, the nurturing, relationship management functions of mentoring, and second, the activities directly supporting 'knowledge transfer'.

2.3.1 *Managing relationships*

Studies confirm the indispensability of formal learning facilitators in clinical practice (Goldman et al., 2009; Holmstrom and Rosenqvist, 2004; Hughes, 2004; Hunter et al., 2008; Woolley and Jarvis, 2007). Students need social acceptance as well as access to explicit knowledge in order to learn (Cope et al., 2000). More specifically, nurse education research demonstrates clearly the centrality of the student's relationship with the mentor in supporting the student's development of nursing knowledge (Andrews et al., 2005; Baglin and Rugg, 2010; Baillie, 1993; Chow and Suen, 2001; Spouse, 1996; 1998a; b; 2001a). The importance of the mentoring role becomes more salient when the mentor is either absent or not as welcoming and supportive as their students would like. For example, students who are not welcomed and supported report difficulties engaging with appropriate learning activity (Spouse, 2001a) and the absence of a mentor can impede students' ability to integrate at all into the practice environment (Higgins and McCarthy, 2005). These findings reflect the theories of workplace learning, at the heart of which is the need for the learner to access and participate in appropriate practice experience (cf. Section 2.1).

Clearly, the extent to which learning opportunities are available and effective depends to some extent on the ability of mentors to foster relationships with students that are conducive to learning. The nursing and midwifery literature is replete with advice to mentors about forging such relationships with students. For example, it might suggest providing a good orientation to the clinical area, discussing expectations, and agreeing ground rules (Beskine, 2009; Hodges, 2009). Drawing on insight from student informants, researchers have recommended that mentors provide a warm welcome and

foster an atmosphere of positive regard to enhance learning (Chesser-Smyth, 2005), and spend more time with their students to help ease their fears and resolve ambiguities (Finnerty and Pope, 2005).

Mentors, by contrast, emphasise the lack of time for mentoring (Clynes, 2008; Hurley and Snowden, 2008) and the sometimes troublesome relationships with students (Duffy, 2003). Clynes (2008) reported mentors' concerns about giving students negative feedback, accompanied by feelings of awkwardness, embarrassment and guilt, particularly if they perceived the student possessed a confrontational attitude. The basis for such concerns appeared to be the necessity of being sensitive to the students' needs and protecting their own reputation. There are, however, few studies exploring nurse mentors' actual experiences of managing mentoring relationships. An exploration of trust offers some clues about the subtleties of relationship management mentors may experience. According to Spouse (1996), students experience a sense of warmth and trust resulting from mentors' 'befriending' activity involving open and warm social interactions, sharing personal feelings and showing interest in the student as a person. She also suggests that mentors gain students' trust by demonstrating good knowledge of the curriculum and the student's individual learning needs.

To be effective, however, mentoring generally requires a two-way trusting relationship (Chun et al., 2010). Trusting involves having an expectation that 'others' future actions will be favorable to one's interests, such that one is willing to be vulnerable to those actions' (Edmondson 1999: 354). Therefore, trust within a mentoring relationship requires both mentor and student to have positive expectations of the other and to be willing to be vulnerable. Student vulnerability emerges in learning situations which often involve an element of risk taking for the learner in clinical practice, such as trying out new techniques (Eraut, 2007) or reflecting on their feelings and practice with a 'critical friend', who could be their mentor (Duffy, 2009: 167). Supporting students in these interpersonal risk-taking situations requires mentors to cultivate an atmosphere of psychological

safety, in which mutual respect and positive self regard are shared (Clouder, 2009; Edmondson, 1999).

A Swedish mentor study (Öhrling and Hallberg, 2000) usefully illustrates the development of mentors' trust in a student, which was necessary for mentors to be confident to include students in their daily work. The authors of this phenomenological investigation claimed that mentors' trust grew over a period of some weeks, via a 'mutual confidence' that developed through making the effort to learn about the students' background, encouraging students to express what they found difficult, and appreciating students' admissions of knowledge deficits (Öhrling and Hallberg, 2000: 233).

There is also evidence in midwifery and social work research that facilitating trust within a professional relationship may sometimes require practitioners to disguise their feelings (Gray, 2009a; John and Parsons, 2006), for example, a mentor projecting warmth and friendship when they are actually feeling annoyance. In this sense, emotions function as signals to others, and so require a change in an emotion or feeling so that it is appropriate for any given situation (Hochschild, 1983). Such 'emotional labour' is observed frequently within nursing research (Bolton, 2000; Fineman, 1993; Gray, 2009b; Gray and Smith, 2009; James, 1992; Mann and Cowburn, 2005; McCreight, 2005; Smith, 1992; Staden, 1998; Theodosius, 2008) and to a much lesser extent within mentoring itself (Smith and Gray, 2001; Webb and Shakespeare, 2008). Although little is reported on mentors' emotional labour with their students in nursing, by contrast, there has been a helpful discussion of schoolteachers' mentors using 'emotional masking' to provide hopeful and positive feedback to encourage novices (Bullough and Draper, 2004: 285). Students' needs and demands for such positive, supportive relationships with their mentors, however, have implications for mentors' time and require an ability to manage these relationships.

2.3.2 'Transferring knowledge'

A review of the student nurse mentoring literature reveals many of the functions and activities of mentoring discussed in Section 2.1. From a student perspective, mentors are reported to adopt a number of different support tactics, for example, asking questions, or encouraging a questioning and reflective approach in students (Baillie, 1993). Students find it helpful when mentors advise them what to do in specific situations (Chow and Suen, 2001), or modify the way they conduct conversations with patients to accommodate their students' learning needs (Baglin and Rugg, 2010). They require their mentor to be skilled in befriending, planning, collaborating, coaching and sense-making (Spouse, 1996).

In addition to these student perspectives about mentoring, Benner's (2001; 2004; 1996) extensive qualitative studies of nurse-learner interactions in the intensive care unit are also relevant to understanding mentoring practice. She identified five different stages of learning from 'novice' to 'advanced beginner' (the graduate stage), to progressively competent, proficient, and expert practice (Benner, 2004). In the novice stage, students observe 'rule governed behaviour' and require 'clear directions of safe ways to proceed' (Benner, 2004: 191). In supporting this group, she argues, mentors should forecast the consequences of planned care activities and draw students' attention to exceptions and contraindications.

Mentors' own accounts of their behaviour, by contrast, are more pragmatic. They emphasise including the student in their daily work (Öhring and Hallberg, 2000), teaching clinical skills (Bray and Nettleton, 2007), giving verbal and written feedback (Clynes, 2008), and 'showing, telling, exploring' and 'acting as appropriate role-models' (Phillips et al., 2000: 41). An Iranian study of nursing teachers (Hossein et al., 2010) reports the adoption of multiple approaches to teaching in clinical settings, a context similar to mentoring – teaching by doing, supporting, being a role model, creating a learning context and monitoring. Much UK mentor research also exposes the difficulties of the role, including time management and role confusion (Bray and Nettleton, 2007;

Corbett and Bent, 2005), although surprisingly few mentor studies give explicit detail of how they actually accomplish their role. By contrast, two studies within the sphere of teacher education provide extensive description of how a mentor adapts to trainee capability (Ralph, 2002; Schwille, 2008) and this section now goes on to describe these mentoring practices.

Mentoring moves

Schwille (2008: 140) explored the practices of mentors to novice (pre-service and 'beginning') teachers, who support their students' induction into the art and science of the profession in the practice setting, similarly to mentors in nurse education. She identified a 'repertoire of mentoring moves' including 'coaching and stepping in'; 'teaching together'; 'demonstration teaching' (planned demonstrations tailored to the novice's needs); 'brief interactions', formal 'mentoring sessions' and 'co-planning' (Schwille, 2008: 144-147). The 'coaching and stepping in' and 'teaching together' occurred in the school classroom, which would be the equivalent of a hospital ward in nursing. Here, the mentor and novice teacher might exchange glances or gestures, or discuss the best way for the novice to proceed. The mentor might also step in for the novice teacher if necessary, or they might teach collaboratively. Similarly, in a nursing context, these techniques can be replicated when working together in patient care, and mentors instructing and encouraging students in clinical procedures, ready to step in if necessary.

Similarly, Ralph (2002) observes that competent mentors adapt their style according to the learner's contextual needs. His distinct focus was on the adjustments mentors make according to students' confidence and competence. For example, a mentor gives high support and lower 'attention to task' to match learners with high competence and low confidence, whereas those with low competence and high confidence are matched by their mentor giving high 'attention to task' and lower support (see Figure 2.2). A mentor in a nursing situation might, therefore, when faced with the latter type of student, closely supervise the student's practical skills and be less concerned to provide affiliation and warmth (which might further promote confidence).

This suggests mentors need to make nuanced judgements about their students and sufficiently adapt their interpersonal skills.

Low confidence, <i>high competence</i> (student) High support, <i>low attention to task</i> (mentor)	Low confidence, <i>low competence</i> (student) High support, <i>high attention to task</i> (mentor)
High confidence, <i>high competence</i> (student) Low support, <i>low attention to task</i> (mentor)	High confidence, <i>low competence</i> (student) Low support, <i>high attention to task</i> (mentor)

Figure 2.2 Mentoring approaches that match student confidence and competence levels (Ralph, 2002)

Mentor adaptability, although desirable, is not always evident. Kneafsey (2007), for example, found that some mentors teaching student nurses about moving and handling recognised and responded according to a student's pre-existing level of skills and knowledge, whereas others adopted a 'one size fits all' approach. More strikingly, these differing approaches can be perceived by students as inconsistent, especially if their learning support needs are not being met (West, 2007).

Facilitating reflection

Facilitating reflection on practice (Schön, 2003) is another important aspect of mentoring. Johns (2002: 3) describes guided reflection as a process of self-inquiry that allows 'contradiction between beliefs, theory and actual practice' to be understood and resolved. It needs to take place through dialogue in a collaborative relationship, reflecting the concept of cognitive apprenticeship (cf. Section 2.2). Despite being identified as a 'powerful educational tool' (Duffy, 2009: 173), guided reflection appears to require more coordination between mentors, lecturers and clinical placement coordinators for it to become fully effective (Pfund et al., 2004). Moreover, although mentors appear well positioned to support student reflection, there is scant evidence that they are effective (Duffy, 2003; O'Donovan, 2006). For example, Solvoll and Heggen (2010: 75) report that

instead of reflecting on their *experience*, students were facilitated by their mentors to 'take up and discuss the practical work' and focused on finding solutions to practical problems, rather than achieving the deeper personal reflection characterised by Johns (2003).

Constraints of relationship, time and skill seem to combine to make it difficult for mentors to engage in reflective conversations with students. For example, an evaluation of reflection groups (Manning et al., 2009) reveals that relationships with clinical staff do not always enable reflective discussion, with often insufficient time for such conversations. Spouse (1996) identified 'sense-making' as a reflective process experienced by students that is sometimes easier to achieve with people other than their mentor, for example peers and family members. However, Johns' (2002) success with guided reflection may relate to his personal enthusiasm and the particular context of ongoing collegial relationships, which is different from that found in everyday mentor-student situations. It remains unclear how mentors perceive their practice in facilitating student reflection.

Role modelling

Role modelling, which involves a learned change of behaviour achieved through observing others (Bandura, 1977), is the antithesis of self-reflection, as it involves the learner in focusing outwards. As a mentoring tool, role modelling is also unusual in not necessarily requiring direct interaction between the observer and the person being observed (Eby et al., 2007). It is often cited as a valuable mechanism to support learning in the workplace (Murray and Main, 2005; Perry, 2009) and Donaldson and Carter's (2005) student study, for example, emphasises the boost to students' confidence and competence for those supervised by a good role model. By contrast, however, Bray and Nettleton (2007) found that students place little relative value on role modelling, compared with teaching and supporting. This discrepancy may relate to subtle shifts in emphasis between positive experiences of being supervised by a good role model, in contrast to appreciating role modelling as a mentoring strategy. Practice role models,

moreover, are not necessarily the student's own mentor, or even a qualified nurse; indeed, O'Driscoll et al (2010) highlighted the increasing likelihood of HCAs as role models, due to the substantial time students spend working with them.

Any lack of time for authentic caring encounters between nurses and patients (Bolton, 2004; James, 1992; Kessler et al., 2010) reduces the capacity of mentors to model their caring and emotional support of patients (Wigens, 2006). This raises questions (which also emerge in this current study) about what aspects of a mentor's nursing activity students *actually* need to learn, whether there are any aspects irrelevant to their mentees, and what should be the balance of experience for students. Implicit in this debate are assumptions about the role of the registered nurse, which includes managing time, supervising staff and prioritising their nursing activities, as well as giving direct care (NMC, 2010b).

Research in other professions, similarly, distinguishes between role modelling and mentoring. Lefevre (2005) reveals that the qualities required of a social worker to support vulnerable service users do not translate directly into an ability to provide a supportive and nurturing learning environment for students. Similarly, being a good teacher may not result in greater proficiency in mentoring novice teachers (Schwille, 2008). These two studies indicate that professionals may be able to model good practice without necessarily being fully proficient in broader mentoring skills, and thus students may have access to many different role models within a workplace. This issue also relates to mentor competence and supports a mandate for mentors to receive suitable preparation for their practice, because mentorship is much more than simply being a good role model.

In summary, this section has drawn on research and scholarship concerning workplace learning and mentoring to present a picture of mentoring practice. Students are the primary focus in mentoring and important informants within studies of mentoring practice. Although the literature describes and discusses a range of mentor strategies to

support students, it often identifies problems with mentoring, which has serious implications for mentors.

2.4 What are the personal implications for mentors?

This last section considers the literature that enhances our understanding of how mentoring obligations might personally affect mentors, in their assumed need to be competent, confident and committed, self aware, flexible, approachable, proactive, responsive, patient, and to have a sense of humour (Morton-Cooper and Palmer, 2000: 60). Second, it identifies some of the gaps in our knowledge about the experience of mentoring. The research and scholarship describing mentoring practice build a complex picture which reveals limiting factors within the role. For example, in addition to the difficulties and great demands of the role reviewed above, the nurse education literature has raised negative issues, such as lack of mentor openness (Pearcey and Elliott, 2004), toxic mentors (Gray and Smith, 2000), exposure to overwhelming role demands, and the requirement for better updating (for example, Hurley and Snowden, 2008; Murray and Williamson, 2009). Such negative issues may have implications for nurses' willingness to mentor, and may, themselves, contribute to stress, a sense of conflict, and lack of confidence. The chapter now considers some of the negative and positive implications of mentoring.

2.4.1 *Negatives and positives*

Conflict and harmony

Although trust is essential for a successful mentoring relationship, any system of close working relationships has the potential for conflict or distrust that can hinder cooperation and harmony (Dirks and Ferrin, 2001; Gurtman, 1992; Hunter, 2005). However much a mentor might strive to nurture their relationship with a student, interpersonal value differences can create conflict (Kuokkanen and Leino-Kilpi, 2001), and attachment styles may be incompatible (Gormley, 2008). It is theoretically possible to identify healthy and unhealthy attachment styles for mentoring, in which, for instance, good mentors are able to combine the friendship of a mutual bond alongside a more

objective teacher role (Gormley, 2008). Scandura and Pellegrini (2004) suggest that where both mentor and mentee have secure (interdependent) attachment style, the arrangement is likely to be more successful than if either party is anxious/ambivalent (dependent) or worse still, avoidant (counterdependent). Inner conflict can also be an issue for mentors, and in a study of the clinical educator role for Australian speech pathology students, (a position similar to that of the mentor in nurse education), Higgs and McAllister (2005) proposed that heightened self awareness and self-congruence could support a harmonious mentor-student relationship.

Mentors can also experience conflict and a sense of vulnerability through being pulled in different directions and juggling different discourses (Orland-Barak, 2002). For example, nurturing and evaluating are identified as contradictory mentor roles in the training of teachers, social workers, occupational therapists and physiotherapists (Le Maistre et al., 2006). Role conflict is defined as 'the simultaneous occurrence of two or more role expectations such that compliance with one would make compliance with the other more difficult' (Katz and Kahn, 1978: 204). Le Maistre et al (2006: 352) report mentors manage the conflict between nurturing and evaluating by 'gradually withdrawing themselves from the supervisory role as they take on the evaluative role'. The related concept of role ambiguity, which occurs when role expectations are unclear (Beehr, 1995), also seems to contribute to mentors' uncertainty (Orland-Barak, 2002).

Phillips et al's (2000: 40) influential UK nurse education mentor study identifies that 'the problem of role-conflict is widespread, serious, unresolved and increasing'. They draw on evidence of conflict between the different roles of supervision, teaching, assessment, subject expertise, attention to patients' and their families' needs, and collegial and management responsibilities. They also acknowledge, however, that regardless of the mentor role, conflict among, for example, managing care, supporting colleagues and providing care, is a 'fact of life' in nursing (Phillips et al., 2000: 44). Nevertheless, the idea of mentoring as a 'bolt-on activity' causing potential conflict with the priorities of caring for patients (Spouse, 2001b: 13) has caused widespread concern.

Similarly, Nettleton and Bray (Bray and Nettleton, 2007; Nettleton and Bray, 2008) warn of conflict generated by an emphasis on assessment overshadowing other mentoring activity. These studies seem to suggest a compartmentalised view of nursing and mentoring work, yet mentoring actually demands more fluid approaches, which involve an understanding the different 'worlds' students experience. Being able to acknowledge and manage the different expectations appears to be a key mentor quality.

Stress and flow

As well as having to manage their different roles and responsibilities (Bray and Nettleton, 2007; Neary, 2000), there are some nuanced and sensitive aspects of the role that can be emotionally and intellectually demanding for mentors, for example, giving negative feedback to students (Clynes, 2008) and developing students' intellectual competencies (Moseley and Davies, 2008). The added pressures of time management (Corbett and Bent, 2005; McCarthy and Murphy, 2010) and a 'continual sense of urgency' (Phillips et al., 2000: 38) can be stressful for mentors. Together, these studies suggest that mentors can be overextended and burdened, and combined with reports of the lack of formal organisational support (Jones, 2004; Moseley and Davies, 2008; Myall et al., 2008; Nettleton and Bray, 2008; Pulsford et al., 2002), suggest mentors may not be as effective as they would wish.

Overwhelming demands can also lead to mentors experiencing stress. Stress is described as an 'unpleasant emotional experience associated with elements of fear, dread, anxiety, irritation, annoyance, anger, sadness, grief and depression' (Skakon et al., 2010: 110). It occurs when people perceive that the demands placed upon them exceed their personal resources for meeting those demands (Shirom, 2002). In this context, people may not always feel confident to handle work challenges, and this could negatively affect their sense of self-worth (Lazarus, 1999). However, when challenge is studied in relation to a person's skill or ability to meet that challenge, it can reveal what Csikszentmihalyi (1990) called flow. According to Csikszentmihalyi (1990: 4), the flow experience is a condition in which 'people are so involved in an activity that nothing else

seems to matter at the time' and the experience is so enjoyable that they will do it even at great cost, simply for the sheer sake of doing it. As Figure 2.3 shows, flow experience can occur when highly challenging situations are accompanied by sufficient skills, whereas a lack of skills is more likely to be associated with anxiety, worry or apathy, depending on the level of challenge (Bassi et al., 2007). Whereas flow can enrich everyday life, the converse could be draining, especially if the anxiety, worry, boredom and apathy were perceived as stressful.

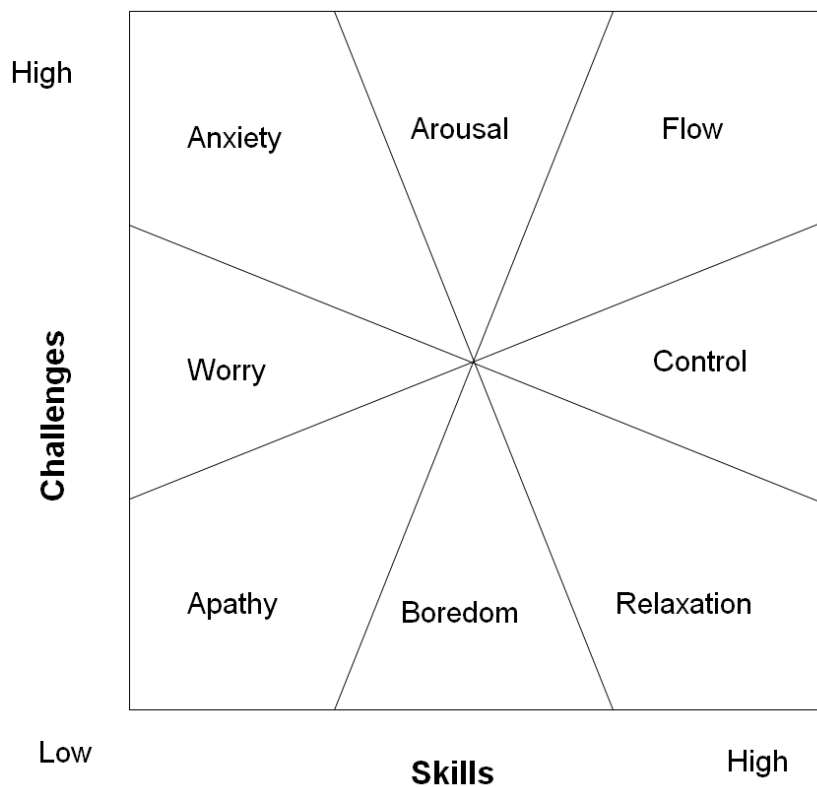


Figure 2.3 The quality of experience as a function of the relationship between challenge and skill (Hektner et al 2007:143)

Studies of flow experience in the workplace have examined schools and offices (Hektner et al., 2007), although until very recently this topic has not been investigated in health care. Bringsén et al (2011) found that nurses were more likely to experience flow when they were engaged in 'medical care' rather than 'individual nursing care', reflecting perhaps, perceptions of greater skills and challenges associated with these more technical interventions. This literature suggests that flow enhances job satisfaction

(Bringsén et al., 2011; Csikszentmihalyi, 1990). It remains unclear how mentoring a student in the workplace might affect the dynamic between challenges and skills for mentors.

Willingness to mentor

Surprisingly few studies consider the willingness of nurse mentors. Some insights offered by research into closely related roles in accountancy, veterinary practice, technicians and civil servants, indicate that willingness to become a mentor depends on a complex mix of personal disposition (Allen, 2003; Niehoff, 2006) and personal background (Allen et al., 1997; Wang et al., 2009), for example, attachment styles combined with previous experience of being mentored. Moreover, different approaches to mentoring may arise, depending on whether motives are altruistic or instrumental (Allen, 2003). For example, altruistic motives may include a desire to support others, whereas instrumentalism relates primarily to considerations of one's own career development. One may speculate that the altruism identified in nurses (De Cooman et al., 2008) predisposes them towards mentoring, although studies in other professions suggest mentors can be deterred by concerns about personal self-efficacy and the perceived need for skill and energy (Ghislieri et al., 2009). Similarly, experienced mentors are more likely to weigh up the expected costs, for example, its adverse impact on reputation or the drain on time, rather than consider the benefits, such as self enhancement or enhancing the well-being of others (Ragins and Scandura, 1999).

One possible benefit of mentoring could be enhanced job satisfaction, with the skilled performance of emotional labour being one source of satisfaction. Although emotional labour is commonly framed as a burden, there is evidence in the literature of pleasure and satisfaction arising from it, particularly if it gives meaning to the work (Guy et al., 2008) or if 'deep acting' emotional labour is achieved (Hülshager and Schewe, 2011). For example, a teacher mentor study identified the 'pleasure' that comes from emotional labour that is 'sharply focused on a greater good' (Bullough and Draper 2004: 285). This finding suggests how a moral imperative can extend into mentoring roles.

Gully (2005) demonstrates a moral and deeply personal dimension in the nurse-patient relationship which may even transcend emotional labour. It is possible that similar experiences exist between mentors and their students.

In summary, the personal implications of being a mentor for student nurses in practice have been explored via a mix of nursing, mentoring and work psychology sources. Overwhelming demands and role conflict could lead to mentors experiencing stress. Conversely, having the personal resources to cope effectively with such role demands can lead to flow and job satisfaction. It is unclear how having a student present in the workplace affects the dynamic between challenge and skill for mentors, or how their experience might be shaped by their technical abilities and emotional labour skills. Surprisingly little mentoring research is available to help further our understanding of willingness to mentor.

2.4.2 How can this study fill the gaps?

The literature has demonstrated that mentoring can be demanding and that mentors need good support in their role. Occupying such a pivotal position in nurse education has implications, both for the mentors themselves and for all others involved in practice education. Despite being pivotal, mentors do not necessarily see themselves as powerful or influential, and the literature refers to their need to adapt responsively to the different student characteristics and to manage students' expectations of them. However, while these debates continue, the personal implications of being a mentor appear to have been overlooked. Although theoretical perspectives on workplace and practice-based learning help to demonstrate the delicate interplay between personal relationships and student learning, many aspects of what mentors actually do, and how they experience their role, remain underexplored. These omissions include:

1. How mentors cultivate and experience trust amongst colleagues and with students
2. Emotional labour within the mentor-student relationship
3. The impact of time on mentors' ability to manage relationships with their students

4. The facilitation of student reflection in and on practice
5. How mentors balance the different aspects of their nursing and mentoring work
6. What it means for mentors to span different communities of practice
7. The relationship between personal characteristics and mentoring experience
8. The dynamics between stress, challenge, skill and flow for mentors.
9. Willingness to mentor
10. The rewards of mentoring

The current study involves an in-depth exploration of the mentor experience, approaching the broad question of what it means to be a mentor in the context of nurse education in practice. Through detailed analysis, it addresses these gaps in understanding and offers rich descriptions and illustrations that reveal what seems to be hidden from view. The next chapter explains the methodological approach taken in order to gain access to and interpret the lived experience of mentoring.

Chapter 3. Preparing to unfold the mentor experience

This chapter establishes the ontological and epistemological assumptions upon which this thesis is built, and demonstrates the relationship between the research questions and the methodology. It provides the basis upon which the data collection and analysis processes and techniques can subsequently be discussed (Chapter 4). It also establishes a foundation for assuring quality and trustworthiness, in addition to working imaginatively with the data and findings. Beginning with the research question, it traces the development of thoughts and ideas that led to the adoption of hermeneutic phenomenology as a philosophical and methodological approach.

As a philosophical movement, phenomenology offers ways of understanding human experience. This is partly because, in discovering the objects of our attention, phenomenology allows us to discover ourselves as ‘those to whom things appear’ (Sokolowski, 2000: 4). As a methodology, it offers a rich portrayal of experience, taking into account context and subjective meanings (Grace and Ajjawi, 2010). Phenomenology has been appropriated and adopted widely within nursing research, gaining popularity following the work of Patricia Benner (for example, Benner, 1994a; 2001). Such appeal is partly due to its success in facilitating further understanding of patients’ experiences in a way that informs nurses’ interactions with patients and enhances their practice (Cohen et al., 2000a). Similarly, using phenomenology to explore the mentor experience enables fresh insight into this area.

Despite its intuitive appeal, phenomenology is a difficult methodology within which to work. This can be attributed to differing and contested perspectives as to what is understood by the concept of lived experience, and what can be known about human experience (Langdrige, 2007). For example, human experience can be something one is explicitly aware of and able to articulate, or it can involve a more tacit, pre-reflective awareness that may actually be distorted in the process of bringing it to consciousness

(Gallagher and Zahavi, 2008). The assumptions about such elements of experience and the relationship between person and world adopted in this study are clarified later in this chapter.

In Figure 3.1, Titchen and Ajjawi (2010: 49) provide a structure for the subsequent discussion of key issues within this thesis. This chapter addresses the outer area, while Chapter 4 considers the inner frame. Therefore, this chapter provides a summary of the mentoring context discussed previously, and outlines relevant philosophical, theoretical and conceptual foundations before examining the methodological framework in more detail. It concludes by explaining the development of the personal frame of reference.

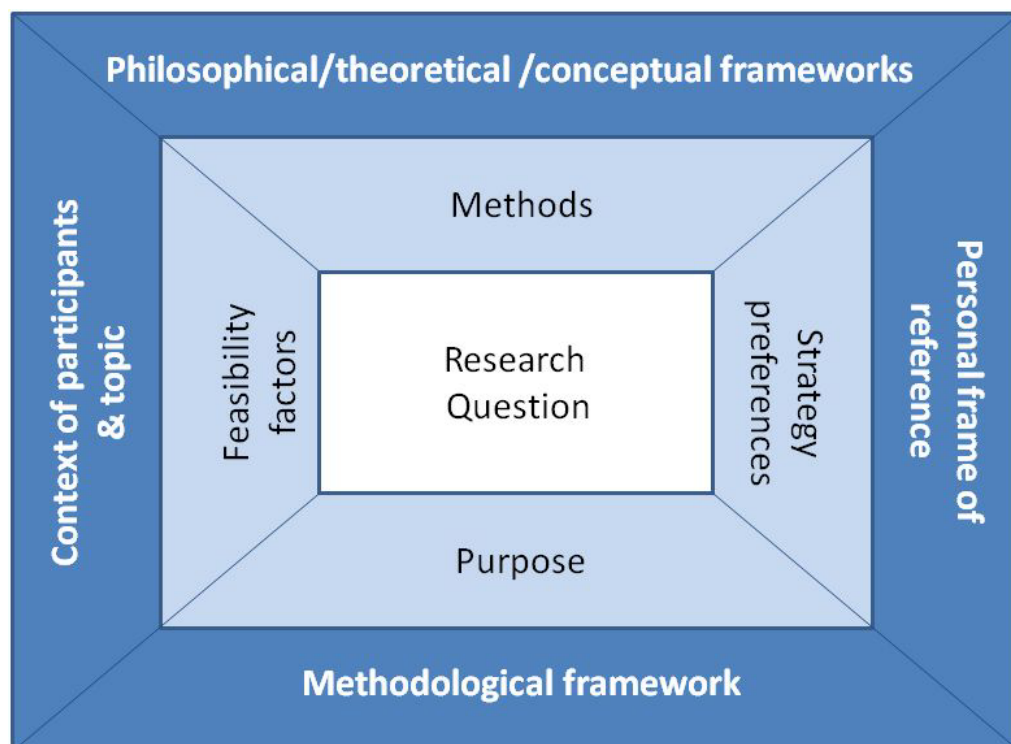


Figure 3.1 Framework surrounding the research question (Titchen and Ajjawi, 2010: 49)

3.1 Framing: the research question and context

The research question provides the hub around which to build the methodology. In accordance with White's (2009) view that in the context of qualitative research 'what' questions can be the clearest of all, the research question is worded in this way:

What does it mean to be a nurse who mentors students in practice?

Titchen and Ajjawi (2010) make a distinction between epistemological and ontological questions which, they claim, has direct repercussions for the methodology. So, for example, in asking 'what sense do nurses make of their professional knowledge?', there is an epistemological focus, set to find out what the nurses *know* in that regard. On the other hand, asking 'what is it like to be an expert nurse?' emphasises the day-to-day reality for those nurses and therefore is more ontological. Asking 'what does it mean to be a nurse who mentors students in practice?' is, therefore, also an ontological question. According to Denzin (1984: 261) 'ontological questions force a movement beyond method and logic to the underlying question of meaning in human affairs'. This leads him to suggest that exploration of the meaning of being requires the application of interpretation, rather than logic.

In exploring ontological questions, however, interpretations are often hidden in 'pre-reflective, embodied knowing' (Titchen and Ajjawi, 2010: 47), which presents researchers with a great challenge. Although this can be partly overcome through observation methods (Titchen and Ajjawi, 2010), in this thesis meaning is taken to be embedded in practices, feelings and cognitions and therefore revealed also through felt aspects of experience that can be partly shared through language (Dahlberg et al., 2001; Johnson, 1987; van Manen, 2007). Meaning can thus be both a way of understanding the world and of being a meaning-maker (Higgs, 2010a). This argument seems to call for a hermeneutic ontology, in which reality is constituted through being in the world and in shared practices, and an interpretive epistemology which accesses people's ideas and experiences (Higgs and Trede, 2010). This chapter will develop the question of what can be known about a person's reality, and how.

Chapters 1 and 2 presented mentoring in the context of nurse education. They discussed the structures contextualising mentoring, indicated by the policy environment and the system of formal processes and expectations of the nurse mentor role. They also provided emergent glimpses of the mentor experience: meeting the expectations of students, coping in time-poor and often ambiguous circumstances and sometimes

operating with poor organisational support. Knowledge and understanding of the mentor experience, however, remains patchy and indistinct. Deeper exploration requires a methodology that pays attention to mentors' experience and allows their voice to be heard through the noise of their diverse obligations to support new recruits, preoccupation with mentoring standards and competencies, and the requirements to operate effectively between the worlds of practice and education.

Engagement in practice is a central aspect of the mentor experience and therefore a key focus of this research. This active involvement is, therefore, of significance for determining an appropriate methodology through which to explore the experience. It demands attention on mentors' engagement in the world of practice that includes equipment and entities, other people, ideas, ways of working and knowledge, which is far from a conceptualisation of lived experience as introspective. Practice itself involves capacity to act, in the context of 'pragmatic and ethical concerns' (van Manen, 2007: 13). Therefore, the methodology needs to facilitate a grasp of the richness, but also the complexity, of mentors' experiences.

3.2 Philosophical and conceptual framing

This section explores 'lived experience' and its relationship with science and knowledge of the world. After introducing the philosophical challenges for the human sciences, it explains how (1) phenomenology as general philosophy and (2) an orientation to practice based on Heideggerian philosophy, can underpin the interpretation of lived experience in this study.

Human experience can be conceptualised in a number of different ways. For example, it could be regarded as 'the true basis of knowledge' (Hammersley, 1989: 18) or alternatively, due to its subjective nature, it can be taken as lacking objectivity and therefore subjectively contaminating the 'truth' about entities or phenomena (Sokolowski, 2000). In the 17th, 18th and 19th centuries, knowledge of social phenomena was predominantly regarded as an extrapolation of natural science studies, meaning that

such knowledge could be gained unproblematically from human experience (Hammersley, 1989). In the late 19th Century, however, Dilthey proposed that human experience, which carries meaning and needs explicating and understanding, needed to be studied in different ways to those commonly deployed by physical, or natural, science (Hammersley, 1989; van Manen, 1997b). Although it can be argued that even in physical science the human perspective (historical and cultural) cannot be completely removed from the investigation, the challenge facing human science researchers is more complex because they are less able to separate their own experience from the object of their studies (Dahlberg et al., 2001).

The enduring scientific view is of a world that is objective and separate from human meaning-making, focusing on the discrepancy between the inner experience and the outer reality (Johnston, 2005). This position can extend to mind-body dualism, a central issue in phenomenology commonly attributed to Descartes (1596-1650), in which objects are considered separate from the knower (Zahavi, 2003). When a mentor has, or reflects on, an experience, is she doing so as an independent spectator on events and actions (with the mind separable from body and world) or is she positioned as a unified mind-body-world, in which there is no distinct boundary? Moreover, the position of a researcher studying this experience is contingent upon the particular worldview adopted. The phenomenologists of the 20th century have provided a range of philosophical perspectives that make differing assumptions about the exact nature of lived experience, what we can know about it, and how. The common principles of phenomenology and its main philosophical variations are outlined next.

3.2.1 Phenomenology as philosophy

Phenomenology offers a philosophical viewpoint that can explicate the nature of human experience. Its core philosophy rests on the concept of lived experience, or lifeworld, terms that are often used interchangeably in phenomenology and taken to mean the world immediately experienced (van Manen, 1997b). Phenomenology also embraces unique concepts, for example intentionality, natural attitude, phenomenological

attitude, epoché, and eidetic intuition, which systematise ways of understanding lived experience, and are explained below.

Lifeworld has been described as ‘that province of reality which the wide-awake and normal adult simply takes for granted in the attitude of common sense’ (Schutz and Luckmann, 1973: 3). Drawing on Merleau-Ponty (1962), lifeworld is additionally ‘the world we have access to through our bodies’ (Dahlberg et al., 2001: 49). This is experience that happens in the flow of living, which ‘involves our immediate, pre-reflective consciousness of life: a reflexive or self-given awareness which is, as awareness, unaware of itself’ (van Manen, 1997b: 35). These ways of defining lifeworld are fundamentally describing a pre-reflective way of being in the world. If one turns one’s focus onto oneself as having a particular experience, this then becomes a *reflective awareness* and thus removed from the immediate lived experience (van Manen, 1997b). The application of language to describe lived experience can only happen when standing back in some way from it.

Lived experience, being pre-reflective, is also tacit. So, ‘we can know more than we can tell’ (Polanyi, 1966: 4); for example, we can know and recognise a person’s face without being able to say exactly how. This develops the idea of tacit knowledge as something that can remain hidden, despite attempts to articulate what, for example, enables a person to recognise the face of a loved-one in a crowd. It illustrates that meaning can be attached to objects without being aware of the underlying tacit knowledge. Therefore, when making claims to describe and interpret lived experience, it is important to realise that one can only access the knowledge that is consciously available (through reflective awareness) and which is likely to comprise meanings and interpretations of lived experience.

Experience is a construction arising out of dynamics between self and world, partly expressed by the concept of intentionality. Stemming from the Latin *intendere*, meaning to aim in a particular direction (Gallagher and Zahavi, 2008), intentionality

encapsulates the dynamic correlation between the person and the world. It is based on the assumption that conscious individuals are always oriented towards something, even if tacitly (Sokolowski, 2000). It links the person with the world in such a way as to make incoherent any idea of world as separate from mind. This perspective challenges Descartes's view that consciousness is directed inwards, rather than outwards, and happens inside the confines of a boxed-in mind (Langdridge, 2007; Sokolowski, 2000). A confined mind cannot experience a world in common with others. This construction of experience lays the ground for showing how the mentor experience in the current study is philosophically interdependent with context. Later, it will be shown how Heidegger (1982) re-appropriated intentionality and replaced it with 'comportment', in order to better represent directed activity (rather than directed consciousness) in the world, and facilitating further distancing from any notion of person as separate from world (Dreyfus, 1991).

In phenomenology, intentionality is related to a transitive verb. Hence, a person 'intends' an object or another person. Simply understood, this can mean that one is oriented towards the object. There are many different ways of intending, or having a lived experience of the same object, but it is not only material objects that can be intended (Sokolowski, 2000). Hence, intentionality can extend to abstract concepts such as empathy, trustworthiness, equipment and professional conduct. Intentionality, however, is a highly differentiated matter (Sokolowski, 2000). Considering a mentor's intentionality relating to a patient's wound, she can 'intend' not only through direct bodily perception (by looking at it or smelling it) but pictorially (studying a photograph of the wound), through words (listening to the patient's description of how it feels), through remembering (what it was like last week), making judgements (it is healing well) or collecting things into groups (this is a venous ulcer). 'Intending' can be of something that is present, but also it can express something being absent, so the mentor can have the 'empty intention' of noticing that there are no signs of infection. Despite the range of perceptions and

interpretations and different modes of intending, the examples given all depict a mentor's intentionalities of the same wound.

Through intentionality, phenomenology dynamically links person and world. The extent to which a researcher or philosopher studying different instances of a particular lived experience can separate themselves from this close interconnectedness is key to ontological and epistemological positioning when conducting phenomenology. One can take a Husserlian view that it is possible to push aside the external contaminants of a situation (for example the researcher's assumptions about the experience based on intentionalities and interpretations from their own lifeworld) and study the experience as a sanitised account that directly represents the reported experience. Or, one can take an interpretive stance that self and world are inseparable, so that there is no question of there being an experience that is legitimately understood in any way other than as part of the presiding world of knowledge and assumptions (Langdridge, 2007). Interpretive approaches to phenomenology emerged with the work of Martin Heidegger (1889-1976) who, in his development of phenomenology, focused on the problem of what it means to exist in the world (Diekelman, 2005).

This tension concerning the extent to which understanding lived experience should be based on interpretation or objective description is also partly explained with respect to the natural or phenomenological attitudes. The phenomenology of Edmund Husserl (1859-1939) is based on a distinction between the natural attitude and phenomenological attitude, in which there is an assumption that a person adopting the phenomenological attitude can condition themselves into seeing 'the things themselves' rather than a more naturalistic interpretation (Gallagher and Zahavi, 2008). The natural attitude is the mode in which lived experience happens, in which someone as intending agent, is actively and immediately, yet unnoticingly immersed. Thus, the phenomenological attitude demands a disciplined approach studying the unnoticed intentionalities themselves, rather than the whole worldly context (Sokolowski, 2000). It is

interested in *how* things appear – their modes of appearing – rather than *what* they are (Gallagher and Zahavi, 2008).

It is postulated that a skilled philosopher can adopt the phenomenological attitude and pass through a ‘philosophical gate of entry’ (Zahavi, 2003: 46), having suspended the presuppositions and theoretical commitments that might guide their expectations in the natural attitude. This procedure is known as ‘the epoché’ (Zahavi, 2003). It is likened to standing back from the immediacy of the natural attitude in which things are already interpreted and given meaning and yet simultaneously tacitly invisible. In conducting the epoché, we do not dispense with the natural attitude, but hold it in suspense (‘bracketing’ it), in order to maintain an open attitude towards the phenomenon being studied (Dahlberg et al., 2001; Zahavi, 2003). However, the extent to which this is achievable, even by the most accomplished philosopher, is a matter for debate (Crotty, 1996; Paley, 1997; van Manen, 1997b). This debate challenges the legitimacy of the epoché as a tool for empirical research, especially if accepting Crotty’s (1996: 171) relatively extreme assertion that the phenomenological attitude also needs to be adopted by research participants as co-researchers, and that ‘everyone involved in phenomenological research has to be a phenomenologist’.

Developing the discussion of intentionality further, phenomenologists are also interested in eidetic intuition, insight into an essence, which is ‘a special kind of intentionality’ (Sokolowski, 2000: 177). This is significant empirically because, as will be shown later, phenomenological research seeks to discover the essence of particular experiences or objects. Phenomenological ‘essence’ is very close in meaning to the everyday understanding of the term. Therefore, a philosopher asking ‘what is the essence of mentoring?’ would want to know what distinguishes mentoring from some other similar activity such as teaching or parenting, as well as establishing its particularities. Eidetic intuition involves synthesis and a move into imagination (Sokolowski, 2000). For example, a mentor might contemplate the essence of being a student attending their first ward placement. Moving from an observation that such

students seem to find everything unfamiliar and that the end of the course is far from sight, after experiencing several students with similar characteristics, she might confirm that this intuition is indeed a generalisable feature. The last stage is imaginative variation, or 'armchair philosophising', in which the limits of this intuition are tested (Sokolowski, 2000: 178-179). So, she might ask herself whether some things but not others are unfamiliar – for example, the students might be familiar with some of the equipment, but only in a classroom context. She might reflect on how the students feel about the time ahead of them. Eventually, she may conclude that the essence of being a student on their first ward is 'needing to become familiar with routines and everyday equipment in the ward context, and a little in awe of the long road ahead to qualifying'.

Crowell (2004) claimed that eidetic intuition was central to all phenomenology and that although 'phenomenology might begin with an example drawn from experience, (...) its goal is not an exhaustive description'. It is, instead, the insights that are important. Gendlin (1965: 243), however, has signalled a limitation of phenomenology by questioning the relationship between 'the thematized description and the nonthematic character of the given'. By this, he means that imposing structures on phenomenological descriptions through applying a philosophical approach can only ever result in a simplification of the experience as it is lived.

In summary, phenomenology offers a framework for articulating and understanding different ways of being in and knowing the world (Sokolowski, 2000). Five fundamental features are lived experience as a pre-reflective way of being immersed in the world, intentionality as different modes of awareness of objects, the natural attitude of lived experience, the phenomenological attitude (via the epoché) for systematically studying the knower and the known, and the eidetic intuition of essences. In this context, Husserl proposed that experience should be studied free from personal assumptions, whereas Heidegger supported the view that experience includes interpretation, to which assumptions are integral. In the next sub-section, phenomenological concepts will be

differentiated further to show how they can support understanding of practice as lived experience.

3.2.2 Understanding the lived experience of professional practice

We auscultated³ the chest, and found that there were secretions that might be easily removed by suctioning. I just told the student to put on apron and gloves and get ready. It was so nice that for once she'd actually not elected to watch and was feeling confident enough to have a go. I knew that this was a high risk patient in suctioning, so couldn't help feeling a little tense. With any other patient, I would have supervised from the end of the bed, but knowing this patient was prone to having bradycardic⁴ and asystolic⁵ episodes, I wanted to be right there, to support the student as much as possible. Where necessary, I gave guidance, for instance, 'remember how far we need to insert the tube?' I watched her insert the tube, apply the suction and slowly remove it. The patient's saturations fell to 96%. I knew this could be problematic and kept watching her heart rate, blood pressure, and general demeanour.

This mentoring narrative, developed from the current research data, is an example of the overlap between nursing and mentoring practices. Taking a phenomenological approach, one might consider that daily practical living entails 'immersion in the already-given world, whether it be experiencing, or thinking, or valuing, or acting' (Husserl, 1960: 152). The experience of being immersed in mentoring and nursing practices involves multiple intentionalities and modes of knowing, for example, listening to chest sounds as a way of 'intending' secretions, or watching the student's actions as a way of judging ('intending') her skill in suctioning. Professional practice can be regarded in a broader context of practical living located within particular frames of reference (Higgs, 2010b). It requires individuals to take on roles and develop knowledge, skills and competencies to a level that is supported within a community of practitioners and viewed in a certain way by society (Higgs, 2010b). This section contextualises the philosophy of Martin Heidegger (1889-1976), and particularly the care structure of *Dasein*, as a framework that can enhance exploration and understanding of the experience of mentoring practice.

³ Listening for internal sounds with a stethoscope

⁴ Abnormally slow heart rate

⁵ Lack of heartbeat

In Heideggerian phenomenology, the focus is on the idea that, first and foremost, we are engaged in the world, coping with practicalities and caring about matters (Dreyfus, 1991). Moreover, the world is like 'a web of functional relations' (Overgaard and Zahavi, 2009: 95) in which equipment and other entities are understood in terms of roles, functions and purposes. This idea of human experience as purposive activity has also been utilised by the American pragmatists, such as Peirce (1839-1914), James (1842-1910) and Mead (1863-1931), who were interested in the actions of people engaging in the world, constituting reality within collective action towards 'challenges posed by their physical and social environments' (Prus and Puddephatt, 2009: 72). They recognised knowledge as both emergent and socially constituted. Although this might be useful for an epistemological research question about how knowledge is constituted in practice, it does not meet the needs of the ontological question of the meaning of experience that Heideggerian phenomenology supports.

Heidegger (1962) was concerned with the ontological question of the meaning of being, whereas Husserl's phenomenology addressed the epistemological problem of how we can know and describe human experience (Zahavi, 2003). Husserlian philosophy features predominantly in descriptive phenomenology where the aim is to describe the 'things in their appearing' (Langdrige, 2007: 86). Giorgi's (1997) method of descriptive phenomenology, for example, offers a useful framework for investigating a psychological experience such as boredom (Bargdill, 2000), anxiety (Fischer, 1989), daydreaming (Morley, 1998), or depression (Halling, 2002); or, a specific medical condition such as having an acute infection (Langdrige, 2007). For Heidegger (1962) being-in-the-world is coloured and shaped by our always, already, being in a situation so that the historical and dispositional context of any lived experience is integral to being there, experiencing (Dreyfus, 1991). This section outlines Heidegger's structural meaning of *Dasein*, a concept fundamental to the subsequent interpretations of the mentor experience, and which denotes being-in-the-world.

Translated from the German, *Dasein* means 'existence', or 'being there'. Heidegger also used it to mean 'being in the world' or even to denote a human being (Diekelman, 2005: 14; Langdridge, 2007: 30). However, the term is best understood when considering *Dasein* as a particular kind of entity, or a person 'whose Being is "existence"' (Polt, 1999: 43). This existence is characterised ontologically by existential structures ('existentials'), for example, temporality (having time as a 'horizon', or context, for existence) and language (making manifest patterns of meaning) (Polt, 1999). These existentials and others will be marshalled in this thesis to illuminate the meaning of the mentor experience. As the translation from Heidegger's German into English can sometimes result in an approximation and a possible distortion of meaning (Dreyfus, 1991), some frequently used Heideggerian terms will be adopted and used here, italicised, in their original German form.

It was important for Heidegger, when considering the concept of intentionality in relation to practical knowledge, to avoid the 'mentalistic overtones' of Husserlian intentionality; hence he replaced it with 'comportment' as directed activity, rather than what might otherwise be construed simply as directed consciousness (Dreyfus, 1991: 51). It is also important to note that *Dasein* is unique in being a self-interpreting entity, in contrast with non-human entities (such as tables and trees), which have an objective rather than subjective presence in the world (Polt, 1999). From this perspective, when human study humans, all parties are in the position of already having a thematic understanding of a particular experience, and to use the general terms of phenomenology, this understanding belongs to the natural attitude.

In the natural attitude, *Dasein's* basic way of existing is by involvement in 'dealings with the world of our concern' (Heidegger, 1962: 103), where things make sense in relation to a meaningful whole. Mentors, for example, are concernfully involved in a world of patients, students and equipment, which they understand by virtue of their education, training, and experience. 'Equipment' takes on a special meaning in Heidegger's philosophy. It represents everything that has special cultural and practical

significance, whether buildings, furniture, tools, transport, or raw materials (Dreyfus, 1991; Heidegger, 1962; Mulhall, 2005), but the word is only an approximation of Heidegger's collective term *das Zeug* (Heidegger, 1962: 97). In the opening narrative of this section, the mentor's immediate world (their *Umwelt*) included a slightly reticent student, a patient who was prone to life-threatening reactions to tracheal suctioning, and an array of equipment for monitoring and suctioning. The student's demeanour, and the patient's condition and responses to the suctioning, all played out as part of a meaningful whole in which the mentor's main purpose was to encourage the student to develop practical skills. However, most of the equipment in this account was invisible in the narrative and indicated only by the evidence of knowing the patient's physiological measurements and that the suction was working.

The above interpretation of the practice situation illustrates Heidegger's (1962) concepts of *zuhanden*, or 'ready-to-hand' entities. When skilfully using a piece of equipment, one is aware of the task in hand rather than the characteristics of this entity, and it is said that the equipment is *zuhanden*. It is only when a problem occurs that one becomes aware of the equipment – it becomes obtrusive (Heidegger, 1962: 103). If the oxygen saturation monitoring device suddenly gave unexpected readings, the mentor would need to check its positioning and look for other vital signs in the patient. At this point, the monitoring device becomes *unzuhanden*, or 'unready-to-hand', because it is no longer unproblematically relied on as a source of physiological information and it demands 'circumspection' (Heidegger, 1962: 102). If it had a serious fault, it would be taken out of service and sent for repair, in which case this would be a *vorhanden*, or 'present-at-hand', state for contemplation outside the context of its useful purpose, and so breaking its links with the 'referential totality' (Heidegger, 1962: 107). By understanding this shift of meaning when an entity is noticed within or removed from its context in these ways, it can help meaning to be gleaned in relation to mentor engagement in the world.

Meaning is a concept that might often be abstract and tacit. Discussion of equipment use can help to address the more abstract issues of how people engage with entities in the world (Heidegger, 1962: 162). For example, once the everyday, mostly tacit and *zuhanden* engagement with entities is interrupted, questions of knowledge arise – is this a reliable source of physiological data? Can I make an adjustment to improve its reliability? These subsequent acts of knowing are predicated on deficiency (for example, ‘I don’t trust the data’) and involve a deliberate thematising and objectivising of entities (Polt, 1999). It follows that interruptions of this sort can precipitate reflective awareness of practice. This is useful, in both research and workplace learning, to enhance capacity to communicate what might be predominantly tacit knowledge (Packer, 1989).

The *Lichtung* or ‘clearing’

Tacit knowledge clearly poses a problem for disclosing experience lived in the natural attitude. Heidegger’s (1962) philosophical solution was through the care structure of *Dasein*. He proposed that fundamentally, *Dasein* is care, as indicated by our inescapably concerned involvement in the world (Heidegger, 1962: 237). Moreover, the structure of care included a *Lichtung* or ‘clearing’, where the ‘hidden’ *Dasein* could be disclosed. *Lichtung* can translate both as a clearing in a forest and as a source of light (Dreyfus, 1991), and both meanings are equally useful. Figure 3.2 shows the relationship between the temporal existentials of the care structure (‘facticity’, ‘existence’ and ‘falling’) and the existentials in the *Lichtung* (*Befindlichkeit*, *Verstehen* and *Rede/Gerede*). The discussion begins with the *Lichtung* and continues with an explanation of *Dasein*’s temporality and other existentials.







Having a past	Having a future	Having a present	Dasein's temporal structure
Befindlichkeit (affectivity, attunement, mood) <i>Casts light on</i> 	Verstehen (capacity for action, interpretation) <i>Casts light on</i> 	Gerede (a form of Rede: hearsay, idle talk, groundless talk) <i>Casts light on</i> 	Existentials in the Lichtung
Facticity (concrete or determinate elements of existence, or thrownness) 	Existence (being involved in projects and possibilities) 	Falling (absorption in 'the they', and with everyday coping) 	Dasein's care-structure existentials
Rede (talk, discourse) (not associated with any one temporal aspect) <i>Casts light on</i>			Existential in the Lichtung

Figure 3.2 Dasein's existentials and Lichtung disclosing the care structure (Blattner, 2004; Dreyfus, 1991; Heidegger, 1962; King, 1964; Polt, 1999)

The first existential of *Befindlichkeit* is roughly translated as 'how one finds oneself', 'attunement', 'affectivity' or 'mood', which reach beyond the range of disclosure typically afforded by cognition and volition to a more felt sense (Polt, 1999: 64). One is attuned to the world through 'mood' and things show up as mattering or being important in some way through *Befindlichkeit* (Dreyfus, 1991). Moreover, 'mood' is related to our 'thrownness' (Heidegger, 1962: 174), which depicts our 'already having been' in the world (Heidegger, 1962: 396). We are already coping beings in the world that includes other people, things and mortality. *Befindlichkeit* lights up a fundamental facet of Dasein's care structure – 'facticity' – ourselves as 'thrust into the world' in a way that matters to us (Polt, 1999: 65).

The second existential is *Verstehen*, or 'understanding', seeing something as *something* or 'capacity for practical action', our ability to do things. 'We disclose things by letting them be involved in a possibility of our own Being' (Polt, 1999: 68). As we pursue possibilities, our current understanding of who we are and what we are capable of, makes future actions possible. For example, being a mentor 'makes it possible' to take

on a new student and equips one to know how to assess a student's competence. The process of coming to understanding is, therefore, 'interpretation', or 'the working-out of possibilities projected in understanding' (Heidegger, 1962: 189). So, interpretation is a process that takes a practical interest in whatever is understood. Through their *Verstehen*, mentors shine a light on their 'existence' as mentors.

A third existential for disclosing the care structure is *Rede*, or 'talk'. Language, which Heidegger (1962: 203) equates with discourse, is fundamental to being human and is constitutive of states of mind and understanding. Language articulates whatever is in our field of meaning, and deals with patterns of meaning (Mulhall, 2005; Polt, 1999). For example, the mentor in the suctioning example used talk to prompt the student to put on protective clothing and to reinforce the suctioning procedure. In her field of meaning, these were salient aspects of the situation of supporting the student to learn suctioning. As we articulate our practices through discourse and the equipment we use, care also shows because our language points to what matters to us: we name things that are important. Therefore, language and world are closely interwoven.

The care structure is slightly more complicated, however, than what is revealed so far through *Befindlichkeit*, *Verstehen* and *Rede*. Taking the example of mentoring again, in the course of pursuing mentoring possibilities, mentors are absorbed in coping. Rather than being concerned with 'being a mentor and how it matters to me', they are instead busied by inducting students into the workplace, organising the documentation, facilitating student access to suitable learning opportunities, teaching nursing procedures, managing their time, and so on. 'Paraphernalia, tasks and events' (Blattner, 2004: 1) therefore occupy the attention, but they are grasped as meaningful in the whole cultural context of mentoring and the way it matters. This concerned mode of existing in a public world is called 'falling' in which 'Dasein gets dragged along' (Heidegger, 1962: 400). 'Falling' is characterised by *Dasein* losing its *eigentlich* ('authentic') self by being absorbed in a public world or 'caught up and lost in the present' (Dostal, 1993: 156).

In 'falling', *Dasein* therefore loses touch with its *eigentlich* self and falls away into *Uneigentlichkeit* (inauthenticity), which is necessary in order to handle everyday work and roles (Guignon, 1993). Moreover, the talk that accompanies 'falling' relates to commonsense, taken-for-granted interpretations of *Dasein*, leaving 'falling' *Dasein*, in effect, uprooted from the concrete situation (Mulhall, 2005). Heidegger's account of this is that *Gerede* ('idle talk') entails involvement with *claims about* entities that eclipse the actual concrete nature of the entity itself (Mulhall, 2005: 107). So, for example, the reference to a 'high risk patient' in the scenario above, when considered as *Gerede*, can be seen to be a form of spoken code or jargon signifying, glossing over, and possibly 'hiding' the underlying concrete detail of what it actually entails to care for such a patient. In 'falling', primordial *Dasein* is veiled from view and *Dasein* interprets itself and the world in significations that are revealed through *Gerede*.

Temporality and other existentials of the lifeworld

Dasein is a particular kind of structured existence characterised by care and openness to possibilities. Some of these structures of existence – *Befindlichkeit*, *Verstehen*, *Rede*, *Gerede*, 'facticity', 'existence' and 'falling' – have already been outlined as key existentials. The existentialist view of the world is that person and world are part of a holistic system. For example, although we may intuitively consider that space and time are 'containers for our existence', for existential phenomenologists they constitute part of our existence, as our own 'concrete horizons' (Anton, 2002: 187). Existential phenomenology presents human beings as lived bodies with capacities both for perceiving, and acting in, the world, constituting themselves and others through intersubjectivity, in the conditions presented by space and time (Langdrige, 2007). Van Manen (1997b: 101) identifies four fundamental themes that 'probably pervade the lifeworlds of all human beings': temporality (lived time), spatiality (lived space), corporeality (lived body), and relationality (lived human relation), which can act as guides to reflection and lenses for meaning-making when researching lived experience. These will now be discussed in juxtaposition with the parallel concepts in *Dasein*.

Temporality is at the heart of *Dasein*, and an indication of *Dasein* ‘making sense of itself’ (Gibbs, 2009a: 114). At any given moment, we are absorbed in coping with current activity and rooted in a past which shapes the things that matter and distils mood. Simultaneously, the future presses into our existence because *Dasein* is already ahead of itself, giving significance to lived experience and supporting sense-making (Heidegger, 1962). In *Dasein*’s primordial temporality, *Befindlichkeit* and ‘facticity’ relate to having a past, and *Verstehen* and ‘existence’ relate to having a future. ‘Having a past’ means being-already-in-the-world (or ‘having been’ (Heidegger, 1962: 395)) and ‘having a future’ means “‘pressing ahead” into the activity of being what one understands oneself to be’ (Blattner, 2004). A mentor *qua* mentor projects herself forward in the way mentors do things, on the basis that mentoring matters to her, since she is, factically, a mentor.

A different temporality, that of one’s ‘worldhood’, shows in the common understanding of temporality as ‘a succession of presents’ with a past and a future (Gibbs, 2009: 115), which is ‘lived time’, and secondary to the aforementioned primordial temporality of *Dasein*. Such temporality of one’s lifeworld helps people go about their lives and belongs to ‘datable time’ (Gibbs, 2009a: 115) or ‘public time’ (Heidegger, 1962: 465). (This is the same temporality of the mentor lifeworld discussed in Chapter 8 and the same ‘time’ conceived as ‘fragments’ in Chapter 7.) Therefore, temporality within accounts of lived experience is likely to involve reference to the life course, hopes and expectations as well as a sense of whether time moves fast or slow (van Manen, 1997b).

Dasein’s spatiality takes account of the functional implications of space and distance, and is largely unnoticed, revealed only when there is some difficulty or rupture to activity. Difficulty reveals aspects of nearness or remoteness, or something being unavailable. There is ‘an essential tendency towards closeness’, or proximity, to things that are *zuhanden* (Heidegger, 1962: 140), so a near object is one with which one is ‘absorbedly coping’ (Dreyfus, 1991: 82). Existential spatiality is also ‘felt space’ and can relate to the meaning of place, such as the home (López and Sánchez-Criado, 2009; van Manen, 1997b) and for mentors, it could be their workplace. When reflecting on spatiality

in lived experience, one may notice how the built environment makes a person feel, or how things are arranged spatially in order to facilitate or obstruct practice. Space, meaning and emotion can be closely interwoven, as illustrated by Tuan (1977: 65) who claimed 'the world feels spacious and friendly when it accommodates our desires, and cramped when it frustrates them'. Spatiality is also characterised in *Dasein* as being centred on the person, involving body-centred orientations such as up-down and left-right (Dreyfus, 1991: 85). Therefore, in addition to the concept of spatiality, another lifeworld existential is that of corporeality.

Clearly, human beings exist bodily in the world. When we meet someone, we first know them through their bodily presence. Similarly, we are conscious of the characteristics of our own body, such as gender, emotional expression and disabilities. As our 'vehicle for being in the world' (Merleau-Ponty, 1962: 82), bodies are also able to perceive the world. Maurice Merleau-Ponty (1908-1961) was a key existentialist figure in the development of phenomenological thinking who traced intentionality back to its source in bodily processes, including perception. This 'incarnate subjectivity' which is 'irreducible to either consciousness or objective body' (Langer, 1989: 157) is Merleau-Ponty's key contribution to phenomenology. Thus, the body mediates our communication in the world and, as embodied beings, we experience space in relation to our bodies, standing in a living, dynamic relationship with time, and we see others as embodied and lived others (Dahlberg et al., 2001; Heidegger, 1962). When reflecting on corporeality in lived experience, it can therefore involve sensing, action, and bodily self-awareness (van Manen, 1997b).

As a temporal, spatial and corporeal being, *Dasein* is also in the world with others. Relationality refers to interactions and relationships with other people, but it can also provide the basis for self knowledge: 'We are literally what others think of us and what our world is' (Merleau-Ponty, 1962: 106). Moreover, 'being-with' others is an existential of *Dasein* (Heidegger, 1962: 156). Humans are primordially in the world with others, therefore any inner experiences related to consciousness can be regarded as

only secondary to an experience of a public, shared world. Others are there for us even when we are alone, and we can be aware of them, for example, through knowing that a certain car or book belongs to someone (Heidegger, 1962: 156). In order to reflect on relationality in lived experience, one may seek out reference to meaningful others or a sense of self derived from being in the world with others (van Manen, 1997b).

This section has introduced key concepts within phenomenology, including *Dasein* and lifeworld existentials, which are applied in this thesis for supporting understanding of the meaning of mentoring. *Dasein* exists in a world of paraphernalia, tasks and events which can define the way things matter to mentors and illuminate the meaning of their experiences. The things that matter and the feelings that characterise lived experience are clearly very helpful concepts for investigating what it means to be a mentor. However, although the mentors portrayed, for example, empathy for others, contextual awareness, and a sense of purpose during the course of data collection, it can nevertheless be difficult to disentangle commonsense views of lived experience from Heidegger's structures. Heidegger may be 'talking about the ordinary experience of feelings, affects or moods' but much of Heidegger's structure derives from 'implicit understanding of what we are doing' (Gendlin, 2003). Heidegger (2002: 61) insisted that the first thing people experience is 'the meaningful...without any mental detours', rather than a mental grasp of something.

The challenge when researching the meaning of being a mentor is to know how the everyday practice experiences and talk about experiences can be transformed into essence and themes that really capture their reality. The next section considers the epistemological endeavour of what we can know and how we can know it in hermeneutic phenomenology.

3.3 Epistemology and the methodological framework

Epistemology focuses on questions of what we can know, how we can know it and how certain we can be about the status of this knowledge (Stainton-Rogers, 2006).

Building on the main tenets of phenomenology, *Dasein*, and existential lifeworld structures outlined above, this section considers the question of knowing the experience of mentoring practice. It begins by reflecting on some of the challenges to knowing in phenomenology and then explores the solutions applied in this thesis.

The research question seeks knowledge about experience and meaning. As Chapter 2 has shown, the meanings and feelings associated with the mentor experience may have been largely hidden and/or taken-for-granted, but might hold the key to understanding the essence of being a mentor. The research aim is to strip away formalities and rhetoric to reach individuals' realities. Heidegger (Smythe, 2005) had an elegant metaphor for expressing this phenomenological seeing. He described it as entering a clearing in a forest, where 'being' is lit up for us so that we are able to see the beauty of the trees for the first time, rather than a series of trunks and branches or the forest as a whole. Finding a method for reaching this clearing is, however, a challenge, especially given the abstract language typically applied to such investigations. For example, it might involve a 'continuous search for meaning' (Dahlberg et al., 2001: 113) or an attempt to unearth something telling or thematic (van Manen, 1997b).

In order to develop concepts of the meaning of being, Heidegger (1962) alluded to the need for concrete clues, while van Manen (1997b) was emphatic about the primacy of concrete description in phenomenological research. Usually, this is obtained through semi-structured or conversational interviews, written descriptions, or participant observation. The value of interview data in qualitative methodology is widely accepted, not least because of the acknowledgement that other people's experiences are not always, or all, available to public view, making self-report essential (Polkinghorne, 2005). Appreciating the constructed nature of emotion within discourse is also a useful premise on which to interpret interview and other discursive data (Edwards, 2001). Written descriptions can be useful in allowing informants to provide an account of an event, or an occurrence of a particular experience (van Manen, 1997b), and participant observation can surface aspects of practice that might otherwise go unnoticed by the observed

person (Dahlberg et al., 2001). The challenge, in phenomenology, is to convert naïve description, drawing on an 'experiential gestalt', into themes and essences (Conklin, 2007: 278).

It can be assumed that some elements of experience are either pre-reflective (not yet converted into language-based thought), or more of a felt sense that can be elusive to the everyday language expression to which people generally have access (for example, Gendlin, 1978). King et al (2008: 82) recognise that on occasion, in order to find suitable verbal expression to represent experience (in their context of phenomenological psychology) one may need to 'stretch the meaning of words or invent a new vocabulary to draw attention to the nuances of experience'. In order to overcome this, some researchers have drawn on artwork for creating experiential data. Kearney and Hyle (2004), for example, used drawings to explore the experience of organisational change for school staff, Titchen and Manley (2006) have deployed artistic critique and creativity as a vehicle for releasing creative processes in a cooperative enquiry group of health care practitioners within an action research project, and Spouse (2003) stimulated memories and illuminated talk about experiences with participant artwork during research with a group of student nurses. In addition to its applications for inquiry into practitioner experiences, artwork has found a place in studies investigating experiences of health or ill-health (Edgar, 1999; Guillemin, 2004). In these different contexts, it is apparent that using visual data brings to light aspects of human experience that may not be available to verbal description.

Meaning and emotion can also be embedded in discourse, and as Dewey (1925: 166) remarked, 'When communication occurs, [...] events turn into objects, things with a meaning'. Many researchers have relied on interview data to study meaning (for example, Almerud et al., 2008; Dahlberg, 2006; Kahn, 2000a). However, despite the nature of meaning often being expressed as fundamentally cognitive (Baumeister and Vohs, 2002), meaning can also be understood as embedded in practices. In ethnomethodology, for instance, 'the social is continually being made and re-made

through meaning-making practices' (Wardman and Saltmarsh, 2010: 227). Heidegger's (1962) aforementioned description of a world confirms that tools, traditions and language, are themselves intrinsically meaningful by their very nature of having a purpose.

The bodily basis of meaning has also been widely discussed in the literature, particularly in relation to the connection between language and the body in metaphors (Lakoff and Johnson, 1980). Taking Merleau-Ponty's (1962) philosophy of embodied relation to the world, it is conceivable that meaning can be generated and conveyed through the body, in physical actions such as shaking a fist in anger (Langer, 1989). These views of the human world help to enrich understanding of meaning and lend it very well to phenomenological study. Indeed, Finlay (2009: 6) asserts that a central concern of phenomenologists is 'to return to embodied, experiential meanings'.

To summarise, in phenomenological research, there seems to be a unitary idea of meaning: meaning as a constituent of existence (Diekelman, 2005). Given the mental, embodied and experiential dimensions of meaning, it may manifest itself in people's actions, gestures and use of 'tools' as well as in what they say. Therefore, it is important that research methods provide ways for participants to express what is in their minds, as well as to reveal their practices. As previously identified, the traditional call for adopting the phenomenological attitude through the epoché, may or may not be achievable (Conklin, 2007).

3.3.1 Epoché, reflexivity and open attitude

'Epoché' provokes lively and unresolved debate. The existentialists, following Heidegger, argue that although people are too embedded in the natural attitude to be able to completely bracket their assumptions, researchers should at least attempt to identify assumptions and prejudices in order to maintain an open attitude to the phenomenon under study (Dahlberg et al., 2001; Langdrige, 2007; van Manen, 1997b). According to Finlay (2008) it 'involves the researcher engaging a certain sense of wonder

and openness to the world while, at the same time, reflexively restraining pre-understandings'. It is, therefore, a process that needs to be acknowledged and adopted within all research that claims to be phenomenological.

Finlay (2008) describes four steps for epoché. The first step is the 'epoché of the natural sciences' (Husserl 1936/1970 in Finlay, 2008: 5) which allows framing the experience in the natural attitude, unencumbered by theoretical knowledge. Second, is the epoché of the natural attitude, bracketing anything that belongs to the natural attitude and therefore taking on a phenomenological attitude. The third is the more radical exercise of 'standing aside from one's subjective experience and ego' to focus on transcendental consciousness (Finlay, 2008: 6). Finlay (2008) recognises that this may be beyond the scope of empirical research, but nevertheless seems to accept that along with the fourth step, the intuition of essences, these efforts do at least allow researchers to shine a fresh light on experience. Despite the impossibility of a complete epoché, Finlay (2008: 8) reaffirms the value of performing at least a partial epoché by breaking with our familiar acceptance of the world and allowing a world of assumptions to be included which 'cannot be forgotten or transcended'. This reflects LeVasseur's (2003: 418) approach, recognising the value of a departure from the natural attitude by 'an awakened and passionate curiosity' that allows one to resist imposing pre-existing assumptions and theories on the situation.

Thus, given that *Dasein* and 'world' are part of the same thing and a researcher, as *Dasein*, cannot step aside from this fundamental dwelling or embeddedness in the natural attitude (Dreyfus, 1991), the solution to knowing the mentor experience, proposed here, is to maintain an open attitude to the mentors and to foster self awareness. This openness can feature careful listening and receptivity during data gathering and paying attention to reflexivity during interpretation.

Reflexivity relates to a 'thoughtful, self-aware analysis of the intersubjective dynamics between researcher and the researched' (Finlay and Gough, 2003: ix). In other

words, the reflexive researcher explores the ways in which their involvement with a particular study influences, acts upon and informs the research (Ellis and Bochner, 2000). Reflexivity can also be viewed as a means of adding credibility to qualitative research (Dowling, 2006). Dowling (2006) describes four forms of reflexivity: reflexivity aimed at sustaining objectivity; epistemological reflexivity; reflexivity from a critical standpoint; and reflexivity from a feminist standpoint. The first form of reflexivity is aimed at suspending bias and pre-existing beliefs, and reflects a strong positivist influence. Epistemological reflexivity encourages the researcher to reflect on their assumptions about the world and about knowledge and consider the implications for their research. Rather than suspend pre-judgements, researchers who exercise the epistemological reflexivity of hermeneutics bring their previous experiences into the data.

From a critical standpoint, reflexivity moves beyond personal reflections to include an examination of the political and social constructions that inform the research process, such as can be achieved in a literature review. It is reported to relate to 'validity' by addressing the ethical and political questions around the research and its limitations (Dowling, 2006: 12). Feminist reflexivity relates to the positioning of the researcher and participant as subjective individuals who, through a process of reciprocal sharing of knowledge and interpretations, can be viewed as partners and collaborators. Any attempt for the researcher to be seen as 'objective' would be considered false. Over the course of this study, all these elements of reflexivity were reflected upon. Good interpretation 'pre-supposes a self-understanding' (Couzens Hoy, 1993: 193), and the next section outlines the basis of hermeneutics and interpretation for reflecting on the data.

3.3.2 Hermeneutics and interpretation

Hermeneutics involves a process of interpretation that can reveal hidden meaning. This section considers the epistemological activity of interpretation, which can be taken as a 'reflective working through', or a process of articulating, thematising and theorising a given experience that starts with practical understanding (Couzens Hoy, 1993: 174; Packer and Addison, 1989a). Interpretation and understanding exist in a

circular relationship with each other, because we can interpret our understandings and also our understandings arise out of a process of interpretation (Heidegger, 1962: 194-195; Packer and Addison, 1989b). Interpretation works with a text, which can be a narrative of experience that is fixed in some way, such as by virtue of a recorded and transcribed interview, a written account, research notes or images (Cross et al., 2006; Packer and Addison, 1989b; Rose, 2007). The outcomes of interpretation depend on the interpretive framework applied.

Hermeneutics stems from the Greek meaning to interpret and reveal, and exists as a discipline independently of phenomenology, historically for commentary on religious texts (Trede and Loftus, 2010). Friedrich Schleiermacher (1768-1834) introduced a systematic application of hermeneutics to a range of texts, as well as examining the actual act of understanding. He emphasised three rules: recognising the significance of context; moving between the text (the parts) and the context (the whole); and attempting to understand the author (Dahlberg et al., 2001). Later, Gadamer's (1975) main contribution was to promote the idea that humans are historical beings, deriving meaning from the past, and therefore subject to 'prejudices' that anchor us in the world. He developed Husserl's concept of 'horizon' to explain the limits and possibilities of understanding (Dahlberg et al., 2001). In order for a researcher to understand the experience of another person, they must challenge, dismantle and move beyond the boundaries of their own horizons.

Prior to Gadamer and following Husserl, Heidegger had created the 'hermeneutic turn' towards a model of *Dasein* which 'always already' occupied 'a symbolically structured world' (Lafont, 2004). This replaced Husserl's subject-object model of phenomenology in which an *observing* subject is situated alongside, rather than within, the world. Hermeneutic phenomenology, which combines interpretation with a study of lived experience, incorporates Heidegger's three fore-structures: 'fore-having' (an advance understanding), 'fore-sight' (our guiding point of view) and 'fore-conception' (concepts articulated by the vocabulary that is available) (Lafont, 2004). Collectively,

these are commonly known as presuppositions (Smith, 2007). The task for researchers is temporarily to side-step their own presuppositions (for example, through the epoché), which may be obstacles to disclosure, in order to interpret the experiences they are studying and only once these have come into view, can they be inspected in relation to the presuppositions.

Since the work of Heidegger and Gadamer, hermeneutic phenomenology has become well established as a research discipline, commonly applied to the interpretation of interviews and written accounts of human experience. A key to success in conducting hermeneutic research is to maintain an open, self-aware attitude. According to Gadamer (1975: 238), this involves being prepared for the text to 'tell' you something and being 'sensitive to the text's quality of newness'. Rather than suppress one's self, it is important to be aware of and assimilate pre-existing knowledge with the new. This reflects very well the sensitivities that must be exercised in hermeneutic research. (The process for conducting hermeneutics will be discussed in Chapter 4.)

The findings of hermeneutic phenomenology are also couched in a way that recognises the open-endedness of the process. Identified themes can be viewed as a way to show the reader what you see or hear in the data; something that evokes understanding and further engagement (Smythe et al., 2008). Themes therefore serve as invitations to the reader to engage and think along with you, and the purpose of the research is not to close down or tightly define a subject, but to 'invite readers to make their own journey, to be exposed to the thinking of the authors and to listen for the call on their own thinking' (Smythe et al., 2008: 1393). In order to complete the ontological and epistemological framing of the research, there follows a discussion of my own personal frame of reference.

3.4 Developing a personal frame of reference

The process of defining and honing a methodology for this project was itself a process of engaging in a hermeneutic circle, moving from the particulars of the inquiry,

out to the community of researchers and philosophers, importing established ideas and approaches into the thinking, trying them out for fit, asking new questions of the limitations and possibilities that arose, and back to the larger picture. As it developed, the inquiry demanded new questions of the community of scholars in light of new insights, or unforeseen circumstances. Understanding developed, not only from engaging with the research question, participants and eventually the data, but also through continued engagement with scholarly and philosophical works, and this section positions the proposed methodological approach alongside such engagement.

Approaching the world of qualitative research seemed beset with contradictions and pieces that did not fit together. For example, Silverman (2005) stated that although Denzin and Lincoln (2000) apparently proposed a unitary model for qualitative research, in practical terms this needed sub-dividing into emotionalism (focusing on meaning and emotion) and constructionism (focusing on behaviour). This created a misfit when adopting a phenomenological perspective, which is broadly agreed to hold a constructionist epistemology for researching experience and meaning (Caelli, 2000; Paley, 1997). Finlay and Ballinger (2006) drew attention to a different configuration and terminology, citing the four 'World views' as positivist and post-positivist; constructivist-interpretive (the best fit for phenomenology); critical (Marxist, emancipatory); and feminist-poststructural. White (2009) on the other hand, declared that foregrounding these worldviews created unhelpful polarisations and caricatures of research. As identified earlier, hermeneutic ontology and interpretivist epistemology (Higgs and Trede, 2010), which can best be described as belonging to a constructivist-interpretive worldview, are adopted in this study.

In addition to research, practice is also influenced by worldviews. Van Manen (2007: 19) asserted that professional practice is subject to a 'hegemony of technological and calculative thought', making it difficult to escape from a preoccupation with 'outcomes, observables and standards' dominating practice discourse. Drawing attention to the 'pathic' or 'felt' elements of practice, he claimed that a phenomenology of practice

can break free from this hegemony. Such a phenomenology needs to be 'sensitive to the thoughtfulness required in contingent, moral, and relational situations' (van Manen, 2007: 21). Engaging, however, in this kind of research means being open to complexity and uncertainty at the same time as working within 'a space of ethical and technical rigour' (Cherry, 2010: 15). This is one of its great challenges.

The literature reveals that phenomenological research is also beset with difficulties of definition, generalisability, extent of interpretation, and researcher subjectivity (Finlay, 2009). Critique has been particularly strident in nursing research (Crotty, 1996; Earle, 2010; Norlyk and Harder, 2010; Paley, 1997; 1998; 2005). These critiques centred on perceived misunderstanding and misrepresentation of the key phenomenological concepts of essence and epoché, as well as the objectivity and generalisability of findings. Nevertheless, Benner (2001) used the ideas of Heidegger and Merleau-Ponty to develop her method of analysing 'paradigm cases' as exemplars of themes in nursing practice experience. It is useful to be mindful of the more relaxed approach taken in American phenomenology, which Benner (1994b: 99) described as 'engaged reasoning and imaginative dwelling in the immediacy of the participants' worlds', as distinct from the 'objectivizing projects of the traditional European phenomenologists' (Caelli, 2000: 371).

Phenomenological research methods in psychology and professional practice have been developed by a number of well-respected academics, including Giorgi, Colaizzi, van Kaam, Wertz and Moustakas, who worked in the domain of psychology, and social scientist van Manen, who is the main figure in the phenomenological study of practice. Giorgi (2005; 2008), who remains actively involved with promoting phenomenological research methods, has established a strident case in defence of phenomenology, based on the valuable insights it can provide into human experience. A 'new' phenomenology, which aspires to understand subjective or existential reality, has become popular in America, inspired by these pioneers (Caelli, 2000; Dowling, 2007).

Van Manen's (1997b) lifeworld existentials are derived from existential phenomenology, the basis of which was Heidegger's (1962) thesis of 'being-in-the-world'. They have been appropriated diversely within phenomenological research. For example, Råheim and Håland (2006) produced a theoretical interpretation of the meaning of the lived experience of chronic pain, structured around the four existential themes, in addition to a set of data-led themes. Merrill and Grassley (2008) applied the existentials differently to their data, observing four main themes of women's experiences of being overweight, each of which could be aligned to one of the existentials. Savage (2006) similarly aligned certain data themes to existentials in her phenomenological research about first-time mothers' experiences of knowing in childbirth. Hall et al (2010) utilised lifeworld existentials in interviews with neonatal nurses, asking them about their experiences of a new practice framework in relation to space, time, body and relationships. As will be seen in Chapter 4, these lifeworld existentials have been used in this thesis to structure interpretation of the essence of being a mentor.

Historically, the existentials of *Dasein's* care structure and its *Lichtung* have proved to be more elusive in empirical research. Despite numerous cases where elements of *Dasein* have been applied to empirical findings as an interpretive lens (including Benner, 1994b; Bennetts, 2002; James and Chapman, 2009; López and Sánchez-Criado, 2009; Sandberg and Pinnington, 2009), it is difficult to locate extant studies that engage the care structure in interpretation in the detailed way adopted in this thesis. Moreover, the combined application of the care structure and lifeworld existentials seems unique. Chapter 4 will show how the existentials of *Dasein's* care structure were assigned to the main themes following initial analysis.

The object of inquiry was the subjective experience of mentors, accepted as their personal reality to be mined for meaning and its qualities as it was lived. It was also accepted that I, as the researcher, was engaged in the process as a self-interpreting being, capable also of interpreting the experiences of others. Therefore, there would be times I and participants had experience in common that enabled ready connection. Self-

knowledge was a significant element of the process, which included clarity about presuppositions. Some of the 'fore-having', or advance understanding, has been set out in Chapters 1 and 2. The 'fore-sight', or guiding point of view, has been covered in this chapter, with 'fore-conception', or articulated concepts, spanning all three chapters.

Chapter summary

Starting from the question about what it means to be a mentor, this chapter has made a case for the application of hermeneutic phenomenology in the investigation of the mentor experience. The thesis adopts a wide-angle-lens view of the experience of mentoring, taking in the elements of what it means to be a mentor and how experience can form a starting point. By applying established and yet sometimes contested principles and processes set out here, the next chapter will account for the methods used in conducting the research. The final word here is provided by van Manen (2007: 26):

Sometimes reading a phenomenological study is a truly laborious effort. And yet, if we are willing to make the effort then we may be able to say that the text speaks to us not unlike the way in which a work of art may speak to us even when it requires attentive interpretive effort.

Chapter 4. Engaging and dwelling in the hermeneutic circle

This chapter describes and justifies each of the research design decisions, considering the feasibility of the methods in relation to the participants' context, and the overall strategy in relation to the requirement for reflexive researcher engagement. It also discusses the research ethics, the procedures for obtaining ethics approvals, access to participants, recruitment, data collection methods and techniques, and data analysis. In order to reaffirm the hermeneutic endeavour of this research process, the 'hermeneutic circle' features as a central mechanism for engaging with the experience of mentoring. The research design refers to the 'inner frame' of Figure 3.1 (cf. Chapter 3) and is summarised in the first section of this chapter. The following three sections discuss data gathering, data analysis and ethical and quality implications respectively.

4.1 Research design and entering the hermeneutic circle

The study participants were twelve female nurses working in a range of hospital, rehabilitation and primary care settings in the NHS within a small locality in southern England. They were recruited by processes of purposive (Ritchie, 2003) and snowball (Patton, 1990) sampling. Access to the participants was contingent upon approval from The Open University Human Participants and Materials Ethics Committee, the local NHS Research Ethics Committee and the respective research and development departments supporting the NHS trust and the primary care trusts accessed.

All data gathering took place in participants' own time, despite some initial interest within the participating organisations to procure mentors' release from normal duties to support their engagement in the study. Dependence on participants' personal time carried both benefits and challenges. The benefits were that the mentors were not obliged to declare their participation to their manager, and so were not under any contractual obligation to report back or demonstrate any professional development as a result of participation. Therefore, although access to participants was formally approved,

actual involvement was their personal commitment outside formal work contracts.

However, a central challenge was that the resultant demands on their personal time increased the difficulty of recruiting participants, and meant that some potential recruits were unable to take part.

A further factor from the participants' context that affected the study was the hectic and sometimes unpredictable nature of their working lives. This made it difficult to contact participants, and at times caused last-minute cancellations, occasionally rushed interviews and problems with completing event diaries. Additionally, the students they were scheduled to be mentoring did not always materialise due to unforeseen changes to allocations, which delayed data gathering opportunities. In contrast to previous research identifying challenges associated with engaging mentors in research (Finnerty, 2009; Mallik and McGowan, 2007), it is a sign of participants' commitment to this study how many actually managed to engage with every aspect of the data collection process.

Table 4.1 shows a summary of the important features of the research design, each of which is described in this chapter. Since the hermeneutic approach is a key interlinking element of the study design, this section also introduces the connections between the hermeneutic method and Heidegger's (1962) philosophy, as well as outlining the processes of identifying presuppositions and making provision for reflexivity.

Table 4.1 Summary of the research design

Data source	Purpose/rationale	Method of analysis
Event diary which comprised:	First-person accounts of mentoring experience following the event	Hermeneutic processes linking the parts
1. narrative description	Descriptions of experience after the event	Thematic analysis
2. 'rich picture' option	Pictorial representation of events and feelings by-passing the need for language	Critical visual methodology
Interview 1	Clarifying what is involved and obtaining signed consent Cultivating an open, receptive attitude towards the individual and their mentoring experiences Establishing the mentor's own sphere of mentoring practice Identifying potential future events for the event diary	Thematic analysis of descriptions of mentoring experiences
Interview 2	Hermeneutic interview, engaging in joint reflection on the event diary and additional mentoring experiences	Thematic analysis of descriptions of mentoring experiences
Interview 3	Hermeneutic interview, engaging in joint reflection on additional event diary and mentoring experiences Inviting comment on initial thematic representation of the first two interviews	Thematic analysis of descriptions of mentoring experiences
All data sources		Hermeneutic analysis: interpretation

4.1.1 Entering the hermeneutic circle

Heidegger's (1962) understanding of the hermeneutic circle is that it represents *Dasein* as a circular being, already embedded in presuppositions, care and temporality. Therefore, it is impossible for human understanding to operate from a detached perspective. In order that our understanding of a circular *Dasein* does not simply become a self-perpetuating circle in which we can learn nothing new, applying language to interpret lived experience allows a meaningful engagement which leads us beyond everyday understandings. Interpretive processes consequently involve breaking into

Dasein's hermeneutic circle to see it beyond what may appear to an observer as a *vorhanden* thematic understanding, towards a closer connection with the mentors' *zuhanden*, concerned involvement with their practice (Kezar, 2000). The hermeneutic circle itself is taken to be both a feature of *Dasein* and a device for the interpretation of human experience. This section focuses on accessing the mentor's *Dasein*, and Section 3 discusses the hermeneutic method for interpretation.

Concernful involvement means that one is existing in a 'referential totality' of entities, roles, relationships, and purpose (Heidegger, 1962: 107). In order to understand what this meant for the mentors, this investigation required them to engage circumspectively with their comportment in their *Umwelt*, the 'ordinary, everyday world' (King, 1964: 84). Thematic understanding, on the other hand, divorces mentoring from the *Umwelt* of everyday, practical engagement towards being an objectivised *vorhanden* entity, and the aim here was to maintain a circumspective focus (Heidegger, 1962: 415). Engaging in the mentors' hermeneutic circle in order to access their comportment in their *Umwelt* involved participating in dialogue – conversations with them and questioning the texts and pictures they produced for this research (Trede and Loftus, 2010).

My entry into the hermeneutic circle of the mentor experience began in a previous role as an NHS employee tasked with increasing the quality and number of clinical placements. This role precipitated my awareness of mentors resisting or welcoming the increase in student numbers, the logistical difficulties of finding and preparing new mentors, and ways that valuable practice learning experiences could be devised from limited resources. This insight into the mentor experience gradually developed through listening to accounts of their experiences and combining existing personal knowledge, and that of colleagues, to aid interpretation of situations. The process led me to develop some understanding of what it must be like to be a mentor, for example when under pressure to take more students. It was only the beginning, however, of a journey into this hermeneutic circle.

Throughout the entire process of coming to know the mentoring situation, formulating research questions and conducting the research, there were many occasions when I needed to exercise awareness and restraint in managing my pre-understandings. In other words, I had to give attention to my personal knowledge, understanding and experience of mentoring in this context. I needed to maintain an open and receptive attitude toward the mentor experience. Drawing on three main texts: Heidegger (1962), Finlay's (2008) insights into epoché and Dowling's (2006) interpretations of reflexivity, and assuming that a presupposition-less starting point was unachievable, I applied the following processes:

- 1) Approaching the experience as unencumbered as possible by theoretical knowledge.
- 2) Articulating and naming everything that is of interest in the phenomenon of study, in order to render it initially *vorhanden* (present-at-hand).
- 3) Engaging in epistemological reflexivity.
- 4) Uncovering the meaning of the *zuhanden* (ready-to-hand) by absorption in the hermeneutic circle and by intuition of essences.

The first three processes are discussed in this early part of the chapter in relation to data gathering, and the final process becomes important in the later discussion of data analysis.

Putting theoretical knowledge aside required naïve receptivity toward the mentor experience, rather than viewing it through the lens of theoretical ideas. However, there were two main difficulties to overcome in relation to this. First, was a tension between reviewing the literature in order to justify the need for research, and approaching the topic unencumbered by theoretical knowledge. For example, theoretical knowledge influenced some of my questioning when conducting 'pilot' interviews with colleagues before accessing mentor participants. I introduced concepts of mismatch, role identity, role conflict and emotional labour in follow-up questions during one pilot interview, which diverted the interviewee's focus and narrative. This learning informed my subsequent practice in the mentor interviews, in recognition of how important it was to remain grounded in their personal accounts of mentoring.

A second example of this tension is that, in the early stages of development, I inserted prompts into the event diary posing questions such as ‘How challenging was it?’ and ‘How skilled are you at it?’ to reflect theory on flow. At the point of actually conducting the research, however, I removed these theoretical assumptions and honed the questions into more generalised prompts to elicit description, including: ‘Where were you? What was the main thing you were doing? What else were you doing? What did you notice others doing? What were you thinking? What sights, sounds, smells or other physical sensations were you aware of? What did you feel? What made you feel that way?’ (van Manen, 1997b). These questions were designed to be compatible with an exploration of comportment in the *Umwelt* in as neutral a way as possible.

A second difficulty was the need to use language as a medium for participants to discuss their feelings, since the application of language to describe and label feelings can itself impose theoretical assumptions about them (Beedie et al., 2005). Given the significance of mood in the concept of *Dasein* (Heidegger, 1962), it seemed particularly appropriate to ask mentors about it, although I also recognised that the ubiquitous nature and the pervasiveness of mood in everyday experience means it can often go unnoticed (Barsade et al., 2009; Brief and Weiss, 2002). This combination of the limitations of language itself and the imperceptibility of mood required great care to be taken during data collection and interpretation.

Articulating and naming everything that is of interest began with the research question and continued in the interviews and event diaries. I encouraged the mentors to talk about everything that was involved in mentoring and focused in on aspects that appeared to be particularly meaningful to them. It was important to elicit talk about their perceptions, emotions, beliefs, actions and lived relations in order to grasp, as near as possible, these experience as they were lived (Finlay, 2008). The participants often gave detailed accounts of experiences that were conspicuous as unusual or challenging in some way, while the mundane was often harder to articulate in any detail. This observation is supported by Packer (1989) who asserts that focusing on oddities and

anomalies can foster interpretation of experience by prompting a sense-making process. Additionally, since talking and writing about experience primarily represents reflective awareness (van Manen, 1997b), it was also important to be aware of the difference between pre-reflective experience and reflective awareness during the interpretation of the data.

Engagement in epistemological reflexivity encourages researchers to be aware of their own assumptions about the world and about knowledge and to consider the implications for their research (Dowling, 2006). Therefore, rather than suspend pre-judgements, I considered the data in an attitude of reflexive awareness. Given the earlier discussions on the tacit nature of much knowledge (cf. Chapter 3), I recognised that the knowledge I could consciously apply to my reflexive processes only partially represented my presuppositions. My experience of reflexivity also indicated that, in accordance with Smith (2007), some presuppositions, or fore-structures, only became apparent once interpretation was under way and I engaged closely with the data. This presented a need for dynamic interplay between me as investigator and the mentor experience as the object of interest. The following paragraph provides examples of my engagement with reflexivity.

I maintained a research log of experiences and feelings during data gathering, which served as a resource that could support the reflexive approach. Although these notes were initially unstructured, I eventually utilised the event diary format in order to gain insight into the very processes with which I was asking participants to engage. This process afforded me first-hand experience of trying to create a descriptive account of an event. Similarly, I also exercised reflexivity during data analysis, for example in writing memos to support and frame interpretations, or capture reactions to the data that may have had no immediate interpretive value. I also initiated and intermittently updated two research blogs (one on mentoring, one on methodology) of personal engagements with the research process and my tentative interpretations (Wilson, 2008-2011a; b). All these

different strategies supported a thoughtful engagement with the question of the mentoring experience and will be detailed at appropriate points in this thesis.

In order to demonstrate methodological cohesion, Figure 4.1 juxtaposes the philosophical, methodological and 'real life' layers. The central spine represents the main task of transforming lived-experience accounts into phenomenological description. The two circles represent the lifeworld horizons of informant and researcher and our engagement with the meaning of being a mentor. On the left, salient elements of Heidegger's philosophy are mapped against the different aspects of the study. On the right, formal research methods are aligned with the processes leading to phenomenological description. Although this can only be an approximation of how the methods align to lived experience and investigation practices, it exposes the rationale for the whole process, which is described in the rest of the chapter.

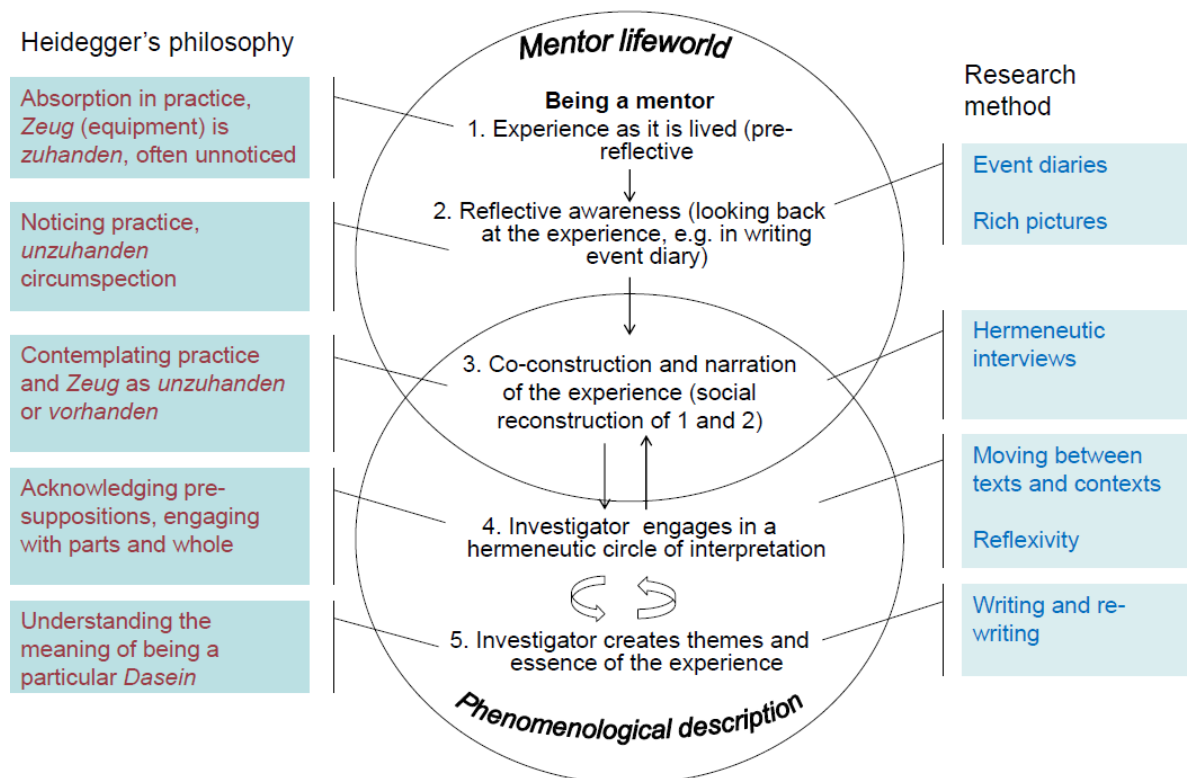


Figure 4.1 Transformation of mentor lifeworld into phenomenological description drawing on Heidegger's philosophy

4.2 Data gathering

This section explains the sampling and recruitment processes before discussing the data gathering techniques, namely, conversational interviews, event diaries, and rich pictures.

4.2.1 *Sampling, recruitment and engagement of participants*

Sampling and recruitment were interdependent processes in this study. I conducted purposive sampling to attract mentors who were willing to give their time to talk about mentoring experiences. This is a recognised strategy for identifying and accessing a sampling frame, which involves applying criteria that would suit the purpose of the study (Ritchie et al., 2003). In order to enhance understanding of how work and career contexts might interact with mentoring experiences, I placed emphasis on attracting mentors from different work settings and at different stages of their career. Since practice can become increasingly intuitive (rather than rule-based) and knowledge can become embodied and tacit with developing expertise (Benner et al., 1996), I sought participants who were new to mentoring in addition to the more experienced mentors. I also attempted snowball sampling, with some limited success, as a way of capitalising on existing peer networks. Snowball sampling entails identifying participants through recommendations from people who know them, and can be a device for finding information-rich cases (Patton, 1990).

In all, twelve mentors were recruited. Recruitment took place over a six month period, with the implication that some mentors had completed the data gathering process before others started. Recruitment information (see Appendix A) was circulated to mentors initially by email, via the Clinical Placement Facilitators in the participating organisations. I followed up with personal visits to clinical areas and attendance at mentor updates or meetings. Leaflets were produced for both hand and email circulation. In recognising that participation by mentors in the research represented a considerable time commitment, I offered the incentive of a short example of how formal reflection on their mentoring practice might make a suitable entry for inclusion in their professional

development portfolios. There were no clear indications that this strategy affected decisions to participate, although it did facilitate my conversations with participants about the benefits of taking part.

In the recruitment process, drawing attention to an interest in the emotions involved in mentoring (See Appendix B) sometimes gave rise to misunderstandings. For example, during one of my ward visits canvassing for participants, the nurses protested that they did not 'get emotional' about their experiences with students. This was an unanticipated reaction (confusing 'being emotional' with an interest in emotionality) and it came too late in the process to change the wording of the information leaflet.

Following initial informal conversations with the recruits, the typical sequence of events for participants involved:

- 1) Interview 1
- 2) Event diary - Return event diary to me
- 3) Interview 2
- 4) Event diary - Return event diary to me
- 5) Interview 3

Seven of the twelve participants engaged with three interviews, three engaged with two interviews and two participants stopped after the first interview (29 interviews in total) (see Table 4.2). The latter did not withdraw, but rather were difficult to contact and follow up, signalling their reluctance to commit further to the study. Engagement with mentors in data collection varied from two to seven months. The different data collection techniques are explained below, beginning with the interviews.

Table 4.2 Mentor participation and data outputs

Participant details		Interviews			Event diary	Time span between first and last interview
		1 st	2 nd	3 rd		
Cate	Practice nurse; experienced mentor	Yes	Yes	Yes	3 events, one picture	5 months
Flossie	Community nurse; experienced mentor	Yes	Yes	Yes	2 events	5 months
Trudy	Hospital ward nurse; experienced mentor	Yes	Yes	x	x	2 months
Lisa	Hospital ward nurse; experienced mentor	Yes	Yes	Yes	3 events	5 months
Shrimpy	Hospital ITU nurse; experienced mentor	Yes	Yes	Yes	7 events, 3 pictures	7 months
Gina	Community nurse; semi-experienced mentor	Yes	Yes	x	1 event	6 months
Romayne	Rehab unit nurse; semi-experienced mentor	Yes	Yes	Yes	3 events, plus one picture	3 months
Angel	Rehab unit nurse; experienced mentor	Yes	Yes	Yes	3 events	3 months
Marion	Community nurse; experienced mentor	Yes	Yes	x	3 events	5 months
Paila	Hospital ward nurse; semi-experienced mentor	Yes	x	x	x	Not applicable
Anna	Hospital ward nurse; inexperienced mentor	Yes	x	x	x	Not applicable
Emma	Hospital ward nurse; newly qualified mentor	Yes	Yes	Yes	4 events, 1 picture	2 months

4.2.2 The interviews

Lived experience is mediated by language, either in conversation or in writing (van Manen, 1997b). Even the use of art, or images, to represent an experience, ultimately needs expressing in language if one is to make sense of it (Guillemin, 2004).

In seeking narratives and nuanced descriptions, interviews can put behaviours and feelings in context and allow researchers alternative ways of understanding the meanings of experiences (Kahn, 2000a; Kvale, 1983; Seidman, 1991).

Phenomenological interviewing assumes that people are naturally driven to make sense of their experiences and that their understanding is to be found in their stories or

narratives of experience (Kahn, 2000a). The in-depth interviews in this study allowed a focus on the individuals' experiences and provided an opportunity for detailed exploration of mentoring.

There are clearly some limitations associated with interviewing and, importantly interviews may not reveal tacit or pre-reflective knowledge, even though skilled prompting and probing can help bring taken-for-granted, hidden elements of experience to the surface (Legard et al., 2003). Engaging empathetically with participants, however, offers the potential to reveal otherwise hidden aspects of experience through, for example, 'a felt, embodied, intersubjective experience' (Finlay, 2005: 272). Also, an 'on-line interpretation' during an interview and 'sending' the interpreted meaning back to the interviewee can help to make meaning explicit (Kvale, 1983: 181). By remaining mindful of these very challenging aspects of interviewing associated with tacit and embodied knowledge, I aspired to represent their experiences as faithfully and sensitively as possible. I achieved this partly by paying close attention to the participants' responses (including body language) to the questions and topics of conversation and partly by considering my own cognitive and felt reactions.

A second limitation is that interviewers bring their own unique style and background to interviewing, so the entire process is subject to a particular individual's investigative lens (Macklin and Higgs, 2010). The narratives of mentoring obtained in my study were clearly co-created, and influenced by my own personal characteristics and abilities. I attempted to ensure the obligation of empathic engagement was constantly held in balance with my rigorous attempts to adopt an open, naïve approach. A third limitation is that the language of experience is not a neutral medium that simply mirrors 'what happened' or allows unfettered access to the contents of people's minds (Allen and Cloyes, 2005). Participation in my interviews was, indeed, a social performance on both sides that could evoke certain ways of talking about experience and this was something to consider carefully during the interpretive process.

Despite the limitations, however, interviews can be harnessed productively within a hermeneutic inquiry. This acknowledges the fusion of horizons (cf. Figure 4.1) that helps to expand understanding on both sides (Trede and Loftus, 2010). Therefore, although the participants were recounting *their* experiences of mentoring during the interviews, co-construction within the fused horizons also meant that involvement in such a conversation could extend their awareness and understanding (Dahlberg et al., 2001). A common reaction in an interview is 'I have not thought about this in such a way before' (Dahlberg et al., 2001: 155). Indeed, there were occasions during these interviews where participants identified new insights, or were surprised at the strength of their feelings. Thus, knowledge and understanding of an experience could potentially be developed through the interviews themselves.

The interviews were digitally recorded and transcribed verbatim to allow for detailed analysis. I carried out most of this work myself, although six transcriptions (out of 29 interviews) were produced by a secretary. NVivo8 was developed for use in facilitating the transcribing and for storing and managing the data.

The pilot interviews

As part of the preparation for the interviews, I conducted two pilot interviews with colleagues. These met several needs. First, they helped to develop my skills; second, they allowed assessment of a topic guide; and third, they gave insight into practical issues such as interview length, surroundings and use of recording equipment. At this stage, a critical issue was to determine whether the style of questioning and prompting would allow participants to draw on a range of mentoring experiences and enable them to probe more deeply into their experience when they raised salient issues. Above all, in pursuing hermeneutic phenomenology, the aim was to elicit and maintain conversations that would enable the participants to narrate, and give meaningful descriptions of, their experience (Kahn, 2000a; van Manen, 1997b).

Numerous skills were involved: listening and comprehending; exercising judgement about what to pursue and what questions to ask; remembering points to return to later. Picking up on 'nuances, hesitation, emotion and non-verbal signals' was also important (Legard et al., 2003: 144). Additionally, it was crucial to establish good rapport with the participants. This was dependent on a number of variables, such as a display of confidence and an ability to put the participant at ease; demonstrating interest, empathy and respect; establishing credibility by asking relevant and meaningful questions (Legard et al., 2003). The interviews themselves proceeded in a conversational manner. Although I tested a topic guide in one of the pilot interviews, I found that it acted as an obstacle to listening and connecting with the interviewee. Therefore, I discarded it and instead the first interview became mainly a listening and following exercise feeding off an opening question, while the second interview was based on eliciting reflection on mentoring events and the final interview elicited reflection based on information provided previously and on their more recent mentoring experience.

Interview 1

Throughout the initial interview with each participant, my strategy was to listen actively to their responses to the opening question, 'What is it like for you being a mentor?' I followed their responses with probes asking for explanation, clarification, examples or further detail (Legard et al., 2003; Patton, 1990; Wimpenny and Gass, 2000). The emphasis was on relationship building and promoting participants' comfort and confidence. Other strategies aimed at putting participants at ease included: clearly communicated study aims and questions; assurances of confidentiality and privacy; and reinforcement and feedback on the quality of responses. The participants often sought reassurance that their responses were appropriate or legitimately addressing the research aims.

Interview 1 was also an occasion to brief participants on the event diary (see below). I encouraged them to anticipate future mentoring events that might be noteworthy in some way. After the first four initial interviews, I made adjustments to the

event diary in response to the participants' reactions to the instructions, to make the instructions clearer and to emphasise the value of participant drawings as a source of data. Constant reflection on my interviewing skills helped to build confidence in initiating the interviews and encouraging participants to describe their experiences.

Interview 2

This was an opportunity for more in-depth exploration of topics raised by participants in their initial interview, and for reflection on their event diary. Interview 2 mostly took place between one and three months after the first. As a hermeneutic interview it was 'oriented to sense-making and interpreting' (van Manen, 1997b: 98). Having time to dwell with the event diary and the preceding interview data allowed me to make a more reflective interviewer response than that which might be possible from simply reacting in the flow of an interview. Reading the event diary prior to the interview and considering any accompanying rich picture, allowed me to prepare explorative questions beforehand. Questions, for example, could extend a broad invitation to expand on the diary: 'You describe it there quite graphically, but I wonder if there's anything you can expand on as we talk now?' or probe a specific issue: 'In what way was she challenging?' The former question was inviting a narrative that might have brought in additional features of the event, and the latter invited a response that would directly address the participant's interpretations, in this example, of what made a person 'challenging'.

Interview 3

This final interview, which ensued between one and five months after interview 2, occurred after some initial theme development had already been undertaken for each participant. It enabled further probing around the themes resulting from analysis of data from interviews 1 and 2. I provided the participants with a document showing 'holistic readings', themes and clustered summaries of their interviews for them to read and comment on. This generated more of a two-way flow of ideas than had previously occurred. I cautiously tested out some of my hunches, for example about the relative

importance, extent or significance of the initial themes, or to test out terminology, for example, whether the mentoring practice being described could be called 'modelling'. This interview was also a reflective occasion for participants, in which I invited them to consider any personal insights or future plans as a consequence of their participation in the research. They were often curious about how their experiences compared with other contributors.

Although interviews 2 and 3 normally followed the described format, I always invited discussion of additional new or old mentoring experiences. Interview 3 also often included discussion of any further event diary entries.

Reflections on the interviews

The physical accessibility of hospital wards and community nurse bases differed greatly. Whereas I could walk freely and largely unnoticed onto the hospital wards, access to nurses based in GP practices and other community settings invariably entailed reporting at a reception area. It seemed important to retain a sense of the strangeness and newness of these physical spaces, as though from a student perspective of entering these areas for the first time: the sense of not belonging, of occupying another person's space and being amongst strangers. The converse was imagining how much more intrusive it could be to host a student in the relatively private area of the back-offices of a GP practice, compared with the very public setting of the hospital where spaces were shared with practitioners, patients and visitors alike.

Conducting skilful interviews raised many challenges. For example, the probing sometimes produced unexpected responses. The extract below, from within the first ten minutes of the first interview with Romyne, demonstrates differing expectations between the two of us. Although I anticipated that Romyne would describe her own actions when feeding back to the student, instead she provided an account of her opinions, her reasons and the student's actions. It was, however, possible to elicit some sense of the personal feelings involved.

Anthea: [...] Can you give any examples at all of you making a conscious effort? What it might look like or how you might behave?

Romayne: Well, just you know for an example I could use is the rest of the team were busy in the morning and the student was sitting in the nursing office, looking probably through a nursing journal or something, and the bell was going off, and you know, when she was asked about it, why she didn't get it, it was oh I didn't hear it So I think in making the conscious effort you have to give them the feedback [mm], definitely, erm, you know, that's the expectation of why they're here, right?

Anthea: What was the interaction like with the student? How did it proceed, can you remember any detail about it?

Romayne: Just, you know, not a lot of specific detail, [mm] but I mean she's acknowledged what I was saying [mm] that she had taken it on board you know...

Anthea: How did you feel deep down at that moment?

Romayne: Well, frustrated [mm], erm annoyed probably [mm] Yeah....

On reflection, Romayne's account of this situation included a portrayal of her *Umwelt* including the whereabouts of the team, the significance of the bell ringing and her awareness of the student's indifference and her mentoring responsibility to take action. It may have been more important to her to recount these contextual details than to focus on her own actions, and it might also have been that her attention was on the task and not on how she did it.

Although some scholars have emphasised the importance of obtaining descriptive narrative, free from reflective interpretation (Kahn, 2000a; van Manen, 1997b), this extract exhibits description of an event imbued with contextual interpretation (for example, the bell signalled a patient needing attention; the student was not behaving as a conscientious nurse might). Thus, my efforts at encouraging the interviewees to describe and narrate their actions and experiences, asking them to focus on interactions, what happened, what they did, met with varying success. Some participants needed little encouragement to talk in a narrative style, while others preferred to talk on a more generalised level that seemed thematised and *vorhanden* (present-at-hand). 'You have

to give them the feedback' seemed to be a thematised level of information, as opposed to a description detailing what this involved on a practical level. The challenge was always to use a reflection, probe or prompt that would open up and progress the dialogue further.

Other aspects of interviewing also prompted reflection. Interviewing was a journey into the unknown, in the sense that there was no way of knowing what the interviewee would say next. The following extract from my reflective research notes illustrates this.

I remember gazing in Cate's direction for a moment as she spoke, waiting for the moment when she passes the baton back to me and feeling an enormous empty space, a void that would soon be filled, either with an elaboration from her or by me taking the cue to speak. (Reflection on Cate interview 3)

Additionally, the voice recorder was clearly intrusive, especially at the start of interviews: 'When Angel sat down, she moved the chair backwards, slightly away from the recorder' (Reflection on Angel interview 1), and posture and body language sometimes slipped into attention.

The arms of the chair I sat in restricted my movement a little and I started off resting my elbows on the chair arms. I tried to work out how this would appear to an observer. Every so often during the interview I would check my posture – was it open enough, was it sending out the right message? (Reflection on Romaine interview 2)

Noting down key words as participants spoke during interviews, particularly if they were speaking for several minutes, appeared to be a signal to some that they were saying something important, and would result in them speaking with renewed vigour, while at other times it seemed to distract their flow. Both ways, note-taking appeared to have an unintended effect and I kept it to a minimum.

Being an interviewer was both exciting and daunting. Translating the theory into real-life interviewing meant that my experience often felt comparatively messy and unsophisticated. Theory became almost meaningless at times, amidst fumbling for the

'right thing to say at the right moment'. Learning to stay tuned to each participant and giving them space to talk about the aspects of mentoring that were salient to them, seemed most significant. It was also fascinating simply to connect with these individuals and help them to unfold their own accounts of what it meant to be a mentor.

4.2.3 Event diaries

The diary data provided an additional window through which to apprehend the mentor experience. The event diary method used in this study can be categorised as 'event contingent sampling', in which participants complete a self-report following an event of interest (Hektner et al 2007: 40). I anticipated that, by asking for these records of events, it would relieve some of the onus on me as data collection instrument. Additionally, an entry can be completed closer to the event, providing a more 'in the moment' insight than the interview narratives. Moreover, the context of writing, rather than having a conversation, can potentially elicit an alternative approach to describing an event (van Manen, 1997b) and 'unlock' different data, so capturing their feelings differently to what could be recalled later in a conversation (Hektner et al., 2007; Miner et al., 2005).

At the first meeting, I gave the mentors printed instructions for what to write about, when, and how much (see Appendix C). This included open-ended questions to enable them to provide a descriptive narrative: 'Where were you? What was the main thing you were doing? What else were you doing? What did you notice others doing? What were you thinking? What sights, sounds, smells or other physical sensations were you aware of? What did you feel? What made you feel that way?' This type of data is classified as a lived-experience description, narrative (Dahlberg et al., 2001) or 'protocol' (van Manen, 1997b: 63). The original idea was to encourage participants to write about occasions when their abilities were stretched, and when they were feeling confident, based on the assumption that an event featuring some intensity of feeling would be more motivating to write about and reveal insight into the emotionality of mentoring rather than commenting on something mundane. However, weeks sometimes passed without any

'event' materialising and it seemed that the participants were being over-selective in finding the right kind of event to record in their diary. Hence, I revised the instructions to request accounts of interactions with different people, regardless of the emotionality of the event. The final configuration of the event diary was the instruction to:

'Describe three different (one of each) interactions you have in your capacity as a mentor:

- An interaction involving you and your student
- An interaction involving you and a colleague
- An interaction involving you and the university'

The rationale for a focus on student, colleague and university was in recognition of the web of relationships that existed for mentors, encouraging them to think widely about the various ways mentoring featured in their working lives. This may be partly attributed to my own presuppositions about mentoring, but it was also developed on the strength of reflections on the first four participant interviews. It is an illustration of the way in which pre-existing knowledge about a phenomenon potentially informs the research strategy, and needs to be subject to reflexivity.

The initial difficulties in obtaining event descriptions led me to design and introduce a tick-box 'mood measure' questionnaire that offered an additional, faster way to capture feelings around the time of an event. However, I withdrew this data during the analysis as there was a tension inherent in combining a measuring tool with the qualitative phenomenological approach.

Rich pictures

In response to some difficulties participants aired about describing feelings at the time of an event, I also encouraged them to draw 'rich pictures' providing a non-language-based depiction of an event. 'Rich pictures' are a technique used in systems thinking that originated as a way of identifying multiple viewpoints of a situation (Open University, 2005). They allow people to engage with problem solving or creative thinking 'because our intuitive consciousness communicates more easily in impressions and

symbols than in words' (Open University, 2005). In the systems context, a rich picture is used according to a well-defined framework of elements: pictorial symbols, keywords, cartoons, sketches, symbols, title.

Rich pictures have been used previously as an adjunct to learning journals with students pursuing a course of business computing and found to open up new ways for students to express and represent themselves (Campbell Williams and Dobson, 1995). As a tool for reflection, they enhance deep learning, which is said to be characterised by seeking meaning and establishing relationships between areas of knowledge (Horan, 2000; Vanasupaa et al., 2008). This technique was appealing to utilise within this study because it offered an opportunity for the mentors to acknowledge and reveal the people and objects in their work and served almost as a 'trigger' to incorporate the associated feelings and relationships. One of the drawbacks, however, was the limited time available to explain the rationale and guidelines behind their creation, and thus the instructions for this particular aspect had to be included amid discussion of the event diary as a whole.

Altogether, I received six rich pictures from four participants. Subsequent interviews then provided an opportunity for the participants to explain the context and content of the pictures and to reflect on the entirety of the picture and the event. It was also an opportunity to elicit further description of the event depicted in the picture and the diary.

Cognizant of the phenomenological orientation in the constructivist-interpretivist paradigm, I saw combining interviews and diaries primarily as a way of extending and enhancing understanding, rather than improving validity of the research findings (Finlay and Ballinger, 2006; Ritchie, 2003). This combination of methods was a device for 'crystallisation, combining or confluence of methodologies' (Seaton, 2005: 199).

Reflections on the event diaries and rich pictures

Some mentors provided sketchy descriptions of events in their event diaries which revealed little detail, although these invariably provided a trigger for expansion in the interviews. For others, the event description provided a window into that person and her experiences which would have been more difficult to obtain by interviews alone. Hence, on reflection, the combination of these distinct methods helped to meet variations in participants' personal style. The rich pictures felt vital as a means of gaining access into the world of the other person and seemed to offer a vehicle for the mentors to reflect on their practice. I derived this perception partly from the immediate visceral impact of seeing the picture, and the strong sense of illumination I gained. Once participants had overcome their initial self-consciousness at their drawing abilities (which, of course, was immaterial), they often spoke in an animated way about the event during the interviews.

Interestingly, for a small number of participants, negative feelings associated with events could be amplified when reflecting post-event, for example as the perceived 'injustice' of a situation was 're-lived'. Positive feelings could, similarly, be enhanced. Clearly, revisiting a past event could have an impact on the feelings associated with it, which raised important ethical considerations in having a responsibility towards participant well-being as a researcher. This observation has also caused me to reflect on the methodological implications of post-event interpretations affecting feelings about these events, and to gain insight into the layered nature of emotionality.

4.3 Data analysis

The typical features of phenomenological analysis involve a researcher adopting a phenomenological attitude, reading the 'whole' data for meaning and working closely with the detail, in order to transform the everyday into disciplinary language and seek the essential structure of an experience (Cohen et al., 2000b; Giorgi, 1997; 1997b). The interpretive strategy at the basis of hermeneutics is to engage with both the parts and the whole. As Smith (2007: 5) states, 'to understand the part, you look to the whole; to understand the whole, you look to the part'. He regards part-whole relationships as

comprising word-sentence, extract-complete text, single episode-whole life. In this way, each supports the understanding of the other. As explained in Section 4.1, hermeneutic phenomenology is concerned with entering the hermeneutic circle and engaging in epistemological reflexivity rather than strictly adopting the phenomenological attitude. The following outline of the analysis conducted here reflects consultation of a range of scholarly sources that have supported the research design.

Van Manen (1997a; b; 2006) was a primary source of guidance for data analysis. Although he drew eclectically on the philosophies of Husserl, Heidegger, Merleau-Ponty and Gadamer, which could sometimes cause confusion in his discussions of interpretation versus 'the things themselves', his focus on researching the lived experience of practice (in his case, pedagogy) made his work highly relevant. Also of direct relevance were Dahlberg et al's (2001) extensive descriptions of reflective lifeworld research, Cohen, Kahn and Steeves's (2000b) writings on hermeneutic phenomenological research in nursing, and Ajjawi and Higgs's (2007) hermeneutic study of physiotherapists' clinical reasoning. The following sequence of tasks, drawn from Ajjawi and Higgs (2007), represents the stages of analytical activity.

1. Immersion
2. Understanding
3. Abstraction
4. Synthesis and theme development
5. Illumination and illustration of phenomena
6. Integration and critique of findings

The list presented above is a simplification of the actual processes, which were far from linear or comprising such discrete stages. However, the following sub-sections are organised around the list items to show the development of understanding through dwelling with the data, the production of illustrative artefacts and the integration and critique of the findings.

4.3.1 Immersion and understanding

Although interpretation began during the interviews with active attempts to make sense of participants' responses, this discussion focuses on the subsequent immersion in the data and development of understanding. This involved listening to the audio recordings, transcribing, reading the transcripts and event diaries (including consideration of the rich pictures) and highlighting, annotating and coding. Using NVivo8, it was possible to both 'annotate' and 'code' the data. I used annotations mainly in the first sweep of analysis to summarise 'line-by-line' what each statement revealed about the mentoring experience. I applied the coding function in NVivo8 to identify sections of text that revealed aspects of mentoring that could be conceptualised in a broader sense and ultimately facilitate development of main themes. This applied to all the texts. Also, I added an extra column to the NVivo8 transcript to record personal observations on the interview process or theoretical links that occurred to me while working with these data. The memo facility of NVivo8 was also a useful tool for noting and integrating reflections over time.

I considered each individual interview as a whole in the initial stages of analysis. Having both the voice recording and the transcript available in the same screen facilitated listening and reading concurrently. Reading and re-reading allowed me to gain an impression of the dominant content elements of each interview and create a representative statement. So, for example, holistic interpretation of Cate's first two interviews yielded the following statements:

Mentoring is being sensitive to a student's needs, abilities and stages of learning, offering up the possibilities for learning and being concerned for your team and your patients.

Mentoring means contributing to the profession, handling the expectations and values of yourself and others and constantly learning and adjusting.

Flossie was very different:

Mentoring is enjoying the buzz of having someone to teach and pass your knowledge on to, whatever the difficulties.

--- Engaging and dwelling in the hermeneutic circle ---

Mentoring means promoting your area of practice to students as something special and promoting and maintaining a respect for students amongst colleagues.

Having established a sense of the whole, detailed reading of each transcript line by line subsequently enabled me to annotate, paraphrase and summarise each point relating to the experience of being a mentor. I inductively grouped the resulting lists of short phrases, or 'first order constructs' (Ajjawi and Higgs, 2007: 624) distilled in this way, into thematic categories. I often expressed them with gerunds (for example 'being a resource', 'adjusting expectations' or 'ticking boxes') to facilitate a sense of person-environment dynamic, or comporment.

Below is an example from the initial analysis of Cate's first two interviews, in which some of the transcript annotations were clustered into the collective theme 'doing what has to be done'.

Doing what has to be done

Certain things need to be done – fire safety, interviews

Using documentation from education provider

Ticking boxes

Doing goals

Getting the interview in

Doing mid-way assessment

Ticking boxes (curriculum)

Knowing that your place needs filling in the short term future (providing for the future workforce)

Mentoring means fulfilling responsibility

Receiving tasks by default

Overall, there were twenty of such clusters for Cate, and other cases were of a similar magnitude, so at this stage the interpretation remained expansive and relatively concrete. I collated these initial thematic clusters along with the holistic readings and presented them to participants at the third interview. There, I asked them about their initial responses to seeing such interpretations of their accounts, and invited a detailed commentary on their thoughts about each set of themes. Was it a good representation of their mentoring experiences? They usually clarified a few minor points of detail, although their common reactions were amazement at the extent of what mentors actually did, and agreement that it was an accurate representation. Some participants sufficiently valued these interpretations to file them in their personal development records as evidence for their mentoring work. In this way, the co-construction of meaning between me and the participants (Nicolson, 2003) was clearly recognisable.

Initial immersion in and understanding of the rich pictures occurred at three main levels of engagement. First, there was my initial 'gut' feeling to the picture as a whole, along with trying to understand what it represented (assisted, in most instances, by the event description in the diary). Second, the interviews made it possible to ask the participants to expand on the event and the picture, in essence, to 'fill in the gaps' or offer further reflections on the event and the drawing process. Third, a more formal analysis drew on the pioneering work of Guillemin (2004) who adapted Rose's (2001) framework of 'critical visual methodology' for use with drawings.

Guillemin's (2004) research focused on women's experiences of menopause and heart disease, combining the drawings with qualitative interviews. Rose's earlier framework operated in three 'sites' where it was proposed that meanings are made: the site of production of the image, the image itself, and the site where the image was seen by various audiences. Guillemin's (2004) modification resulted in three sets of questions (see Appendix D). Below is my further modification as used in this current study.

1 About the production of the picture (the context)

- Who drew the picture? What was the response of the drawer to the request to produce the picture?
- When was it made? What events preceded the drawing?
- Where was the picture made?
- What are the relations between the drawer and the subjects of the picture?

2 About the picture

- What is being shown? What are the components of the picture? How are they arranged?
- What relationships are established between the components of the picture?
- What use is made of colour? What is the significance to the drawer of the colours used?
- What do the different components of the picture signify? What is being represented?
- What knowledges are being deployed?
- Whose knowledges are excluded from this representation?
- Is this a contradictory picture? (to other data collected, for example, in interviews)

3 About the relationship between the picture and the audience

- Who was the original audience for this picture?
- Where is the viewer positioned in relation to the components of the picture?
- What relation does this produce between the picture and its viewers?
- Is more than one interpretation of the image possible?

I analysed each rich picture using these questions after completing the interviewing process (see Appendix E). The findings helped to deepen insight into the mentor experience, enhancing the thematic analysis of the verbal data.

Altogether, these different ways of working with the interview and event diary data enabled my knowledge about mentors' experiences to develop, and my understanding continued to develop throughout the analysis and interpretation.

4.3.2 Abstraction, synthesis and theme development

The processes of abstraction, synthesis and theme development promoted and deepened my understanding of the mentor experience. The analysis proceeded on a case by case basis. Subsequently, as ideas for more cross-cutting themes began to

emerge, I increasingly used the coding facility of NVivo8 to capture these themes. Collective findings were synthesised through a process of writing and re-writing as insights and understandings developed and deepened. This reflects the creative role that writing played in the analytical process (Smythe et al., 2008; van Manen, 1997b).

This writing process involved transforming the concrete 'first order constructs' into more synthesised, or abstract, 'second order constructs' (Ajjawi and Higgs, 2007: 624) (such as 'being-with a student', or 'making a difference'), based on the accumulation of insights from the various data including the interviews, written event descriptions and rich pictures. The process here was a circular (or spiralling) process of incremental understanding by describing the whole phenomenon, attending to the detail, coming to a new understanding of the 'whole', followed by a 'testing out' for verification of the new interpretation (Dahlberg et al., 2001). It required maintaining an orientation towards the research questions, constantly asking 'What does this say about what it is like to be a mentor and what it means to be a mentor?' The outcome was a synthesis, in the form of notes and paragraphs, of the emergent understandings.

One way of attempting to maintain an open approach to the data was to look beyond the 'surface' themes of mentoring, such as 'supporting students' or 'assessing practice'. Such representations of mentoring were based on existing constructs which were already interpreted in the natural attitude, and probably represented a *vorhanden* and detached view of mentoring activity. It was important, however, to uncover the deeper meanings that reflected the mentors' comportment in the 'referential totality' of mentoring practice, taking into account context and individual interpretations and understandings. This required continual immersion in the participant narratives in order to be able to 'see' what was *zuhanden* for them in their *Umwelt*. It remained essential for me to maintain a phenomenological attitude to the extent of putting theoretical knowledge aside, attempting to focus on and grasp what was meaningful for the mentors and remaining self aware and thoughtfully engaged.

Alongside this open attitude towards the mentors' experiences, the hermeneutic process also demanded engagement with pre-existing knowledge in the literature and my own knowledge (working with personal presuppositions), partly through discussion with my supervision team and other contacts. Therefore, as I developed themes, it was important to explore their relationship with existing theoretical interpretations and to help position the findings within a wider context. Conference presentations (for example, Wilson, 2009) and professional discussion articles (Wilson, 2010), also contributed to the hermeneutic process.

4.3.3 *Illumination and illustration of mentoring*

Illumination and illustration of the mentor experience depended on intuiting the essence of being a mentor and writing phenomenological descriptions. Writing and re-writing (van Manen, 1997b) became the main technique. This sub-section explains how I created the illuminations and illustrations. It includes the fourth process of engagement in the hermeneutic circle listed in section 4.1, in which the meaning of the *zuhanden* is uncovered and intuition of essences take place.

Intuiting essences was a process that required me to dwell even more with the data and interpretations, contemplating how they could represent the experience and meaning of mentoring. Essences that initially appeared typical were held up to scrutiny as a potential universal feature by testing out through imaginative variation (cf. Chapter 3.2). For example, 'being-with a student' was a persistent idea that I eventually rejected as an essence because it felt too passive to express the mentors' energetic and purposeful comportment in the world. In the process, my attention continually moved between the data, current interpretations and the wider world, including the academic context as explained above. This culminated in the creation of phenomenological descriptions. According to van Manen (1997b: 122), a phenomenological description 'permits us to see the deeper significance, or meaning structures, of the lived experience it describes'. Therefore, the outcomes of this process needed careful crafting to represent this lived experience.

It was important for me to realise that, apart from describing experience, I also needed to capture the ‘deep meaning’ of mentoring (Grace et al., 2009: 115). Rather than simply focusing on the semantics and significance of the research themes, I developed the phenomenological descriptions as expressive devices for evoking a felt sense of the phenomenon in the reader. I created them for the main themes, drawing widely across the body of data, and asking to what extent each description was able to evoke the sense of being within the worlds of ‘high stakes’, ‘hope for the profession’ or ‘fragments’ respectively. It also seemed important to illustrate the sub-themes similarly, and this need for conveying felt sense resulted in the creation of ‘anecdotes’, which were smaller-scale ‘vocative texts’, guided by Nicol (2008) and van Manen (1997a). Both devices paid attention to ‘concreteness’, ‘evocation’, ‘intensification’, ‘tone’, and ‘epiphany’. Written in first person, each vocative text drew closely on one or more mentor narratives, adapting style and tone to magnify the experience for the reader. I chose the narratives for their potential to render a sense of epiphany by representing an important, but possibly overlooked, element of the mentor experience. Appendix F demonstrates the transformation of data in the development of a vocative text used in Chapter 7.

Various authors have applied different terminology to such illustrative products of hermeneutic phenomenological analysis. In addition to ‘phenomenological description’, ‘vocative texts’ and ‘anecdotes’ (Nicol, 2008; van Manen, 1997b), Benner (Benner, 2001) has championed the use of ‘paradigm cases’ which are similarly derived from a synthesis of interpreted data. Although a close approximation to ‘anecdotes’, they are typically extensive narratives of paradigmatic practice situations aimed at enabling nurses to reflect on their own practice.

An additional method for illuminating the mentor experience was to apply a range of existential concepts as interpretational lenses. In crystallising the main themes and essences of mentoring, it became apparent to me that Heideggerian insights, and particularly the existentials of *Dasein* (*Befindlichkeit* revealing ‘facticity’, *Verstehen* revealing ‘existence’ and *Gerede* revealing ‘falling’), could align with the three main

themes. The overarching essence of being a mentor seemed to call for a different conceptual lens. By applying 'lifeworld existentials' of: spatiality (lived space); corporeality (lived body); temporality (lived time) and relationality (lived human relation) (van Manen, 1997b: 101) the analysis emphasised and illuminated these universal aspects of experience.

Using *Dasein's* existentials as a lens revealed aspects of being-in-the-world as a mentor that facilitated an ontological account of their existence – what it *means to be*. Applying the lifeworld existentials expanded on aspects of the educational use of self, a dynamic concept that reflected their action and engagement in the world – what it means to use the self in an educational way. Building on the concept of *Dasein's* selfhood, which has been 'defined formally as a *way of existing*' (Heidegger, 1962: 312), application of the lifeworld existentials therefore focused on the selfhood of *Dasein*. In particular, they revealed *Dasein* in its 'everydayness', through the four reflective filters. Applying the existentials in this way not only enhanced the interpretation and illumination of mentoring, but also supported the organisation and integration of findings.

4.3.4 Integration and critique of findings

Combining the themes into a meaningful whole demanded considerable deliberation. I created 'the educational use of self' as an expression of the overarching essence of being a mentor. This was supported by three thematic interpretations of the world in which they existed: a world of 'high stakes', 'hope for the nursing profession' and 'fragments'. Extending the 'lens' metaphor, the lifeworld existentials provided the 'magnifying glass' view of the essence of mentoring, whereas the existentials of *Dasein* took an even closer, more detailed view of the mentor lifeworld 'through the microscope'. This sub-section illustrates this deliberative process.

In considering the educational use of self, I noticed many interesting context or biography-contingent experiences, embedded in specific events and shaped by the characteristics of the individual mentor. One response I made to this was to identify a

system of typologies similar to that utilised by Raheim and Haland (2006) in their study of the essential differences in the lived experience of chronic pain. Attending to the individual approaches to mentoring observable in the data, and experimenting with metaphors, allowed me to develop a taxonomy for mentoring style, for example, 'personal trainer' and 'probing parent'. However, this taxonomy became a distraction from some other important messages pertaining to the 'educational use of self', because there was a temptation to mould the narrative around it, which was too restrictive. I eventually cast it aside in order to allow a clearer, less embellished focus on the most salient messages.

The degree of fit between themes of the world in which mentors existed and *Dasein's* existentials seemed to depend on the strength of magnification. At one level, each theme could be clearly identified with either 'facticity', 'existence' or 'falling', but often the distinctions became blurred. This was consistent with the idea that *Dasein* is, in fact, a unified whole (Heidegger, 1962) and made it necessary to keep in sight the particular focus when working with these themes. Ultimately, the thematic divisions were only representations of the meaning of mentoring, offered as devices for furthering understanding. I also continually revisited the extant literature and considered its utility in supporting interpretation (cf. Chapter 9).

Some Heideggerian researchers, such as Smythe et al (2008) have been keen to emphasise the open-endedness of their analysis and conclusions, and the primacy of extending understanding:

What matters is not accuracy in the sense of reliability, or how the researcher came to make certain statements; what matters is what has held the thinking of the researcher and in turn holds the thinking of the reader; what calls, what provokes them to wonder. Any insight gleaned is not about the 'generalised' or 'normalised' person who is, in fact, no one, but what shows 'me' how better to understand human experiences. (Smythe et al., 2008: 1393)

These words challenge some common assumptions about what makes research credible, but highlight that a phenomenological researcher has a responsibility to present new insights and understandings in a way that resonates with the reader.

4.4 Ethical and quality implications

The credibility of qualitative research is demonstrated in its persuasiveness, plausibility, reasonableness and ability to convince (Silverman, 2006). In hermeneutic phenomenology, these qualities might resonate within a phenomenological description that commands the 'phenomenological nod' affirming recognition of the interpretation (van Manen, 1997b: 27). This section summarises my attempts to achieve credibility through ensuring ethical practice and trustworthiness of findings.

4.4.1 Ethics

My applications to the NHS research ethics committee required me to demonstrate my credibility as researcher and that of my supervision team, and involved me attending a committee meeting to present and defend a comprehensive research protocol. The application needed to satisfy rigorous interrogation of criteria such as research questions, scientific justification for the research, details of the methods and potential participants, recruitment processes, health and safety, ethical issues and complete project schedule. The committee was particularly concerned to establish procedures that would prevent coercion of staff to participate, and actions should anyone disclose professional misconduct during data gathering. This process ensured that the host organisations could confidently engage in supporting the research.

I followed the ethical guidelines of the British Educational Research Association (BERA, 2004) and in view of my responsibilities to participants, adhered to the principles of voluntary informed consent. Participants signed their consent at the first interview and were made aware of the possibility of withdrawing if they wished to discontinue. With regard to maintaining respect for participants, I made efforts to arrange interviews at their convenience and to maintain a respectful attitude during interviews. This included

helping and supporting tactics to reduce potential embarrassment when stumbling for an answer or challenged by the question. Participants who 'disappeared' from contact were pursued only enough to ensure they were aware that their contributions were valued, but not so much that they felt harassed.

I assessed potential detriment to participants from taking part to be of low significance, although I gave participants information about their local occupational counselling service in case their participation provoked uncomfortable feelings concerned with their work. I considered confidentiality at all times during the process. Measures included attaching pseudonyms to data at the point of storage and careful selection of data extracts in research reports to minimise breaches of confidentiality. I did not inform participants of others taking part, even though the snowball sampling technique adopted may have made some aware of colleagues they had introduced. Data storage was in line with the Data Protection Act (1998) and data protection guidelines of The Open University (Open University, 2002). At certain times during data analysis, I circulated drafts of the findings individually to participants by email, so allowing them to see examples of the ways in which the data could be used in reporting. A small minority took up the invitation to comment on the drafts and no objections were raised about using their data in this way.

In many ways, ethics and credibility were linked, since taking care of the way with which I engaged participants was a critical aspect of data gathering that potentially affected the quality of the research. It was important to ensure that participants felt confident and comfortable about exploring their practice and that my conduct and engagement in the processes was trustworthy.

4.4.2 Credibility and trustworthiness

Hermeneutic phenomenological research aims to represent the experience under investigation as close as possible to how it was encountered by the participant, while recognising the interactions and overlapping horizons between researcher and

participant (Kahn, 2000b). Following Kahn (2000b), this discussion is organised with reference to critical reflection and opening up inquiry.

With regard to critical reflection, I needed to make my subjective position visible in order to recognise my pre-understandings and interpretive efforts. Devices that supported critical reflection were personal notes (in a notebook, NVivo and 'event diary'); progressive writings proposing different interpretations of the texts, shared with supervisors; tracing the rationale for the research approach from personal assumptions through to data collection and analysis (cf. Chapters 3 and 4); and attempting to identify the background knowledge to the research (cf. Chapter 2). These processes collectively allowed continual revisiting of my personal beliefs and assumptions and allowed a reflexive approach, as described earlier in this chapter. The measures taken under the umbrella of 'epoché' were included as constituents of critical reflection, and any reflections on interviewing skills and their limitations were also important.

Opening up inquiry requires the processes contributing to the research findings to be sufficiently open and transparent to demonstrate the coherence, or otherwise, between declared intentions and actual approach. This can be expressed as an audit or decision trail relating to theoretical, methodological and also analytic choices (Whitehead, 2004). Chapters 1-4 provide an account of these choices and demonstrate its coherence as a phenomenological hermeneutic study.

Chapter summary

This chapter has described and justified the research design in the context of hermeneutic phenomenology and Heidegger's philosophy. It has shown how a mixed methods approach (event diaries, rich pictures and interviews) was used to enrich and enhance understanding of the lived experience of the mentor participants. As this had to be understood in the particular context of the NHS workplaces and their nursing roles and experience, reference was made to the difficulties in recruiting and retaining participants but at the same time recognising the commitment of those who took part.

This reflected the unavoidable challenges but also the rewards I encountered as a researcher investigating the real world of practice. Data analysis followed a route of hermeneutic interpretation leading to illuminative, rich and evocative phenomenological descriptions that captured the essence of mentoring. The next four chapters draw on these phenomenological descriptions and vocative texts in order to illuminate mentor experiences.

Introduction to the findings chapters

The next four chapters explicate the mentor lifeworld and the meaning of being a mentor. They show, through phenomenological description, vocative texts and data extracts, that the mentors existed in a world of 'high stakes', 'hope for the nursing profession' and 'fragments', and that they engaged in a special way with this world through the 'educational use of self'. Under each of the four thematic chapter headings are a cluster of sub-themes that are designed to be 'knots in the web' of the mentor experience (van Manen, 1997b: 90). This interpretation of the mentor modes of being-in-the-world enables the complexities of lived experience to be organised within a structure that mirrors the ontological orientation to human existence within the concept of *Dasein*, as proposed by Heidegger (1962). Interpretation of the overarching theme, 'the educational use of self', maintains a strong orientation to the domain of practice education while applying the lifeworld existentials of temporality, spatiality, corporeality and relationality as guides to reflection (van Manen, 1997b).

Applying existentials in this way has conferred three main benefits to the analysis and interpretation. First, it has allowed a theoretical structure to be superimposed over and above the naturally-emerging theme structure, enabling maintenance of a strong orientation to the mentors' lifeworld. Second, it has further enabled deeper meanings, which might not otherwise have been brought to light, to be seen in the texts. Third, it has opened up a domain of literature that has helped to broaden the scope for interpretation, thus widening the hermeneutic circle. Figure 0.1 shows a schematic relationship between three 'worlds', sub-themes and the 'educational use of self', in which the interpretive focus is depicted by rounded rectangles.

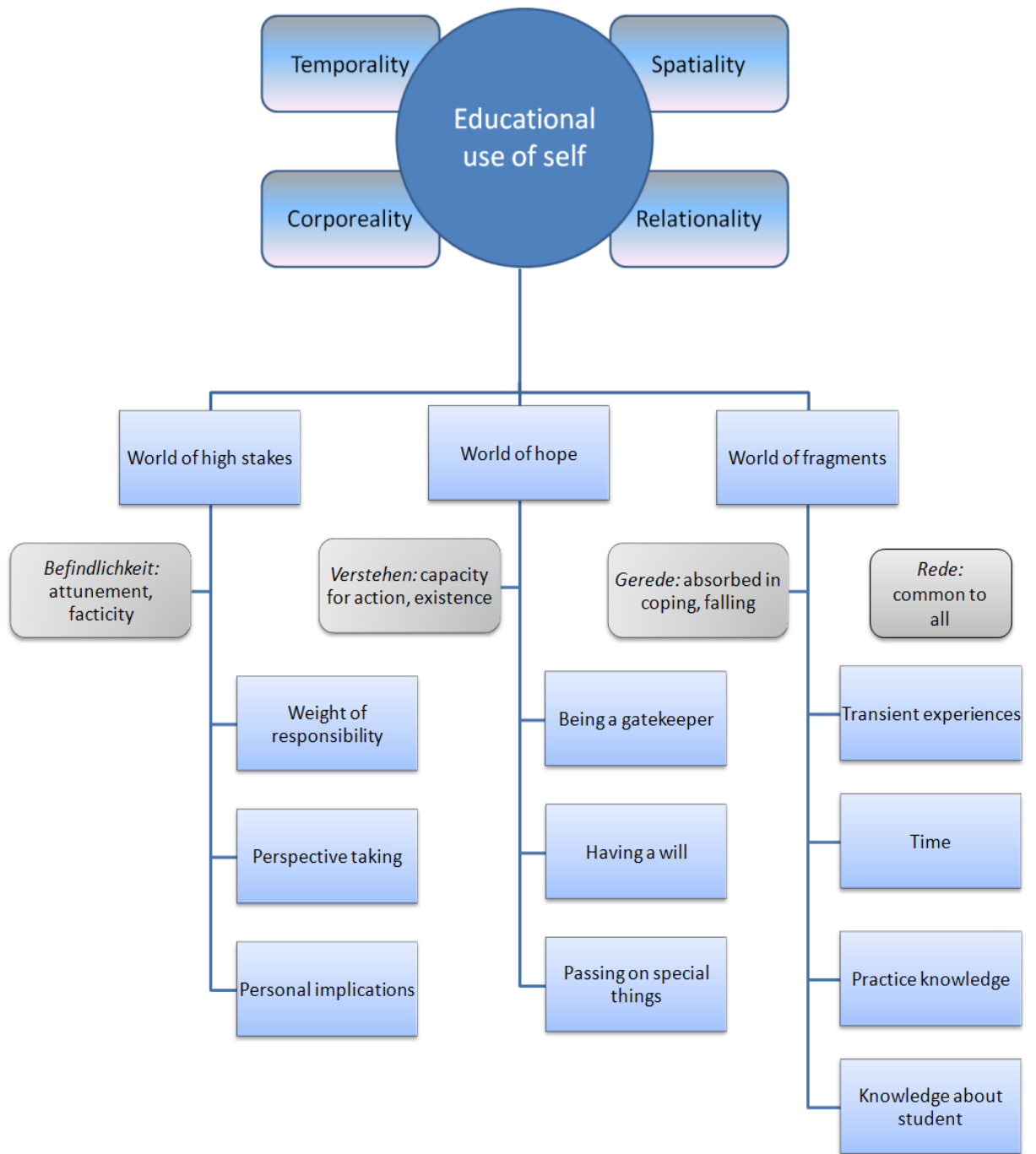


Figure 0.1 Theme structure and broad interpretive frame of the mentor lifeworld

Chapter 5. A world of high stakes

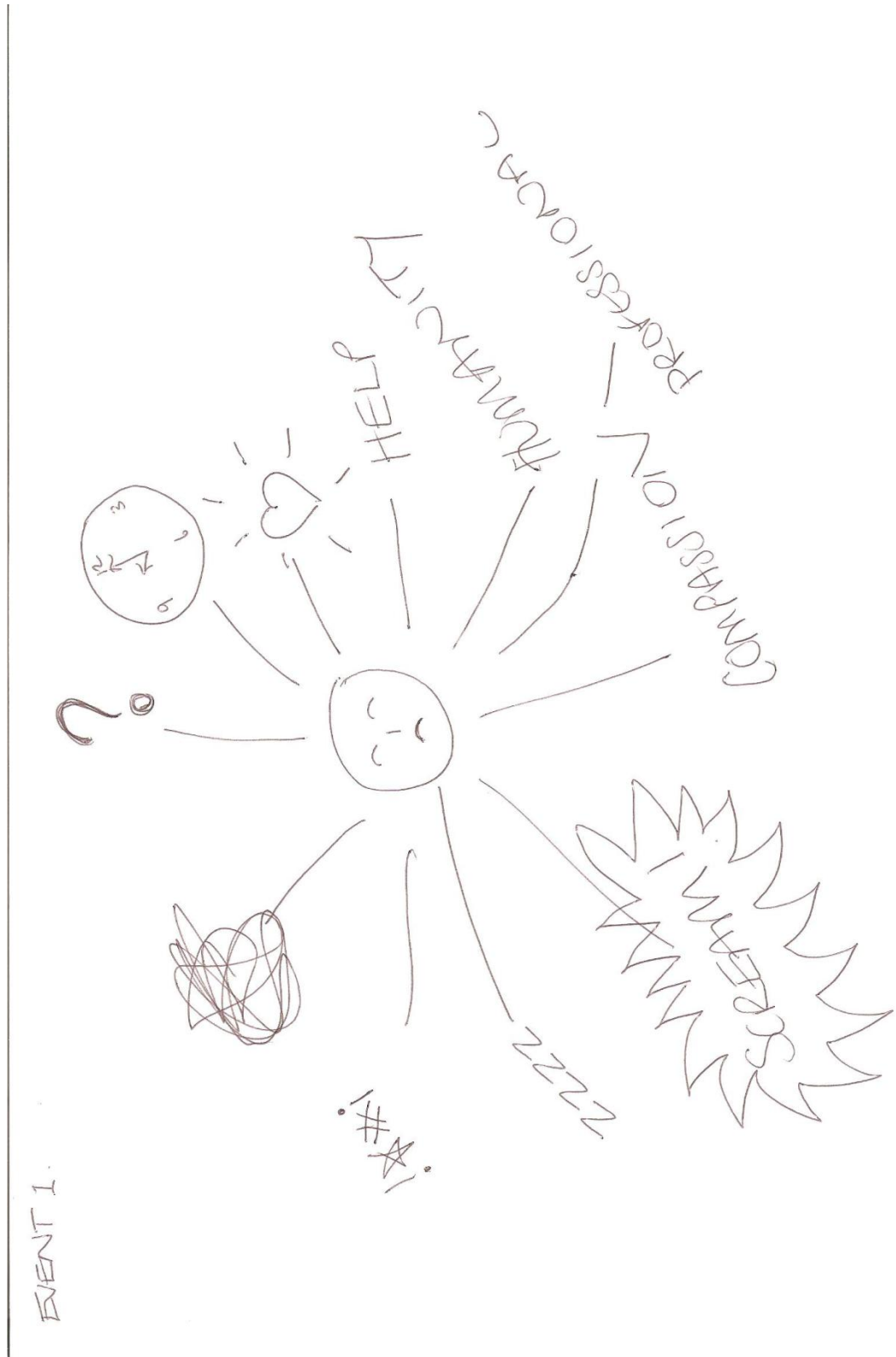


Figure 5.1 Emma's rich picture following a disturbing event involving a student who accused her of being unprofessional

The world of high stakes represents a common mentor orientation to their *Umwelt*. Certain things mattered greatly to the mentors, and their awareness of these issues permeated their experience of the world. This world appeared to them as a place where high stakes dominated, as indicated in Emma's rich picture of tensions and frustrations (Figure 5.1). This chapter presents the outcomes of thematic analysis of the mentor experience focusing on the first theme, 'a world of high stakes', which includes three sub-themes: 'weight of responsibility, 'perspective taking' and 'personal implications'. Each sub-theme characterises a different mentor perspective on the world of high stakes in which they were 'thrown'. Taking the lens of the existential *Befindlichkeit*, the themes are interpreted by reflecting on elements of the facticity of *Dasein* (Heidegger, 1962). The aim is to show the meanings and feelings of being a mentor that allow a deeper understanding of this world.

The elements of the mentors' working lives that appeared to be at stake in their mentoring practice are summarised below (Table 5.1). The stakes are divided according to whether they concern actual nursing practice, the needs of key others, or mentors' personal needs for sustaining themselves. The elements itemised below did not appear in isolation, but rather, were perceived in the complex interplay between nursing practice, other people and the mentors themselves. For example, team dynamics could take on a new meaning in the context of a student needing to learn. Further complexity can be added to such dynamics where a mentor's ability to be trusted is challenged.

Table 5.1 Elements at stake in the mentor lifeworld

Nursing practice	Needs of others	Personal
Quality of care	Patients' lives and quality of life	Personal well-being
Professional standards and reputation	Patients' care experiences and outcomes	Job satisfaction
Team dynamics	Students' life course and livelihoods	Personal reputation
Team relationships	Student learning	Being trusted
Rhythms of work	Student well-being	Ability to trust others
Getting the work done	Colleagues' well-being	Psychological resources
Practice education		

The mentors were aware of a number of stakeholders, including patients and their families, colleagues, employers, and the NMC. In the mentoring context, however, the addition of the student and HEI to this list enhanced the sense of responsibility for future professional standards and the reputation of the profession. This multiplicity of stakeholders contributed to the facticity of the mentor lifeworld. A phenomenological description follows, presenting what it meant for the mentors to inhabit this world of high stakes. This is derived from hermeneutic engagement with all the data identified as pertaining to high stakes, constantly questioning the suitability of interpretations in light of the parts and the whole, and reflecting on my personal experiences and assumptions in this context.

Being in a world of high stakes as a mentor: phenomenological description

The mentors' everyday working lives were pervaded by the knowledge that patients were dependent on them doing their jobs well and meeting their needs efficiently. Meeting these needs required them to work closely and collaboratively with colleagues, while nevertheless accepting individual accountability for their practice. Being a mentor heightened any sense of vulnerability; it exposed their professional

practice to increased scrutiny, added to which students could be unpredictable, and so they felt responsible as a gatekeeper for their profession. As part of this, they perceived their own practice being under close observation. They assessed risk when delegating tasks on to students, and realised that whatever their students learnt had the potential to be perpetuated through the practice of the next generation of nurses. They also imagined their own reputation cascading in a more subjective way through the student networks: Am I a fair or harsh mentor? Do I provide students with a good learning experience? Have I already been judged before this student arrives? These concerns permeated their experience.

In this world, mentors could bristle with frustration when students appeared disinterested, but also rejoice when at last a student grasped a drug calculation. Mostly, however, they contained their feelings behind a professional veneer. Being professional and being a role model meant appearing unruffled, even when buffeted by a student's criticism. This veneer allowed them to shield patients, students and HEI colleagues from the possibility of feeling guilty of causing distress, embarrassment or an unpleasant situation for the mentor. Handling their feelings effectively was part of the job. Mentors felt responsible for their students' well-being, trying to imagine how they must feel when overwhelmed by the unfamiliar work environment, weighed down with academic work, or experiencing problems in their personal lives. While they wanted students to enjoy their time with them, they themselves were often exhausted and drained by the effort they put into mentoring. They could not shake off eager and anxious students who persistently asked questions and demanded constant attention, but equally having a quieter student meant that a mentor had to work harder across a range of techniques in order to connect with them. Although not learning was not an option, patients always had to come first and this compelled the mentors continually to reconsider the status of these two sometimes competing priorities.

To introduce the sub-themes illuminating the world of high stakes, Table 5.2 outlines the three themes and their interpretive focus through the lens of *Befindlichkeit*. In

the next three sections each theme is, in turn, interpreted light of this *Lichtung* revealing *Dasein's* care as facticity.

Table 5.2 Existential interpretation of sub-themes in the world of high stakes

Sub-theme	Focus for existential interpretation
Weight of responsibility	The <i>Lichtung</i> : <i>Befindlichkeit</i> Attunement to the world, where things show up as mattering by being 'in a mood' or having a 'felt sense'
Perspective taking	<i>Eigentlichkeit</i> and <i>Uneigentlichkeit</i> showing in the call of conscience Ontological bridge and empathy
Personal implications	Care as facticity (being-already-in)

5.1 Weight of responsibility: being there for students in the milieu of practice

The mentors felt the weight of responsibility in their attunement to the world of high stakes. Sometimes this responsibility was manifested in tensions that existed, for example, between protecting standards of nursing care and extending students' chances to demonstrate their proficiency. They also experienced tensions between meeting competing demands, of being available to their students alongside attending to their other priorities, or attending to HEI-generated priorities versus other clinical needs. They made the effort to ensure students were learning correct practice and that any assessments were robust, knowing that future quality of care was at stake if students did not learn appropriately or if poor performance was overlooked. They were, however, also aware of the complex contingencies upon which judgements in practice and judgements about someone's practice needed to be made. Aligning themselves with the patient perspective sometimes helped to make such decisions, since patients were central stakeholders in their practice. This section explores how the mentors were available to students amidst the practice milieu.

Table 5.3 shows mentors' perceived responsibilities, features of these, and how their need to make judgements in the course of their practice added to the level of complexity and difficulty in their work.

Table 5.3 Weight of responsibility

Responsibility	Features	Complexities
Protecting standards of nursing care	Being available to patients	Judgements made in the context of nursing practice
Treating students fairly	Being available to students	
Collaborative working	Being a productive team member	Judgements about the quality of students' practice
Meeting HEI requirements	Robust assessment	
	Meeting learning needs	
	Adhering to the curriculum	

In the vocative text below, the mentor confronts competing interests when supporting and assessing a student for whom the stakes were almost unbearably high.

Feeling the weight of multiple responsibilities (vocative text)

She failed in great style – huge! She couldn't do the basic calculations; she couldn't even tell me the doses for paracetamol. I gave her the opportunity to do things, to do all the drugs with me as many times as possible, to go through it all. I tried my best to help her to understand by setting it all out on paper, relating it to her learning outcomes. I supposed that she might think I was going out of my way to catch her out, to prove a point. I couldn't help thinking that's how it must seem. I had to really ask myself – was I being fair? But my whole body shuddered when I imagined her looking after me or anyone in my family.

During the final assessment interview, she cried and begged me, gasping and sobbing, to change my mind, "I'll do better, I'll do better, I'll sort it, I'll do it", but I'd already given her so many chances. We'd done the drugs *over and over and over* again. Even though I knew I was doing the right thing for the right reasons, the guilt tore and twisted away inside me. I didn't want somebody that had just scraped through to be flying an aeroplane I was on, or doing an operation. Why would I want somebody who doesn't know paracetamol doses to be administering medications in the future? I'm a nurse, I'm a caring person; I spent time with her and *befriended* her. But I still messed up her life.

The mentor knew that she had a responsibility to support the student, be there for her, and even befriend her as a gesture to show she cared. She feared, however, that

these efforts at solidarity would simply be regarded as a betrayal when she properly exercised her duty and failed the student. At the personal level, her responsibility to support learning and be fair in her judgements about the student's practice sat uncomfortably with the more abstract demands of maintaining standards in the profession and, simply, of protecting patients. Moreover, her concern for the student, and the standard of practice she expected (invoked in her imagination as care delivered to herself or her family), generated a 'voice of conscience', which can be conceptualised as the 'call of [*Dasein*'s] care' (Mulhall, 2005: 140). This in turn created a sense of guilt, which she seemed unable to resolve.

This 'call of conscience' was observed when participants expressed the weight of responsibility of mentoring and, for example, when Trudy expressed her fears around making judgements of a student's competence:

It's quite frightening really [...] making the judgement at the end, that ... you know, you're going to let them move on and you're happy with what they've done. (Trudy, interview 1)

The 'call of conscience' was also reflected in Emma's guilt about having to fail a student, which provoked her to find a way to soften the blow:

I still put myself in her shoes, [...] but ... yeah, I did feel guilty because I thought if this was me, I'd be devastated [...] I wanted to give the girl some positives [...] I always think sort of behind everything, give some sort of positive. Don't, you can't just completely knock her down. (Emma, interview 2)

Participants were similarly conscious of the implications for their colleagues. For example, Emma felt responsible for taking up the personal time of the associate mentor with whom she shared the student:

I was just conscious of the time [...] because she has also put in quite a lot of hours for the student and I felt, I almost felt guilty for that as well. (Emma, interview 2)

This existential guilt (Dreyfus, 1991) depicted in the last two extracts, represented a sense of being deficient in some way, as in not protecting the student from the distress of

failure, not enabling the student to learn sufficiently and progress in their course, or not protecting colleagues from giving up their personal time for a student. Little could be done, however, to avoid such guilt. Making a different decision would simply deflect their culpability towards other stakeholders, such as patients. Even Trudy's fears around making a judgement seemed connected to a concern about the implications of her decision.

As illustrated so far, whereas their prime focus in a mentoring relationship may be on their mentee, mentors were aware at *all* times of the possibility that their responsibility to the more vulnerable parties within their care could over-ride any concerns they might have for their mentee. Flossie, for example, had an over-confident student who produced immediate concern for patient safety, although simultaneously Flossie also felt a tension to support this keen student in her learning:

I think, well, some of these students are still learning and she thinks she knows an awful lot more than she actually did. And that can be dangerous, because she could do things that she should not be doing. (Flossie, interview 1)

She was aware that the student had not yet developed sufficient awareness of the high stakes attached to nursing practice. Therefore, Flossie needed to balance the student's desires for rapid advancement with her own concerns for patient safety.

In addition to their concern for the welfare of patients, the participants also recognised that a student's presence could disturb the normal balance of team relationships and smooth team-working. They observed that when they had a student in their workplace, working speeds needed to adapt, often requiring a slower pace, as illustrated by Trudy:

Obviously, when you've got a student with you things take longer. If [...] you've got two students with two different staff nurses, everything is taking longer; whereas one student may slow one staff nurse up and the other one would work quicker, at a normal pace. On the other hand, if the student's further on, it can make things quicker because you've got a companion to work with. (Trudy, interview 1)

Thus, mentoring a student affected the normal rhythms of work. The impact of having a student seemed particularly heightened when the mentor was in a more exposed position, such as in a small team or in a multidisciplinary team. For example, it was particularly difficult for Cate who worked in a GP practice. She conscientiously advocated to her colleagues the benefits of her having students, and so then had to defend this decision. Describing the impact on her team in a situation in which she had a student who needed close, time-consuming supervision, she outlined how she felt responsible:

You ... cope with the student, but you don't only cope with them, you cope with your team-mates, and the rest of the team here will soon tell you their experiences of the student, and to be honest looking after a student that requires huge supervision like that ... obviously it has an impact on the team. It slows routine down, patients complain, and the receptionists complain. The doctors will complain, so [...] it comes back to you. (Cate, interview 1)

The two preceding examples show that the mentors' carefully cultivated working relationships, or simply getting their work done in the time available, could be compromised by having a student to mentor. Additionally, in managing the relationships, Cate was aware of professional inequalities, such as more favourable time allowances for medical students, leading her to work hard to maintain goodwill in the team:

The doctors have the medical students and amend the consultation. We still keep to our 10 minutes and erm invariably it takes longer [...] we could lengthen the consultation, but the demand really is that if I don't get through X, my colleagues are going to have to get through X, so invariably we go through coffee breaks. (Cate, interview 1)

To summarise, the weight of responsibility meant paying careful attention to a range of decisions, such as which tasks were appropriate to allocate to students, whether students were competent, whether their attitude to the work was suitable and even whether it was right to accept a student into their workplace. In talking with the mentors, it was evident that much of the tension arose out of awareness of their responsibilities in relation to the different and distinct stakeholders. However, it was often impossible to satisfy everyone, and decisions that favoured the needs of one stakeholder might be seen to neglect the needs of others. The mentors were required to make moral

judgements, weighing up the impact of their decisions on patients, colleagues and students. Alongside the weight of responsibility, the mentors also engaged in perspective taking, which is the second of the sub-themes in the world of high stakes.

5.2 Perspective taking: relating to students and HEI colleagues

This second sub-theme relates to the mentors' experiences of taking the perspectives of students and colleagues. Here, the focus is on interactions in working relationships. Typically, the mentors' efforts at handling the high stakes were evident in their reported interactions with students and colleagues. For example, mentors' awareness of both the high stakes for students in their placements, and the HEI's need to forge productive relationships with mentors, demanded their empathy with these students and colleagues. Empathy is conceptualised here as a way of providing an 'ontological bridge' from one person to another (Heidegger, 1962: 162) and is explored by considering its relationship with *Dasein's* being-in-the-world with others. However, empathy has been defined in many different ways, depending on whether the emphasis is on behaviour, emotions or cognitive responses (for example, Blum, 1988; Hojat et al., 2002; Morse et al., 1992; Pizarro, 2000). To facilitate the interpretation of the data at this point, a broad understanding of empathy is adopted, accepting that it involves at its core, identifying with the human experience of another (Morse et al., 1992).

Table 5.4 summarises the features of the mentor experience that became apparent when the participants took the perspective of students and HEI colleagues and identified with their experience. It shows that they reported making allowances for others in their interactions, recognised shared concerns and successes, remembered their own past experience and reflected on their feelings and responses.

Table 5.4 Perspective taking

Whose perspective	Features
Student	Making allowances
HEI colleague	Shared concerns
	Evoking past experience
	Weighing up own feelings
	Sharing successes

The following vocative text reveals the mentors' experience of making allowances and sacrifices in a working day in order to accommodate the needs of a visiting HEI tutor. This effort to accommodate the tutor, which the mentor felt was unidirectional, displayed the mentor's empathetic insight into the tutor's situation and her willingness to behave in a supportive way.

Taking the perspective of HEI colleague (vocative text)

The link tutor came to see me and my student. Her arrival startled me, having not realised the time, being busy with patients, and this interruption was just something else to keep me busy. I ignored my hunger pangs, welcomed her, smiled and reassured myself I could eat my lunch really quickly afterwards.

An hour for me in the middle of a shift was a huge chunk of time. It meant my colleagues had to pick up what I couldn't do, but then I still had piles of work waiting for me. I was fitting into her time; it wasn't the other way around. I was still juggling clinical needs in my head, while she appeared to have all the time in the day. I had the feeling she'd forgotten what an hour feels like to a nurse. She travelled some distance, I know that. They're trying to build a relationship with the mentors and I can understand that. I knew that was really important, because if they don't, they can't ask for the next student to come.

So, I tolerated the situation, so that she could tick her boxes. I tried hard not to show my impatience, although I couldn't hide my rumbling stomach. I moved the conversation on where I could, or just nodded and listened. I was consciously not wriggling or looking at my watch. Maybe she felt guilty. I didn't want to appear rude, but as the conversation dried up I made my excuse to leave.

In this scenario, the mentor was clearly aware of her own frustrations but in recognising the tutor's investment in travelling to the meeting, her need to complete

certain tasks, and that the tutor could be feeling uncomfortable (to the extent that she might feel guilty about taking up the mentor's time), she did what she could to make the visit productive and focused. An aspect of being-in-the-world is being-with others in the world, which implies already understanding others (Heidegger, 1962: 160). Some of this understanding comes about by means of sharing a 'solicitous concern' with entities in the world (Heidegger, 1962: 161). In the case above, the shared concern was the mentor's and link tutor's joint engagement with providing practice education for student nurses. They were already linked into the referential whole of practice education, sharing an appreciation of high quality student support.

In a similar way to the ontological bridging with the link tutor, in being empathetic the mentors were often drawing on their understanding of their students' situations. For example, they were aware of the students' increasing investment of time and effort as their training progressed, and the escalating stakes for each successive placement. This knowledge, alongside their own memories of training and placements, often made mentors consider quite carefully how their students might be feeling. Cate expressed this when describing a decision to fail a student.

I spent many, many hours thinking about this student, and what the impact would be for her to fail her, because she - they're here for that amount of time, you find out their home situation, how much they need the money or whatever, and what's driving the person to do the course, what they're hoping to get out of it, what kind of job she wants. (Cate, interview 1)

Mentors' awareness of the students' viewpoint required understanding of the personal investments they had made, even when students' attitude or behaviour had taxed the mentor's goodwill (cf. section 5.1).

The participants often imagined themselves in the students' place, especially when they wanted to confirm the fairness of their own emotional responses to the student's behaviour or attitude. This perspective taking appeared to allow them to provide a considerate and tactful response to students. Cate and Emma both perceived that their students were under considerable pressure to perform well:

Perhaps I've got to accept more that more students reach that stage feeling uncertain, you can only help them along the way, really, as much as you can. But I may have got it wrong, also, because by thinking that they ought to be able to do x, y and z ... erm ... they can't possibly manage it all. (Cate, interview 2)

I feel for the student, because sometimes I think they've got higher expectations of themselves and they expect to have done fantastically and they always want to achieve the highest mark that they can possibly get. (Emma, interview 1)

Cate was also aware of the pressure on one of her students to earn money by working in addition to the placement, and Angel recognised the enormous effort required for one of her students to attend placements while also managing life with his baby. Lisa's student, whose application to his work suddenly declined, eventually told her of personal problems affecting his performance:

I couldn't get him to do anything, it was just everything was a struggle [...] I knew I would have to fail him. He just wasn't [...] achieving anything, and he should have been, because he was before. So I sat him down and we had this conversation and I said I don't understand it, you were doing all this work before [your holiday], and I'm really pleased with you and you've come back and you haven't achieved these things [...]. And, so he just sort of sat and thought about it and he said [...] he'd been having problems at home. (Lisa, interview 1)

This suggests how a compassionate approach could help students to share details of their situation and so enable mentors to provide more effective, student-centred support.

Occasionally, the mentors shared in student's successes and positive emotions, as Marion described when her student heard the news about a job offer:

Myself and my colleague we were jumping for joy for her as though it was ourselves getting it, because we were so happy for her, because that was the job she wanted. (Marion, interview 2)

Marion and her colleague recognised how critical it was for this student to get this particular job.

This section has illustrated how the mentors acknowledged the pressures students were under, and how they could take the perspective of HEI colleagues. They were aware of the feelings and personal investments made by these others who existed

within the referential whole of mentor *Umwelt*. In the interviews, they also recognised the limited timeframe and pressures on students to achieve practical and academic learning outcomes, sometimes with the additional burden of family responsibilities, as illustrated in the interview extracts. They had an insight into how difficult it could be entering a strange environment and wanting to fit in, thus they focused on details, such as addressing the student by name instead of referring to them as ‘the student’. They engaged even with students who appeared disinterested, or did not seem to be putting in the required effort.

In accommodating all the different facets of their role, the mentors were often themselves vulnerable. The next section considers the personal stakes and costs of mentoring, which is the third sub-theme in the world of high stakes.

5.3 Personal implications: fearing failure, feeling burdened and vulnerable

To date, the focus has been on mentors recognising and responding to the needs of others. However, this third sub-theme illuminates the personal impact of mentoring and the implications for mentors’ professional reputation. Although the overall experience of being a mentor was far from negative, being in a world of high stakes necessarily drew attention to the more precarious elements associated with mentoring. It exposed, therefore, the importance of defending hard-won reputations and preserving essential job satisfaction. The earlier discussions of guilt and empathy have already revealed some personal costs of being ‘thrown’ in this world, and this exploration of participants’ *Befindlichkeit* shows that their own sense of well-being and job satisfaction mattered greatly to them.

Table 5.5 summarises the personal implications of mentoring and why they were important. Professional reputation could be significantly at risk in mentoring situations, for example in making the aforementioned judgements of student competence, or defending decisions to colleagues.

Table 5.5 Personal implications of mentoring

Personal implications	Why important
Professional reputation at risk Erosion of trust in work relationships Erosion of time Erosion of energy	The need to be credible in the eyes of patients, students, nursing colleagues, HCA colleagues and the multidisciplinary team. Threats to their ability to do a good job made them feel vulnerable.

In the following vocative text, attention turns to the implications of a direct threat to reputation.

Maintaining a professional front when challenged (vocative text)

I was doing the first home visit with my new student. My health care assistant and I had a well-rehearsed routine with this patient to re-dress his leg ulcers. I knelt in front of the patient who was sitting in the kitchen area, our equipment spread out in the adjoining sitting room. The health care assistant worked efficiently in the background making sure things were in reach and putting away used items.

The patient was prone to spasms and both legs needed doing. I was stooped over, explaining everything to the student who was hovering closely over my shoulder – why that particular bandage and all about the dressings. I carefully stopped the second bandage just below a scab, maybe three fingertips rather than the customary two below the knee. Before I could explain, the student cut in, questioning me, 'why haven't you finished the bandage higher up?' At that instant, I felt hot; my hands shook. I was struck by the accusing tone that would seed doubt in my competence. I couldn't look at anyone, for fear of letting my shock and anger show. I kept my head down and completed the task, keeping my voice steady.

The situation outlined above shows a marked change in mood that occurred when the student presented the mentor with an unexpected and ill-judged (in terms of the timing and tone) challenge. The mentor's heavy, difficult job required a high skill level, but nevertheless she was able to do this in conjunction with providing a teaching commentary. The student's question was seen as unfounded criticism, with the potential to damage the mentor's reputation and her relationships with both the patient and the health care assistant. Moreover, as it arose from a novice, this increased her indignation. The sudden flare of shock and anger disclosed *what* mattered and *how* it mattered

(Dreyfus, 1991: 174). *What* mattered was being able to practise with integrity and confidence in one's ability, and to instil confidence in others. *How* it mattered was the potential to damage trust. The mentor needed to be trusted by the patient, her colleague and the student. She also needed to be able to trust the student and other colleagues to behave in a way that did not threaten the ongoing relationship with a patient. The intensity of her reaction revealed the great importance of maintaining trust and its fragility within clinical situations.

Being trusted and able to trust others was crucial for the mentors. For the benefit of this discussion, trust is defined as a 'willing dependency' on others emerging from 'the identification of a need that cannot be met without the assistance of another and some assessment of the risk involved in relying on the other to meet this need' (Hupcey et al., 2001: 290). Absence or loss of trust can lead to feelings of vulnerability and threaten professional integrity (Mayer et al., 1995). Romaine portrayed trust to be a fundamental aspect of her work, instrumental for maintaining team working as well as for worker and patient safety.

In my workplace, like with my colleagues, [...] I would want to know that what's been their responsibility for their shift, that that's been done, and if someone had made a mistake, [...] that they admit it and own up, or if they've changed a way, I mean here we do a lot of team goals and we need to be consistent, all of us, with the patients [...] [Without trust] it would make you feel that [...] you'd never be sure that things were being done, even just being done, let alone being done correctly [...] but even when you're [...] doing a nursing activity or a moving and handling activity, you've got to trust the person you're doing it with, because if you don't, they're at risk of hurting the patient, they're at risk of hurting you, and themselves, so you do have to have ... this trust. (Romaine, interview 2)

Here, Romaine identified the importance of cooperative behaviour, recognising that it had to be based on trust. It was also evident in the interviews that the mentors needed to be able to cooperate with colleagues to support a student's learning and to make the correct assessment of the student's competence. They also needed to trust the judgements of those who had previously assessed the students.

Teamwork sometimes extended to passing on responsibility for a student to a colleague. If they had any misgivings about trusting a colleague with their student, the mentors could feel vulnerable about sharing the responsibility in this way. For example, Cate asked a colleague to mentor her student while she was on holiday during a period when the student's interim assessment needed to be done. In her event diary, she gave a dispassionate account, presenting the situation as unproblematic, but her reflection in the interview indicated that her confidence was less firm:

I was [...] slightly wary that erm ... the form would be done quickly without much thought about where we were going for the next bit, not very much depth.
(Cate, interview 2)

The rich picture that Cate referred to in the interview (Figure 5.2) depicted a scenario punctuated by questions: 'Structured learning? Appointments? Standards?' It revealed uncertainties as to whether the colleague would do a sufficiently thorough mentoring job. This colleague did not have the same stake in the student. It was a heavy responsibility to leave to someone else, but she had little choice. Her body, she explained in describing her picture during the interview, was portrayed as weighing scales, with one side weighed down by mentoring responsibilities. On the other side, she was looking forward to relaxing in the sun. Cate was identifying her insight and feelings relating to her responsibility towards her student and her concerns about leaving this task to someone else. She had earlier described having a student as 'an extra weight [...] that you carry through the day' (Cate, interview 1). *She* knew the standards that the student was required to achieve and how important it was to maintain the momentum of their learning. However, she had little alternative but to rely on her colleague.



Figure 5.2 Cate's rich picture of the weight of responsibility

This pervasive responsibility revealed important insights about the mentor *Umwelt*. Continuity of their mentoring relationship and correctly documented achievement mattered, along with the importance of mentors' personal knowledge and experience. Cate felt her knowledge and experience could not be adequately transferred to another person; her mentoring relationship was unique and non-transferable. In this way, Cate had an *eigentlich* ('authentic') mode of engagement in her mentoring role, reflecting Heideggerian *Eigentlichkeit* ('authenticity'), a mode of being in which individuality is manifested, which implies accepting the burden of accountability (Mulhall, 2005). An *uneigentlich* ('inauthentic') mode of being in the world is a way of thinking of people as 'interchangeable occupants of impersonally defined roles' (Mulhall, 2005: 71). Cate did not feel interchangeable with her colleague, and in her *eigentlich* mode of being, she was, by implication, more heavily burdened.

Mentoring has been shown here to increase the participants' vulnerability, threatening professional reputation and having the potential to undermine trust within work relationships. In addition, they felt burdened by the role, which could translate into a reduction in well-being or of satisfaction at work. This sense of 'being burdened' could become exacerbated through lack of resources, particularly time. For example, Trudy

explained how mentoring could encroach into personal life, such as before or after a shift:

The ward is busy and understaffed quite a lot of the time and you just don't get that protected time, so quite often what I find myself doing is meeting [the student] at the beginning or the end of a shift. (Trudy, interview 1)

Insufficient time to do the nursing work and additionally mentor a student, which added to the workload, could sometimes seem like an unmanageable burden, as Marion described.

It can be very hard if you take a student, especially if the student [...] needs a lot of support. It can put a lot of extra work on you. And if you are up to the eyeballs already it can push you over the edge! (Marion, interview 1)

Students sometimes leaned heavily on their mentors, for example, when they were anxious about their performance in practice, or in balancing both academic and practice demands. This could be wearing for the mentors, as they became increasingly drawn into the student's sense of the high stakes attached to their training. Romyne (interview 1) recognised that it could make her feel tense or miserable, and 'in my general work I'm much more ... content', but found it hard to express why she felt this way.

Nursing work is itself physically and mentally demanding, and so mentoring can present a further burden involving depletion of time and other personal resources. The personal implications of feeling drained meant that the participants would be less able to meet the intensive demands of their normal job and thus became more vulnerable to physical and mental exhaustion:

You can feel that you're tired, not from having to take care of the patient, not from having to get up early in the morning for work, but simply because they're on at you all the time, you're having to meet certain expectations for them. (Shrimpy, interview 1)

Shrimpy expressed here that even when the nursing work was challenging it was manageable, whereas having an anxious, persistent and demanding student at her side further depleted her energy. Similarly, Emma provided an example of an occasion when

she sought recovery time during her tea break, only to find herself trapped in the office by her anxious student:

This particular student was with me in the office for a break and she'd found a particular article and she was asking me do you think it should be this one or that one, [...] and she just sort of talked at me for five minutes and I just said that's fine, and I expected it to end there, and then she was saying and how am I going to do this and how am I going to do that and by the end of it I was 'Goodness me, get the patient's notes', you know, 'why don't you go and have a look and get on with it', [...] I was almost sort of laughing to myself, thinking gosh if she doesn't shut up, but at the same time I just thought cor I could really do with, just sit here in silence, you know, the phone's not ringing for once, yeah, just want to enjoy my cup of tea. (Emma, interview 3)

The persistent student needs for attention and support that could occur became very wearing, as described further by Gina and Shrimpy:

It was draining, to be honest, very draining. Because even when you're trying to do paperwork at the computer, it was constantly, oh I've read this, what do you think? I've read *this*, what do you think? It was constant, and I mean for a whole shift. (Gina, interview 2)

She wanted to know everything *now* [...]... just got this voracious appetite, like a locust. And it does, it just takes so much out of you, you just sag. (Shrimpy, interview 1)

The unpleasant and distressing nature of the mentors' exhaustion, illustrated above, highlights the importance of having the physical and mental energy to meet the demands of this work. Students who drained the mentors' energy reserves could equally provoke their resentment and a feeling that such behaviour was unreasonable.

Some mentors identified the limits of their mentoring capacity, where these demands became excessive. For example, Shrimpy indicated the risk of exhaustion and burn-out in mentoring and Cate recognised her vulnerability from the pressures if she took more than three students in a year. In addition, participants found that their colleagues did not always support the time needed to mentor students, and differing agendas and priorities could put their collegial relationships at risk. There were instances where mentors had knowingly neglected their own needs in order to support a student. The vocative text below illustrates this on an occasion when a mentor was ill at work.

Stakes becoming more pressing when ability to mentor is under threat (vocative text)

My throat itched all the way down to my chest, I could hardly breathe and I shouldn't have been at work with this cold, but I hadn't had much opportunity to work with my student nurse, so I was damn well gonna work with her. She really needed to develop confidence and we were running out of placement time. I wanted her to see that *she* was caring for this patient too. We had the haemofilter running, the patient on a ventilator, TPN⁶, enteral feeding, you name it; everything was going, inotropes as well.

Doctors, three of them, closed in around the observations board, reviewing the patient. I was listening for the day's plan, keeping an eye on the patient, the haemofilter, and making mental notes. I thought 'I'll explain to the student about the changes in ventilation settings, and then we can look for effects in the blood gas. I really must record those changes on the chart.' I suddenly felt dizzy, and slid down onto the floor. The doctors went, hey, what's going on, and someone shouted let's have the blood pressure cuff and let's have the portable monitor, and they're saying, 'what's the blood sugar', 'my blood sugar's fine', 'well let's take it anyway', 'MY STUDENT CAN TAKE IT!' I was told there and then, stop teaching.

I was sent home. I felt I was running out on her. She didn't even get the chance to do the finger-prick blood glucose on me.

In this account, the mentor showed a gritty determination to be there supporting her student. She was aware of the urgency of the student's needs to meet some key learning targets. Leaving the job to a different mentor would have set back the student's progress, and negated the investment she had already made in getting to know the student. Even when in a state of collapse, she was actually thinking of teaching opportunities and pursuing her student's need to practise certain skills, to the extent of offering up her own body for such purposes. This extreme drive to mentor against the odds might have been a signal of a fear of failure, of letting the student down. The mentor's *Dasein* was in this respect 'open and vulnerable to the world' (Mulhall, 2005: 77), fearful of letting the student down, yet also threatened by her illness that she had little control over. On this occasion, the fear of letting the student down far outweighed the threat of illness and indicated what really mattered to her.

⁶ Total parenteral nutrition (intravenous feeding)

Being vulnerable to a breakdown of trust, feeling burdened or drained, and fearing the consequences of not being able to support the student were serious concerns of being a mentor. The participants relied on the same strategies that helped them de-stress in their usual nursing role: reflecting and unwinding on the journey home; talking to the dog; taking a coffee break; mulling over with a colleague, or ranting to the computer. Keeping hold of evidence long after the event as a record of their decisions and rationale also provided some comfort and reassurance for their guilt feelings. Although this chapter highlights some of the vulnerabilities for mentors, it is important to state that mentoring could also be very rewarding. The more rewarding aspects are revealed in future chapters.

5.4 Reflection on *Befindlichkeit* as interpretive lens

This chapter has explored the ‘felt sense’ of *Befindlichkeit* (cf. Section 3.2.2) in the context of the world of high stakes, revealing mentors’ guilt, tensions, empathy, shared concerns, vulnerability and being burdened. This exploration required sensitivity and receptivity to the participants’ attunement to the world in the mentoring context, focusing on their feelings both explicitly reported and also embedded in their narratives and rich pictures. *Befindlichkeit* as the *Lichtung* revealed what mattered and how it mattered to the participants. Guilt as an element of *Befindlichkeit*, for example, could relate to a situation in which a student was distraught about failing the practice assessment. It mattered that the assessment was robust and fair (the ‘what’), and this guilt was also an indication of the personal implications of making these judgements (the ‘how’). The discussion here considers the additional insights made possible by interpreting the world of high stakes through *Befindlichkeit*.

The two Heideggerian concepts of existential guilt and the ‘call of conscience’ occur when a person makes a moral decision or feels responsible for a difficult situation (Mulhall, 2005). These concepts, which as a feature of being-already-in-the-world can relate to *Dasein’s Befindlichkeit* and ‘facticity’, have facilitated the development of a deeper exploration of guilt. The ‘call of conscience’ and the existential guilt of *Dasein*,

which were identified in relation to the weight of responsibility (cf. Section 5.1), represented simultaneously heavy responsibility and the unavoidability of guilt. Their guilt was based upon a world of moral values, or 'public conscience' (Heidegger, 1962: 323) that the mentors had little power over. Another significant facet of existential guilt taken into consideration was that making a decision closed off any alternative action when only one decision was possible (such as passing or failing a student) (Mulhall, 2005). This led to the idea of the existential guilt of a mentor who was powerless to change moral values, but who was nevertheless responsible for her decisions and always aware of the possibilities that were 'closed off', which can help one to understand the profound significance of guilt in the mentor lifeworld.

In the data, reference to the other people who featured in the mentor *Umwelt* persistently showed that the human connections the mentors made with them came from a position of already understanding something about what it meant to occupy their position. This provided a strong reference to facticity, in which *Dasein* is 'always already' thrown in a world and inevitably in the world with others (Dreyfus, 1991: 144). As shown by the way participants shared 'solicitous concern' with their colleagues (cf. Section 5.2) they occupied a common world that was also manifest in their perspective taking. Through their *Befindlichkeit*, the mentors imagined themselves in another's place, which required the ontological bridge. Taking ontology as a study of 'possible ways of Being' (Heidegger, 1962: 31), the ontological bridge can be understood as linking one person with the other's possible way of being, and this was illustrated in the vocative text where the mentor met with an HEI colleague. However, understanding the concept of the ontological bridge seems to require a leap of faith in accepting that it is possible to know and feel the other's 'possibilities for action'. This can be partly resolved by accepting that the participants and the others in their world shared 'solicitous concern' as a function of occupying similar worlds of entities and 'possibilities for action' towards a common purpose.

Although they occupied a shared world, in their *Befindlichkeit*, the mentors were open to the world as individuals and therefore vulnerable. This vulnerability showed in the way that they could feel burdened by the extra responsibilities, and having students could undermine trust within work relationships (cf. Section 5.3). Applying this lens enabled a stronger focus on what was important; namely that the mentors wanted to feel proud of their work and that job satisfaction seemed essential to their well-being. Any threats to their pride and satisfaction in their work energised them to make amends. As already identified (cf. Section 5.3), the mentors' *Eigentlichkeit* also became visible. Heidegger (1962) proposed that whereas the *uneigentlich* self is tranquillised by identifying with the 'they', the *eigentlich* self is instead burdened and anxious. Rather than being lost in the 'they', in the world of high stakes the mentors were in a position of personal accountability, and applied and exposed their individual selves to the role.

The use of language was pivotal throughout the interpretation of the data. *Rede* ('talk'), as an additional existential *Lichtung*, provided a medium through which feelings and experience could be directly expressed. 'Words and their meanings are already world-laden' (Inwood, 1997: 50), meaning that they are already part of the world they represent and never independent of it. First, therefore, when the participants reported conversations with students and colleagues, it was fruitful to reflect on the context of these conversations, as well as to consider the mentors' use of language in reporting them during the interviews. Second, participants searching for metaphors, for example 'locust' (cf. Section 5.3), often indicated that the experience being conveyed was significant and, moreover, challenging to express accurately. Third, certain linguistic emphases could be detected to give weight to the narratives, for example 'constant' interruptions; 'not only... but also'; and 'I just wanted to...'. In these ways, the mentors' *Befindlichkeit* combined with their *Rede* to help illuminate their experience.

Chapter summary

This chapter has linked the mentor experience of being aware of high stakes with Heidegger's concepts relating to *Befindlichkeit* and facticity within the care structure of

Dasein. In doing so, it has revealed the existential guilt associated with decisions, the burden of authenticity, how empathy featured in ontological bridging, and some matters of high importance to mentors, such as their personal integrity and their concern for others. In exposing the inherent fragilities within moral judgements, trust and self-regulation, the chapter has helped to show the importance of enhancing awareness of the lived experience of mentors. Chapter 9 provides a further analysis and critique of the concepts identified here. The next chapter presents the second theme: 'a world of hope for the nursing profession'.

Chapter 6. A world of hope for the nursing profession



Figure 6.1 Romyne's rich picture in which she juxtaposes her contrasting feelings about mentoring two different students

In the world of hope for the nursing profession, the mentors made sense of their actions through understanding the significance of these to the profession. In showing how standards mattered and how important they perceived their role to be, the mentors combined their will to be a nurse and their will to be a mentor. This chapter presents the outcomes of the thematic analysis of the mentor experience focusing on the second theme 'a world of hope for the nursing profession' which includes the sub-themes 'being a gatekeeper', 'having a will' and 'passing on the special things', each of which offered a different insight into how the participants made sense of their world. Taking the lens of the existential *Verstehen* ('understanding'), the themes were interpreted by reflecting on the 'existence' of *Dasein* which fundamentally has a 'potentiality-for-Being' through involvement in projects and possibilities (Heidegger, 1962: 183). *Dasein* discloses itself through what it is capable of doing. *Verstehen* appears in sense-making and capacity for action, where actions bring something about and 'press forward into possibilities' (Heidegger, 1962: 184). *Befindlichkeit* and *Verstehen* work together to make the world intelligible (Polt, 1999), and hence this chapter builds on the *Befindlichkeit* of Chapter 5.

A phenomenological description follows, presenting what it meant for the mentors to inhabit this world of hope for the profession. This is derived from hermeneutic engagement with all the data pertaining to hope for the profession, constantly questioning the suitability of interpretations in light of the parts and the whole, and reflecting on my personal experiences and assumptions in this context.

**Being in a world of hope for the nursing profession as a mentor:
phenomenological description**

Having hope for the profession was a powerful motive for mentoring. It helped to define mentors' professional selves, both fulfilling their professional duty to pass on skills and knowledge to others, and also maintaining a personal obligation to 'give something back'. Moreover, they wanted the assurance that when they themselves needed nursing care there would be sufficient nurses with the right knowledge, skills and attitude to deliver it. Alongside their optimism lay uncomfortable questions, a sense that things

could easily go wrong. Was the evolving system of nurse education on the right track? What kind of nurse was emerging at the end of it? They were aware of the precariousness of the student journey: how a 'poor' student could fall through the assessment net and how poor or unsupportive experiences could discourage 'good' students. There were messy situations where an underachieving student passing from one placement to another created dilemmas for the current mentor responsible for making pass/fail decisions. This evoked images of a 'toxic student' creating difficulties and passing bad feeling from one placement to the next. The mentors needed to decide whether or not to allow further chances to demonstrate competence, in which case they hoped either that the student would improve or that the next mentor would have the courage to fail them.

Employers appeared silent, there being little organisational recognition or reward for the mentors, except that mentoring was presented as an incentive for career progression. Mostly, the mentors either were too far through their careers to be concerned about promotion, or had taken on the mentoring role as a necessity to securing a post. All but one, however, saw mentoring as an integral part of the job. 'Not being a mentor' was not within the realm of possibilities; it was part of their identity as nurses. Despite this, they accepted periods of time in-between students as a well-deserved break, a chance to re-energise and complete administrative tasks. The rewards of mentoring came in the form of seeing practice improve. Mentors could spread good practice vicariously through their students, and could develop new practice knowledge through interacting with students. In addition to these intrinsic rewards, the occasional accolade from HEI colleagues could raise spirits markedly.

Table 6.1 outlines the three themes and their interpretive focus through the lens of *Verstehen*. In the next three sections, each theme is, in turn, interpreted in light of this *Lichtung* revealing *Dasein's* care as 'existence'.

Table 6.1 Existential interpretation of sub-themes in the world of hope for the profession

Sub-theme	Focus for existential interpretation
Being a gatekeeper	<i>Verstehen</i> ('understanding')
Sustaining a professional will	Capacity for practical action in the 'context', 'self-interpretation' and 'space of possibilities'.
Passing on the special things	The <i>eigentlich</i> , resolute self, or the <i>uneigentlich</i> public self Care as 'existence' (<i>Dasein</i> being-ahead-of-itself)

6.1 Being a gatekeeper

The wish to preserve standards and the felt necessity of maintaining the integrity of the nursing profession through robust pre-registration education infiltrated the mentor experience. The mentors had their own perceptions of what nursing was, or should be. It involved having a caring attitude, communicating well, being prepared to engage with the physical tasks of caring for bodies, being able to organise the work, having the skills and knowledge required and the ability to continually develop one's practice. This vision of nursing served as a mental checklist of essential characteristics to seek out in students (see Table 6.2). However, students did not always fit this vision, thus evoking concern about their potential to become competent nurses. This sub-theme of 'being a gatekeeper' is explored by considering the desirable and undesirable qualities in the mentors' 'gatekeeper checklist' summarised in Table 6.2.

Table 6.2 Mentors' 'gatekeeper checklist' of desirable and undesirable qualities in student nurses

Desirable qualities	Undesirable qualities
Caring attitude, patient focused	Uncaring attitude or disinterest
Good communication	Poor communication
Preparedness to engage in the physical tasks of caring for bodies	Tendency to avoid physical work or 'getting hands dirty'
Good work organisation	Lack of ability to organise work
Appreciation of the inter-connectedness of care contexts	Blinkered approaches to care
Resilience	Low resilience
Honesty and openness	Hiding problems
Possessing appropriate knowledge and skills	Inability to demonstrate knowledge or to learn skills in a reasonable time
Propensity for continuing development	Showing little initiative in managing self

Although sometimes, with appropriate intervention, mentors could rescue students from failure, at other times they had a duty of care to fail them and prevent them from becoming professional nurses. In this way, they considered they were protecting the public and the profession. In the following vocative text, being a gatekeeper takes on major importance when the mentor is faced with a student who has already passed some placements, but whose demeanour makes her clearly incompatible with nursing.

Failing an incompatible student (vocative text)

I expected her to have more maturity and perhaps a little bit more respect, not just for me, but for members of the team that have been here for twenty-five years. She seemed unable to pick up on cues of people being upset, or in pain. She had no expression, she was very dead-pan, she very rarely smiled. You've got somebody that will just create silence.

The four of us, including my manager and the tutor sat at the large, highly polished table in the meeting room, which smelled faintly of wood, books and well-worn carpet. I told her that the onus was on her to show she'd improved, but even sat there with her future on the line, she couldn't. I felt uneasy and on edge, but also strangely cheerful and miserable, calm and tense, holding my feelings in balance. I asked her to explain about source isolation, because she

didn't seem to understand why she was wearing gloves and aprons, and I'd gone through it all with her about four or five days previously, and she couldn't tell me. I told her where I thought she had failed, but also where I thought she'd improved, then asked her to give me some evidence of her achievements. She kept quite quiet to start with. I'd say 'I failed you because of this', and she'd say 'Okay'. That was all.

Then, she started arguing. I said I'd never seen her strike a conversation with a patient, and she said, 'well, you weren't there'. She had a defensive argument for everything; it fuelled me to go on. She referred to me as 'my mentor', even though I sat next to her. I realised I needed to take control of this rather than letting her control me. She argued, constantly, to the point where we had to tell her to stop.

In this scenario, the mentor held firmly to her gatekeeper 'self-interpretation'. The serious mood of the situation aptly illustrated the high stakes of mentoring (cf. Chapter 5). Her interpretation of the situation focused on being a gatekeeper and doing what it made sense to do, riding the momentum of her thrownness ('facticity'; high stakes) by actualising 'possibilities for action'. The student's behaviour provided clear indications of her unsuitability for nursing: inability to relate to patients or colleagues, truculence, lack of warmth and an apparent inability to learn. Additionally, the assessment situation contained its own 'space of possibilities', so that, given the exceptional circumstances, it made sense to include an observer from the HEI and the mentor's manager to support the assessment. They followed accepted assessment practice for conducting the interview, but the mentor had to make skilful judgements within this space, of when and how to intervene in the conversation. As gatekeeper, she 'needed to take control'. In this way, the mentor's 'self-interpretation' guided her manoeuvres, revealing a key aspect of a mentor's 'existence'.

As gatekeepers, the mentors sometimes directly challenged students regarding their suitability for nursing and their motivations to become nurses. This could emerge equally from concern for the students themselves, for patients and the profession. Marion, for example, challenged a student who was reluctant to involve herself in practical work and in particular, to engage in work in a patient's home that was visibly dirty:

Her attitude to 'I don't like touching that' dirty, you know, or something, it really was not conducive to nursing. I had to ask her why had she come into nursing and ... in fact actually I said to her ... I just sat on my own with her and at the start of the conversation I said 'do you like nursing' and she said - she seemed quite taken aback that I'd been so blunt, and she said 'why?' And I said 'because you give me the impression that you don't like it'. At this point she was, like, an early third year student I think, and I said 'you're sort of behaving like someone who's been nursing ten or fifteen years and is burnt out, really, you should be full of enthusiasm. And you shouldn't be like this' ... she was just like she didn't want to do anything. Yet, she had the knowledge. I ... it was quite odd, really. And in the end, she was quite shocked at me. I must have been the first person that had ever asked her, and she said, actually, she said 'I don't really know if I do want to do it'. (Marion, interview 1)

She realised the student would struggle in the world of nursing and that low motivation during training was a poor starting point. Similarities between the student's behaviour and the characteristic of 'burn-out' signalled to her that, in the best interests of the student, she needed to intervene with a direct challenge. Marion's basis for action was, again, as a gatekeeper, having understood that it was inappropriate simply to attempt to smooth over or repair the deficient qualities in the student. Operating in this gatekeeper 'space of possibilities', and in the spirit of hope for the profession, Marion felt compelled to confront and challenge the student. She also took into account other contexts as she compared the student's stage in her course with trends observed amongst other nurses who were well into their careers. This wider view helped her to make sense of and justify her gatekeeper challenge to the student.

The mentors, as gatekeepers, patrolled the borders between pre-registration and professional registration, protecting the profession and the public. Sometimes, in contrast to Marion's experience, students were well motivated in practice, but lacked academic abilities. Gina explained her relief when her student was unable to continue the course following failure in an academic assignment:

Although nursing is a hands on skill, you still need to be quite academic in order to read recent information coming through, to read about drugs ... she did have dyslexia and I think that might - that's possibly why she failed and she wasn't, according to her, given the help she needed, but your notes need to be *legible* and her notes weren't, and so ... I looked on it as possibly a blessing in

disguise because how would she then ... progress as a nurse. (Gina, interview 1)

She recognised the need for a nurse to be able to communicate well in writing and to be able to access written information competently. Although the student may have encountered mitigating circumstances (dyslexia) as to why she was not performing well academically, Gina was firm in her belief that illegible notes could not be tolerated. Her task of assessing the student was rendered unnecessary by the student failing the academic assessment, but otherwise, the problem would have become one for mentors to deal with. The dyslexia would have made the situation far more complex than a simple judgement of competence, because it could have evoked questions of sufficient student support for her learning difficulty. Nevertheless, Gina imagined the difficulties a nurse with these problems would experience and felt doubts as to the sustainability of a nursing career in the face of these difficulties, however well supported.

In addition to the personal qualities necessary for students to become registered nurses, the mentors also had a vision of the essential skills to be acquired. Cate had strong insights about this, although her recent experiences of mentoring had led to an adjustment of her expectations and an increasingly flexible approach to her role as mentor. It had been a difficult, frustrating journey punctuated by disappointments and re-adjustments of vision and purpose:

I've also come to realise as I've reflected further on this, is that a lot of the students don't have the skills that I hoped they would have by the time they finish ... erm ... I talked just now about the student not being able to do manual blood pressure. (Cate, interview 2)

Coming to accept that some students were unable to take manual blood pressures midway through their course had been a key point of development for Cate. The pivotal moment seemed to be when she was supporting a medical student who also lacked the skill:

I was talking about the student that couldn't do a manual blood pressure, but then yesterday I had a fifth year medical student all morning, and neither did she. And you begin to realise, actually, how common this is. (Cate, interview 2)

Cate's adjustment to understanding students' clinical skills development made her realise that she could not condemn individual students for lacking some basic skills when it was such a common occurrence. She was, therefore, aware of the practicalities that meant it was unfeasible to do this. She found it difficult not to be in control in this sense and she needed to adjust her own interpretations of the situation to accept that it was commonplace for students to qualify with sufficient skills, but not the full complement that matched her vision. Cate's sense of relief was tangible. She could maintain her gatekeeper 'self-interpretation' by reappraising the context and accepting a revised 'space of possibilities'.

Angel found herself lacking full gatekeeper control with a 'return to practice' student who met all the competencies in the paperwork that she needed to complete, but nevertheless posed issues for her:

I wouldn't want her working here because she took too long doing what she needed to do ... so yes, I had no choice but to pass her and let her through, yes she had achieved all that she was supposed to achieve on this placement, or this bit, and that she could go back onto the register. [...] I actually felt that she wasn't ready to go back on, because you know, to spend two hours getting one person sorted when the rest of us would take half an hour was just not acceptable. (Angel, interview 2)

As gatekeeper, Angel was resolute that being too slow was unacceptable. It may have made logical sense to fail the student, but that option was unavailable. Angel's situation was an unhappy and powerless one, as the immediate context frustrated her desired action which took into account her personal expectations of all registered nurses. The lens of *Verstehen* allows one to see that in her resoluteness Angel was revealing her *eigentlich* self, her 'inner voice', in disclosing the range of possibilities that were part of her own identity as gatekeeper (Inwood, 1999). In Heidegger's philosophy, one becomes resolute when one owns up to guilt, which itself is connected with anxiety and the voice

of conscience (Mulhall, 2005; Polt, 1999: 90). This makes the world clearer, but reveals that 'the self is impotent and empty' (Dreyfus, 1991: 318).

Exploration of this gatekeeper theme has exposed how important it was for the mentors to feel in control when making decisions on significant issues. Skilful management and interpretation of situations in the spirit of hope for the profession characterised many of the accounts. In order to justify their gate-keeping activity, they would draw on their contextual understandings that helped them to make sense of situations. Although they held 'gatekeeper checklists' of desirable and undesirable characteristics in students, they were also willing at times to adapt to changing circumstances, especially when presented with mounting evidence. Lacking autonomy as gatekeeper could lead to discomfort or a sense of impotence. Being a gatekeeper and keeping sight of their hope for the profession was clearly demanding work, which required the mentors to maintain a professional will. This is the topic of the next section.

6.2 Sustaining a professional will

The mentors needed to maintain their fundamental basis and momentum for practice as nurses and mentors. This second sub-theme relates to sustaining a 'professional will' which has been defined as 'a will to carry one forward into and through a very lengthy and an arduous process of professional formation and professional development' (Barnett, 2009). Their professional will propelled them forward as they pursued their hope for the profession through mentoring. They knew mentoring was an opportunity to spread good practice. However, they needed to sustain their momentum in the presence of 'poor' students who had previously slipped past other gatekeepers and also when they witnessed 'good' students who had been discouraged by poor or unsupportive experiences.

This chapter has already shown that the mentors had a vision for nursing and took their gate-keeping role seriously. For them, mentoring was part of being a nurse so that supporting professional formation in others proceeded concurrently with their own

professional development. Table 6.3 outlines the bases of the nursing and mentoring will and indicates how they showed up in the data.

Table 6.3 The professional will in mentors and its manifestations

Type of professional will	Based on	Manifestations of having a will
Nursing will	Care and concern for students and patients	Giving time for students and patients
Mentoring will	The pleasure of mentoring Sense of job satisfaction Nurturing a nursing will in students Passing on practice	Energy for getting the mentoring right Engaging competently with students and patients Emotional labour

In the following vocative text, the professional will intertwines good nursing practice and good mentoring practice to enhance students' ability to develop and maintain their own professional will.

The intertwining of nursing will and mentoring will (vocative text)

Mentoring students makes me a better nurse. That's the simple way of thinking about it. It keeps my skills up, it keeps my brain ticking over, makes me think of ways to learn and ways to teach. I've got to be A1 in everything I do, because students notice things. It's probably better than the boss looking over your shoulder. It makes me work at making my practice as good as I can get it, because if it isn't that good, then I'm going to teach a student a poor way of doing things. If I teach them the wrong way, they'll do it the wrong way and they'll teach somebody else the wrong way. I'd be letting everyone down.

I would hate to think that someone who's mentoring has not got very good standards. Perhaps they might just be a little complacent, a little too laid back, not quite caring enough. You expect the best, and that's what mentoring is about: doing the best you can for the patient and for the student and also for yourself.

Here, contexts intertwined and 'nurse' and 'mentor' self-interpretations' merged. The mentor's aim was to pass on good practice. However, this could only be achieved by ensuring one's own practice was at least good, but preferably, the best it could be. In this case the 'space of possibilities' was furnished by a range of possible scenarios, many of

which the mentor rejected as not good enough. A mentor driven by a strong professional will, therefore, considered only best performance to be existentially possible if the standard was to be achieved; anything else would not suffice in such a context.

In having a professional will, it made sense to mentors, from all angles, to sustain the nursing will and to promote it in their students. Shrimpy's thoughtful reflection on what nursing meant for her seemed to expose her professional will in action:

It is a great privilege ... to look after the dying patient ... to stand there in place of the family and to know that that person's not on their own when they die Because then you can say to the family they're not on their own, we made sure they were comfortable, so that they've all the answers to the questions that they want. ... And as a nurse if I can do that, then that gives me great satisfaction. I think it gives most nurses great satisfaction, so if I can help a student to think in those sorts of ways, and just do a little thing, give them job satisfaction. If they have job satisfaction and feel that they're doing a good job, then hopefully that encourages them better as a nurse. (Shrimpy, interview 1)

Looking after a dying patient encapsulated the idea of helping someone to feel that the nurse had cared *for* them and *about* them. Substituting for the family when a person died represented the pinnacle of showing compassion and care. Being able to pass this special sense of job satisfaction onto students seemed to be a way of fostering the will in another and appeared to help maintain Shrimpy's professional momentum as a nurse.

Flossie felt fiercely proud of her skilful ways of making patients feel that they had her special undivided attention, even though her reality was different:

I love it when you go into the patient's house and you're there for an hour, and you think, oh I've got to get out! You know how you do? Oh how long am I going to be here for? You think, oh my God, let me out. And all of a sudden they say it's so much nicer because in the hospital, nobody talks to you, they've no time for you, they're so busy, and I'm thinking yes, so am I; hurry up and finish talking and let me get out! But it's so nice and the expectations of the patients are so different to hospital. And it's nice relaying that back to the student. (Flossie, interview 1)

Flossie's account showed that giving time to patients could be a defining element of community nursing. She experienced satisfaction from using her nursing skills to manage and hide her feelings when interacting with patients who wanted more of her time than

she could afford to give. This can be interpreted as emotional labour, an activity that 'requires one to induce or suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others' (Hochschild, 1983: 7). She gave the patient the impression that she was unrushed and available to chat, when in fact she was impatient to get away.

In both these cases, the mentors could be observed sustaining their professional will by making sense of the concrete situations of caring for a dying patient and giving time and attention to a patient. The professional context, in which nurses are expected to show patients they care and make them feel cared for, helped to define the mentors' basis for action. This shaped their 'self-interpretation' of nurses who were skilled in attending to emotional as well as physical needs. Moreover, being mentors as well as nurses, their 'space of possibilities' extended to the potential for helping students to sustain their own professional will by passing on the satisfaction to be gained by giving emotional care.

Being a mentor was a seamless part of being a nurse and having professional will. Consequently, a negative mentoring experience could also affect their professional will as nurses. Romaine contrasted her experiences of mentoring two very different students in a rich picture illustrating the fragility and restorability of the professional will (see Figure 6.1, p. 134). The picture contains two mentoring scenarios – one concerning a very difficult student and the other depicting a subsequent situation involving a very good student. The picture revealed two extremes, one of pessimism and the other optimism. On the one hand, there was misery, dejection and reluctance even to enter the workplace with the student blocking her path and the doors of the building shut. On the other, there was a celebratory, hopeful mood, positive regard for the 'A grade student' and a contrasting willingness to enter the workplace in her company. The professional will was at one moment sinking and at the other, buoyant.

Romayne's own sense of these different situations revealed the basis on which she was a nurse and mentor. Where her will failed her, she sensed that she was unable to pass on her skills, beliefs and values to her student. This was the context depicted by having a student who seemed shallow and disinterested. Her 'self-interpretation' as a caring, conscientious mentor seemed thwarted by the 'space of possibilities' being closed off. The happy situation with a different student seemed to open up the 'space of possibilities' once again, extending Romayne's room for manoeuvre. Now she had an enthusiastic, engaged student who was a pleasure to be with. Taking *Verstehen* as 'a matter of being competent to do certain things, to engage in certain practices' (Mulhall, 2005: 81), it indicated that when Romayne's ability to engage in mentoring practices was frustrated by a lack of effectiveness with a particular student, her nursing will also faltered.

Verstehen, as capacity to engage competently in certain practices, often included the ability to perform emotional labour, as indicated above by Flossie. Aspiring to be skilled in the management of emotions appeared to be a strong feature of the professional will which, perhaps, was less visible to students who may have observed only the calm exterior. The mentors had certain ways of being with students: making themselves approachable and available; seeing the newness of practice through a student's eyes; reading the student's body language; finding pleasure and energy, or dissatisfaction; and being drained in the company of a student. They had an expectation that the good practice they taught was spread by students to other settings. All this activity and hope for the future could be held together and energised by having a will to mentor. This will was partly sustained by the pleasure of mentoring, which is described next.

Mentoring had its own intrinsic rewards. Sometimes, it was the pure pleasure of 'seeing the light go on' in a student's head. There may be a 'eureka moment', in which the student eventually got the point after many attempts at different ways of putting it across. Alternatively, it might just be the rewards of getting the job done, ticking off the

learning achievements and seeing the student on their way. Marion showed a strong will to support students sensitively and constructively, which gave her immense satisfaction:

It means a lot to me really. I enjoy it and I enjoy seeing the results at the end, and I like seeing, doing an intermediate assessment and giving them a certain figure or something and being able to move them up on the final assessment. I like doing that, and I like to think I'm objective and I take a lot of time over the assessments. I don't just scribble a quick note down for them, I take it home and I always think about what I'm going to put on their assessment. Every student I've ever had has always had their final reports written at home where I can really think about, without noise in the office, and think about what I can put, something constructive and if there is criticism, that it is constructive criticism that I hope they'll be able to address and that they don't take it as a personal insult. (Marion, interview 2)

She managed the student's emotions in the way she projected herself even when giving written feedback. In a slightly different vein, Cate partly derived her satisfaction from a self-deprecating recognition that students could be more 'up-to-date' than mentors in some respects, in addition to witnessing the students' development:

I asked a student to check, to do a urinalysis, and she said to me where's the machine and I went 'What do you mean, machine?' So that was *me* out of date! It's that kind of thing, you know. They keep you alive and we do actually benefit from it once we get to know them so it keeps you on your toes. (Cate, interview 2)

The pleasure she gained through learning from students – learning that she could then, in turn, pass onto colleagues – seemed just as strong, although less frequent, as the pleasure in seeing students learn and grow, and being able to fulfil her mentoring responsibility. Students maintained her vitality. This type of sentiment appeared repeatedly in the data, and seemed to be a major source of satisfaction.

At other times, some mentors appeared to be exercising their professional will by performing emotional labour in direct interaction with students. For example, Romaine explained that her natural response to a student who was showing disinterest was to reflect the disinterest back, but in her will to be a mentor to the student, she consciously controlled these feelings to project more enthusiasm:

They just sometimes come across as not being interested. And that is ... so frustrating for me and it makes me react in a blasé kind of mood that oh well, why should I bother if you're not bothering, showing more initiative? And yet, on the other hand, I have to stop myself and think come on, we've got to show these students opportunities so I need to make a conscious effort of putting out more of myself as well. (Romyne, interview 1)

Similarly, Lisa's care and concern for nurturing the professional will in students made her work hard to maintain an open, welcoming look that did not alarm them:

I'm quite conscious that I don't ... look at people in a scary way, because I'm told that I can do that, [...] so ... I am quite conscious that I don't ... if I am displeased that I don't put on my scary face. (Lisa, interview2)

Such energy for establishing a successful mentoring relationship formed a thread through many of the mentor accounts.

There were, however, some misgivings about the evolving system of nurse education. The older mentors who reminisced over changes in education and practice, had a sense that things were not quite right. However, mentors who had trained under the current system felt more 'at home' and had the confidence of knowing the system both as an 'insider' from being a student, and from their mentor preparation course. They were aware of the rhetoric and the stories of older nurses about how things used to be, but this was historical, beyond their own direct grasp. For those mentors who could see the end of their career approaching, passing on practice through students held an extra significance. Here, Cate spoke about the impending fall in the numbers of practice nurses through retirement:

We've had a few say they would like to stay here, have you got any jobs, so perhaps their interest in practice nursing, which wouldn't be bad, practice nursing, we are all supposed to be gone in the next five years, because we're too old! (Cate, interview 1)

The sustained effort that the mentors applied to their mentoring seemed to be a clear indicator of the 'mentoring will' in action. The last sub-theme considers some of the learning that the mentors believed was particularly worthwhile spending their efforts on.

6.3 Passing on the special things

In this world of hope, the mentors had a sense of pride in the profession but also, as shown above, a very practical view of what it takes to survive in nursing and be a good nurse. Important elements included orientation to the patient perspective, a certain mindfulness of how principles of care relate to practice and an increased awareness of different working practices across the secondary care – primary care divide. In this sub-theme, ‘passing on the special things’, the mentors identified elements of practice that could be transferred between settings and that they thought could make a real difference. For them, it was not a case of merely maintaining practice standards, but of improving practice in their own unique way. They held a personal vision of the skills their students should be learning in their clinical area and did what they could to help students meet skill development requirements as they moved from placement to placement.

Table 6.4 outlines what the mentors considered as special and how it related to the mentor experience. As the ‘special things’ were very individual, there is no overarching vocative text, but instead illustration is left to the individual examples.

Table 6.4 The special things and how mentors experienced passing them on

What’s special	How mentors experienced passing them on
Person-centred care	Helping students to fill the knowledge gaps
Clinical decision-making	Talking, explaining, providing food for thought
Good communication	Concern for the greater good
Understanding community nursing	Fostering desirable qualities

Quite often there were particular aspects of practice the mentors valued highly, which they did not want to be lost in future. For example, Angel wanted to ensure that students did not lose sight of the person as a whole, whatever the pressures of the work environment might be:

That they actually stop and look at the holistic picture, they stop and look at who it is they're treating, not just the appendix or the MI⁷ or whatever, you know they're looking at the *person* with the problem and that's what I want them to do, that's what my aim is with the students is to help them understand and to deal with things that way. (Angel, interview 3)

Went through just in general what rehabilitation was, client-centred care and you know interdisciplinary team, Maslow, all the rest of it, and she actually came along a couple of days later, she said 'I've been thinking and I've looked at this and I think that's why so-and-so, because,' you know and I thought yes, it's almost as though you can see the lights ping on [...] I've obviously managed to pass the message through and I just hope she takes that with her elsewhere, so that you actually start looking at the human being behind the condition. (Angel, interview 1)

Angel's example showed how precarious and transient the learning could potentially be. There was a strong will to pass on practice, and jubilation when the learning became visible, but also no guarantee that the learning would survive and carry through in future experiences and contexts. The hope was based on fragile foundations. Lisa, similarly, had a concern for how nurses connected and interacted with patients, or how they empathised with their circumstances. She believed that, in the public eye, communication style conveyed messages not only about the individual but also about the nursing profession:

I think the good things that I hope we can all pass on is good communication skills. It's so important how you look after – how you speak to people and respect people because it's a very daunting experience for patients coming in... to that bed, isn't it, so, you need a lot of empathy, but apart from the knowledge that I think hopefully we pass onto them, it's also how you treat people. (Lisa, interview 1)

I do feel erm, how the public see nurses is very important. You know, how professional you are is very important, isn't it? So that's something I'd quite like to pass on as well. (Lisa, interview 1)

Several of the mentors were particularly attuned to fostering the 'desirable' qualities and coaxing students away from less desirable behaviours. Shrimpy was concerned with fostering clinical decision making skills in students, because she saw this as key to protecting patients and ultimately keeping the profession robust:

⁷ Myocardial infarction (heart attack)

What I really want them to be able to do is to look at observations and think 'my patient's getting better, they're getting worse, or actually that they're getting so much worse that I need to get somebody to help now' [...] It's to have that judgement to know, to be able to look behind what they see. To understand why this is as it is, and to know to go back and check, just to make sure. So ... just ... really ... knowing that they're going to be safe. [...] I want to work with safe colleagues, because that will keep my patients safe. And at the end of the day, that's going to keep all of our registration ... and to help them to get that concept in ITU, then I think that's one of the most important jobs I can do as a mentor. [...] We've all got to carry on learning, all the way through our professional life. (Shrimpy, interview 1)

It was important to Shrimpy that her students could increase their self-awareness, not least in the process of learning. She believed that by helping students to gain insight into practice learning, she could inspire them to become lifelong learners and so to continually develop. She used reflection and questioning as examples of techniques that nurses needed to be aware of:

But again, reflection is something that students don't realise they're doing, and I like to point out do you realise that that's reflection? Because she said 'oh I don't want to do that, I want to do this because last time I did it that way and it didn't work'. That's reflection. (Shrimpy, interview 1)

I'm always asking them things and I think that in a way it's leading by example because then the students see that I ask questions of them [colleagues in other professions] and I'm a nurse and they're thinking ooh, it's alright to ask questions of them, I hope that's what they're thinking anyway, so even as nurses they're not going to be frightened of asking people questions or thinking that they'll come across as stupid. (Shrimpy, interview 2)

At other times, mentors seemed to limit their horizons to the job at hand and the practicalities of having appropriate skills. Gina, like Flossie and Marion, wanted to ensure that students on placements in the community understood the parameters of referral to district nurses as well as taking up the unique opportunities available to develop skills in wound care.

You want them to gain knowledge of the district nursing role because they're going to be referring in the future as hospital-based nurses and also they can pass their knowledge on because we do have the criteria of who can be referred to district nursing and I think everyone should be aware of that because every week we get patients referred who don't fit our criteria. (Gina, interview 2)

And it's good because we go and assess a wound with them, and think oh they'll probably get to see that heal while they're here, and you can see the stages of healing as well, so it is quite good and they can sort of note all the stages ... It's a skill they've learnt and hopefully they will take that back ... to future placements as well. (Gina, interview 1)

Gina anchored her motivation in the greater good that her students' learning could achieve. Not only would the student learn highly relevant aspects of practice, but there was also a chance that this would influence other nurses with whom they would work in future. It was as though the mentors had a mental representation of a student as a focal point for spreading good practice through the workforce.

The concept of students disseminating exemplary practice seemed very much based on hope without firm evidence of the extent to which it was possible. The mentors wanted not only to pass on practice which they perceived as easy to adopt, but also the special aspects that they valued highly as individuals, that may require a more sophisticated or discriminative nursing approach. For example, making appropriate district nurse referrals and seeing the person behind the diagnosis were clearly elements of practice that these mentors perceived to be either lacking or difficult to learn.

The examples above have given a flavour of some of the skills and attributes that the mentors hoped their students would develop, because they knew that without them the student would have problems and the nursing profession would be weakened. Lisa summarises this succinctly:

I said to them when they get that PIN number and they've got a job, you have to be on shift on time ... you must be there, you must dress appropriately, because it's just - it's how others perceive that's very important, really ... [...] It's the example that you give, it's very important, so discipline is important, really. And whether they like it or not, it has to be. They have to know that certain things are acceptable and certain things aren't because at the end it goes back to public perception - it's very important how the public see you. (Lisa, interview 1)

6.4 Reflection on *Verstehen* as interpretive lens

This chapter has explored the ‘capacity for practical action’ of *Verstehen* (cf. Chapter 3.2.2) in the context of the world of hope for the nursing profession. It revealed the mentor as being a gatekeeper, propelled by a professional will, and as defender and promoter of highly valued practices. It involved reflecting on the data connected with the theme in terms of (1) how the participants interpreted their contexts, (2) how their ‘space of possibilities’ guided their decisions and (3) how their ‘self-interpretation’ could promote understanding of their engagement in their mentoring practices (Dreyfus, 1991: 188-90; Mulhall, 2005). These overlapping criteria, being elements of *Verstehen* as the *Lichtung*, were taken as indicators of the mentors’ ‘existence’ or their ‘potentiality-for-being’, in the context of *Dasein*’s care structure (Heidegger, 1962: 183). The discussion here considers the additional insights made possible by interpreting the world of hope through *Verstehen*.

Verstehen allowed reflection on what the mentors considered to be within their scope of practice, the possibilities open to them in any specific context, and how these considerations helped to define their self-interpretations. If a mentor was assessing a student, interpreting this activity would require understanding what was involved in the situation (for example, maintaining professional standards and ensuring the student is treated fairly), what the possibilities were (for example, the student is assessed on a limited selection of competencies) and the mentor’s own self-interpretation or basis for doing it (for example, being a nurse, educator and gatekeeper). Interpreting the mentor experiences thus, possibly enabled a more thorough exploration of the theme and its meanings than would have been otherwise achieved, and certainly offered a very particular Heideggerian lens.

According to Heidegger (1962), in any concrete situation, there is a range of possible actions. Possible actions are a sub-set of all the things that are logically or physically possible, but limited only to the things that it makes sense to do in the situation. They can be described as ‘existentially possible’ (Dreyfus, 1991: 190). To

expand the discussion of a student assessment scenario, in being a gatekeeper the mentors had at their disposal the logical and physical possibilities, which could be passing a student without reservation, giving a borderline pass, or failing them. In practice, however, they would deliberate over a much narrower set of existential possibilities, for example, whether to allow a student to 'scrape through' or fail. For the participants in this study, their room for manoeuvre in their specific context made it possible to see actions that made sense, in a similar way to that in which mood or *Befindlichkeit* enables one to see what is important.

In sustaining a professional will, the mentors saw their existential possibilities in their intuitions about what it meant to be a good nurse and a good mentor. These understandings could only come about by having already been immersed in the 'referential totality' of professional nursing. Additionally, having been student nurses themselves enhanced their understanding of the world of nurse education. The professional will can be related back to *Dasein's* care, constituted by a 'for-the-sake-of-which' (or purpose), 'being-already-in' (or awareness of context), and one's self-understanding in relation to these (Heidegger, 1962: 239). For the participants, the will was closely linked to the maintenance of high standards and preserving humanity in their interactions.

There seemed to be a seamless connection of professional will between mentor and student. In this respect, it was *uneigentlich*, part of the public mood of nursing, and possibly a generalised 'urge' to fulfil professional duties (Heidegger, 1962: 240). Students could appear as extensions of the mentors' practice, with the potential for wider dissemination of practice, and there was a sense that professional will could similarly flow along the 'umbilical cord' between mentor and student. Nevertheless, it was also clear that the mentors brought their *eigentlich* selves into the exchange. This had the potential to raise their vulnerability and sense of guilt, especially when the special things they wanted to pass onto students were difficult to achieve and sustain.

Rede ('talk'), as an additional existential *Lichtung*, provided a medium through which the participants could express their sense-making directly. In this theme, their accounts were littered with talk about expectations, how things 'should' be, the need for learning and progression, personal development and satisfaction, enjoyment, effort, and leading by example. Their *Rede* had a more uplifting feel to it than under the theme of the world of high stakes, although there was no less gravitas in the delivery. Whereas the high stakes felt burdensome, by contrast, the hope here propelled them forward.

Chapter summary

The mentors were gatekeepers to the nursing profession. This great responsibility, made all the more salient because the stakes were high, required access to considerable mental and emotional resources. They held their own vision of good nursing and a good nurse, along with a sense of sustaining the profession as a whole. These visions provided them with a mental and emotional benchmark for good nursing practice and momentum to continue moving forward towards the future. Their stories revealed that the lived experience of mentoring involved them personally as a seamless part of the whole. Their professional will, their will to be mentors, and their own experiences as learners merged in their mentoring practices. The care of *Dasein*, always projecting towards the future and coloured by having a past, forcefully showed itself. The next chapter presents the third theme: 'a world of fragments'.

Chapter 7. A world of fragments

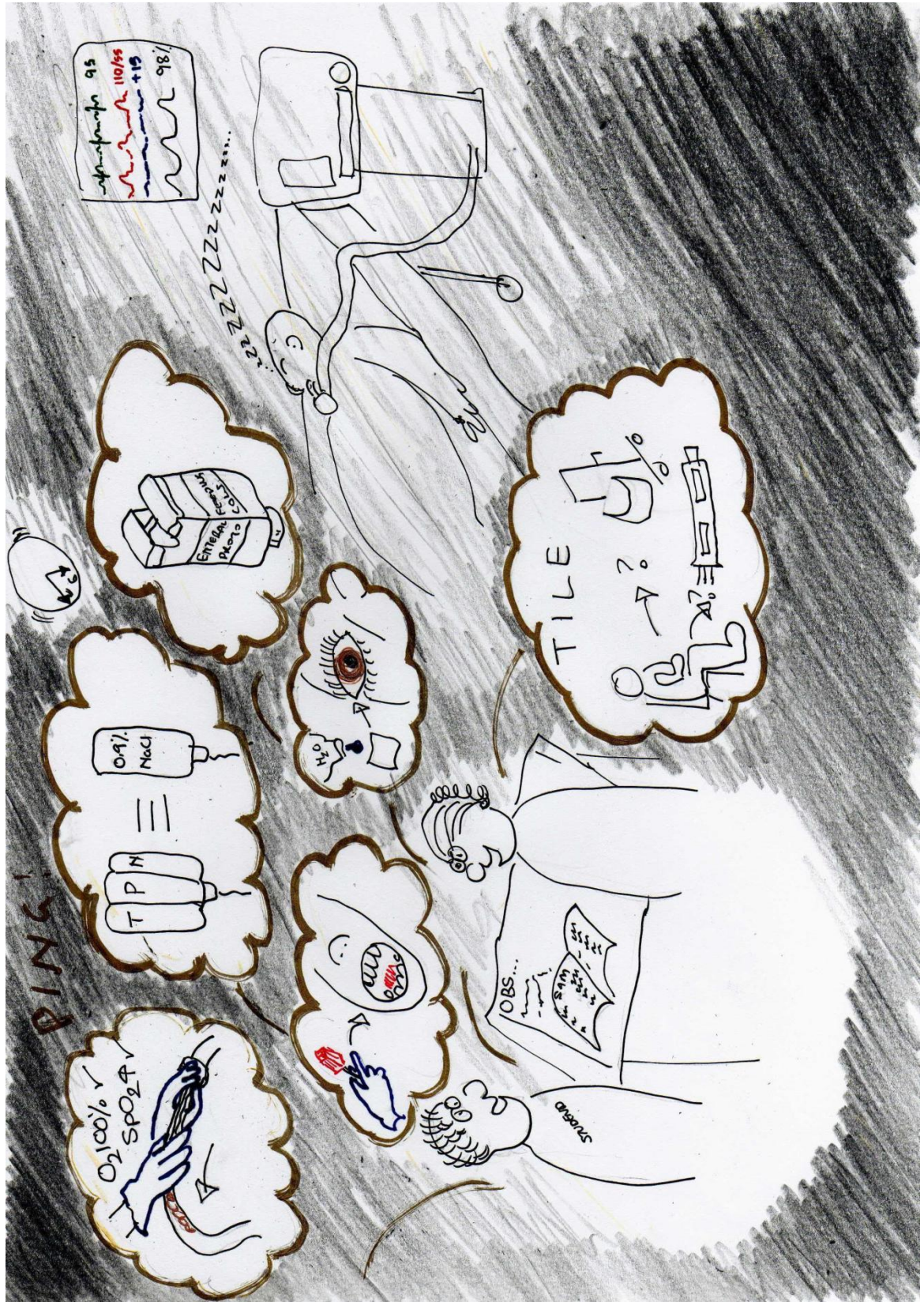


Figure 7.1 Shrimpy's rich picture of an event in which she reviewed her student's skill acquisition

In the world of fragments, the mentors organised and articulated fragments of knowledge and experience, and worked with fragments of time, as indicated in Figure 7.1. They were 'absorbed in coping' in the same way that *Dasein's* 'falling' appears in the midst of a situation (Dreyfus, 1991: 226). This chapter presents the outcomes of the thematic analysis of the mentor experience focusing on the third theme, 'a world of fragments'. It includes the four sub-themes: 'working with transience', 'working with time', 'brokering practice knowledge' and 'knowing the student', each of which offers a different insight into the participants' comportment in their world. The themes were interpreted by reflecting on the 'falling' of *Dasein*, through the lens of the existential *Gerede* ('idle talk'). The aim of this interpretive process was to remain open to their lived world and to maintain a focus on the mentors' use of language and the situations they described.

The following phenomenological description presents what it meant overall for the mentors to exist in this world of fragments. It is derived from hermeneutic engagement with all the data identified as pertaining to fragments, constantly questioning the suitability of interpretations in light of the parts and the whole, and reflecting on my personal experiences and assumptions in this context.

Being in a world of fragments as a mentor: phenomenological description

In the world of fragments, the mentors were occupied with the practicalities of their roles. Thus, their focus was on students, the need for students to learn, clinical equipment, capsules of practice knowledge framed by learning outcomes, and learning opportunities in the guise of patients with particular needs or colleagues with specialist knowledge. They opportunistically snatched time for teaching, or planned a window in the day for being with a student. They might carve their weeks into slices of learning opportunity, for example in the form of a student learning schedule. Moreover, timescales shifted as students entered their practice area for differing time periods. They deduced learning needs by blending stage in curriculum with each student's individual characteristics and experience. These personal qualities of students revealed

themselves to mentors by a gradual unfolding; it was impossible to see all facets of the whole person at once, and in any case, the students themselves were in a condition of continuing development.

The mentors helped students join the workplace-based pieces in their transition to becoming a nurse. They witnessed a fragment of the student learning journey and aligned it with their own vision of the student's destination and stage in the journey. The mentors considered that practice knowledge and expertise took the form of working skilfully with equipment and other people, and the ability to 'read' practice situations and communicate effectively. They most commonly conveyed knowledge on-the-job orally, so team handovers and doctors' rounds, conversations with colleagues, patients and their friends and family all made nursing practice possible. In this way, communication was central; not only as a nursing skill, but also to ascertain what students were learning, thinking or feeling. Students' quietness was interpreted in various ways: struggling with English as a second language or cultural norms; disinterest in the work or reluctance to do the 'dirty work'; a sign of shyness or the shock of entering a frightening and unfamiliar workplace. Mentors constantly danced around a range of strategies to overcome the quietness, for example through a questioning routine, encouraging and cajoling the student to interact with others, or engineering situations where a student could not avoid interaction. Thus, communication and interaction formed the threads that bound the fragments together in the mentors' world.

Table 7.1 outlines the four sub-themes and their interpretive focus through the lens of *Gerede*. The chapter interprets each theme in turn, in light of this *Lichtung* revealing *Dasein's* care as 'falling'.

Table 7.1 Existential interpretation of sub-themes in the world of fragments

Sub-theme	Focus for existential interpretation
Working with transience	The <i>Lichtung: Gerede</i>
Working with time	Everyday connectedness and specific significations when being absorbed in coping
Brokering practice knowledge	<i>Dasein</i> interpreting itself and the world through 'significations'
Knowing the student	The <i>uneigentlich</i> they-self Care as 'falling' (being-amidst)

7.1 Working with transience

In this theme, the mentors were working in a shifting landscape; individuals and opportunities within the mentor lifeworld appeared there transiently. For example, student placements lasted for a few weeks, patients came and went, and individual colleagues were available only at certain times. Additionally, learning itself could decay or progress, thus becoming another transient feature in the lived experience of mentoring. Mentoring, therefore, was laced with transience, endowing the sense of time passing along with an urgency to use opportunities as they arose. This anticipated fluidity of learning meant regretting the tangible decay of skills over time if not maintained, and adapting to the changing needs of a developing student. Mentors could only work with the fragments of experiential learning available to their students. Moreover, they needed to prioritise the available options. This section explores how mentors coped with this transience.

Table 7.2 sets out the learning/teaching opportunities and relationships with students as the transient fragments of experience along with their features outlined above, and how they were characterised within this theme.

Table 7.2 Transient fragments of experience: features and characteristics

Transient fragments of experience	Features	Characterised by
Learning/teaching opportunities Relationships with students	Time-limited Shifting	Transience of patients Clinical significations Urgency of learning Impermanence of learning Progression of students Movement of students

The following vocative text demonstrates the lived experience of working with the transient nature of students and patients. In it, the mentor is aware of the student passing in and out of her workplace, geographically as well as in terms of the different practice orientations (the contrast between hospital and community). She works around the limited time and absorbs herself in the practicalities of coping with whatever is at her disposal to help the student learn. She is heavily dependent on the makeup of her caseload and copes with this variability by planning contingencies, including role play.

Transience of students, patients and learning opportunities (vocative text)

I'm always trying to impress upon students where we as district nurses fit into the picture and what we do. My student Beth told me she wanted to do plenty of wound care and leg ulcers and bandaging because they don't get a lot of that in hospital, not the kind of wounds we get, the chronic wounds, so I said we'd try to do as much of that as possible. I never really know what we'll have on the books, but she's likely to see me assessing new patients and taking on referrals. A lot depends on what I have at the time, so some students are lucky, some are not. We had three dying patients all at once with my last student, but of course, they're gone now.

She'll be able to do a few injections and catheter care and see what happens when patients are discharged from hospital. I'll also try and get her to do a little teaching session while she's here. We might have the opportunity for her to show me that she's able to teach a patient a technique, but if it doesn't quite work out, I'll pretend that I'm a patient and she can teach me how to do eye drops, or how to do my own blood sugar, or something like that. I'm just going to have to make the most of what's on the caseload.

The mentor was absorbed in a world of entities that included patients, students and the *Zeug* ('equipment' such as catheters and medications) associated with practice. The *Zeug* was not only functioning in its clinical and therapeutic sense, but also featured as educationally significant, so that injections and catheter care, for example, became learning opportunities. Similarly, specific 'significations' such as chronic wounds, new patients, dying patients, and teaching a patient, signalled both a facet of clinical work, and also a potential for the student to gain knowledge and skills. Part of the everyday connectedness of being a mentor, therefore, involved linking the clinical context with educational purposes. The clinical 'significations' provided ways of making their practice intelligible for themselves and others, and in the context of the research interview, were constructed with the purpose of making their mentoring practice intelligible to me, also. These mentoring narratives were clearly the main vehicle for communicating their experience.

Student transience was partly demonstrated by the mentors' observations of students' adjustments to a new placement. Sometimes, it seemed students were not ready to engage fully with the challenges and opportunities of the new clinical context, as Gina explained:

She had done a placement in theatres and was continually reading, you see, about this and wanted to know more and I just said I think you should have done that reading while you were in theatres, not bring it to the community.
(Gina, interview 2)

This clash between the actual setting and the student's enthusiasm to consolidate previous learning experiences prompted Gina to draw the student's attention to her current community placement:

I said to her go and research different dressings, why that's on that wound and this is on that wound, things like that, and like palliative care, you can go and research how we do our syringe drivers, different drugs that go into it, why it's better for a patient to die at home rather than in hospital, that sort of thing, not about twenty-four hour urine collections! Or anaesthetics that none of us know anything about. (Gina, interview 2)

Gina's frustration of having to deal with the student's lack of receptiveness to the immediate work context and its learning opportunities indicated the importance of students being able to attune themselves quickly to a new practice context. Also, this student's perplexing behaviour possibly made the specific entities within her work more salient to Gina, who was 'amidst' and coping in a world of wound care and palliative care, and aware that her student needed to immerse herself in this world too.

Students were also under pressure to engage rapidly with workplace practice and the business of learning. The mentors lamented that four week placements were too short; they considered that the longer 8-12 week placements were more satisfying. Circumscribed time periods therefore determined how the mentors could operate, and Angel expressed her frustration at the amount expected of both student and mentor in just four weeks:

When somebody's on a short placement I find that very difficult, because they've hardly settled in before they're leaving [...] I feel a bit frustrated because I feel that [...] sometimes we are asking an awful lot from the students in a short period of time and it's very difficult to be totally – to give an accurate judgement on somebody's abilities in such a short time. (Angel, interview 2)

She revealed the importance of having sufficient time for both the learning and assessment processes, which included some time for relationship building. The transitional quality of students, therefore, could limit mentors' and students' scope for performing all these roles. Not only were some placements too short, but also there was limited flexibility if further time was actually required, as Shrimpy explained:

I would have loved an extra couple of weeks with her in ITU, because I think if I had had a bit more time with her and given her a little bit more self confidence then I think in her last year I think she would do much better [...] I think I understood how she needed to learn. (Shrimpy, interview 2)

She saw that an extra two weeks would allow her to capitalise on the mutual understanding gained with this student, and be of considerable value to their future development.

Time-limited relationships with students meant that the mentors adopted a range of strategies to help students settle in efficiently and progress. Such support helped to ensure students were able to connect their clinical experiences with their learning objectives effectively. Emma, for example, demarcated parts of her day, or week, to give the student individual attention:

I usually pick a day when it's not a ward round day and sort of allow an hour, luckily, here we do actually have time for that, so I'd allow at least an hour and probably an hour and a half for a final interview. So I try, to weekly, take my student aside and sort of say, you know, is there anything that you're struggling with or anything that you *want* to learn that you haven't felt that you... or quite often on a daily basis I'll say there's this, this and this we're going to do today, do you feel that you need more time doing this, or that? (Emma, interview 1)

Realising the time limitations and the shifting landscape of the work of the ward, Emma did not leave to chance the process of making connections between experience and learning. Anna described a different strategy that involved her taking into account her student's first impressions of the workplace, indicating how she tried to circumvent any inadequacies students might feel on entering the cardiac ward:

Whenever anyone comes onto a cardiac ward, regardless of their semester, I don't expect them to know cardiac drugs and I don't expect them to know... things that we do on a daily basis, cos it's quite specialised. They wouldn't be doing a lot of that everywhere else. [...] They think they're being judged if I say what semester are you in. I think they expect, when they say oh I'm semester eight, I'm expecting them to know everything, but I don't, not on a cardiac ward, anyway. (Anna, interview 1)

She used 'significations' such as which semester the student was in to represent the advanced stage of learning, and 'cardiac drugs' to denote the specialist nature of her work. Anna also recognised the paradox of a student approaching the end of her course being expected to be relatively skilful and knowledgeable, yet upon entering a specialist ward placement experiencing a reduction in their capability. In speculating that students would fear excessively harsh judgement, she supported her students by paying attention, not only to their seniority and stage of learning, but also the specialist clinical context in which they were working.

Participants also anticipated student anxieties about the clinical context itself.

Shrimpy, for example, explained how she tried to demystify the Intensive Therapy Unit for students:

They would be so, so, scared because if I touch this button what's going to happen with this person? [...] I keep telling them it's simple.[...], so look at our patient, you make sure they are alright, and then we worry about what's going on with the alarms, we troubleshoot the alarms, basically ... we're still washing patients, we're still rolling patients, we're still making sure they've got nutrition and hydration, we're giving the medicines. (Shrimpy, interview 1)

She deliberately aligned herself with her student's perspective, using language that could represent their level of nursing knowledge, which signalled her flexibility of viewpoint. In addition to the clinical environment itself, certain clinical events would also alert the participants to the need to take the student perspective. For example, Gina was aware of the possible impact of a dying patient:

Some may come in here never having seen anyone dying, and then you have to keep checking that they're okay. (Gina, interview 1)

Both dying patients and specialised technology signified spheres of practice, like cardiac nursing, that were everyday aspects of the mentors' work, but which they anticipated as being novel, frightening experiences for students. In these narratives, it appeared that the 'significations' revealed mentors' attempts to see their day-to-day work setting through fresh eyes.

Mentors commonly accepted the nomadic nature of students to be the norm and as Cate succinctly stated, 'We offer them the experience, they do what they have to do ... and move on' (Cate, interview 1). There were drawbacks, however, because even when a student learnt a new skill successfully, it could not be guaranteed they would be able to consolidate and master it sufficiently to have it feature permanently in their skill-set. For example, having taught her student catheterisation skills, Gina was uncertain whether the student would have the opportunity to practise and thus maintain this newfound competence in the future.

You don't know where they'll go on their next placements, but at least you've tried to teach them that skill and they've left here being able to do it ... but you need to keep practising in order to be competent in it. (Gina, interview 1)

In these ways, some of the mentors deliberated over the impermanence of learning and how competence could decay over time if the skill was not practised. Moreover, students could lack the opportunities to consolidate new skills and develop their competence. Romaine explained this in relation to a student to whom she had taught catheterisation:

It would be nice in retrospect to have to been able to during her placement, to repeat the procedure. This was just a once only and it would have been nice because I think, a second time around, you would just cover it again. (Romaine, interview 2)

She understood that a skill could not be fully mastered on the first attempt, but it was only in retrospect that she realised that she might be providing an isolated opportunity to practise this key skill. In reflection, she was able to grasp aspects of her mentoring experience that were not apparent in the midst of practical involvement.

This section has explored how the mentors worked with transience, connecting clinical 'significations' with educational purposes amidst a context of urgency and impermanence of learning, and movement and progression of students. Time-limited and shifting fragments of learning/teaching opportunity and relationships with students meant that mentors often needed to engage imaginatively, empathetically, efficiently and creatively with students. In addition to this transience, another aspect of time relevant to the mentor experience was how they worked with fragments of time itself. This idea is developed in the next section.

7.2 Working with time

In this sub-theme, time itself features as an entity in the mentors' *Umwelt*. In their awareness of the transience of students and learning experiences in the clinical area along with the particular time limitations inherent in the placement system, the mentors used time resourcefully and tried to apportion it in practical ways. Their work had the

potential for division into ever smaller pieces which perfused their lifeworld with usable and meaningful fragments of time. This section explores the mentor experience of working with these fragments. Table 7.3 summarises the types of time fragments, their features, and how they were characterised within the participant narratives.

Table 7.3 Fragments of time: features and how characterised

Fragments of time	Features	Characterised by
Moments of attention A piece of a shift Pieces of a week Fragment of the whole nursing course	Sandwiched amongst other priorities Limited Carefully put together	Needing defending and prioritising Switching from one task to another Weaving around activities Needing to be spent in a meaningful way

The following vocative text shows a mentor's efforts at securing a small slice of time out of a shift and protecting it at all costs in the hubbub of the ward.

Snatching a few minutes to support a student (vocative text)

I was managing the ward as well as mentoring Jo on her Semester nine final placement before qualifying. As she was focusing on ward management, she had her own group of patients to manage and several needing to be discharged.

Part way through the morning, I met up with her. We sat at the main desk on the ward, surrounded by perhaps 5-6 people – pharmacists, doctors, and nurses – all busy and all moving around doing different things. The phone seemed to be constantly ringing. It didn't bother me; I was used to hearing it, and you can only do one thing at a time. I stayed focused. Jo showed me the discharge documentation she'd been working on and I gave her tips on the essential details to include and who needed contacting. While we talked, the pharmacist asked me about a patient's antibiotics; a doctor wanted to find some notes. We couldn't even have ten minutes without interruption! Thankfully, Jo was very quick to get to grips with things. I felt a rush of satisfaction.

Afterwards, I wondered how Jo had felt about it. Perhaps it had felt too rushed and too distracting for her.

Here, the mentor switched adeptly from managing the ward to concerning herself confidently, and in a very focused fashion, with the student's activity. This fragment of

time was dedicated to being a mentor and defended as such, seemingly against the odds. The reference to Semester nine as a time fragment of the nursing course was infused with meaning, as it was the final stage of the student's journey towards qualified nurse status. The mentor's description of her situation related to a concern about being able to achieve all her tasks. She not only had to manage the ward, which was intensive and demanding in its own right, but also support this student, all of which was overlaid with the high stakes of this being her final placement.

The pleasure in the moment of intense absorption appeared to be an instance of psychological flow, characterised as an optimal experience in which 'both challenges and skills are high, the person is not only enjoying the moment, but is also stretching his or her capabilities with the likelihood of learning new skills and increasing self-esteem and personal complexity' (Csikszentmihalyi and LeFevre, 1989: 816). A 'falling' *Dasein* offers an alternative perspective on the same observation. Being immersed in hectic activity, the *uneigentlich* self unquestioningly supposes that she is 'leading and sustaining a full and genuine "life"', which paradoxically endows a sense of 'tranquillity' (Heidegger, 1962: 222). In this respect, it may have been telling that when reflecting on this event, the mentor realised the student may have had a very different experience of it, although this did not occur to the mentor when 'tranquilly' (in a Heideggerian sense) absorbed in the flow.

The temporal threads of the mentors' day could interweave intermittently with an awareness of the student and the support they needed for learning. The following narrative portrays Flossie's fine-grained approach to accommodating her student's learning experiences during a week:

Yes, unless they're with the practice nurse like she was the other day in the afternoon, or ... she's in Intermediate Care today. Erm, when I'm off, I'm off on Friday, she'll go with the staff nurse. But if I'm here, then they're with me. Erm [...] so they're with me all the time, unless, of course ... and I do expect them to go out with the staff nurse and the health care assistant to see what their roles are, so that she knows what the roles are like and how different they are, so that's for her benefit obviously ... but yes but then if she's out with the health

care assistant in the morning [...]. The health care assistant doesn't work in the afternoon so we'll go over things in the afternoon. (Flossie, interview 1)

Having analysed her student's learning needs and considered which learning experiences would be beneficial, she carefully pieced together the student's week. In cases such as these, the mentors wove their mentoring time and their students' time around other tasks or the availability of colleagues. In having multiple roles, the mentor's *uneigentlich* self was intent on fulfilling a range of different responsibilities, and as Angel commented:

I can't just focus on the students, [...] I've got multiple roles and the students just happen to be one of those roles. (Angel, interview 2)

In their practical, everyday activity, the participants often found it difficult to give students their full attention. Such fragmented attention may be conceptualised as comprising moments of time.

In addition to working around the available time, the mentors also actively harnessed time as a tool in their work. They used time instrumentally for staging the learning throughout a placement, reminding students that their knowledge will be tested in the future, and giving them deadlines for feeding back on knowledge-gathering tasks. It was also important for some mentors to ensure that students understood how they were using nursing time, explaining the difference in pace between community and hospital work and helping them to appreciate judgements about when to take their time, when to hurry and when to stand back and observe. Many of the examples cited throughout the findings chapters reflect these observations of time conceptualised in various ways as an entity.

More indirectly, and possibly very significantly, time passing was welcomed in situations where mentors accepted the delay between their teaching effort and its assimilation in practice. For example, Cate noticed a gradual change in her student, stating 'she's blossomed since she's been here ... it's good' (Cate, interview 2) and Angel felt rewarded a few days after investing time with her student:

She actually came along a couple of days later, she said ‘I’ve been thinking and I’ve looked at this and I think that’s why so-and-so, because.’ (Angel, interview 1)

With patience, teaching effort would be repaid (perhaps by the student becoming a productive colleague) or rewarded (in the pleasure of witnessing learning) at some time in the future.

In demonstrating the fragments of time, this section has illustrated the mentors’ moments of attention, fraction of a shift, pieces of a week and the meaning mentors might bestow onto a fragment of a student’s time in the context of the whole nursing course. It has suggested that they could experience flow when working under the pressure of limited time, and that in moments of intense absorption, they may have become ‘tranquillised’ in a Heideggerian sense. As they delegated student supervision to colleagues, managed their own various roles, set deadlines and exercised patience in awaiting emergent learning in their students, it was apparent that time was both an instrument and medium for their practice.

7.3 Brokering practice knowledge

Practice knowledge, which needed to be articulated, explained and passed on (‘brokered’), comprised another seemingly fragmented entity in the mentor lifeworld. The mentors, observing that students arrived with expectations of gaining practice knowledge and expertise, accepted their responsibility to facilitate the process. This section shows how the mentors were immersed in working with fragments of practice knowledge as *zuhanden* entities, and brokered these fragments as commodities of mentoring. Practice knowledge included interactions with patients, technical skills, ward management and theoretical knowledge. The participants operated as knowledge brokers, making connections between the educational needs of students and these fragments of practice knowledge.

Table 7.4 outlines the fragments discussed here, along with their features and their appearance in the mentors’ practice.

Table 7.4 Fragments of practice knowledge: features and appearance

Fragments of practice knowledge	Features	Appearing in:
Interactions with patients Hands-on skills Ward management Theoretical knowledge	Judged as appropriate or inappropriate for students to engage with Nursing or non-nursing work Hierarchy Declarative, procedural and embodied Sometimes concealed Context-dependent	Mentors as knowledge brokers Identifying gaps in knowledge Offering practice knowledge according to need Attention to detail Division of labour Disassembling practice knowledge for teaching

The vocative text below illustrates some of these fragments of knowledge. It shows the mentor as broker considering knowledge gaps, making judgements about what it is appropriate for a student to learn, and providing ways for the student to acquire knowledge.

Being a broker of practice knowledge (vocative text)

I give them the student pack when they arrive, to say, this is what *can* be learned here. I say 'I don't expect you to achieve *everything*, but I want you to pick out things that are gaps in your knowledge'. Having said that, it's very difficult, it's like sending a kid into a sweetie shop and saying, 'there you go, get yourself a ten-penny mix'. How can you choose what you need to know when it's all there in front of you?

We can offer aspects of dermatology that a student might not learn anywhere else, such as dealing with the embarrassment that comes with disfiguring skin conditions. I made sure that Ellie came with me on the doctors' round so that she could learn about this and other things from the interactions going on between doctors and patients, but when it came to the clinical skills, doing dressings and that kind of thing, she needed to get hands on – preparing trolleys, handling patients, developing dexterity with dressings and bandages. I also made sure she came with me when I was attending to our diabetic patients, to see what she needed to learn about the skill of injections.

I tried to get her involved as much as I could in what I was doing, but the day to day running of the ward is really for later on when she's doing her management

placement. Some of the paperwork and stuff isn't really applicable before then. She should be doing basic nursing care and learning what it is to wash someone and remembering all the little bits that make the difference between a nurse and a *good* nurse. When I was a student, I learnt as much from the healthcare assistants as from the actual registered nurses, who were more tied up with management.

This narrative is rich with 'significations' about specialist ('dermatology') and generic ('dressings', 'injections', 'management') expertise, although generic knowledge would also have been shaped by the specialist context. Gauging, and then providing, what a student needed was a complex enterprise. The mentor offered a menu of available practice knowledge in the student information pack, but she knew as knowledge broker, that she had a key mediating role. She activated a 'need-to-know hierarchy', prioritising specialist practice knowledge which was unlikely to be learned anywhere else. The students' individual needs came next, identified according to the stage in the course and any visible knowledge gaps, and interpreted according to the mentor's own experience and beliefs. Students might watch and observe, but practice knowledge included being skilful using one's own hands and interacting directly with patients. She believed that 'paperwork', the signifier for administration and management, could wait until the student had mastered the skills of direct care.

In addition to instigating a hierarchy of practice knowledge for the student, the mentor above recognised that knowledge holders were not necessarily nurses. Hence, students could learn from observing doctors and from working with healthcare assistants (HCAs). The division of labour was such that students needed to learn from HCAs if they were to have sufficient exposure to the practical delivery of care. A glimpse into the attention to detail required for good nursing care was also revealed in the reference to 'all the little bits that make the difference', which may have signalled the often unspoken aspects of practice that nurses can learn by watching and doing.

The mentors seemed to have the intuition that simply being immersed in practice could equate with having a learning experience. They recognised that their students needed to learn through immersion in practice and also that the learning needs were

similarly only properly known in the context of the practice itself. Moreover, practice involving equipment could only be revealed when the equipment was put to use with patients. Therefore, everything only became meaningful within the 'referential totality' of the mentors' *Umwelt*. In this way, as the vocative text suggested, learning to manipulate the equipment for giving injections and applying dressings and bandages could only become possible and assessable in the full clinical context.

Although they believed immersion in practice was a good way to learn, the mentors also encountered situations that required them to organise and present their practice knowledge to students verbally. For example, Lisa realised that her student had not learned the basics of patient observations that she would have expected:

I'd sent her off to do some blood pressure, and just general observations on the ward, just simple, pulse, and she said she hadn't done them before and didn't know, which kind of took me a bit - ooh, okay - and we went through the ... why are we taking blood pressures, normal range, and charting it, and even approaching your patient requesting, can you take it, we just went through all the, you know, what is in my mind, what normal blood pressure is, and of course what you do with it, figure out we did a whole bay of them, which was quite good, because [...] she spent a whole shift doing them. She was quite full of confidence by the end of it. (Lisa, interview 2)

Lisa first needed to disassemble her practice knowledge, and subsequently offered it to her student as declarative (reasons for taking the blood pressure and normal range), procedural (how to approach the patient and chart the measurements) (Schaap et al., 2009) and embodied knowledge (Benner et al., 1996) that took practice to learn. It required uprooting from her usual *zuhanden* engagement with patients and equipment, to make her knowledge visible to the student. She needed agility to grasp an unexpected opportunity to focus on teaching a specific skill, and to broker this knowledge. Hence, she shifted from being absorbed *zuhanden* in the practice, to recognising circumspectively and *unzuhanden*, the different elements of knowledge that made up her competence in taking blood pressures, to articulating this to the student, which would have required some *vorhanden* contemplation (Packer, 1989).

The context bestowed meaning on the fragments of knowledge. Recognising the differences between practice knowledge in different settings, Flossie spoke with some pride and satisfaction about what made her practice special:

Patients are treated different in the community. They're people in their own right, you have to be invited in, in the hospital, it's the hospital rules, in the community it's the patients' rules. And I think it's just so different, and you've got so much more autonomy, you make decisions, where in hospital you go to somebody else, or a doctor will come round and make the decisions. Here, it's up to you. [...] being involved in the family, you're treating the whole family, you don't go in and treat the patient, you have to think about the whole family. And very often, it's the family you're treating and not the patient. (Flossie, interview 1)

She could work autonomously, and with the whole family, rather than the more regimented work and narrower clinical focus that she saw as the norm in hospitals. Flossie seemed to be engaging on a deep emotional level. By contrast, Gina offered a more utilitarian perspective on some of the differences in practice:

I suppose in the hospital they do a lot more hands on – they do the bathing we don't do, because obviously social services – and even our health care assistant she doesn't do any bathing, just basic wounds, I expect the complex wounds in the hospital they're seen by the tissue viability nurse; they aren't here, we just see them [tissue viability nurses] if we have non-healing wounds, or if we want just a little bit of advice. (Gina, interview 1)

This indicated the increased complexity of knowledge and expertise that community teams needed to develop in the area of wound care and also that, in contrast with hospital practice, bathing patients was not a nursing responsibility in the community. In this way, nursing knowledge occupied shifting boundaries: what passed for everyday nursing knowledge in one context might belong to a specialist practitioner or a different agency in another. The mentors were aware of the contrasts their students would encounter, differentiating between nursing knowledge that was central and fundamental and that which lay outside this boundary. They constantly contextualised themselves and their practice for the benefit of students.

Some practice knowledge was less visible to students because it entailed, for example, action over a prolonged period of time, between different settings, or private conversations with patients. Mentors in non-acute settings were aware that their practice areas lacked the kudos of the fast pace of work and high-visibility technical nursing interventions that students witnessed in hospital settings. Hence, they felt the need to justify their practice and emphasise to students the particular expertise concealed within their work. Similarly, in the hospital wards, the mentors recognised they could offer their students a range of nuanced learning situations. Below, Trudy declared some skilled nursing activity – giving patients advice – that might go unnoticed to the casual observer:

We have lots of patients, for example, with diverticulitis, irritable bowel, a lot of patients with diabetic ... and there's opportunities there to expand their knowledge and give patients advice. So, they can observe me giving advice to patients ... dietary and other issues, and that's learning as well. (Trudy, interview 1)

Additionally, knowledge about the outcomes of practice could be hidden when patients moved between settings. Therefore, Marion rated highly the opportunity for a student to witness the outcomes when patients were referred to community nurses upon discharge from hospital. She was certain that this knowledge would enhance practice:

They see what goes into a patient being discharged sometimes as well which is quite good because I'm always keen for them to see that. Because then they know when they're a staff nurse on a ward and they ring up and they say I'm going to discharge Mr Bloggs tomorrow and you need a hospital bed and you need this, that and the other, and they need to see that that isn't going to happen. Not tomorrow. (Marion interview 1)

This presented a valuable opportunity for improving care, because the fate of a patient discharged from hospital and the impact on community teams was often invisible to the hospital ward staff.

This section has illustrated the mentors' engagement with fragments of practice knowledge as they pertained to students' learning needs. Through being highly attuned to context and aware of contextual differences, they were able to interpret and prioritise student learning needs. They displayed agility in the way they could translate their

practical *zuhanden* knowledge into something that was accessible to students. The next section explores how mentors gained knowledge about students.

7.4 Knowing the student

In order to know their students, mentors needed to amalgamate information from a range of different sources. They built their knowledge of the student – how their current performance matched expectations and how they might be as a future nurse – from pieces of evidence gleaned from other people and through being with the student. The metaphor of ‘seeing’ infiltrated many of the accounts. Objective judgements of students mingled with intuitive knowledge, and both character and competence were important. In this sub-theme, it is shown that working with such fragments of information required mentors to make clear judgements out of a complex and possibly disorganised picture.

Table 7.5 shows the fragments of knowledge that occurred in the data, along with the sources of this knowledge and the implications for mentors as recipients of this information.

Table 7.5 Fragments of knowledge about students, with source and mentor implications

Fragments of knowledge	Source	Implications for mentors
Students' previous experience	Students	Judging the extent to which the student matches expectations
Students' learning preference and abilities	Workplace colleagues	
Student competence	HEI colleagues	The need for good documentation
Student as a unique individual	Mentor's own observations and experiences	
	Patients	
	Written records	

The most compelling reason for the mentors to gather knowledge about their students was to assess competence. The following vocative text illustrates an experience of working with different fragments of information regarding a student, and some of the difficulties of obtaining a clear picture.

Knowing your student through fragments of information (vocative text)

Of course I'm watching and supervising my students. However, I don't like to do the assessment grading just on my own personal impressions. I like to talk to the team and find out what they say, in fact, all the feedback I give back to students is a team effort, including from the HCAs and the therapists. Sometimes it is immediate, sometimes not, but often you have this nagging feeling about a student but you've nothing to back it up with, so you need to work with them for a few days and put your pieces together.

I could identify with Laura very well because she was a mum with children. It was like looking into a mirror, reminding me so much of me when I was a student. A shy student, that's the most difficult thing, as they don't get the rapport with you, or with the patients and I don't think you're truly able to assess them. Sometimes it's like blood out of a stone trying to drag anything out of them, but when you see the light bulb go on, it's brilliant!

This text indicates that assessing a student was complex, and the mentor was continually assimilating information about her students. In addition to visual and objective information, some of the knowledge was sensed and embodied, for example having an intuitive sense of a student's capabilities or 'seeing yourself' in the student. This intuition could be described as the tacit knowing of an expert (Kemmis, 2005). Clearly, the student was an important source of the information that helped the mentor to make her judgements. If a student was not forthcoming in their communication, it severely limited what could be known about the student. This concept of the quiet student was revealing on three levels. On the one level, it highlighted the indispensability of interpersonal communication in acquiring knowledge about a student. On another, it showed how the absence of communication exposed communication as a direct issue, because it would be inconspicuous, and said to be *zuhanden*, when working well. Poor communication, therefore, became an entity for circumspective concern. Third, a student's inability to connect with people also raised concerns about their overall capability in practice.

The participants were interested in their students' background, and it seemed to offer a baseline from which to build their mentoring relationship. It also appeared to be an important factor in the mentors' judgements of students. Angel had experienced major differences in approach between students who had recently left school and those who had some further work experience, particularly in health care. As a result of these

experiences, she tended to regard people with 'life experience' as making better student nurses:

Just seventeen and a half and I just thought her maturity at that age, I'm not sure that she was ready to do her training. (Angel, interview 1)

She was only very junior student and she'd worked I think in Tesco's in customer services and you could just see her skills were fantastic. (Angel, interview 1)

There's definitely something to be said for the staff that have had some healthcare assistant experience first. (Angel, interview 2)

They were, however, also wary about leaping to conclusions from scant evidence and Flossie, for example, indicated that she used concrete observations of a student to mediate intuitive 'feelgood' assumptions:

She was a very good student actually. Really nice, and she gelled in with all the team and everybody missed her when she went which was nice, because she was, she was a lovely girl, erm ... She did well in her assessment at the end, because well, she deserved it, really. She was very thoughtful, very considerate, she did exactly what she was supposed to do and more than she was supposed to do, if she felt capable of doing it, and there was always the option there: if you're not happy with this dressing, if you don't think it's working, because we talked about dressings, we had teaching sessions about dressings, so I said well just change it to what you think is going to work, and she did, bless her! (Flossie, interview 2)

It was notable that any assumptions implicit in the student's likeability and confident appearance were repeatedly reinforced, not only by Flossie's observations of the student but also by team members' feedback. Participants clearly indicated that applying caution and reluctance to allow first impressions to dominate, required effort, and Emma's experience with an over-confident student illustrated why a mentor should be cautious about first impressions:

She came across as very confident which I think is a good thing, but she didn't really have the knowledge to back up what she was doing. (Emma interview 1)

In these ways, the mentors assembled a wide range of information to support their judgements about the students' character and abilities to function as a nurse.

There were particular aspects that made mentoring pleasant and rewarding, for example having a student who was a 'quick learner'. Marion illustrated what learning quickly might look like using her student, who was learning to apply leg compression bandaging, as an example:

She watched the first time or two and she didn't need very much prompting at all, I mean I corrected her a few times in the beginning, you know, that she wasn't doing it tight enough or putting too much round the ankles and not getting up the leg and this kind of thing, but to be honest she just picked it up so quickly. (Marion, interview 2)

Being a quick learner seemed to involve a short period of watching the mentor's technique, followed by minimal prompting during supervised practice and the subsequent ability to adjust accordingly. Quick learners gave the mentors a sense of progress and led to the student being able to work more independently and contribute more effectively to the clinical work. The converse was the discernable frustration when students were not progressing:

When you're busy and you're spending time with them, it's just *so frustrating* when you don't feel that they're actually benefiting. (Angel, interview 3)

Slow learners, therefore, were seen as resistant to their mentors' efforts to support their learning.

Some mentors also admired assertiveness in a student, especially when in dialogue with members of the medical profession:

It feels like she can communicate with doctors without being eaten alive. (Marion, interview 2)

Lack of assertiveness, however, such as with the mentor, was seen as problematic.

Angel considered that a student in the Branch⁸ part of their training should have reached

⁸ Students enter the Branch in their second year of the nursing course, when they choose adult, children's, mental health or learning disability nursing.

a stage where they could assert themselves on the placement and not appear scared and submissive.

[I'd] like her to be a little more confident. I really, really get the impression, I don't think I'm that scary but she's 'oh, do you mind, is that possible, would that be alright' [...] and she's [...] onto Branch now, so she should be getting away from looking a little bit like a frightened mouse. (Angel, interview 3)

Angel had indicated how she wove together the pieces of information about the student's character and conduct with knowledge about the stage in the course to formulate an opinion about her. This reinforced how the mentors needed to understand a student's trajectory in order to support them and judge their performance.

In contrast to the fragments of information the mentors received about students during the placement, knowing a student often began with a set of assumptions based on general knowledge of the students' previous practice placements. However, it was possible for students to progress through their course without developing some of the crucial areas of their practice their mentors expected. These mentor assumptions, which might normally be tacit, could be exposed when they suddenly became aware of conspicuous 'missing pieces'. For example, Lisa mentored a student who had not learned to take a blood pressure, as she would have expected:

I wasn't happy with her previous mentor's assessment because it was obviously somebody who just ticked boxes really and said that girl's fine, so it was hard for her, then [...], she had this impression that everything was okay, in actual fact when she came over here it wasn't okay. (Lisa, interview 3)

Both mentor and student worked to put the situation right, but more significantly, Lisa saw that a previous mentor could be unreliable. It exposed what could go wrong when the fragments did not connect as expected.

Some mentors placed great importance on being able to draw on colleagues' opinions about a student, especially if the student was exceptionally good or bad in some way. Then, it was reassuring when team colleagues confirmed this impression. Gina

often drew on the support of team members if she was concerned about the risk of a personality clash or if she was simply finding it difficult to relate:

If you are having trouble with one, at least they can say I'll let them go out with me today, you know, because sometimes you may need that break, especially if they're not performing as well as they should be at that stage, and to get someone else's opinion is very important. (Gina, interview 1)

I did actually get colleagues to take her out, to say is this just me and they say no it's not, it's all of us. (Gina, interview 2)

In addition to confirming a mentor's own impression of a student, colleagues could also surprise, by seeing different qualities in a student. Angel described how the therapists gave very positive feedback regarding a student about whom she had misgivings:

Sometimes they come round and tell me that so and so did a really good job and [...] I've questioned which student did you mean, you sure you're talking about the correct student, because I was quite surprised that I was getting [...] positive feedback about the student [...] it is quite nice the therapists can see bits moving forward in the right direction. (Angel, interview 3)

Cate, who left her student with a colleague when she went on holiday, was surprised that her colleague's different approach had allowed their student more freedom to develop and this led Cate to reconsider her own approach to mentoring:

It helped me to [...] ... reassess *myself*, really, that perhaps I'd judged her wrong, that she didn't need as much supervision as I thought she had, that in fact letting her go meant she gained in confidence and her approach to things was so much better, and where I perhaps – maybe I was being too picky on some things and not looking more at the general picture, cos generally, [...] her relationship with patients is extremely good and certainly asking the patients when I came back how they found her they were full of how good she was, how gentle she was, so whether her sterile technique was up to it, don't know. (Cate, interview 2)

Cate described how she used information from the patients to gain feedback about the student's practice, and indicated a limitation of asking patients, namely, that they might be unable to comment on the student's sterile technique, even though they could legitimately comment on her overall manner. This, therefore, illustrates a further

fragmentation or splintering, where different people were only able to give credible feedback about certain things and not others.

One way of managing and drawing these fragments together was through the use of documentation. The assessment documentation had a major influence in structuring the learning, and this was partly of a temporal nature, offering the possibility of areas for future and continuing development as well as closing off other avenues that did not need to be actively pursued:

We do the [practice assessment document], which is ... marking them off and ... see we do need a ... middle ... assessment of them, and we can look at where we need to move on from there and what we still need to look at, and do a final assessment. In the final assessment you write the things the student still needs to work on that they can take to a next placement. One thing they are bringing in is you are able to look at their past [practice assessment] documents which you've never been able to do before. (Gina, interview 1)

Gina indicated how the assessment document offered a template for conducting the practice assessments, as well as offering information that would support continuity between placements. Familiarity with the format maintained stability, but the introduction of a new system had the potential to disorientate mentors, and Trudy saw one of her students as a casualty of the confusion:

They have a portfolio that students have to do, and then this is absolutely mind blowing when you first look at it.[...] The student we were having problems with was on the new paperwork as well, which didn't help, because the mentors look at it and think where do we start? This is for the student to fill out, and I think she was unsure, the student, about filling it all out, and there's portfolio items 1, 2, 3 ... and there's a skill cluster and then there's all this. (Trudy interview 2)

Trudy's experience indicated that the new documentation could destabilise mentoring processes. It divided ways of knowing the student under new headings such as 'skill clusters' and 'portfolio items' and disposed of the more familiar structure that she had referred to previously in the interview. This demanded that she adopt a new approach to articulating and recording the students' practice knowledge which, as yet unfamiliar to her, required a great deal of thought and re-orientation. It might be interpreted that unfamiliar documentation is *unzuhanden* and available to circumspection.

To summarise, in their world of fragments the mentors needed to make sense of the complex and uncertain picture presented to them when a student entered their workplace. They blended direct observation of students and information from colleagues with their feelings when being with the student. They also relied on processes embedded in the nurse education systems to facilitate their roles. The documentation, as a key medium for continuity and cohesion, could either help or hinder, depending on its familiarity and its compatibility with practice knowledge.

7.5 Reflection on *Gerede* as interpretive lens

This chapter has explored the 'significations' in the mentors' *Gerede* (cf. Section 3.2.2), in which they revealed how they were absorbed in coping amidst a world of fragments. Thus, serving as a *Lichtung*, *Gerede* has shown the mentors working with transience and time, brokering practice knowledge and accumulating knowledge about their students. Analysis involved reflecting on the data connected with the theme in terms of what the language signified, and also in considering the mentors' engagement with the entities in their *Umwelt* as either *zuhanden* or *unzuhanden*. Working side-by-side with students seemed to demand a dual layer of mentor engagement: *uneigentlich* as in being a nurse and mentor and coping with the everyday; and *eigentlich*, in that they made individual connections with students. As 'falling', however, is the aspect of *Dasein* where *Uneigentlichkeit* predominates, this was an opportunity to consider the public work-world of the roles mentors occupied.

When focused on the public world, Heidegger's philosophy also offered a way of understanding people as 'engaged actors' (Polt, 1999: 50). The mentors' close engagement with the combined world of nursing and mentoring showed them to be instinctively aware when, for example, students lacked the expertise. Reflecting on the way the participants described their work in the interviews, it seemed plausible that, in citing their multiple roles and the types of patient and nursing interventions that were available to students, this demonstrated *Gerede* which reflected the 'falling' self as 'being what I am doing' (Dreyfus, 1991: 240). The roles and the work, therefore, eclipsed the

eigentlich self. Additionally, the meaning held in the mentors' talk about dying patients and critically ill patients as entities in their *Umwelt* potentially raised a 'thematic awareness' of the related nursing care that could be shared with their students (Schatzki, 2000: 35).

The 'falling' self, as expressed through *Gerede*, is engaged in a *zuhanden* way with entities. In *Dasein*, engaging with entities is primordial – we understand things by virtue of their being already contextually in 'use'. Through circumspection of *Zeug*, we can express expertise or coping skills (Dreyfus, 1991; Polt, 1999), and this was seen to be a mechanism the participants used for teaching. According to Heidegger (1962), these expressed 'significations' operate at the level of closing off the real concrete experience, so that 'making an assertion about an object restricts our openness to it' (Mulhall, 2005: 91). 'Significations', therefore, cover up the authentic meaning of the actual concrete experience. The mentors possibly had an intuitive awareness of this, in their convictions about the imperative for students to immerse themselves in the practice. And, perhaps they appreciated the 'groundlessness' of 'significations' alone. However, *Gerede* could at least provide a thematic representation of practice knowledge and it was itself an important and integral part of the world of nursing.

The focus on talk has perhaps diverted attention away from the 'rich picture' used to open the chapter. However, this drawing could be seen to represent fragments of practice knowledge and coming to know the student in the context of passing time and the foregrounding of the mentor role. One might conclude that *Gerede* exists not only in words but also in this picture, or it might alternatively be assumed that the picture portrays a deeper connection with the mentor's *Umwelt*, with its totality of involvements and detailed contextual meanings, than words could achieve.

Chapter summary

This chapter has shown that the mentors directed their efforts towards making sense of and giving form to the fragments in their *Umwelt*. In playing out their roles and

working with the roles of others, they applied their *uneigentlich* selves to mentoring. Through the participants' accounts of what was special and valuable for the students who had placements in their clinical areas, it became evident that the mentors were offering up fragments of experiential learning to their students which they hoped would complement and add value to the student's journey towards becoming a nurse.

Time was also part of this fragmented world where pieces of time were snatched opportunistically and reflected on later, and mentors carved up weeks and days to maximise learning opportunities. Students were nomads, only passing through; patients who offered rich teaching potential came and went; trusted colleagues moved in and out of view. These transient elements of the lived experience of mentoring were outside the mentor's control, and they needed to develop contingencies. Being an effective mentor meant caring about their students' entire learning trajectory. It was not possible or even desirable for mentors to know the student as a whole in one moment of perception. The documentation comprised a central tool in drawing the fragments together and the mentors built their knowledge of the student from the fragments that presented themselves piece by piece, over time, and in relations with others.

Chapter 8. The educational use of self

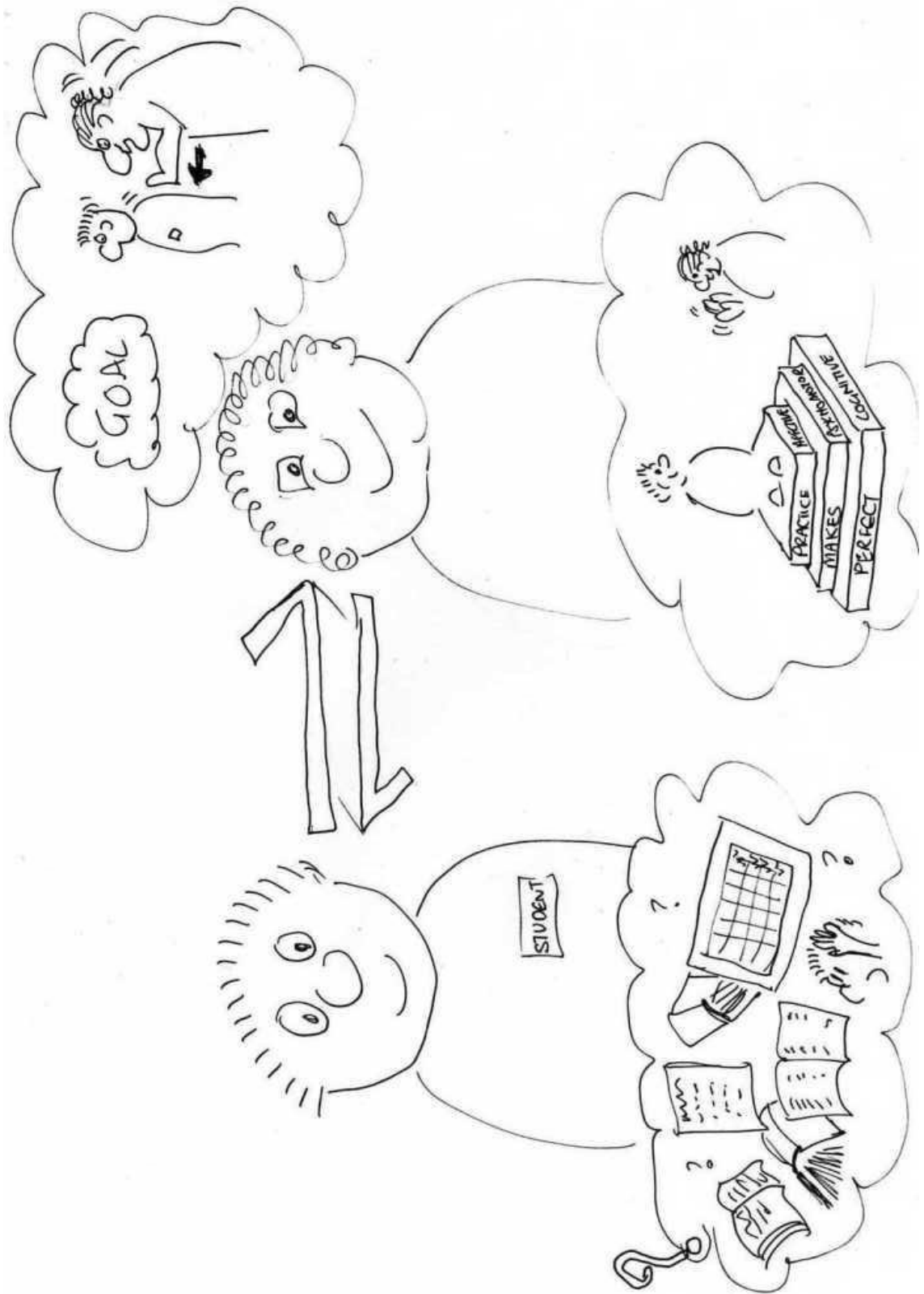


Figure 8.1 Shrimpy's rich picture of an event in which she encouraged her student to grasp practice learning opportunities

Using the self in an educational way took place amid the world of high stakes, fragments and hope. 'The educational use of self' emerges as a higher-order theme that spans the three aforementioned thematic 'worlds'. Building on the previous focus on the *Umwelt* and the mentors' existential engagement as *Dasein*, this overarching theme brings the mentor as an individual more clearly into view. As the analysis developed, this theme came to represent the 'essence' of being a mentor.

The educational mission encompasses the mentors' involvement in assessing learning needs and possibilities, facilitating student exposure to learning experiences, teaching, assessing, and accounting for their work. In this context, self and world are part of a structural whole that includes other people and objects located and experienced spatially and in relation to the body, through temporal horizons (Dreyfus, 1991). It is important to note that in this thesis 'self', as the existential self of *Dasein*, has been represented by two different modes of being: the *uneigentlich* and *eigentlich* self. The *uneigentlich* self is the 'tranquillised' everyday 'they-self', and the *eigentlich* self is the one that is in touch with its deepest possibilities, prone to guilt and troubled by conscience (Heidegger, 1962: 167-8; Mulhall, 2005). The chapter discussion reflects on these two distinct notions of self, and also on the relationships between *Dasein's* existentials and the lifeworld existentials. During the initial presentation of the findings, however, the focus is on the educational mission within the 'structural whole' of temporality, spatiality, corporeality and relationality.

Interpretation of the educational use of self, therefore, draws on the four lifeworld existentials of temporality, spatiality, corporeality and relationality (van Manen, 1997b) as higher-level lenses than the existentials of *Dasein* that have already been applied to the three conceptual 'worlds'. It aims to reduce the fragmentation created by the analysis of the different 'worlds' to create a more synthesised view of the mentor lifeworld. So, emerging from the undergrowth of *Dasein's* care structure, it takes in the whole landscape. Figure 8.2 shows the relationship between the different elements of the mentor lifeworld identified in this study and their respective interpretational lenses,

including both the 'lifeworld' existentials and those of *Dasein's Lichtung* and 'care'.

'Educational use of self', around which the three 'worlds' are arranged, represents the core essence of the mentors' lived experience.

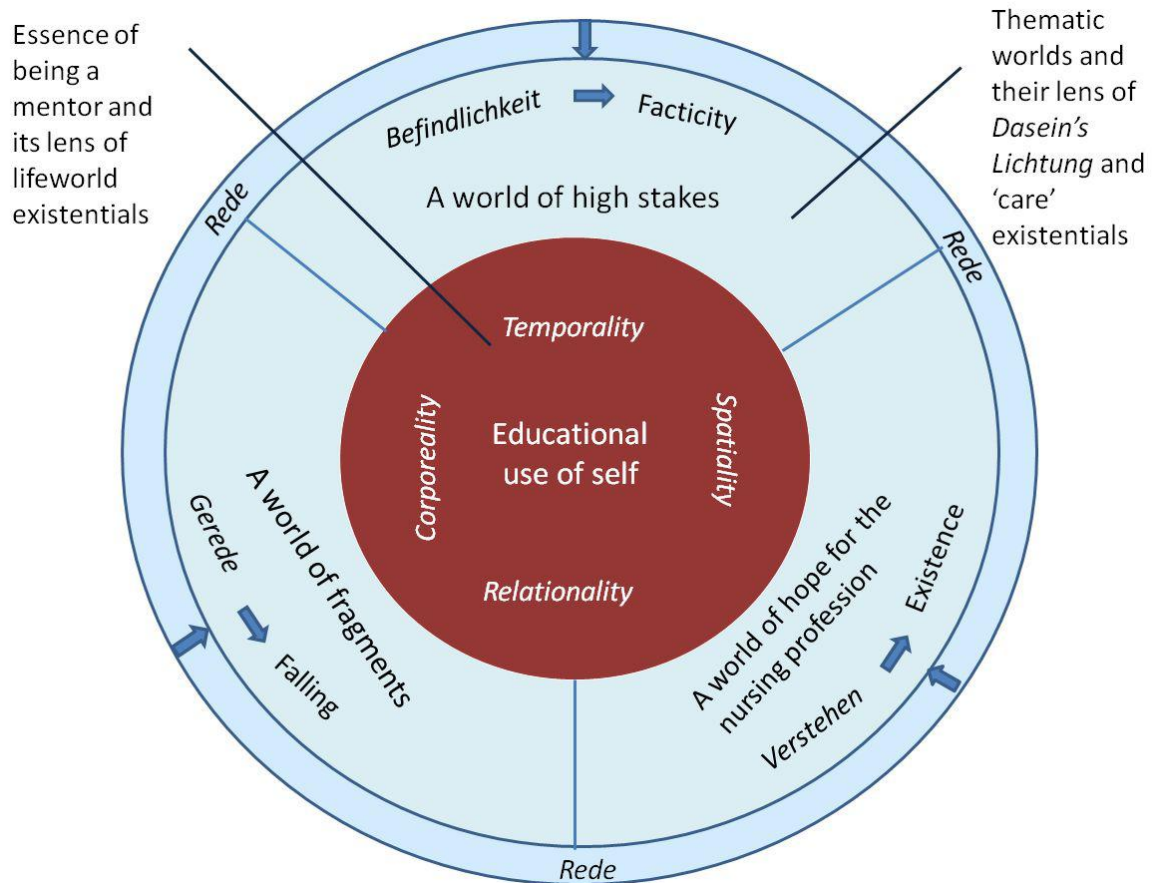


Figure 8.2 Essence and themes of the mentor lifeworld and the existential lenses used in interpretation

Mentoring student nurses in the workplace made distinct demands on the mentors. Although they described other mentoring situations where they might support the induction of a new colleague, or mentor a colleague undertaking a mentoring course, they had a clear sense of their student-mentoring role and firm expectations of their relationships with students and educational purposes as mentors. The phenomenological description below emphasises the educational use of self in this specific context.

Being an agent in and a force for education: phenomenological description

The mentors felt that as individuals they had the core responsibility of supporting student learning. Seeing themselves as a 'resource', they shared common desires of trying to 'make sure' students learn, or 'get them to understand'. They would pursue these fundamental goals by organising, knowing what is going on, leading by example, getting students to do things, showing them again, working things out, and inspiring students in some way. They wanted students to 'stop and think what's going on', and to question why they were doing things. Despite the imperative to 'push' students to learn, it was also clear that 'letting them have the freedom to go out there and think for themselves', which involved deliberately standing back and 'making them do more', was just as important.

They desired success, but realised that they 'could be doing a bad job as well as a good job'. Moreover, they adopted a personal responsibility, observing that if students did not learn, then in some respects they had failed in their mentoring obligations to the student. It was crucial for mentors to ascertain why students might not be learning, which could include students merely 'copying what you're doing without understanding why'. Helping students to make links between theory and practice seemed to be uppermost in mentors' thoughts and presented them with one of their greatest challenges in the role.

Apprehensions about students failing to learn precipitated assertive mentoring actions, for example, instructing students to provide 'one piece of evidence for one piece of practice' and finding time 'to direct them where to look'. This might include sending students to look up a topic in the library and then 'come back and tell me about it'. One way to determine a student's understanding of urine testing, was by choosing a patient who had an abnormality and then quizzing the student on the result: 'it's okay testing it but if you do find it's got protein, well what does it mean?' There may also be careful clinical judgements to make before allowing a student to practise a high-risk skill, making sure the situation was safely controlled and recognising the student's need to 'have a

go’.

The mentor-student relationship involved interactions that depended on mutual understanding and careful nurturing of the student as a human being. There were some essential ingredients, hence there had ‘got to be humour’, and a need to ‘put myself in their shoes, as though I know absolutely nothing’. Having been ‘through the same training that they went through’ helped, but also it meant enmeshing ‘my own standards’ with the formal expectations, and above all, remembering ‘when I was a student’.

The data gathered in this study revealed that mentoring was an intensely personal and meaning-laden enterprise. The mentors described distinct styles of engagement with mentoring – different ways of being an educational tool that contributed to their sense of purpose and identity. This chapter explores these variations in style. It applies each of the four lifeworld existentials in turn, reflecting how they could enhance understanding of the mentor experience. The aim is to transform the data into knowledge that can offer significant insights into placement and workplace learning. The chapter concludes by reflecting on the value and importance of the claim that the essence of being a mentor resides in the ‘educational use of self’.

8.1 The mentor and time

This section explores the meaning of being a mentor by reflecting on the mentors’ temporality in relation to being an agent in and a force for education as described above. The focus on temporality meant seeking in the data a sense of the passage of time in the present, of looking back at the past or forward to the future, or the influences of past experience and future aspirations on the present (van Manen, 1997b). This revealed moments when the mentors were either contextualising their experiences in terms of lifespan and career, reflecting on the past, reacting and adapting to current situations, or anticipating and planning with the future in mind. The section discusses two themes that accentuate the relationship between temporality and the educational use of self, namely ‘bringing the past self into mentoring’ and ‘moving with daily/work rhythms’.

8.1.1 *Bringing the past self into mentoring*

The mentors based their current nursing and mentoring practice on their own past experience and personal values. Some valued being 'hard-working' and remembered that they themselves had learnt best through actively doing the job. These mentors felt most comfortable when their students had the confidence to engage enthusiastically in work practices. Some remembered role models or others who had inspired them, which drove them to engage enthusiastically with their students. Sometimes, they gained satisfaction from being able to work side-by-side with students, embracing them as colleagues, because they knew how it felt to be treated like an outsider. They judged current nurse education by comparing it with their own nursing course and contrasting how practice had changed, sometimes for the better and sometimes not. In their gatekeeper role, they often cherished an image of an excellent student, cumulatively built from past experiences, and used this image as a benchmark of the ideal. By means of these and similar devices, they brought the past to bear on the present, resurfacing important deep-seated individual attitudes and beliefs about nursing and learning. The following examples illustrate some of the different ways they brought their past into mentoring.

Emma experienced substantial difficulty in describing her practice to students. She subscribed to the idea of nursing knowledge as largely tacit, and understood that it was far from straightforward to surface practice in talk. During her career, she had found that she learnt through doing the work, rather than anyone explicitly teaching her the practice. This made it difficult for her to articulate her practice to her students:

I find that my way of teaching is through tacit knowledge; it's just doing and learning and it's just through – it's just one of those things, isn't it, you know how to do something but you don't know how to teach it and I think that's my biggest problem. You know, it's just automatically I'm on autopilot, sort of thing, and I've learnt that through doing my job. I don't feel I've necessarily learnt it from anybody else ... so it's, it's just about confidence and just doing it, I think, sometimes, and I think if students don't have that – get on and do it – sort of attitude then I find it hard to ... teach it. (Emma, interview 1)

Moreover, she felt uncomfortable when students wanted simply to observe her at work, preferring instead that they took part in clinical activities she considered were more appropriate to their learning needs, even if it meant working with others, such as healthcare assistants:

I suppose sometimes I might just say, you know, I really haven't got time to be perhaps spending with you that I should have, but I'm happy for you to observe, if you're happy to observe, but then I don't particularly like that very much. From a personal perspective, someone just watching me over my shoulder I don't particularly like ... and I just think that perhaps they'd be benefiting from, dunno, doing something else, perhaps, with the health care assistant, you know, they can learn a lot from the health care assistants here, so ... [...] it's frustrating and I suppose it puts more stress on me. (Emma, interview 1)

Emma later mentioned that she found it more difficult to connect with students who preferred more remote approaches, such as watching others, or looking up information in books. It was clear that her reactions to mentoring situations were coloured by her own experiences of learning.

In situations where it was difficult to grasp the most appropriate mentoring approach, the mentors often drew on how they had felt as students. Emma, who was a less experienced mentor, thought she was advantaged in having recent memories of her own student days, which made her more readily able to evoke the feelings:

I sometimes feel that I don't necessarily know what the student expects of me. Having been a student not so long ago, [...] maybe I feel ... I can relate how I would have expected a mentor to react. (Emma, interview 1)

However, even the experienced mentors found security, or affirmation, in grounding their mentoring on their own student experiences. The following three examples indicate different applications of the 'past student self'. First, Lisa was able to attune to the anxiety and sense of being overwhelmed faced by a student just starting on the ward:

But I always try to, when they first come on, to encourage them, really, to come to me if they've got any problems to say, you know, if you're finding it tough, come and tell me soon, really so we can [...] try to work out what we can do that bit better, because it's ... I suppose you try and think back to when you were a student. (Lisa, interview 1)

Cate, by contrast, reminisced about the nurses she had admired in the past and hoped she could emulate some of their characteristics for the benefit of her students:

I think that when I was a student, or even junior nurse, and I tried to emulate nurses' attitude that I admired and had a good relationship with the patients and was caring and you try, you try, try and absorb some of that really. (Cate, interview 3)

Third, Angel recalled the isolation of feeling like a novice, which motivated her to help students feel integral members of the multidisciplinary team. It was salient to her that she supported students to feel comfortable and confident with doctors, since she considered that students found them particularly intimidating:

I didn't understand a lot when I started. [...] Doctors were scary things when you were a student. I mean you kept out of their way, really, unless you had to get involved with them. (Angel, interview 2)

As the examples have shown, the mentors' past influenced their orientation not only to facilitating learning, but also to the students as individuals facing challenges. The mentors carried their past selves with them and brought them into play, especially in situations they perceived to be either ambiguous, such as being unsure how the student is feeling, or only tacitly understood, for example the qualities of an exemplary nurse. The next section shows how the mentors used the daily work rhythms to undertake their mentoring role and explores the effect of disrupting the work rhythms.

8.1.2 *Moving with daily/work rhythms*

In the course of a working day, there was little time to dedicate to mentoring, and the mentors used the nursing work as a frame for mentoring. They were enmeshed in the temporal rhythms and pace of the workplace, so that mealtimes, doctors' rounds, medicine rounds, shifts, day of the week, or appointment systems, for example, all helped to structure their work. Sometimes, the mentors were able to assimilate the student into the existing temporal frame. A student, however, could precipitate a change in rhythm and pace that destabilised the mentors and wrenched them out of their coping zone. Both the work context and the mentors' individual style could together shape

mentors' distinct ways of experiencing their mentoring work and of responding to the unique characteristics of individual students. The following examples show that although work rhythm provided an indispensable structure for mentoring, uncoupling from work norms of rhythm and pace could be unavoidable and necessary.

Anna's account showed how work provided a temporal structure for mentoring. She asserted that she was mentoring all the time she had a student with her on the ward. This gave the impression of a seamless flow of mentoring activity, although in the following interview extract it was clear that the flow was punctuated by certain work events that she identified as educationally meaningful and therefore deserving of special attention. It appeared that the sequences inherent within these practice events, such as doing a drug round or performing an ECG (electrocardiograph) reading, gave structure to the teaching dialogue:

Obviously, you're doing it all the time, aren't you? You're doing the drug round and I just – we go through the drugs that we're using, I ask – I check them first, I ask them if they know, I tell them to ask me if they come across something they don't know, we go through BNF⁹, I let them look it up if they don't know what it is, erm ... when I'm doing an ECG on a patient they come with me and I show them how to do it, talk them through it ... we look at ECGs very basically because they're quite complicated and explain a normal ECG. We do it while we're working really. (Anna, interview)

Anna experienced mentoring and nursing as seamless, and there were several points in this short narrative where it was clear that turning her attention to the student, talking through the procedures, was just a natural extension of her work. She utilised the structures inherent in the nursing procedures as cues for teaching.

It was also clear, in Anna's example, that she took the initiative to identify the educational significance of events in the working day. Not only this, but she then judged the student's need for knowledge in the moment – what the student needed to look up in the British National Formulary, and the level of complexity the student was able to follow in interpreting ECGs. These capacities for judgement were crucial for enabling Anna to

⁹ British National Formulary: a reference handbook of medicines

function effectively. Workplace learning, mediated through Anna, consisted of a highly dynamic interplay between the temporally situated events of the day and her own attunement to the student. Such mentoring interactions brought into effect her practice knowledge – expertise and underpinning theory – while ‘on-the-task’. However, student’s learning needs and style were not always amenable to maintaining work flow. At these times, illustrated next, mentors would feel compelled to interrupt the flow in order to support the student.

Angel experienced frustration over prolonged drug rounds when she was mentoring a particular student. She described how the student disrupted the pace of work, trebling the time taken to undertake the drug round. The student’s approach, a style at odds with Angel’s usual way of working, made it impossible for her to use the normal flow of the work as a basis for supporting workplace learning. In contrast to Anna’s experience, this created a tangible hiatus in Angel’s practice:

Drugs round here should be able to be done within, say, 20 minutes half an hour at the most, and you can be an hour and a half with him. [...] He pulled me up because I wasn’t actually watching him specifically, [...] get this woman to swallow the pills. [...] They do slow you down a lot. I don’t mind when they first come on, if they’ve just arrived I’d expect them to be ‘what’s this pill for, what’s that pill for, what’s the other pill for’, but I would expect them after a week or so to start having some idea as to what they were for, but this guy even after five weeks didn’t seem to be any better off than he was at the beginning, so drug rounds were still the same *very slow* process all the way through ... and of course when you’re having to check everything every time, dates and everything, then *they’re* having to check them and they don’t know where to find them and they’re having to pass them to you to make sure you’ve seen them as well, and they’re taking a long time to find the stuff and then they don’t know what it’s for so they’re having to look it up, it’s so slow. [...] You do have to go right back to basics with the students and get them to check *every single thing every single time* but if I’ve done the drugs in the morning and I know everything in there has got a long date on it and I’m giving them paracetamol again at 12 o’clock or half past 12 do I want to check every single little wrapper again? (Angel, interview 3)

Angel’s example illustrates the critically important issue that working alongside a novice is likely to disrupt the temporal fabric of the work. A normally smoothly executed drug round was reduced to a faltering sequence of contested steps. The student in this

case was failing to move beyond his 'rule-governed' behaviour to appreciate the legitimate variations according to context, or the need to maintain pace. Importantly, Angel's patients were not passive recipients of medication, which might be found on a hospital ward, but people undergoing rehabilitation who were being encouraged to increase their independence:

Some of the medication the patients need to take with their food, so that is put in the room because there's only them in there, you're then going back and checking to make sure they've taken it, we don't, the patients here don't wear armbands, so we're not checking ID in the same way, and we're moving them towards, you know, we're checking to make sure that they're actually *complying* with their medication. Some of these chaps would be self medicating as well, and we're moving them all the way through. (Angel, interview 3)

It seemed that the student was missing the richness of the learning opportunity by being entrenched in the 'rules' that were based on hospital practices. In this example, time represented a source of pressure and stress.

As the two examples have shown, mentoring activity can sometimes proceed with harmony in the rhythms of the work, while at other times the flow is severely disrupted. Applying themselves educationally in the daily grind meant that the mentors were vulnerable to the buffeting influence of a student. In Angel's case, disruption to flow also seemed to disrupt the educational potential of the work situation. Moreover, she lacked the reflective space to contemplate the situation objectively, instead pushing on in a way that might be considered *unzuhanden*, rather than *zuhanden* in Heideggerian terms. In other words, the drug round became an activity where the normally *zuhanden* entities (the drugs, packaging information, knowledge about the patient) became problematic, prompting circumspection and discord, a kind of transitional state where nothing was working well and there was no opportunity for detached 'contemplation'. Meanwhile, the student was not witnessing or learning normal practice.

This section has illustrated how mentors, drawing on their own student experience, could help to manage ambiguity at times when it was important to understand the students' perspective. It has also shown how it was possible for mentors

to use the temporal frame of their work in their mentoring practice, but also how they could not always rely on this.

8.2 The mentor and space

This section explores the meaning of being a mentor by reflecting on the mentors' spatiality as educators. The focus on spatiality meant seeking in the data references to characteristics of the built environment, notions of proximity and distance, public or private space, personal space and the meaning of place (Benner, 2001; van Manen, 1997b). This revealed mentors' awareness of the work environment and its affordances for student learning, including how they used space and how space governed their mentoring experience. The patient's body, as a key element of the learning context, was also a physical location for mentoring encounters. The sections below consider, first, proximity and accountability as concepts related to spatiality and second, the patient's body as a teaching space.

8.2.1 Proximity and accountability

Physical space and physical boundaries held meaning for the mentors in this study. Lisa, for example, left her private problems 'at the door' of the ward as she adopted her professional persona, signalling a boundary situated between her private and work life. Much mentoring activity took place in the company of patients at the bedside, at the nurses' station, or at the drug trolley. The ward was an area of public performance, where mentors and students were exposed to the gaze of patients, the public, visiting staff and close colleagues, but nevertheless it was still the nurses' domain. By contrast, mentors working in the community were guests in patient's homes. They did their mentoring there, and in their cars and offices. Proximity and distance were subjectively dependent on the mentoring context, along with the mentors' personal style. The following examples show that the places where mentoring occurred were pivotal to the mentoring possibilities for action, and that the mentors' experiences differed according to their own preferences and tolerances for distance and closeness.

The ward environment offered Trudy a flexible space for managing her students. In the following extract, she describes keeping inexperienced students close by her and giving the more experienced students a contained area in which to work:

I personally will say to the student follow me around and don't leave me, just follow me. It's a very busy ward, and I run all over the place doing various things – just follow me and see what I do, and I mean they do that initially and then from that if there's a job to be done, they can go off and do that, but I'll say as soon as you've finished that come back to me again [...] if a student is more experienced – and we have some semester nine¹⁰ students starting – very quickly, and if they're happy, I encourage them to take a bay, to run through with them, obviously not on the first shift, but very quickly to do that, yes. Look after the patients in the bay, and just come to me with anything that ... they are unsure about and that needs observing, and then go back in and just make sure that everything's done, because at the end of the day I'm personally accountable for the student. (Trudy, interview 1)

Trudy's priority was to ensure the inexperienced student did not wander out of sight, which could easily happen in the busy ward environment of corridors, patient bays and multiple rooms. Being busy meant moving fast and covering a lot of ground on foot. Keeping students close allowed her to show them how she used the space herself and how it related to pace and organisation of work. Closeness also addressed the need to account for the students' learning and practice by enabling her to control and supervise their work. She gave more experienced students a bay of patients to manage, which allowed her to locate them when she needed to supervise. She could move fluidly around the ward, responding as necessary to the pace and demands of her work. By contrast, sometimes, too much distance too soon could cause problems for mentors, for example discovering a student was not as competent as they had initially thought.

The community nurses experienced a very different work environment, which had implications when mentoring. Flossie reflected on an occasion when her student did some home visits on foot, unaccompanied:

I asked her if she was happy walking to the patients, did she feel comfortable doing it – they're only across the road! It was absolutely fine! But, see, there's

¹⁰ The final semester of the course

problems of health and safety, she's carrying a nurse's bag, and if someone sees a – you know, they don't know what you're carrying. But she was quite happy going across the road, so I gave her a carrier bag in the end that didn't look like a nurse's bag, it didn't feel so conspicuous and she put her coat on – which, I do know it sounds silly but you do worry about their safety. I'd hate anybody to jump into her and say give me your bag, you've got syringes in there, sort of thing, but yes, she was fine. So we got round that. Pathetic really, isn't it? Cos when you're in the car, you don't mind so much because you park outside the house and you just walk in. And I know it's just across the road, but it's further up the road and one round the corner. It's still over a hundred yards and you think well anything could happen in a hundred yards. [...] She had the work's number, the mobile number, everybody's work mobile number, the surgery number and everybody's private number. So, there was about fourteen numbers if she got stuck! [...]

Oh yes, you do, you worry about how she is getting on and certainly after I'd got onto the office and I'd only given her a couple and I knew it wouldn't take long for her to do them, and obviously they're only across the road, and 'where is she? She'll be back by now'. You know, she just spent a longer time with the patient, which was nice, but you do worry, you think she should be back by now, where is she, sort of thing. You sort of, like, I'll give her another ten minutes and I'm going to ring her ... Yeah, you do, you do worry. But you would never send her to someone who was a threat, someone who was risky ... and certainly you go in twos anyway. You wouldn't send a new student. If someone was difficult to manage or difficult to cope with, I wouldn't have sent her to those. (Flossie, interview 2)

Flossie's deliberations were very different to Trudy's, with the student's personal safety being paramount. The public space of the locality around the health centre represented a threat. Her mentoring responsibility and accountability transformed a benign residential neighbourhood to one where drug addicts might ambush an unsuspecting student. Travelling by car conferred a sense of safety, whereas being on foot exposed the student to danger. The private space of the patient's home could also pose a risk to a solitary visitor; the behaviour of patients and their families could be unpredictable or even hostile, all occurring behind closed doors. The student's relative youth and inexperience also heightened Flossie's concern. Providing telephone numbers addressed the need for closeness, and Flossie felt comforted knowing that she could contact her at any time.

The two contrasting situations presented above illustrate the interconnectedness of spatiality and accountability in mentoring and how the mentors strove to reduce distance either by physical means as in Trudy's case or, as in Flossie's case, by

facilitating telephone contact. This interconnectedness is supported by the view that 'Dasein most fundamentally understands its spatial relations with objects as a matter of near and far, close and distant; and these in turn are understood in relation to its practical purposes' (Mulhall, 2005: 53). The physical spaces and meaning of place shaped how mentors facilitated students' access to nursing work, and how they chose the patients and supervised the practice. Thus, their individual perceptions and judgements about the spaces around them guided their practice. As nurses, the mentors were equally orientated to the physical space and meaning of patients' bodies since this formed such a fundamental aspect of their work, and the next sub-section considers spatiality in this context.

8.2.2 The inner and outer spaces of patients' bodies

Working with bodies is core to nursing. The mentors littered their talk with references to patient care that involved washing patients, helping them to dress, caring for wounds, caring for the exposed body and the intimate areas of the body. They also referred to procedures using equipment that penetrated the inner body, such as inserting urinary catheters, tube feeding, giving intravenous fluids, suctioning tracheostomy tubes and taking blood samples. Fundamental nursing observations of temperature, pulse and blood pressure measurements spanned both inner and outer, in that information about the inner workings of the body were obtainable from the outside. When taking manual blood pressure measurements, for instance, the nurse connects with the flow of blood in the artery by listening to the sounds of the blood against the artery wall and feeling the pulse. In these different contexts, the mentors enabled their students to learn the necessary skills for working with bodies. The following examples illustrate mentor spatiality when working with, and passing on their knowledge and understanding of, body-work.

Emma's example illustrated a gulf between the student's sense of the body as an object and her own sense of the body as a human being. For Emma, when handling the outer space of another's body, the physical aspects were eclipsed by the imperative to connect with the whole person:

With this elderly chap, she just automatically puts a flannel on his face and starts washing his face and I sort of said to her, he can do that himself. You have to allow him his independence, and then she's making him, she says 'wash you armpits' you know, it's all orders and instruction about care, there's no sort of how many children have you got, you know, the general kind of general chit chat that just goes with ... the job, I suppose. [...] I just got so frustrated with the fact that she just couldn't have a conversation with the patient. [...] She was trying to put his trousers on and he was lifting his left foot ... and she was trying to put on his right foot ... and I just thought he's not telepathic [...] I became more and more and more frustrated to be honest ... and I suppose I just – the way I – my process of washing someone may be totally different than somebody else's, but as long as you get the job done and the patient is safe and is not left standing with no clothes on for hours on end, I should think well, there's always a means to an end and as long as the patient is clean and ... [...] He was sort of commenting, things she was doing, like you haven't dried between my toes ... she was ignoring the fact that he was speaking to her. (Emma, interview 2)

Emma noted in her event diary, 'Longest hour of my working life!' and declared in the interview, 'the silence overwhelmed me'. Body-work normally went hand-in-hand with a stream of communication. The student's approach jolted her out of her *zuhanden* mode of engagement with patients' bodies; here was a problem intensified by its disruption to her taken-for-granted way of being. She had to judge when to step in and when to stand back (which had been the plan), balancing the student's need for autonomy and her duty of care to the patient. She stated in the interview that she partly filled the silence with exchanges of glances and winks with the patient, to acknowledge the bizarreness of the situation and to give some reassurance that she was ultimately in control. Emma seemed thrown into an *unzuhanden* state in which she drew on her personal resourcefulness to handle the situation.

Visual representations could be a resource for mentors to enable understanding of the internal spaces of the body. Anatomical drawings and models could bolster knowledge of the hidden landscape of the body, and Shrimpy even enjoyed drawing diagrams and talking through her understanding of internal body structures:

Just me telling them isn't going to work. Draw a diagram. Here's a picture of your larynx, this is what you do with that, this is what you do with that, scribbling all over and then giving it to them afterwards and making sure they've got something to jog their memories oh yes, see that, that's about this, that's about

how the lung works, and that's what going on there, yes I remember that, and then asking them about it later when they've had a chance to see it in action on a patient – so remember when we did this and what we were saying. (Shrimpy, interview 1)

She integrated her use of diagrams and talk with observations of practice to help her student make links between the visible, the invisible and the practice.

Certain tasks, such as catheterisation, demanded attention on the most intimate areas of people's bodies. Romaine gave an example of teaching a student how to insert a urinary catheter in this extract from her event diary:

There was the student, patient and myself in the patient's bedroom. I instructed the student step by step, I felt concerned that I wouldn't leave out any steps. While cleaning the patient, the patient opened her bowels, so aside from the smell of her perineum area there was the odour of the bowels as well. Whilst I felt somewhat detached from this procedure I always respect the patient's dignity.

The student deflated the balloon and removed the catheter. I could sense her uncertainty pulling the catheter out. A new catheter was inserted, however what concerned me was there was urine in the catheter tube only and not in the leg bag. You begin to wonder if the catheter is situated in the correct place, yet you know that it is. (Romaine, event 1)

Detailed engagement with the patient's body required them to work closely in a confined space with intimate areas. Bodily odours infiltrated the space; clean and dirty coexisted in the same small space. It was a delicate procedure, in which the inside of the body was invisible and yet sensed in a tactile way via the catheter. Romaine, who was watching and not doing, felt disconnected. She noticed the student's hesitance feeling the resistance and movement of the old catheter as she pulled it out. In the interview, Romaine added that 'at some points [I] physically assisted her, cos this was her very, very first attempt and at one point when we finally inserted the catheter it was probably both my hands and hers'. This action revealed the importance of touch and dexterity for procedures breaching the external boundaries of the body, a kind of 'knowledge in the hands' (Yakhlef, 2010:420). Subsequently, she judged the position of the new catheter indirectly, once inserted into the body, by the appearance of urine in the tubing.

It is notable in Romaine's example that the catheterisation procedure had important implications for both spatiality and corporeality. It showed the salience of bodily presence when working alongside a student and a patient. Additionally, due to the importance of dexterity and tactile responsiveness in the procedure, Romaine used her own body as a teaching tool, guiding the student through the manoeuvre. This can be interpreted as an additional method of increasing proximity. Getting physically close to practice, to the extent of guiding the student's hands, could sometimes be the most plausible mentoring option, which brings the equipment of practice literally, and in the Heideggerian sense, 'ready-to-hand'. In Emma's case, her efforts at 'rescuing' the situation were aimed at maintaining communication with the patient and thus reducing the uncomfortable distance she felt by the student's lack of communication. Restoring practice to a state of *Zuhandenheit* seemed to be a way of addressing the disequilibrium presented in both of these mentoring situations.

This reflection on mentor spatiality revealed the salience of the physical environment and the patient's body in mentoring, and attention now turns to the mentor's corporeality.

8.3 The mentor as body

As bodily in the world, mentors had a physical presence and ability to move and perceive. This section explores the meaning of being a mentor by reflecting on the mentors' corporeality as educators. The focus on corporeality meant seeking in the data references to experience of the lived body in relation to their physical sensations, using their senses, using their bodies and what they revealed or concealed about themselves through their bodies (Merleau-Ponty, 1962; van Manen, 1997b). Two overlapping aspects are jointly discussed here – the action of using the body as a teaching tool and the bodily self-awareness of being critically observed by students.

8.3.1 Using the body for teaching

Mentors could use their bodies actively as a teaching tool by demonstrating and modelling practice, using body language such as hand gestures or facial expressions for

deliberate communication and by using the voice. The body could also be used skilfully and creatively, drawing diagrams and marshalling equipment for a role play scenario. Romaine's example in the previous section has also illustrated direct use of the body to facilitate skill learning. Although some mentors, as outlined earlier, seemed most comfortable teaching 'by doing', others were confident in using talk. Using the voice appeared to be a critical aspect of the lived body. Some mentors used their voice to prompt and direct their students' learning efforts, and sometimes they augmented use of voice with hand gestures. Voice could provide a running commentary on practice or whisper a private thought to students. The following examples show mentors using their bodies, including their voices, as educational tools.

Mentors used their voice to give instructions and inform students of expectations, as Cate described: 'I tell them to look up the NICE¹¹ guidelines, [...] show them our protocols and tell them the targets I would expect them to get' (Cate, interview 3). She also used talk during clinical work as a necessary step that preceded or accompanied the student's own efforts in carrying out nursing work:

Invariably it takes longer. introducing a new person, you may talk a lot more of course, while you do, explain and teach, get them to do it, you know, I'm a firm believer in if you do something, you will learn from it more than if I tell you about it, but of course their skills take time to learn. and the patients one after the other, so I ask them what are you going to do, and all that kind of thing takes a long while. (Cate, interview 1)

Cate combined talk with visible demonstration of her own practice, in addition to providing encouragement to students practising technical skills. This level of supervision required the physical presence of the mentor as instructor alongside the student.

Talk was also useful for guiding reflection on practice and learning experiences:

And when you're doing the practice assessment document as well, that's a good time to point out 'now this is when you *are* reflecting and then you change what you're doing'. (Shrimpy, interview 1)

¹¹ National Institute of Health and Clinical Excellence

Shrimpy liked to use her hands when talking and explaining, which allowed her to add more emphasis and expression to the words. She also used her hands to draw as a way of teaching:

I normally speak with my hands I'm a real Magnus Pyke¹², and if I'm not speaking with my hands I'm drawing diagrams with students and making notes and circling around things. (Shrimpy, interview 2)

Crucially, it was important to get the tone of voice right, especially when providing critical feedback to students:

The way that you speak to them and the way that you are telling them that they've made that mistake is going to take away confidence from them. (Shrimpy, interview 2)

Voice, hands and tone of voice, in the domain of lived body, were indispensable educational tools but also could be used to manage students' emotions as Shrimpy indicated when she reflected on how tone could affect a student's confidence. Similarly, Lisa was very aware of using facial expressions to put students at ease, stating she was 'quite conscious [...] that I don't put on my scary face'.

Some mentors were most self-assured working alongside the student, sharing the work, engaging in conversation, modelling the practice and explaining things when necessary, and all these aspects of their practice had corporeal implications. However, they sometimes felt exposed to undue criticism when being watched. Observation of their practice might not always embrace the spirit of goodwill, and they were aware that students could be critical, sometimes without their knowledge, reporting their misgivings to the university rather than allowing mentors to defend their practice. If such events had recently come to their attention, the physical presence of students in clinical encounters could provoke anxiety and discomfort. Gina, whose student had already shown an adversarial attitude in clinical situations, subsequently felt defensive under the student's critical gaze:

¹² A 20th century scientist and media personality who was famous for waving his arms around when talking

I was, 'ooh she might ask why' – if I erm go to a patient and I change the dressing to something that's not on the care plan and then change the care plan then I know she's going to ask me why, so when I was doing it there and then I would say 'oh I've changed the dressing because this might work better', and explain why. (Gina, interview 2)

Emma disliked even the idea of student watching closely in an observational role, 'someone just watching me over my shoulder', whereas Lisa expected to be watched closely and paid attention to professional self-presentation and in showing her propensity to work hard, to convey the appropriate attitude.

It was also possible for corporeality to be so tacitly understood that it was a challenge to articulate the habitual knowledge attached to embodied skills. Lisa, for example, emphasised the importance of communication skills including reading body language, but when asked how she might pass on her ability to read her patients' body language, she found this knowledge difficult to access:

I think the good things that I hope we can all pass on is good communication skills. It's so important [...] how you speak to people and respect people because – it's a very daunting experience for patients coming in ... to that bed, isn't it, so, you need a lot of empathy, but apart from the knowledge that I think hopefully we pass onto them, erm, it's also how you treat people, not treat as in medicines and such, but even to encompass the whole thing, you know, you don't always have time to speak to our patients as much as, sometimes these days ... you know, a lot of body language goes on as well and it's beginning to pick up are they happy or unhappy. It's a skill they have to pick up on their own [...] I think it's probably something that you acquire, isn't it? Do you think, rather than passing on? Because when you walk past someone I always – you know, you look at the whole thing, don't you? And er ... it's difficult to pass on [...] but you just know from experience, I suppose. (Lisa, interview 1)

Lisa expected to be a role model to students. She expected students to notice her observable actions – how she spoke to people, showed empathy, how she noticed things about patients – and in turn assimilate these into their practice. In this way, she demonstrated a responsibility to communicate her professionalism through her behaviour and was conscious of how she might appear to others. This variation in mentor dispositions, from viewing role modelling as fundamental, to disliking being the object of attention, clearly affected their style of engagement in mentoring.

Arguably, the ultimate in the educational use of self is offering up one's own body for the student to practise nursing skills. On one occasion, Shrimpy felt dizzy while mentoring and collapsed on the floor. While the doctors and nurses rallied to help her, she demanded that her student be allowed to take her blood sugar measurements. She noted in her event diary:

The doctors came to my aid, taking my pulse and asking for a blood sugar. I offered my finger, then I stated that the student nurse could take it. [...] [I thought] "Oh, here's a learning opportunity for my student – she can take my blood glucose." (Shrimpy, event 2)

Marion had similar ideas, although in a more controlled way, stating, 'I pretend that I'm a patient and they have to teach me how to do eye drops, or they have to teach me how to do my own blood sugar' (Marion, interview 1). Marion was proposing role play, but for Shrimpy it was a real emergency. Even in this state of collapse, her thoughts focused on her mentoring responsibilities.

This section has presented a range of data indicating a number of ways in which mentors, as lived bodies, experienced their lifeworld. Their individual dispositions and preferences for instructing, demonstrating, being a role model, playing a role and using their faces, voices, and hands, provide glimpses of different approaches involved in the corporeal, educational use of self. When instructing and giving encouragement, they could use their voice and face; when demonstrating, they could combine voice with other actions; as role model, they expected their students to be observant and to assimilate the problematic tacit knowledge that was resistant to articulation. Offering their own bodies as a site for student practice, they invited quite personal encroachments by students into their body space. Corporeal self awareness made it possible and necessary to perform emotional labour with students. These sophisticated ways of engaging with others are linked closely to relationality, which is discussed next.

8.4 The mentor in a web of relationships

The mentors worked in a web of relationships. This section explores the meaning of being a mentor by reflecting on the mentors' relationality in being an agent in and a force for education. The focus on relationality meant seeking in the data a sense of lived relation to students, colleagues and patients (van Manen, 1997b). The educational use of self appeared in supporting, teaching and assessment interactions with students, cooperating with and obtaining help from colleagues and in prioritising, protecting and respecting patients. Sometimes, simply being-with students emerged as an important aspect that allowed deeper understanding of the self as educator. Relationality already permeates the discussions of temporality, spatiality and corporeality, where all the mentoring scenarios involved, in some way, lived relations with others. Mentors could not work in a microcosm with students; they needed their web of relationships in order to (1) provide their students with a good educational experience and (2) sustain themselves. These two elements shape the organisation of this section.

8.4.1 Providing a good educational experience

The mentors had different ways of relating to others in their efforts to provide a good educational experience for students. They often wanted to view students as their equals, seeing them as adults in their own right pursuing a course of education, and aspiring to join the nursing profession. Frequently, they viewed themselves as occupying a central and pivotal point from which to ensure that learning happened for students. They communicated a strong need to feel positive about their engagement with students, although in some circumstances this was difficult to achieve.

The quality of relationship with a student was pivotal in facilitating a good educational experience, and the mentors held strong beliefs about how best to achieve this. Cate, for example, drew on her parenting experience and friendships to interpret her relationship with students:

I see myself now more as a facilitator and for years my philosophy with my children has been to let them go, to know that you are only bringing them up to

let them go, and that's not far off how I feel being a mentor. I feel I have them for a short time and my job is to ... er not parent them, although I have used the word parent I don't really feel too much of a parent, but I mean in the sense of what I've just said – that you enable them to grow and move on. [...] I am a strong believer in emphasising the positive in people, because I think with that you gain confidence and do much more, and think that I take that into the mentoring side of things. It's quite bad I think, negativity and negative words ... erm ... They pull you down tremendously in any sphere, so it means walking with somebody, helping them when you can ... helping in the right direction. (Cate, interview 3)

In this way, she drew on her personal relationships to help her make sense of being a mentor. Students deserved the care and positive regard she afforded to significant others. Similarly, Lisa realised that it was easy to fall into thinking of students as inferior, transient and 'different', so she made an effort to treat them as equals. The mentors also realised that their students would encounter a range of different people during their placements, some more supportive than others. At times, they felt let down by colleagues whose standards did not match their expectations.

Lisa's experience of a student who had not learnt skills signed off by a previous mentor illustrated a troublesome aspect of the wider network of collegial relationships. These remoter colleagues could have a significant impact on a mentor without any direct contact ever being made:

Sometimes you get someone who comes along and the mentors, previous ones, just tick boxes [...] not pick up something, problems that they had, but when she first hit the floor, I remember now she did have issues with little things like, erm, just taking a blood pressure, and then what a blood pressure was, so we had spent quite a lot of time just going through that and just basic stuff and then she just turned round to me and she says you know nobody's ever showed me how to do this before! (Lisa, interview 3)

Inconsistencies of this sort had the potential to foster resentment between colleagues. Many times, mentors spoke about students who had progressed from placement to placement without difficult learning issues or lack of achievement being addressed. The participants also worked in lived relation to team and department colleagues who formed part of their regular circle of contacts. These were usually, although not invariably, supportive relationships.

A key aspect of relating to work colleagues was in facilitating student contact with the specialist services, which would increase the breadth and depth of their learning:

We have the dietician, we have colorectal nurses, people that link in, and these people add a valued experience to the student's learning and the students – I encourage the students to contact these people and arrange to meet up with them and may spend a half day of their placement time [...] – I mean the pain team, they're fantastic on this ward. (Trudy, interview 1)

Trudy was confident in recommending that her students spend time with these colleagues, given the way she valued their work. It was also possible for colleagues from other disciplines and professions to feed back to the mentor on the progress and performance of the student. For example, members of allied health professions would supervise Angel's students and report back to her:

It's nice when we get positive feedback off the therapists as well. [...] We do get little comments from the therapists, oh, so and so did a really good job you know, they've come on really well. (Angel, interview 3)

In this way, the mentors held a pivotal position in helping and encouraging their students to make links with specialist nurses and other professionals.

The mentors relied on good two-way communication to maintain relationships with their students and considered that without it, their teaching and learning conversations could falter and it was difficult to assess their students' knowledge. When students' interpersonal communication was lacking, not only did it place the teaching dialogue in jeopardy but, crucially, it also rendered students unable to interact effectively with patients and colleagues. Gina described what it was like to mentor a quiet student who lacked conversation skills:

It's quite difficult because I do think you need to be quite confident as a nurse; you need to be able to question people and have a rapport with patients. If you're quite shy it's quite difficult, but I think you just have to keep encouraging them. Like you say 'oh when you go into that house, ask them how they're feeling, ask them how that dressing's been, how's that wound feeling and just keep talking to the patient', and gradually you'll then get a rapport and I think over time, if they start off quite quiet, over time that comes. [...] if you've got a shy student I think that's the most difficult thing, cos they don't get the rapport

with you, they don't get the rapport with the patient and I don't think you're truly able, maybe, to assess them. (Gina, interview 1)

Without the flow of conversation, rapport was impossible and students were difficult to fathom. However, Gina had developed a strategy for helping shy students to converse with patients which involved prompting them with possible ways of maintaining conversation. All the mentors reflected this underlying fundamental concern for patients, which provided them with a basis for sustaining their mentoring activity. Mentors further sustained their educational selves within their lived relations, the next topic.

8.4.2 Sustaining their educational selves

Similarly to the ways in which they nurtured their professional will (cf. Chapter 6), the mentors also needed to sustain their educational selves. Mentoring could be draining, and it required sustained effort to maintain their educational orientation to students. The mentors drew what support they could from the people around them, and the existential of relationality now supports this interpretation.

Being with students on a daily basis for a number of weeks could be draining, both mentally and physically. Shrimpy explained that the students who were constantly questioning and demanding attention were the most tiring:

And it's mentor fatigue. You have student after student and you have a student that's ... somehow on a different level, they're expecting more from you ... and so it's like when they go you think Hah! Thank goodness! And you can feel that you're tired, not from having to take care of the patient, not from having to get up early in the morning for work, but simply because they're on at you all the time, you're having to meet certain expectations for them. (Shrimpy, interview 1)

Her responsibility to be there for these students and respond to their needs could sometimes result in overwhelming demands. Support networks at work or at home were important, and it sometimes helped if the confidantes at home understood about working in the health service, but as Angel explained, confiding in her dog showed the value of an uncritical ear and being able to offload in a way that did not endanger confidentiality:

My little dog does listen to a lot of my issues. [...] My mum and dad were both hospital staff, so I can talk a bit at home, [...] but the dog is brilliant. (Angel, interview 1)

At work, Angel also valued the support of colleagues:

There is a big team that you can talk to, and if you get frustrated or annoyed we are conferring with each other and supporting each other an awful lot. (Angel, interview 2)

HEI colleagues were also seen as an essential source of support, as Romaine explained:

It just seems to me we're getting a better access to the [...] [practice educator] and stuff where – it just seems over the last couple of years that we see them more, we're more free to email them, talk to them, phone them. I think when I first started mentoring I just didn't feel – even though the support was there I didn't always feel that it was, so it was probably me just paddling a canoe in circles. (Romaine interview 1)

It was clear in Romaine's account that HEI colleagues, being extrinsic to everyday working relationships, needed to make an effort to be visible and available to mentors.

In addition to support from others, many of the mentors described how they focused on the needs of patients and their own lived relation to patients in order to sustain their mentoring drive. Angel captured this here:

Stop and look at the holistic picture, [...] stop and look at who it is they're treating, not just the appendix or the MI¹³ or whatever, you know they're looking at the *person* with the problem and that's what I want them to do, that's what my aim is with the students. (Angel, interview 3)

She expressed the importance of nurses maintaining a person-centred orientation to patients, and the comparative ease with which nurses could fall into ways of categorising patients according to their diagnosis. Diagnostic categories make sense for understanding medical treatment, but not for understanding and relating to the person. Heidegger (1962), observed that it is commonplace, especially in the work world, to classify people according to their roles, and this enables humans to make sense of the

¹³ Myocardial infarction (heart attack)

world. A medical diagnosis, which does not represent that person's purposeful existence in the world, would therefore be the least helpful way of relating to patients as people, even if it makes sense for medical purposes.

Ultimately, mentors sustained themselves through the rewards of seeing students learn, as eloquently expressed by Shrimpy:

You see little lights going on. There's nothing that describes the joy that you get from seeing somebody put something together. (Shrimpy, interview 1)

It's like taking a packet of seeds, throwing them in the ground and then waiting and seeing what comes up and ... sometimes, very, very few times, you're going to get a weed in there, but most of the time what you get is beautiful, that's what mentoring is to me. (Shrimpy, interview 2)

It's having the ability, the power, the ... oomph and the desire to be able to bring somebody on and to give them a bit of what you've got, to help them to develop their skills and turn somebody into a really good nurse. That's nice, I like that. (Shrimpy, interview 3)

Although everyday nursing practices might be sustainable at the level of the *uneigentlich* self, the accounts in this section seem to suggest that the *eigentlich* mentoring self needs to be sustained and nurtured in personally meaningful ways. The mentors drew on their web of relationships for support.

In summary, this section has shown how the mentors, in their educational use of self, existed in a web of professional relationships that supported them to provide educational opportunities for their students, and illustrated the importance of good communication. They extended this web to personal relationships in order to sustain themselves.

8.5 Discussion of lifeworld and *Dasein's* world

The 'educational use of self' occurred in the worlds of 'high stakes', 'fragments' and 'hope for the profession' explicated in the earlier chapters. Applying the lifeworld existentials as the final interpretational lens has completed the illumination and illustration of the findings. The lifeworld and *Dasein's* world have each cast different

depths of perspective on the meaning of being a mentor. *Dasein's Lichtung* lit up the undergrowth forming the taken-for-granted terrain of meanings and implications of being a mentor. It required careful and intricate work to create and organise the sub-themes, which sometimes resisted naming and categorisation, as the fundamental unity of *Dasein's* care structure conspired to weave the stakes, hope and fragments together. The lifeworld existentials capitalised on the meanings in the landscape of being a mentor that were more readily accessible to view. Nevertheless, they still drew attention to aspects of the 'educational use of self' that might otherwise receive only a superficial glance. In common with *Dasein's* existentials, they resisted separation when dealing with actual experience, so that body and space, for example, merged when considering the physical constraints of the environment, and corporeality and relationality coalesced when considering communication through speech and body language. Lived time seemed to be the ultimate horizon within which their lives played out.

Building on the concept of *Dasein's* selfhood, 'a way of existing', application of the lifeworld existentials has revealed *Dasein* in its 'everydayness' (Heidegger, 1962: 312). The concepts of what it means to be human, initially embedded in Heidegger's (1962) philosophy, have been appropriated by van Manen (1997b) to reflect the 'everydayness' of lived experience. Hence, 'temporality' is *Dasein's* public time, 'spatiality' is spatiality, 'corporeality' is expanded by drawing on the work of Merleau-Ponty (1962) and 'relationality' reflects *Mitsein* (being-with, in-the-world) (Heidegger, 1962: 149).

In its everydayness, *Dasein* is mostly *uneigentlich*. Consequently, one would expect the themes in this chapter to reflect mentoring as a publicly articulated role. This certainly seems to be so when considering, for example, mentors' articulations of characteristics of the excellent student, model nurse and conscientious mentor, and their efforts to pass on established practices of medicine administration. It may seem obvious that students need to learn the practice that is in the shared public domain of nursing, including how nurses use and respect the spaces and places in which they work, how

they work with patients' bodies, and how they can position themselves in a web of relationships. Conversely, underneath the publicness, there were glimpses of the *eigentlich* self. This was manifest within Emma's angst around meeting the needs of students who wanted to observe her at work and in Flossie's guilt-prone deliberations over her student's safety. It could also be seen when the gaze of her student made Gina uncomfortable and when mentors adopted strategies to sustain themselves in their role.

The 'rich picture' that opens this chapter indicates the forceful and deliberate nature in which the mentors applied themselves as agents for ensuring that their students would learn. By being attuned, by being in the moment and by understanding and interpreting situations, the mentors immersed themselves in their work. They were educational agents, each uniquely engaged but simultaneously carrying out a publicly recognised role. The push and pull of the *eigentlich* and *uneigentlich* self, implied great variation in how mentors experienced the role and creates fundamental challenges for recruiting, developing and supporting mentors.

Chapter summary

The educational use of self, as the overarching essence of the mentor experience, has been illustrated through reflection on the four lifeworld existentials of temporality, spatiality, corporeality and relationality. Mentors' past selves helped in ambiguous situations, or where knowledge was tacit; and the temporal frame of work had direct implications for how they could support learning. The educational self needed to maintain proximity to students in order to be effective and accountable, and the body was instrumental in the educational process. Participating in a web of relationships, mentors existed in a world of different roles that contributed to and helped to sustain the educational landscape. Finally, the undergrowth and the wider landscape were brought together to reveal some important insights into the essence of mentoring.

Chapter 9. The meanings of being a mentor

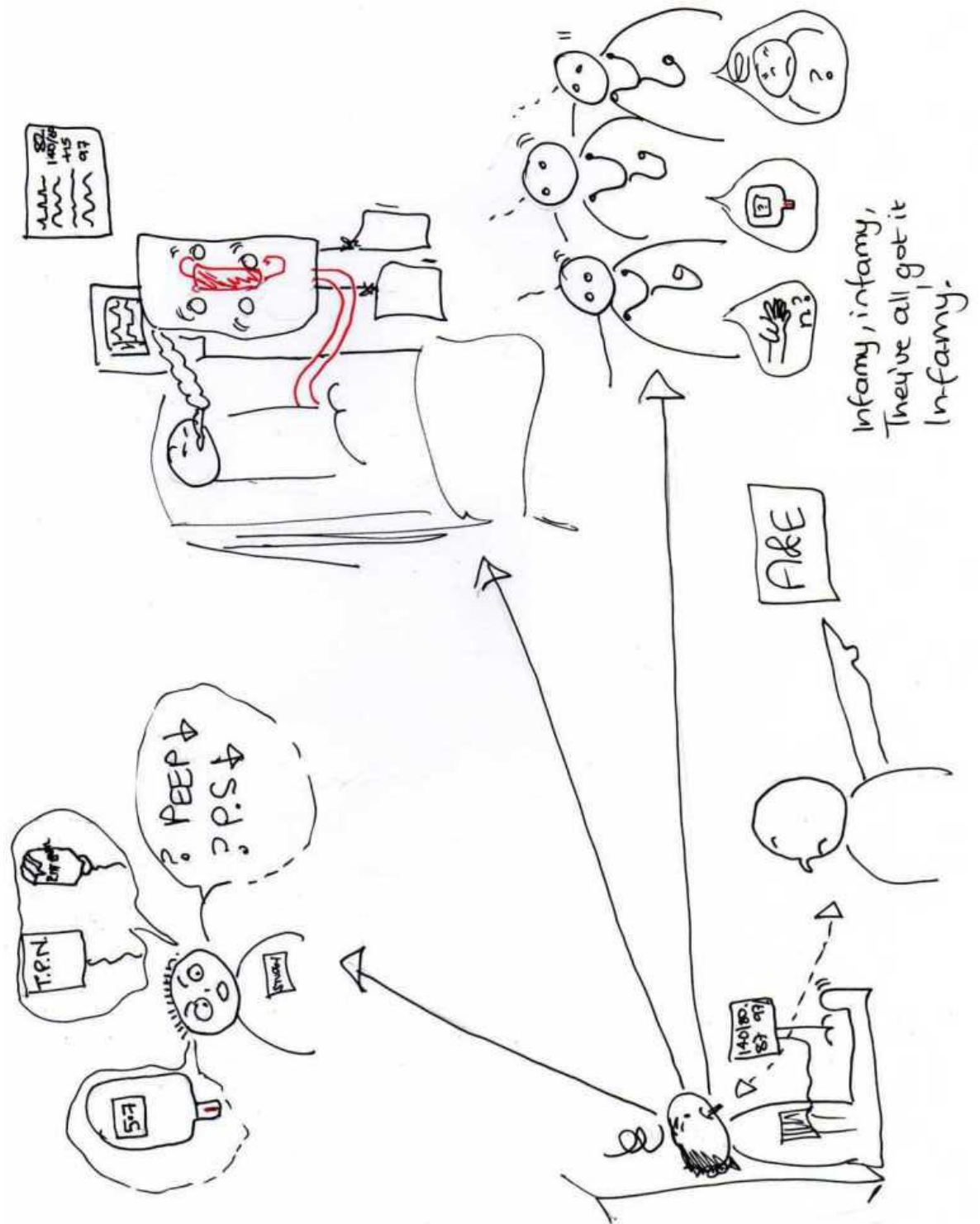


Figure 9.1 Shrimpy's rich picture of an event in which she collapsed at work

If somebody reads this and makes a difference, more support, or takes some consideration for folk in the future, every bit of it will be worthwhile, won't it? (Angel, interview 2)

This chapter articulates the implications of the study, including its original contribution, both to the literature and mentoring practice in nurse education, and identifies how its findings could inform other practice domains. By connecting with and reflecting on literature that supports and develops the interpretations already provided, the chapter completes the final stage of the hermeneutic analysis described in Chapter 4 (Section 4.3). It is organised into four sections. The first section examines the meanings and challenges of mentoring. It includes a synthesis of the thematic findings and a discussion of the value of Heidegger's philosophy about being-in-the-world. It proposes that *Dasein's* care structure provides a valuable, yet underutilised, lens for understanding mentoring in the workplace learning context. The second, large, section introduces and discusses the 'wheel of implications', a device arising out of this study for showing the relationships between themes, concepts and implications for different audiences, and fostering organisational readiness for supporting placement learning. The third section reflects on the methods and findings, presenting questions that demand further investigation. Last, this chapter presents personal reflections, in first person, on the implications and conclusions of the study as a whole.

This study reveals the complexity of lived experience found in the often hidden world of mentoring student nurses. The 'rich picture' opening this chapter symbolises the complexity of the mentor experience, involving a student, a patient, colleagues, equipment and the mentor herself, along with meaningful feelings and interpretations of the situation. Meaning requires context, and according to Heidegger (1962), when things have meaning we understand them in the context of our lives. The mentor context involves, for example, interpreting a clinical situation as a potential learning experience for a current student, in which the meaning of that situation correlates with being a mentor. Thus, in Figure 9.1, Shrimpy's physical collapse highlights her pressing obligation, as mentor, to continue supporting both her student and her patient.

Alternatively, a researcher perspective in the context of a community of academics, considers what this adds to prevalent understandings about being a mentor and facilitating workplace learning. The discussion of meaning that follows considers both perspectives, so that meaning in the lives of the mentors in this study can be interpreted in relation to a wider academic context.

9.1 Meanings and challenges of being a mentor

This section begins with a synthesis of the findings from the theme chapters before considering the implications of Heidegger's unique philosophy of the ontology of 'being', both for the current mentor study and for similar situations of facilitating workplace learning. It signposts, where appropriate, the links with the 'wheel of implications' discussed in the next section.

9.1.1 *What does it mean to be a nurse who mentors students in practice?*

Mentors practise in a highly complex and demanding work environment, recognising patterns and passing on knowledge. Being a mentor means engaging, both with individual *students* and with the *idea* of helping someone to become a qualified nurse. It demands a strong will and raises issues of trust, conscience, knowledge, flexibility and exhaustion. Secondary questions posed in this study included what mentoring means in the context of mentors' work and career, and also how mentors experience the emotions involved in their day-to-day interactions. Their 'answers' reside within complex overlapping themes and concepts, in which feelings and meanings are linked to life contexts and career biographies as much as they are associated with current events.

Bodily being-in-the-world as a mentor, meant physically being there with, and for, their students. At times, it seemed that simply *being present* was meaningful. Their bodily presence in the workplace was, after all, a prerequisite to mentoring. The mentors' bodies were their fundamental tools for both nursing and mentoring. Much of the work

concerning corporeality in nursing draws attention mainly to understanding the lived body of patients (for example Lawler, 1997; Twigg et al., 2011), so this current study offers an extra dimension to corporeality in nursing, by identifying the importance of the lived body of mentors in relation to students.

Metaphorically conceptualising the body as a tool, however, exposes the potential fragility of mentors, given that they are humans rather than the insentient objects more usually utilised as tools. Thus, in contrast to inanimate tools, mentors are subject to human issues including trust, guilt and exhaustion. Therefore, the tool metaphor demands cautious use. The 'educational use of self' suggests that even though mentors can work in flexible ways with students, they appear most content when they are able to meet the learning needs, and match students' approaches to learning, through 'being themselves' as unique individuals. The styles they adopted have temporal features rooted in a past that shapes and colours mentors' own preferences for and beliefs about learning, and also a personal understanding of the role that overlays its public recognition. In the following paragraphs, the different thematic worlds and the lifeworld existentials overlap to represent mentoring as the 'educational use of self' within worlds of 'high stakes', 'fragments' and 'hope for the profession', casting a unique perspective on the experience of being a mentor.

In the world of 'high stakes', the temporal self showed that the mentors' biography affected their attunement to the investments and aspirations of others, and in a deep way towards the personal connections they could make with their students. For example, mentors drew on their past experience of being a novice to extend their insights about a current student. There was no substitute for personally 'being there' for their students and directly interpreting the practice environment and learning opportunities. In physically being available and in their modelling of practice, mentors sensed they were a necessary focus of attention and an anchor-point for their students. Similarly, the spatial self, needing to secure proximity and accountability, recognised the trust placed upon mentors to protect all those who are vulnerable, including their students. The competing

needs of the different stakeholders compelled mentors to use time wisely, disrupting the nursing work as little as possible. However, the tensions inherent in teaching while maintaining the normal work rhythms were not easily resolved.

In the world of 'high stakes' the relational self often experienced a mood or feeling, for example, triumph or satisfaction when learning became apparent in a student, an intense frustration when it was difficult to make meaningful connections, or a sense of conscience associated with moral decisions. The mentors, however, tried to hide their vulnerabilities by maintaining a calm veneer and revealing their true feelings only in private or with trusted colleagues. In order to be effective and credible as educators, mentors also recognised the need to portray themselves as active learners, through accessing knowledge distributed amongst colleagues, referring to written sources, and evaluating their own practice.

In the world of 'hope for the profession', the mentors utilised their nursing will to sustain their mentoring will. They acted as gatekeepers of students and passed on the special things they held dear in nursing, strongly influenced by their professional lives. Considerations of the connection between proximity and accountability merge with mentors' own deep, hopeful engagement in nurse education to enhance the depth of understanding of the mentors' engagement with their role. As they nurtured students and maintained productive collegial relationships, their bodies and their relationality converged in their emotional labour. Central to this, however, was a vision or hope for nursing that they carried forward.

In the world of 'fragments', the mentor as a temporal, educational self was a knowledge broker, boundary spanner and a person with expertise, applying past experience to interpret mentoring situations. Moreover, mentors recognised that a student is not *just* another colleague in the room, but a supernumerary learner, which added particular meaning to students' proximity to their mentors. In their concern to educate, mentors moved with versatility between tasks and also from one domain

(clinical practice) to another (higher education). Similarly, mentors' adaptability encompassed the difference between the *uneigentlich* mode of being in everyday work, in which they would be unreflectively involved in coping, and the challenge of achieving *eigentlich* engagement with work to reveal to students the personal implications of being a good nurse. In response to their desire to be accountable to stakeholders, mentors needed somehow to be able to make sense of the fragments. They also recognised the conundrum inherent in teaching practice which is, arguably, largely tacit, and although their own bodies and the spaces in which they worked limited their possibilities, fragments of knowledge could merge in embodied, skilled practice. In the overlap between the world of 'fragments' and their web of relationships, mentors were able to assemble the contributions of others and create connections across the domains of practice and education.

Finally, the mentors were educational agents, each uniquely engaged but simultaneously carrying out a publicly recognised role. Sometimes, their mentoring strategies became *unzuhanden*, interrupting flow and causing them to reflect. This may also reveal their transition from the *uneigentlich* mentoring role to occasions when the *eigentlich* self is enlisted to make hard decisions. This *eigentlich* engagement, by implication, places more of a burden on mentors as individuals and emphasises the importance of relational ways of sustaining themselves. By being attuned, being in the moment, and by understanding and interpreting situations, these mentors immersed themselves in their work. The push and pull of their *eigentlich* and *uneigentlich* selves implies great variation in how mentors experience the role and creates fundamental challenges, addressed in Section 9.2, for recruiting, developing and supporting mentors.

9.1.2 What can Heidegger contribute to our understanding of mentoring?

Heidegger's concepts associated with the care structure of *Dasein* have guided interpretation of the themes in the mentor lifeworld and also offer a key perspective in understanding mentoring. This section begins with a synopsis of how *Dasein* features in

the current study and subsequently addresses the utility and transferability of the related concepts. It then makes four main claims for the utility of Heidegger's philosophy in helping to advance our understanding of mentoring. First, it draws attention to how one might enable students to engage with practice knowledge by acknowledging their circumspective engagement as newcomers to a workplace ('noticing the *Umwelt*') and second, it shows that *Dasein* highlights the problematic distinctions between theoretical and practice knowledge ('theoretical dimming'). Third, it shows how *Dasein* facilitates an appreciation of tacit knowledge ('letting learn'). Finally, it supports an 'ecological perspective' for understanding workplace experience in times of change.

Applying *Dasein*

Dasein comports itself within the world immediately around it, the *Umwelt*, which is the practical, meaningful world of purpose and everyday existence, and *Dasein* understands itself in the context of a world (Inwood, 1997; King, 1964). *Dasein*'s world only exists through human activity and interpretation. Derived from its own understanding of being, *Dasein* is, simultaneously, world-disclosing and world-forming, (Inwood, 1997; King, 1964). As Chapter 3 explains, *Dasein* discloses the *Umwelt* through the existentials of *Befindlichkeit* (attunement), *Verstehen* (understanding) and *Rede* (talk), and accordingly constitutes the *Umwelt* through sense-making within a totality of involvements, so that it encounters entities as something – a notebook, a dressing, a uniform, and so on. Therefore, *Dasein*'s fundamental way of establishing meaning is by understanding entities as something within the referential totality of the *Umwelt* (Heidegger, 1962).

This study has attempted to reveal the world of the mentor by exploring the *Befindlichkeit*, *Verstehen* and *Rede* of the participants. It mapped their accounts onto the three temporal dimensions of the care structure of *Dasein* (having a past, present and future) and created a *Lichtung* in which they revealed the things that matter and made sense of their actions. Additionally, it considered the implications of understanding the mentors' world in terms of *Vorhandenheit* (presence-at-handness) and *Zuhandenheit*

(ready-to-handedness). Moreover, it interpreted the nuances between *Eigentlichkeit* ('authenticity') and *Uneigentlichkeit* ('inauthenticity') in the mentors' world of practice. Importantly, *Uneigentlichkeit* signified a preoccupation with 'being a mentor or a nurse' at the expense of 'forgetting oneself', held in balance with guilt and conscience reflecting the *eigentlich* self. *Uneigentlichkeit* implied seeing oneself as a role, or perhaps, in extreme, even a tool, and therefore potentially *zuhanden* or *vorhanden* (Inwood, 1999).

In parallel with the difficulties of accessing knowledge that is normally tacit or pre-reflective when researching lived experience, this paradox can also extend to practice learning situations, in which students need to acquire tacit knowledge. Practice learning is often a mysterious process, despite familiarity with the visible activities that facilitate such learning, for example an 'aggregation of encounters' (Eraut, 2009: 11) with colleagues and patients and 'trying things out' (ibid 2009: 17). On the level of human interaction and understanding, some of the features of *Dasein's* being-in-the-world are helpful in interpreting mentoring actions that facilitate learning. The discussion now continues, focusing on the point where *Dasein* notices the *Umwelt*.

Noticing the *Umwelt*

Dasein becomes unusually aware of its surroundings when something is unfamiliar, missing or malfunctioning, rendering equipment noticeable, rather than forming an inconspicuous part of the fabric of work. Thus, the *Umwelt* becomes available for circumspection, much in the way figure 9.1 reveals the significant, meaningful entities in Shrimpy's *Umwelt*. Therefore, by attending to events that are 'conspicuous as disturbances', one can become aware of entities that are normally *zuhanden* and inconspicuous (Packer, 1989: 106). For a learner, however, circumspection is possibly the main mode of engagement until the new *Umwelt* becomes familiar (Gibbs, 2011). Moreover, learning about practices and equipment in a theoretical way in the classroom, involves *vorhanden* contemplation, detached from the practical, meaningful world of purpose. Thus, it follows that students may sometimes journey from *Vorhandenheit* to *Zuhandenheit*, counter to the normal priority of *Dasein's* engagement in the world, which

is primarily *zuhanden*. Despite emerging interest in the Heideggerian concepts of circumspection and contemplation for the workplace (Gibbs, 2008; 2009b; 2011; Nielsen, 2007), the extant literature omits consideration of the dynamic between the two when a student or newcomer (in other words, someone in transition) engages with an unfamiliar work environment.

It can be helpful to regard an unfamiliar workplace as one that elicits circumspection in learners (Johnson, 2000). This implies that the newcomer encounters equipment as conspicuous, which impedes absorption in the work itself. Mentors can capitalise on this transitional state by drawing students' attention to the articulation and meaningfulness of entities in the workplace *Umwelt*, as identified in the discussions of mentors as knowledge brokers (cf. Chapter 7 and Section 9.3). A similar proposition is made by Nielsen (2007) in relation to his study of bakery apprentices who were inducted into the work in graduated steps of engagement with bread dough.

In addition to this circumspection, the new *Umwelt* is also understood in juxtaposition to the wider *Umwelt*, in that *zuhanden* meaningful references derived from the totality of contexts in which *Dasein* exists, perfuse one's existence. This may equate with 'unlearning' modes of being that relate to external environments, reshaping them and introducing new modes of being within the new work environment. To what extent is familiarity with the *Umwelt* a prerequisite for skilful engagement (as in Benner, 2004) and to what extent can skilled practice be transposed from one *Umwelt* to another? These two questions of how transitions between one workplace and another are understood, have implications for mentors' ability to act as knowledge brokers and boundary spanners and to access their intuitions in assessing students. They also pose important challenges, raised in the 'wheel of implications', for the management of placement learning.

Theoretical dimming

When supporting students, mentors have a difficult task to summon pertinent theory and other objective or symbolic representations of practice (for example, talking about 'blood pressure'). According to Heidegger (1962: 177) 'by looking at the world theoretically, we have already dimmed it down' so taking blood pressure measurement as an example, this could mean the difference between explaining to a student what is commonly accepted as 'normal' compared with interpreting a range of subtle cues from the patient's condition. Although a mentor may cite theory, *Dasein's* perspective indicates the difficulty of grasping the meaningfulness of theory in practice, because theory can only be a pale and partial representation of the referential totality that constitutes the mentor's *Umwelt*. Moreover talk itself, by placing knowledge in dialogue, deflects practice knowledge from its most immediate experiential context (Nielsen, 2007).

Theoretical perspectives involve a contemplative mode of engagement, rather than completely absorbed *Zuhandenheit* or the circumspection of being interrupted or unsettled (not 'at home'). It follows that the mentoring intervention, especially through in-practice conversation, of helping students to link theoretical concepts with practice requires mentors to engage with their practice simultaneously *zuhanden* and *vorhanden*. This may facilitate students to move from *Vorhandenheit* to *Zuhandenheit*, but it raises the question of whether this is a realistic activity to expect of mentors, and whether it is the best way for students to learn practice. Mentors commonly encouraged their students to access library resources in order to consolidate theory-practice links (and perhaps facilitate transition back from *Zuhandenheit* to *Vorhandenheit*); although paradoxically they recognised that this strategy risked drawing students away from the practice in which they actually needed to engage. This discussion raises a complex dilemma of how best to manage practice learning, adding to the extensive extant literature debating theory-practice links (for example, Evans, 2009; Heggen, 2008; Raelin, 2007).

Letting learn

'Letting learn' concerns engagement with the tacit knowledge of practice. *Dasein* is open to the world through its *Befindlichkeit* (Heidegger, 1962), which is conceivably the starting point for attunement to tacit knowing. A cabinet-maker's apprentice needs to learn how to respond to 'the different kinds of wood and the shapes slumbering within wood' (Heidegger, 1977: 268), and similarly a student nurse needs to learn to work with patients. Heidegger (1977: 269) declared that teaching is more difficult than learning because it is such a challenge for a teacher 'to let learn'. The role of the teacher is thus partly to enable the apprentice to be open to the *Umwelt* (Nielsen, 2007). When compared with reflection-in-action, immersion in *Dasein's Umwelt* entails a focus on achieving familiarity through a background understanding and involvement in practice, whereas reflection-in-action involves a linear process addressing one problem at a time (Nielsen, 2007).

Tacit knowledge remains difficult to pinpoint and is likely to be buried in a multiplicity of forms of knowledge and the self in the context of expert practice (Hardy et al., 2002). Such arguments infer that the most likely ways for learners to acquire tacit knowledge are through engagement in practice and being open to 'circumspection'. This concept of 'letting learn' is carried forward into the 'wheel of implications' as a lever for a discussion of practice education partnerships between HEIs and NHS organisations.

An ecological perspective

Workplace ecology explores the inter-relationships of the physical and social environment, policy, practices and the workers (Bricout, 2003), and *Dasein* offers a means of studying the ecology of person and workplace environment. The whole package of a temporal *Dasein*, along with *Eigentlichkeit* and *Uneigentlichkeit*, allows interpretation of lived experience utilising the interplay of *Dasein* being-already-in-the-world, being-ahead-of-itself and being-alongside-entities. In times of rapid change, there is often technological development and repeated uprooting from the familiar. The two concepts of workplace ecology and *Dasein* may offer an analytic framework for detecting

shifts in the lived experience of a changing workplace. For example, skill redistribution in the nursing workforce means HCAs are taking on more nursing work, while nurses are further extending their roles. Hence, the work-world becomes a shifting landscape in which workers' self-interpretation may also require a shift. Such role shift has an unavoidable impact on the *uneigentlich* 'they-self' of workers in this situation as well as the *eigentlich* 'one-self' that is open to angst and guilt.

It follows that the more roles change, becoming less clearly or publicly understood, the more workers need to rely on their *eigentlich* selves, because they are less able to assume a shared, public 'they-self'. In this way, the temporal *uneigentlich* and *eigentlich* selves could act as barometers of change and adaptation. Although this has clear relevance to the specific focus of the mentors in this study, the implications for understanding lived experience in the workplace more generally are far wider (cf. sections 9.4 and 9.5). Having set out an analysis applying *Dasein*, the discussion now moves onto introducing and discussing the 'wheel of implications'.

9.2 The 'wheel of implications' and practice recommendations

This section makes five key sets of recommendations for promoting organisational readiness for supporting placement learning: (1) ways for employers to engage with and support mentors; (2) ways for the NHS (and other mentor employers) and the HEIs to share understanding of areas of overlapping concern in practice education partnerships; training interventions that (3) enable mentors to recognise and work with situations involving their intuitions, and (4) prepare mentors to work with complex and 'hidden' knowledge in the clinical environment; and (5) implications in a variety of other professional roles and contexts. The circular, hermeneutic process of engagement with the issues aims to strengthen the impact and power of the phenomenological interpretations by linking to relevant theoretical perspectives (see Figure 9.2).

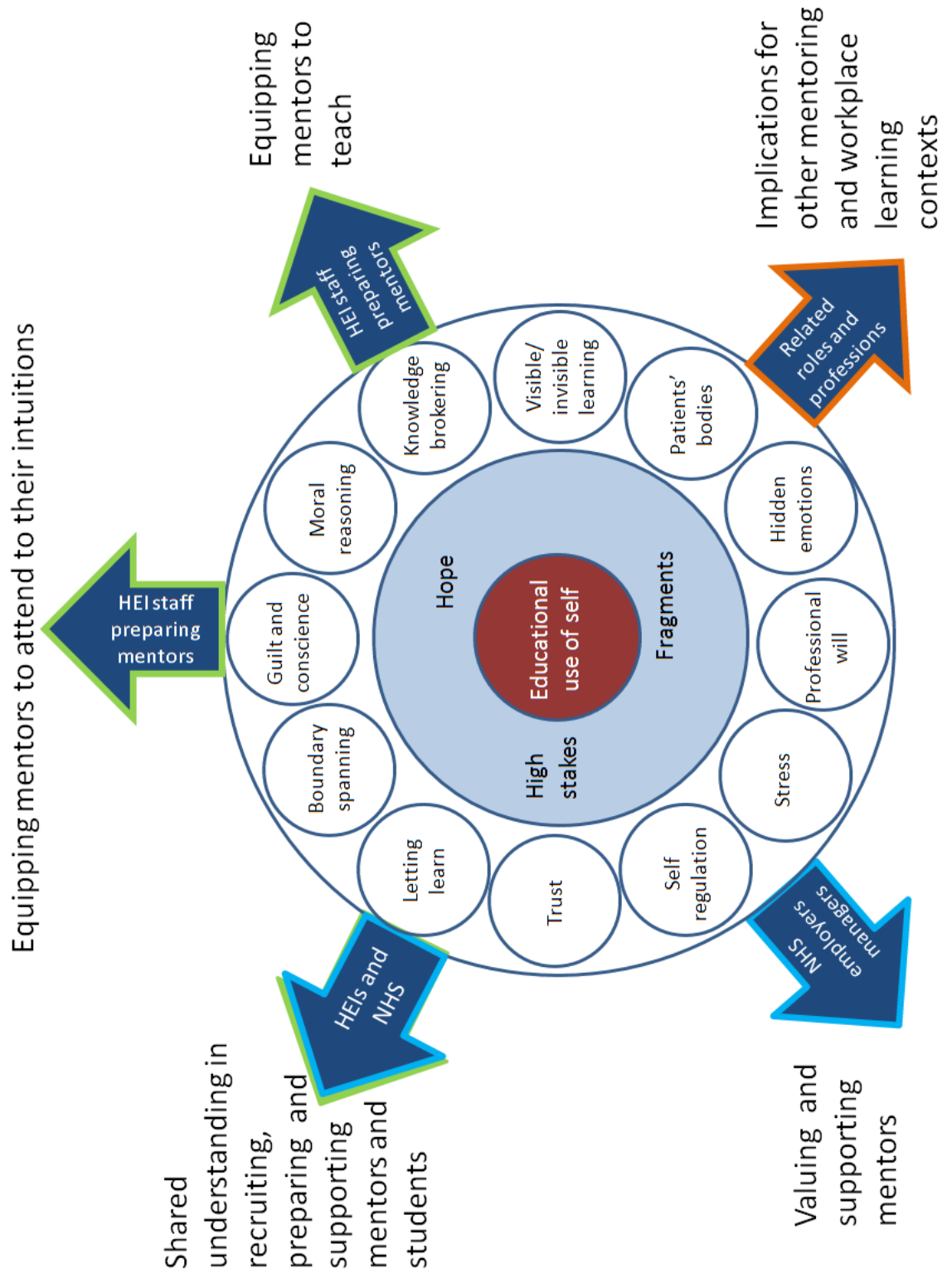


Figure 9.2 Mentoring placed in the wider theoretical and practical contexts: the 'wheel of implications'

Figure 9.2 depicts the relationships between the themes of the mentor lifeworld and the theoretical and practical concepts supporting interpretations of the meaning of being a mentor. It reflects the idea of twelve circles of interpretation around some of the discrete conceptual viewpoints identified during my engagement with the research question, which can mediate and enrich the outward-facing implications of the meaning of being a mentor. These foci can be regarded as the 'ball bearings' facilitating the rotation of the 'wheel of implications', expressing the fluidity of relationships between themes, concepts and implications. The block arrows indicate the primary audience for the messages conveyed in the forthcoming sections. To facilitate interpretation, the arrow borders are colour-coded according to audience: blue for the NHS (and other nurse employers), green for the HEIs and orange for related roles and professions. Although the concepts are discussed under discrete headings, this diagram indicates that each concept can have a bearing on the implications in all five cases.

9.2.1 Valuing and supporting mentors

To undertake their core role in supporting and assessing student learning, mentors need to determine the availability and quality of learning opportunities, the student's effectiveness of engagement with these opportunities, and the quality and effectiveness of their own interventions. There are many attributes for employers to value in mentors. In this study, the mentors were the main agent in the work of supporting and assessing students in the workplace, drawing flexibly on their own personal resources (biography, beliefs, strengths, knowledge, skills, energy and will). However, personal resources can be fragile, especially in the pressured environment of nursing practice. This generates the need for consideration by employers of the concepts of professional will, stress, self-regulation, and trust. Figure 9.3 emphasises the present focus on these four concepts in the 'wheel of implications'.

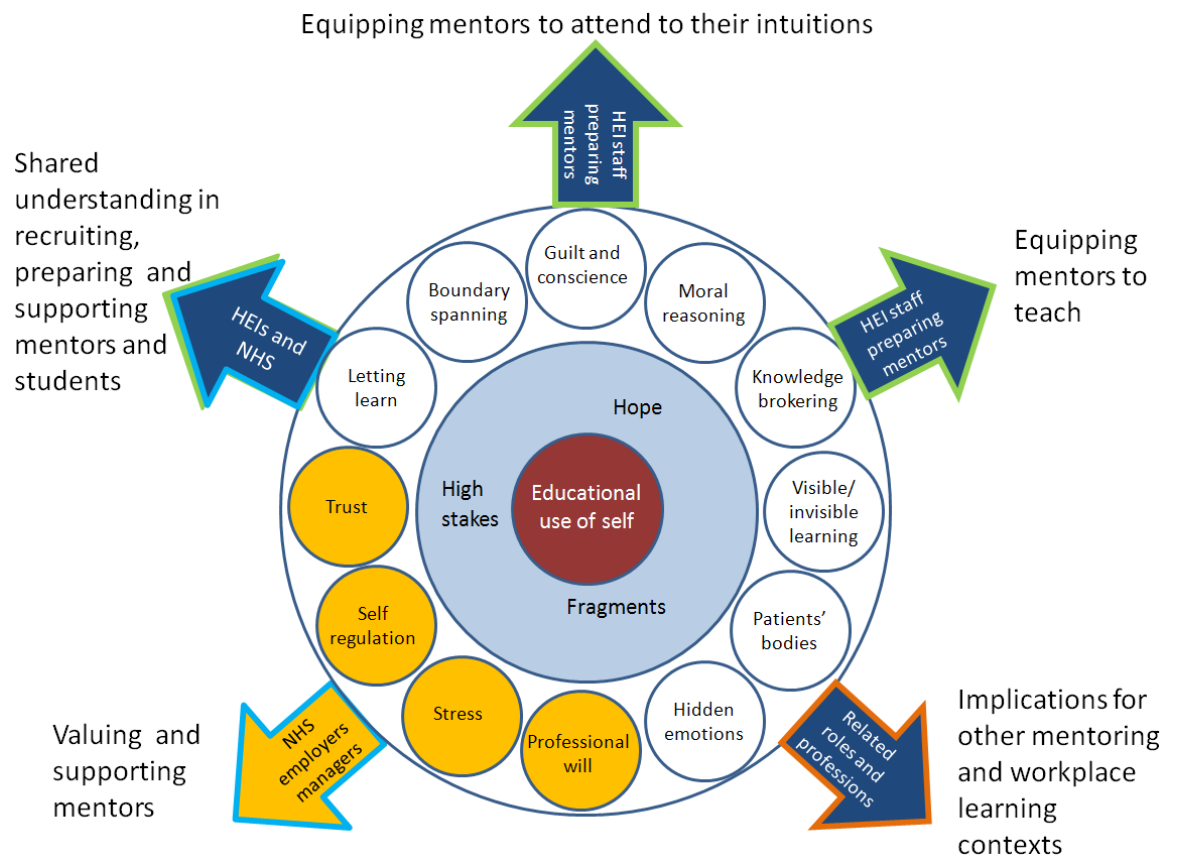


Figure 9.3 Valuing and supporting mentors, and related concepts

Professional will

Professional will can be regarded as a personal resource of mentors that their employers should understand. The mentors exercised hope for the profession and their professional will, in accomplishing their mentoring activities. The characteristics of will include energy, mastery, concentration, determination, persistence, initiative, and organisation (Assagioli, 1973). As a mode of being in the world, having a will also involves having a care for something (Barnett, 2007). All these qualities are visible in the mentors' accounts, and these established characteristics of will reinforce the message that mentors need to be forceful, effective and yet caring. When students are a stimulus and source of inspiration that carries mentors forward, the professional will is easily supported and sustained. However, not all students inspire mentors and therefore their employers and managers need to be prepared to offer additional support and inspiration, and facilitate an atmosphere that values, inspires and supports mentors.

Stress

Further reasons for employers to value and support mentors are that awareness of the high stakes attached to mentoring and the demands of working with the different fragments seem to emphasise mentors' susceptibility to work-related stress. As already suggested (cf. Chapter 2), emotional exhaustion and job demands can lead to stress in nurses (Gelsema et al., 2006). A stressful situation can be encountered as a positive challenge by someone who feels able to cope, but is harmful if coping mechanisms fail (Strongman, 2003). The mentors in this study reported occasions when students threatened their own ability to complete their work in acceptable timescales, or made them feel emotionally exhausted. Job demands, such as physical workload and time pressure (Demerouti et al., 2001), have been shown to initiate a spiral of energy loss that makes it increasingly difficult to engage productively in work (Sonnentag et al., 2010). Additionally, mentors experienced a workplace culture of working fast in order to meet job demands. Working faster can help coping with time pressures (Waterworth, 2003) and speed in undertaking a task sometimes signals competence (Benner, 2001). However, exposure to stress in such a context, and the accompanying fatigue, can clearly create situations where mentor support in the workplace is paramount.

Self-regulation

For the study participants, fatigue was sometimes associated with situations that required them to exercise self-control in remaining respectful and professionally poised – appearing outwardly serene and confident. Such needs for emotional and behavioural self-regulation occurred when mentors were heavily pressed, directly challenged by students, or frustrated by lack of personal time. Self-regulation operates as 'impulse control' (Baumeister and Alquist, 2009: 116) and, along with emotional labour, is linked with the need for restraint in a given situation. As shown in Chapter 5, the mentors sometimes compromised, sacrificing their own needs for food or recuperation, for the anticipated benefits of self-regulation (Baumeister and Alquist, 2009), for example completing tasks and maintaining work relationships.

Acts of self-regulation and emotional labour require an individual to expend psychological resources, which may lead to exhaustion and burnout or counterproductive behaviour (Baumeister and Alquist, 2009; Bechtoldt et al., 2007; Zapf, 2002). Opportunities for recovery, including sufficient rest, are important, and even short breaks in the working day can help people to recover these depleted resources (Trogakos et al., 2008). The situation in which Emma was confronted by her student during her tea break illustrates a lost opportunity for recovery (Muraven and Baumeister, 2000). In this case, one can see the double impact of Emma's interrupted tea break. More than a simple annoyance, it had the potential to reduce further her chances of maintaining her professional poise. Mentors often had to compensate for extra demands by working faster, but they also often worked without breaks and stayed on after their shifts had ended to finish their own work. Studies indicating that nurses work extensive unpaid hours and forego breaks (Care Quality Commission, 2009; Santry, 2011) reinforce these mentor accounts. These issues of resource depletion have important implications for mentors' employers and managers, who should ensure sufficient opportunities for mentors to take breaks during the working day, and obtain some respite from mentoring over the longer term.

Trust

Aspects of trust also reinforce the need for mentors to be valued and supported. Trust is a fundamental feature of nursing and mentoring, and is also inherently fragile (Scandura and Pellegrini, 2008; Sellman, 2006). Therefore, it is unsurprising that mentors can feel both personally vulnerable and protective towards their patients when students, who have yet to prove themselves and qualify as nurses, enter the workplace. Mentors were acutely sensitive to events that could jeopardise patients' trust, since any breakdown could threaten the basis of their practice. The complex web of relationships required for effective mentoring, however, appears to multiply the risk. This is because third parties (for example, students) can pass on information pertinent to judgements about the mentor, which may misrepresent the mentor's actual practice (Burt and Knez,

1995; Ferrin et al., 2006; Wilson and Patent, 2011). This implies that students, as third party informants, could have either a positive or a negative influence on the trust mentors receive from colleagues and patients. Where students negatively affect such trust, it might subsequently be difficult for mentors to trust their students (cf. Chapter 5.3).

The fragility of trust within networked relationships, as described above, indicates that mentors can be professionally vulnerable and raises important insights into how mentors should be supported. For example, it would be helpful if mentors were able to reflect on their feelings in relation to their professional relationships, and to confide in colleagues about their vulnerabilities. This may require actively promoting psychological safety in teams (Edmondson, 1999) through, for example, 'servant leadership' behaviour, characterised by being openly supportive towards individuals, minimising conflict, and nurturing individuals' potential and a 'sense of community' (Schaubroeck et al., 2011: 865).

In promoting psychological safety, managers also need to recognise the skills, attributes, commitment and vulnerability of mentors. Such open recognition, along with paying attention to mentors' well-being, has the additional potential to strengthen their practice (Meagher-Stewart et al., 2010). The appraisal process is one example of a formal mechanism that supports the development and maintenance of mentoring and mentoring skills. Study participants, however, recalled receiving only sporadic recognition of their good work, usually from students and HEI colleagues, although they noted the positive effects of such praise and affirmation in boosting their sense of well-being (cf. Chapter 6). Managers can also promote mentor well-being by showing that they are aware of mentors' contributions (in contrast with showing indifference), with more informal open and honest communication, through being accessible and interacting with them frequently (Pina e Cunha et al., 2009). Expressions of gratitude, for example, can help people to feel valued (Grant and Gino, 2010).

9.2.2 Shared understanding between NHS and HEIs

In the UK nurse education system, the HEI is responsible for training and updating mentors, recruiting students and preparing them for practice placements, allocating them to placements (often in conjunction with placement units) and supplying the assessment documentation. HEI staff also support mentors in practice. Typically, the employer, most usually an NHS organisation, takes the initial steps of identifying nurses who are suitable to become mentors, and the employer may also play a part in the recruitment and induction of students. Although there are local variations in how these tasks are organised between HEIs and the NHS, this section considers the general implications arising from the resulting interdependency between these two organisations. It discusses both the mentors' positions within this partnership and their boundary spanning activities. First, however, the concept of 'letting learn' is presented as a guiding principle in the recruitment and induction of both students and mentors. Figure 9.4 emphasises the present focus on 'letting learn' and boundary spanning in the 'wheel of implications'.

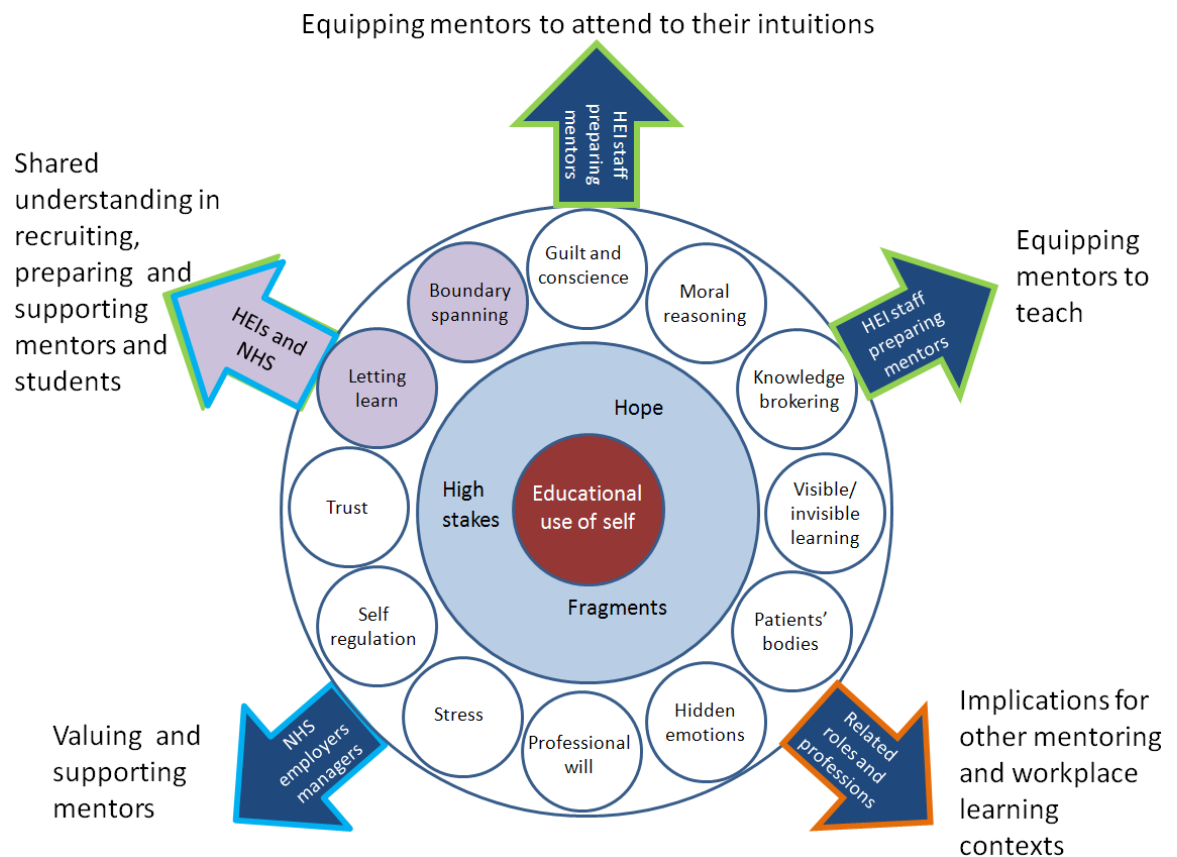


Figure 9.4 Shared understanding between NHS and HEIs, and related concepts

Letting learn

The student is a thread binding HEIs and the NHS, and 'letting learn' a common denominator. In order to work in partnership, both organisations need an understanding of student characteristics, needs and behaviours, and the significance of 'letting learn'. Student nurses must take responsibility for their own practice learning, inform their mentors of their interests and their immediate learning needs, and give their mentors feedback (RCN, 2006). Students, however, vary in the extent to which they perform these responsibilities and in this study, mentors' feelings about the mentoring role varied accordingly (cf. Chapters 5 and 6). One of the most problematic and distressing aspects of mentoring occurred in a dysfunctional relationship with a student. This could arise from either mentors encountering an inappropriate student attitude, or their own perceived inability to effect student learning. Taking the perspective of 'letting learn' enables implications to be drawn for selecting and inducting students and mentors, and leads towards a joint understanding between HEIs and NHS of this fundamental practice

education enterprise.

The list of effective learning behaviours in Table 9.1, compiled from the mentoring accounts in this study, requires students to have well developed communication and organisational skills, which appear to be the main vehicle for learning and participation in work practices:

Table 9.1 Effective student learning behaviours

- Finding out in advance of the placement the types of patients and nursing activities and how this can support current learning needs
- Discussing with mentor early on in the placement how they can work as partners in learning
- Adopting an appropriate professional attitude
- Taking an enquiring and inquisitive approach towards patients and staff
- Being able to prioritise learning activity – when to be immersed in ‘routine’ activity, when to engage with more technical procedures, when it is acceptable to sit and read.
- Being equipped to notice aspects of everyday and expert practice that might be invisible to mentors
- Being receptive to the pace and rhythms of work in order to dovetail own learning activity into the context
- Being receptive to the intuitions and feedback of others

If mentors are to ‘let learn’, students need to be aware of the subtleties of interpersonal dynamics, for example the effect on mentors of appearing disinterested, and they need to engage with mentors to understand how they can best work together. There is a continuing need to manage and support this relationship, which is also alluded to, although not in any detail, in professional placement guidance (RCN 2006).

Similar to the findings of Miller (2010) and McCarthy et al. (2008), a significant proportion of students in this study were regarded as not being equipped with the necessary understanding, skills and attitudes to engage effectively in learning in the workplace, and thus allow them to achieve the essential immersion in the practice, or access to work processes (Eraut, 2006). Those who relied excessively on their mentors

to 'feed' them information, or failed to engage enthusiastically in the everyday milieu of nursing work, seemed to show a crucial dearth of workplace learning skills. This skill deficiency might be attributed to a lack of commitment or aptitude towards nursing. Moreover, mentors found it hard to engage with students who appeared orientated more towards classroom-style tuition, or those who struggled to show interest in the more routine aspects of the work (such as assisting patients with personal hygiene), or cope with the open-ended nature of placement learning (cf. Chapter 5).

By contrast, exceptional students appeared to be mature learners with some adult life experience before commencing their course. They were comfortable in making local arrangements to address their own practice experience needs, and crucially, accepted the value of getting involved in the practical work. These mature learners rendered a more gratifying mentor experience. Such experiences clearly support previous research findings, which suggest that younger students need more support in practice than do their mature counterparts (Donaldson et al., 2010; Fleming and McKee, 2005). Although, typically, mature students can be regarded as requiring special provision and support in their academic studies, in a practice situation the reverse could be true.

There was a clear contrast between learners who appeared to immerse themselves in the practice and those who did not. This indicates the potentially detrimental effects of ineffective student engagement with workplace practice. As the common thread between the two types of organisation, students are future nurses, and there appears to be an ongoing need for the NHS and HEIs to achieve a common understanding of desirable student characteristics, such as those suggested here, at the stages of recruitment and preparation for placements. The aforementioned insights are also important in encouraging a more flexible approach to mentoring, which should be informed by in-depth understanding of the range of potential student needs.

In addition to a positive student attitude, mentors also need to be engaged and willing. Previous research that has identified problematic mentoring relationships from the student viewpoint (Gray and Smith, 2000; Pearcey and Elliott, 2004) supports a common view that mentors may not always be willing or able to support students (RCN, 2006). This is understandable, given the extraordinary effort that the 'willing' mentors in this study invested in the role. Moreover, as recognised in Social Work education, professional use of self can give rise to unwelcome emotions (Ward, 2008). A nurse who is reluctant to be a mentor or ambivalent about the role may be unlikely to engage and invest at the personal level found in this study. Such personal demands may be required for good mentoring. Therefore, the recruitment and preparation processes for mentors must include opportunities for candidates to reflect on the mentoring role in relation to their own experiences as learners, and their aspirations for promoting nursing practice.

Furthermore, the 'educational use of self' appears to be quite distinct from the application of self to nursing practice. Appositely, participants did not value mentoring as a mechanism for career development, although it was certainly a source of alternating job satisfaction and frustration. Potential mentors need sound information about the role's demands and rewards and encouragement to reflect on how they might cope with the inevitable frustrations. The NHS and HEIs might benefit from collaborating to establish career pathways that recognise the value of mentoring skills and experience.

Boundary spanning

Bound to the HEI by the student 'thread', the mentor and the clinical placement exist at the convergence of two 'socially or culturally constituted assignments' (Mulhall, 2005: 51): education and clinical service. Mentoring is more closely aligned with the education 'assignment', however, than the clinical service 'assignment', in that a mentors' prime purpose *qua mentor* (as differentiated from *nurse*) is the educational agenda for students' achievement of practice knowledge and competencies in a given timescale. Since mentors, as nurses, occupy the clinical world but have an 'educational assignment' in the context of mentoring, they are exposed to the social and cultural

divide between HEI and clinical practice and span these two worlds (cf Chapter 7), which may be conceptualised as different communities of practice (Lave and Wenger, 1991). As boundary spanners in this context, a role characterised by managing multiple interests beyond the conventional workplace and organisational boundaries, mentors potentially possess limited hierarchical power, or 'top-down' control (DiPalma, 2004; Williams, 2011) and may also lack role clarity (Clifford, 1999).

The participants, who were aware of the different cultures and priorities between the HEI and the NHS, often appeared powerless to control the flow of information between themselves and the HEI. Information flow across organisational boundaries is recognised to be subject to power differentials (Casey, 2008). For example, in this study participants were not always informed when students had a history of difficulties in practice or received little formal feedback about students' evaluations of their placement experiences. The potential of this power imbalance to cause stress seemed accentuated by the interdependence between the HEI and placements. Participants needed information and support from HEI, while the HEI relied on them to be available when required and to satisfy requirements for the quality of their practice. If some of the stress associated with interdependence is to be avoided (Wong et al., 2007), mentors require preparation and support to manage the expectations of others and to have clarity over the various roles and responsibilities in their web of relationships. Good mentor preparation, therefore, depends on the two organisations achieving a joint understanding of roles, responsibilities and expectations.

While they depend on the HEI to guide and support mentoring processes, mentors also utilise both their own expertise and artefacts, such as documentation, in their work. In this study, the student's practice assessment document was a vital tool for mediating the knowledge existing in the boundaries between students, mentors and the HEI. Assessment documentation can, therefore, be interpreted as a 'boundary object' around which the HEIs and clinical placements can connect (Pawlowski and Robey, 2004). A key feature of boundary objects is that different communities use or interpret

them differently, according to their activity context (Pawlowski and Robey, 2004). Inherent in such documentation are questions about the mechanisms involved in translating contextualised knowledge into a written record. Mentors needed to be able to record the significant observations and achievements in their work with students, but often this did not intuitively match with the headings in their documents. The key to resolving this tension may lie partly in how documents are developed and used, and demands close, collaborative working practices between the organisations (for example, NHS trusts and HEIs) and clinical placement and HEI staff.

Deliberately careful and collaborative design of placement documentation may also help to address any difficulties in information flow. For example, Evans et al (2010b: 250), who recognise the fragmented nature of student nurses' learning experiences, recommend 'multi-faceted partnerships' between the HEI, employer and the workplace to facilitate the flow of information and knowledge. Moreover, Evans (2009: 24) recommends the implementation of an 'overarching structure' that holds HEIs and NHS trusts accountable for training standards, in order to repair the split he observes between HEIs and clinical areas. Given the challenges inherent in cross-boundary working there is a pressing need for organisations to continue to forge partnerships that support mentors of student nurses.

9.2.3 Equipping mentors to attend to their intuitions

In addition to employers acknowledging mentors' intricate role and relationship management activities, the findings support the need for mentor preparation that equips mentors to attend to their intuitions. For example, they needed to judge when to intervene in substandard practice unfolding in their presence (cf. Chapter 8). Additionally, passing or failing a student was a key moral decision mentors had to make. The concepts of guilt, conscience, and moral reasoning contribute here to a discussion pertinent to mentor trainers in the HEI. Figure 9.5 emphasises the present focus on these concepts in the 'wheel of implications'.

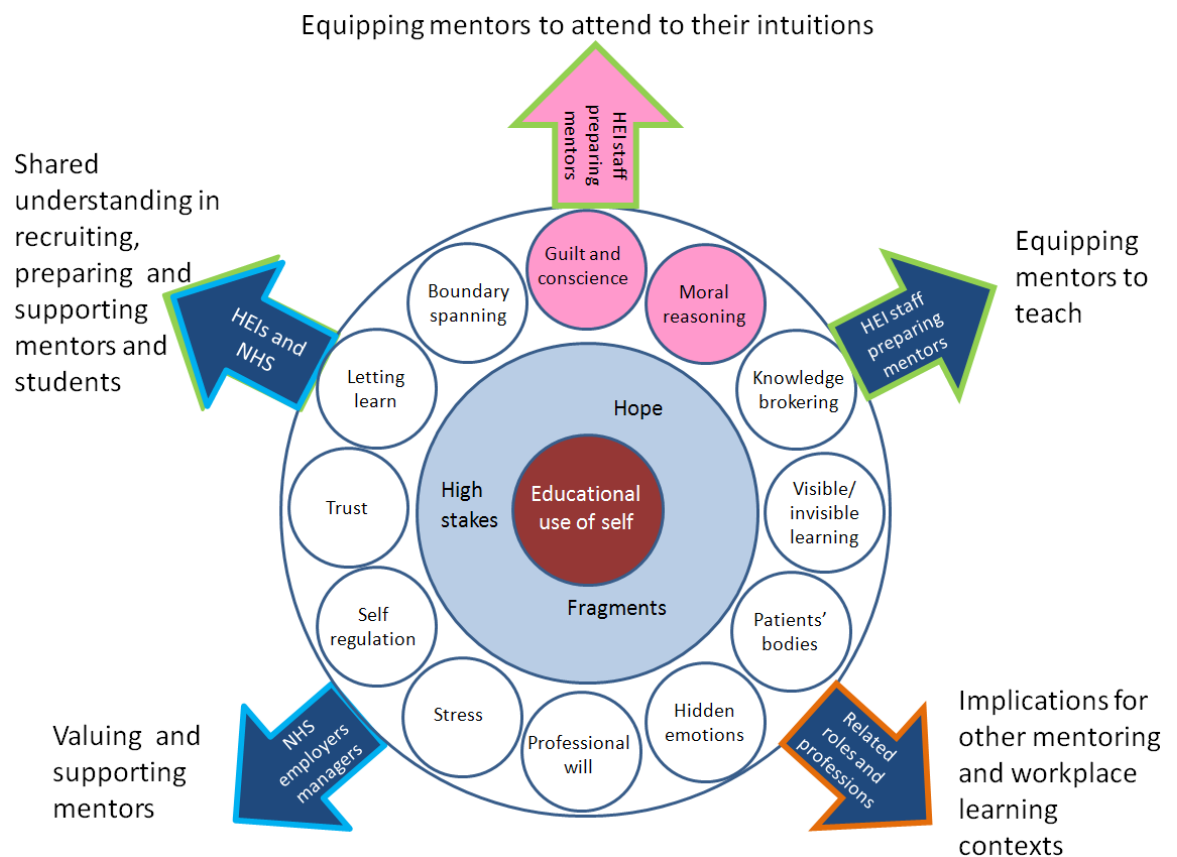


Figure 9.5 Equipping mentors to attend to their intuitions, and related concepts

Guilt and conscience

Mentors may strive for justice and objectivity in their practice (Stuart, 2007) and experience subsequent guilt about emotions infiltrating their judgements in their world of high stakes. Guilt is an unpleasant emotional state that arises from circumstances where there may be possible objections to one's actions or intentions (Baumeister et al., 1994). Mentors could feel guilty about the inconvenience of a student's presence in the workplace, which reflects the dominant values placed on fast, efficient, professional team working. They also expressed guilt when assessing a student as failing. This aspect of their conscience reflected their sense of responsibility to befriend and support students. Even where, rationally, the fail decision was unequivocal, the students' emotional displays and the mentors' own conscience relating to the vulnerability of patients competed for attention and consideration in the final assessment process (cf. Chapter 5). Despite these feelings of guilt, and even though the influence of affect on decisions is often framed as unreliable and subject to partiality and arbitrariness (Krebs and Denton,

2005; Pizarro, 2000), emotions are increasingly viewed as essential aids to moral judgements.

Moral reasoning

This study affirms the importance of affect in mentors' judgements of students' clinical competence. Affect signals the moral importance of a situation (Pizarro, 2000) and this emotional sensitisation was important for the mentors in their decision-making. However, as indicated above, views differ on the role of emotion and interpersonal relationships in moral reasoning. Theories of moral reasoning commonly derive from the works of Kohlberg (for example Kohlberg, 1981) and Gilligan (for example Gilligan, 1982). For Kohlberg, rationality and principles dominate, whereas Gilligan recognises that cognition, emotion and action intertwine to guide standards of care and responsibility (Blum, 1988). Kohlberg's perspective could be described as 'cognitive empathy', or perspective-taking, and Gilligan's perspective 'affective empathy', which is a 'vicarious emotional response' (Pizarro, 2000: 359). Emotional responses are also embodied, and such embodied instincts could be integral to generating important knowledge about a situation (Barnacle, 2009). Furthermore, Cate's rich picture (p. 126) representing embodiment of the responsibilities of the mentoring role, extends this concept of embodied knowledge to moral feelings that 'permeate the lived body' (Denzin, 1984: 124) and adds meaning to the concept 'educational use of self'.

Mentors need preparation and support to recognise and make sense of situations where moral reasoning plays a part in judgement. When making judgements about students' competence, mentors have responsibility towards patients and are also obliged to be fair and impartial to the student. For the mentors in this study, one strategy to settle a potential conflict between students' and patients' interests was to visualise loved ones cared for by the student. This application of imagination to increase the salience of mentoring practices appears to cut through the abstractness of competency frameworks when mentors need to strengthen and articulate their decisions (Wilson and Patent, 2011). The imaginary scenarios helped strengthen the mentors' intuitive feelings and

amplified their concerns. Such visualisation enabled mentors to ‘imaginatively take the perspective of other parties’ with an interest in their decision (Krebs and Denton, 2005: 631). It was a way of making moral intuitions more concrete and therefore verbally accessible (Sonenshein, 2007) in their assessment process.

In conclusion, this discussion highlights the far-reaching roles of the intuitive feelings that arise in mentors’ judgements about learner competence. For the HEI staff who prepare and support mentors for their roles, the curriculum needs to include the theoretical underpinnings of moral reasoning and also mentor strategies for tuning into and recognising situations where reasoning can be heavily influenced by affect. This can include exploration of guilt feelings. The combination of such attunement with theoretical knowledge and understanding would support mentors to reflect effectively on challenging moral decisions when they occur and to make sense of these situations. It would also contribute towards formalising the role of intuition in moral decisions and encourage further articulation and discussion of intuitive judgements.

9.2.4 *Equipping mentors to teach*

The mentors’ own preferences and inclinations as learners partly influenced their mentoring approaches, as shown in the ‘educational use of self’ (cf. Chapter 8). As knowledge brokers in a world of fragments, they also unpacked and reassembled their own practice knowledge to help their students learn. Sometimes, they revealed this knowledge as corporeal, in the form of sensory (for example, tactile) and motor competence. Although the NMC (2008: 20) mentoring competencies highlight the selection of ‘appropriate learning opportunities to meet individual needs’, this seems to mask the direct teaching with which the mentors in this study frequently appeared to engage. Recognising and making visible these highly individualised approaches and styles in mentoring can facilitate mentor self-awareness and inform their judgements about the best way to promote practice learning. The ‘clinical teaching’ context as depicted in Figure 9.6, generates considerations of knowledge brokering, the visibility or invisibility of learning, patients’ bodies and mentors’ hidden emotions.

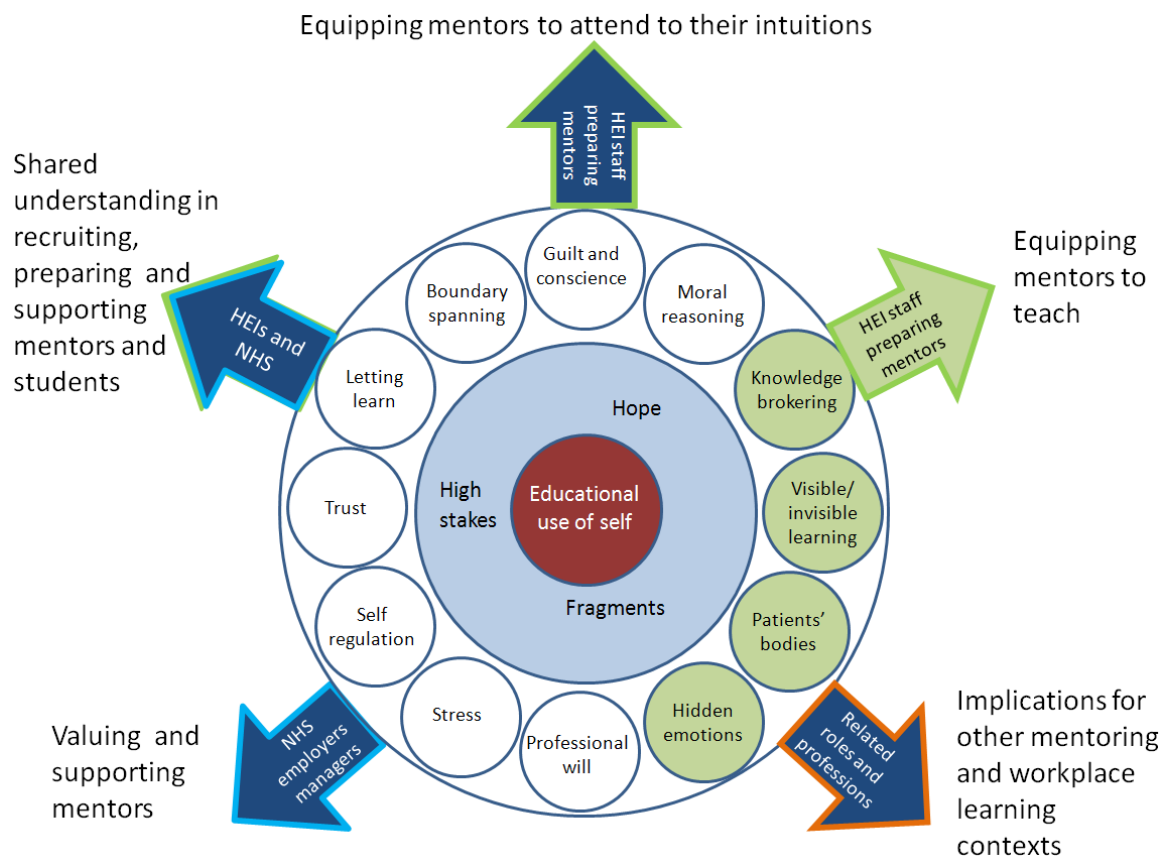


Figure 9.6 *Equipping mentors to teach, and related concepts*

Knowledge brokering

Care in the NHS is delivered within a patchwork of provider trusts, primary care services, specialist services and networks (Martin et al., 2009). Study participants, as boundary spanners, gave thoughtful attention to the differences their students would encounter across this patchwork. According to Wenger (1998), knowledge brokers do three things – they translate, coordinate, and align perspectives. The mentors demonstrated these actions in a range of ways, for example, through simplifying their language for novices, anticipating time management and prioritisation issues, and encouraging students to consider actively the relationship between their specific practice and the wider context. Consequently, they facilitated learning by brokering knowledge across clinical boundaries, such as between primary and secondary care, or rehabilitation and general surgery (cf. Chapter 7). Knowledge brokering may commonly be an implied aspect of work, for example in cross-department working (Pawlowski and Robey, 2004), although formal knowledge broker positions are increasingly in demand

(Dobbins et al., 2009; Meyer, 2010). Through brokering, knowledge is 'de- and reassembled' and can become 'more robust, more accountable, more usable' for a particular context (Meyer, 2010: 123). These benefits offered by knowledge brokering can provide vital clues about the value and complexity of mentoring skills.

Mentors' nursing expertise might, however, seldom become explicit, since the complexity of practice implicates the involvement of tacit knowledge (Kemmis, 2005). Moreover, expert practice can often rely on 'a perceptual grasp of distinctions and commonalities in particular situations' that represents attunement to a situation rather than conscious deliberation (Benner et al., 1996: 143). These tensions between explicit and tacit knowledge are not easily resolved. Although reassembling and repackaging knowledge could represent powerful concepts for mentors to use in their practice, it is unclear how these might occur when knowledge is tacit and embodied. Some participants in this study highlighted the use of role models, or 'working together' as a way to make tacit knowledge more accessible to students. However, role modelling may not necessarily be valued by students (Bray and Nettleton, 2007) and similarly, 'working together' may not be recognised by mentors as a valuable teaching method, in comparison to techniques such as questioning, instruction or demonstration (Bastable, 2003; West et al., 2007). The message for those involved in mentor education is two-fold: to recognise the educational potential of mentors and students 'simply' working together and to foster awareness in mentors about the benefits of brokering knowledge.

A further way in which mentors might be able to support students is to recognise the unpredictability of learning situations and conceptualise learning in the workplace as a 'generative collective endeavour' (Johnsson and Boud, 2010: 370). This generative endeavour includes creating opportunities for learning from 'contingently formed patterns of understandings and interactions' (Johnsson and Boud, 2010: 360). It captures the skill of recognising and working with patterns in an unpredictable, complex and exacting work environment and reflects processes of cognitive apprenticeship that make professional thinking visible (Cope et al., 2000). Lisa, in teaching about blood pressure observations,

shared with the student her own patterns of thought and behaviour that merged seamlessly in her own practice. Similarly, Shrimpy wanted to reassure students who were overwhelmed by the technology of the ITU that they could still observe familiar patterns of nursing care (cf. Chapter 7). Pattern recognition is a way of working with complexity (Semetsky, 2008) and these mentors were not only drawing on their contextual interpretations of patterns in their practice, but simultaneously anticipating their students' needs for support.

The two mentoring examples above and similar situations are exemplars that could be used in discussion and reflection for training and in the ongoing development of mentors. They illustrate how mentors can make their practice knowledge accessible to students, by translating a complex picture into something easier to understand, coordinating learning, and aligning perspectives, including taking the perspective of the student faced with potentially bewildering complexity.

Visible or invisible learning

Learning involves internal processes of willing, remembering, imagining, sensing, feeling, reasoning, and intuiting (Mulligan, 1993) as well as producing tangible outputs such as skill performance, reflective writing, or offering a rationale for one's practice (Stuart, 2007). It also requires personal transformations as part of a deeper learning journey (Brew, 1993; Daloz, 1999). For a mentor to gain knowledge about the learning of another, however, they require the learner to make visible efforts and reveal the products of such learning for consideration and judgement (Barnett, 2007). Mentors' questions to students about their theoretical and practical knowledge, observations of their practice, and requests to formally to present and demonstrate their knowledge (cf. Chapters 7 and 8), revealed some, but not all, learning.

Difficulty in ascertaining whether learning has occurred is an important matter when mentors perceive students' lack of learning or failure to engage in learning. While mentors persevered in their efforts to help students learn, this was often despite

'resistant' student behaviours including showing disinterest, being argumentative, inappropriate challenging, expecting to be told everything, and not progressing despite intensive mentoring input. Critically, student achievement did not necessarily appear to correlate with mentoring effort; hence, students would sometimes fail despite heroic interventions by their mentor. Continued perseverance in such situations is an activity which Heidegger (1962: 239) might characterise as 'willing' a certain outcome. It is, however, possible for mentors to override an individual student's potentiality by prioritising the formal demands of the curriculum. In such a situation there was potential for tension between the exact needs of individual students, which may indicate more modest learning goals at a given time, and the pressing imperatives of achieving set learning outcomes.

The tensions between mentor input, curriculum demands and student potentiality and achievement should be discussed in mentor preparation programmes. The specific personal and situational contexts of each student demand a fine-grained approach to mentoring that, for example, requires a sensitive and appropriate response to individual students' differentiated needs, based on assessment of competence and confidence, and the necessary support and attention to task (Schwille, 2008). Similarly, facilitating co-participation (Billett, 2004) requires mentors to attune themselves both to the readiness of the learner and also to the concurrent workplace conditions. Simple discussion and anticipation of the issues that arise can help mentors develop strategies such as enlisting support from the HEI at the appropriate time. Mentors could also benefit from analytic tools enabling them to determine, for example, students' levels of confidence and competence for the different skills they need to learn and the possible work contexts they might encounter (Schwille, 2008). This is especially important in circumstances where students appear to be 'resistant' to learning, and would allow earlier referral for remedial student support as well as equipping mentors to be more mindful and discerning in their approaches.

Patients' bodies

In this study, patients were clearly central to mentoring. Nurses look after bodies in 'shared spaces of privacy' (Picco et al., 2010: 40), and the patient was frequently conceptualised in the mentoring narratives as an individual who demanded tact and understanding, yet their *body* had a seemingly taken-for-granted quality. Despite this, it appeared that, for mentors in the study, the patient's body became a teaching and learning space – for showing a student how to do eye drops, insert a catheter, take blood pressures, and apply dressings and bandages. Clinical technologies, such as urinary catheters or images of internal structures, can sometimes be perceived as an extension of the patient (Barnard and Sinclair, 2006), and similarly in this mentor study, the equipment itself clearly lacked salience away from patients. For example, a catheter was a mere object to mentors unless it was in situ draining a patient's bladder, and the infusion pumps stored in the district nurse office were redundant as powerful learning opportunities until delivering pain relief to terminally ill patients (cf. chapters 7 and 8). The meaning of equipment changed according to its context, and this is vital to consider when teaching nursing practice.

Patients are inevitably and crucially present to mentors and students in clinical learning situations. Questions arise about whether the status of patient-as-teaching-medium differs from that of patient-as-patient. This issue runs parallel with notions of nurse-as-educator and nurse-as-nurse, and student-as-learner and student-as-caregiver. The latter dichotomy has raised questions about the extent to which students, being supernumerary (additional to the clinical workforce), are actually part of the care-giving team (Allan et al., 2011; Allan and Smith, 2009). These variable role statuses require subtle shifts in role perception that arise from, but have not been formally considered, in this current study. The key insight from this study concerns the involvement of patients in teaching and learning, which is pivotal for demanding better understanding of clinical teaching. It prompts recommendation of an emphasis in mentor preparation courses to

formally recognise and include reflection on the place of the patient and their body in clinical mentoring activities.

Mentors' hidden emotions

Mentors often alluded to the need to maintain a calm surface and perform emotional labour with colleagues, patients and students. This emotional labour may have implications for students, since it may be deliberately or inadvertently hidden by their mentors. However, students' professional socialisation processes could be enhanced if mentors shared with them their reflections on emotionally challenging situations, revealing their authentic feelings and how they then managed them. Moreover, Theodosius (2008), in her exploration of emotional labour in nursing, recommends that student nurses should be taught emotional labour skills. Staden (1998), however, contends nurses may not readily be aware of their own emotional labour and so are unable to verbalise the skills they actually employ. Mentor training needs to promote vigilance and awareness of emotional labour and mentors can discuss emotional labour in placement induction conversations with students, alongside agreeing processes for maintaining a successful mentor-student partnership and discussions about learning goals and opportunities.

To conclude, this section has made suggestions for mentor training, arising from issues of knowledge brokering, visible or invisible learning, patient's bodies and mentors' hidden emotions. It shows that the clinical context creates its own particular conditions for mentors to navigate, especially the significance of the patient's body. Participants' experiences illustrated the difficult, complex and human nature of learning and its facilitation in the clinical workplace. Recommendations for mentor preparation have focused on raising awareness of potentially hidden elements of experience and practical suggestions for discerning and reflective mentoring practices.

9.2.5 Wider implications

Mentoring demands careful contextual interpretation and judgements that could apply to a variety of workplace contexts. As Figure 9.7 indicates, all the concepts discussed so far in this section can apply to a variety of situations sharing some features in common with the mentoring context of this study. These might be situations of preceptorship, clinical supervision, clinical judgements, and the practice education of other professionals.

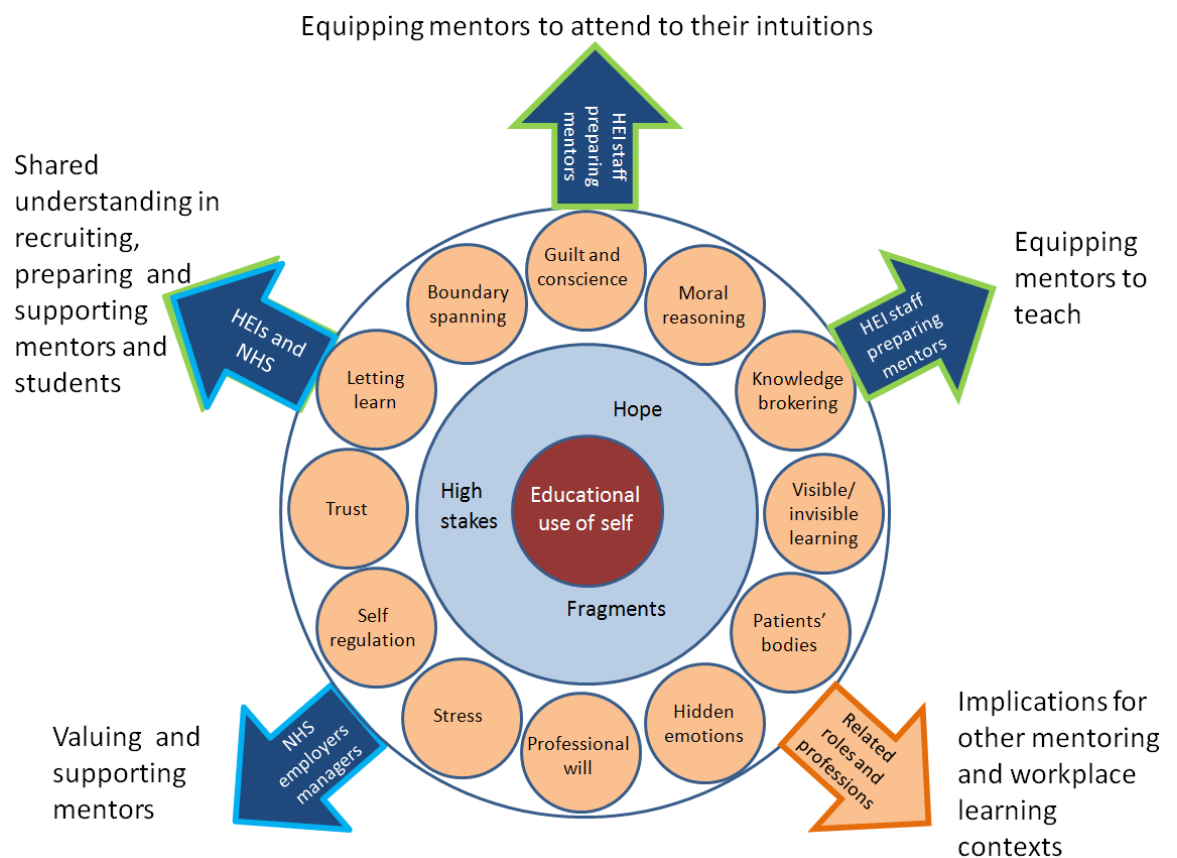


Figure 9.7 Implications for other contexts

The concepts are likely to be widely applicable to a range of different professions that rely on a system of workplace and placement learning supported and assessed by key mentoring or supervision roles, including, for example, midwifery, medicine, physiotherapy, occupational therapy (and other allied health professions), social work, teaching and policing (Currens and Bithell, 2000; Le Maistre et al., 2006; Mallik and McGowan, 2007; Nettleton and Bray, 2008; Wood and Tong, 2009). Alternative

workplace learning contexts can include the preceptorship of newly qualified nurses who are consolidating their skills and developing more advanced skills, and mentorship of established nurses who wish to develop their roles and skills. Clinical supervision relationships between more experienced nurses may also gain from some of the implications identified, for example, in the discussion of intuitions, knowledge brokering, and patients' bodies, as nurses support each other to make sense of their own practice.

In addition to the transferable applications for mentoring students in different caring and clinical professions, many of the implications of the study are also likely to extend to clinical judgement situations. For example, guilt and moral reasoning occur in decisions involving clinical dilemmas (Weaver et al., 2008), and the concepts of boundary spanning and professional will can promote understanding others within interprofessional relationships and other cross-boundary situations.

To summarise, this section has engaged with the issues raised by the study findings, strengthening the impact and power of the phenomenological interpretations by linking to relevant theoretical perspectives. Recommendations for practice drawing on the 'wheel of implications' relate to different audiences, including the NHS organisations and the HEIs who are engaged in placement learning in some way. It has also indicated the wider implications beyond the immediate context of mentoring in pre-registration nurse education. The next section reflects on the methodology and findings to discuss possibilities for future research.

9.3 Reflections on methods and findings, and recommendations for future research

The methodology focused on the ontological aspects of being a mentor. In other words, describing and interpreting the lived experience of mentors revealed something of the nature of their existence and the structure of their reality (Dahlberg et al., 2001). The preceding discussion has identified some key insights building on the main themes of the 'educational use of self' in a world of 'high stakes', 'fragments' and 'hope for the nursing

profession'. This section begins by exploring some suggestions of methods for studying the mentor experience and follows with topics for further investigation.

9.3.1 Extended applications of method

Corporeality, equipment and method

Creating rich pictures in the event diary allowed study participants to represent their bodies and those of others in the various scenarios, and this method could be developed further as a way of exploring corporeality in nursing. Shrimpy, for example, was surprised and intrigued that she drew herself and others without arms, and during the interview could only speculate what that might mean. Additionally, the mentors occasionally talked about using their bodies as teaching tools, when showing practice or guiding a student's hands. This was barely articulated, however, and might have been unnoticed most of the time. It could be interpreted that the body becomes invisible when someone is absorbed in practice, with attention on the 'in-order-to' (Heidegger, 1962: 119). Therefore, observation would be a useful additional method to help reveal corporeality.

Shrimpy's rich pictures also included clinical equipment. As a nurse with intensive care experience myself, I immediately understood the significance of this equipment and felt that it added meaning and brought the scene to life, evoking emotions, sounds and aromas from my past. Another clear benefit of drawing scenarios rather than, perhaps, taking photographs to represent an experience, is the ability to maintain the privacy of patients and colleagues. Participants' drawings represent their own interpretation of the scenario, drawing (rather than 'naming') the things that mattered to them at the time. The rich pictures seem to have the potential to evoke the imagination in a way that photographs might not, both for the creator of the drawings and the viewer. This creativity seems well suited to hermeneutics with its emphasis on interpretation, and to phenomenology with its emphasis on evocation.

Metaphor as conceptual tool

Romayne's rich picture (p. 134) presents a metaphorical view of her lived experience, using weather, a champagne glass and open and closed doors, for example, to represent her feelings. As this particular rich picture illustrates, metaphors peppered the mentors' accounts of their experiences. The use of metaphor as heuristic device in mentoring could be a fruitful focus for further investigation. The 'scaffolding' metaphor in teaching, for example, has had a marked influence on teaching practice and has been the subject of much academic discussion (Stone, 1998), as has 'teaching as performance' (Pineau, 1994: 3) and memory as a storehouse (Greenwood and Bonner, 2008). In this study, 'parent' was the most prevalent metaphor to represent the mentoring role, and seemed to offer mentors a flexible way of interpreting their skilful mix of interventions. During the interpretive process in this study, I conceptualised the different mentoring approaches through metaphors (cf. Section 4.3.4). Although I later abandoned this idea, it led to the conviction that a deeper investigation of mentoring styles could be a productive way of considering both the influence of metaphor in practice and how metaphor might be applied to further conceptualise mentoring.

9.3.2 Topics for further investigation

Mentoring styles

Exploration of different mentoring styles could provide a better understanding of the dynamics between mentors and learners according to both their mentoring and learning styles. For example, some participants preferred to structure and guide their students' learning directly through conversational prompts, whereas others preferred their students to engage in more independent learning. Although the wide acceptance of learning styles in education has been seriously criticised (Coffield et al., 2004; Pashler et al., 2008), it appears that understanding styles still matters for supporting learning (Berings et al., 2008; Evans et al., 2010a; Rayner, 2007). The extent to which styles of engagement between mentors and students might be compatible or incompatible and the extent to which respective partners adapt their styles would create valuable knowledge

for understanding mentoring situations. Research in this area would benefit from longitudinal studies of mentor-student pairs, in which actions, interventions and their outcomes could be tracked over time. There is already some indication that matching introversion and extraversion improves satisfaction within mentoring relationships (Anderson, 1998) and that attachment style affects the mentor-mentee relationship (Gormley, 2008).

The concept of 'having a style' as a pattern of 'being' is also worthy of further consideration. This can relate back to the discussion of the ecological perspective in which the *eigentlich* and *uneigentlich* selves jostle for position. Although the call for the *eigentlich* or *uneigentlich* self may depend partly on the degree of public understanding of the role in the context of change, there may also be individual tendencies to favour one pattern of being over another.

Relationship-building processes

In addition to individual styles of engagement, there are also practical considerations regarding mentor strategies for building relationships with students (for example, being available, being friendly, and establishing boundaries). It would be beneficial to gain more knowledge about the relationship-building processes to determine how conversations are conducted, how body language is involved, or how third parties (patients and other colleagues) might influence these processes. The pressing need for students to feel valued when they arrive on their placements (Chesser-Smyth, 2005; Higgins and McCarthy, 2005; Last and Fulbrook, 2003), shows the importance of acquiring greater knowledge and understanding about relationship-building processes. The processes could be quite different in different mentoring roles.

Differentiation of mentoring roles

During this exploration of the experiences of mentors of student nurses, I discovered that these same people would also be involved in mentoring other colleagues for different reasons, for example, students on alternative courses to pre-registration

nursing or students from other professions. Participants experienced these various mentoring roles as distinct, with specific meaningful demands and contexts. There seem to be important role distinctions that so far are barely mapped, and role analysis would allow comparisons to be made and new research questions to be formulated regarding the individual experiences of fulfilling the various mentoring roles.

Roles overlapping with nursing

In parallel with differentiating mentoring roles, roles overlapping with nursing in the clinical workplace also merit further investigation in the context of professional education. The overlap between the roles of registered nurses and HCAs is widely identified and subject to debates about 'role drift' towards assistants (McKenna et al., 2007: 1283) and questions of HCA competence (Spilsbury and Meyer, 2004). Moreover, the concerns about using HCAs, who are unregulated workers, as part of the fabric for student learning hold specific relevance for the current study (McKenna et al., 2007). This situation, however, is supported by a recent report from the National Institute for Health Research (NIHR) about the role of HCAs, which accepts their 'mentoring' role, despite raising some concerns about HCA regulation and accountability (Kessler et al., 2010: 108). It is imperative that this aspect of professional education in nursing is explored in further depth and breadth, in order to establish the extent to which students are learning from HCAs and what the implications are. For example, HCAs may need training to support workplace learning.

Clinical workplace

Facilitating learning in the clinical workplace involves a range of complex interactions, not only with a range of staff, but also patients. Although this might be considered unremarkable, it is remarkable that, for example, the patient as teaching and learning medium and the patient's body as a site for teaching and learning have emerged as taken-for-granted and often unspoken aspects of experience. The clinical workplace is a site of physical interactions involving bodies and equipment. The Heideggerian reflections on equipment use (cf. Section 9.1 and Chapter 3) suggest that one

informative line of study would be the shifts in meaning of equipment in use, or not in use, in different contexts. Future research should also consider the mentor's body as a tool for teaching. Additionally, there are unanswered questions about the practical and emotional implications of learning and teaching around patients and the role shifts involved (mentor/nurse, student/carer, patient/educational resource) for all parties.

Repackaging knowledge

Apart from roles and physical interactions, this study has identified the reassembling and repackaging of knowledge as powerful concepts for mentors to use in their practice. If reassembled and repackaged knowledge represents a beneficial product of mentoring practices, the ways in which mentors and other learning facilitators can achieve this requires further investigation, both in nurse education and additional workplace learning contexts. The transitional nature of student placements poses additional challenges to understanding the relationship between familiarity with the *Umwelt*, the achievement of practical skills and a deeper understanding of practice. Appreciating the place of circumspection in unfamiliar environments may help to extend understanding of facilitating and assessing practice learning.

Learning from effective learners

The mentors often stated that 'mature' students were more effective workplace learners than younger students. Therefore, there appears to be a need for research that can provide exemplars of effective workplace learning, drawing in part on the beneficial qualities and learning behaviours of 'mature' learners.

In summary, the reflections in this section draw on some of the most salient 'unfinished business' arising out of this study and suggest possible extensions, either in the methods used or the ideas themselves. The reflections build on insights, which offer new ways of thinking about mentoring and supporting workplace learning, gathered during the study. They also highlight the need for further work and raise new questions.

9.4 Transformational journeys

There are a number of journeys conveyed in this thesis, including the student journey that mentors touch transiently, the mentor journey and my own research journey. It is, perhaps, easy to conceive of a student travelling from one preliminary state of being to another more educated state. They arrive at their destination knowing more, seeing the world from a new viewpoint and with more nuanced understanding of the world. As *Dasein*, their 'facticity', 'existence' and 'falling' have shifted to incorporate their new perspective, and with the inexorable progress of time, the journey continues into the future. A mentor's destination might not be as clearly articulated as that of a student, or even considered at all, but they are undisputedly transformed in their encounters with their journeying students and the associated professional relationships.

My own journey has also been complex: as student, as guardian of confidential research data, having a responsibility to represent the mentor experience credibly, representing my organisation and myself with integrity, and creating new knowledge for the anticipated benefit of others. The journey from the research question to phenomenological description and layers of hermeneutic interpretations has involved multiple personal transformations. A great and ongoing challenge, I have realised, is to convey my own felt sense of the mentor experience in words. I struggled, at times, to use language appropriately, with the added imperative of the responsibility to give a faithful representation of the participants' lived experience.

The phenomenological methodology provided a rationale by which to examine lived experience, from considerations of question formulation, ways of entering the hermeneutic circle, the open attitude towards participants and their experiences, to reflective and reflexive engagement with the data and the whole process. In accordance with the arguments made in this thesis regarding *Dasein* being-in-the-world, terms such as 'hermeneutic circle' and 'reflexivity' only became meaningful to me through my involvement in the research processes. Indeed, they remain predominantly *zuhanden*

and resistant to articulation in words. However, to complete the process, I had to surface reflexivity via a *Lichtung* in my own *Dasein*.

Being reflexive required me to be alert to feelings and mood. For example, mood sensed during the interviews would signal whether the interview was going well or whether it was floundering, and could influence how I steered the interviews. Attention to my empathic connections with the participants thus affected the questioning. The transformations in these 'interview journeys' involved realising the difficulty of talking about everyday events, the importance of careful word choice and body language, and requirements to affirm the legitimacy of the participants' personal experiences. Being reflexive also involved mindfulness of my reasons and aspirations for carrying out the study. I kept the destination in view to steer and to sustain progress and for maintaining understanding and sense of the whole.

Ultimately, I shared a referential totality with participants that involved understanding the meaning of nursing practices and placement learning. Therefore, to an extent, my empathy as researcher was grounded in my own personal experience, which enhanced my ability to dwell imaginatively in the lived experience of the mentors. In maintaining orientation to nurse education and mentoring, it was also important for me to engage with professional news and practice developments, and stay connected with the field long after data gathering. More recently, this has included social networking on the Internet.

Maintaining two research blogs, one about mentoring and one on using phenomenology, served a number of purposes. Most notably, they enabled me to reflect on the research process and the thinking involved and articulate these more clearly than would have been the case with private notes. They also provided a sense of audience that made writing more purposeful and prompted the use of images and other media to enhance written reflections. Additionally, my short online article outlining the demands of mentoring (Wilson, 2010), attracted nineteen comments from nurses, most of whom

identified themselves as mentors. These responses highlighted a range of difficult issues pointing out flaws in the system (for example lack of time for the role, need for better communication between clinical areas and the HEIs, need for longer periods of engagement with students to observe progression, lack of flexibility to allow for personality clashes) as well as support for rigorous gate-keeping standards. They illustrated that the article carried resonance with their own experiences and that there was continuing demand for improvement in arrangements to support student nurses' workplace learning.

Conclusion

In aiming to 'speak to [...] professional lives' (van Manen, 2007: 13), this thesis has invited people to reconsider, and possibly reform or transform aspects of their practice at some future point. Although hermeneutic phenomenology was unable to provide information about causal relationships between events and outcomes in the experiences of mentors, or to generalise from their particular experiences (van Manen, 1997b), it was able to give voice to otherwise unspoken aspects of experience. It has also been possible to make recommendations based on this enhanced understanding of the mentor experience, by relating it to existing philosophical perspectives, social science and nursing literature. The study also raises many questions in relation to methods and topics for future investigations and above all, leaves the story open for further telling.

Leaving the story open for further telling

Findings from this study suggest it takes courage to be a mentor. The mentors risked increased vulnerability and, in recognising the stakes, invested great effort in enabling their students to meet the learning challenges. They needed to judge when to step in and teach and when to stand back. They were sensitive to the needs of their colleagues and patients, and the dynamics created by a student in the workplace. The mentors participating in this study may have shared the characteristics of being interested and curious about mentoring, which may or may not have been representative of the majority. This interest might also have reflected their awareness of the high stakes,

their efforts at working with fragments, their hopes and fears for the profession and their determined application of self to mentoring. Therefore, there is continuing need for finding ways of accessing the experiences of a wider cross-section of mentors.

Ultimately, the goal of the research is not only to describe and interpret the mentoring experience, but also to change it for the better in some way. Mostly, the findings indicate the need for further research, and are now themselves open to further discussion and interpretation by the audience. It is rare to reach a point where the hermeneutic circle is complete, leaving no further ground to be explored (Smythe et al., 2008). I hope that future dissemination will provoke further exploration of the mentoring experience and that the material generated in this thesis could provide the basis for that.

References

- Ajjawi, R. & Higgs, J. A. (2007). Using hermeneutic phenomenology to investigate how experienced practitioners learn to communicate clinical reasoning. *The Qualitative Report* [Online], 12. Available: <http://www.nova.edu/ssss/QR/QR12-4/ajjawi.pdf> [Accessed 26 February 2012].
- Allan, H. T., Smith, P. & O'Driscoll, M. (2011). Experiences of supernumerary status and the hidden curriculum in nursing: a new twist in the theory-practice gap? *Journal of Clinical Nursing*, 20, 847-855.
- Allan, H. T. & Smith, P. A. (2009). How student nurses' supernumerary status affects the way they think about nursing: A qualitative study. *Nursing Times* [Online], 105: 43. Available: <http://www.nursingtimes.net/nursing-practice-clinical-research/acute-care/how-student-nurses-supernumerary-status-affects-the-way-they-think-about-nursing-a-qualitative-study/5007967.article> [Accessed 1 November 2009].
- Allen, D. & Cloyes, K. (2005). The language of 'experience' in nursing research. *Nursing Inquiry*, 12, 98-105.
- Allen, T. D. (2003). Mentoring others: A dispositional and motivational approach. *Journal of Vocational Behavior*, 62, 134-154.
- Allen, T. D., Poteet, M. L., Russell, J. E. A. & Dobbins, G. H. (1997). A field study of factors related to supervisors' willingness to mentor others. *Journal of Vocational Behavior*, 50, 1-22.
- Almerud, S., Alapack, R. J., Fridlund, B. & Ekebergh, M. (2008). Caught in an artificial split: A phenomenological study of being a caregiver in the technologically intense environment. *Intensive and Critical Care Nursing*, 24, 130-136.
- Anderson, J. K. (1998). Orientation with style: matching teaching/learning style. *Journal for Nurses in Staff Development*, 14, 192-197.
- Andrews, G. J., Brodie, D. A., Andrews, J. P., Wong, J. & Thomas, B. G. (2005). Place(ment) matters: students' clinical experiences and their preferences for first employers. *International Nursing Review*, 52, 142-153.
- Andrews, M., Brewer, M., Buchan, T., Denne, A., Hammond, J., Hardy, G., Jacobs, L., McKenzie, L. & West, S. (2010). Implementation and sustainability of the nursing and midwifery standards for mentoring in the UK. *Nurse Education in Practice*, 10, 251-255.
- Andrews, M. & Wallis, M. (1999). Mentorship in nursing: a literature review. *Journal of Advanced Nursing*, 29, 201-207.
- Anforth, P. (1992). Mentors, not assessors. *Nurse Education Today*, 12, 299-302.
- Anton, C. (2002). Discourse as care: A phenomenological consideration of spatiality and temporality. *Human Studies* 25, 185-205.
- Assagioli, R. (1973). *The act of will*. London: Wildwood House.

- Baglin, M. R. & Rugg, S. (2010). Student nurses' experiences of community-based practice placement learning: A qualitative exploration. *Nurse Education in Practice*, 10, 144-152.
- Baillie, L. (1993). Factors affecting student nurses' learning in community placements: A phenomenological study. *Journal of Advanced Nursing*, 18, 1043-1053.
- Bandura, A. (1977). *Social learning theory*. Englewood Cliffs, NJ: Prentice-Hall.
- Bargdill, R. W. (2000). The study of life boredom. *Journal of Phenomenological Psychology*, 31, 188-219.
- Barnacle, R. (2009). Gut instinct: The body and learning. *Educational Philosophy and Theory*, 41, 22-33.
- Barnard, A. G. & Sinclair, M. (2006). Spectators & spectacles: Nurses, midwives and visibility. *Journal of Advanced Nursing*, 55, 578-586.
- Barnett, R. (2007). *A will to learn: Being a student in an age of uncertainty*. Maidenhead: Open University Press.
- Barnett, R. (2009). *The will to be a professional: How a life-wide curriculum might encourage important features of will* [Online]. Surrey Centre for Excellence in Professional Training and Education (SCEPTRE) Conference abstract Available: <http://learningtobeprofessional.pbworks.com/Ron-Barnett> [Accessed 20 September 2010].
- Barrett, E. A. (2002). What is nursing science? *Nursing Science Quarterly*, 15, 51-60.
- Barsade, S. G., Ramarajan, L. & Westen, D. (2009). Implicit affect in organizations. *Research in Organizational Behavior*, 29, 135-162.
- Bassi, M., Steca, P., Fave, A. D. & Caprara, G. V. (2007). Academic self-efficacy beliefs and quality of experience in learning. *Journal of Youth & Adolescence*, 36, 301-312.
- Bastable, S. B. (2003). *Nurse as educator: Principles of teaching and learning for nursing practice* [Online]. Sudbury, MA: Jones & Bartlett. Available: <http://libezproxy.open.ac.uk/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=nlebk&AN=128406&site=eds-live&scope=site> [Accessed 19 December 2011].
- Baumeister, R. F. & Alquist, J. L. (2009). Is there a downside to good self-control? *Self & Identity*, 8, 115-130.
- Baumeister, R. F., Stillwell, A. M. & Heatherton, T. F. (1994). Guilt: An interpersonal approach. *Psychological Bulletin*, 115, 243-267.
- Baumeister, R. F. & Vohs, K. D. (2002). The pursuit of meaningfulness in life. In: Snyder, C. R. & Lopez, S. J. (eds.) *Handbook of positive psychology*. Oxford: Oxford University Press.
- Bechtoldt, M. N., Welk, C., Hartig, J. & Zapf, D. (2007). Main and moderating effects of self-control, organizational justice, and emotional labour on counterproductive behaviour at work. *European Journal of Work and Organizational Psychology*, 16, 479-500.

- Beedie, C., Terry, P. & Lane, A. (2005). Distinctions between emotion and mood. *Cognition & Emotion*, 19, 847 - 878.
- Beehr, T. A. (1995). *Psychological stress in the workplace*. London: Routledge.
- Benner, P. (ed.) (1994a). *Interpretive phenomenology: Embodiment, caring, and ethics in health and illness*, Thousand Oaks: Sage.
- Benner, P. (1994b). The tradition and skill of interpretive phenomenology in studying health, illness and caring practices. In: Benner, P. (ed.) *Interpretive phenomenology: Embodiment, caring, and ethics in health and illness*. Thousand Oaks, CA: Sage.
- Benner, P. (2001). *From novice to expert: Excellence and power in clinical nursing practice*, Commemorative ed. Upper Saddle River, NJ: Prentice-Hall.
- Benner, P. (2004). Using the Dreyfus model of skill acquisition to describe and interpret skill acquisition and clinical judgment in nursing practice and education. *Bulletin of Science, Technology & Society*, 24, 188-199.
- Benner, P., Tanner, C. A. & Chesla, C. A. (1996). *Expertise in nursing practice: Caring, clinical judgement and ethics*. New York: Springer.
- Bennetts, C. (2002). Traditional mentor relationships, intimacy and emotional intelligence. *International Journal of Qualitative Studies in Education*, 15, 155-170.
- Berings, M. G. M. C., Poell, R. F. & Simons, P. R.-J. (2008). Dimensions of on-the-job learning styles. *Applied Psychology: An International Review*, 57, 417-440.
- Beskine, D. (2009). Mentoring students: Establishing effective working relationships. *Nursing Standard*, 23, 35-40.
- Bevan, G. (2006). Setting targets for health care performance. *National Institute Economic Review*, 197, 67-79.
- Billett, S. (2000). Guided learning at work. *Journal of Workplace Learning*, 12, 272-285.
- Billett, S. (2003). Workplace mentors: demands and benefits. *Journal of Workplace Learning*, 15, 105-113.
- Billett, S. (2004). Co-participation at work: Learning through work and throughout working lives. *Studies in the Education of Adults*, 36, 190-205.
- Blattner, W. (2004). Temporality, in, Dreyfus, H. & Wrathall, M. A. (eds.) *A companion to Heidegger* [Online], Blackwell Reference Online: Blackwell, Available: http://www.blackwellreference.com/subscriber/tocnode?id=g9781405110921_chunk_g978140511092120 [Accessed 02 November 2010]
- Blum, L. A. (1988). Gilligan and Kohlberg: Implications for moral theory. *Ethics*, 98, 472-491.
- Bolton, S. (2004). *Emotion management in the workplace*. Basingstoke: Palgrave Macmillan.
- Bolton, S. C. (2000). Who cares? Offering emotion work as a 'gift' in the nursing labour process. *Journal of Advanced Nursing*, 32, 580-586.

- Borneuf, A.-M. & Haigh, C. (2010). The who and where of clinical skills teaching: A review from the UK perspective. *Nurse Education Today*, 30, 197-201.
- Bray, L. & Nettleton, P. (2007). Assessor or mentor? Role confusion in professional education. *Nurse Education Today*, 27, 848-855.
- Brew, A. (1993). Unlearning through experience. In: Boud, D., Cohen, R. & Walker, D. (eds.) *Using experience for learning*. Buckingham: SRHE, Open University Press.
- Bricout, J. C. (2003). Partnering with the 21st century workplace: Leveraging workplace ecology. *Work: Journal of Prevention, Assessment & Rehabilitation*, 21, 45-56.
- Brief, A. P. & Weiss, H. M. (2002). Organizational behavior: Affect in the workplace. *Annual Review of Psychology*, 53, 279-307.
- Bringsén, Å., Ejlertsson, G. & Andersson, I. H. (2011). Flow situations during everyday practice in a medical hospital ward. Results from a study based on experience sampling method. *BMC Nursing*, 10:3.
- British Educational Research Association. (2004). *Revised ethical guidelines for educational research* [Online]. Available: <http://www.bera.ac.uk/files/guidelines/ethica1.pdf> [Accessed 22 November 2010].
- Brockbank, A. & McGill, I. (2006). Facilitating reflective learning through mentoring & coaching, in, [Online], EBSCOhost: Kogan Page, Available: <http://libezproxy.open.ac.uk/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=nlebk&AN=157224&site=eds-live&scope=site> [Accessed 29 September 2010]
- Brooks, N. & Moriarty, A. (2006). Development of a practice learning team in the clinical setting. *Nursing Standard*, 20, 41-44.
- Brown, J. S., Collins, A. & Duguid, P. (1989). Situated cognition and the culture of learning. *Educational Researcher*, 18, 32-42.
- Bullough, R. V. J. & Draper, R. J. (2004). Mentoring and the emotions. *Journal of Education for Teaching*, 30, 271-288.
- Burns, I. & Paterson, I. M. (2005). Clinical practice and placement support: Supporting learning in practice. *Nurse Education in Practice*, 5, 3-9.
- Burt, R. & Knez, M. (1995). Kinds of third-party effects on trust. *Journal of Rational Society*, 7, 255-92.
- Caelli, K. (2000). The changing face of phenomenological research: Traditional and American phenomenology in nursing. *Qualitative Health Research*, 10, 366-377.
- Campbell Williams, M. & Dobson, P. (1995). Using metaphors and rich pictures in university education. In: Summers, L., ed. *4th Annual Teaching Learning Forum: A Focus on Learning*, February 1995 Perth: Edith Cowan University. Educational Development Unit, Edith Cowan University 36-41.
- Care Quality Commission. (2009). *Supporting briefing note: Issues highlighted by the 2009 NHS staff survey in England* [Online]. Available: <http://www.cqc.org.uk/aboutcqc/howwedoit/engagingwithproviders/nhsstaffsurvey/staffsurvey2009.cfm> [Accessed 31 July 2010].

- Casey, M. (2008). Partnership – success factors of interorganizational relationships. *Journal of Nursing Management*, 16, 72-83.
- Cassidy, S. (2009a). Interpretation of competence in student assessment. *Nursing Standard*, 23, 39-46.
- Cassidy, S. (2009b). Using counselling skills to enhance the confidence of mentors' decision making when assessing pre-registration nursing students on the borderline of achievement in clinical practice. *Nurse Education in Practice*, 9, 307-313.
- Chambers, M. A. (1998). Some issues in the assessment of clinical practice: a review of the literature. *Journal of Clinical Nursing*, 7, 201-208.
- Cherry, N. (2010). Doing qualitative research in the white spaces. In: Higgs, J. A., Cherry, N., Macklin, R. & Ajjawi, R. (eds.) *Researching practice: A discourse on qualitative methodologies*. Rotterdam: Sense.
- Chesser-Smyth, P. A. (2005). The lived experiences of general student nurses on their first clinical placement: A phenomenological study. *Nurse Education in Practice*, 5, 320-327.
- Chiles, T. (2007). The construction of an identity as "mentor" in white collar and academic workplaces: A preliminary analysis. *Journal of Pragmatics Special Issue: Identity Perspectives on Face and (Im)Politeness*, 39, 730-741.
- Chow, F. L. W. & Suen, L. K. P. (2001). Clinical staff as mentors in pre-registration undergraduate nursing education: Students' perceptions of the mentors' roles and responsibilities. *Nurse Education Today*, 21, 350-358.
- Chun, J. U., Litzky, B. E., Sosik, J. J., Bechtold, D. C. & Godshalk, V. M. (2010). Emotional intelligence and trust in formal mentoring programs. *Group & Organization Management*, 35, 421-455.
- Clifford, C. (1999). The clinical role of the nurse teacher: a conceptual framework. *Journal of Advanced Nursing*, 30, 179-185.
- Clouder, L. (2009). 'Being responsible': Students' perspectives on trust, risk and work-based learning. *Teaching in Higher Education*, 14, 289 - 301.
- Clutterbuck, D. (1999). Mentoring in business: Executives and directors. *Mentoring & Tutoring: Partnership in Learning*, 6, 76-84.
- Clutterbuck, D. (2004). Introduction. In: Clutterbuck, D. & Lane, G. (eds.) *The situational mentor: An international review of competences and capabilities in mentoring*. Aldershot: Gower.
- Clutterbuck, D. (2008). What's happening in coaching and mentoring? And what is the difference between them? *Development and learning in organizations*, 22, 8-10.
- Clynes, M. (2008). Providing feedback on clinical performance to student nurses in children's nursing: Challenges facing preceptors. *Journal of Children's & Young People's Nursing* 2, 29-35.
- Coffield, F., Moseley, D., Hall, E. & Ecclestone, K. (2004). Learning styles and pedagogy in post-16 learning: A systematic and critical review. London: The Learning and Skills Research Centre.

- Cohen, M. Z., Kahn, D. L. & Steeves, R. H. (eds.) (2000a). *Hermeneutic phenomenological research: A practical guide for nurse researchers*, Thousand Oaks, CA: Sage.
- Cohen, M. Z., Kahn, D. L. & Steeves, R. H. (2000b). How to analyse the data. *Hermeneutic phenomenological research: A practical guide for nurse researchers*. Thousand Oaks, CA: Sage.
- Collins, A. (2006). Cognitive apprenticeship. In: Sawyer, R. K. (ed.) *The Cambridge handbook of the learning sciences*. Cambridge: Cambridge University Press.
- Conklin, T. A. (2007). Method or madness: Phenomenology as knowledge creator. *Journal of Management Inquiry*, 16, 275-287.
- Cooper, B. & Rixon, A. (2001). Integrating post-qualification study into the workplace: The candidates' experience. *Social Work Education*, 20, 701-716.
- Cope, P., Cuthbertson, P. & Stoddart, B. (2000). Situated learning in the practice placement. *Journal of Advanced Nursing*, 31, 850-856.
- Corbett, K. & Bent, S. (2005). Developing clinical placements for nursing students in general practice: A survey of the views of practice nurses. *Education for Primary Care*, 16, 167-174.
- Couzens Hoy, D. (1993). Heidegger and the hermeneutic turn, in, Guignon, C. (ed.) *The Cambridge companion to Heidegger* [Online], New York: Cambridge University Press, Available: http://cco.cambridge.org/extract?id=ccol0521385709_CCOL0521385709A008 [Accessed 11 August 2011]
- Cross, K., Kabel, A. & Lysack, C. (2006). Images of self and spinal cord injury: Exploring drawing as a visual method in disability research. *Visual Studies*, 21, 183-193.
- Crotty, M. (1996). *Phenomenology and nursing research*. South Melbourne: Churchill Livingstone.
- Crowell, S. G. (2004). Heidegger and Husserl: The matter and method of philosophy in, Dreyfus, H. & Wrathall, M. A. (eds.) *A companion to Heidegger* [Online], Blackwell Reference Online: Blackwell, Available: http://www.blackwellreference.com/subscriber/tocnode?id=g9781405110921_chu_nk_g97814051109216 [Accessed 02 November 2010]
- Csikszentmihalyi, M. (1990). *Flow: The psychology of optimal experience*. New York: Harper and Row.
- Csikszentmihalyi, M. & LeFevre, J. (1989). Optimal experience in work and leisure. *Journal of personality and social psychology*, 56, 815-822
- Currens, J. A. B. & Bithell, C. P. (2000). Clinical education: Listening to different perspectives. *Physiotherapy*, 86, 645-653.
- Dahlberg, K. (2006). The essence of essences – the search for meaning structures in phenomenological analysis of lifeworld phenomena. *International Journal of Qualitative Studies on Health & Well-Being*, 1, 11-19.
- Dahlberg, K., Drew, N. & Nyström, M. (2001). *Reflective lifeworld research*. Lund, Sweden: Studentlitteratur.

- Daloz, L. A. (1999). *Mentor: Guiding the journey of adult learners*, 2nd ed. San Francisco, CA: Jossey-Bass.
- De Cooman, R., De Gieter, S., Pepermans, R., Du Bois, C., Caers, R. & Jegers, M. (2008). Freshmen in nursing: Job motives and work values of a new generation. *Journal of Nursing Management*, 16, 56-64.
- Dean, E. (2009). Rise in nurse vacancies as ageing workforce heads for retirement. *Nursing Standard*, 23, 7.
- Demerouti, E., Bakker, A. B., Nachreiner, F. & Schaufeli, W. B. (2001). The job demands-resources model of burnout. *Journal of Applied Psychology*, 86, 499-512.
- Denzin, N. K. (1984). *On understanding emotion*. San Francisco, CA: Jossey-Bass.
- Denzin, N. K. & Lincoln, Y. S. (eds.) (2000). *Handbook of qualitative research*, Thousand Oaks, CA: Sage.
- Department of Health (2000). The NHS Plan: A plan for investment, a plan for reform. Norwich: The Stationery Office.
- Dewey, J. (1925). *Experience and nature*. New York: Norton.
- Diekelman, J. (2005). The retrieval of method: the method of retrieval. In: Ironside, P. M. (ed.) *Beyond method: Philosophical conversations in healthcare research and scholarship*. Madison, WI: University of Wisconsin Press.
- DiPalma, C. (2004). Power at work: Navigating hierarchies, teamwork and webs. *Journal of Medical Humanities*, 25, 291-308.
- Dirks, K. T. & Ferrin, D. L. (2001). The role of trust in organizational settings. *Organization Science*, 12, 450-467.
- Dobbins, M., Robeson, P., Ciliska, D., Hanna, S., Cameron, R., O'Mara, L., DeCorby, K. & Mercer, S. (2009). A description of a knowledge broker role implemented as part of a randomized controlled trial evaluating three knowledge translation strategies. *Implementation Science*, 4:23.
- Dockery, A. M. & Barns, A. (2005). Who'd be a nurse? Some evidence on career choice in Australia. *Australian Bulletin of Labour*, 31, 350-383.
- Donaldson, J., H., McCallum, J. & Lafferty, P. (2010). Can we predict successful completion of the common foundation programme at interview? *Nurse Education Today*, 30, 649-656.
- Donaldson, J. H. & Carter, D. (2005). The value of role modelling: Perceptions of undergraduate and diploma nursing (adult) students. *Nurse Education in Practice*, 5, 353-359.
- Dostal, J. R. (1993). Time and phenomenology in Husserl and Heidegger, in, Guignon, C. (ed.) *The Cambridge companion to Heidegger* [Online], New York: Cambridge University Press, Available: http://cco.cambridge.org/extract?id=ccol0521385709_CCOL0521385709A007 [Accessed 11 August 2011]
- Dowling, M. (2006). Approaches to reflexivity in qualitative research. *Nurse Researcher*, 13, 7-21.

- Dowling, M. (2007). From Husserl to van Manen. A review of different phenomenological approaches. *International Journal of Nursing Studies*, 44, 131-142.
- Dreyfus, H. L. (1991). *Being-in-the-world: a commentary on Heidegger's Being and time, division I*. Cambridge, MA: MIT Press.
- Duffy, A. (2009). Guiding students through reflective practice - the preceptors experiences. A qualitative descriptive study. *Nurse Education in Practice*, 9, 166-175.
- Duffy, K. (2003). *Failing students: A qualitative study of factors that influence the decisions regarding assessment of students' competence in practice* [Online]. London.: Nursing and Midwifery Council. Available: http://www.nmc-uk.org/Documents/Archived%20Publications/1Research%20papers/Kathleen_Duffy_Failing_Students2003.pdf [Accessed 28 September 2010].
- Earle, V. (2010). Phenomenology as research method or substantive metaphysics? An overview of phenomenology's uses in nursing. *Nursing Philosophy*, 11, 286-296.
- Eby, L. T., Allen, T. D., Evans, S. C., Ng, T. & DuBois, D. L. (2008). Does mentoring matter? A multidisciplinary meta-analysis comparing mentored and non-mentored individuals. *Journal of Vocational Behavior*, 72, 254-267.
- Eby, L. T., Rhodes, J. E. & Allen, T. D. (2007). Definition and evolution of mentoring, in, Allen, T. D. & Eby, L. T. (eds.) *The Blackwell handbook of mentoring* [Online], Blackwell Reference Online: Blackwell, Available: http://www.blackwellreference.com/subscriber/tocnode?id=g9781405133739_chuk_g97814051337392 [Accessed 29 January 2012]
- Edgar, I. R. (1999). The imagework method in health and social science research. *Qualitative Health Research*, 9, 198-211.
- Edmondson, A. (1999). Psychological safety and learning behavior in work teams. *Administrative Science Quarterly*, 44, 350-383.
- Edwards, D. (2001). Emotion. In: Wetherell, M., Taylor, S. & Yates, S. J. (eds.) *Discourse theory and practice*. 1st ed. London: Sage, with The Open University.
- Ellis, C. & Bochner, A. P. (2000). Autoethnography, personal narrative, reflexivity: Researcher as subject. In: Denzin, N. & Lincoln, Y. (eds.) *Handbook of qualitative research*. 2nd ed. Thousand Oaks, CA: Sage.
- Eraut, M. (1998). Concepts of competence. *Journal of Interprofessional Care*, 12, 127-139.
- Eraut, M. (2006). Learning contexts. *Learning in Health & Social Care*, 5, 1-8.
- Eraut, M. (2007). Learning from other people in the workplace. *Oxford Review of Education*, 33, 403-422.
- Eraut, M. (2009). How professionals learn through work, in, Jackson, N. (ed.) *Learning to be professional through a higher education e-book* [Online], Available: <http://learningtobeprofessional.pbworks.com/f/CHAPTER+A2+MICHAEL+ERAUT.pdf> [Accessed 08 September 2011]
- Evans, C., Cools, E. & Charlesworth, Z. M. (2010a). Learning in higher education - how cognitive and learning styles matter. *Teaching in Higher Education*, 15, 467-478.

- Evans, K., Guile, D., Harris, J. & Allan, H. (2010b). Putting knowledge to work: A new approach. *Nurse Education Today*, 30, 245-251.
- Evans, M. (2009). Tackling the theory-practice gap in mental health nurse training. *Mental Health Practice*, 13, 21-24.
- Fahy, A., Tuohy, D., McNamara, M. C., Butler, M. P., Cassidy, I. & Bradshaw, C. (2011). Evaluating clinical competence assessment. *Nursing Standard*, 25, 42-48.
- Ferrin, D. L., Dirks, K. T. & Shah, P. P. (2006). Direct and indirect effects of third-party relationships on interpersonal trust. *Journal of Applied Psychology* 91, 870-883.
- Fineman, S. (ed.) (1993). *Emotion in organisations*, London: Sage.
- Finlay, L. (2005). "Reflexive embodied empathy": A phenomenology of participant-researcher intersubjectivity. *The Humanistic Psychologist*, 33, 271-292.
- Finlay, L. (2008). A dance between the reduction and reflexivity: Explicating the "phenomenological psychological attitude". *Journal of Phenomenological Psychology*, 39, 1-32.
- Finlay, L. (2009). Debating phenomenological research methods. *Phenomenology & Practice*, 3, 6-25.
- Finlay, L. & Ballinger, C. (2006). *Qualitative research for allied health professionals: Challenging choices*. Chichester: Wiley.
- Finlay, L. & Gough, B. (2003). Prologue. In: Finlay, L. & Gough, B. (eds.) *Reflexivity: A practical guide for researchers in health and social sciences*. Oxford: Blackwell Science.
- Finn, R., Learmonth, M. & Reedy, P. (2010). Some unintended effects of teamwork in healthcare. *Social Science & Medicine*, 70, 1148-1154.
- Finnerty, G. 2009. *RE: Personal communication*.
- Finnerty, G. & Pope, R. (2005). An exploration of student midwives' language to describe non-formal learning in professional practice. *Nurse Education Today*, 25, 309-315.
- Fischer, W. F. (1989). An empirical-phenomenological investigation of being-anxious. In: Valle, R. S. & Halling, S. (eds.) *Existential-phenomenological perspectives in psychology*. New York: Plenum.
- Fitzgerald, M., Gibson, F. & Gunn, K. (2010). Contemporary issues relating to assessment of pre-registration nursing students in practice. *Nurse Education in Practice*, 10, 158-163.
- Fleming, S. & McKee, G. (2005). The mature student question. *Nurse Education Today*, 25, 230-237.
- Gadamer, H.-G. (1975). *Truth and method* (trans. J. Weinsheimer and D.G. Marshall), 2nd ed. London: Sheed & Ward.
- Gainsbury, S. (2010). *Nurse mentors still 'failing to fail' students* [Online]. Nursing Times.net. Available: <http://www.nursingtimes.net/whats-new-in-nursing/news-topics/health-workforce/mentors-passing-students-despite-doubts-over-ability/5013922.article> [Accessed 27 April 2010].

- Gallagher, S. & Zahavi, D. (2008). *The phenomenological mind: An introduction to philosophy of mind and cognitive science*. Abingdon: Routledge.
- Gelsema, T. I., van der Doef, M., Mase, S., Janssen, M., Akerboom, S. & Verhoeven, C. (2006). A longitudinal study of job stress in the nursing profession: causes and consequences. *Journal of Nursing Management*, 14, 289-299.
- Gendlin, E. T. (1962). *Experience and the creation of meaning: A philosophical and psychological approach to the subjective*. Evanston, IL: Northwestern University Press.
- Gendlin, E. T. (1978). *Focusing*. Bantam Books.
- Gendlin, E. T. (2003). *Befindlichkeit: Heidegger and the philosophy of psychology* [Online]. Available: http://www.focusing.org/gendlin_befindlichkeit.html [Accessed 2 November 2010].
- Ghislieri, C., Gatti, P. & Quaglino, G. (2009). Factors affecting willingness to mentor. *International Journal for Educational and Vocational Guidance*, 9, 205-219.
- Gibbs, P. (2008). What is work? A Heideggerian insight into work as a site for learning. *Journal of Education & Work*, 21, 423-434.
- Gibbs, P. (2009a). Adopting consumer time: Potential issues for higher education. *London Review of Education*, 7, 113-124.
- Gibbs, P. (2009b). Quality in work-based studies not lost, merely undiscovered. *Quality in Higher Education*, 15, 167-176.
- Gibbs, P. (2011). *Heidegger's contribution to the understanding of work-based studies*. Dordrecht: Springer.
- Gilligan, C. (1982). *In a different voice: Psychological theory and women's development*. Cambridge, MA: Harvard University Press.
- Giorgi, A. (2005). The phenomenological movement and research in the human sciences. *Nursing Science Quarterly*, 18, 75-82.
- Giorgi, A. (2008). Concerning a serious misunderstanding of the essence of the phenomenological method in psychology. *Journal of Phenomenological Psychology*, 39, 33-58.
- Giorgi, A. P. (1997). The Theory, Practice, and Evaluation of the Phenomenological Method as a Qualitative Research Procedure. *Journal of Phenomenological Psychology*, 28, 235-260.
- Goldman, E., Plack, M., Roche, C., Smith, J. & Turley, C. (2009). Learning in a chaotic environment. *Journal of Workplace Learning*, 21, 555-574.
- Gopee, N. (2008). Assessing student nurses' clinical skills: the ethical competence of mentors. *International Journal of Therapeutic Rehabilitation*, 15, 401.
- Gormley, B. (2008). An application of attachment theory: mentoring relationship dynamics and ethical concerns. *Mentoring & Tutoring: Partnership in Learning*, 16, 45-62.
- Grace, S. & Ajjawi, R. (2010). Phenomenological research: Understanding human phenomena. In: Higgs, J. A., Cherry, N., Macklin, R. & Ajjawi, R. (eds.)

Researching practice: A discussion on qualitative methodologies. Rotterdam: Sense.

- Grace, S., Higgs, J. A. & Ajjawi, R. (2009). Writing phenomenologically. *In: Higgs, J. A., Horsfall, D. & Grace, S. (eds.) Writing qualitative research on practice*. Rotterdam: Sense.
- Grant, A. M. & Gino, F. (2010). A little thanks goes a long way: Explaining why gratitude expressions motivate prosocial behavior. *Journal of Personality and Social Psychology*, 98, 946-955.
- Gray, B. (2009a). Befriending excluded families in Tower Hamlets: The emotional labour of family support workers in cases of child protection and family support. *British Journal of Social Work*, 39, 990-1007.
- Gray, B. (2009b). The emotional labour of nursing - defining and managing emotions in nursing work. *Nurse Education Today*, 29, 168-175.
- Gray, B. & Smith, P. (2009). Emotional labour and the clinical settings of nursing care: The perspectives of nurses in East London. *Nurse Education in Practice*, 9, 253-261.
- Gray, M. A. & Smith, L. N. (2000). The qualities of an effective mentor from the student nurse's perspective: findings from a longitudinal qualitative study. *Journal of Advanced Nursing*, 32, 1542-1549.
- Greenwood, J. & Bonner, A. (2008). The role of theory-constitutive metaphor in nursing science. *Nursing Philosophy*, 9, 154-168.
- Guignon, B. C. (1993). Authenticity, moral values, and psychotherapy, *in*, Guignon, C. (ed.) *The Cambridge companion to Heidegger* [Online], New York: Cambridge University Press, Available: http://cco.cambridge.org/extract?id=ccol0521385709_CCOL0521385709A010 [Accessed 11 August 2011]
- Guile, D. & Griffiths, T. (2001). Learning through work experience. *Journal of Education & Work*, 14, 113-131.
- Guillemin, M. (2004). Understanding illness: Using drawings as a research method. *Qualitative Health Research*, 14, 272-289.
- Gully, E. (2005). Creating sacred space: A journey to the soul. *In: Johns, C. & Freshwater, D. (eds.) Transforming nursing through reflective practice*. 2nd ed. Oxford: Blackwell
- Gurtman, M. B. (1992). Trust, distrust, and interpersonal problems: A circumplex analysis. *Journal of personality and social psychology*, 62, 989-1002.
- Guy, M. E., Newman, M. A. & Mastracci, S. H. (2008). *Emotional labor: Putting the service in public service*. Armonk, NY: M.E.Sharpe.
- Hall, E. O. C., Kronborg, H., Aagaard, H. & Ammentorp, J. (2010). Walking the line between the possible and the ideal: Lived experiences of neonatal nurses. *Intensive and Critical Care Nursing*, 26, 307-313.
- Halling, S. (2002). Making phenomenology accessible to a wider audience. *Journal of Phenomenological Psychology*, 33, 19-38.

- Hammersley, M. (1989). *The dilemma of qualitative method: Herbert Blumer and the Chicago tradition*. London: Routledge.
- Hardy, S., Garbett, R., Titchen, A. & Manley, K. (2002). Exploring nursing expertise: Nurses talk nursing. *Nursing Inquiry*, 9, 196-202.
- Heggen, K. (2008). Social workers, teachers and nurses - from college to professional work. *Journal of Education & Work*, 21, 217-231.
- Heidegger, M. (1962). *Being and time* (trans. from German by J. Macquarrie and E. Robinson). Malden MA: Blackwell.
- Heidegger, M. (1977). What calls for thinking? In: Krell, D. F. (ed.) *Heidegger: Basic Writings*. London: Routledge.
- Heidegger, M. (1982). *The basic problems of phenomenology* (trans. from German by T. Sadler). Bloomington, IN: Indiana University Press.
- Heidegger, M. (2002). *Towards the definition of philosophy* (trans from German by T. Sadler), Paperback ed. London: Continuum.
- Hektner, J. M., Schmidt, J. A. & Csikszentmihalyi, M. (2007). *Experience sampling method: Measuring the quality of everyday life*. Thousand Oaks, CA: Sage.
- Higgins, A. & McCarthy, M. (2005). Psychiatric nursing students' experiences of having a mentor during their first practice placement: An Irish perspective. *Nurse Education in Practice*, 5, 218-224.
- Higgs, J. & McAllister, L. (2005). The lived experiences of clinical educators with implications for their preparation, support and professional development. *Learning in Health and Social Care*, 4, 156-171.
- Higgs, J. A. (2010a). Hermeneutics as meta-strategy. In: Higgs, J. A., Cherry, N., Macklin, R. & Ajjawi, R. (eds.) *Researching practice: A discourse on qualitative methodologies*. Rotterdam: Sense.
- Higgs, J. A. (2010b). Researching practice: Entering the practice discourse. In: Higgs, J. A., Cherry, N., Macklin, R. & Ajjawi, R. (eds.) *Researching practice: A discourse on qualitative methodologies*. Rotterdam: Sense.
- Higgs, J. A. & Trede, F. (2010). Philosophical frameworks and research communities. In: Higgs, J. A., Cherry, N., Macklin, R. & Ajjawi, R. (eds.) *Researching practice: A discourse on qualitative methodologies*. Rotterdam: Sense.
- Hochschild, A. R. (1983). *The managed heart: Commercialization of human feeling*. Berkeley, CA: University of California Press.
- Hodges, B. (2009). Factors that can influence mentorship relationships. *Paediatric Nursing*, 21, 32-35.
- Hojat, M., Gonnella, J. S., Mangione, S., Nasca, T. J., Veloski, J. J., Erdmann, J. B., Callahan, C. A. & Magee, M. (2002). Empathy in medical students as related to academic performance, clinical competence and gender. *Medical Education*, 36, 522-527.
- Holmstrom, I. & Rosenqvist, U. (2004). Interventions to support reflection and learning: A qualitative study. *Learning in Health and Social Care*, 3, 203-212.

- Homer. (nd). *The Odyssey* [Online]. Web Atomics. Available: <http://classics.mit.edu/Homer/odyssey.mb.txt> [Accessed 14 January 2011].
- Horan, P. (2000). Using rich pictures in information systems teaching. *In: Altman, G., Lamp, J., Love, P., Mandal, P., Smith, R. & Warren, M., eds. 1st International Conference on Systems Thinking in Management*, November 8-10 Geelong.
- Hosseini, K. M., Fatemeh, D., Fatemeh, O. S., Katri, V.-J. & Tahereh, B. (2010). Teaching style in clinical nursing education: A qualitative study of Iranian nursing teachers' experiences. *Nurse Education in Practice*, 10, 8-12.
- Hughes, C. (2004). The supervisor's influence on workplace learning. *Studies in Continuing Education*, 26, 275-287.
- Hülshager, U. R. & Schewe, A. F. (2011). On the costs and benefits of emotional labor: A meta-analysis of three decades of research. *Journal of Occupational Health Psychology*, 16, 361-389.
- Hunter, B. (2005). Emotion work and boundary maintenance in hospital-based midwifery. *Midwifery*, 21, 253-266.
- Hunter, C. L., Spence, K., McKenna, K. & Iedema, R. (2008). Learning how we learn: An ethnographic study in a neonatal intensive care unit. *Journal of Advanced Nursing*, 62, 657-664.
- Hupcey, J. E., Penrod, J., Morse, J. M. & Mitcham, C. (2001). An exploration and advancement of the concept of trust. *Journal of Advanced Nursing*, 36, 282-293.
- Hurley, C. & Snowden, S. (2008). Mentoring in times of change. *Nursing in Critical Care*, 13, 269-275.
- Husserl, E. (1960). *Cartesian meditations: An introduction to phenomenology* (trans D. Cairns). The Hague: Martinus Nijhoff.
- Hutchings, A., Williamson, G. R. & Humphreys, A. (2005). Supporting learners in clinical practice: Capacity issues. *Journal of Clinical Nursing*, 14, 945-955.
- Hyatt, S. A., Brown, L. & Lipp, A. (2008). Supporting mentors as assessors of clinical practice. *Nursing Standard*, 22, 35-41.
- Ilott, I. & Murphy, R. (1997). Feelings and failing in professional training: The assessor's dilemma. *Assessment & Evaluation in Higher Education*, 22, 307-317.
- Inwood, M. (1997). *Heidegger: A very short introduction*. Oxford: Oxford University Press.
- Inwood, M. (1999). Authenticity and inauthenticity, *in*, Inwood, M. (ed.) *A Heidegger dictionary* [Online], Blackwell Reference Online: Blackwell, Available: http://www.blackwellreference.com/subscriber/tocnode?id=g9780631190950_chu nk_g97806311909504_ss1-5 [Accessed 07 September 2011]
- Jackson, D. (2008). The ageing nursing workforce: How can we avoid a retirement brain drain? *Journal of Clinical Nursing*, 17, 2949-2950.
- James, A. & Chapman, Y. (2009). Preceptors and patients – the power of two: Nursing student experiences on their first acute clinical placement. *Contemporary Nurse: A Journal for the Australian Nursing Profession*, 34, 34-47.

- James, N. (1992). Care = organisation + physical labour + emotional labour. *Sociology of Health & Illness*, 14, 488-509.
- Jervis, A. & Tilki, M. (2011). Why are nurse mentors failing to fail student nurses who do not meet clinical performance standards? *British Journal of Nursing*, 20, 582-587.
- John, V. & Parsons, E. (2006). Shadow work in midwifery: Unseen and unrecognised emotional labour. *British Journal of Midwifery*, 14, 266.
- Johns, C. (2002). *Guided reflection: Advancing practice*. Oxford: Blackwell Science.
- Johnson, M. (1987). *The Body in the mind: The bodily basis of meaning, imagination and reason*. Chicago, IL: University of Chicago Press.
- Johnson, M. E. (2000). Heidegger and meaning: Implications for phenomenological research. *Nursing Philosophy*, 1, 134-146.
- Johnsson, M. C. & Boud, D. (2010). Towards an emergent view of learning work. *International Journal of Lifelong Education*, 29, 359 - 372
- Johnston, N. (2005). Beyond the methods debate: Towards embodied ways of knowing. In: Ironside, P. M. (ed.) *Beyond method: Philosophical conversations in healthcare research and scholarship*. Madison, WI: University of Wisconsin Press.
- Jokelainen, M., Turunen, H., Tossavainen, K., Jamookeeah, D. & Coco, K. (2011). A systematic review of mentoring nursing students in clinical placements. *Journal of Clinical Nursing*, 20, 2854-2867.
- Jones, D. (2004). An evaluation of midwifery mentors and their perception of mentoring. *MIDIRS Midwifery Digest*, 14, 157-162.
- Kahn, D. L. (2000a). How to conduct research. In: Cohen, M. Z., Kahn, D. L. & Steeves, R. H. (eds.) *Hermeneutic phenomenological research: A practical guide for nurse researchers*. Thousand Oaks, CA: Sage.
- Kahn, D. L. (2000b). Reducing bias. In: Cohen, M. Z., Kahn, D. L. & Steeves, R. H. (eds.) *Hermeneutic phenomenological research: A practical guide for nurse researchers*. Thousand Oaks, CA: Sage.
- Katz, D. & Kahn, R. L. (1978). *The social psychology of organisations*, 2nd ed. New York: Wiley.
- Kearney, K. S. & Hyle, A. E. (2004). Drawing out emotions: The use of participant-produced drawings in qualitative inquiry. *Qualitative Research*, 4, 361-382.
- Kemmis, S. (2005). Knowing practice: Searching for saliences. *Pedagogy, Culture & Society*, 13, 391 - 426.
- Kendall-Raynor, P. (2009). Universities accused of ignoring mentors over 'failing' students. *Nursing Standard* 23.
- Kessler, I., Heron, P., Dopson, S., Magee, H., Swain, D. & Askham, J. (2010). The nature and consequences of support workers in a hospital setting. Final report. NIHR Service Delivery and Organisation programme.
- Kezar, A. (2000). The importance of pilot studies: Beginning the hermeneutic circle. *Research in Higher Education*, 41, 385-400.

- King, M. (1964). *Heidegger's philosophy: A guide to his basic thought*. Oxford: Blackwell.
- King, N., Finlay, L., Ashworth, P., Smith, J. A., Landridge, D. & Butt, T. (2008). "Can't really trust that, so what can I trust?": A polyvocal, qualitative analysis of the psychology of mistrust. *Qualitative Research in Psychology*, 5, 80-102.
- Kneafsey, R. (2007). Developing skills in safe patient handling: Mentors' views about their role in supporting student nurses. *Nurse Education in Practice*, 7, 365-372.
- Kohlberg, L. (1981). *The philosophy of moral development: Moral stages and the idea of justice*. San Francisco, CA: Harper & Row.
- Kram, K. E. (1983). Phases of the mentor relationship. *Academy of Management Journal*, 26, 608-625.
- Krebs, D. L. & Denton, K. (2005). Toward a more pragmatic approach to morality: A critical evaluation of Kohlberg's model. *Psychological Review*, 112, 629-649.
- Kuokkanen, L. & Leino-Kilpi, H. (2001). The qualities of an empowered nurse and the factors involved. *Journal of Nursing Management*, 9, 273-280.
- Kvale, S. (1983). The qualitative research interview: A phenomenological and a hermeneutical mode of understanding. *Journal of Phenomenological Psychology*, 14, 171.
- Lafont, C. (2004). Hermeneutics, in, Dreyfus, H. & Wrathall, M. A. (eds.) *A companion to Heidegger* [Online], Blackwell Reference Online: Blackwell, Available: http://www.blackwellreference.com/subscriber/tocnode?id=g9781405110921_chuk_g978140511092117 [Accessed 02 November 2010]
- Lakoff, G. & Johnson, M. (1980). *Metaphors We Live By*. Chicago, IL: University of Chicago Press.
- Lambert, V. & Glacken, M. (2005). Clinical education facilitators: A literature review. *Journal of Clinical Nursing*, 14, 664-673.
- Lane, G. & Clutterbuck, D. (2004). What have we learned from this book? In: Clutterbuck, D. & Lane, G. (eds.) *The Situational Mentor: An international review of competences and capabilities in mentoring*. Aldershot: Gower.
- Langdrige, D. (2007). *Phenomenological psychology: Theory, research and method*. Harrow: Pearson.
- Langer, M. M. (1989). *Merleau-Ponty's phenomenology of perception: A guide and commentary*. London: Palgrave Macmillan.
- Last, L. & Fulbrook, P. (2003). Why do student nurses leave? Suggestions from a Delphi study. *Nurse Education Today*, 23, 449-458.
- Lave, J. & Wenger, E. (1991). *Situated learning: Legitimate peripheral participation*. Cambridge: Cambridge University Press.
- Lawler, J. (ed.) (1997). *The body in nursing*, South Melbourne: Churchill Livingstone.
- Lazarus, R. S. (1999). *Stress and emotion: A new synthesis*. New York: Springer.

- Le Maistre, C., Boudreau, S. & Paré, A. (2006). Mentor or evaluator? Assisting and assessing newcomers to the professions. *Journal of Workplace Learning*, 18, 344-354.
- Lefevre, M. (2005). Facilitating practice learning and assessment: The influence of relationship. *Social Work Education*, 24, 565-583.
- Legard, R., Keegan, J. & War, K. (2003). In-depth Interviews. In: Ritchie, J. & Lewis, J. (eds.) *Qualitative research practice: A guide for social science students and researchers*. London: Sage.
- LeVasseur, J. J. (2003). The problem of bracketing in phenomenology. *Qualitative Health Research*, 13, 408-420.
- Levett-Jones, T., Gersbach, J., Arthur, C. & Roche, J. (2011). Implementing a clinical competency assessment model that promotes critical reflection and ensures nursing graduates' readiness for professional practice. *Nurse Education in Practice*, 11, 64-69.
- Long, G. (2009). A yardstick for good practice. *Nursing Standard*, 23, 62-63.
- López, D. & Sánchez-Criado, T. (2009). Dwelling the telecare home. *Space and Culture*, 12, 343-358.
- Macklin, R. & Higgs, J. A. (2010). Using lenses and layers. In: Higgs, J. A., Cherry, N., Macklin, R. & Ajjawi, R. (eds.) *Researching practice: A discourse on qualitative methodologies*. Rotterdam: Sense.
- Mallik, M. & McGowan, B. (2007). Issues in practice based learning in nursing in the United Kingdom and the Republic of Ireland: Results from a multi professional scoping exercise. *Nurse Education Today*, 27, 52-59.
- Mann, S. & Cowburn, J. (2005). Emotional labour and stress within mental health nursing. *Journal of Psychiatric & Mental Health Nursing*, 12, 154-62.
- Manning, A., Cronin, P., Monaghan, A. & Rawlings-Anderson, K. (2009). Supporting students in practice: An exploration of reflective groups as a means of support. *Nurse Education in Practice*, 9, 176-183.
- Martin, G. P., Currie, G. & Finn, R. (2009). Leadership, service reform, and public-service networks: The case of cancer-genetics pilots in the English NHS. *Journal of Public Administration Research & Theory*, 19, 769-794.
- Mayer, R. C., Davis, J. H. & Schoorman, F. D. (1995). An integrative model of organizational trust. *Academy of Management Review*, 20, 709-734.
- McCarthy, B. & Murphy, S. (2010). Preceptors' experiences of clinically educating and assessing undergraduate nursing students: an Irish context. *Journal of Nursing Management*, 18, 234-244.
- McCarthy, B., O'Donovan, M. & Twomey, A. (2008). Person-centred communication: Design, implementation and evaluation of a communication skills module or undergraduate nursing students - an Irish context. *Contemporary Nurse*, 27, 207-222.
- McCreight, B. (2005). Perinatal grief and emotional labour: A study of nurses' experiences in gynae wards. *International Journal of Nursing Studies*, 42, 439-448.

- McKenna, H., Thompson, D. & Watson, R. (2007). Health care assistants - an oxymoron? *International Journal of Nursing Studies*, 44, 1283-1284.
- Meagher-Stewart, D., Underwood, J., MacDonald, M., Schoenfeld, B., Blythe, J., Knibbs, K., Munroe, V., Lavoie-Tremblay, M., Ehrlich, A., Ganann, R. & Crea, M. (2010). Special features: Health policy: Organizational attributes that assure optimal utilization of public health nurses. *Public Health Nursing*, 27, 433-441.
- Merleau-Ponty, M. (1962). *Phenomenology of perception* (trans. Colin Smith). London: Routledge.
- Merrill, E. & Grassley, J. (2008). Women's stories of their experiences as overweight patients. *Journal of Advanced Nursing*, 64, 139-146.
- Meyer, M. (2010). The rise of the knowledge broker. *Science Communication*, 32, 118-127.
- Miller, C. (2010). Improving and enhancing performance in the affective domain of nursing students: Insights from the literature for clinical educators. *Contemporary Nurse*, 35, 2-17.
- Milton, C. L. (2004). The ethics of personal integrity in leadership and mentorship: A nursing theoretical perspective. *Nursing Science Quarterly*, 17, 116-120.
- Miner, A. G., Glomb, T. M. & Hulin, C. (2005). Experience sampling mood and its correlates at work. *Journal of Occupational and Organizational Psychology*, 78, 171-193 .
- Morley, J. (1998). The private theater: A phenomenological investigation of daydreaming. *Journal of Phenomenological Psychology*, 29, 116.
- Morse, J. M., Bottorff, J., Anderson, G., O'Brien, B. & Solberg, S. (1992). Beyond empathy: Expanding expressions of caring. *Journal of Advanced Nursing*, 17, 809-821.
- Morton-Cooper, A. & Palmer, A. (2000). *Mentoring, preceptorship and clinical supervision: A guide to professional roles in clinical practice*, 2nd ed. Oxford: Blackwell Science.
- Moseley, L. G. & Davies, M. (2008). What do mentors find difficult? *Journal of Clinical Nursing*, 17, 1627-1634.
- Mulhall, S. (2005). *Guidebook to Heidegger and Being and Time*, 2nd ed. London: Routledge.
- Mulligan, J. (1993). Activating internal processes in experiential learning. In: Boud, D., Cohen, R. & Walker, D. (eds.) *Using experience for learning*. Buckingham: SHRE and Open University Press.
- Muraven, M. & Baumeister, R. F. (2000). Self-regulation and depletion of limited resources: Does self-control resemble a muscle? *Psychological Bulletin*, 126, 247-259.
- Murray, C. J. & Main, A. (2005). Role modelling as a teaching method for student mentors. *Nursing Times*, 101.

- Murray, S. C. & Williamson, G. R. (2009). Managing capacity issues in clinical placements for pre-registration nurses. *Journal of Clinical Nursing*, 18, 3146-3154.
- Myall, M., Levett-Jones, T. & Lathlean, J. (2008). Mentorship in contemporary practice: The experiences of nursing students and practice mentors. *Journal of Clinical Nursing*, 17, 1834-1842.
- Neary, M. (2000). Supporting students' learning and professional development through the process of continuous assessment and mentorship. *Nurse Education Today*, 20, 463-474.
- Nettleton, P. & Bray, L. (2008). Current mentorship schemes might be doing our students a disservice. *Nurse Education in Practice*, 8, 205-212.
- NHS Information Centre for health and social care (2009). NHS Hospital and Community Health Services Non-Medical Staff England 1998-2008. The Health and Social Care Information Centre.
- NHS Information Centre for health and social care (2011a). NHS Workforce: Summary of staff in the NHS: Results from September 2010 Census. The NHS Information Centre for health and social care.
- NHS Information Centre for health and social care (2011b). Non-Medical Detailed Results Tables 2010. *NHS Staff 2000 - 2010 (Non-Medical)*. The NHS Information Centre for health and social care.
- Nicol, J. A. (2008). Creating vocative texts. *The Qualitative Report* [Online], 13. Available: <http://www.nova.edu/ssss/QR/QR13-3/nicol.pdf> [Accessed 11 August 2011].
- Nicolson, P. (2003). Reflexivity, 'bias' and the in-depth interview: Developing shared meanings. In: Finlay, L. & Gough, B. (eds.) *Reflexivity: A practical guide for researchers in health and social sciences*. Oxford: Blackwell Science.
- Niehoff, B. P. (2006). Personality predictors of participation as a mentor. *Career Development International*, 11, 321-333.
- Nielsen, K. (2007). Aspects of a practical understanding: Heidegger at the workplace. *Scandinavian Journal of Educational Research*, 51, 455-470.
- Norlyk, A. & Harder, I. (2010). What makes a phenomenological study phenomenological? An analysis of peer-reviewed empirical nursing studies. *Qualitative Health Research*, 20, 420-431.
- Nursing and Midwifery Council. (2008). *Standards to support learning and assessment in practice: NMC standards for mentors, practice teachers and teachers* [Online]. London: NMC. Available: <http://www.nmc-uk.org/Documents/Standards/nmcStandardsToSupportLearningAndAssessmentInPractice.pdf> [Accessed 27 January 2012].
- Nursing and Midwifery Council. (2010a). *Pre-registration nursing education, Section 2: Standards for Competence* [Online]. NMC. Available: <http://standards.nmc-uk.org/PreRegNursing/statutory/competencies/Pages/context.aspx> [Accessed 27 January 2012].
- Nursing and Midwifery Council. (2010b). *Standards for pre-registration nursing education: Standard 4: Support of students and educators* [Online]. NMC.

Available: <http://standards.nmc-uk.org/Pages/Downloads.aspx> [Accessed 1 May 2011].

- O'Donovan, M. (2006). Reflecting during clinical placement: Discovering factors that influence pre-registration psychiatric nursing students. *Nurse Education in Practice*, 6, 134-140.
- O'Driscoll, M. F., Allan, H. T. & Smith, P. A. (2010). Still looking for leadership - who is responsible for student nurses' learning in practice? *Nurse Education Today*, 30, 212-217.
- Ockerby, C. M., Newton, J. M., Cross, W. M. & Jolly, B. C. (2009). A learning partnership: Exploring preceptorship through interviews with registered and novice nurses. *Mentoring & Tutoring: Partnership in Learning*, 17, 369 - 385.
- Óhrling, K. & Hallberg, I. R. (2000). Nurses' lived experience of being a preceptor. *Journal of Professional Nursing*, 16, 228-239.
- Open University. (2002). *Data Protection Code of Practice* [Online]. Available: <http://www.open.ac.uk/university-documents/data-protection-code.html> [Accessed 22 November 2010].
- Open University. (2005). *T552 Systems thinking and practice: Diagramming* [Online]. Available: <http://systems.open.ac.uk/materials/t552/index.htm> [Accessed 29 July 2009].
- Orland-Barak, L. (2002). What's in a case? What mentors' cases reveal about the practice of mentoring. *Journal of Curriculum Studies*, 34, 451-468.
- Overgaard, S. & Zahavi, D. (2009). Phenomenological Sociology: The subjectivity of everyday life. In: Jacobsen, M. H. (ed.) *Encountering the everyday: An introduction to the sociologies of the unnoticed*. Basingstoke: Palgrave Macmillan.
- Packer, M. J. (1989). Tracing the hermeneutic circle: Articulating an ontical study of moral conflicts. In: Packer, M. J. & Addison, R. B. (eds.) *Entering the circle: Hermeneutic investigation in psychology*. Albany, NY: State University of New York Press.
- Packer, M. J. & Addison, R. B. (1989a). Introduction. In: Packer, M. J. & Addison, R. B. (eds.) *Entering the circle: Hermeneutic investigation in psychology*. Albany, NY: State University of New York Press.
- Packer, M. J. & Addison, R. B. (1989b). Overview. In: Packer, M. J. & Addison, R. B. (eds.) *Entering the circle: Hermeneutic investigation in psychology*. Albany, NY: State University of New York Press.
- Paley, J. (1997). Husserl, phenomenology and nursing. *Journal of Advanced Nursing*, 26, 187-193.
- Paley, J. (1998). Misinterpretive phenomenology: Heidegger, ontology and nursing research. *Journal of Advanced Nursing*, 27, 817-824.
- Paley, J. (2005). Phenomenology as rhetoric. *Nursing Inquiry*, 12, 106-116.
- Pashler, H., McDaniel, M., Rohrer, D. & Bjork, R. (2008). Learning styles: Concepts and evidence. *Psychological Science in the Public Interest*, 9, 105-119.

- Patton, M. Q. (1990). *Qualitative evaluation and research methods*, 2nd ed. Newbury Park: Sage.
- Pawlowski, S. D. & Robey, D. (2004). Bridging user organizations: Knowledge brokering and the work of information technology professionals. *MIS Quarterly*, 28, 645-672.
- Pearcey, P. A. & Elliott, B. E. (2004). Student impressions of clinical nursing. *Nurse Education Today*, 24, 382-387.
- Perry, B. (2009). Role modeling excellence in clinical nursing practice. *Nurse Education in Practice*, 9, 36-44.
- Pfund, R., Dawson, P., Francis, R. & Rees, B. (2004). Learning how to handle emotionally challenging situations: The context of effective reflection. *Nurse Education in Practice*, 4, 107-113.
- Phillips, T., Schostak, J. & Tyler, J. (2000). Practice and assessment in nursing and midwifery: Doing it for real. In: ENB (ed.) *Researching Professional Education*. London: English National Board for Nursing, Midwifery and Health Visiting.
- Picco, E., Santoro, R. & Garrino, L. (2010). Dealing with the patient's body in nursing: Nurses' ambiguous experience in clinical practice. *Nursing Inquiry*, 17, 39-46.
- Pina e Cunha, M., Campos e Cunha, R. & Rego, A. (2009). Exploring the role of leader—subordinate interactions in the construction of organizational positivity. *Leadership*, 5, 81-101.
- Pineau, E. L. (1994). Teaching Is performance: Reconceptualizing a problematic metaphor. *American Educational Research Journal*, 31, 3.
- Pizarro, D. (2000). Nothing more than feelings? The role of emotions in moral judgment. *Journal for the Theory of Social Behaviour*, 30, 355.
- Polanyi, M. (1966). *The tacit dimension*. London: Routledge & Kegan Paul.
- Polkinghorne, D. E. (2005). Language and meaning: Data collection in qualitative research. *Journal of Counseling Psychology*, 52, 137-145.
- Polt, R. F. H. (1999). *Heidegger: An introduction*. London: UCL Press.
- Prime Minister's Commission on the Future of Nursing and Midwifery in England (2010). *Front line care: The future of nursing and midwifery in England*. London: COI.
- Prus, R. C. & Puddephatt, A. J. (2009). American pragmatism: Examining everyday life 'in the making'. In: Jacobsen, M. H. (ed.) *Encountering the everyday: An introduction to the sociologies of the unnoticed*. Basingstoke: Palgrave Macmillan.
- Pulsford, D., Boit, K. & Owen, S. (2002). Are mentors ready to make a difference? A survey of mentors' attitudes towards nurse education. *Nurse Education Today*, 22, 439-446.
- Quality Assurance Agency (2001). *Benchmark statement: Health care programmes*. Gloucester: QAA.
- Raelin, J. A. (2007). Toward an epistemology of practice. *Academy of Management Learning & Education*, 6, 415-519.

- Ragins, B. R. & Scandura, T. A. (1999). Burden or blessing? Expected costs and benefits of being a mentor. *Journal of Organizational Behavior*, 20, 494.
- Råheim, M. & Håland, W. (2006). Lived experience of chronic pain and fibromyalgia: Women's stories from daily life. *Qualitative Health Research*, 16, 741-761.
- Ralph, E. G. (2002). Mentoring beginning teachers: Findings from contextual supervision *Journal of Personnel Evaluation in Education*, 16, 191-210.
- Rayner, S. (2007). A teaching elixir, learning chimera or just fool's gold? Do learning styles matter? *Support for Learning*, 22, 24-30.
- Ritchie, J. (2003). The applications of qualitative methods to social research. In: Ritchie, J. & Lewis, J. (eds.) *Qualitative research practice*. London Sage.
- Ritchie, J., Lewis, J. & Elam, G. (2003). Designing and selecting samples. In: Ritchie, J. & Lewis, J. (eds.) *Qualitative research practice: A guide for social science students and researchers*. London: Sage.
- Rose, G. (2001). *Visual methodologies*. London: Sage.
- Rose, G. (2007). *Visual methodologies: An introduction to interpretation of visual materials* 2nd ed. London: Sage.
- Royal College of Nursing (2003). *Defining Nursing*. London: RCN.
- Royal College of Nursing (2006). *Helping students get the best from their practice placements: A Royal College of Nursing toolkit*. London: RCN.
- Rutkowski, K. (2007). Failure to fail: Assessing nursing students' competence during practice placement. *Nursing Standard*, 22, 35-40.
- Sadler, J. J. (2003). Who wants to be a nurse: Motivation of the new generation. *Journal of Professional Nursing*, 19, 173-175.
- Sandberg, J. & Pinnington, A. H. (2009). Professional competence as ways of being: An existential ontological perspective. *Journal of Management Studies*, 46, 1138-1170.
- Santry, C. (2011). *'Understanding' nurses accept bullying and abuse but want to leave on time* [Online]. Nursing Times.net. Available: <http://www.nursingtimes.net/nursing-practice/clinical-specialisms/management/understanding-nurses-accept-bullying-and-abuse-but-want-to-leave-on-time/5033526.article> [Accessed 20 September 2011].
- Savage, J. S. (2006). The lived experience of knowing in childbirth. *Journal of Perinatal Education*, 15, 10-24.
- Scandura, T. & Pellegrini, E. K. (2004). Competences of building the developmental relationship. In: Clutterbuck, D. & Lane, G. (eds.) *The situational mentor: An international review of situational competences and capabilities in mentoring*. Aldershot: Gower.
- Scandura, T. A. & Pellegrini, E. K. (2008). Trust and leader—member exchange. *Journal of Leadership & Organizational Studies*, 15, 101-110.
- Schaap, H., de Bruijn, E., Van der Schaaf, M. F. & Kirschner, P. A. (2009). Students' personal professional theories in competence-based vocational education: The

- construction of personal knowledge through internalisation and socialisation. *Journal of Vocational Education & Training*, 61, 481 - 494.
- Schatzki, T. R. (2000). Coping with others with folk psychology. In: Wrathall, M. A. & Malpas, J. (eds.) *Heidegger, coping, and cognitive science*. Cambridge, MA: MIT Press.
- Schaubroeck, J., Lam, S. S. K. & Peng, A. C. (2011). Cognition-based and affect-based trust as mediators of leader behavior influences on team performance. *Journal of Applied Psychology*, 96, 863-871.
- Schön, D. A. (2003). *The reflective practitioner: How professionals think in action*, 2nd ed. Aldershot: Ashgate.
- Schutz, A. & Luckmann, T. (1973). *The structures of the lifeworld* (trans. Richard M. Zaner and H.T. Engelhardt). Evanston, IL: Northwestern University Press.
- Schwille, S. A. (2008). The professional practice of mentoring. *American Journal of Education*, 115, 139-167.
- Seaton, P. (2005). Combining interpretive methodologies: Maximising the richness of findings. In: Ironside, P. M. (ed.) *Beyond method: Philosophical conversations in healthcare research and scholarship*. Madison, WI: University of Wisconsin Press.
- Seidman, I. E. (1991). *Interviewing as qualitative research: A guide for researchers in education and the social sciences*. New York: Teachers College Press.
- Sellman, D. (2006). The importance of being trustworthy. *Nursing Ethics*, 13, 105-115.
- Semetsky, I. (2008). On the creative logic of education, or: Re-reading Dewey through the lens of complexity science. *Educational Philosophy and Theory*, 40, 83-95.
- Shakespeare, P. & Webb, C. (2008). Professional identity as a resource for talk: Exploring the mentor–student relationship. *Nursing Inquiry* 15, 270-279.
- Shirom, A. (2002). The effects of work stress on health, in, Schabracq, M. J., Winnubst, J. A. M. & Cooper, C. L. (eds.) *The handbook of work and health psychology* [Online], 2nd ed, Chichester: Wiley, Available: <http://lib.myilibrary.com?ID=10141> [Accessed 26 February 2012]
- Silverman, D. (2005). *Doing qualitative research*, 2nd ed. Los Angeles, CA: Sage.
- Silverman, D. (2006). *Interpreting qualitative data*, 3rd ed. London: Sage.
- Skakon, J., Nielsen, K., Borg, V. & Guzman, J. (2010). Are leaders' well-being, behaviours and style associated with the affective well-being of their employees? A systematic review of three decades of research. *Work & Stress*, 24, 107-139.
- Smith, J. A. (2007). Hermeneutics, human sciences and health: linking theory and practice. *International Journal of Qualitative Studies on Health and Well-being*, 2, 3-11.
- Smith, P. (1992). *The emotional labour of nursing*. Basingstoke: Macmillan.
- Smith, P. & Allan, T. H. (2010). "We should be able to bear our patients in our teaching in some way": Theoretical perspectives on how nurse teachers manage their

- emotions to negotiate the split between education and caring practice. *Nurse Education Today*, 30, 218-223.
- Smith, P. & Gray, B. (2001). Reassessing the concept of emotional labour in student nurse education: Role of link lecturers and mentors in a time of change. *Nurse Education Today*, 21, 230-237.
- Smythe, E. (2005). The thinking of research. In: Ironside, P. M. (ed.) *Beyond method: Philosophical conversations in healthcare research and scholarship*. Madison, WI: University of Wisconsin Press.
- Smythe, E. A., Ironside, P. M., Sims, S. L., Swenson, M. M. & Spence, D. G. (2008). Doing Heideggerian hermeneutic research: A discussion paper. *International Journal of Nursing Studies*, 45, 1389-1397.
- Sokolowski, R. (2000). *Introduction to phenomenology*. Cambridge: Cambridge University Press.
- Svoll, B. & Heggen, K. M. (2010). Teaching and learning care - exploring nursing students' clinical practice. *Nurse Education Today*, 30, 73-77.
- Sonenshein, S. (2007). The role of construction, intuition, and justification in responding to ethical issues at work: The sensemaking-intuition model. *Academy of Management Review*, 32, 1022-1040.
- Sonnentag, S., Binnewies, C. & Mojza, E. J. (2010). Staying well and engaged when demands are high: The role of psychological detachment. *Journal of Applied Psychology*, 95, 965-976.
- Spicer, R. (2009). Targets harm patients and are destroying the English NHS. *International Journal of Clinical Practice*, 63, 1278-1281.
- Spiegelberg, H. & Schuhmann, K. (1982). *The Phenomenological Movement: a Historical Introduction*, 3rd ed. The Hague: Martinus Nijhoff.
- Spilsbury, K. & Meyer, J. (2004). Use, misuse and non-use of health care assistants: Understanding the work of health care assistants in a hospital setting. *Journal of Nursing Management*, 12, 411-418.
- Spouse, J. (1996). The effective mentor: A model for student centred learning in clinical practice *Nursing Times Research* 1, 120-133.
- Spouse, J. (1998a). Learning to nurse through legitimate peripheral participation. *Nurse Education Today*, 18, 345-351.
- Spouse, J. (1998b). Scaffolding student learning in clinical practice. *Nurse Education Today*, 18, 259-266.
- Spouse, J. (2001a). Bridging theory and practice in the supervisory relationship: A sociocultural perspective. *Journal of Advanced Nursing*, 33, 512-522.
- Spouse, J. (2001b). Work-based learning in health care environments. *Nurse Education in Practice*, 1, 12-18.
- Spouse, J. (2003). *Professional learning in nursing*. Oxford: Blackwell Science.
- Staden, H. (1998). Alertness to the needs of others: A study of the emotional labour of caring. *Journal of Advanced Nursing*, 27, 147-156.

- Stainton-Rogers, W. (2006). Logics of enquiry. In: Potter, S. (ed.) *Doing postgraduate research*. 2nd ed. London: Sage.
- Stone, C. A. (1998). The metaphor of scaffolding: Its utility for the field of learning disabilities. *Journal of Learning Disabilities*, 31, 344-364.
- Strongman, K. T. (2003). *The psychology of emotion: From everyday life to theory*. Chichester: John Wiley & Sons.
- Stuart, C. C. (2007). *Assessment, supervision and support in clinical practice: A guide for nurses, midwives and other health professionals*, 2nd ed. Edinburgh: Churchill Livingstone.
- The NHS Modernisation Board (2003). The NHS Plan - A Progress Report. [online] http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4064832.pdf (accessed 27 January 2012).
- Theodosius, C. (2008). *Emotional labour in health care: The unmanaged heart of nursing*. London: Routledge.
- Titchen, A. & Ajjawi, R. (2010). Writing contemporary ontological and epistemological questions about practice. In: Higgs, J. A., Cherry, N., Macklin, R. & Ajjawi, R. (eds.) *Researching practice: A discourse on qualitative methodologies*. Rotterdam: Sense.
- Titchen, A. & Manley, K. (2006). Spiralling towards transformational action research: Philosophical and practical journeys. *Educational Action Research*, 14, 333-356.
- Trede, F. & Loftus, S. A. (2010). Hermeneutic research: Exploring human understanding. In: Higgs, J. A., Cherry, N., Macklin, R. & Ajjawi, R. (eds.) *Researching practice: A discourse on qualitative methodologies*. Rotterdam: Sense.
- Trougakos, J. P., Beal, D. J., Green, S. G. & Weiss, H. M. (2008). Making the break count: An episodic examination of recovery activities, emotional experiences, and positive affective displays. *Academy of Management Journal*, 51, 131-146.
- Tuan, Y.-F. (1977). *Space and place: The perspective of experience*. London: Edward Arnold.
- Twigg, J., Wolkowitz, C., Cohen, R. L. & Nettleton, S. (2011). Conceptualising body work in health and social care. *Sociology of Health & Illness*, 33, 171.
- U.K.C.C. (1999). *Fitness for Practice*. The UKCC Commission for Nursing and Midwifery Education UKCC, London.
- van Manen, M. (1997a). From meaning to method. *Qualitative Health Research*, 7, 345-369.
- van Manen, M. (1997b). *Researching lived experience: Human science for an action sensitive pedagogy*, 2nd ed. London ON: Althouse Press.
- van Manen, M. (2006). Writing qualitatively, or the demands of writing. *Qualitative Health Research*, 16, 713-722.
- van Manen, M. (2007). Phenomenology of practice. *Phenomenology & Practice*, 1, 11-30.

- Vanasupaa, L., Rogers, E. & Chen, K. (2008). Work in progress: How do we teach and measure systems thinking? *In: Frontiers in Education Conference, 2008*. F3C-1-F3C-2.
- Vygotsky, L. S. (1978). *Mind in society: The development of higher psychological processes*. London: Harvard University Press.
- Wainwright, N. (2009). Who is failing who? *Nursing standard*, 23, 26.
- Wang, S., Noe, R. A., Wang, Z.-M. & Greenberger, D. B. (2009). What affects willingness to mentor in the future? An investigation of attachment styles and mentoring experiences. *Journal of Vocational Behavior*, 74, 245-256.
- Ward, A. (2008). Beyond the instructional mode: Creating a holding environment for learning about the use of self. *Journal of Social Work Practice*, 22, 67-83.
- Wardman, N. & Saltmarsh, S. (2010). Ethnomethodology: The situated study of professional practice. *In: Higgs, J. A., Cherry, N., Macklin, R. & Ajjawi, R. (eds.) Researching practice: A discourse on qualitative methodologies*. Rotterdam: Sense.
- Waterworth, S. (2003). Time management strategies in nursing practice. *Journal of Advanced Nursing*, 43, 432-440.
- Weaver, K., Morse, J. & Mitcham, C. (2008). Ethical sensitivity in professional practice: Concept analysis. *Journal of Advanced Nursing*, 62, 607-618.
- Webb, C. & Shakespeare, P. (2008). Judgements about mentoring relationships in nurse education. *Nurse Education Today*, 28, 563-571.
- Wenger, E. (1998). *Communities of practice: Learning, meaning, and identity*. Cambridge: Cambridge University Press.
- West, S. (2007). A good placement experience: The student's perspective of their needs in the practice setting. *In: West, S., Clark, T. & Jasper, M. (eds.) Enabling learning in nursing and midwifery practice: A guide for mentors*. Chichester: Wiley.
- West, S., Clark, T. & Jasper, M. (eds.) (2007). *Enabling learning in nursing and midwifery practice: A guide for mentors*, Chichester: Wiley.
- White, P. (2009). *Developing research questions: A guide for social scientists*. London: Palgrave Macmillan.
- Whitehead, B. & Bailey, E. (2006). Using specialist nurse mentors to boost placement capacity. *Nursing Times*, 102, 30-31.
- Whitehead, L. (2004). Enhancing the quality of hermeneutic research: Decision trail. *Journal of Advanced Nursing*, 45, 512-518.
- Wiggins, L. (2006). *Optimising learning through practice*. Cheltenham: Nelson Thornes.
- Wilkes, Z. (2006). The student-mentor relationship: A review of the literature. *Nursing Standard*, 20, 42-47.
- Williams, P. (2011). The life and times of a boundary spanner. *Journal of Integrated Care*, 19, 26-33.

- Wilson, A. (2008-2011a). *Mentoring students in professional practice* [Online]. Available from: <http://mentorphd.blogspot.com/>.
- Wilson, A. (2008-2011b). *Using phenomenology: Researching lived experience* [Online]. Available from: <http://usingphenomenology.blogspot.com/>.
- Wilson, A. (2009). *Creating cohesion in a world of fragments: The experiences of nurse mentors* [Online]. University of Surrey: Surrey Centre for Excellence in Professional Training and Education (SCEPTRE). Available: <http://learningtobeprofessional.pbworks.com/w/page/15914907/Anthea%20Wilson> [Accessed 16 October 2011].
- Wilson, A. (2010). *Are the demands of nurse mentoring underestimated?* [Online]. Nursing Times.net. Available: <http://www.nursingtimes.net/forums-blogs-ideas-debate/nursing-blogs/are-the-demands-of-mentoring-underestimated/5015817.article> [Accessed 20 December 2010].
- Wilson, A. & Patent, V. (2011). Trusted to care: Role of trust in mentoring. In: Searle, R. H. & Skinner, D. (eds.) *Trust and human resource management*. Cheltenham: Edward Elgar.
- Wimpenny, P. & Gass, J. (2000). Interviewing in phenomenology and grounded theory: Is there a difference? *Journal of Advanced Nursing*, 31, 1485-1492.
- Wong, S.-S., DeSanctis, G. & Staudenmayer, N. (2007). The relationship between task interdependency and role stress: A revisit of the job demands–control model. *Journal of Management Studies*, 44, 284-303.
- Wood, D. A. & Tong, S. (2009). The future of initial police training: A university perspective. *International Journal of Police Science & Management*, 11, 294-305.
- Woolley, N. N. & Jarvis, Y. (2007). Situated cognition and cognitive apprenticeship: A model for teaching and learning clinical skills in a technologically rich and authentic learning environment. *Nurse Education Today*, 27, 73-79.
- Yakhlef, A. (2010). The corporeality of practice-based learning. *Organization Studies*, 31, 409-430.
- Zahavi, D. (2003). *Husserl's phenomenology*. Stanford, CA: Stanford University Press.
- Zapf, D. (2002). Emotion work and psychological well-being: A review of the literature and some conceptual considerations. *Human Resource Management Review*, 12, 237-268.

Appendix

A: Participant invitation

B: Participant information sheet and consent

C: Event diary

D: Guillemin's modification of Rose's critical visual analysis

E: Rich picture analysis using the modified framework

F: Condensing interview transcript into vocative text

G: Letter of approval from the NHS Research Ethics Committee

Appendix A

I have been mentoring for a while, but I often think that I am happier just getting on with looking after patients. Mentoring seems such a heavy responsibility sometimes, and this was a chance to really reflect on how the mentoring responsibilities were impacting on my day-to-day practice.

In the interviews, I found I was able to just talk about what mentoring involved. As I talked, and with gentle prompting, I found that I didn't realise quite how much I did as a mentor. I was able gradually to piece together the knowledge and skills that I have applied to mentoring, and the sheer expertise of it all. I also realised how much being a mentor has helped me to develop my own nursing practice.

Outcome of the learning activity – how did the learning relate to your work?
The ways in which this learning has influenced my work are:

[You might mention here any number of things that are probably quite individual. It could relate directly to mentoring, or it could focus on working relationships more generally, or practice issues that have arisen from your reflections. You may have decided to change something about the way you work, or pass on your knowledge and insights to colleagues. You may also have developed an interest in carrying out your own research.]

What is it like being a mentor for student nurses?

Would you like to talk to me about your mentoring experiences?

It is easy to feel swamped; there is never quite enough time in the day to get everything done...

...but perhaps taking part in this research is one way of giving yourself space for reflection.

People who have taken part so far have said things like:

I was worried I wouldn't have anything to say, but once I started talking...

I didn't know I did so much – perhaps I should ask for a pay rise!

What's in it for you?
You may find you can use this as an opportunity to de-brief and reflect on your mentoring experiences. It can also be developed as a CPD account for your NMC PREP record. Please see the

What's this all about?
I'm doing research into the experiences of qualified nurses who mentor student nurses and would like to hear from you if you at all interested in taking part. Of course, if you do come forward you are free to withdraw at any time.

I hope it will help to inform how placement learning should be organised, and how mentors should be supported and developed in their role.

I am looking to recruit nurses:

- with experience of mentoring at least one student nurse through a placement
- who will have further opportunities for mentoring during the study (are you expecting to have a student between September and December for example?)
- who are interested in exploring and sharing their experience

(I'd like to have two or three interviews with you and will ask you to complete a short 'event diary')

The study will form the basis of my part-time PhD with the Open University, and is sponsored through the Open University Research School. It has received ethical approval from the Open University's Human Participants and Materials Ethics Committee and the NHS Mid and South Buckinghamshire Research Ethics Committee.

Want to know more? Interested in taking part?

Please contact me, Anthea Wilson:

e-mail: a.m.a.wilson@open.ac.uk
Telephone: 01908 858118
Mobile: 07703 629166

Sample PREP record of CPD

Nature of the learning activity – what did you do?
I took part in research that was exploring the experiences of nurses who mentor students in practice.

Date
State the date or period when this learning activity took place.

Briefly describe the learning activity
This involved recording my feelings at different times during a mentoring period, describing in detail some aspects of my mentoring role, and taking part in interviews that allowed me to explore my experience of mentoring in some depth and reflect on it.

How many hours did this take?
I spent three hours in exploratory and reflective interviews, and another hour making notes on mentoring-related events. I also took some independent time for private reflection and reflection with colleagues. Total >7 hours [you may decide you use more hours here to take into account personal reflection time].

Description of the learning activity – what did it consist of?
I made the decision to take part in this research because

I have been mentoring for a number of years and have had very little time out for reflection on my mentoring practice during this time. I wanted to use this opportunity to take stock of where I'm at, but also I felt that I had something to contribute to the bigger picture of what mentoring means to nurses.

OR...

I am fairly new to mentoring and I hoped to be able to explore some of the things I find most challenging about the role. I found I had come away from the mentor preparation course with a lot of questions about how I would achieve everything in practice. This was an opportunity to reflect on how I was managing to integrate

Invitation to participate in research about mentoring

What is it like being a mentor for student nurses?

Would you like to talk to me about your mentoring experiences?

It is easy to feel swamped; there is never quite enough time in the day to get everything done...

... but perhaps taking part in this research is one way of giving yourself space for reflection.

People who have taken part so far have said things like:

I was worried I wouldn't have anything to say, but once I started talking...

I didn't know I did so much – perhaps I should ask for a pay rise!

What's in it for you?

You may find you can use this as an opportunity to de-brief and reflect on your mentoring experiences. It can also be developed as a CPD account for your NMC PREP record. Please see the back pages for an example.

What's this all about?

I'm doing research into the experiences of qualified nurses who mentor student nurses and would like to hear from you if you at all interested in taking part. **Of course, if you do come forward you are free to withdraw at any time.**

I hope it will help to inform how placement learning should be organised, and how mentors should be supported and developed in their role.

I am looking to recruit nurses:

- with experience of mentoring at least one student nurse through a placement
- who will have further opportunities for mentoring during the study (*are you expecting to have a student between September and December for example?*)
- who are interested in exploring and sharing their experience

I'd like to have two or three interviews with you and will ask you to complete a short 'event diary'.

The study will form the basis of my part-time PhD with the Open University, and is sponsored through the Open University Research School. It has received ethical approval from the Open University's Human Participants and Materials Ethics Committee and the NHS Mid and South Buckinghamshire Research Ethics Committee.

Want to know more? Interested in taking part?

Please contact me, Anthea Wilson:

[contact details given]

Sample PREP record of CPD

Nature of the learning activity – what did you do?

I took part in research that was exploring the experiences of nurses who mentor students in practice.

Date

State the date or period when this learning activity took place.

Briefly describe the learning activity

This involved recording my feelings at different times during a mentoring period, describing in detail some aspects of my mentoring role, and taking part in interviews that allowed me to explore my experience of mentoring in some depth and reflect on it.

How many hours did this take?

I spent three hours in exploratory and reflective interviews, and another hour making notes on mentoring-related events. I also took some independent time for private reflection and reflection with colleagues. Total =7 hours [*you may decide you use more hours here to take into account personal reflection time*].

Description of the learning activity – what did it consist of?

I made the decision to take part in this research because:

I have been mentoring for a number of years and have had very little time out for reflection on my mentoring practice during this time. I wanted to use this opportunity to take stock of where I'm at, but also I felt that I had something to contribute to the bigger picture of what mentoring means to nurses.

OR...

I am fairly new to mentoring and I hoped to be able to explore some of the things I find most challenging about the role. I found I had come away from the mentor preparation course with a lot of questions about how I would achieve everything in practice. This was an opportunity to reflect on how I was managing to integrate the new role with my work.

OR...

I have been mentoring for a while, but I often think that I am happier just getting on with looking after patients. Mentoring seems such a heavy responsibility sometimes, and this was a chance to really reflect on how the mentoring responsibilities were impacting on my day-to-day practice.

In the interviews, I found I was able to just talk about what mentoring involved. As I talked, and with gentle prompting, I found that I didn't realise quite how much I did as a mentor. I was able gradually to piece together the knowledge and skills that I have

applied to mentoring, and the sheer expertise of it all. I also realised how much being a mentor has helped me to develop my own nursing practice.

Outcome of the learning activity – how did the learning relate to your work?

The ways in which this learning has influenced my work are:

[You might mention here any number of things that are probably quite individual. It could relate directly to mentoring, or it could focus on working relationships more generally, or practice issues that have arisen from your reflections. You may have decided to change something about the way you work, or pass on your knowledge and insights to colleagues. You may also have developed an interest in carrying out your own research.]

Appendix B

Participant information sheet

The nurse experience of mentoring learners in practice

You are invited to take part in a research study which aims to gain understanding and insight into the experiences of nurses who mentor students in their own workplace. Before you decide to take part, it is important that you understand the thinking behind the research and what it will involve. Please take time to read the following information carefully. Please feel free to talk to others about the study if you wish.

What is the purpose of the study?

The purpose of this study is to achieve a greater understanding of your experience that will help to inform how mentors should be selected and prepared, how placement learning should be organised, and how mentors should be supported and developed in their role. Having worked as a Clinical Placement Facilitator for some years, I know this is an area which has received limited attention, but one which is critical in professional education. Mentoring learners in practice is a complex and demanding role. In this project I am interested in *what it is like for you* to mentor learners in your practice area. The outcome of this study will have implications for nurses and other practitioners who are engaged in supporting learners in the workplace, even beyond the health care arena.

The study is being carried out in the investigator's capacity as a part-time PhD student with the Open University.

Why have I been invited?

You have been invited because you have experience of mentoring at least one student nurse and will have further opportunities for mentoring during the period of the study. You will need to give a commitment to two or three interviews and complete a short diary, as explained below. I am keen to get your insight and views and to simply hear about your experiences. In all, I hope to recruit up to 20 mentors.

Do I have to take part?

Participation in this study is entirely voluntary. I will describe the study and go through this information sheet again at the beginning of the first interview. I will then ask you to sign a consent form to show you have agreed to take part. You are free to withdraw at any time, without giving a reason.

What will happen to me if I take part?

It is estimated that, from beginning to end, the duration of your involvement in the study will last for 5 months, although it may be shorter.

You will be asked to:

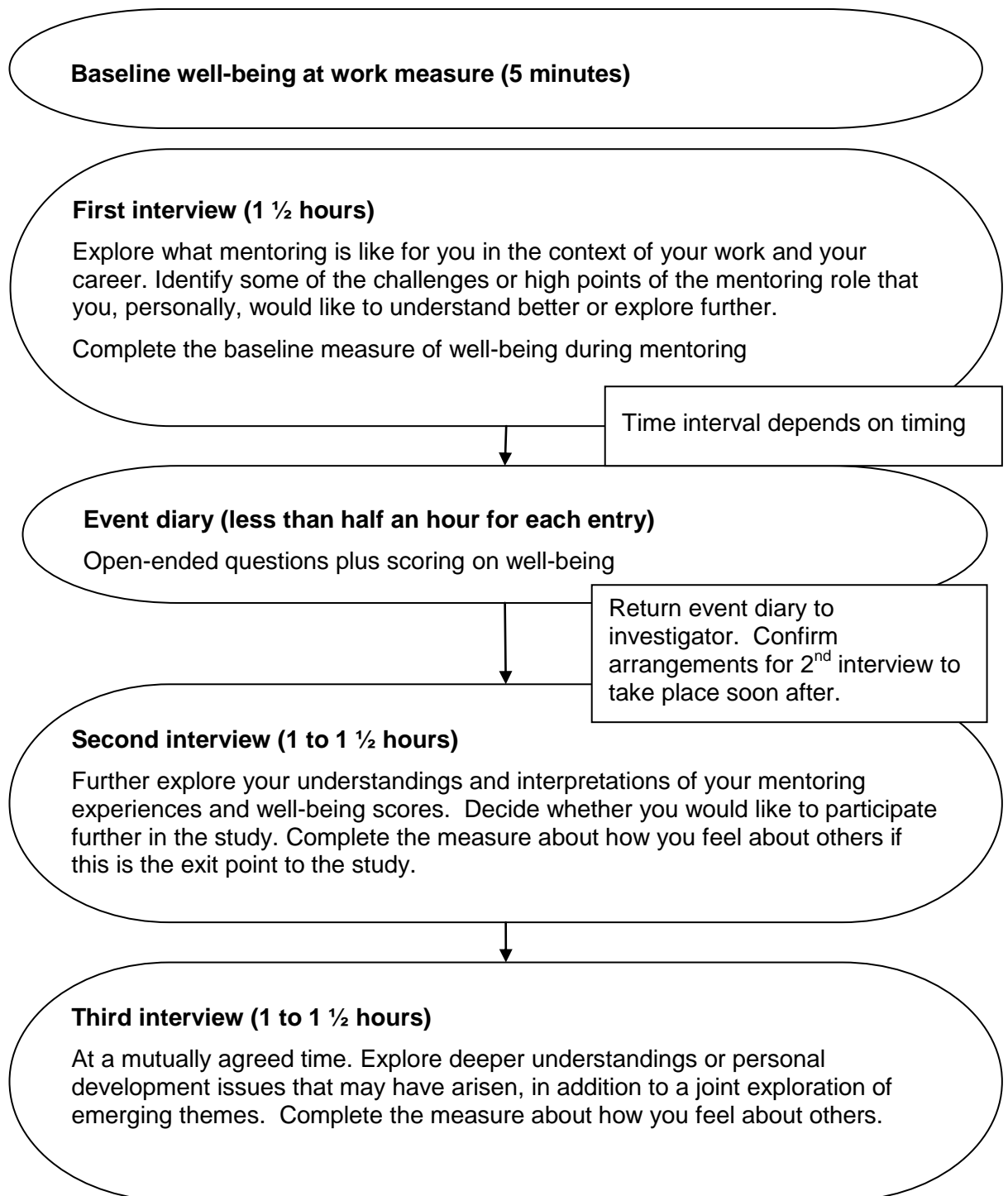
1. Complete questionnaires that measure well-being
2. Complete a questionnaire that measures how you feel about others generally
3. Take part in two or three in-depth interviews

Two or three face-to-face conversational interviews will take place in a convenient location, preferably at or close to your place of work. The interviews will be audio-recorded and afterwards transcribed word-for-word. You will have the option of reviewing the transcripts for accuracy.
4. Keep an event diary (that incorporates one of the questionnaires)

You will log mentoring events of your choosing, focusing on events that pose particular challenges or reflective learning opportunities. You will be asked to record your immediate thoughts and feelings on between one and three events with the assistance of prompt questions. You need to return the event diary to me before the second interview.
5. Collaborate over analysis of themes in the data, if you wish, in the third interview.

The initial interview is likely to take 1 ½ hours of your time. The follow-up interviews are expected to take 1 to 1 ½ hours. It is important that you have a sense of ownership of the process, and I will also ask you to identify some of the challenges or high points of the mentoring role that you, personally, would like to understand better or explore further. Then, you will keep an 'event diary' of between one and three mentoring events that are of interest to you. This diary should not be an onerous piece of reflective writing, rather a means of 'capturing the moment' in some way. (You may find that other notes you make in the process of carrying out your mentoring role can also provide talking points). The event diaries will require you to make entries for between one and three events, and to spend two minutes filling in the questionnaire on how you feel. For example, you may spend five or ten minutes jotting down some emotional responses to an event, or you may wish to write a full description that will require more thinking time, or you may prefer to draw a picture. The style of recording will be up to you. It is expected that the interviews are carried out in your own time.

Flow diagram of participant involvement



The total period of interviewing for the study as a whole will be staggered, so that even if you have finished your involvement, there may be other mentors who started after you who are still involved, and there may be those who started and finished before you. Once the interviews are completed, I have planned in a considerable period of time to spend on in-depth analysis of the data and thesis writing, up to mid 2012.

I recognise that confidentiality is an issue in collecting and storing audio and text data. I will ask you to suggest a pseudonym that can be used to label the raw data, and will take care to keep the computer files under password protection. Any hard copies will be stored securely.

Expenses

If you incur any travel or other expenses in the process of taking part in this study, I will reimburse you.

What are the possible disadvantages and risks of taking part?

You may experience some inconvenience due to the personal time involved in being interviewed. You may find that you disclose experiences and strong feelings that are upsetting to you. Any situation that is upsetting will be handled with sensitivity. Information about personal or occupational counselling services will be provided routinely to all participants.

What are the possible benefits of taking part?

You may value the opportunity to reflect on your experiences during this project, and gain some satisfaction from the fact that you are contributing to a body of knowledge about the experiences of mentors. You may wish to regard this as a personal development or continuing professional development activity. The opportunity to engage deeply with aspects of your mentoring experiences can provide a learning opportunity and possibly result in a greater sense of satisfaction that arises from better informed practice.

What will happen to the results of the research study?

The research will be submitted to peer review journals and conferences and the thesis submitted to the Open University library. Also, presentations will be made at Open University research forums. Written feedback will be provided for participants, and the researcher can offer to present the project at special interest groups in your organisation. I may wish to use the raw data for further analysis in future research projects. You will not be identified in any report or publication, unless you have given your permission.

Who is organising and funding the research?

The study is being sponsored by the Open University in the context of providing study leave and supervision for my part-time PhD studentship.

Who has reviewed the study?

All research in the NHS is looked at by independent group of people, called a Research Ethics Committee to protect your safety, rights, wellbeing and dignity. This study has been reviewed and given a favorable opinion by Mid and South Buckinghamshire Research Ethics Committee. It has also been reviewed by the Open University's Human Participants and Materials Ethics Committee.

You will be asked to sign a consent form and will be able to keep a copy of the information sheet.

Further information and contact details

You may want general information about the research approach I am using, which is based on phenomenology. Try the following website if you are interested in finding out more about this research approach:

www.phenomenologyonline.com

For specific information about this research project, contact myself, the principal investigator, as further below.

If you wish to complain about any aspect of your participation in this project, you can contact the Associate Dean (Research) of the Faculty of Health & Social [Contact details given]

Confidentiality

All information pertaining to participants will remain the property of the researcher and treated in a way that protects confidentiality and anonymity of participants. Participant names will not be used except for organisation of the raw data. The thesis and other publications that arise from the research will be written so as to protect any individuals included in the data.

Data protection

Information will be kept in line with the principles of the 1998 Data Protection Act. The digital audio recordings and e-versions of transcripts will be stored under password protection. Any hard copies will be kept securely. Personal information will not be passed on to any third party and will only be used with the consent of the participant. Data will be stored for at least 6 years, but may be kept for further research by the principal investigator for personal scholarship activities beyond the originally stated purposes.

What will happen if I don't want to carry on with the study?

You are free to withdraw your consent and to discontinue participation at any time. You may also request any data relating to you to be destroyed.

Occupational Health

If, as a consequence of taking part in this study, you have any concerns about your well-being, you may wish to contact your occupational health department.

[Contact details given]

Principal investigator

Anthea Wilson: [Contact details given]

Supervisors: [contact details given]

Consent form

The nurse experience of mentoring learners in practice

Researcher: Anthea Wilson

I confirm that I have read the information sheet dated
(version.....) for the above study. I have had the opportunity to consider
the information, ask questions and have had these answered satisfactorily.

I understand that my participation is voluntary and that I am free to withdraw
at any time without giving any reason.

I assign the copyright for my contribution for use in education, research and
publication

I agree to take part in the above study

_____ - _____ - _____

Name

Date

Signature

Appendix C

The nurse experience of mentoring learners in practice: Event diary

Thank you for agreeing to take part in this research. You have been asked to describe three different (one of each) interactions you have in your capacity as a mentor:

- An interaction involving you and your student
- An interaction involving you and a colleague
- An interaction involving you and the university

Please make a record of the interaction event as soon as possible afterwards. If at all practicable, make your record on the same day or the day after. Make the account as descriptive and as detailed as possible and include your thoughts and feelings associated with the event. You will have an opportunity to reflect on the events during the next research interview.

You can use the following questions to help you in making your record of the event, but if you prefer you can write it without prompts. You may want to draw a picture or create some other visual representation or voice recording describing your experience. In addition, it would be helpful if you could rate your feelings during the event (on the questionnaire provided), both **before** you write the description and again **afterwards**.

Give your event a title. As you experienced this event:

Where were you?

What was the main thing you were doing?

What else were you doing?

What did you notice others doing?

What were you thinking?

What sights, sounds, smells or other physical sensations were you aware of?

What did you feel?

What made you feel that way?

When you have finished, please send it to me in the envelope you have been given, or email it to me at a.m.e.wilson@open.ac.uk.

You may have created some paperwork in the process of the event, such as assessment records, or informal notes, or you may have used existing paperwork to support your practice at the time. If you think this will be helpful in your reflection on the event in the next interview, please bring a copy with you, making sure that any information that may identify others is removed.

Pseudonym..... Date

Event 1

How did you feel during the event?

To what extent did you feel each of the following during the event? Circle the number on a scale of 1-7 that you think most closely applies to each descriptor. (If using a computer to fill in the form, please mark your chosen score with x).

	To a very low extent		Medium			To a very high extent	
Tense	1	2	3	4	5	6	7
Miserable	1	2	3	4	5	6	7
Depressed	1	2	3	4	5	6	7
Optimistic	1	2	3	4	5	6	7
Calm	1	2	3	4	5	6	7
Relaxed	1	2	3	4	5	6	7
Worried	1	2	3	4	5	6	7
Enthusiastic	1	2	3	4	5	6	7
Uneasy	1	2	3	4	5	6	7
Contented	1	2	3	4	5	6	7
Gloomy	1	2	3	4	5	6	7
Cheerful	1	2	3	4	5	6	7

Name of event 1.....

Description (Where were you? What was the main thing you were doing? What else were you doing? What did you notice others doing? What were you thinking? What sights, sounds, smells or other physical sensations were you aware of? What did you feel? What made you feel that way?) **[Write below if you like]**

Appendix D

Guillemin's framework

1 About the production of the image

- The context in which the image is produced
- When was it made?
- What events preceded the drawing, both in terms of the participant's condition and the relationship established between participant and researcher?
- Where was the image made?
- Who drew the image? Was the participant able to draw the image her- or himself, or was assistance required?
- What was the response of the drawer to the request to produce the image?
- What are the relations between the drawer and the subject of the image?

2 About the image

- What is being shown? What are the components of the image? How are they arranged?
- What relationships are established between the components of the image?
- What use is made of color? What colors are used? What is the significance to the drawer of the colors used?
- What do the different components of the image signify? What is being represented?
- What knowledges are being deployed?
- Whose knowledges are excluded from this representation?
- Is this a contradictory image? (to other data collected, for example, in interviews)

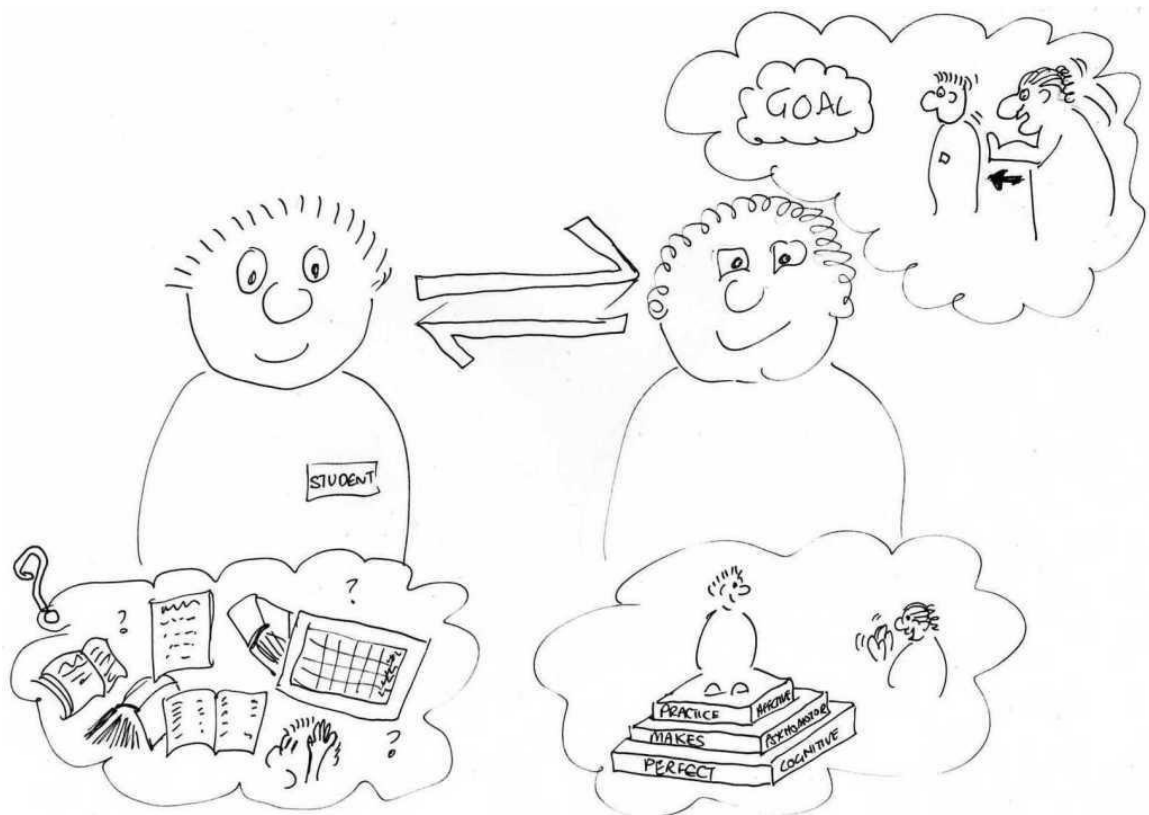
3 About the relationship between the image and the audience

- Who was the original audience(s) for this image?
- Where is the viewer positioned in relation to the components of the image?
- What relation does this produce between the image and its viewers?
- Is more than one interpretation of the image possible? and
- How is it redisplayed? (Guillemin's participants sometimes adapted their drawings in the process of interviews)

(Guillemin, 2004: 284-285)

Appendix E

Rich picture analysis using the modified framework



Memo name: Shrimpy's rich picture 3 (event 5)

30/07/2009 21:38

Image production

Shrimpy had come into work on a day off, specifically to fill in the Practice Assessment Document for the student. She found a side room in the High Dependency Unit that was not being used, and sought permission from the nurse in charge of HDU that day, to ensure there would not be another patient coming into that bed. With permission granted, she entered the room with the student, closed the door, lowered the bed and sat on it, and used the table to spread out the paperwork. It was the same student that had featured in the other pictures. Shrimpy wrote the details of this event in her event diary and created this picture at around the same time.

The image itself

One can imagine the two of them sitting on the bed side-by-side in this picture. Shrimpy has again identified the student with a label that looks more like a name tag than in other pictures (probably because the drawing of the student is bigger this time). There are arrows pointing both ways between the two, emphasising the two-way flow of information and ideas that Shrimpy had mentioned in her diary and in the interview. Both of their faces are smiling and attentive. There is a thought-bubble in front of each of them. The student has a messy array of books and charts, along with a number of question marks

and a small drawing of the student looking horrified, hand by head. Shrimpy's thought bubble contains a picture of the student perched (looking a bit like a penguin) on a pyramid of platforms (a plinth) with writing on them. On one side of the plinth steps is written "PRACTICE" "MAKES" "PERFECT" and on the other side "AFFECTIVE" "PSYCHOMOTOR" "COGNITIVE". Shrimpy has drawn herself in the picture applauding the student. Shrimpy has an extra thought bubble in the top right of the picture. In it, there is a picture of her looking very determined, and a little severe, shoving the student from behind, the motion indicated by a strong black arrow. In front of the student is a "cloud" with GOAL written inside.

This all ties in very closely with the account Shrimpy gave me of her experiences with this student. The student had a lot of knowledge but didn't always have the confidence to put it into practice and Shrimpy had found it very challenging to help her to overcome this inertia. In the interview, she said " I just needed to nudge her in the right directions, go on do it have a go, yes that's good, yeah you've got a lot of knowledge, I was constantly saying to her that she had so much knowledge there that she's now got to have the courage of her convictions and put it into practice," Later in the interview, Shrimpy said "I'm applauding her because [...] she did come out of it a lot better than she thought that she had". In the interviews as a whole, Shrimpy had made it very clear that she had a strong regard for the theoretical aspects of learning. The writing on the plinth reinforces the way she tends to think about the different learning domains when she supports learners in practice.

Image-audience

As a viewer, I am feeling quite familiar by now with Shrimpy's mentoring practices and the personal journey she had been on with this particular student. I feel I can share in her triumph and can also appreciate the effort she has put into helping the student achieve as much as possible in the time and the circumstances.

Appendix F

Condensing interview transcript into vocative text

1. Selecting a narrative from 6 ½ minutes of raw transcript:

Well, mainly they come out at semester eight [mm] - seven or eight, and they come in to find out what the district nurse's role is [mm] erm because they generally haven't got any idea where we fit into the picture and erm what we do, and they're quite often 'flowered' by what they see on TV..... so...er..... The first thing is we try to make clear what is the district nurse's role, (15.58) a lot of them want to learn about wound care and leg ulcers and bandaging because they don't get a lot of that in hospital actually, not the kind of wounds we get, the chronic wounds; the hospital wounds tend to be more, sort of, um, surgical wounds mainly..... so they're all keen, mainly keen, to do that as part of their erm learning objectives, they've always got that on their learning objectives, so we try to do as much of that as possible. We try to give them everything. I've got a whole list of suggestions, which I try to do - catheters, if we've got any, syringe drivers, I always try to do that with them, anything we've got that's interesting really [mm] erm a lot depends, a lot of the learning opportunities depends on what I've got on the books at the time, so (16.45) some are lucky, some are not [mm]. Sometimes we get the odd IV even - I know they can't do that, but they can observe and help. Erm...some are really unfortunate and nothing happens when they're here.... But I do try to, I find some areas difficult to assess, like teaching and leadership and drugs, so I've started, erm, new strategies in these areas, because as I say I've been appalled by drugs knowledge, you know, down to somebody not knowing what dose a paracetamol tablet is in Semester eight. erm.... And so I've started warning them that when I come to do the assessment I'll be asking questions on (17.30) the basic painkillers. No rocket science, but you know it's surprising, you know, so I want them to be able to tell me you know all the paracetamol, ibuprofen, codeine and what you can - which you can take with which, and erm all that sort of thing, and so I warn them at the beginning I'm going to do that with them. I try and get them to do a little teaching session with me because sometimes we have the opportunity for them to do something with a patient and show me that they're able to teach, but quite often it doesn't quite work out so I now get them to do something with me. I pretend that I'm a patient and they have to teach me how to do eye drops, or they have to teach me how to do my own blood sugar, or something like that, you know. [yes] Something. They can choose, actually, and so actually the ball's in their court and so if they are good at something they can do that for me without any work involved, so erm I do that with them. Erm but we try to give them as broad a spectrum of experience that we can, with whatever we've got on the caseload, really (18.38) I like to erm you know send them out on their own for at least the last two weeks with erm patients, I wouldn't send them to anybody they hadn't ever met, they're always with people they've met, always people they've been to with me or one of the staff nurses and see what they have to do, and, you know, we get them to go on their own which is good for them, because it does make them more, open their eyes to working autonomously [mm]. We erm,..... yeah (19.09) We get erm..... we get them to do that, and erm usually they like it, we've had one or two who have been a bit nervous about going out their own, they were really quite frightened, but I said to them I'm only - you only have to go to two people, and it doesn't matter if it takes you all day, because the beauty of our patients is: longer it takes you, the better they like it, so <laughter> if you go there all day to do one job, the patients will just love it, won't they? Sit and chat all day, you know, so I always say to them there's no prizes for speed, I don't want you to be in there for ten minutes and come back and say oh I've done

it (19.49) [mm] and then I find out you've done it wrong [mm], cos I just want you to do it right, even if it takes you all day, so... we don't put pressure on them for speed, it's not like on the ward when they want ten washes done in an hour or something, erm...so, we always do that with them. We do have the opportunity for quite a few injections, catheters as I said, wound dressings... they see what goes into erm a patient being discharged sometimes as well which is quite good because I'm always keen for them to see that. Because then they know when they're a staff nurse on a ward and they ring up and they say I'm going to discharge Mr Bloggs tomorrow and you need a hospital bed and you need this, that and the other, and they need to see that that isn't going to happen (20.38). Not tomorrow, because they what we have to do to get the equipment and justifying it and assessing it and everything [mm]... I mean they'll see, see me assessing new patients and going to see people that have been just referred... erm... but they get a broad idea, I think. I think they all go away I think knowing what the district nurse's role is, but I also send them with the practice nurse so they see what practice nurses [mm] do, and depending on what their own particular interests are, erm they might have a day with the Macmillan nurses, or community Macmillan nurses, or half a day perhaps with the health visitor, see what she does [mm] (21.21). Erm..... possibly erm one of the community matrons, you know, they'll take students out for me for a day so they see what they do. So there's quite a lot of scope for them., They usually enjoy it. But I've never had a student *not* enjoy it [mm] or they don't say they do..... I think it's a bit different from the hospital for them, so they quite... quite like it [mm] So ...yes... (21.51)

2. Identifying and highlight key concepts in the extract:

<p>They generally haven't got any idea where we as district nurses fit into the picture and what we do, so the first thing is we try to make clear what is the district nurse's role. A lot of them want to learn about wound care and leg ulcers and bandaging because they don't get a lot of that in hospital actually, not the kind of wounds we get, the chronic wounds; the hospital wounds tend to be more surgical wounds mainly..... so they've always got that on their learning objectives, and we try to do as much of that as possible. We try to give them everything. I've got a whole list of suggestions, which I try to do - catheters, if we've got any, syringe drivers, I always try to do that with them, anything we've got that's interesting really. A lot depends on what I've got on the books at the time, so some are lucky, some are not. Sometimes we get the odd IV even - I know they can't do that, but they can observe and help. Some are really unfortunate and nothing happens when they're here.</p>	<p>Seeing own practice as a fragment in the student's experience</p> <p>Transient learning opportunities – not available elsewhere</p> <p>Making judgements about what is important</p> <p>These opportunities are not always available, dependent on caseload</p> <p>Discriminating between types of learning opportunity</p>
---	--

<p>I try and get them to do a little teaching session with me because sometimes we have the opportunity for them to do something with a patient and show me that they're able to teach, but quite often it doesn't quite work out so I now get them to do something with me. I pretend that I'm a patient and they have to teach me how to do eye drops, or they have to teach me how to do my own blood sugar or something like that. We try to give them as broad a spectrum of experience that we can, with whatever we've got on the caseload, really. We do have the opportunity for quite a few injections, catheters as I said, wound dressings... they see what goes into a patient being discharged sometimes as well which is quite good because I'm always keen for them to see that. I mean they'll see me assessing new patients and going to see people that have been just referred. I think they all go away knowing what the district nurse's role is, but I also send them with the practice nurse so they see what practice nurses do, and depending on what their own particular interests are, they might have a day with the Macmillan nurses, or community Macmillan nurses, or half a day perhaps with the health visitor. Possibly, one of the community matrons, take students out for me for a day so they see what they do.</p>	<p>Unpredictability of patients. Devising contingencies</p> <p>Being opportunistic</p> <p>Working with what's available on the caseload</p> <p>Making use of available colleagues</p>
---	---

3. Condensing further into vocative text

Transience of students, patients and learning opportunities (vocative text)

I'm always trying to impress upon students where we as district nurses fit into the picture and what we do. My student Beth told me she wanted to do plenty of wound care and leg ulcers and bandaging because they don't get a lot of that in hospital, not the kind of wounds we get, the chronic wounds, so I said we'd try to do as much of that as possible. I never really know what we'll have on the books, but she's likely to see me assessing new patients and taking on referrals. A lot depends on what I've got at the time, so some students are lucky, some are not. We had three dying patients all at once with my last student, but of course they're gone now.

She'll be able to do a few injections and catheter care and see what happens when patients are discharged from hospital. I'll also try and get her to do a little teaching session while she's here. We might have the opportunity for her to show me that she's able to teach a patient a technique, but if it doesn't quite work out, I'll pretend that I'm a patient and she can teach me how to do eye drops, or how to do my own blood sugar, or something like that. I'm just going to have to make the most of what's on the caseload.

Appendix G

Letter of approval from NHS National Research Ethics Committee

Appendix G: Letter of approval from ethics committee



National Research Ethics Service Mid and South Buckinghamshire Research Ethics Committee

2nd Floor, Astral House
Chaucer Business Park
Granville Way
Bicester
OX26 4JT

Telephone: 01869 604 076
Facsimile: 01869 604 055
Email: scsha.Bucks@nhs.net

24 January 2008

Ms Anthea M. E. Harris
Lecturer
The Open University
Faculty of Health & Social Care
Walton Hall
Milton Keynes
MK7 6AA

Dear Ms Harris

Full title of study: The nurse experience of mentoring learners in practice
REC reference number: 07/H0607/91

Thank you for your letter of 17 January 2008, responding to the Committee's request for further information on the above research and submitting revised documentation.

The further information has been considered on behalf of the Committee by the Chair.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised.

Ethical review of research sites

The Committee has designated this study as exempt from site-specific assessment (SSA). There is no requirement for [other] Local Research Ethics Committees to be informed or for site-specific assessment to be carried out at each site.

Conditions of approval

The favourable opinion is given provided that you comply with the conditions set out in the attached document. You are advised to study the conditions carefully.

Approved documents

The final list of documents reviewed and approved by the Committee is as follows:

Document	Version	Date
Application		17 October 2007
Investigator CV		17 October 2007

This Research Ethics Committee is an advisory committee to South Central Strategic Health Authority
The National Research Ethics Service (NRES) represents the NRES Directorate within
the National Patient Safety Agency and Research Ethics Committees in England.



Investigator CV		17 October 2007
Investigator CV		05 June 2007
Investigator CV		04 June 2007
Protocol		16 October 2007
Covering Letter		17 October 2007
Summary/Synopsis		16 October 2007
Peer Review		13 July 2007
Interview Schedules/Topic Guides	1	16 October 2007
Interview Schedules/Topic Guides	1	16 October 2007
Letter of invitation to participant		17 January 2008
Participant Information Sheet	2	17 January 2008
Participant Consent Form	2	17 January 2008
Response to Request for Further Information		17 January 2008
Email from [REDACTED]		17 January 2008
Email from [REDACTED]		27 December 2007
Lone Working Policy and Guidance	Open University	
personal Safety Alone in the Workplace		
Lone Working Policy and Guidance	[REDACTED] PCT)	
Event Diary	1	16 October 2007
Statement of Indemnity		14 December 2006
Withdrawal Form	1	16 October 2007
Letter from [REDACTED]		14 January 2008

R&D approval

All researchers and research collaborators who will be participating in the research at NHS sites should apply for R&D approval from the relevant care organisation, if they have not yet done so. R&D approval is required, whether or not the study is exempt from SSA. You should advise researchers and local collaborators accordingly.

Guidance on applying for R&D approval is available from <http://www.rdforum.nhs.uk/rdform.htm>.

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees (July 2001) and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

After ethical review

Now that you have completed the application process please visit the National Research Ethics Website > After Review

Here you will find links to the following

- a) Providing feedback. You are invited to give your view of the service that you have received from the National Research Ethics Service on the application procedure. If you wish to make your views known please use the feedback form available on the website.

This Research Ethics Committee is an advisory committee to South Central Strategic Health Authority
The National Research Ethics Service (NRES) represents the NRES Directorate within the National Patient Safety Agency and Research Ethics Committees in England.



- b) Progress Reports. Please refer to the attached Standard conditions of approval by Research Ethics Committees.
- c) Safety Reports. Please refer to the attached Standard conditions of approval by Research Ethics Committees.
- d) Amendments. Please refer to the attached Standard conditions of approval by Research Ethics Committees.
- e) End of Study/Project. Please refer to the attached Standard conditions of approval by Research Ethics Committees.

We would also like to inform you that we consult regularly with stakeholders to improve our service. If you would like to join our Reference Group please email referencegroup@nationalres.org.uk.

07/H0607/91

Please quote this number on all correspondence

With the Committee's best wishes for the success of this project

Yours sincerely



Dr Susan Kelly
Chair

Enclosures: Standard approval conditions

Copy to: Prof Brigid R. Heywood

This Research Ethics Committee is an advisory committee to South Central Strategic Health Authority
The National Research Ethics Service (NRES) represents the NRES Directorate within
the National Patient Safety Agency and Research Ethics Committees in England.