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Abstract

Aim

To discuss interpretations of the lived experience of mentoring based on Heidegger's concept of *dasein*. The focus is on one main theme identified in an in-depth study of the lived experience of nurses mentoring students in their workplace: a world of hope for the nursing profession.

Background

This paper focuses on *dasein* 'existence', which is temporally aligned with having a future. Data relating to this theme are presented and interpreted with respect to the temporal aspect of *dasein* pertaining to 'having a future' and the Heideggerian existentials of existence and *verstehen* (understanding).

Design

The research design was based on hermeneutic phenomenology, exploring the mentors' 'being'.

Methods

Data were gathered during 2008 through hermeneutic interviews, event diaries and participant drawings. Analysis occurred through sustained hermeneutic engagement with the data and application of an interpretive lens provided by Heidegger's care structure.

Results

Three sub-themes are identified: 'being a gatekeeper', 'sustaining a professional will', and 'passing on the special things'.

Conclusions

Mentors can and need to engage on a deep personal level with their students if they are to intervene appropriately as gatekeepers to the profession.

Key words

Mentorship, Heidegger, phenomenology, compassion, professional will, nurse education, emotional labour, workplace learning

SUMMARY STATEMENT

Why is this research needed?

- The capacity of nurses to care compassionately has been called into question in light of recently reported failures of care.
- Better understanding of the mentor perspective can provide a foundation for practice development in nurse education.

What are the key findings?

- Mentors are witnesses to the precariousness of a student journey: how a 'poor' student can continue unchecked and how unsupportive experiences can discourage 'good' students.
- There should be more opportunities for students to reflect on whether they want to or should continue on their nursing path.
- Mentors should be prepared for the personal vulnerability and to bolster their professional will if they are to engage critically with the professional virtues of their students.

How should the findings be used to influence policy/ practice /research/ education?

- Effective mentorship should be supported by a curriculum that prepares candidates to teach professional values and virtues and to challenge students who lack the desirable qualities.
- Mentors need ongoing support in the workplace if they are to maintain their professional will.

INTRODUCTION

Nurse education in the UK is bound by rigorous standards for competencies set by the Nursing and Midwifery Council (NMC 2010), a situation consistent with the global picture. However, there is an alarming picture emerging of nursing as a profession in crisis (Darbyshire and McKenna 2013). Recent reports and discussions about the quality of nursing practice following events at Stafford hospital and elsewhere in England (Hehir 2013, Francis 2013) have called into question the values held by some nurses, and whether nurses have the appropriate personal qualities necessary for delivering compassionate care. Compassionate nursing care involves an emotional connection with others and a meaningful reaction to their suffering or vulnerability (Dewar 2013), and in the absence of compassion it would be easy to surmise that the nursing profession has somehow lost its direction and capacity to care. Drawing on findings of a hermeneutic phenomenological study into the lived experience of nurses who mentor students, this paper shows an alternative picture of nurses striving for excellence and compassion in their own practice and that of their students.

Mentorship is a relational activity involving learning and support, which is carried out in a diverse range of contexts (Eby *et al.* 2007). In this paper, the mentors are formal workplace mentors reflecting an international preceptorship model where a nursing student is assigned to their practice area for a defined period (Budgen and Gamroth 2008). Their functions primarily reflect Kram's (1983) psychosocial mentorship aims of enhancing competence and nurturing role identity. In the UK nursing context, mentors occupy a central and mandatory position in the learning experience of student nurses. Students are guests in the workplace, with staged learning outcomes, time limitations and assessments; and mentors respond by modelling their own nursing practice, selecting learning opportunities for students, directly teaching, and assessing (NMC 2008).

This paper draws on the philosophy of Martin Heidegger (1962) to interpret mentor accounts of their lived experience in an effort to achieve additional depth of meaning about their roles. The theoretical framework, and its power to illuminate mentor experience, is described below.

BACKGROUND

Heidegger's (1962) philosophical solution for understanding the meaning of experience was through conceptualising human existence as *dasein*. The idea of human existence and *a human being* are wrapped together in this one idea which, by its very nature, is layered and complex. A central element of *dasein* is its care structure. Heidegger (1962) proposed that fundamentally, *dasein is care*, as indicated by our inescapably concerned involvement in the world. Concerned involvement does not necessarily describe conscious acts, but rather an inescapable quality of the human condition that means we cannot help but engage in a world of our concerns, even when claiming apathy.

The world of our concerns is derived from convergence and interplay of 'thrownness', 'absorption' and 'possibility', which are linked, respectively, to temporal elements of the care structure relating to having a past, having a present and having a future. 'Thrownness' corresponds with 'facticity', a condition where we find ourselves 'thrust into the world' in a way that matters to us (Polt 1999: 65). 'Absorption' corresponds with 'falling', where we are 'caught up and lost in the present' (Dostal 1993: 156). In having a future, 'possibility' corresponds with 'existence,' which is associated with being involved in projects and possibilities. According to Heidegger, one of the problems of discerning the facticity, falling, and existence of *dasein* is that they are generally hidden from us as we go about our daily lives.

Heidegger's key to disclosing *dasein*'s facticity, falling and existence is through a 'clearing' (Dreyfus 1991). His elegant metaphor for expressing this phenomenological seeing comprises 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 (Smythe 2005). This paper focuses on *Dasein*'s 'existence', which is temporally aligned with having a future. The clearing through which 'existence' can be apprehended is *verstehen* ('understanding' – the original German word is used here to denote the specialist context of the term).

Verstehen appears in sense-making and capacity for action: our ability to do things, or know-how, where actions bring something about and 'press forward into possibilities' (Heidegger 1962: 184). *Verstehen* denotes seeing something *as something*. For example, a researcher would see an academic paper not as a collection of words, but rather a vehicle for sharing research findings. Through this lens, *dasein* discloses itself through what it is capable of doing and discloses entities 'by letting them be involved in a possibility of our own Being' (Polt 1999: 68). The process of coming to understanding is 'interpretation', or 'the working-out of possibilities projected in understanding' (Heidegger 1962: 189). Therefore, interpretation is a process that takes a practical interest in whatever is understood.

As we pursue possibilities, our current understanding of who we are and what we are capable of makes future actions possible. 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 to only what it makes sense to do in the situation. They can be described as 'existentially possible' (Dreyfus 1991: 190).

Although there is a plethora of literature about the role of the mentor in undergraduate nurse education (Jokelainen *et al.* 2011, Omansky 2010), it remains difficult to locate

empirical research reporting personal meanings of mentoring which might indicate the existential possibilities of the role. Applying the lens of *Verstehen* can provide a unique insight into mentorship. This insight has the potential to enrich understanding of this central and important professional role, as well as reveal the intense efforts of the nurses in this study to promote excellence and compassion in nursing.

THE STUDY

Aims

The aim was to explore the lived experience of mentors of student nurses. This paper presents outcomes of the thematic analysis of the mentor experience focusing on the theme ‘a world of hope for the nursing profession’ which includes ‘being a gatekeeper’, ‘sustaining a professional will’ and ‘passing on the special things’, each of which offered a distinct insight into how the participants made sense of their world.

Design

The research design was based on hermeneutic phenomenology, exploring the mentors’ ‘being’ rather than ‘knowing’, taking the view that reality is constituted through being in the world and in shared practices (van Manen 1997, Heidegger 1962). Mixed methods aimed to maximise opportunities for understanding and interpreting the mentor experience through lived-experience descriptions obtained via interviews and written diaries, and elicitation of meaning in participant drawings (Table 1).

Participants

Twelve registered nurses working in southern England were recruited by purposive and snowball sampling. Inclusion criteria were simply that they had experience of mentoring students. Pseudonyms were immediately assigned to the data (Table 2).

Data collection

The data comprised 29 hermeneutic interviews, 29 diary entries describing mentoring events, and six ‘rich pictures’ (Checkland 2000) of mentoring situations, gathered in 2008. Data collection ceased when new insights were no longer forthcoming. NVivo 8 served as an electronic tool for organising the data.

Ethical considerations

Ethics committee approval was obtained from the sponsoring university, the National Health Service and the mentors’ employers. During the entire project, attention was paid to non-coercion, informed consent, and maintaining participant anonymity.

Data analysis and interpretation

Themes were determined through repeated and sustained engagement (reading, thinking, and following up hunches) with the data, asking what it revealed about the lived experience of mentoring. Where possible, I involved the participants in verifying and clarifying details in the initial stages of theme development. Phenomenological descriptions, presenting what it meant for the mentors to inhabit this world of hope for the profession, were derived from hermeneutic engagement with all the data pertaining to the theme.

I also created vocative texts (Nicol 2008) for sub-themes, by distilling raw data into accounts of experience that illustrated and evoked the feelings and meanings held in these themes. 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. This addressed a need for conveying felt sense through attention to ‘concreteness’, ‘evocation’, ‘intensification’, ‘tone’, and ‘epiphany’.

The major theme under discussion here (a world of hope for the nursing profession) was further considered through the lens of the existential *verstehen* ('understanding'), by reflecting on the 'existence' of *dasein*, which fundamentally has a 'potentiality-for-Being' through involvement in projects and possibilities (Heidegger, 1962, 183). This involved consideration 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).

Rigour

Trustworthiness was fostered through critical reflection (Kahn 2000) and an open and transparent decision trail (Whitehead 2004). See the details provided above, including Table 2.

FINDINGS

The study participants were all female, at different career stages (between one year post-qualifying and nearing retirement). They worked in home nursing, practice nursing, hospital and rehabilitation settings. The thematic structure of the lived experience of mentoring centred on 'the educational use of self' which related to three thematic 'worlds' of 'high stakes', 'hope for the nursing profession', and 'fragments'. 'Hope for the nursing profession', the theme discussed here, featured three sub-themes: being a gatekeeper', 'sustaining a professional will', and 'passing on the special things' (Figure 1).

The findings are presented as lived-experience descriptions illustrated with both vocative texts and interview extracts. Interpretations drawing on Heidegger's concept of 'existence' are offered by showing how the participants interpreted their contexts, how their 'space of

possibilities' guided their decisions, and how their 'self-interpretation' could promote understanding of their engagement in mentoring.

A world of hope for the nursing profession

The mentors spoke about how things 'should' be: the importance of learning and progression, personal development, job satisfaction, enjoyment, effort, and leading by example. 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 maintaining a personal obligation to 'give something back'. Alongside their optimism lay uncomfortable questions about whether the system of nurse education was producing the right kind of nurse. They witnessed the precariousness of a student journey: a 'poor' student continuing unchecked and unsupportive experiences discouraging 'good' students.

Being a gatekeeper

A wish to preserve standards and maintain the integrity of the nursing profession infiltrated the mentors' world of hope. They perceived that nurses should have a caring attitude, communicate well, engage with the physical tasks of caring for bodies, be able to organise the work, have the skills and knowledge required and a propensity for ongoing practice development. This vision of nursing served as a mental checklist. Students deviating from this vision evoked concern about their potential to become nurses. Mentors could either rescue them from failure or exercise a duty of care to prevent them from entering the profession. In the following vocative text, the self-interpretation 'being a gatekeeper' assumes major importance when the mentor faces a student who has already passed some placements, but whose demeanour makes her clearly incompatible with nursing:

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. 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 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. She had a defensive argument for everything; it fuelled me to go on. I realised I needed to take control of this.

They followed accepted assessment practice for conducting the assessment interview, yet the mentor had to make skilful judgements in this space of possibilities, of when and how to intervene in the conversation. As gatekeeper, she 'needed to take control'. Thus, the mentor's 'self-interpretation' guided her manoeuvres, revealing a key aspect of a mentor's 'existence'.

As gatekeepers, therefore, the mentors would firmly challenge students' suitability for nursing. Marion, for example, mentored a student who was reluctant to involve herself in practical work. Operating in a gatekeeper 'space of possibilities', and in the spirit of hope for the profession, Marion had felt compelled to confront the student about her motivations:

I had to ask her why had she come into nursing and ... in fact actually I said to her ... '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'. ... 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)

In addition to the personal qualities necessary for students to become registered nurses, the mentors also had a vision of the essential skills. Cate's recent experiences of mentoring had led to adopt an increasingly flexible approach to skill development. 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. (Cate)

Coming to accept that some students were unable to take manual blood pressures mid-way through their course, Cate's pivotal moment arrived when she was supporting a medical student who also lacked the skill. She adjusted her interpretations of the situation, accepting it was unfeasible to condemn individual students for lacking a specific skill. She could maintain her gatekeeper 'self-interpretation', however, by accepting a revised 'space of possibilities':

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)

Exploration of the gatekeeper theme has shown mentors needing to feel in control when making important decisions. Lacking autonomy as gatekeeper could lead to a sense of impotence. Moreover, the demands of being a gatekeeper and maintaining hope for the profession required the mentors to sustain a professional will.

Sustaining a professional will

Sustaining a 'professional will' can carry a person 'into and through a very lengthy and an arduous process of professional formation and professional development' (Barnett 2009).

The mentors' professional will propelled them in pursuing their hope for the profession through mentoring, both in the presence of 'poor' students who may have slipped past gatekeepers previously, and when they witnessed 'good' students who had been discouraged by earlier experiences.

Supporting professional formation in others proceeded concurrently with mentors' own development as nurses. In the following vocative text, 'nurse' and 'mentor' self-

interpretations merged. In aiming to pass on good practice, the mentor's 'space of possibilities' was furnished by a range of possible scenarios, many of which were rejected as not good enough. The mentor driven by a strong professional will considered only best performance to be existentially possible:

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.

Mentors fostered a professional will in their students. Shrimpy's thoughtful reflection on what nursing meant for her seemed to expose her professional will in action. Substituting for the family when a person died represented the pinnacle of showing compassion and care. Passing this special sense of job satisfaction onto students offered a way of fostering the will in another and appeared to help maintain Shrimpy's professional momentum as a nurse:

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. 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)

Similarly, Flossie felt proud of her skill in making patients feel that they had her special undivided attention, even though her reality was different. She gave the patient the

impression that she was unrushed and available to chat, when in fact she was feeling the opposite:

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)

Flossie 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 (rather than what she wanted to give). This can be interpreted as emotional labour, an activity that 'requires one to induce or suppress feeling to sustain the outward countenance that produces the proper state of mind in others' (Hochschild 1983: 7).

As illustrated, the mentors sustained their professional will by making sense of significant situations. The professional context shaped their 'self-interpretation' as 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.

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. All this activity and hope for the future could be energised and sustained by the pleasure of mentoring. Sometimes, 'seeing the light go on' in a student's head provided a 'eureka moment', where the student eventually understood a

point. Alternatively, it was sufficiently rewarding simply to do the job well. Marion gained immense satisfaction through supporting students sensitively and constructively. She managed the student's emotions in the way she projected herself even when giving written feedback:

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)

At other times, professional will appeared in the performance of emotional labour in interactions with students. For example, Romaine described the emotional labour involved in modifying her natural response to a student who was showing disinterest, 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. (Romaine)

Such energy for establishing a successful mentoring relationship formed a thread where emotional labour was often a factor in mentors' capacity to engage. The sustained mentoring effort seemed to be a clear indicator of the 'mentoring will' in action. The last theme considers some of the learning the mentors believed was particularly worthwhile.

Passing on the special things

In this world of hope, the mentors had pride in their profession and a practical view of what makes a good nurse. Rather than merely maintaining standards, they wanted to make a unique contribution to improving practice. 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. Recognising how precarious and transient the learning could potentially be, she possessed a strong will to pass on practice, and rejoiced when the learning became visible:

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)

Several mentors were particularly attuned to fostering the ‘desirable’ qualities and steering 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:

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. ... 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. (Shrimpy)

More than the other sub-themes, the contextual interpretations here were driven by a ‘space of possibilities’ based on the mentors’ personal desires and aspirations for the nursing profession.

DISCUSSION

This paper has explored the ‘capacity for practical action’ of *verstehen* 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 a defender and promoter of highly valued practices. The discussion here considers the additional insights made possible by interpreting the world of hope through *verstehen*, the ‘clearing’ taken as an indicator of the mentors’ ‘existence’ or their ‘potentiality-for-being’, in the context of *dasein*’s care structure (Heidegger 1962).

Reflection on *Verstehen* as the ‘clearing’

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). Such interpretation of the mentor experience enabled a more thorough exploration of the theme and its meanings than would have been otherwise achieved, and specifically offered a valuable Heideggerian lens.

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 include 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 sustaining a professional will, the mentors saw their existential possibilities in intuitions about what it meant to be a good nurse and a good mentor, for example, being skilled in the management of emotions. These understandings depended on mentors 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 appeared to be a seamless connection of professional will between mentor and student. In this respect, it was part of the public mood of nursing, and possibly a generalised 'urge' to fulfil professional duties (Heidegger 1962: 240). Students could feature 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 mentoring had the potential to raise mentors' vulnerability and sense of guilt, especially when the special things they wanted to pass onto students were difficult to achieve and sustain.

Issues raised about nurse education in the workplace

The mentor accounts in this paper have indicated that, when making judgements about a person's suitability for the nursing profession, technical skills are deemed insufficient if

suitable personal character qualities are lacking. This position is supported by Begley (2006) who, in addition to stating the importance of mentorship for modelling professional virtues, emphasised the importance of identifying and intercepting students who fail to develop practical competence in these fundamental virtues. This paper also indicates that there may be a need for more opportunities for students to reflect on whether they want to or should continue on their nursing path. Although professional reflection is a taught skill, it may not always be facilitated as a process of self-enquiry as characterised by Johns (2002). Facilitated reflection is commonly based on discussions of the practical work and focused on finding solutions to practical problems, rather than the more challenging and deeper personal reflection (Solvoll & Heggen 2010).

The implications for mentors in nurturing the ‘moral imagination’ of their students (Begley 2006: 263) are critically important. As this study has shown, such nurturing demands engagement on a deeply personal level with students. Although based on a small sample that cannot claim to be representative of all mentors, the findings nevertheless are the result of deep and critical engagement with these mentors’ accounts. Mentors need to be prepared for the personal vulnerability and to bolster their professional will if they are to engage critically with the professional virtues of their students.

Limitations

Phenomenological research requires personal investment by participants, which may not appeal to less interested individuals. A different methodology may be required to capture a wider range of mentors, some of whom may be less enthused by mentorship. Data were gathered from mentors working in adult nursing settings only, although the interpretations are sufficiently broad-based to apply to other settings. Robust interpretation of the data depends on the reflexive involvement of the researcher in the entire process.

CONCLUSION

Application of Heidegger's philosophy in relation to *dasein* supported a thorough and novel approach to analysis and interpretation of the data. It also facilitated a phenomenological orientation to the research, maintaining a focus on lived experience. In presenting the professional hope underlying mentoring practices, the paper has shown nurses adhering very strongly to principles of compassionate, person-centred care and displaying deep concern for professional values and virtues. Effective mentorship must be supported by a curriculum that prepares candidates to teach professional values and virtues and to challenge students who lack the desirable qualities. Mentors need ongoing support in the workplace if they are to maintain their hope for the profession.

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Figure 1: The thematic structure pertaining to 'A world of hope for the nursing profession'

Table 1 Data and methods of analysis

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. description	Written 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 (Rose 2001)
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 sphere of practice Identifying potential events for the event diary	Thematic analysis of accounts of mentoring experience
Interview 2	Hermeneutic interview, engaging in joint reflection on the event diary and additional mentoring experiences	Thematic analysis of accounts of mentoring experience
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 accounts of mentoring experience
Research diary	Systematic reflection on data gathering and interactions with participants	Reflexive engagement
All data sources	Linking the parts with the whole	Hermeneutic analysis: interpretation

Table 2 Participants and participation in the study

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