MENTORSHIP FOR LEADERSHIP

GENERATIVITY:

A STUDY OF AUSTRALIAN NURSE LEADERS

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STATEMENT OF AUTHENTICATION

The work presented in this thesis is, to the best of my knowledge and belief, original except as acknowledged in the text.
I hereby declare that I have not submitted this material, either in full or in part, for a degree at this or any other institution.

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ABSTRACT

Mentoring relationships are identified as powerful and dynamic alliances that promote personal and professional development. Since the late 1970s, interest in mentorship in nursing has been growing internationally, with mentoring relationships acknowledged as a positive way for nurses to gain professional competence and success across a range of nursing contexts. Specifically mentorship in nursing has gained prominence as a supportive mechanism for growing nurse leaders and sustaining the future of the nursing profession.

In Australia, mentorship in nursing, and more specifically mentorship for nursing leadership, is a relatively recent concept with associated definitional dilemmas and poor understanding of form and outcomes. Although formal mentorship structures are in place across many nursing settings for a variety of purposes, it is not well known to what extent Australian nurse leaders have experienced mentorship. It is not clearly understood whether there is a particular form and structure to mentorship for leadership in Australian nursing contexts or whether Australian nurse leaders identify mentorship as contributing to their own leader development.

The aim of this study was to develop an interpretation of Australian nurse leaders’ understandings and experiences of mentoring relationships for nurse leadership. Hermeneutic phenomenology provided the methodology for the study. In particular, key constructs of Heideggerian phenomenology and Gadamerian hermeneutics contributed to the study’s form and progress. These concepts include an acceptance of human beings as constructing meaning by being in the world, at the same time creating their world from understandings and experiences, and, identifying language as the instrument by which human beings develop and share meaning.

Mentoring relationships were explored with nurse leader participants who shared their subjective experiences of mentoring through conversational narrative. From these conversations, integrated experiential structures that were central to mentorship for nurse leadership were developed. The themes highlighted ‘connection’ as an essential component of mentoring relationships. These themes were titled: Esteemed connection, Noticing the connection, Evolution of the connection, and Progressive
connection. The themes were further examined to find deeper meanings and to construct an authentic explanation of this phenomenon of being in the world. The lived experience of mentorship for nurse leadership was understood and described through the motifs of imagination, journey and mode-of-being.

The study uncovers Australian nurse leaders’ experiences of mentorship for leadership. It reveals how nurse leaders’ perceive and articulate mentorship for leadership, and shows how mentoring relationships are established and maintained. The study illuminates the connection between mentorship and leadership and reveals these to be integrated ways of being in the world. Mentorship for nurse leadership is recognised as growing out of the past and present and being orientated toward the future, in particular, its generative impact is recognised.

The meanings that evolved out of the interpretation of mentorship for nurse leadership are embedded in the philosophical framework of the study and reveal the phenomenon as a way of being in the world. Meanings are discussed in terms of individual nurses, the contexts of nursing work, and the broader perspective of the Australian nursing profession.
CHAPTER ONE

INTRODUCTION TO THE STUDY
INTRODUCTION

This chapter introduces the study. It orientates the reader to the questions that provided the purpose and focus of the study and the processes that directed the study. Each chapter is explained and a summary of the findings is provided.

THE RESEARCH QUESTION

This study sought to ask questions of Australian nurse leaders, about mentoring. Primarily, the study was concerned with what experiences Australian nurse leaders had of mentoring relationships for nurse leadership, and how they thought about, and understood, mentorship. The two questions that guided the study were:

1. How do Australian nurse leaders conceptualise mentorship?
2. What is their experience of the mentoring relationship for nurse leadership?

These questions arose out of my own interest and experiences of mentoring relationships and my understandings of mentorship gained from reading the literature.

To my mind, I had been informally mentored over my life across a range of personal and professional contexts in a myriad of ways, by a number of people, including friends, family and colleagues. I perceived mentoring relationships and mentorship to have had a positive influence on me, particularly in terms of my professional progress as a nurse. Although I could not necessarily describe the actual processes of mentoring, I sensed that my professional achievements had been influenced by relationships with people that I had identified as mentors.

It was my involvement in developing a formal mentoring programme for new graduate nurses, which especially ignited my interest in mentoring in nursing. Developing the programme and working with new mentors and mentees, revealed mentoring to be a concept that was poorly understood by the nurses and more broadly, by the healthcare services involved in the programme. Further to this, I found that when I spoke with nurses about mentoring, many of them had difficulty articulating their experiences of it or even distinguishing mentoring from other
supportive professional relationships. I became intrigued with the notion of a relationship that while purported to be professionally advantageous, was widely misunderstood by the very people who should be engaging in it. For me, it raised more questions than answers.

In the process of developing the formal programme, my reading of the mentoring and nursing literature revealed differences in the form and intent of mentoring across countries, while also identifying a range of benefits from mentoring beyond the recruitment, retention, and orientation of new nurses that had been my focus at the time. The international literature highlighted the positive impact of mentoring on developing nursing leadership. This prompted me to consider whether Australian nursing leaders, those men and women who I believed influenced the direction and the focus of the profession in this country, had an understanding of mentorship and whether perhaps, they had engaged in mentoring relationships.

The need to explore and better understand mentoring and its potential link to nursing leadership, was also reinforced by the broader situation of nursing in this country. An ageing nursing workforce, recruitment and retention challenges, and ever-changing priorities of health services, provide the impetus to consider, who will be the Australian nurse leaders of tomorrow? I am aware that we need to think about and plan how to prepare nurses for leadership while also ensuring there are sufficient numbers of leaders to progress the Australian nursing profession into the future. So, from this background I decided to concentrate my study on Australian nurse leaders and their understanding and experience of mentoring.

CHAPTER 2: THE STUDY CONTEXT

Chapter 2 provides an overview of the context and basis for the study. It was important to address the study background and the perspectives that frame it because they influenced the meaning and interpretation that emerged out of the study. In chapter 2, I have described the evolution of mentorship in nursing and identified current understanding about mentorship in nursing both internationally and in Australia. I have examined how mentoring relationships are constructed, the contexts
in which they occur, the characteristics of those involved, and the outcomes of mentorship. These descriptions underpin the perspectives and understandings that I have developed of mentorship for nurse leadership and support the need to gain a better understanding of mentoring relationships within Australian settings.

Mentoring relationships are generally understood as being powerful supportive alliances where a mentee experiences personal and career-related benefits as a result of the influence and guidance of a mentor. Despite different goals and contexts, these relationships are identified as developmental learning partnerships where growth and transition are promoted in unique ways using structured and unstructured processes and incorporating specific instrumental and emotional functions. Although of varied duration, mentoring relationships are commonly described as changing over time, moving through predictable phases, and having increasing impact as time passes.

As presented in chapter 2, a wide range of positive outcomes can be experienced by nurses who are mentored. These include but are not limited to: enhanced confidence, improved knowledge of work-related issues, ease of transition, enhanced job satisfaction, development of professional identity, increased productivity and activity, career expansion, self-actualisation and personal growth. Organisations are shown to benefit from mentoring relationships in terms of attraction and retention of staff. Generativity has also been revealed as a primary, albeit broader benefit of mentorship. Influential nurse mentors are seen to be generative by contributing to the betterment of the nursing profession through their commitment to developing the next generation of nurses.

In nursing, mentorship has been shown to be essential to growing nurse leaders. Aspiring nurse leaders, who have engaged in mentoring relationships with nurse leaders, develop their leadership skills, experience accelerated career progress and acquire leadership positions. Interestingly, many of them go on to mentor others, thereby contributing to subsequent generations of nurse leaders.

The idea of mentorship for nurses is relatively recent to Australia when compared to other countries therefore it has received less attention in the local nursing literature. The way mentorship has developed and been implemented in Australia is likely to
have been influenced by the United States [US] and United Kingdom [UK], countries with longer documented traditions with nurse mentorship. Approaches to mentorship between the US and UK are differentiated in the literature as development or sponsorship focused. These variances are also seen in Australia. Within the limited Australian literature it is evident that there is a lack of agreed definition of mentorship, there appears to be a greater focus on formal mentoring programmes than informal mentoring relationships, and although there are an increasing range of contexts for nursing mentorship in Australia, there has been little focus on mentorship for leadership. The generative impact of mentorship on nursing in Australia is not clear. It is not well known to what extent aspiring Australian nurse leaders engage in mentoring relationships, or whether current nurse leaders deliberately mentor nurses for leadership. It is important to address the gaps in the literature so that the benefits of mentorship for nurse leaders reported in other countries may also be experienced in Australia.

CHAPTER 3: PHILOSOPHICAL FRAMEWORK

In Chapter 3 I describe the methodology used to guide the progress of the study. Hermeneutic phenomenology informed by the work of Martin Heidegger and Hans Georg Gadamer provided this philosophical framework. I address in some detail, the origins of the methodology and the key underlying assumptions of Heideggerian phenomenology and Gadamerian hermeneutics. This methodology addresses issues of the life world as it is experienced by human beings. It accepts human beings as constructing meaning by being in the world, while constituting their world from understandings and experiences. Language and the conditions in which it is used provide the instrument by which human beings produce and share meaning. I describe the ways in which the methodology influences the form and processes of the study, including the importance of the researcher’s [my own] experiences and understandings of the phenomena and the use of dialogue, reflection and writing to understand aspects of living.
CHAPTER 4: APPLYING THE PHILOSOPHICAL FRAMEWORK – HERMENEUTIC PHENOMENOLOGY

In Chapter 4 I describe the method of the study. I have identified my own and the participants’ contributions to the study and I have described the processes of how I collected, managed and analysed the data. Thirteen nurses who were acknowledged by their profession as being nurse leaders and who were working in leader positions participated in the study. The participants worked in a range of areas including clinical and academic work and had experience of mentoring relationships within an Australian nursing context.

I engaged each nurse leader in an in-depth conversation about their experience of mentoring relationships and the understandings and meanings they had developed regarding those relationships. The length of the conversations averaged one and a half hours, during which time the conversations were audio taped. Following each conversation, I made notes of my observations, any non-verbal information that was shared, and my ‘feelings’ about the interaction. I added these notations to the transcripts I made of each recorded conversation. I have described in detail, the process I used to transform the texts from the original conversations, to a new text that incorporated descriptions and meanings of mentoring based on my interpretations.

CHAPTER 5: THE EXPERIENCE OF MENTORSHIP FOR NURSE LEADERSHIP

Chapter 5 presents the analysis of the transcribed texts of experiential narrative. The analysis involved my immersion in the transcripts, and reading and re-reading each transcript in part and whole, in isolation and together. From this process I was able to identify emerging meanings about mentorship and further develop these with my own writing. Consideration of the meanings and imagery through writing assisted me to discover the integrated experiential structures or themes central to mentorship for nurse leadership.
The existential themes that developed out of my conversations with nurse leaders were: Esteemed connection, Noticing the connection, Evolution of the connection, and Progressive connection. Excerpts of narrative are also provided to make clear the phenomenon of mentoring in context. The chapter reveals ‘connection’ as central to constructing meaning about mentorship for nurse leadership. The themes demonstrate connection being experienced as an initial bond, an ongoing association and strengthening over time.

CHAPTER 6: UNDERSTANDING MENTORSHIP FOR NURSE LEADERSHIP

Chapter 6 provides a broader discussion that reflects my integration of the themes regarding mentorship for nursing leadership and my interpretations of the essential aspects of nurse leaders’ mentoring experiences. The lived experience of mentorship for nurse leadership is shown as a way of being in the world. The phenomenon is understood through the motifs of imagination, journey and mode-of-being: Imagination is shown to be the catalyst for a mentoring relationship, the life journey incorporating its myriad experiences and developed understandings ensures that particular individuals grow into mentors, and these mentors possess a special life attitude and unique way of being human and living in the world.

For each motif I provide contextual background including meaning and interpretation of the related language. I also address philosophical considerations; in particular, I reveal how each motif is understood within the philosophical framework of Heiddegerian hermeneutic phenomenology. I also position each motif in light of the literature to further distinguish meanings and understandings.
CHAPTER 7: MEANINGS OF MENTORSHIP FOR NURSE LEADERSHIP

Chapter 7 provides the conclusion to the study. I present an overview of the meanings of mentorship for nurse leadership in relation to Australian nurse leaders, Australian nurses aspiring to leader positions, and their working environments. The chapter also outlines implications arising from the study findings, addresses the value of the methodology to the study, and identifies limitations associated with the meanings developed by the study, and finally identifies areas for further research.

CONCLUSION

Mentorship has been acknowledged as a means of developing leader potential in nurses. Nurse leaders have identified mentoring activities as an everyday aspect of their professional lives. In Australia, we do not have a good understanding of how nurse leaders make sense of mentorship and the extent of their experience of mentorship for leadership. Hermeneutic phenomenology provided a philosophical framework that guided my work with participants and enabled me to find meanings about mentoring buried in the experiences of mentoring relationships that were described to me. The study that unfolds here illuminates the experiences and understandings that 13 Australian nurse leaders have of mentorship for leadership. It explicates how mentoring relationships were formed, describes human characteristics of mentors and mentees and their importance to developing connections and maintaining mentoring relationships. Finally, it articulates the value of mentoring relationships to grow nurse leaders and safeguard the future of the nursing profession.
CHAPTER 2

CONTEXT OF THE STUDY
INTRODUCTION

This chapter provides the context of the study. It commences with a condensed outline of leadership because it is this concept which highlights the need to better understand mentorship for nurse leadership. The ideas and beliefs that inform my understandings of mentoring in nursing and specifically mentorship for nurse leadership are highlighted and explored in this chapter. My own life experiences of mentoring, and knowledge regarding nursing leadership, have enhanced my appreciation and awareness of these phenomena, however reading the literature both prior to and during this study has further influenced my understanding. I have examined the Australian and international literature on mentoring and nursing in an effort to reveal current understandings about how mentoring relationships are constructed and understood, the contexts for mentoring, characteristics of those nurses involved in mentoring, and the impact and outcomes of mentoring. By revealing the context of the study, the background and concepts that impact on nurses’ experiences of mentoring relationships can be described and the influences on meaning and interpretation that emerge from the study can be identified.

LEADERSHIP

Despite a proliferation of research on leadership and many attempts to describe the phenomenon and identify its characteristics, understanding of the concept remains equivocal (Gill, 2006; Grossman & Valiga, 2005). Contributing to the enigma of leadership are the multiple classification systems that have been used to define leadership dimensions and the personal conceptions people have about leadership. Some definitions view leadership as the ‘focus of group processes’, another group conceptualises leadership from a ‘personality perspective’, while other approaches take a ‘skills perspective’ or define leadership in terms of ‘acts or behaviours’, ‘power relationships’, or a ‘transformational process’ (Northouse, 2007; Valiga & Grossman, 2007). Fairholm and Fairholm (2009) also note that many leadership researchers have failed to account for the personal values, individual frames of reference, cultural constructs and personal views that shape understandings of leadership.
Leadership Theory

A number of leadership theories have been put forward to explain and describe leaders and leadership processes. These theories have influenced the way leadership is understood and practiced across a variety of professional and work domains, and are cited in nursing leadership publications (Bower, 2000; Feldman & Greenberg, 2005; Huber, 2006; Mahlmeister, 2000; Patronis Jones, 2007; Shanta & Kalanek, 2008; Swearingen & Liberman, 2004). Fairholm and Fairholm (2009) have identified four historical threads of thinking about leadership to assist in understanding how the study of leadership has evolved. These threads, which incorporate (1) trait theory, (2) behaviour theory, (3) situational theory and (4) values theory, are briefly addressed here to provide a framework for contextualizing how leadership is understood in nursing. The first three approaches which are commonly used to understand leadership, consider leadership in terms of what the leader is, what the leader does, and in which situation a leader is effective. They are viewed by Fairholm and Fairholm (2009) as precursors to values leadership, constituting ‘elements’ of values theory.

Trait theories examine the capacities, talents and personality of leaders (Fairholm & Fairholm, 2009). Originally developed to explain what made people great, their early iteration focused on identifying the innate superior qualities and characteristics of people who occupied significant positions in society, for example political and military leaders (Northouse, 2007). Research into leader traits [prolific during the 20th century] has focused on a range of leader aspects including physical characteristics, social background, intelligence, ability and personality (Gill, 2006; Northhouse, 2007; Stodgill, 1974). Trait research has identified an extensive list of characteristics that individuals who are perceived as leaders are likely to possess. Synthesised by Northhouse (2007), the central leader traits include intelligence, self-confidence, determination, integrity, and sociability. Over time, trait theories have broadened to include the impact of situations and relationships on leadership, as well as personal factors (Fairholm & Fairholm, 2009; Northouse, 2007).

Behaviour theory is based on the rationale that studying observable behaviour may be more operationally useful than identifying traits, therefore, it focuses on what
leaders do and how they act (Fairholm & Fairholm, 2009). It has attracted attention since the mid-20th century when it originated from classic studies of management practice conducted by Ohio State University and University of Michigan which identified domains of core leadership behaviour. Behaviour theory suggests that leaders engage in two primary types of behaviours: task and relationship, and focuses on how leaders combine these behaviours to influence others (Northouse, 2007). The tasks of leadership were reviewed by Gardner (1987; 1990) who moved discussion from management to leadership behaviour and argued that most leader behaviours are learned behaviours. This paved the way for writing about organisational learning and leadership, and over time, contemporary leadership development training (Fairholm & Fairholm, 2009).

Situational theory, also known as contingency theory, focuses on leadership in particular situations and is based on the premise that in a complicated world of work and society, different situations demand different styles of leadership (Fairholm & Fairholm, 2009; Gill, 2006). Situational theorists prioritise ‘critical factors’ in the environment which impact on leader behaviour for example, organisation size, worker maturity and task complexity, and suggest that these condition leadership (Fairholm & Fairholm, 2009). By observing the abilities and motives of followers and being sensitive to environmental cues, the situational leader can diagnose, choose and alter their behaviour to implement a prescribed leadership style best matched to the situation (Huber, 2006; Northouse, 2007). Situational [and contingency] theory reduced leadership to an ‘it all depends’ approach and, like trait and behaviour theories, failed to recognise “the emotive and inspirational attachment that leaders tend to evoke in followers no matter what the situation” (Fairholm & Fairholm, 2009, p. 13).

Values leadership emerged from values-based theories that worked to change focus from the leader to the phenomenon of leadership. Emphasis was moved to common ‘relationship elements’ exhibited over time which characterise leadership, rather than studying certain leaders, in specific situations, doing particular things. It is a theory that takes a holistic perspective of leadership; therefore it takes into account traits, behaviours, and situations, but is not limited by any of them (Fairholm & Fairholm, 2009). The elements of the relationship deal with values, morals, culture, inspiration,
motivation, needs, aspirations, influence and the like, and the primary leadership role is to integrate followers’ values into programmes and actions that facilitate development of the leader and those being led (Fairholm & Fairholm, 2009). Values leadership focuses on relationship and the interpersonal connections between leaders and followers. Its philosophical orientation has basis in theories of servant leadership (Greenleaf, 1977) and transformational leadership (Burns, 1978). Key perspectives of these theories are woven through values leadership and provide support for thinking about leadership that emphasises ideals, inspiration, innovations, individual consideration, service to and development of others, and influencing the growth of followers’ leadership capacity (Fairholm & Fairholm, 2009; Northouse, 2007; Rafferty, 2009; Sendjaya, 2009).

Leadership in Australian Culture

All groups of people have a culture and while cultures are usually complex processes, to be an effective leader of any group, one must understand the ‘language’ of behaviour; the underlying values and assumptions, within the particular group (Dalglish, 2009). The Australian culture is no less complex than any other and has particular characteristics that have an impact on the attributes of Australian leaders and their leadership behaviours. It is important to have some understanding of the Australian identity in order to gain some insight into the traditions, values and behaviours that have impacted on the nurse leaders involved in this study.

Despite the Australian culture continually evolving and transforming in response to a growing population of residents born overseas and the competing priorities of successive generations, there are some recognisable elements that continue to underpin Australian identity. These are outlined as key points, adapted from Henry’s (2005) text on Australian perspectives of leadership:

- Australians have a ‘can do’ attitude, believe in giving individuals a ‘fair go’ and are pleased when battlers overcome obstacles. At the same time, they can be resentful of high achievers and ongoing success. If they detect anyone ‘pulling rank’ [invoking the privileges of seniority], the person will be cut down to size. This is referred to as the ‘tall poppy syndrome’ and is used as a
means of levelling or diminishing the stature of someone who has attained excellence (Henry, 2005; University of Sydney, 2008).

- Australians value individualism and view personal responsibility as an important characteristic, however that does not mean they necessarily value independence from others. Australians believe they would not have survived many of their formative historical experiences, if not for their ‘mates’ (Henry, 2005). The term ‘mateship’, which has been embedded in Australian culture since colonial times and came to the fore during the First World War, has traditionally although not exclusively, been used among men. It is seen as being slightly different to friendship and implies ‘a sense of shared experience, mutual respect and unconditional assistance’ (Australian Government, 2007). Having a sense of ‘mateship’ determines that many managers and leaders find it difficult to manage poor performance; it is seen as ‘dobbing’ [highlighting bad behaviour or failings] on your mates, which is unacceptable in Australian culture (Henry, 2005).

- Other cultures can find Australians emotionally detached, challenging, cynical, and disrespectful. This arises from a dry and self-deprecating sense of humour and an Australian sense of not needing to prove anything to anyone. Australians are also practical and accepting of people’s achievements without the fanfare associated with success. Rather than family, background or wealth, people are respected for what they have achieved, usually measured by how it has benefitted others (Henry, 2005).

Henry (2005) analysed perspectives of leadership from 111 male and female Australian leaders from the domains of small and medium sized enterprises and entrepreneurs; major corporations; and academia, art, culture, not-for-profit organisations, politics and sport. Nine key characteristics and six important characteristics of highly effective and respected leaders were identified. The characteristics and competencies highlight the behavioural aspects of leadership, indicating they are valued over technical skills and expertise.

Key characteristics:

- Appetite for learning and developing others
- Change enabler
• Coach people
• Communication through listening
• Courage
• Integrity
• Inspire and motivate people
• Lead by example
• Value diversity

Important characteristics:
• Create positive environments
• Self-leadership
• Teamwork
• Tenacity and perseverance
• Values
• Vision

In summary, Australians have a reasonably relaxed and laid back approach to most things, with a wonderful ability to laugh at themselves. In the work place, discussions are usually direct, unceremonious and matter of fact and hierarchy exists primarily for clarity of decision making, while rank in and of itself has limited importance. Leaders are valued for their behaviours over the positions they hold. In essence, the Australian culture is an informal one that “respects people who have the courage and tenacity to have a go” (Henry, 2005, p. 4).

Nursing Leadership

From the early period of Nightingale through to the present day, the nursing profession has claimed many nurse leaders that encompass the areas of education, research, expert clinical practice, administration, theory and entrepreneurship. Valiga and Grossman (2007) acknowledge that these nurses were known as leaders because each of them “articulated a vision of a better future, was passionate about working to realise that preferred future, was successful in enlisting nurses in the effort, was willing to take risks, accepted criticism and suggestions, spoke eloquently, exhibited enormous amounts of energy, and was unwilling to accept the status quo or settle for second best” (p. 8). These authors and others agree that contemporary nurse leaders
do not need to necessarily hold positions of authority, have academic qualifications, be researchers, or even be of an older age group like their earlier counterparts, rather, nurses from any healthcare context can learn to be a leader as long as they possess vision and passion, have the skill to develop and achieve goals and the capacity to be an agent of change (Borbasi & Gaston, 2002; Kerfoot, 2001; Valiga & Grossman, 2007). These aspects of nurse leadership can be seen in the significant works on transformational leadership by Bennis and Nanus (1985) and Kouzes and Posner (1995) and the work on leadership behaviours by Gardner (1990), briefly outlined below.

Bennis and Nanus’ (1985) research of US corporations identified leader practices as including: ‘attention through vision’ (paying attention to what is important for the future), ‘meaning through communication’ (being a social architect), ‘trust through positioning’ (the leader’s vision must be evident, attractive and attainable and the leader’s position must be clear), and ‘deployment of self’ (organisational learning). Kouzes and Posner’s (1995) later research with private and public sector managers in the US identified five practice areas to describe the fundamental pattern of leadership behaviour that include: ‘challenging the process’ (searching for opportunities, experimenting and taking risks); ‘inspiring a shared vision’ (envisioning the future and enlisting support from others), ‘enabling others to act’ (fostering collaboration and strengthening others), ‘modelling the way’ (setting an example and playing small wins), and ‘encouraging the heart’ (recognising contributions and celebrating accomplishments). Not dissimilar to the previous authors, Gardner (1990) identified the tasks that leaders [of groups] perform as including: envisioning goals, affirming values, motivating and managing, achieving a workable unity, explaining, serving as a symbol, representing the group, and renewing. The author also identified several leader attributes that included physical vitality and stamina, intelligence and good judgment, willingness to accept responsibilities, task competence, understanding of followers’ needs and ability to work effectively with others, a need to achieve, ability to motivate others, and courage (Gardner, 1990).

In reviewing the literature, traditional nurse leadership traits and competencies can be distributed across several broad categories that encompass the leader practices cited by Bennis and Nanus (1985), Kouzes and Posner (1995), and Gardner (1990):
credibility and transparency, strategic thinking/vision/looking to the future, communication, collaboration/networking/relationships, managing change, and knowledge of healthcare context/political astuteness (for examples of nurse leader behaviours and characteristics see: Borbasi, Jones & Gaston, 2004; Bower, 2000; Grossman, 2007a; Jooste, 2004; Milton, 2009; Upenieks, 2003). Competencies specific to nursing leadership and illustrative of these broad categories are represented in the work of Eddy, Doutrich, Higgs, Spuck, Olson and Weinberg (2009), Huston (2008), and O’Neil, Morjikian, Cherner, Hirschkorn, and West (2008).

Eddy et al. (2009) used focus groups to interview 23 Canadian nursing leaders who functioned at differing levels in a variety of healthcare settings. The study identified essential nursing leadership competencies as including: communication proficiency with an emphasis on listening skills; conflict resolution skills; ability to communicate a vision, motivate and inspire others; ability to use data and technology; and the courage to be proactive in the face of change rather than react in a crisis-driven manner. These competencies were similar to the nurse leader skill sets developed by Huston (2008) in the US and proposed as critical components of educational models and management programmes used to grow nurse leaders over the next 10 years. Huston’s (2008) nurse leader competencies for 2020 included having a global perspective of nursing and healthcare; technology skills that facilitate mobility and portability of relationships and processes; expert decision-making skills; the ability to create organisation cultures that recognise quality healthcare and worker safety; understanding of political processes; collaboration and team-building skills; ability to balance authenticity and performance expectations; and ability to envision and proactively adapt to a healthcare system characterised by rapid change. To inform their work on nursing leader development, O’Neil et al. (2008) surveyed 27 healthcare leaders and 54 chief nursing leaders in the US. Participants in the study identified the top five leadership competencies as: building effective teams, translating vision into strategy, communicating vision and strategy internally, managing conflict, and managing focus on patient and customer. These competencies also fit with the skill sets developed by Huston (2008).
Developing Nurse Leaders

In Australia and internationally, the healthcare climate is one of high patient acuity and throughput, impacted on by diminishing budgets, limited resources, increased consumer expectations, extensive nursing shortages, and political changes (Borbasi, Jones & Gaston, 2004; Swearingen & Liberman, 2009; Valiga & Grossman, 2007). Given this turmoil it has been said that the need for nursing leadership has never been greater than it is now and that it is “critical to the future of nursing that some energetic, visionary and courageous leadership emerges to point the way forward” (Borbasi & Gaston, 2002, p. 31). However, the turbulence and relentless change of the healthcare industry cause nursing leadership roles to be challenging and complex, requiring innovation, diverse skills and knowledge, critical insight, and exceptional interpersonal capabilities (Allen, 1998; Borbasi & Gaston, 2002; Borbasi, Jones & Gaston, 2004; Jackson, Clements, Averill & Zimbro, 2009).

There is agreement that traditional leadership beliefs and practices are inadequate for today's complex environments (Lemire, 2005) and need to be replaced with a newer and different array of post-industrial, innovative leadership capacities (Porter-O’Grady & Malloch, 2008; 2009). Furthermore it has been recognised that time-honoured leader behaviours may not fit the desirable leader traits identified by the younger, emerging nurse workforce (Wieck, Prydun & Walsh, 2002). The need for competent nurse leadership is further emphasized by reports in the literature that a nurse leader shortage exists both in Australia and overseas (Borbasi & Gaston, 2002; Wolf, Bradle & Nelson, 2005) and the pool of current and future nurse leaders is diminishing (Duffield & O'Brien-Pallas, 2002; Tourangeau, 2003).

Although finding and producing leaders and building leadership capacity are recognised as enormous challenges, they are mitigated by the acknowledgement that leadership is a developmental learning process (Feldman & Greenberg, 2005; Grossman & Valiga, 2005). This is an important consideration for the nursing profession given that the nursing literature highlights: there is a leadership potential in every nurse; leadership is a natural element of nursing practice therefore nurses should take on the challenge of leadership; and leadership development should be a priority for the profession (Bower, 2000; Huber, 2006; Lemire, 2005; Valiga &
Importantly, active succession planning, formal education programmes, and mentorship, have all been identified as necessary ways to ensure the future growth and development of nurse leaders (Allen, 1998; Green & Downes, 2005; Lemire, 2005; O’Neil et al., 2008; Stichler, 2008; Valiga & Grossman, 2007). An exemplar of these methods is demonstrated by the International Council of Nurse’s [ICN] Leadership for Change initiative that uses an action learning programme incorporating individual development planning, team projects, structured learning, and mentoring to ‘develop the leaders of today and prepare the leaders of tomorrow’ (ICN, 2010).

MENTORSHIP

The concept of mentorship is commonly thought to have derived from Homer’s classic tale Odyssey. When Odysseus, king of Ithaca went to fight in the Trojan War, he handed over his son to the care of a loyal and trusted friend, Mentor. Mentor provided the boy wise counsel whilst grooming him for the responsibilities he would assume over his life time. Mentor acted as a guide, counsellor, tutor and protector (Carroll, 2004; Chenoweth & Lo, 2001). Over time, the term mentor has become synonymous with trusted adviser, teacher, and wise person (Shea, 2002). It also has origins in the medieval concept of apprenticeship, and is strongly associated with the development of leadership skills. Mentorship has had a long history with older established professions and business, where mentoring relationships have predominantly been between men. This is demonstrated in the frequently cited landmark study of Levinson and colleagues’ (1978) that aimed to gain a developmental perspective on adulthood in men. Using in-depth interviews with 40 men aged 35-45 years, the authors found that a mentoring relationship was one of the most important relationships a young adult male could have. The mentor was shown to be a transitional figure that facilitated a young man’s entry into the adult world and the world of work, therefore was crucial to the young man’s personal and professional development (Levinson, Darrow, Klein, Levinson & McKee, 1978). Since then, mentorship has made its way into popular culture and has expanded into almost every aspect of life including sport, work, the arts, literature, politics and entertainment.
Alongside the prevalence of mentorship in daily life and rapid growth of the vernacular use of the term, has come definitional and conceptual confusion about what mentorship is. Even within professional disciplines where there has been much scholarly interest, there is debate about what mentorship is and is not (Clutterbuck, 2004a; Eby, Rhodes & Allen, 2007). To some extent, this confusion has been caused by adaptations of the classical mentor-protégé dyad with the passage of time and demand of the varying contexts in which mentoring relationships now occur (Carruthers, 1992). The literature further contributes to the uncertainty because authors possess dissimilar perceptions of the mentoring phenomenon, many studies and published papers do not posit specific definitions of the nature of the action of mentorship, some authors contend that attempts at clarity are futile because the concept is elusive and no word adequately conveys the nature of the relationship, and, the person, the process and the activities associated with mentorship are frequently confused (see review by Roberts, 2000).

Despite some discrepancy in the way mentorship is defined, several features are well recognised and provide a common framework for developing some understanding of the phenomenon. A mentoring relationship is generally understood to be a powerful and supportive alliance where a mentor is influential to a mentee’s learning and development, in turn the mentee experiences benefits in relation to their career. The mentoring relationship has evolved from the classic dyad to encompass informal, formal, individual, group and forum scenarios (Grossman, 2007b; Vance & Olson, 1998).

Mentorship reflects a unique relationship between individuals. It is a dynamic process that many authors assert must be co-created and individualised to each person depending on their needs, rather than a one-size-fits-all commodity (Grossman, 2007b; Milton, 2004; Morton-Cooper & Palmer, 2000). Levinson and Levinson (1996) acknowledge that mentoring cannot be understood in purely individual terms because it is a relationship which two participants conjointly initiate, form, sustain, exploit, benefit and suffer from, and ultimately terminate. Mentoring relationships are recognised as being learning partnerships. Despite differing goals and contexts, mentoring relationships influence learning and involve acquisition of knowledge (Darwin, 2008; Jarvis, 1995; Roberts, 2000). They are
developmental relationships whereby through mutual sharing and learning, individual growth and transition are promoted.

Mentorship is also acknowledged as a process defined by the types of support provided by the mentor to the mentee. While specific functions that characterise mentorship may vary, and despite some authors identifying the need to examine functions as distinct components (Fowler, 2002; Ragins & McFarlin, 1990), they are typically broadly classified as being instrumental/career or emotional/psychosocial. Originally developed by Kram (1985), career development mentoring functions involve specific mentor behaviours that are supportive of the mentee’s career progress and success whereas psychosocial development functions are more personal aspects of a relationship that enhance the mentee’s sense of professional competence and identity (Dougherty, Turban & Haggard, 2008). Career development functions, which usually depend on the mentor’s power and position within the organisation, can include sponsorship, coaching, protection, providing challenging assignments and exposure. Psychosocial development functions are dependent of the quality of the interpersonal relationship; they are composed of helping the mentee develop a sense of professional self, counselling, friendship, and role modelling (Kram, 1985; Ragins & Cotton, 1999).

Mentoring relationships are dynamic. Commonly described as having a process form, they are viewed as changing over time and having increasing impact with the passage of time. Often, the evolving mentoring relationship is described in terms of universal stages or phases first identified by Levinson et al. (1978), later replicated by Kram (1983), in turn modified and expanded by others (Bower, 2000; Rolf-Flett, 2002), that depict modification of mentor behaviours in relation to the development of the mentee as he/she matures within the relationship. In particular, Kram’s (1983) work is frequently cited in the literature. The author’s research was based on 18 developmental relationships and incorporated interviewing pairs of managers while they were involved in relationships with each other. Using a constant comparative method of analysis the authors revealed a conceptual model that illustrated the mentoring relationship as proceeding through four predictable, though not entirely distinct phases. The participants’ relationships averaged five years duration and
included: initiation phase when the relationships commences, cultivation phase when the range of helper functions expands to a maximum, separation phase when the established nature of the relationship alters, and redefinition phase when the relationship evolves into a new and significantly different form. Each phase incorporates particular affective experiences, developmental functions and interaction patterns shaped by the individual and organisation (Kram, 1983). Mentorship is also often seen to be a resonating phenomenon, whereby mentees go on to become mentors themselves (Roberts, 2000; Stewart & Kruger, 1996).

The mentorship literature consistently claims that a range of benefits can be accrued by the people specifically involved in mentoring relationships, and also, the wider organisational settings in which these people are situated. The benefits of mentorship are typically categorized to reflect the primary distinct and overarching functions of mentors, being career-related support and psychosocial support (Allen, Eby, Poteet, Lentz & Lima, 2004) and therefore, predominantly mentoring benefits are ascribed to mentees/protégés. Positive consequences of mentorship for mentees that appear in the literature include, discovered abilities, improved performance, increased role awareness, job satisfaction, enhanced confidence, self-actualisation and personal growth, promotion and increased mobility and increased effectiveness within the organisation (Ragins & Cotton, 1999; Roberts, 2000).

In her doctoral dissertation examining mentoring relationships at work, Fowler (2002) identified personal and interpersonal outcomes for mentees incorporating: friendship, emotional support, personal development, increased self-confidence, loyalty and trust, and inclusion as a professional. The author also identified learning outcomes incorporating: increased knowledge and understanding of work-related issues and ability to develop problem-solving skills. For mentors, a sense of meaningfulness and fulfilment is a major benefit resulting from providing a range of mentor functions (Fowler, 2002). In their meta-analysis of empirical research concerning career benefits associated with mentorship for the mentee, Allen et al. (2004) have identified a robust relationship between mentorship and job satisfaction and suggest that the most consistent benefits of mentorship may be the impact on affective reactions to the work place and positive psychological feelings regarding one’s job and career.
International Differences

Mentorship is understood in different ways across countries. The literature differentiates between a UK/European approach to mentoring and a US, predominantly North American, approach. In relation to business mentoring, Clutterbuck (2004a) has specifically identified that a ‘development-focused’ model of mentoring has primarily emerged in Europe, Australasia, Canada and southern Africa while a ‘sponsorship-focused’ model predominates in literature emanating from North America. In developmental mentorship, learning is typically a mutual activity, although the mentee is the main driver of the process and the emphasis of the relationship is on helping the mentee become more resourceful and self-reliant. The UK/European style of mentorship incorporates professional functions in relation to career development, including sharing knowledge but excluding sponsorship or advocacy. Personal functions include work-related counselling and social contact “typified by distance and British reticence” (Brockbank & McGill, 2006, p. 66; Clutterbuck, 2004a). In contrast, the sponsorship-focused mentoring relationship is driven by the mentor’s ability to do things on behalf of someone more junior, i.e. actively advancing the career of the mentee. Learning flows in one direction from mentor to mentee, and typically the mentor drives the agenda. The North American style of mentorship includes career functions of sponsorship, exposure, coaching and protection, and psychosocial functions of role modelling, counselling and friendship (Brockbank & McGill, 2006; Clutterbuck, 2004a). In Australia, various approaches to mentorship programmes are used. Some private sector organisations favour sponsorship and advocacy to target high-potential employees while equity policies of public sector agencies ensure that perceived favouritism is avoided by using learning and development models (Rolf-Flett, 2002).

A NOTE ON LANGUAGE

The literature refers to the person being mentored by a range of terms, but most often as either a protégé (Beckmann Murray, 2002; Bower, 2003; Vance & Olson, 1998) or a mentee (Grossman, 2007b; Morton-Cooper & Palmer, 2000). Protégé associated with the French verb protogere, to protect, means that a person is under the
protection or patronage of another, while the term mentee refers to a person who is being supervised or guided by a mentor (Brockbank & McGill, 2006; University of Sydney, 2008). The term protégé has been used regularly since Levinson et al. (1978) described mentoring relationships, and the term mentee has been in use since the 1980’s (Darling, 1984). Clutterbuck (2004a) has acknowledged that the language of mentoring differs between mentoring models, and identifies that sponsorship-focused mentoring [predominantly North American] refers to protégés and development-focused mentoring [predominantly European and Australasian] refers to mentees. Fowler (2002) proposed that the term mentee may have become widely accepted in part, because notions of protection and dependency associated with the term protégé are seen as being negative. The term mentee is widely used in the Australian nursing mentorship literature (Heartfield & Gibson, 2005; Mills, Lennon & Francis, 2006; van Eps, Cooke, Creedy & Walker, 2006).

In this chapter, when citing particular authors or published works I have employed the term used by the author, in the main, protégé or mentee. In later chapters, when referring to the experiences of participants, I have used the term mentee as this was the term they used.

MENTORSHIP IN NURSING

Historically, mentorship has not been associated with nursing, although Florence Nightingale reportedly acted as a mentor to matrons over some years in the mid to late 1800’s (Lorenzton & Brown, 2003). The term mentorship began to appear in nursing literature in the early 1980’s at the same time as gaining attention in diverse disciplines. In the US the first documented work about mentorship in the nursing profession was Connie Vance’s doctoral investigation of contemporary influentials in American nursing, completed in 1977. This was followed by a stream of empirical studies, opinion pieces, and scholarly articles demonstrating the growing interest in mentorship in nursing, in particular there was a surge in nursing research studies across North America and Canada during 1977-1992 (Vance & Olson, 1998). The interest in mentorship in nursing continued during the 1990’s when a further abundance of published works occurred. In the UK, during the late 1980’s, formal
mentoring programmes became integral to diploma-level pre-registration education and during the 1990’s mentoring programmes became embedded into the clinical practice elements of nursing courses to facilitate clinical learning (Andrews & Wallis, 1999; Myall, Levett-Jones & Lathlean, 2008). In Australia, mentorship in nursing began to receive attention during the early 1990’s with little research occurring prior to that (Pelletier & Duffield, 1994). Consideration of mentorship has intensified and over the past 10 years there have been several Australian studies focused on mentorship in nursing (for example; Mills, Francis & Bonner, 2007; van Eps et al., 2006) and greater attention given to the concept across diverse nursing contexts including general practice nurses and rural nurses (Heartfield & Gibson, 2005; Mills, Lennon & Francis, 2006).

There is little consensus on the definition of mentorship in nursing, resulting in confusion about the meaning or characteristics of the term. This lack of agreement results from issues in relation to format and context of mentorship that have been previously stated. Differences in the development of mentoring models in the UK and North America have also impacted on nursing, further compounding definitional problems. These differences are especially in relation to formal and informal mentorship and distinguishing between the supportive nursing relationships of mentorship and preceptorship and the interchangeable use of these terms (Firtko, Stewart & Knox, 2005; Stewart & Krueger, 1996; Yonge, Billay, Myrick & Luhanga, 2007). Much of the mentorship literature is focused on formal mentoring relationships (Roberts, 2000) where functions and outcomes of the relationship are more amenable to measuring and reporting.

**Preceptorship and Mentorship - Formal and Informal Mentoring Relationships**

There are a variety of supportive relationships available to nurses across the continuum of professional development. These structured and unstructured supportive relationships are positioned to meet distinct needs required by individuals at various points in their professional and personal growth and provide differing levels of commitment, intensity, and enabling functions (Borbasi, Jones & Gaston,
Preceptorship and formal mentorship are usually highly structured supportive relationships, whilst informal mentorship occurs as an unstructured professional relationship (Morton-Cooper & Palmer, 2000).

Yonge et al. (2007) conducted a review of the literature to differentiate preceptorship and mentorship and to explicate each in its proper place and truest sense. Similar reviews have specifically attempted to clarify the concepts for Australian nurses in an effort to illustrate the contrasts of each support system, particularly in light of the growing interest in mentorship in Australia in recent times (Mills, Francis & Bonner, 2005; McCloughen, O’Brien & Jackson, 2006). In the main, the understanding of the concept of preceptorship in nursing is universal. Preceptorship is described by Mills, Francis and Bonner (2005) and McCloughen, O’Brien and Jackson (2006) as encompassing orientation and socialization to the work environment and focusing on individualised teaching and support in a clinical setting that increases task accomplishment and clinical skill development. The authors describe the relationship as usually assigned and planned, of short duration, monitored and task orientated. Preceptorship is often used to support role transition, especially with student nurses or newly graduated nurses and as such is functional rather than intimate or personal. The preceptor acts as a role model and resource person and will engage in advising, supervision, and evaluation or assessment, of preceptees and their work.

Most commonly, confusion regarding preceptorship and mentorship is specifically related to the concept of formal mentoring relationships. This is not surprising given that both types of professional relationship are usually consciously and purposefully initiated, are structured, and frequently share a purpose that is determined by external influences e.g. organisations. Despite their overlaps, formal mentorship can be contrasted with preceptorship by occurring at any point in a nurse’s career, having core activities of supporting, facilitating and guiding, a focus on self-actualisation, professional development, enhanced decision-making and problem-solving, occurring in a context or setting that is not necessarily clinical, and outside of the UK, usually excludes components of assessment or evaluation (McCloughen, O’Brien and Jackson, 2006; Mills, Francis & Bonner, 2005; Yonge et al., 2007).
In their comprehensive work on mentoring models, Brockbank and McGill (2006) view formal mentoring relationships within a functionalist realm; “an agreed activity between mentor and client with a prescribed purpose that may or may not be assented to by the client, using a directive process, and the learning outcome is improvement” (p. 64). The authors have described functionalist mentoring as a typically hierarchal approach using a ‘recycling of power’ process that emphasises transmission of knowledge by way of advice giving and direction. The functionalist intention of the more senior person grooming the junior person to adapt and conform to the work context fits well with many impressions of mentorship in nursing including, the experienced nurse supporting the new nurse to transition into the workplace or, the senior academic providing the new academic with advice, support and encouragement. Brockbank and McGill (2006) contrast functionalist mentorship with humanistic approaches found in informal mentorship.

Informal or classical mentoring relationships in nursing are intimate learning alliances of extended duration, grown out of mutual attraction. Seen in all countries, they are particularly apparent when reviewing literature from North America and when looking at the specific context of mentorship for nursing leadership. The natural individual selection on which informal mentoring relationships are based is seen to be vital to the development of these relationships. Mutual attraction, shared interests, and ‘chemistry’ contribute to the right interpersonal dynamic existing and contrast with formal mentoring relationships where a nurturing bond between mentor and mentee is not important and is left to chance (Morton-Cooper & Palmer, 2000; Fawcett, 2002; Roberts, 2000).

Interpersonal communication, empathy and rapport, and individuals’ willingness to spend time, learn from, and share with each other, are crucial to the development of informal mentoring relationships (Bennetts, 2002; Hays, Gerber & Minichiello, 1999; Lander, 2004; Morton-Cooper & Palmer, 2000; Vance & Olson, 1998). These relationships are usually spontaneous, often complex, and difficult to define and measure (Bruker & Charlie, 1998; Cooke, 1998; Erni & Greenblatt 1998; Vance & Olson, 1998; Watson Lubic, 1998). Rather than focusing on preordained outcomes, informal mentorship is described as a process of being with another and coming to know the new, a moment-to-moment process of incarnating meaning, unfolding
pattern and discerning insight (Carroll, 2004; Parse, 2008). Therefore mentors are often recognised and named retrospectively, when individuals are appreciated and honoured by mentees for what they have done (Bennetts, 2002).

Intense, emotional, intimate, loving, unconditional-positive-regard, enduring, and friendship, are terms that have been associated with informal mentorship in nursing (McCloughen, O’Brien & Jackson, 2006; Parse, 2002; Yonge et al., 2007). These terms are also reflected in the findings of Bennett’s (2002) study that concluded that informal mentoring relationships are close personal relationships with taken-for-granted aspects of deep feeling and familiarity. Bennett’s (2002) study of the essence and meaning of traditional (informal) mentoring relationships comprised interviews with 35 creative workers/artists. The participants identified a deep level of intimacy with their mentors who displayed personality characteristics of being emotionally intelligent. Participants described love, deep personal closeness, heightened communication and creative energy within their informal mentoring relationships. It is not surprising that informal mentoring relationships are reported to frequently develop into lasting friendships. In particular, among women and nurses, informal mentoring relationships have endured through many cycles of change and growth, and flourished for decades (Andrews & Wallis, 1999; Jacobson, 1998; Morton-Cooper & Palmer, 2000; Vance & Olson, 1998).

Unlike formal mentoring relationships, where freedom of choice is denied and goodness-of-fit is left to serendipity, informal mentoring relationships are inherently of the individuals’ own making (Roberts, 2000). The nature and evolving processes of the relationship and any expectations, will relate to what the mentor and mentee deem important. Therefore as nurses advance through their careers, informal mentoring relationships can adapt and transform in tune with their changing needs and priorities. The resulting partnership provides unstructured learning support rather than highly structured, prearranged and specific frameworks for development (Bennetts 2002; Morton-Cooper & Palmer 2000). The relationship is unpredictable and ever-changing in response to shifting value priorities, different experiences and new understandings (Parse, 2008). Brockbank and McGill (2006) identify classical or informal mentorship as being situated within the realm of evolutionary mentorship, where the purpose of the relationship is development of the client, the
goals are the client’s own, the presence of emotion is suggestive of a person-centred approach and the learning outcomes offer significant transitions and potential transformation.

Distinctions between formal and informal mentoring relationships are not trivial and the general practice of differentiating mentoring solely in terms of relationship initiation does little to inform about the potentially important variability within formal and informal mentoring (Eby, Rhodes & Allen, 2007; Ragins & Cotton, 1999). The various mentoring approaches will in different ways, complement other support systems, so it is important to not so much identify mentorship by its roles, but in the character of the relationship and the function it serves (Morton-Cooper & Palmer, 2000). Although the commencement of mentoring relationships in nursing is important, structure and processes of mentorship, and the personalities and priorities of the nurses involved, will influence how mentoring relationships proceed and endure and ultimately what emerges from them (McCloughen, O’Brien & Jackson, 2009).

Characteristics and Functions of Mentors and Mentees

The literature catalogues the personal characteristics of ‘good’ mentors and notes their significance to effective mentorship. Unlike the quagmire of definitions for mentorship, these attributes are fairly consistent and widely agreed on. Mentor characteristics have moved beyond early stereotypical descriptions that emerged out of the work of Levinson et al. (1978). Descriptions of wise, senior, older, male business figures taking a personal interest in the development of their junior colleagues as teachers, sponsors, hosts and guides, counsellors and exemplars (Levinson et al., 1978) have been debunked as they do not tend to reflect the myriad contexts in which mentoring in the 21st century happens, nor the array of individuals who act as mentors. Nowadays, and in nursing, mentor characteristics are often categorised into a variation of cognitive, affective and behavioural components that reflect the actions of mentors rather than focusing on features of personality or personal descriptions. Mentor characteristics include being competent, being a role model, being inspiring, having confidence, having commitment to the development of others and a willingness to share, having a desire to teach, support and guide, and
possessing effective interpersonal skills, (Beckmann Murray, 2002; Klein & Dickenson-Hazard, 2000; Morton-Cooper & Palmer, 2000).

Darling’s (1984) work on desirable mentor qualities has been specifically referred to in nursing literature and reflected in the findings of nursing research, particularly when looking at mentees’ perspectives of effective mentors and characteristics of mentoring relationships (for example, Elcigil & Sari, 2008; Jakubik, 2008). The author’s pioneering research in the US incorporated interviewing 150 people (including healthcare workers, physicians, and 50 nurses) about their experiences with mentors. The study found that attraction, action, and affect were absolute requirements for significant mentoring relationships. These domains manifested themselves in a variety of mentor roles that were basic to and present in nursing mentor relationships. The inspirer (attraction) role incorporated the mentor characteristics of being a model, envisioner, and an energiser. The investor (action) role incorporated the mentor having belief in the mentee and investing in them through action. In the supporter (affect) role the mentor provided emotional encouragement and reassurance. These mentor roles were shown to be reinforced by nine mentoring action characteristics that illustrated the possible ways mentors invested in mentees. These included being a standard prodder, teacher-coach, feedback-giver, eye-opener, door-opener, idea-bouncer, problem-solver, career counsellor and challenger (Darling, 1984).

Mentor characteristics are not necessarily bound by mentoring context therefore the nursing profession has been informed about this aspect of mentoring relationships through business, management and leadership studies. Zachary’s (2000) mentoring skills inventory and Kram’s (1985) mentoring functions are examples cited in nursing mentoring literature (Grossman, 2007b). In Australia, Darwin’s (2004) work profiling mentors has identified characteristics that are similar, although more comprehensive, than those found in earlier studies, while also moving away from the archetypal image of larger-than-life, superior characters without flaws.

Darwin’s (2004) large Australian study, involving over a 1000 people, in a variety of public places, explored descriptions of mentors. Structured information from over
500 of the participants was factor-analysed and yielded eight factors that described a cluster of mentor characteristics. Sixteen respondents were selected for follow-up interviews to explore how the characteristics manifested themselves in relationships and in day-to-day work settings. The eight mentor dimensions included: the ‘authentic’ dimension comprising being genuine, fair, honest, supportive, principled and respectful; the ‘nurturing’ dimension that identified mentors who were kind, sensitive, patient, generous and empathic; the ‘approachable’ dimension that described mentors as humorous, friendly, encouraging, open, caring, and considerate; the ‘competent’ dimension comprising mentors who were knowledgeable, interested, intelligent, confident, experienced and insightful; the ‘inspirational’ dimension that identified mentors who were risk-taking, visioning, inspiring, dynamic, passionate and challenging; the ‘conscientious’ dimension describing mentors who were efficient, disciplined, consistent and available; the ‘hard-working’ dimension that comprised mentors who were dedicated, motivated, driven, and demanding of self and others; and the ‘volatile’ dimension that identified mentors who were neurotic, egocentric, outrageous, wild, opinionated, cunning and picky. Mentors were found to exhibit characteristics from each of the eight dimensions (Darwin, 2004).

In this study data was collected from people who had a variety of occupations however, mentors were described in similar ways regardless of the participants’ organisational or occupational groups. The author claimed that individual characteristics may predispose some people to become mentors and that depending on the characteristics they possess; those individuals may also demonstrate Kram’s (1985) psychosocial and career functions. For example, individuals with high nurturance, authenticity and approachability may be more inclined to act as mentors and provide psychosocial support because they are altruistic and relational. Those individuals characterised as hard-working and high in inspiration and volatility may be goal-oriented and ‘upwardly mobile’ and more inclined to support people in task-related activities associated with career development (Darwin, 2004; Kram, 1985).

The characteristics of mentors identified by the previous authors are also consistent with leader characteristics and behaviours (Bennis, 1989; Henry, 2005; Kouzes & Posner, 1995). It is not surprising then, that the nursing literature associates leadership with mentorship, especially classical/informal mentoring (Bower, 2003;
Milton, 2004; Vance & Olson, 1998). Vance (2005) identified that an important role of contemporary nurse leaders is to use mentoring as a means to enable and empower the development of others, while Grossman and Valiga (2005) have identified mentoring as a core competency of nurse leaders. Porter-O’Grady and Malloch (2009) identify mentoring and coaching as foundational capacities of post-industrial healthcare leaders. The authors describe these ‘new’ leaders as being continuously engaged in learning and development as a mechanism for advancing new leadership, modelling skills, converting leadership capacity into other’s roles and undertaking leadership succession.

A US study of 20 senior nurse executives was undertaken to profile the leadership style and motivations of successful nurse executives, and the most important leadership skills required within their positions (Corning, 2002). Participants, who represented 13 states and a wide range of institutions, completed three assessment instruments and participated in several conference calls. They identified that many of the competencies related to ‘people skills’ [also referred to as emotional intelligence] are usually not included in professional training programmes and moreover cannot typically be learned in a classroom setting. The study revealed that the participants believed they should be teaching these skills on the job, as nurse leaders, by means of mentoring (Corning, 2002).

The literature addresses necessary mentee characteristics to a lesser extent than those of mentors. In attempting to resolve this, Clutterbuck (2004b) has reviewed the scant academic literature and drawn on field experience in mentor and mentee training, to identify markers or behaviours that contribute to mentee competencies, and has then aligned them with phases of the mentoring relationship. Focusing his work on developmental mentoring, the author found that mentee competencies arise from a number of paired characteristics or, generic pairs of behaviours. Competencies related to initiation of the mentoring relationship were: focus – proactivity, respect – self-respect, and listening – articulating. In terms of relationship management the author proposed that basic mentee competencies include: learn – teach, challenge – be challenged, open – questioning, and prepare – reflect. During the learning maturity/disengagement phase of the relationship the mentee demonstrates advanced competencies aligned with their growth within the relationship. Clutterbuck (2004b)
identified these as: acknowledge the debt – pay forward the debt, process awareness – process management, extrinsic and intrinsic feedback, and independence – interdependence. The author, puts forward the mentee competencies as tentative framework, and has acknowledged that although his proposed mentee competencies have face validity, there is much research yet to be done to establish validity in a more rigorous way (Clutterbuck, 2004b).

Desirable mentee characteristics that spark the interest of potential mentors and contribute to effective progression of mentoring relationships have also been identified in the nursing literature. These characteristics are generally comparable between authors and in the main, arise from literature reviews and opinion/discussion papers. Although evidence of their necessity is often superficial, they do broadly reflect the mentee characteristics and behaviours acknowledged by Clutterbuck (2004b). Bower (2003) has identified ‘good’ mentees as being motivated, being responsible, being ready and available for feedback, and understanding their own strengths and limitations. Grossman (2007b) has described ‘effective’ mentees as being efficient communicators who are willing to receive feedback, who possess goals and interests compatible with mentor expertise, are responsible and determined decision-makers, are flexible, and determined to succeed. Grossman and Valiga (2005) claim that mentors look for mentees who are self-starters looking for challenges, individuals who take risks and work hard, someone with integrity who is curious and possesses a vision for self and profession. Finally ‘rules for the protégé’ based on Million’s (1990, cited in Beckmann Murray, 2002) work include being questioning, welcoming advice, recognising evolving knowledge and skills, sharing professional interests, sharing insights, and investing time and energy.

Benefits and Outcomes of Mentorship

Mentorship is used in nursing, as in other professions, as a relationship that promotes knowledge development, professional competence and success, as well as prompting personal investment in the profession and commitment to the organisation (Jakubik, 2008). A range of mentoring initiatives have been used to gain individual and organisational rewards and while these have been widely reported in the literature there has been a tendency to limit the focus to nurses in their first few years of
practice, development of formal mentoring programmes, and descriptions of desirable mentor and mentee characteristics (Beecroft, Santner, Lacy, Kunzman & Dorey, 2006; Greene & Puetzer, 2002; Myall, Levett-Jones & Lathlean, 2008; Persaud, 2008). Broadly, mentors are reported to experience personal satisfaction from aiding another’s development, increased motivation and enthusiasm for their own career, and sometimes, also identify a sense of professional development (Atkins & Williams, 1995; Morton-Cooper & Palmer, 2000; van Epps, Cooke, Creedy & Walker, 2006). Mentees are said to develop their professional identity and experience increased job satisfaction as they become socialised and as possibilities for advancement and success within the organisation are realised (Grossman, 2007b; Morton-Cooper & Palmer, 2000; Stewart & Krueger, 1996). The organisation is identified as experiencing benefits associated with a satisfied and motivated workforce including attraction and retention of staff (Grossman, 2007b; Morton-Cooper & Palmer, 2000).

More specific benefits from mentorship for mentees in relation to personal and professional learning and growth, from across a range of contexts not restricted to beginning nurses, have also been proposed. These include: ease of transition of new school-of-nursing faculty members who identified themselves as thriving in their first year of teaching (Blauvelt & Spath, 2008), facilitation of scholarship and publication by nurse academics (Roberts, 1997; Turnbull & Roberts, 2005), increased productivity and creativity and development of new insights for nurse educators (Thorpe & Kalischuk, 2003), and increased interest and skills, cultivation of professional values, and improved productivity for nurse researchers (Byrne & Keefe, 2002; Byrne & Keefe, 2003).

Blauvelt and Spath (2008) reported on a mentoring programme for new school-of-nursing faculty members in a small university in the US. Twelve of the 15 faculty members, who had participated in the programme, continued to teach in the department. The 12-month programme incorporated weekly group meetings of mentors and protégés in the first semester and one-on-one meetings during the second semester. As faculty role socialisation occurred, protégés received support, guidance and resources from their mentor. Role development was encouraged through review of expectations outlined in their job description. Protégé evaluations
included that the programme was beneficial in supporting their transition to the faculty role.

In another study of nursing academe, 714 Australian nurse academics were surveyed to develop a profile of scholarly activity and to document, among other things, the influences on scholarly productivity (Roberts, 1997). Although scholarly productivity was low – averaging less than one publication per year, mentoring by senior colleagues was seen by over half the respondents, to be a facilitator of scholarship and publication. A later study of the scholarly activity and mentoring of 156 full-time nurse academics, found that the majority of mentoring activity originated from senior nurse-academics, although it is those in lower academic ranks with lower scholarly productivity, who perceive the greater need for mentoring (Turnbull and Roberts, 2005).

The notion of increased productivity is revealed in other studies. In Canada, Thorpe and Kalischuk (2003) have drawn on personal and professional experiences as nurse educators and looked to the published literature, to develop the Collegial Mentoring Model. Untested on others, the authors have described the collegial mentoring process that occurred within their friendship-based relationship that included caring, connecting and communicating, as contributing to personal and professional development. Specifically, the authors’ report benefits of increased productivity including completing several research activities together, satisfaction with the quality of their work, and enhanced health and well-being including feeling happy (Thorpe & Kalischuk, 2003).

US researchers Byrne and Keefe (2003) have reflected on their own four-year, formally funded structured mentorship experience in health research, and reviewed the literature, to determine that their relationship provided mutual benefits for them as mentor and researcher/mentee. Their mentoring relationship was similar to traditional/informal mentoring in that it was personally chosen, was intended to be of long duration, was focused on the mentee’s career development (in research context) and had an overall purpose of extending the knowledge base of the nursing profession. However the relationship also differed from traditional mentoring relationships in that it was also formal, structured by the requirements of the grant,
the mentored person was not a novice but carried considerable responsibility for the research, and all the aims and activities of the relationship were specified in detail prior to commencing the relationship (in the grant application). In addition, the primary mentoring relationship was augmented by a larger mentoring team. Aside from the direct benefits of being awarded a research grant, the mentee researcher benefits were wide-ranging and included enhanced learning, presentation skills, trouble shooting and problem solving, and improved professional productivity including joint authored presentations and collaborative publications.

Other reported benefits of mentorship include inspiration for life changes, stimulation of self-esteem and self-confidence, career affirmation and career expansion, development of ideas and creativity (Ehrich, Tennent & Hansford, 2002; Klein & Dickenson-Hazard, 2000; McKinley, 2004; Owens & Patton, 2003). In addition, generativity has been revealed as a key benefit of mentorship. In the work context generativity refers to an active interest in mentoring and promoting the next generation. It is seen as an “effective way for leaders to contribute meaningfully to the future of the organisation and to shift focus from self to others, and from the present to the future” (Sarros, 2009).

Levinson et al. (1978) and Klein and Dickenson-Hazard (2000) have highlighted the generative impact of mentors who provide opportunity to others to develop, be nurtured and empowered, and to expand and validate personal values and abilities. In Erikson’s (1963) work on human developmental stages, the author explicates the eight ages of man. The seventh age or phase embedded in middle adulthood, is one of generativity versus stagnation. Generativity is identified as focusing on caring for others, being productive and contributing to the betterment of society; the mature human is concerned for future generations without the implicit expectation of reciprocity. Influential nurse mentors are also seen to be ‘generative’ by being oriented and committed to developing the next generation of nurses, and doing so in an altruistic way (Byrne & Keefe, 2003). For those nurses aspiring to positions of leadership, the mentoring literature reports rewards that include development of leadership skills, enhanced career progress, and acquisition of leadership positions (Grossman, 2007b; Vance & Olson, 1998). Another aspect of generativity also seen
in mentoring is that those who have been mentored go on to mentor others (Owens & Patton, 2003).

Against the background of widely reported benefits associated with mentorship, the findings of a large US study by Ragins and Cotton (1999), although not focused on nursing, should also be considered in terms of possible implications for mentorship in the nursing profession. Their study examined the effects of type of mentoring relationship and gender composition of the relationship on mentor functions and career outcomes, by surveying 352 female and 257 male protégés. Mentor functions were based on the original work on mentor roles by Kram (1985). The participants came from the areas of engineering [male dominated], social work [female dominated], and journalism [gender integrated]. The authors provide some evidence that the findings of their study they support and extend some of the research performed by others.

Ragins and Cotton (1999) found that protégés with informal mentors received greater benefits in terms of career development and psychosocial functions, than those with formal mentors; they also reported greater overall satisfaction with their mentors. However the study found no difference in level of psychosocial functions reported by same-gender and cross-gender relationships. Most notably, the authors found that the presence of a male mentor in either same-gender or cross-gender relationships was significantly related to higher compensation for the protégé, but was not associated with more career development functions. Other issues highlighted by the study were: protégés in cross-gender formal relationships were provided less challenging assignments by their mentors while those in same-gender formal relationships received more; male protégés in formal relationships reported more counselling than females in formal relationships and also greater than both female and male protégés with informal mentors; the presence of a formal mentor reduced reports of coaching, role modelling, social, counselling and friendship functions for female protégés. Key considerations from the study include: formal mentoring programmes should not be considered a substitute for informal mentoring relationships; although formal mentoring relationships are less effective than informal relationships, they may be even less effective for female protégés; For the counselling function, males stand to gain the most from a formal mentor; and for optimal promotion, female protégés
should develop informal mentoring relationships with male mentors (Ragins & Cotton, 1999).

MENTORSHIP IN NURSING IN AUSTRALIA

Mentorship for nurses has received less attention in the Australian nursing literature than that seen in international literature. This is probably due to the relative infancy of the concept in Australia when compared with other countries, in particular the US and UK. This has resulted in the concept being less firmly established here than elsewhere. A lack of documented tradition associated with mentorship in nursing in Australia means that the way it has developed and been applied has likely been influenced by other countries.

Australian nursing literature on mentorship demonstrates that there is a lack of agreed definition of mentorship in this country. An Australian study that evaluated a pilot mentoring programme for nurse managers (Waters, Clarke, Ingall & Dean-Jones, 2003) used Australian Rolfe-Flett’s (2002) non-nursing and broad definition of mentoring; “An alliance of two people that creates a space for dialogue that results in reflection, action and learning for both” (p. 2). This definition could be used to describe a range of supportive workplace relationships and in a nursing context could also include preceptorship and clinical supervision. In contrast, in an Australian study of rural nurses developing mentoring relationships, Mills, Francis and Bonner (2007) looked to the US and Stewart and Krueger’s (1996) concept analysis of mentoring, for a more comprehensive and specific definition particular to nursing; “…a teaching-learning process acquired through personal experience within a one-to-one, reciprocal, career development relationship between two individuals diverse in age, personality, life cycle, professional status, and/or credentials …for [the purpose of] professional outcomes…an expanded knowledge and practice base; affirmative action; and/or career progression” (p. 315). This definition, although suited to a mentoring relationship with significant power and expertise differentials, does not necessarily fit with contemporary mentoring relationships between nurse influentials i.e. nurse leaders of similar age, experience and status.
There is further definitional confusion when looking at an Australian nursing text that describes mentorship for new graduate nurses. Chenoweth and Lo (2001) look to the international literature to highlight that mentorship and preceptorship are terms used interchangeably to describe the supportive role of mentors. The authors explain that mentorship refers to the process of preceptorship including orientation, acculturation and networking processes, as well as to “a mutual and committed relationship between a new employee and an experienced staff member” (p. 280). The prescriptiveness of this definition demonstrates the overlap of preceptorship and mentorship originating in the UK. All of these definitions indicate a different focus, intent and structure of mentoring relationships.

Formally developed nurse mentoring relationships have received more attention in the Australian nursing literature than informal or classical mentoring relationships. These relationships tend to be easier to research because they have a well defined purpose and expected outcomes, while the nature of informal mentoring relationships is to be unrestricted and unsystematic. Formal mentorship programmes for nurses are increasingly being seen in a range of contexts in this country including at undergraduate, beginner and management levels of nursing. Locally, these formal relationships demonstrate similar structure and purpose to those developed outside Australia. In particular, many have components of a preceptorship framework found predominantly in UK mentorship programmes.

Despite the increasing information regarding formal nurse mentorship programmes, these programmes do not usually extend to nurse leaders. There is a significant gap in the literature regarding the mentoring activity of Australian nurse leaders. It may well be the case that Australian nurse leaders engage in informal mentorship like their US counterparts but given that these relationships are more difficult to research, they are not published. In order for the benefits of mentorship for nurse leaders that are reported elsewhere to be seen in Australia, a clear understanding and vision of mentorship should exist.
MENTORSHIP FOR NURSING LEADERSHIP

In nursing, mentorship is seen as integral to developing future nurse leaders. The relationship between mentorship and nursing leadership is not a recent one although more formal recognition of these mutual processes may be. Fields (1991) found that several nursing leaders of the 1800's and early 1900's have possessed mentors who encouraged their professional development. Interestingly Field’s (1991) used mentor characteristics and functions delineated in more modern literature to identify the mentors of historical nurse leaders. Many of the mentor characteristics identified by Fields (1991) and others, including career role model, adviser, guide, inspirer, information deliverer and promoter, are mirrored by leader characteristics that include being a positive role model, taking responsibility for growth and development of others, enabling others to act, and inspiring a shared vision (Byram, 2000; Evans & Reiser, 2004; Kouzes & Posner, 1995).

Morton-Cooper and Palmer (2000) have suggested that mentorship can assist emerging nurse leaders by cultivating flexibility, adaptability, judgement and creativity. Vance and Olson (1998) identified an important element of mentorship to be ‘growing’ nurse leaders, in turn strengthening the profession. It has been said that in nursing “having mentors is essential for aspiring future leaders” (Rust, 2005, p. 125) and, mentors have a responsibility to help mentees develop leadership skills, by encouraging them to “take the lead” (Bower, 2003, p. 391).

Vance’s (1977) doctoral study was the first study that investigated mentoring relationships occurring among nursing leaders in the United States. Using a mail questionnaire the author surveyed seventy-one contemporary American nurse influentials, formally recognised as having influenced the development of the nursing profession. Most commonly, participants held positions within the education-academic sphere of nursing. Four major areas of data were collected and analysed: personal and family background, career characteristics, sources of influence and influence activities, and viewpoints of their profession. A significant finding was that 83% of participants reported having mentors in their lives and 93% reported being mentors to others. The nurse influentials established and maintained their success and domain of influence through a variety of factors including mentorship, and the
benefits of their mentor connections were experienced throughout their careers. The study concluded that mentorship was an important influence among nurse leaders (Vance & Olson, 1998).

Vance’s (1977) doctoral dissertation provided an early insight into the significant effect of mentors at various career stages, in particular for nurse leaders. Olson’s (1984) doctoral dissertation further examined mentoring relationships, but looked at how novice and seasoned nurse educators form and develop mentoring relationships. These two researchers’ mutual interest in mentorship in nursing led to a collaborative relationship that produced the often-cited text, The mentor connection in nursing (Vance & Olson, 1998). That particular work incorporates the personal and professional stories of nurses’ mentoring experiences and is replete with excerpts from international mentoring literature. The majority of contributors to the text primarily originate from the United States and other countries outside of Australia.

There is a lack of Australian literature specifically reporting on mentorship for nurses in leadership therefore, it is difficult to determine the extent to which Australian nurse influentials’ experience of mentoring relationships have impacted on leader development, career progression and succession. However, two particular studies described in the literature point to some benefit of mentorship for nurses in senior management positions. In their Australian study, Moran et al. (2002) surveyed 205 nurse managers to identify important factors which influenced and facilitated their successful entry to leader positions, with particular reference to leadership characteristics. One hundred and forty participants identified that particular senior nurse managers had influenced their development. In addition, only seven participants also specifically identified mentors. However, of the 141 responses describing the type of influence these senior nurse managers had exerted over the participants’ development, overwhelmingly the described behaviours were representative of mentor behaviours identified in the literature and included feedback, support, creation of opportunities and role modelling (Moran et al., 2002). This reflects Vance’s (1995) opinion that the nursing profession has always had mentors, but has not always recognised them.
A strong mentoring generational legacy is reflected in Sharples’ (1998) study. The author surveyed a random sample of South Australian directors of nursing in relation to frequency, qualities and dimensions of mentor relationships. More than half of the 77 participants reported having a mentor during their professional lives and these were most prevalent during the early years of their professional development. Mentors were acknowledged as contributing to the nursing directors’ job satisfaction, knowledge, skills, and career progress. Those who reported no experience of mentors said that it was not a popular concept at the time they were trained. The participants described traditional informal mentoring relationships that were voluntary, mutually initiated and of long duration, generally ending on pleasant terms. There was a broad mentoring ethic among the participants, with the majority of former protégés going on to support the careers of others. The stimulus to mentor others emerged from a view that mentoring was part of their professional leader role and was intrinsically rewarding (Sharples, 1998).

**SUMMARY**

The chapter commenced with a broad overview of leadership including leadership theory, leadership in Australia and leadership in nursing. Next, a sketch of the history and development of mentorship and process components of mentoring relationships were outlined, whilst the international differences that exist in the way mentorship is understood were also highlighted. This beginning to the chapter provided the framework on which to look at mentorship in nursing and situated nurse mentorship in light of its traditions.

The chapter offers an overview of the understandings of mentorship, the contexts in which mentorship occurs, the intents and purpose of mentorship, the form of mentoring relationships and the nurses involved in them. The international and Australian nursing and mentorship literature has been explored across a range of contexts. The varied structures of mentorship in nursing and the characteristics of those involved in nurse mentoring relationships have been presented. The lack of clarity around preceptorship and mentorship in formal relationships has been identified and the lack of consistency in meanings and definitions of mentorship has
been illustrated. I have contrasted formal and informal mentoring relationships, revealing the prescribed and rigid nature of the former and the more fluid and creative character of the latter. The key characteristics and functions of mentors and mentees have also been summarised. It has been shown that mentor attributes fit a range of categories and carry across contexts while also being aligned with leader characteristics, and mentee qualities are less in number and breadth and tend to focus on active learning and communication.

The benefits and outcomes of mentorship in nursing strongly suggested by the literature have been overviewed. It has been shown that the merits of mentorship can be specifically experienced by individuals at varied professional levels or more broadly felt across organisations and the nursing profession. The benefits for mentees in relation to context, form and intent of mentoring relationships have been addressed with particular identification of nurse leader development and leadership progression.

I have summarised some of the salient issues of mentorship in nursing in Australia and highlighted that while there are well recognised and published international differences in the approach to mentoring in nursing, a typically Australian style has not been fully realised. Mentoring is relatively recent to Australian nursing therefore our understanding of it has not been comprehensively explored. As a result, we lack common meanings for mentoring relationships and processes. There is insufficient literature demonstrating the extent to which nurse mentoring relationships exist in Australia, and similarly, information regarding the form and purpose of nurse mentoring relationships is sparse. The scope of career-related and psychosocial benefits of mentorship for Australian nurses has not been adequately described in the literature. In particular, there is little published information regarding whether mentorship contributes to the development of Australian nurse leaders, as has been shown in other countries. There is also little information regarding the generative impact of mentorship on nursing in Australia and whether it in any way contributes to securing the future of nursing in this country.
AIMS OF THIS STUDY

In response to the growing interest in mentorship in nursing in Australia and in an effort to address some of the gaps in the Australian nursing literature, this study explored mentorship for nurse leadership generativity in Australia. The aims of the study were to:

i) Explore experiential meanings and understandings that Australian nurse leaders apply to their mentoring relationships.

ii) Determine whether mentoring relationships contribute to nurse leader development in Australia.

iii) Identify how Australian nurse leaders conceptualise mentorship.

The philosophical framework for the study is addressed in the next chapter.
CHAPTER 3

PHILOSOPHICAL FRAMEWORK
INTRODUCTION

This chapter provides an overview of the methodology which guided the study’s progress. I have argued that hermeneutic phenomenology was a relevant philosophical framework for the study because of its focus on exploring lived experience and developing meaning. The key underlying assumptions of Heideggerian phenomenology and Gadamerian hermeneutics have been illustrated, and their impact on the study have been highlighted. Implications for the conduct of collecting, analysing and interpreting data have also been discussed.

PHENOMENOLOGY

Edmund Husserl [1857-1938] is credited with being the founder of the twentieth century phenomenological movement and Martin Heidegger [1889-1976] is considered the prime instigator of modern hermeneutics (Sokolowski, 2000). Hans-Georg Gadamer [1900-2002] was influenced by the work of both Husserl and Heidegger and extended Heidegger’s work into practical application (Laverty, 2003). Key concepts from the work of all three philosophers have bearing on the study presented here.

Phenomenology originated as a branch of philosophy concerned with the study of phenomena, or the appearance of things as lived experience, and has subsequently been utilised as an approach to research inquiry (Kvale, 1996; Streubert Speziale & Carpenter, 2003). A phenomenological perspective requires us to look at ordinary everyday human life in its own context, to better understand it. Phenomenology questions the meaning, structure, and essence of the lived experience of a particular phenomenon for an individual or group of people. Crotty (1996) has identified that phenomenology highlights the realm of experience, focuses attention on subjective experience, and studies the context in which experience is embedded, in an effort to render lived experience intelligible. Munhall (1994, p. 3) has summarised that phenomenology helps us to better understand:

- Our being.
- Our being in the world.
What it means to be human.
Where being is in the life world.
The meaning of the words ‘human’ and ‘being’.
The process of becoming, of achieving greater humanness.

Husserl sought to establish a secure basis for human knowledge, a ‘first philosophy,’ and believed the foundations of knowledge would be found by taking a fresh look at reality (Crotty, 1996). He commenced his endeavours under the battle cry of “back to the things themselves” (Moustakas, 1994, p. 26) and while the subjective quality of knowledge was appreciated, the aim of Husserl’s phenomenology was to uncover essential structures of reality, to let things themselves be the guide (Gorman, 1977). For Husserl, human beings were subjects in a world of objects, and phenomenology was the study of the consciousness of those objects; an epistemological study that asked questions of knowledge about objects gained through conscious awareness (Laverty, 2003; O’Brien, 2003). Husserl’s basic philosophical assumption was that human beings can only know what they experience, their reality, by attending to perceptions and meanings that awaken conscious awareness (Laverty, 2003; Patton, 2002). For people to have certainty, anything outside their immediate experience should be ignored, so the external world is reduced to the contents of personal consciousness, thus, realities are pure ‘phenomena’ and the only absolute data from where to begin (Groenewald, 2004). Jones (2001) proposed that phenomenology for Husserl, was a means to view universal elements of the world as experienced by another; to deconstruct experiences thereby rendering them accessible to scrutiny. The author identified Husserl as holding a belief in experience as the definitive means of finding knowledge and understanding the world.

Husserl viewed access to the structures of consciousness as a result of the intentional process of directly grasping a phenomenon. The phenomenological notion of ‘intentionality’ or ‘intending’ primarily applies to the theory of knowledge rather than action, meaning our awareness is directed toward objects; “every act of consciousness, every experience, is correlated with an object” (Sokolowski, 2000, p. 8). Laverty (2003) and Edie (1987) surmised that Husserl understood conscious awareness as the starting point for building one’s knowledge of reality, and by
intentionally directing one’s focus; one could develop a description of realities. The ultimate structures of reality with which one comes face-to-face, are described as ‘essences’ that make the object identifiable and unique.

The ‘essence’ of a phenomenon is a universal which can be described by studying the internal meaning structures of a phenomenon as it is encountered in lived experience. Therefore, the essence of something relates to its ideal or ‘true’ meaning; the essence represents the basic units of common understanding of any phenomenon (Streubert Speziale & Carpenter, 2003; van Manen, 1990). Husserl’s universal essences were based on ‘reduction’ to secure absolute insights into the what, or essence, of whatever was given intuitively in experience. Elucidating the general essence of a phenomenon then yields a concrete descriptive analysis (Sokolowski, 2000; Streubert Speziale & Carpenter, 2003).

Phenomenological ‘reduction’ is attributed to Husserl who proposed that to successfully achieve contact with essences, the outer world and individual biases must be bracketed out (Laverty, 2003; Sokolowski, 2000). Husserl described this using the Greek word ‘epoche’, referring to restraint from making judgements. This restraint could be achieved in two ways: (1) The psychological epoche requires setting aside assumptions and preconceptions and “seeing and hearing as if for the first time” (Jones, 2001, p. 66), whilst the (2) transcendental epoche entails “intuiting or grasping through logic and insight” (Jones, 2001, p. 66); suspending disbelief so as to become aware of existence. Husserl believed that it was possible to reflect on the character and structures of everyday life, but not from within it (Moules, 2002). Bracketing served the purpose of obtaining unadulterated phenomena that were attainable in the “natural” attitude; the everyday and unreflected attitude of naïve belief (Husserl, 1960, cited in Cohen & Omery, 1994, p. 138).

Both Husserl and Heidegger were concerned with the life world and lived human experience, however, Heidegger disagreed with the processes Husserl used to explore lived experience (Laverty, 2003). Husserl focused on understanding beings and phenomena, and understood human beings primarily as knowers of their world. In contrast, Heidegger focused on the mode of being human, and viewed human
beings as primarily relating to their world in a concerned way (Conroy, 2003; Laverty, 2003). Heidegger resisted Husserl’s ontological neutrality and belief that beings can isolate themselves from worldly contamination and recognised people as “situated in, and constituted by, their worlds” (Moules, 2002, p. 14). In removing Husserl’s brackets Heidegger acknowledged that as human beings are situated in the world, they are not distinct or enclosed entities. Therefore, Heidegger’s ontological phenomenology aimed to understand the conditions whereby human beings comprehend their existence; the character and meaning of being human (O’Brien, 2003). Heidegger’s work led to a major shift away from Husserl’s epistemological phenomenology, to the evolution of the branch known as hermeneutic phenomenology (Annells, 1996; Cohen & Omery, 1994; Jones, 2001).

**HERMENEUTICS**

Where phenomenology suggests attending to the phenomenon itself and describing it comprehensively, hermeneutics argues that rather than being isolated, experiences of something are eventful, forming and generative. To this end, the phenomenological process to essentialize ‘what is’, to suppose an object to stand by itself, determines that the human life that constitutes the object is forgotten (Jardine, 1994). Moules (2002) has made clear that hermeneutics adds something different to the gift of phenomenology because in hermeneutics, rather than being fixed or given, objects are interpreted, contingent things.

“Hermeneutics begins with the premise that the world is interpretable” (Moules, 2002, p. 7). This method of interpretation is firstly of texts, then of the social, historical and psychological world (Blackburn, 1996). Just as Husserl’s phenomenology was concerned with human beings’ perceptions of their life-world, hermeneutics is also interested in illuminating the everyday life-world of social actors. However, unlike phenomenology, hermeneutics is not concerned with phenomenological consciousness as such, but with those dimensions of ‘understanding’ and ‘interpretation’ that are required in everyday life (Rundell, 1995).
Hermeneutics provides a theoretical framework for interpretive understanding, or meaning, with particular attention to context and original purpose (Patton, 2002). Philosophical hermeneutics argues that “understanding is not, in the first instance, a procedure or rule-governed undertaking rather, it is a very condition of being human; Understanding is interpretation” (Schwandt, 2000, p. 194). For Gadamer (2004), understanding was the original characteristic of the being of human life and, is a basic structure of our life experience, because we are always taking something as something. Despite being a common experience to us all, many of us find the act of understanding difficult. Communication is a complex action that involves sending and receiving messages so that when we express an idea, we express ourselves, and when we accept an idea, we have appropriated its sense and meaning. The key task of hermeneutics is to make what was once foreign to us, our own, (Reeder, 1988).

Language is central to hermeneutics, in particular, the language of texts. The texts of literature, religion, and law were the subject matter of classical hermeneutics. Originally, hermeneutics stressed the structures of reading and interpreting texts from the past and presented that work as a philosophy of biblical and literary interpretation and of historical research (Sokolowski, 2000). However, the historical concept of texts has now been extended to include discourse, and even action (Kvale, 1996). Gadamer, influenced by Heidegger, placed much emphasis on language in both its oral and written representations. For Gadamer (2004) language and understanding are inextricably linked aspects of human being-in-the-world; language is the universal medium in which understanding occurs. Gadamer (2004) proposed that, “the essential relation between language and understanding is seen primarily in the fact that the essence of tradition is to exist in the medium of language, so that the preferred object of interpretation is a verbal one” (p. 391).

Hermeneutics, unlike phenomenology, is not only interested in the life world context of here and now, it also questions this contemporaneity from the perspective of historical contexts that condition it (Rundell, 1995). In other words, everyday life is created through our understanding and interpretation of the past. Gadamer (2004) proposed that we should learn to understand ourselves better and recognise that in all understanding, whether we are expressly aware of it or not, the efficacy of ‘history’ is at work. For Gadamer, our understandings are based on our historicality; we are
historical and we belong to history, and things are meaningful against the backdrop of our own history (Laverty, 2003; Moules, 2002). Gadamer embraced temporality as the extension of past into present while Heidegger addressed time and temporality as extensions into the future (Coltman, 1998).

Philosophical hermeneutics proposes that in the act of interpreting and arriving at clear understandings, any sociohistorically inherited bias should not be considered a characteristic that the interpreter must divest themselves of (Schwandt, 2000). Schwandt (2000) pointed out that those traditions and associated pre-judgments that shape our attempts to understand and condition our interpretations, are living forces that cannot be easily controlled, nor can they be set aside at will. For Gadamer (2004, p. 273) ‘prejudice’ meant “a judgement that is rendered before all elements that determine a situation have been fully examined.” Prejudice is not by necessity false judgement, nor of negative value. For Gadamer many of our prejudices are legitimate because they are a condition of how we make sense of our world. All understandings are based on our own historicality therefore all understanding will incorporate some prejudice. Rather than dispensing with, or managing our biases and prejudices, understanding requires us to engage with our biases.

Hermeneutics is the practice and theory of interpretation and understanding in human contexts and is concerned with our entire understanding of the world and the various forms in which understandings become manifest (Gadamer, 2004). Therefore, hermeneutics focuses on the meaning of what is said, read, and heard (Bleicher, 1993; Gadamer, 2004).

**HERMENEUTIC PHENOMENOLOGY**

Both phenomenology and hermeneutic phenomenology are concerned with the life world; how human experience is lived. However, there are differences in the domains of ontology and epistemology for phenomenology and hermeneutic phenomenology. While phenomenology focuses more on the epistemological question of the relationship between the knower and the object of the study, hermeneutic phenomenology moves to the ontological question of the nature or
reality and ‘being’ in the world (Laverty, 2003). Phenomenology has been described as foundationalist because it seeks correct answers and valid interpretations which are independent of the nature and historical position of the interpreter. In contrast, hermeneutic phenomenology is non-foundationalist because it focuses on meaning that arises from the interpretive interaction between historically produced texts and the reader (Allen, 1995).

Hermeneutic phenomenology is both descriptive and interpretive. It aims to directly investigate and describe phenomena as experienced in the life world by using phenomenological reflection and writing to understand the forms of life. In effect, insight into the essence of a phenomenon is gained through a process of reflectively appropriating, clarifying, and making explicit the structure of the meaning of the lived experience. That meaning is multi-dimensional therefore, needs to be communicated textually through organised narrative or prose (van Manen, 1990).

Hermeneutic phenomenology seeks understanding rather than theory and is against the Cartesian model of subject-object mind-body dualism because human action is seen to be always embedded within a background of personal and cultural influence and history (Annells, 1996). It does not seek to control and is non-foundationalist. The origins of hermeneutic phenomenology are in the work of Husserl’s pupil and colleague, German philosopher, Martin Heidegger.

**Hermeneutic Phenomenology: Martin Heidegger**

Heidegger was interested in ‘how we live in the world’ and temporal issues as they relate to authenticity, being in the world, and issues of time and life experience (Jones, 2001). Heidegger was critical of the way Husserl had constituted phenomenology with an emphasis on description rather than understanding [verstehen] as its basis and dissociated him-self from the eidetic and transcendental approaches (Cohen & Omery, 1994). Heidegger’s (1962) seminal text ‘Being and Time’ unites both phenomenological philosophy and existentialism. Heidegger viewed existential thinking along a spectrum of art, poetry and philosophical thought and proposed the idea of hermeneutics as a method of interpreting and understanding
ways in which human beings live in the world (Jones, 2001). The notion of ‘being’ is central to Heidegger’s work.

**Being**

Heidegger considered that there were fundamental questions related to ‘Being’, most notably what it means to be a human being (Jones, 2001). Heidegger referred to the mode of being or the situated meaning of a human in the world, as “Dasein” (Laverty, 2003, p. 7). Dasein or, being-in-the-world, is described as a “thereness of being that is distinguished by the capacity for self-reflection concerning its own existence” (Moules, 2002, p. 14). Dasein addresses the constituted meaning of a human in the world and refers fundamentally to intelligibility, or, how we make sense of our world and the place we hold in it, and how we become aware of that place (Annells, 1996; Conroy, 2003). Central to Dasein, to be in the world, is our capacity to be aware of ourselves and concerned about our existence, to be self-reflective and to understand what it means to be. For Heidegger, problems of being could only be approached through Dasein and the task of hermeneutics was to interpret the meaning of being. Therefore according to Jones (2001), any investigation must address Dasein and ask ‘who am I?’ An essential feature of Dasein is that it includes inquiring as one of the possibilities of our being (Annells, 1996).

**Time/Temporality**

Temporality, as connectedness rather than linear time, is a major theme of Heidegger’s hermeneutics, where being is essentially temporal and time is nothing apart from being (Annells, 1996; Cohen & Omery, 1994). Heidegger (1962) has described human existence as a happening, a life story unfolding between birth and death. Dasein’s life course, regarded as a temporal unfolding with both cumulativeness and purposiveness, exhibits certain essential structural elements that illustrate the past, present and future temporality of Dasein’s existence. Guignon (2006) explains that rather than asking what time is, Heidegger asked, what does it mean to be in time; how are the past, present and future meaningful to Dasein?
Dasein is always ‘ahead of itself’; it is a projection into the future inasmuch as its actions are a commitment to realising or defining the person’s life and being (Guignon, 2006). Dasein takes over a range of possibilities as definitive of its identity - personality traits, lifestyles, attitudes – and exists as ‘being-toward’ a final configuration or totality of possibilities that defines that person’s life. So, we are “being-toward-the-end …not in the sense of facing our demise …but in the sense that everything we do contributes to making us people of a particular sort” (Guignon, 2006, p. 278). Heidegger saw the future as meaningful because it is one of the ways in which human beings exist. The future, and all its varied forms of awareness, consciousness and thought, presupposes the basic attitudes of being toward a future and from a past (Gelven, 1989). “Ultimately, my ability to have possible ways of being is what the future means” (Gelven, 1989, p. 182).

The past is also meaningful to Dasein. Heidegger chose the term ich bin gewen, which is often simply translated as “I was” but, literally means “I am been”, to indicate that the past is significant in a present tense (Gelven, 1989, p. 180). For Heidegger, the past, like the future, is significant to the here-and-now, has meaning and is essentially tied to human existing. Gelven (1989) has acknowledged that we cannot understand what or who we are without conceiving of ourselves as having already been because the past cannot be theoretically described as no-longer. The past is always in existence and therefore meaningful to the present and the future.

In asking how the present is meaningful, Heidegger shifted his inquiry from seeing the present as that in which something occurs, to the actual carrying out of an action; the present is ‘making present’ (Gelven, 1989). The significance of any present moment lies in being directly aware of one’s own activity as an action (Gelven, 1989). Thus, the present becomes meaningful for me as I perform actions and create situations.

For Heidegger, past experience, or ‘forestructure’, which intimately links the past, present and future, was critical to a person’s perceptions (Jones, 2001). “Meaning is found as we are constructed by the world while at the same time we are constructing this world from our own background and experiences” (Laverty, 2003, p. 8). Heidegger saw time as influencing how we construct reality, the temporality of our
existence directs out interpretation of the world. Heidegger used the term ‘thrownness’ [geworfenheit] to refer to a position in which human beings find themselves in a world that is dictated by the past, rather than living in a world of choice; our being is already enmeshed in a particular context (Guignon, 2006; Jones, 2001). Human beings are diverted by the world of their present, yet also tied to their past, while still primarily reaching out into the future into which they find themselves ‘thrown’. This suggests that thrownness represents an intimate aspect of our way of being although it is usually pushed to the background (Cohen & Omery, 1994). Heidegger proposed that we can discover possibilities and choose how to respond to the past and how we will allow our present and future to be shaped by it (Jones, 2001).

**Understanding, Interpretation, and Meaning**

According to Heidegger, to understand something, is to be able to do or manage or master it (Blattner, 2008). As a feature of our being, understanding in the practical everyday sense is not specifically a cognitive phenomenon that captures propositional contents, rather it also includes know-how; characterised by Heidegger (1962) as being-toward-possibilities. Blattner (2008) has identified that the space of possibilities in which we operate is far greater and richer than can be described by our propositional resources. Nonetheless, we do “have a grasp of and, to a certain extent, mastery over this space of possibilities” (p. 86) therefore, we are capable of much more than we can actually describe. Thus, understanding, as Heidegger used the term, is mastery of more than we can describe, and is identified as “the being of such ability-to-be” (Heidegger, 1962, p. 183).

Heidegger also used ‘understanding’ to refer to understanding of this item on this occasion, and also used another term – ‘projection’; to throw or cast forth. This can be illustrated with Blattner’s (2008) example of drinking out of a coffee mug. When I drink out of the mug I am throwing it forth onto or into its possibility of being a coffee mug and its usability in the business of drinking. The act of projection allows us to identify what is understood [the coffee mug] and the terms in which it is understood [the role of being a coffee mug]. Understanding operates by projecting possibilities. To throw before ourselves our possible ways of existing, is an essential
characteristic of what we are. “It is as if understanding were like a searchlight, illuminating what lay before Dasein” (Gelven, 1989, p. 89).

Heidegger emphasised that the interpretative function of understanding is not something ‘extra’ rather; understanding is not complete without interpretation (Gelven, 1989). Interpretation is ‘working out’ the possibilities disclosed in understanding, so, the main function of interpretation is to make explicit what is already within awareness. We make what we understand explicit by understanding it as something (Gelven, 1989; Blattner, 2008). Heidegger’s account of interpretation had three basic contributing considerations: (1) the as-structure, (2) the fore-structure, and (3) meaning. These considerations are described below, and reveal how Dasein, through understanding’s projection of possibilities, makes explicit to us what is to be interpreted (Gelven, 1989).

(1) As-structure: The as-structure of our understanding is based on our seeing the world as ready-to-hand. In making the as-structure explicit, I am pointing out the purpose and usability of a thing. Heidegger explained that, if I merely look at an object and do not make use of it, the further away I become from its proper meaning. When I interpret something, I do not add on an external meaning or significance rather, I make clear, what is already there (Gelven, 1989). For example, if I claim that a camera as a camera must take photos, I am interpreting the camera, or more precisely my everyday understanding and relationship to the function of the camera.

(2) Fore-structure: To interpret means to clarify the as-structure and this requires that there be aspects of that which is interpreted already in advance of the actual moment of interpretation (Gelven, 1989). Therefore every interpretation is grounded in a fore-having, a foresight, and a fore-conception. Fore-having is the understanding of the background context in which concrete interpretation takes place, for example, the complex of integrated equipmental roles that define a workshop and make a piece of equipment what it is. Forehaving is prior awareness of purpose and function (Gelven, 1989; Blattner, 2008). Heidegger explained that foresight “takes the first cut” out of what has been taken into our fore-having (1962, p. 191). It is a moment in the development of interpretation, a part of what is had in advance, through which the articulation of the as-structure is possible. Its function is to direct our attention to a
specific area of problem. Fore-conception helps us to interpret the phenomena. It functions in terms of a conception by which the as-structure is made explicit (Gelven, 1989). In every interpretation, there is a fore-having, a fore-sight and a fore-conception, all based on Dasein’s use of the world as ready-at-hand (Gelven, 1989).

(3) Meaning: Meaning is, understanding becoming aware of the as-structure (Gelven, 1989). So, when I understand the meaning of an act, I understand that act as that act, in terms of its purpose and use. For example, the meaning of a camera is to take photos. Heidegger’s rendition of understanding is important because it places the focal point of meaning in Dasein rather than in words. Gelven (1989) describes meaning as a mode of my being in the world - I am a person in the world, familiar with that world therefore, “I can at times focus upon the ways in which I make use of the world” and in turn the as-structure becomes explicit to me (p. 98). When this occurs, the way in which I use the world becomes meaningful to me. Meaning is not something added on to understanding; rather it is an a priori characteristic that allows us to put experience into words. We do not express interpretation in words and then find meaning for those words rather; we first have meaning and then verbally express it (Gelven, 1989).

For Heidegger, all understanding was connected to a given set of fore-structures, including one’s historicality. These cannot be eliminated therefore we need to become as aware as possible of our interpretive influences (Laverty, 2003). The interpretive process is achieved through a hermeneutic circle that allows us to check particular interpretations and understandings against a web of beliefs, understandings and interpretations. Heidegger claimed all understanding as circular, in the sense that “any interpretation which is to contribute understanding must already have understood what is to be interpreted” (1962, p. 194). The ‘hermeneutic circle’ characterises all understanding because there must already be a context of intelligibility for any discovery to be made, or conclusion proved (Guignon, 2006).

**Hermeneutic Phenomenology: Hans Georg Gadamer**

Heidegger’s student Hans-Georg Gadamer brought new ways of thinking to hermeneutic inquiry and developed ideas concerning the potential of interpretation.
Gadamer’s ‘philosophical hermeneutics’ focused on clarifying further the conditions in which understanding itself takes place, rather than developing a procedure for understanding (Laverty, 2003). For Gadamer the general structure of understanding was concretised in historical understanding, in that “the concrete bonds of custom and tradition and the corresponding possibilities of one’s own future become effective in understanding itself” (2004, p. 254). Gadamer also believed that understanding and interpretation were inextricably bound together and, as an evolving process, definitive interpretation can never be possible (Annells, 1996). Gadamer embraced interpretation and the risk that accompanies it. When placing our interpretations at risk we need to remain open to the eventual inadequacies of our own opinions (Coltman, 1998).

**Fusion of Horizons**

We always meet the world with preconceived expectations of it based on prior experience, or, the necessary conditions of prejudice and pre-understanding (Debesay, Näden & Slettebö, 2008). Consequently, our understanding takes place when a fusion of horizons of past and present occurs (Gadamer, 2004). The metaphor of a horizon is described by Gadamer as a range of vision that includes everything that can be seen from a particular vantage point. To have a horizon means being able to see beyond it rather than being limited to what is near. Annells (1996) has acknowledged that the acquisition of a horizon requires looking beyond what is close in order to view the phenomenon in proportion within a larger whole. Gadamer believed that we ask questions from within our own horizon of understanding, which is limited by interpretive biases (Bleicher, 1993; Roberts, 1995). “The horizon of the present is continually in the process of being formed because we are continually having to test all our prejudices” (Gadamer, 2004, p. 305) and an important aspect of that testing occurs in encountering the past and understanding the tradition from which we come. Gadamer (2004) identified that because the horizon of the present must be formed with the past; there is no more an isolated horizon of the present than there is of the past rather, “understanding is always the fusion of these horizons supposedly existing by themselves” (p. 305). In summary, a fusion of horizons is a continuous fusion of the historical horizon with the horizon of the present that occurs through the process of understanding and interpretation. Therefore hermeneutic
inquiry should aim for a fusion of horizons of the interpreter and the text (Annells, 1996; Roberts, 1995).

Hermeneutic Circle

Gadamer viewed hermeneutics as a mirror which reflects meaning. In so doing, he developed Heidegger’s idea of a hermeneutic circle of comprehension, dialogue and fusion of understandings, each offering a potential metaphor for awareness (Jones, 2001). Gadamer believed understanding was achieved by our interpreting within a circular process, in which we continually move from the parts to the whole, and the parts form the whole, and the whole says something of the parts (Debesay, Nåden & Slettebø, 2008; Jones, 2001).

Gadamer saw the hermeneutic circle as a combination of tradition and pre-judgements. This combination is the starting point for understanding, which for Gadamer, emerged out of the tension produced by the temporal distance between past and present (Jones, 2001; Roberts, 1995). The temporal distance allows us to reassess our prejudices, it mediates between these traditions, so that we can arrive at a new understanding (Debesay, Nåden & Slettebø, 2008). The prejudices are viewed as being “parts or elements of a tradition; while the tradition in turn can be seen as a comprehensive system of prejudices” (Debesay, Nåden & Slettebø, 2008, p. 58).

The hermeneutic circle is opened up by the understanding or reflection that emerges in the interplay between tradition and interpretation (Roberts, 1995). However the interrelationship between the parts and the whole of the hermeneutic circle does not constitute a vicious cycle because one does not remain in the same place within the circle. Rather the circle is a positive opportunity for one to acquire new knowledge (Debesay, Nåden & Slettebø, 2008). Hermeneutics is a process where we attempt to render clear something that appears unclear or misunderstood. “Understanding takes place when the prejudices that have lead to misunderstanding are filtered out through the interplay of the whole and the parts in the hermeneutic circle” (Debesay, Nåden & Slettebø, 2008, p. 58). For Gadamer, this was not about understanding better, either in the sense of superior knowledge because of clearer ideas or fundamental superiority of conscious over unconscious production. Rather, “we understand in a different way, if we understand at all” (Gadamer, 2004, p. 296).
For Gadamer, the opening of the hermeneutic circle is affected not only by dialogue, but the mode of questioning through which the dialogue is constituted. In Gadamer’s view, to raise questions is a creative and productive act that initiates a dialogue between past and present, although on the basis of a problem in the present. Thus, interpretation always begins with a question which challenges the completeness of the hermeneutic circle (Roberts, 1995). For Gadamer, questioning was part of the “exposition of being and through the process of question and answer, give and take, the communication of meaning occurs” (Roberts, 1995, p. 33). Gadamer believed there are three types of questions - rhetorical, pedagogical, and genuine. Genuine questions are those that afford a true exchange between interlocutors and are by their nature phenomenological therefore, leading to many possibilities (Jones, 2001).

**Language**

For Gadamer (2004), to understand what a person says requires us to come to an understanding of the subject matter, rather than to transpose oneself with another person and relive that person’s experiences. The experience of meaning that occurs in understanding always includes application, and that process is verbal. In essence, Gadamer (2004) agreed with Heidegger’s view that language and understanding are inseparable aspects of human being in the world. For Gadamer, verbal interpretation is the form of all interpretation. He stated “Language is the universal medium in which understanding occurs. Understanding occurs in interpreting” (Gadamer, 2004, p. 390).

Even when the subject matter is of written text rather than of verbal conversation, understanding is never simply a reproduction of knowledge or repeating the same thing, nor does it mean the recovery of what the author [of a text] meant. The interpreter must still participate in the meaning making of the text. Gadamer argued that to understand a text is to come to understand oneself in a kind of dialogue; dealing with a text only yields understanding when the text begins to find expression in the interpreter’s own language. Thus interpretation belongs to the essential unity of understanding (Gadamer, 2004).
Summary of Main Points of the Philosophical Framework

Hermeneutic phenomenology is concerned with creating meaning and developing a sense of understanding of the life-world through description and illumination of lived experience (Blattner 2008). It is interested in the everyday world, how we live in it, are constructed by it and the sense we make of it. German philosophers Martin Heidegger and Hans-Georg Gadamer have contributed to the evolution of hermeneutic phenomenology and their key concepts have also informed this study.

Heidegger’s hermeneutic phenomenology centred on fundamental questions related to being. Heidegger was interested in interpreting what it means to be a human being and believed that questions of being could be approached through ‘Dasein’. Dasein has been described as a concept of the situated meaning of a human in the world (Annells, 1996). He was concerned with temporality and its influence on how reality is constructed. Being in time was significant to Heidegger who saw our possible ways of being as influenced by the past which is always with us, our activities of the present of which we are aware, and our being toward who we will be in the future. Heidegger believed that understanding, interpretation and meaning were inextricably linked, and shaped by fore-structures. He acknowledged that we need to become aware of these fore-structures which include our history, as they are part of who we are in the world and influence the meaning we construct about ourselves and the world.

Gadamer’s hermeneutic phenomenology attended to the notion that understanding occurs through a fusion of horizons – our horizon of the present in which we examine our assumptions and prejudices, and our horizon of the past, our historicality, which provides the framework for our perceptions. Gadamer saw questioning as the essential component of interpretation because it helps to make new horizons and in turn new understandings, possible (Laverty, 2003). He believed that questioning and testing of prejudices should occur through a circular process [hermeneutic circle] of testing parts against whole. Gadamer conceived that language was central to the process of understanding and viewed language and understanding as inseparable components of being in the world. He acknowledged that
understanding and meaning making occur via dialogue, whether that exchange is between person and text, or two people having a conversation.

In summary, the main points of the philosophical framework for this study are based on concepts put forward by Heidegger and Gadamer. These concepts are associated with: belief that our fundamental experience of the world is one of familiarity therefore pre-understanding is a structure for being-in-the-world; temporality is intrinsically related to being-in-the-world and informs how we make sense of the life world; history has an unquestionable presence in understanding; and language is the fundamental mode of our being-in-the-world and is closely tied to understanding (Blattner 2008; Gadamer 2004; Heidegger 1962).

**IMPLICATIONS OF THE METHODOLOGY FOR THIS STUDY**

Hermeneutic phenomenology provides the traditions and philosophical basis that govern this study therefore; the methodology determines that particular form and process should frame the research endeavour. The following discussion makes explicit the implications of engaging in a hermeneutic phenomenological research study for the researcher and participants involved in the processes of data collection and management, transcription and interpretation. In addition issues of rigour are discussed.

**Participants - Researcher**

To orientate oneself to a phenomenon implies approaching the experience with a particular interest (van Manen, 1990). The phenomenological researcher must have identified an interest in the nature of a selected human experience in order to engage in true phenomenological questioning. Gadamer (2004) identified that the essence of the question, is the opening up, and keeping open, of possibilities. To do that, the researcher must keep him/herself open and deeply interested in that which makes the question possible in the first place. To truly question something is to interrogate it
from the heart of our existence and the centre of our being (van Manen, 1990). The researcher engages in a process of self-reflection, reveals their prejudices and assumptions and gives thought to how their own position or experiences relates to the issue being researched. Their personal assumptions and influences are embedded in and essential to the interpretive process and may be included in the final document (Laverty, 2003; Moules, 2002; O’Brien, 2003).

**Participants – Story Tellers**

The participants of hermeneutic phenomenological research studies are included because they have lived experience that is the focus of the study and they are willing and able to speak in detail about their experiences (O’Brien, 2003). We ‘borrow’ the participants’ experiences and reflections in order to come to an understanding of the deeper meaning of an aspect of human experience and by extension, as an aspect of the possibilities of our being human (van Manen, 1990). O’Brien (2003) has identified that the richness of the data collected is valued over the number of participants in the study and Kvale (1996) pointed out that quality rather than quantity is emphasised in qualitative research interviewing. Whilst it is agreed that individuals can generate multitudes of concepts and a large number of participants might provide a broader range from which to condense major elements of a phenomenon, a smaller group of individuals who can provide in-depth accounts of their experiences can reveal essential elements whilst also making penetrating interpretations possible (Kvale, 1996; Starks & Trinidad, 2007).

**Conversational Story Telling [Data Collection Interviews]**

Descriptions of lived experience provide the material for hermeneutic phenomenological research. Language is the tool used to develop a shared world of meaning therefore descriptions of lived experiences can be captured in either oral or written discourse (O’Brien, 2003; van Manen, 1990). Often data is collected by tape recorded interviews, where the interaction of the interview takes place within a relationship context. It is within the embodied relationship between researcher and participant that the text or data are generated (Laverty, 2003).
The hermeneutic phenomenological interview serves two purposes. Firstly, it is a means for exploring and gathering experiential narrative that will be used to develop deeper understanding of a human phenomenon. Secondly it is a vehicle to develop a conversational relationship about the meaning of an experience (van Manen, 1990). Our meanings are not constructed as individual thinkers; rather we are always in relation with others. Therefore our understanding and interpretation of the world is co-constituted and synergistic (Conroy, 2003). The conversational interview needs to be disciplined enough to adhere to the research question/s and stay close to the lived experience, whilst including enough material in the form of stories, anecdotes and examples to aid understanding and interpretation of the experience (van Manen, 1990). The research interview has been described as a conversation about the human life world, with the oral discourse transformed into texts that will be interpreted. Hermeneutic interviews are particularly relevant to interview research because they first reveal the dialogue that will produce the interview text to be interpreted, and then, clarify the subsequent process of interpreting those texts, which may also be regarded as dialogue or conversation [between the researcher and the text] (Kvale, 1996).

**Developing the Text [Transcription]**

The tape recorded conversation/interview is transcribed into text. However, even when oral language is transcribed as accurately as possible, verbatims do not capture all that is really said during interviews (Laverty, 2003). It should be remembered that transcripts are de-contextualised conversations therefore in isolation and thus transcripts offer an impoverished basis for interpretation. Attention must also be paid to silence and the unsaid; as it is there that one may find what is taken for granted (Kvale, 1996; van Manen, 1990). Transcripts must overcome limitations of language and reflect as closely as possible the interview conversation and encounter and include notes on feeling-tone, body language and the researcher’s experience (O’Brien, 2003).
Interpreting and Understanding [Analysis of Data]

Data analysis aims to provide an understanding of the human experience/phenomenon therefore analysis is synonymous with interpretation and, interpretation starts at reflection (Gadamer, 2004; Moules, 2002; O’Brien, 2003). Interpretation begins with careful and detailed reading and rereading of the text, bringing forth general impressions and those things that capture and stay with the reader; things that trouble and resonate, that are familiar and different, that are new, or echo. Rereading of the text allows for expanding possibilities of understanding, which are distinct from a specific search for themes which are the validation by repetition, of specific ideas. Interpretation of meaning is characterised by a circular process of immersion in, and dynamic interaction with, the data as a whole and in parts, through extensive reading, rereading, reflection and writing (Moules, 2002). Whilst in principle, the hermeneutic explication of the text is infinite, in practice, it only continues until such a time as the interpreter reaches a sensible meaning of the experience that is free from any inner contradiction (Kvale, 1996). The data analysis process incorporates “recognising the particular, isolating understandings, dialoguing with others about interpretation, making explicit the implicit, and, eventually finding language to describe language” (Moules, 2002, p. 30-31).

Rigour

In an effort to commit to rigour and trustworthiness, the qualitative researcher must provide evidence of credibility, transferability and dependability (Byrne, 2001). Credibility relates to the truth of findings as judged by participants and others within the discipline (Jackson, Daly & Chang, 2003). Although there can be many interpretations, some will ring more ‘true’ than others. Therefore, the reader must decide for themselves if there is fitness and appropriate character recognisable in the work (Gadamer, 2004; Moules, 2002). Attending to credibility can be demonstrated by conducting the inquiry in a manner to ensure that the topic is accurately identified and described and that taps into the participants’ experiences rather than their theoretical knowledge of the topic (Streubert Speziale & Carpenter, 2003). In-depth description of complexities of experiences and interactions should also be embedded
in the final text (Laverty, 2003). This demonstrates faithfulness to the original lived experience.

Transferability is achieved when the interpretations and findings of the research can fit contexts outside of the study situation and the audience views them as meaningful (Moules, 2002). The experience should resonate with the reader’s understanding of what it is, or what it might be, to live the experience in that context (O’Brien, 2003). Dependability lies in the documentation of the inquiry process that clearly demonstrates how interpretations have been made. Evidence of this can be seen in the thoroughness to which transcripts reflect the interpretation (Moules, 2002).

Another way of reflecting rigour is showing that the research is consistent with the philosophical foundation of the work. Research with a base in hermeneutic phenomenology would strive for the best interpretations that are in harmony, and not necessarily represented as absolute truth (Moules, 2002). It would also be influenced by the researcher’s perspectives of the experience of the phenomenon and the use of other sources of understanding and contextualising the phenomenon (O’Brien, 2003).

**CONCLUSION**

In this chapter I have described hermeneutic phenomenology, its foundations and key contributors. I have shown that it is a philosophical framework that can contribute to developing knowledge which is relevant for nursing because it incorporates descriptive and interpretive scholarship. Key concepts of the work of Martin Heidegger and Hans Georg Gadamer that influence the development, structure and implementation of research that uses a hermeneutic phenomenological approach have been identified. I have also outlined the implications of the philosophical framework that have particular significance for this study. The next chapter details the application of the research method.
CHAPTER 4

APPLYING THE PHILOSOPHICAL FRAMEWORK
INTRODUCTION

In this chapter I have outlined the processes in which I engaged to complete the study. I have described my own and the nurse leader participants’ contribution to the study and the context of the study. Methods for collecting and managing the data have also been described and the principles guiding analysis of the data have been highlighted. Attention to rigour and ethical considerations is outlined.

PARTICIPANTS

The Researcher/Inquirer

In keeping with a hermeneutic phenomenological framework, I as the inquirer did not bracket out my understandings and presuppositions of nursing mentorship, rather, they were embraced as integral to the interpretive process. I came to the study with personal knowledge and experience about mentoring relationships and nursing leadership and therefore possessed particular beliefs and presuppositions.

Prior to the study, I had experienced mentorship informally as a young person and school student, then later both informally and formally during the course of my nursing career. In my early years mentorship had been experienced as a feeling of being guided and protected by wise and inspiring people who held my best interests at heart – people who saw potential in me, and motivated me to grow, improve, and achieve great things. My mentors, although not named as such at the time, were older family members, teachers and coaches whom I held in great regard, who pushed me academically, socially, and creatively.

Later, during the early and mid stages of my nursing career, my experiences of mentorship were subjectively similar, although contextually different to those early years. Mentors were experienced nurses that I perceived to be leaders, experts and visionaries; nurses who I found to be stimulating and inspirational. These nurses, clinicians and managers, provided time and attention to lead me to challenge myself, to act with confidence, and to take opportunities that would assist me to professionally mature. As a result of those mentoring relationships, I dared to
venture into postgraduate studies, engage with research, and apply for and attain higher positions.

Alongside informal mentoring activities, I had also experienced the collegial support of preceptorship, clinical supervision, peer reflection/debriefing, and the simplicity and complexity of friendship. My experiences of mentorship and these other supportive nursing and personal relationships, alongside my work as a research assistant on a formal nurse mentorship programme, and my reading of the literature, helped to shape the understandings and preconceptions that I brought to this study. Primarily I conceived mentorship as a relationship that was different to other professional nursing associations, although I couldn’t necessarily articulate the differences. I believed mentorship to be generally informal and spontaneous, and initiated by older, wiser nurse experts who saw something in me worth supporting.

Considerable thought was given to my subjective experiences and I was open to the ways in which my experiences related to the issues being researched. As the researcher, my questions (both of the participants and the eventual texts) were influenced by my personal understandings and ascribed meanings of the nurse mentoring relationship. However, I was open to the testing of personal assumptions and in turn, the potential acquisition of new knowledge as a result of sharing the participants’ experiences and insights.

The Nurse Leaders

Purposeful sampling was used to ensure that participants who were invited to be involved in the study had experience of the phenomena being studied and possessed the ability to articulate their experiences. Participants who were chosen were diverse enough from each other to increase the potential for rich and unique stories. The criteria used to guide selection of nurse leaders are listed on page 74. Because leadership has been informed by a range of theories, defined in numerous ways, and ascribed multiple classifications including tasks and personality traits, the criteria was sufficiently broad whilst maintaining key components required for the study. The study aimed to discover how Australian nursing leaders’ themselves
conceptualised mentoring, therefore the participants were not required to adhere to an established definition or framework for mentoring.

The number of nurse leaders who participated in the study needed to be manageable in terms of my time and resources and the amount and type of data generated. These issues, in conjunction with reaching a point of data saturation where little new knowledge was yielded (Kvale, 1996), ultimately determined the final number of nurse leader participants as thirteen. These ten females and three males ranged from being in their forties to their sixties and their nursing careers each spanned greater than twenty years. All of the participants had engaged in some form of higher study or post graduate qualification beyond their initial nursing qualification. I provided each participant with a gender-specific pseudonym taken from people in my personal life that I recognised for their leadership and or mentorship qualities. These were, Ellen, Megan, Gair, Marion, Anita, Ricki, Teresa, Merle, Merilyn, Jan, Bill, Robin, and Christopher. Each of the participants is briefly introduced here:

**Ellen** had held a number of prominent management positions for the previous ten years. During her early nursing career Ellen had worked in intensive care, palliative care, and been a midwife. At the time of the study she was in an influential management position at area health service level. Interestingly, she had not consciously aspired to be a leader or manager but believed she was likely assisted in this role because of the easy way she related to people and the sense of reward she experienced through her human interactions in the workplace. Throughout her nursing career Ellen had sought out those with leadership ability or who had a desire to learn and spent as much time as possible with them.

**Megan** was working in a State level management position that she had held for less than a year. She had been working in nursing management roles for the previous 20 or so years. During that time she had consciously sought out experienced colleagues for professional guidance and support. In turn, Megan was someone who actively developed the people around her and derived great pleasure from that. Megan had worked in a range of specialty areas including drug and alcohol and mental health.
Gair had held a national nurse leader position for a couple of years at the time of the study. She had been in very senior nursing positions for over 30 years and had worked in several states of Australia and overseas. Like many of the people she had helped grow and support during her career, she had often had a sense of her capacity to achieve and excel however, did not always have confidence in her abilities. She believed in the power of having people around you who recognise your potential and have faith in you.

Marion was a nurse academic who had demonstrated clear leadership roles and engaged in some form of mentorship, all her life. Marion believed in her capacity to build good teams and as a result was someone who always looked for talent and potential, and opportunities to nurture that in others. Marion had engaged in senior clinical, research and education roles as well as being an academic. She spoke of her mentors with great respect and felt privileged to have been in a particularly enduring nurse mentoring relationship of 25 years. She had worked in more than one state of Australia.

Anita worked in an academic role and was also involved in coordinating several professional educational initiatives at State and National levels. She had worked in the areas of intensive and critical care and held roles of clinical educator, senior nurse educator and manager prior to assuming a position in academe. Anita was passionate about the value of challenging people’s behaviours, beliefs and practice and saw mentorship as a purposeful developmental relationship that was crucial to get nurses ‘off the treadmill and moving things forward’.

Ricki had been working as an academic since the mid to late 1990s and had progressed fairly quickly in her academic career. Ricki had worked as a clinical nurse in the area of mental health and had been a university clinical facilitator prior to commencing in the academic field. Ricki felt strongly about the value of maintaining and sticking to personal ideals, being optimistic and not succumbing to mediocrity, and she tried to inspire similar values in nurse students and other academics. She acknowledged the varying expressions of mentorship and encouraged others to find and engage supports wherever and whenever possible.
**Teresa** held an academic position at the time of the study. She had originally entered nursing education in the tertiary sector early in her nursing career whilst also having a psychology qualification. This was a period of time when few nurses had degrees. She rose rapidly through academic roles toward assuming a high level leadership position. As a result, she swiftly learned the value of mentorship and professional support and advice. Teresa believed that her personal qualities of being hard working, focussed, high achieving and nurturing were key characteristics to engaging others in mentorship. Teresa had worked in several Australian states.

**Merle** had been working in high level academic positions for many years. She had commenced as a nurse tutor in the late 1960s having worked clinically in the mental health area. She moved fairly quickly into education and then onto the tertiary sector. She was also a psychologist. She had engaged others in mentorship in a variety of forms for over 40 years. Merle held a strong belief in the value of the therapeutic alliance which influenced her acknowledgement of the essential emotional support component of mentoring. Merle felt that empathy, caring, reassurance, trust, and compassion were integral to mentoring relationships.

**Merilyn** was working in a State level management position and had prior experience as a clinician, in nurse education and in area health service level management. Merilyn went through her nurse training in the late 1960s. During that period she first experienced and began to form impressions of nurses having a strong bond and being supportive of each other. Merilyn identified one of her intrinsic principles as valuing people and seeing human beings as important. She took this belief with her into her mentoring relationships where she emphasised the integrity of the relationship and the need for confidentiality, trust, comfort and security.

**Jan** was an academic who held local and national positions at the time of the study. She had been involved in nurse education since the 1980s and had held high level academic positions for over 10 years. She strongly felt the helping influence of mentors on her academic career and progression as a nurse leader. In turn Jan mentored others for leadership and actively worked to assist nurses to recognise and promote their strengths and work at overcoming their weaknesses. She believed in the value of nurturing people to develop a leadership vision.
Bill held a high level management position and state and national level professional positions at the time of the study. He had commenced his nursing in the late 1970s and after being promoted through several senior clinical positions he then worked in the areas of professional and tertiary education for some time. Bill had worked in more than one state of Australia and overseas. Bill acknowledged that throughout his younger life and during his nursing career, his leadership and mentorship had always been shaped by his humanistic values. Bill believed that the capacity to challenge whilst being nurturing and respectful, were important to mentorship.

Robyn worked in academia and practice. His nursing career had progressed from primarily clinical roles with some management positions, to gaining higher degrees and moving into academia, to combining his clinical and academic history to working in an area that focused on practice development. Robyn had worked in several Australian states and overseas. Robyn acknowledged the significance of mentors to his career, particularly in relation to challenging his thinking about nursing and development of intellectual rigour. In turn, Robyn’s mentorship involved developing nurses who would challenge themselves whilst also contributing to a community of critique that would contest the status quo of nursing.

Christopher was working in a combined academic and management position at the time of the study. He had previously worked in clinical, management, education and academic positions. He described himself as being someone who always wanted to learn and therefore would forever ask questions and test assumptions, and he tried to encourage that behaviour in others. Christopher described a mentor as having the capacity to appraise a situation and discover the value in it for someone other than themselves. Therefore Christopher’s mentorship often involved realising the growth and possibility of a particular circumstance for someone else, and guiding that person toward and through it.
**Nurse Leader Selection Criteria:**

<table>
<thead>
<tr>
<th>ATTRIBUTE</th>
<th>NURSE LEADER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurse</td>
<td>Yes</td>
</tr>
<tr>
<td>Speaks English</td>
<td>Yes: Can articulate their experiences in a language in common with the researcher.</td>
</tr>
<tr>
<td>Leadership Position Held</td>
<td>Yes: Holds a position that is recognised for its leadership aspects [More than institutional power].</td>
</tr>
<tr>
<td>Characteristics</td>
<td><strong>Professionally Active:</strong> Commits time and energy to pursue goals for nursing and health care. Examples: presents at conferences/seminars, publishes, actively participates in professional nursing body, promotes nursing to the wider community, or works with Government on behalf of nursing. <strong>Demonstrates Generativity:</strong> Is seen to encourage growth and development in others. <strong>Work in Nursing in Australia:</strong> Has worked/is working in any area/domain including clinical, academic, government, management. <strong>Has Experience of Mentoring Relationship:</strong> Possesses experience of mentorship as a result of current or prior involvement in a mentoring relationship [as either a mentor or mentee], within an Australian nursing context.</td>
</tr>
<tr>
<td>Peer Rating</td>
<td><strong>Recognised as being a Nurse Leader:</strong> Recognised by peers and members of the nursing profession [including the researcher] as being a nurse leader. Peer recognition based on the leader fulfilling some or all of the following: - Invited speaker at nursing conferences - Invited to make public comment about nursing - Invited to participate on State and National Government Committees - Invited to participate on University Committees - Invited to provide external representation for Area Health Service Committees</td>
</tr>
</tbody>
</table>
THE CONTEXT

At the time of the study, the nurse leaders were working in the Australian states of New South Wales, Australian Capital Territory or Queensland. Many of them had also worked in other parts of Australia during their nursing careers. The nurse leaders were positioned in the broad domains of academia, management, practice, or professional nursing bodies where their work and leadership influenced multiple nursing contexts. Eight participants were academics: two worked in dual roles with practice and management, while the others held positions that impacted on multiple areas of nursing including clinical leadership, research, professional development, and clinical practice. One leader held a position at area health service level, two held State level positions, and three held positions at a National level.

Participant Work Domain:

<table>
<thead>
<tr>
<th>PARTICIPANT</th>
<th>CURRENT WORK DOMAIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ellen</td>
<td>Management [Area Health Service level position]</td>
</tr>
<tr>
<td>Megan</td>
<td>Management [State level position]</td>
</tr>
<tr>
<td>Gair</td>
<td>Professional Nursing Body [National level position]</td>
</tr>
<tr>
<td>Marion</td>
<td>Academia</td>
</tr>
<tr>
<td>Anita</td>
<td>Academia</td>
</tr>
<tr>
<td>Ricki</td>
<td>Academia</td>
</tr>
<tr>
<td>Teresa</td>
<td>Academia</td>
</tr>
<tr>
<td>Merle</td>
<td>Academia</td>
</tr>
<tr>
<td>Merilyn</td>
<td>Management [State level position]</td>
</tr>
<tr>
<td>Jan</td>
<td>Academia [including National level academic position]</td>
</tr>
<tr>
<td>Bill</td>
<td>Management [including State and National level professional positions]</td>
</tr>
<tr>
<td>Robin</td>
<td>Academia and Practice</td>
</tr>
<tr>
<td>Christopher</td>
<td>Academia and Management</td>
</tr>
</tbody>
</table>
DATA COLLECTION/STORY TELLING

The hermeneutic phenomenological approach to this study determined the use of in-depth interviewing of nurse leaders to illuminate how they perceived, described, judged, remembered, and made sense of their mentoring relationships. Conroy (2003) points out, that participant narratives allow the researcher immediate access to and immersion in the participant’s world, with minimal overlay of the researcher’s language, pre-understandings and directive actions. The interviews or purposeful story-telling in this study, took the form of shared conversations that were a direct encounter between each nurse leader and myself, in an environment of the participants’ choosing. This ensured that I could share in the world in which they were naturally engaged. Most of the participants chose a private location within their work setting as the place for our conversations to take shape.

I was in the company of each nurse leader for about two hours. Each interview lasted for approximately one and a half hours and consideration was given to providing the nurse leaders sufficient time to recollect, organise and describe their thoughts, impressions and feelings of their mentoring experiences. Our conversations were interactive and generally unstructured, in keeping with the non-directive, open-ended interviews described in other studies utilising a similar philosophical framework (Turner, 2003; Wilkins & Woodgate, 2007). I did use particular questions [see appendices] to open up the dialogue and explore more deeply some of the narrative material as it unfolded. I also subtly guided our interaction to ensure that our story telling remained focused on the phenomenon being studied. Open-ended and clarifying questions were used to facilitate the participants’ descriptions of their lived mentoring experiences and to encourage them to explore the meaning of those experiences. Non-specific language that enabled the participants to construct their own authentic definitions and explanations was used.

Turner (2003) has acknowledged that the researcher’s questions, based on personal understandings, should enable the researcher to probe with participants as they engage in deep and rich exploration of the phenomenon of interest. I brought my subjective experiences and understandings to each shared conversation and whilst my historical assumptions were ever present, the goal of each interaction was to
uncover the nurse leaders’ meanings of their mentoring relationships. Our conversations were recorded on audiotape, so that the participants’ language, which was so important to reflecting the meanings embedded in their experiences, was faithfully captured. Following each session, I made informal notes of my observations of the milieu, non-verbal shared information, and my ‘sense’ and meaning of the interaction.

From one interview to the next, time was spent reflecting on my own changing meanings and emerging understandings of mentorship against the dense tapestry of knowledge and experience shared by the nurse leaders. Turner (2003) and Sharkey (2002) highlight the importance of experiencing challenges to internalised pre-understandings because changing personal perspectives are illustrative of the researcher’s expanding horizons and more thorough understanding of the phenomenon. Although I took my evolving interpretations to each interaction, these formed a backdrop to the participants’ stories, whilst I mindfully attended to their perspectives and attempted to understand their meanings.

DATA MANAGEMENT AND ANALYSIS/CREATING THE TEXT

Each audiotape of conversation was transcribed verbatim by me. Any periods of silence and any vocal sounds that were not words were noted and the gestures and body language observed during each interaction were described. Notes made immediately following the conversations were also included. Transcription was attended to as soon as possible following each meeting with a participant, whilst the encounters were fresh. The transcriptions were page and line numbered so as to ease access to particular sections and more readily isolate direct quotes.

I commenced the process of data analysis by reading the transcripts and ‘entering’ the text. This enabled me to begin to care for and become involved with the characters of the text and experience the action of the text [or story] without having
to act myself. van Manen’s (1990) three-step approach to uncover and isolate key aspects of the phenomenon in-text was used. Other nursing studies interested in finding out about participants’ perceptions and experiences of particular phenomena have also used van Manen’s approach to analyse transcribed interview texts and identify key themes that illustrate lived experience (Murphy, 2007; Thomé, Esbensen, Dykes & Hallberg, 2004; Wilkins & Woodgate, 2007). Initially I attended to each text as a whole, reading it in its entirety and asking which phrase captured the fundamental meaning of the text as a whole. A phrase was then formulated to express that meaning. The text was also selectively read by working through it several times and asking which statements and phrases seemed particularly essential and revealing about the phenomenon, then highlighting them. Next, the text was read in detail, looking at every single sentence/sentence cluster to see what it revealed about the phenomenon being described. As I immersed myself in each text I was able to discern that particular themes regularly occurred and particular descriptions were consistent or had commonalities. These themes were held on to by lifting germane phrases and statements that illustrated their meaning.

My interpretation of meaning was further influenced by applying the notion of the hermeneutic circle. Understanding of the text occurred through a process in which the meaning of the separate parts was determined by the global meaning of the text as it was anticipated. Over time the meaning of the separate parts shifted or changed and were further refined, as was the originally anticipated and presupposed meaning of the totality. Each modification of part or whole in turn influenced further adaptation of the parts and whole. This practice ceased once I had acquired a hermeneutic explanation of the text, that is, “a valid unitary meaning, free of inner contradictions” (Kvale, 1996, p. 47). Kvale’s (1996, p 48-50) adaptation of Radnitzky’s (1970) analysis of the hermeneutic circle was used to guide me through the process of developing a hermeneutic meaning interpretation of the text. These principles of interpretation have similarly been used by Swedish researchers studying the experience of living with incurable cancer (Sand, Olsson & Strang, 2009) and being the informal palliative carer of someone living at home with cancer (Milberg & Strang, 2004).
The principles of this process included:

i) A continuous back and forth movement between the parts and the whole: I started with a broad, ill-defined understanding of the whole text [transcripts], and then interpreted various parts through identification of essential phrases and development of key themes; these parts were then related back to the totality of text. Moving back and forth between the parts and whole allowed me to slough off the ambiguity, to deepen my understanding of meaning.

ii) Interpretation of meaning ends when a good Gestalt is reached: I stopped interpreting the text once the meanings of the different themes that had been developed, made sense on their own and also when considered in unison.

iii) Testing of part interpretations against the global meaning of the text: I compared my interpretations of singular statements against the global meaning of the text both within particular transcripts and then across all transcripts. These interpretations were also considered in light of what was known about each story teller and the phenomenon being studied.

iv) Autonomy of the text: My interpretation focused on the text of the transcribed conversations so as to identify what the text itself said about the themes that I had developed. The text was used as the frame of reference. To this end, the content of the conversations, the interview statements, was always looked to for a better understanding of the life world experience.

v) Researcher knowledge about the theme of the text: I was knowledgeable of the phenomenon being studied as a result of personal experiences and familiarity with the related literature. This enabled me to be sensitive to the subtle tones of expressed meanings by the story tellers and the myriad contexts in which the meanings could occur.

vi) Interpretation of a text is not pre-suppositionless: I consciously examined my understanding of the phenomenon and how this could influence my mode of questioning of the text, in turn determining the development of my interpretations. Again, a part-whole approach was used to look at each interpretation in light of my own presuppositions and understandings.

vii) Every interpretation involves innovation and creativity: My interpretations and understandings were not replications of those held by the story tellers. Nor did I stay with immediately experienced meanings that were developed during the life world experience of the conversations/interviews. Rather, new
differentiations to the text were introduced, singular and interrelated aspects of the texts were challenged, and meanings were extended by both expanding and refining interpretations.

The whole-part movement through the text [transcripts] of conversations to analyse their content allowed me to slowly write a new text that incorporated descriptions and meanings of the phenomenon as I had interpreted it. With the intent of making the lived experience of mentoring by Australian nurse leaders understandable, the storytellers’ own anecdotes, metaphors and language were used to illuminate the sense of my interpretations and the pattern of meaning in which lived experience existed. However interpretations are incomplete and explanation of meanings are not final. My transformation of the written conversations into another written text captured insights and concepts that are not beyond challenge. As identified by Madjar and Walton (1999), the readers of the final text will further interpret and transform my written word by relating the ideas of their own experiences, clarifying their past understandings, and hopefully ‘seeing’ things in a new light.

**RIGOUR**

It is argued that during the conduct of inquiry qualitative researchers should implement verification strategies that ensure rigour of the investigator’s actions, rather than implementing strategies for trustworthiness and utility once a study has been completed (Morse, Barrett, Mayan, Olson, & Spiers, 2002). Alongside this procedural systematicity, the reasoning that supports findings, or philosophical rigour, should also be demonstrated (Debasay, Nåden & Slettebø, 2008). Reliability and validity were attended to during this study in much the same way as researchers of other studies using a similar framework have also been concerned with engaging in an interpretive process that is coherent and credible and has external evidence/transparency (Cassidy, 2006; Crist, 2005; Roche-Fahy & Dowling, 2009). Attention to rigour in this study is noted in the following:

i) Methodological congruence: The research method facilitated acquisition of data and data analysis procedures that allowed me to meet the aims of the study
and answer the research question. The method used did not require significant modification.

ii) Philosophical preconditions are used in the method: The philosophies that informed the study were borne out in the way that I conducted the study. The shared world of understanding between researcher and participants was made explicit through identification of the pre-understandings, beliefs and ‘common knowledge’ that I brought to the study. The participants, conversations and conditions, have also been set out so that the reader can understand the context and relevance of my interpretations. My movements and changes in understanding have been tracked through a process where pre-draft and subsequent drafts were continually revised as I gained greater understanding of the interview texts. Alongside this, my evolving presuppositions were recorded in a journal. The significance of the participants’ narrative accounts and understanding has been demonstrated by preserving their language and descriptions within the development of a final text that also demonstrates my own meaning-making and storytelling.

iii) Appropriate sampling: The participants were knowledgeable of the phenomenon as a result of their lived experiences. This ensured that sufficient rich information that reflected a myriad of aspects of the phenomenon was obtained. The participants’ stories demonstrated similarity in experiences, understanding and attributed meanings, thereby ensuring the data were comprehensible and complete.

iv) Concurrently collecting and analysing data: The research method was one that required me to simultaneously gather, reflect on, question and scrutinise the participants’ narratives. I was both participant and observer in the act of collecting each story teller’s descriptions and meanings of experiences. This meant that while being immersed in the act of shared storytelling I also approached the conversations with openness and curiosity therefore, continually interpreting and reinterpreting the storytellers’ experiences. I then brought personal developing understandings and presuppositions to subsequent interviews thus; there was an ongoing interaction between what was known and what I needed to know.
ETHICAL CONSIDERATIONS

Participants were informed that the study concerned mentoring relationships experienced by Australian nursing leaders and aimed to identify how nurse leaders conceptualised mentorship and whether mentorship played a role in leadership development. It was explained that their involvement would encompass participating in an interview that would be audiotaped and that the interview would take place in a venue proposed by them.

Confidentiality and security of information was assured, pseudonyms were used and audiotapes and transcripts held in a locked filing cabinet; electronic material was password protected. Participants were provided with information and consent forms [see appendices] and informed they could freely withdraw from the study at any time. Scientific and ethical approval was provided by the Human Research Ethics Committee of the university overseeing the study.

As personal interactions, interviews can potentially affect the people involved by producing information and knowledge that can change our understandings of the life world and ourselves. This can be seen in the exploration of lived experience and subjective meaning through interview, which can be a challenging, thought-provoking, or even distressing process for those involved. It was not expected that the nurse leaders in this study would find the experience upsetting or stressful although the potential for their involvement to elicit sensitive personal and professional issues was acknowledged. To this end, interviews took place in a milieu that supported each participant’s comfort and confidence (Milberg & Strang, 2004) and a flexible conversational interview style was used that adapted to the “tempo and mood” of each participant (Turner, 2003, p. 17). In keeping with Kvale’s (1996) caution that the sum of potential benefits should outweigh risk of harm, in this study the remote potential for distress was balanced against the opportunity for participants to broadly contribute to the knowledge of the profession, to feel positive about being acknowledged as nurse leaders and appreciated for their ideas, beliefs and experiences. We agreed to terminate interviews if any distress was experienced.
CONCLUSION

In this chapter, an overview of the processes undertaken to complete the study within a hermeneutic phenomenological framework have been provided. Each procedure has been revealed in some detail so that the relevance and reliability of the philosophical background are clear. However my experience of the study was not as clearly divided, nor did my involvement occur in such a straightforward fashion as presented here. Rather, from inception to completion, my involvement in the study entailed an active, circular engagement between parts and whole, beginning and end. The next chapter explicates the participants’ experiences and understandings of mentorship.
CHAPTER 5
THE EXPERIENCE OF MENTORSHIP FOR
NURSE LEADERSHIP
INTRODUCTION

This chapter presents my understanding and explanation of the meaning of mentoring for nurse leadership. I have deliberately considered the transcribed text of experiential narrative from the 13 Australian nurse leaders, contemplated and reflected on the participants’ mentoring experiences, and intentionally questioned the nature of those experiences. This has resulted in my recognition of the deeper significance of the human experience of mentoring for nurse leadership.

The process of making sense of the phenomenon determined that I navigated through a myriad of emerging meanings and imagery to discover the experiential structures or themes of mentorship for nurse leadership. Four themes were uncovered; metaphorically they are like the main beams integral to supporting a house. For each theme there are also sub themes; struts, which are necessary to further develop the framework of a house. Together these component parts contribute to the whole, giving a house its unique form and style and thus giving it meaning. So, the structures or themes presented in this chapter, illuminate essential aspects of the lived experience of mentoring for leadership, that contribute to understanding the phenomenon’s fundamental meaning.

Meanings are primarily presented thematically around existential themes: Esteemed connection, Noticing the connection, Evolution of the connection, and Progressive connection. Meanings are further emphasised by being viewed analytically through anecdotal narrative that makes clear the phenomenon in context; by varying the illustrations that exemplify lived experience; and by reflecting on lived experience through space, body, time, and human relations (Van Manen 1990). Themes and subthemes are presented in the table on the following page:
Themes and subthemes:

<table>
<thead>
<tr>
<th>THEME</th>
<th>SUB THEME</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Esteemed connection:</strong></td>
<td>Considering each other with positive regard.</td>
</tr>
<tr>
<td>Creating a mentoring</td>
<td>Developing respectful boundaries.</td>
</tr>
<tr>
<td>relationship.</td>
<td>Honouring key human characteristics.</td>
</tr>
<tr>
<td><strong>Noticing the connection:</strong></td>
<td>Implicitly experiencing the mentoring connection.</td>
</tr>
<tr>
<td>Acknowledging the mentoring</td>
<td>A rose by any other name – applying labels to the mentoring connection.</td>
</tr>
<tr>
<td>relationship.</td>
<td></td>
</tr>
<tr>
<td><strong>Evolution of the connection:</strong></td>
<td>Being in the company of mentors.</td>
</tr>
<tr>
<td>Developing an intuitive attitude of</td>
<td>Learning from mentors.</td>
</tr>
<tr>
<td>mentoring.</td>
<td>Becoming a mentor.</td>
</tr>
<tr>
<td><strong>Progressive connection:</strong></td>
<td>Purpose of mentorship: Development,</td>
</tr>
<tr>
<td>Looking forward with the</td>
<td>encouragement, and support of human potential.</td>
</tr>
<tr>
<td>mentoring relationship.</td>
<td>Focus of mentorship: Leadership development.</td>
</tr>
</tbody>
</table>

Mentoring relationships for nurse leadership are created from a special human connection that is also pivotal to how those relationships are acknowledged and understood. These relationships are evolutionary processes with a progressive and forward focussed perspective. The breadth of the mentoring experience and centrality of human bond are significant to positioning mentoring relationships for nurse leadership as distinct from other professional relationships.
ESTEEMED CONNECTION: CREATING A MENTORING RELATIONSHIP

The participants described mentorship occurring within the context of a relationship therefore; it was unable to be experienced unless a special connection was established between mentee and mentor. A distinctive coming together laid the foundation on which mentoring experiences evolved and in turn specific characteristics ensured that those relationships were meaningful beyond the initial connection. Valuing and respectfulness of the other were revealed as key to both establishing the foundations for mentorship and ensuring that mentoring connections were sustained.

Three sub themes contribute to the major theme. The first sub theme ‘considering each other with positive regard’ reveals the mentee and mentor as having a specific personal connection or sense of being attuned. The participants experienced that connection as incorporating a genuine liking and respect for one another and a sense of friendliness and caring toward each other. The second sub theme ‘developing respectful boundaries’ illustrates that once a personal connection was made, the framework upon which the participants’ mentoring relationships would grow could be established. That framework incorporated parameters that whilst being professional, also respected the potential closeness and friendliness of those involved. The third sub theme ‘honouring key human characteristics’ highlights that particular human characteristics were also necessary for the beginning mentoring connection to continue to grow and be sustained. Among others, the characteristics of being available and challenging and being willing to grow and learn, all within a mutual relationship, truly identified that unconditional human respect was required to support and progress mentoring connections.

Considering Each Other With Positive Regard

The participants spoke about the professional context of mentorship and viewed mentors and mentees as engaging in a professional and specialised relationship. They also described personal elements of the early stage of the relationship that indicated
the impetus for a mentoring relationship was more likely to be embedded in personal rather than professional aspects. Teresa and Ricki described a beginning point where two people come together and start to feel comfortable with each other.

Ricki: We naturally come towards each other.... If you feel connected with that person, then [the mentoring relationship] is likely to work...it’s really hard to quantify or hard to measure what those qualities might be, it’s more that you two seem compatible.

The participants’ mentoring relationships were founded on an esteemed connection, the essence of which was two people who saw each other as having meaning and worth. Jan explained there’s something that we notice or see in a person that we all of a sudden value. The mentee looked up to and respected the mentor, considered them a person of merit, a role model. Similarly the mentor viewed the mentee as someone of value, worth investing in. Each saw something in the other that made them believe in them and consider them with positive regard. Teresa described a kind of charisma that’s appealing to each person, and a sense of compatibility.

As mentors, the participants liked their mentees and also reserved a particular fondness for their own mentors. They recalled both mentors and mentees from their distant past and very early in their nursing careers, with clarity, obvious pleasure, and at times with great nostalgia. Similarly, participants spoke about current mentors and mentees as being people they liked, were comfortable with and happy to spend time with. It was readily apparent that their relationships would not have grown successfully if this were not the case.

Teresa: Often the basis of a friendship is common interest, compatible personalities, generally liking a person. I believe to an extent, that those sorts of elements are contained within a successful mentoring relationship as well.... The people that I mentor I like and I like to be with them.

The participants described the need for a genuine sense of caring between the mentor and mentee and highlighted the importance of mutual respect and belief in the other’s
integrity. Those personal aspects generated a sense of connection and compatibility on which to create the mentoring relationship.

Gair: If you are going to spend the time and energy on someone you have to think they are a person of integrity.... It helps if you like them.

Considering the other person in a mentoring relationship with a sense of positive regard highlighted that no conditions or disclaimers were put on those individuals involved. Indeed Bill cautioned against applying too many rules to mentoring relationships because they could restrict or limit the relationship’s capacity. For example the participants identified that age and gender had not specifically impacted on creating a personal mentoring connection. They did not seek to establish relationships with mentors of one gender in favour of another or older mentors in preference to younger mentors. In turn, they did not intentionally look to mentor others of a particular gender or age group. The participants considered the ways in which a person could contribute to the mentoring relationship as far more important. For example Robin acknowledged having many long and productive relationships with mentors and emphasised that he had stuck with his mentors because of their personal integrity rather than any other factor.

Robin: [My mentors] have stayed the course for me because they’ve had a degree of integrity to the way they have lived out their roles...they have mostly lived out their credentials because they have been true to their own cause and they have been consistent in their message and in the way they have dealt with me and others.

Participants credited their mentors as possessing wisdom, and that was a primary aspect in considering a mentor. Participants generally agreed that mentors should be recognised for their achievements and as having experienced things that perhaps the mentee aspired to. Experience was not identified as specifically synonymous with age; nor was older age necessarily equated with status or positions of seniority. The participants believed that to make a connection and to establish a mentoring relationship, the mentor did not by necessity have to be older or more senior than the mentee, but certainly needed to be wiser. Robin explained that expertise and wisdom
could not be fast tracked because wisdom was something that creeps layer by layer with the passing of time, whilst Jan emphasised the need for experience over age.

This first sub theme ‘considering each other with positive regard’, demonstrates that the mentee and mentor experience a sense of compatibility and connection that evolves from indefinable, yet mutually experienced aspects of respect, fondness and valuing. This unique personal connection then provides the motivation for the mentoring relationship to grow.

**Developing Respectful Boundaries**

The participants emphasised the professional nature and intent of their mentoring relationships, despite those relationships growing from fundamental personal connections. The professional essence of their mentoring relationships and the mutual respect of those involved, led to parameters being established around those relationships so that they were viewed as specialised professional relationships rather than social relationships or friendships. Merle spoke about the need to be warm, friendly and approachable to get the best out of people, but was clear that the mentoring relationship itself did not include social components. Megan voiced a similar opinion to all the participants, that although she was fond of her mentees, she did not purposely see them outside of the work environment or professional context.

Honesty, integrity and mutual respect were viewed as essential to creating mentoring relationships and contributed to certain boundaries being established. Participants believed that mentors needed the space to be challenging and raise problems, and mentees needed to be able to freely discuss sensitive issues and identify areas of concern. By their nature, these actions needed to occur within a safe framework of trust and acceptance, which Ellen highlighted, should not be hindered by personal friendship.

Ellen:  
*If you’re mentoring someone you’ve got to be able to talk about the difficulties.... Friendship often precludes that ability to be really frank and honest.*
Gair: I have high regard for them [mentees] and I am sure they have high regard for me, but it’s not what I call friendship...I don’t want to confuse it.

All the participants raised the notion of friendliness as being subtly different to friendship. They all agreed that the professional mentoring relationship was distinct from friendship and that friendship was not integral to creating their mentoring relationships. They described taking a ‘friendly approach’ within the mentoring relationship, that is, they demonstrated some of the characteristics associated with friendship such as liking the other person and enjoying engaging and spending time with the person. Some participants perceived mentoring relationships as having an element of formality that friendships, by their very nature, lack. In the main, the participants distinguished their friendliness from friendship by acknowledging that each human condition had differing boundaries.

Although the participants did not explicitly differentiate friendship and mentorship they were clear that their mentoring relationships were unlike their friendships and that the parameters of those relationships determined the behaviours of those involved. Anita spoke of the need for mentoring relationships to have boundaries that support a professional and truthful approach, and gave the example that friends were potentially over-accommodating and only see well in each other. Whilst Anita acknowledged that friends were good for debriefing and reality checks, she believed that mentors were more challenging and referred to them as critical friends. Similarly Christopher referred to critical mateship and acknowledged that elements of taking responsibility and giving and taking guidance and direction within the mentoring relationship were associated with that. Whilst Bill believed that friendship was not necessarily an impediment to mentoring relationships, he also stressed the need for boundaries to determine the professional behaviour of the mentor in the relationship.

Bill: [Friendship] doesn’t have to be there...if you hold the values of good communication, reflective, attentive, good listening, and take a personal interest, you’re nurturing and structuring, and you balance the two. So you look at the emotional side as well as the technical and intellectual
side, and you're friendly. I think friendly has to be there otherwise I think you have less power to challenge the person.

Although the participants’ mentoring relationships were not principally friendships, they were constructed in part, on many of the same components that contribute to friendship-based relationships. Therefore, some participants acknowledged that friendships might emerge from mentoring relationships. If and when this occurred, respectful boundaries were in place to preserve the mentoring relationship and ensure that the friendship aspect was generally managed separately. Ricki spoke about a mentor who was her friend prior to the creation of their mentoring relationship. She described mentorship as being the work component of their relationship and friendship being a separate element that was managed quite differently.

The respect inherent to creating boundaries within mentoring relationships was demonstrated by the participants’ valuing of the potentially broad skills and experience possessed by mentors in preference to specific nursing expertise. In the first instance mentors were recognised by their accomplishments and that recognition framed the beginning relationship. Because the mentor’s experience was seen as being outside expertise, if the mentor possessed adequate understanding of the mentee’s needs and the requisite skills with which to assist the mentee, it was not necessary for them to be from within the nursing profession. The relationship boundaries were flexible enough to accommodate diversity in human experience.

Merle: I think the characteristics of being a mentor are outside of expertise. If a potential mentor has the capacity to provide what’s needed in the relationship...know what the issues are for the mentee, and if they are reasonably intelligent and empathetic, they’re going to be helpful...but if they are in the health field then that’s an advantage.

Anita: I think [the choice of mentor] definitely relates to what you want, how and what you want to develop ....It’s about not being insular and looking inside all the time, I encourage people to look out [of the nursing profession].
During their nursing careers, many of the participants had been mentored by people outside of nursing as well as by people within the nursing profession. Their non-nurse mentors included doctors, teachers and people who held various management or academic positions. Although these mentors did not specifically share a nursing background with the participants they generally shared some other aspect of the participants’ careers or positions. For example, Teresa described being mentored by someone in a management position outside of nursing who was able to provide guidance to her in relation to the management aspects of her own position. Merilyn described actively seeking out a mentor who was not a nurse because the direction and support she required was more politically focused and the mentor she sought was able to provide this. Several participants agreed that sometimes people are better off looking outside of nursing for mentorship because the non-nurse mentor can bring a whole different set of eyes and understandings.

Robin:  

[My] most significant mentor was not a nurse…but…opened up a whole lot of stuff about nursing that never made sense and all of a sudden started to make sense.

Although the participants had sought mentors from outside their own profession during their nursing careers, in the main their mentors were from within nursing or health contexts. Generally they believed that it was advantageous for the mentee to have a mentor who shared the knowledge of their profession or the wider health arena. They described nurse mentors as providing meaningful mentorship because of the very fact that they held first-hand knowledge of the needs of nurses and their experiences were similar to those other nurses might come across.

Jan:  

I think you could get mentoring from someone from another profession but I suspect that the people who are going to give you the most opportunity and the most insight are going to be those people in your own profession, because they know it intimately.

The second sub theme ‘developing respectful boundaries’ shows that subsequent to a personal connection being made between mentor and mentee, flexible and respectful
boundaries are established to define the professional intent of the mentoring relationship and preserve the integrity of that relationship.

Honouring Key Human Characteristics

The participants identified their mentoring relationships as being dynamic associations requiring continued effort to grow and flourish. So, following the creation of the original personal connection and professional framework, the mentor and mentee were shown to have key human characteristics that supported their growing relationship and maintained their connection over time. For the mentor those characteristics were about being altruistic, visionary, available, and challenging whilst the mentee possessed potential and was a learner. The characteristics truly exposed the human vulnerability of the mentor and mentee and in so doing, emphasised the unconditional respect necessary for the characteristics to be honoured and for mentoring to happen.

Participants revealed mentors’ altruistic character when describing willing experts who unconditionally shared their time, knowledge and expertise to nurture, support and develop others. Mentors were viewed as professionals, highly secure in their abilities and their position, and thus able to act with consideration and generosity. Mentors were not self-seeking, they did not promote themselves or further a personal agenda rather they felt privileged, humbled and highly satisfied to be a mentor who contributed to others’ development.

Mentors championed their mentees’ careers and often used themselves as the conduit by which mentees were given opportunity to be acknowledged by others, try new things and test themselves. Mentors openly promoted the work of mentees and would lend their name to activities in which mentees were involved, they would facilitate mentees’ entrée to important professional networks and ultimately would step back so the mentee could stand on their own merits, away from their mentor’s shadow.

Teresa: Often now I am in a position where I say to someone I am mentoring ‘I don’t need to be the first person on the grant unless it helps the success of the grant. I don’t need to be the first author, I don’t, why don’t you do
this? I will support you to do it, but I don’t need to do it. ’ There is a sense where I don’t have a vested interest. I don’t need to put myself forward.

The characteristic of altruism was most evident in mentors’ rejoicing in the personal and professional growth of mentees and the happy recognition that mentees would in time [if not already], become the experts and leaders, ultimately perhaps, exceeding them in knowledge and ability. Mentors were truly happy to let the mentee shine. As mentors, the participants spoke about feeling proud when mentees did well and experiencing a sense of reward when seeing the gains made by mentees.

Megan: For me it is such a joy to watch someone move up the ladder.

Mentors’ characteristic of being visionary was demonstrated in their ability to identify the potential possessed by mentees, imagine what prospects lay ahead, and then steer mentees toward them. Mentors continually looked beyond the mentee’s immediate issue or problem to see how they could best assist them to manage both the issues of the here and now and those of the future. Far from lacking substance, the mentor’s capacity to look to and anticipate the future, evolved from their wisdom and expertise. They were highly familiar with the professional landscape, were politically astute and well informed, were cognizant of the health culture and its inherent challenges and ultimately were sensitive to the ebbs and flows of human life. The mentor was a critical observer and active participant in the world and therefore as Christopher explained, they were best positioned to scan the horizon, predict what might lie ahead and navigate the mentee forward.

Christopher I think [being a mentor] is about seeing and creating opportunities, ‘look this is happening here, you can do this’.

Being available to others and generous with time was a key mentor characteristic described by participants. In giving time to mentees, mentors were being encouraging, giving respect, and demonstrating belief in the individual. Time was a gift that mentors gave freely and frequently and without expecting the same in return.
Gair: I certainly spent a lot of time talking to some of them about their careers and what they were going to do and so on and then getting through...I spent an awful lot of time coaching them...I did a lot of that.

Mentors were accessible, seemingly at any time, therefore the mentee’s contact with them was not something that had to be formally negotiated or questioned. As mentors, the participants were always readily available to support the mentees as they actually experienced changes and challenges. Mentor support was always on offer, waiting to be taken up as needed rather than boxed into a particular time slot. For example, Ellen spoke about a mentee who regularly called her when they were both driving home from work. The mentee used that opportunity to talk about issues and concerns, ask questions and seek advice. Mentees were clearly seen as a priority and the mentor’s commitment to that was always evident. Jan explained that although she sought out her mentor for support on multiple occasions, she never felt that it was burden to ask for help and indeed the mentor was willingly available and supportive every time.

Merilyn: *I make it clear that if there is any time that they’ve got an issue that they want to discuss, not to think about me being busy. You know it’s seeing me as the mentor, so it’s a matter of getting on the phone and saying, ‘look can I run this by you’ or ‘can we talk later in the day’ or whenever... but not to ever hesitate or think that [I’m] too busy.*

The mentor was revealed to be a challenger. They presented a different perspective, encouraged the mentee to question his or her view of the world and possibly take a divergent approach. Mentees viewed the mentor as possessing unique expertise and knowledge that was either greater than their own or applied in different ways, and therefore, was highly valued. The participants understood that the mentor used their knowledge to confront the status quo, to broadly approach a mentee’s needs and potential, and to engage in reflection and consideration. In so doing, they moved beyond the evident to challenge the mentee to be all they could be and more than they were. Challenging the mentee meant at times, confronting them about their views and critiquing their actions, albeit in a considered and respectful way. The participants agreed that the mentor deliberately tried to stimulate and push the
mentee in an effort to help them develop and grow, to ultimately assist them to think afresh and inspire them to act differently.

Marion:  *Sometimes it’s about putting people into situations that they don’t feel that comfortable about, like presenting, or taking on a task that challenges and stretches them, but where there is some affirmation and support behind it.*

Jan:  *So I try in my mentoring roles to inform people about things that I know, that I read, that I hear, that I am involved in. I try to share that with them so that they too have that background...that’s their platform to work from...and also I guess helping them to look at some of the issues in lots of different ways. That’s something important about the mentoring relationship: encourage people to see things in many different ways....Challenging people, offering a different perspective.*

The mentor’s challenger characteristic also extended to challenging themselves. The participants associated great responsibility with their professional roles and mentorship. They believed that people looked to them for direction and knowledge and at times viewed them with a sense of awe; therefore, mentors’ strongly rejected an attitude of arrogance or self-importance, instead engaging in a sort of challenge-of-self. Ricki described this as a process of self-checking in order to understand why somebody might seek her out as a mentor. The participants agreed that mentors needed to be self-reflective, examine their own beliefs, experiences and behaviours in order to truly understand what they had to offer others.

Robin:  *I think to be a mentor you have to have a self-reflective critique.... ‘Why me, what have I got to offer, and what’s the validity of it anyway?’....You can’t mentor someone unless you have an inherently reflective capacity to challenge your own taken-for-granted [beliefs].*

Mentees were revealed as possessing the promise of being more than they were, more than was readily apparent; they possessed potential which was specifically recognised as a dormant or undeveloped capacity to be a nurse leader. Gair and Jan
spoke about the nurse mentee as someone who aspired to be something, possessed useful qualities and had more than just good skills; they were someone who was going to make it in leadership.

Gair: [Mentees] have got the potential and they’ve got the wherewithal, and they make a contribution [to the profession].

The participants did not specifically delineate the characteristic of nurse leader potential. However descriptions from the early days of their nursing careers revealed each participant as reflective, someone who questioned him or herself and as a result of that interest questioned and examined their profession. They were motivated and passionate about nursing, had a vision of what nursing was and where it could go, and showed a capacity to support and guide others. Specifically, the participants acknowledged that their experiences of being mentees early in their nursing careers were as a result of mentors seeing that leadership potential in them. In turn they became mentors who looked out for that very characteristic in others.

Another key characteristic of the mentee was that of being a learner. Their capacity to take on new knowledge and grow from that, to be exposed to new people and experiences and develop from that, in every way characterised why a mentee would be engaged in a mentoring relationship. Certainly, if a mentee was to develop and grow and perhaps become a nurse leader, they needed to honestly appraise their knowledge deficits, look to their mentors for direction, and be open to the experience of being a learner.

The participants’ learner characteristic was especially apparent when they spoke about being experts and leaders, whilst continuing to seek out mentorship from others. Despite already being noted experts and professionals, they acknowledged a need to continually learn and grow and to seek out wise mentors; to become students or apprentices. Christopher compared the mentee who willingly exposed their lack of knowledge to their mentor in order to learn from their mentor’s shared wisdom, as similar to the student-master relationships described in ancient eastern cultures.
Christopher:  *To learn from a master you’ve got to be in the right position, you can’t go to a master that you’re trying to learn from and get into a relationship where you’re trying to convince them that you actually know something. You’ve got to go in...basically on your knees, ready to be taught things. And for me...I will approach [the mentor] with that sort of attitude, that I am here to learn something, teach me, and whatever else happens is by the by, but I’m here to learn.*

Extending the capacity of their leadership potential and learner characteristics, the mentee really needed to trust in both the direction and advice proffered by the mentor and their own ability to integrate that information and act on it. Teresa illustrated that trust when she referred to a time spent as a senior academic, speaking with her mentor about management strategies. Her mentor would listen, discuss, guide and advise and ultimately encourage Teresa to make the final decisions about what she would do and how she would implement her plan. So although her mentor provided valuable support and offered expertise, eventually Teresa had to trust in her own ability to pull together what she learned, act on that, and make good decisions. Clearly the mentee required the ability to synthesise old ways of knowing and past experiences with the new knowledge, experiences and relationships gained through their association with the mentor. That synthesis of learning was then used to direct their behaviour, guide their thinking and decision-making, and ultimately progress their careers.

Ricki:  *The mentee is someone who is able to learn, listen and integrate, or who can share and ask questions.*

The key human characteristics necessary to mentors and mentees revealed the mutuality of mentoring and illustrated that the shared experience of mentoring was also important to enhancing and sustaining the human connection and contributing to the respect inherent to that connection. The reciprocal action most often spoken about by the participants was the give-and-take transfer of knowledge or wisdom from the visionary mentor to the ready mentee. That transfer was intentionally unidirectional, toward the mentee, because the primary focus of mentoring was mentee development. Few of the participants as mentors identified gaining
knowledge from their mentees and believed that any mentor gains were secondary to those of the mentee anyway.

Robin: So it’s almost like some sort of transfer of the energy and the wisdom that the mentor has, into one who so wants it to be transferred. And I think there has to be that openness so that mentorship is very much a reciprocal thing, it can’t work simply like, you know we have these corporate coaches now, it can’t work by someone imposing saying ‘you’re now going to have a corporate coach or whatever, and you’re going to learn from them’.

The mentor’s altruism, the mentee’s potential to be more, and the way those characteristics fit together further highlighted the mutuality of the mentoring relationship. The participants described mentors who gave of themselves to mentees without expecting anything in return, and mentees who provided no explicit reward for mentor actions. However mutuality was in fact seen in how the mentee used and responded to what was given from the mentor. The mentee’s characteristic of acting on what they learned from the mentor, applying their new knowledge and challenging themselves, was in fact their ‘gift’ back to the mentor. Many of the participants identified that mentors in turn, gained a sense of satisfaction from seeing their mentees develop and they also felt good about being able to share their knowledge and expertise rather than holding it.

Jan: What does [my mentor] get from someone like me? I guess the same sense of achievement that I get from the people I now mentor... I might be able to offer back to nursing, what she [my mentor] offered to me. And I guess in that way the person gets some sort of altruistic reward because you get something back you have given to nursing ultimately.

The third sub theme ‘honouring key human characteristics’ reveals specific human features that need to be possessed and actioned by mentees and mentors to ensure that mentoring connections once initiated, are strengthened over time. The synthesis of these characteristics is essential to support and progress a mentoring relationship where members feel safe and honoured.
NOTICING THE CONNECTION: ACKNOWLEDGING

THE MENTORING RELATIONSHIP

The participants described the mentoring connection as noticeable. Even when the connection was not fully understood or even named, it was experienced as something distinctive. No matter what form the mentoring connection took, the sense of being connected to another individual could be acknowledged.

Two sub themes comprise the larger theme. Together the sub themes demonstrate that mentoring connections are experienced irrespective of name or form. The first sub theme ‘implicitly experiencing the mentoring connection’ was revealed through participants’ retrospective recognition of mentoring relationships that occurred during their formative years and early nursing careers. Mentoring relationships were shown to have taken place in the absence of any conscious awareness or understanding of the concept. The second sub theme ‘a rose by any other name – applying labels to the mentoring connection’ reveals that the essence of mentoring connections remains intact regardless of how those connections are formed or labelled. Whilst the participants experienced some mentoring relationships as jointly acknowledged and formally structured, and others as quite diffuse, informal and unacknowledged, the intent of the relationships was essentially no different.

Implicitly Experiencing the Mentoring Connection

The participants agreed that early in their nursing careers they lacked any knowledge of mentorship and the language of mentoring was not part of their nursing vocabulary. They did not look for mentorship or mentoring behaviours, or for that matter recognise mentorship if and when they were exposed to it. However, they did in fact experience mentoring relationships and behaviours. They received professional guidance and instrumental support outside of what was usual and although they were unable to consciously process those actions as being mentorship, they noticed and experienced the actions as being different and special. Those early mentoring experiences were implicitly sensed.
In later years, the participants were able to consider the experiences of their early nursing careers from a different perspective. During the intervening years, mentorship had been introduced to the Australian nursing profession and the participants had acquired knowledge of the concept and language to describe it. When they consciously reviewed their early professional relationships through the lens of mentorship and spoke about those relationships using related mentoring terminology, that awareness and language gave shape and understanding to those experiences. Many of the helpful and supportive actions that were shown toward them during their early nursing careers they now understood to be mentorship. Consequently, the participants retrospectively made explicit the mentors and mentoring behaviours they had previously sensed implicitly.

Robin spoke about two nurse academics that during the 1980s provided him with powerful professional guidance. They positively influenced the way he thought about nursing and the way he actioned those beliefs. In later years, on reflection, he appreciated that they had recognised and nurtured his capacity and capability, and he retrospectively understood them to be his mentors. Bill didn’t recall the term mentor being used even twenty years ago, he described a relationship he experienced with a ward sister as a student nurse and like Robin, retrospectively acknowledged that nurse as being one of his earliest nursing mentors. At the time, Bill sensed something special about the supportive but challenging relationship he experienced with this clinical leader who paid attention to him and pushed him to be more than he was.

Bill:  
\textit{I certainly don’t remember even hearing the term [mentorship], let alone you know trying to coin it, or appreciate what it was or what it involved. And it’s interesting how things happen and how you recognise them later, then you look back and you think, oh yeah that sort of fits.}

Christopher acknowledged that mentorship was not something familiar to his apprentice-style development as a beginning nurse however, he recalled a time early in his nursing career when studying for a non-nursing degree, that he experienced a ‘sense’ of mentorship. Christopher was provided assistance, advice and instrumental support from several lecturers beyond what would usually be expected of their positions. At that time he lacked any knowledge of mentorship so he based his
understanding of their particular behaviours on what was known and familiar, thus identifying the lecturers’ behaviours as a special kind of mateship. In retrospect he has named those lecturers as sort of mentors for me in a sense.

Christopher:  
*I haven’t seen it a great amount. Certainly in the...hospitals of that period, there wasn’t mentorship as we know it [now]. You learned stuff ....Blokey business ....[At that time] it was almost like going down to an older bloke’s shed and learning how to do carpentry, it was that style of thing. ...But as well it was not something I saw around me.*

For some of the participants the actual process of recollecting and speaking about experiences early in their nursing lives and sharing their perceptions of mentoring today, triggered them to recall particular people who they had implicitly sensed as offering them something different at the time, and look at them from a new perspective. With the passing of time, the gathering of more experiences, and the benefit of hindsight, they explicitly identified some of the people who had professionally supported them, had confidence in them, inspired and motivated them, as being mentors. Some participants acknowledged those mentors as being crucial to their nursing careers.

Merle:  
*It was only talking to you that made me identify that. I wouldn’t have called it mentoring. But it definitely had elements of it ....She was absolutely pivotal I think.*

The first sub theme ‘implicitly experiencing the mentoring connection’ emphasises the power of that connection. Mentorship is revealed as having a depth and uniqueness that positions it as a relationship distinct from other professional associations and with a strength that enables the relationship to be sensed and experienced in the absence of specific mentoring knowledge or language.
A Rose by Any Other Name - Applying Labels to the Mentoring Connection

The participants engaged in some mentoring relationships that were explicitly named and acknowledged and others that were not. When mentoring relationships were not overtly labelled and when no open discussion about the mentoring context of the relationship occurred between its members, the participants referred to those relationships as being informal. Conversely they referred to those mentoring relationships that were named and openly acknowledged as formal. The participants agreed that expressly acknowledging and naming a mentoring relationship allowed for that relationship to develop greater form and structure. However, it was also apparent that when the participants formalised their mentoring relationships, those relationships were not really transformed in a significant way. Although their structures were potentially different, the intent and content of informal and formal mentoring relationships generally remained constant.

Marion:  
_In a formal and an informal setting... [mentorship] is still the same._

The participants used the terms formal and informal in a perfunctory manner and did not apply particular emphasis to either style of mentoring. This indicated a perceived indifference to how their mentoring relationships were actually labelled. It was clear that providing a name to the relationship was far less important to them than what actually occurred during the relationship. The participants revealed that the essence of their relationships was maintained despite differences in name and structure. The specific terms formal and informal were not especially descriptive of mentoring as shown by Merle in her attempt to differentiate between the two.

Merle:  
_Ok, I'll start with the formalised mentoring relationship. It's a conscious decision to mentor somebody and to have an agreed approach, structure of the relationship, maybe discuss what both parties wish to have come out of it, regular meetings, be on phone tap or be on e-mail, and be as helpful in all domains of that person's life.... The only difference I would make between that and informal mentoring is the setting up of the_
structure and both acknowledging we are having a mentoring relationship.

When referring to their own informal activity as mentors [incorporating being caring and encouraging, providing instruction and guidance, and being instrumentally supportive], many of the participants described their mentorship occurring in an almost opportunistic manner, without any predetermination or planning. Mentorship that was not formalised generally occurred by way of the participants adapting to situations and taking advantage of circumstances to provide mentorship. The participants emphasised that although this kind of mentorship was informal in every sense - being unstructured, generally unacknowledged, and not mutually named, the actions of mentorship as they understood them, still took place. Ellen illustrated this when she described a time during her nursing career that took her in and out of various units on a regular basis. She extended mentorship to a number of nurses with whom she came in frequent daily contact, making herself available to them, listening, supporting, instructing and motivating them, beyond the remit of her position. She actively looked for opportunities to support and nurture those nursing staff and despite never formally identifying or verbally naming her actions when working with them, by her own understanding she was mentoring them.

All of the participants spoke about providing mentorship to others by way of promoting and prompting, facilitating access to professional networks, coaching, informing, educating, and role modelling, all without anticipation or formal planning and without discussing the mentoring context of the support. However, the lack of outward acknowledgement of mentorship did not lessen their mentoring ability or activities, nor did it dilute the intention of their mentorship. The absence of shared acknowledgement of mentorship simply determined the ongoing opportunistic, unscheduled nature of those relationships.

In contrast to informal mentorship, formal mentoring relationships required both members of the relationship to be aware of its existence and intent and. That shared understanding then created structure in the relationship. Bill acknowledged that formal mentoring relationships were more likely to occur as official relationships that had been determined by employer or organisational needs.
Bill: What do I mean by formal? A mutual awareness that what we have here is a mentorship relationship and that there is some common understanding about what that is and that it is actually even talked about, rather than just assumed, and carries on without that open reflection and interaction. And there might even be some rules or ground rules set up formally that won’t necessarily be signed off physically, but it’s like it’s a more official relationship ....But that formality is where it is not just something that has happened, opportunism, it’s not something that is just allowed to float in and out, happen from time to time, take it as you leave it. … The boundaries perhaps are a little clearer, a little more black and white, and there is some formal understanding.

Most participants agreed that formal mentoring relationships relied on mutual recognition and awareness, but did not necessitate strict rules or regulations. Formality was more likely to be illustrated in terms of specifically arranging time together and openly identifying the mentee’s needs, rather than dictating how the relationship would be implemented. Anita actually preferred to formalise those relationships in which she was a mentor so that she knew the specific objectives and desires of the mentee. Anita’s preference was different to other participants who described primarily experiencing informal mentorship.

Jan: I don’t believe that most mentoring relationships are that formal, as in contracts…it might be more recognised that this is what we are doing here, you’re helping me for some reason and you’re going to guide me and coach me, all those terms that we use. …In an informal relationship [meetings] might not happen as regularly, and be more periodic, bits and pieces here and there.

The participants’ mentoring relationships were in the main, unchartered and did not follow a set format or mentoring model. The naming or otherwise of their mentoring relationships could not alter any prescribed actions or predetermined behaviours because none existed. That lack of a prescription for mentorship enabled the participants mentoring relationships and actions to be defined or amorphous, formal or informal. In the absence of a particular schedule of actions or predetermined step-
wise approach, the development of their mentoring relationships could not be predicted. Therefore participants as mentees and mentors entered mentoring relationships without foregone conclusions about how those relationships would develop. Irrespective of their formal or informal structure, they evolved in an ad hoc manner as determined by the needs of the mentee and the actions of the mentor.

The varied duration of mentoring relationships illustrated their extemporised development. Whether their relationships were consciously and overtly acknowledged or not, the participants acknowledged that duration was unplanned and undefined. They experienced some mentoring relationships that were brief and others that were long term, but in every instance the duration of those relationships had not been explicitly predetermined.

Teresa There is certainly a beginning point where you come together.... But I don’t plan out a mentorship relationship.... I don’t think it really ends.... [The relationship] might take various forms and vary in terms of intensity or regularity of meetings, but I don’t think it really dies.

This second sub theme ‘a rose by any other name – labelling the mentoring connection’, reveals that no matter how they are named or acknowledged, the essential intent of mentoring relationships is preserved and the unique unchartered course of those relationships sustained. Although naming a mentoring relationship as either formal or informal may offer some structure and shared understanding, it provides no other particular benefit. Mentoring connections can be established and grown without being categorised.

**EVOLUTION OF THE CONNECTION – DEVELOPING AN INTUITIVE ATTITUDE OF MENTORING**

The participants’ mentoring connections were experienced internally - connecting with a sense and understanding of mentorship and being a mentor, and externally - connecting with mentoring acts and behaviours of others. These connections were
revealed as being evolutionary. The evolutionary process commenced during childhood when the participants possessed the beginning characteristics of mentors and were starting to pay attention, or connect with, the mentors around them. Their connections evolved further as they continued to be exposed to and impacted on by the mentorship of others right through childhood to their early nursing careers. At the same time, their personal mentoring characteristic matured into an attitude of mentoring. The final phase of the evolutionary process was revealed through the participants’ intuitive connections with the mentor role, whereby as nurse leaders they naturally and automatically engaged with others in mentorship.

Three sub themes contribute to the major theme. The first sub theme ‘being in the company of mentors’ reveals the participants’ ongoing exposure to mentorship in different settings throughout their lives. The second sub theme ‘learning from mentors’ explores the impact of the participants’ direct and indirect exposure to mentors as young people and novice nurses, and reveals that as a learning experience. The third sub theme ‘becoming a mentor’ explores how the participants actually became mentors and considers the notion of learning to be a mentor.

**Being in the Company of Mentors – Exposure to Mentor Behaviours**

**along the Journey from Child to Adult**

During the participants’ early lives and formative years, they were exposed to individuals who demonstrated mentor qualities and behaviours. Although not necessarily involved in recognised mentoring relationships with them, the participants recalled those individuals as standing out and offering something different. Often those individuals had a significant impact on the participants’ way of perceiving and being in the world.

**Gair:** Well I guess the person who would probably be the most influential I suppose was my class teacher in my final 2 years at school.... I would never forget her, she very much instilled in us the need to be independent, not the need, but the desirability shall we say of being independent and having a profession and so on.
The participants’ were young at the time of their early exposure to mentorship therefore, many of participants, naturally identified teachers as demonstrating mentor qualities. Rather than generalising the attitudes and behaviours of all their teachers as being a kind of mentorship, the participants singled out particular individuals for their specific actions.

Robin: There is no doubt that one person who stands out vividly, was my music teacher at high school. She ... had a remarkable capacity to recognise budding talent and to really nurture and to [draw out of] people that talent, and in a mostly unassuming and not very aggressive way, allow that to develop. If it hadn’t been for [her] I probably wouldn’t have then taken the next step to go to university. But she fired me up so much and gave me such a sense of confidence.... But, her sheer enthusiasm and her way of working with me as a high school student was indeed mentoring, there is no doubt about it.

Those teachers that the participants perceived as demonstrating mentorship stood out because they gave of themselves in a manner that the participants’ other teachers did not. As recalled by Bill in the following excerpt, mentor-teachers went the extra mile to provide support and behaved in a nurturing manner that set them apart from others. Teresa also highlighted this when she spoke of a particular teacher she had at 15 years of age, who identified Teresa’s personal and home situation at the time as potentially having a negative influence on her academic progress. Teresa was academically bright and the teacher had strong community links in a subject area that Teresa was interested in. The teacher actually offered Teresa some paid work in an effort to provide a needed income whilst also providing Teresa entrée into specific community programmes.

Bill: My [experience with] mentorship starts long before I even started nursing.... I would have to say my first encounter with mentorship while extremely brief, would have been in boarding school when I was very young. Encounters with two ... teachers who stood out from the organisational culture of boarding school and at the time when I was
particularly vulnerable, they showed and demonstrated an interest in my welfare in a sense.... unlike the other teachers, [they] actually paid [me] unconditional respect.

Participants also identified particular family members as demonstrating mentoring behaviours. Rather than recalling every adult from their childhood as being a supportive mentor, they acknowledged certain individuals for acting in specific ways. Similar to their identification of mentor-teachers, participants singled out family members who had made a particular impression on them that differed to that of other relatives. The participants particularly looked to those who inspired them.

Ricki: My aunty, she believed in me and she nurtured my ambition. Like she said 'you're a good writer' or 'you're very smart' or 'you're very creative’... she also in her life, modelled for me something that I would want to aspire to be.... So she had those sorts of good attributes that I found attractive. So I guess I wanted to be like her and when I had her approval that was energising.

When recalling her childhood, Ellen identified her father as demonstrating mentor behaviours. Ellen did not acknowledge her father as directly mentoring her, rather she recognised and was impressed by the mentorship he extended toward others.

Ellen: My father practised a lot of the things that I see in other mentors. So probably I learned a lot from my dad.... He always had people in our house who were coming to him for advice.... I used to see him take a particular interest in individuals.

The participants also had meaningful recollections of people from the time of their early nursing training. During this phase of the participants’ lives, mentors did not necessarily engage with them in concentrated mentoring relationships rather, they demonstrated mentor qualities and/or acts of mentorship that did not usually extend beyond the specific ward environment. The majority of the participants had been through the hospital-based apprenticeship system of nursing education and recalled particular senior nursing colleagues who were supportive and nurturing.
Ellen: I was probably mentored all through my training, which was hospital based training and while it wasn’t under the umbrella of mentor, that’s truly what it was. Because I can remember as a very junior nurse going into the wards and having a senior nurse connect with me, take me under her wing.

Other participants acknowledged a sense of collective mentorship during their training, both in the old system and tertiary education programs. They spoke about working closely with their peer group [in the ‘old’ hospital-based system] in a supportive and nurturing manner and helping each other to develop a passion for nursing and ability to stay committed once they started nursing. Rather than one person standing out from the rest, the participants sensed the whole working to keep the parts together.

Marion: I think very much in that system, not that I for one minute would endorse going back to it, but there was a level of congeniality and mentorship.... On one level it was knowledge sharing and skill sharing and showing people the ropes if you like, and on another level was the emotional support because it was a pretty tough system, and on the other level it was a real notion of team work.... It’s hard to tease out the mentorship but at that level there was a…real mutual mentorship.

The participants acknowledged that their exposure to mentors and mentor behaviours continued after their initial period of nursing training. They identified mentors in the early years of their nursing careers that directed and inspired them to progress professionally. Jan spoke of a particular nurse who inspired her passion in the profession and encouraged Jan to be the best nurse she could be.

Jan: A particular ward sister took a great interest in me and really fostered in me I think a commitment to achieve, to be good at what I did.... And I really wanted to be like her. I wanted to be the best I could, so she, very early on for some reason, helped me to see that I could be good at what I did and that she believed that I could. So she made me feel I had the
This first sub theme ‘being in the company of mentors,’ reveals that the evolutionary process of developing an intuitive attitude of mentoring commences with an individual’s early and sustained exposure to mentors. The young person senses something unique about these adult-mentors, attends to them, and is influenced by them. The young person begins to develop an impression of mentorship and experiences a subtle shaping of beliefs long before they gain a full and conscious understanding of the concept.

**Learning from Mentors – Being Influenced by Mentor Behaviours**

**Along the Journey from Child to Adult**

The participants sensed that being exposed to particular personal qualities and nurturing behaviours during their early lives and nursing careers had an enduring impact. They believed that this exposure had an influence on their personal growth and development and in part, shaped some of their behaviours and beliefs. The participants frequently acknowledged a direct connection between some of those early relationships and the way they now positioned themselves in the world. For example Bill spoke with deep gratitude and respect of the two teachers who showed him mentorship while he was a young and vulnerable student boarder. He specifically acknowledged that both the individuals and their behaviours remain relevant for him to the extent that in seeking a mentor today, he would look for similar behaviours.

Some participants acknowledged the lasting impact on them of being witness to specific behaviours shown by their parents toward others; behaviours that the participants identified as separate to the direct influence of parenting. For example, Ellen acknowledged that her choice of profession and the ways in which she demonstrated interest in others were likely influenced in part, by observing her father’s mentoring relationships with others during her formative years.
The participants described specific functions and behaviours of those individuals that demonstrated mentorship during their early nursing careers. A common mentoring behaviour they identified was facilitation to acquire higher positions or promotion into positions that they might not otherwise have applied for so early in their careers. Gair provided an example of this when speaking about a Director of Nursing who extended a range of mentoring behaviours toward her, across her nursing career. She specifically recalled this Director engaging her in conversations about career planning at a very early stage of her working life. The Director then went on to promote, encourage and arrange for Gair to attend an educational institution in order to acquire a qualification that would support her in a higher position and also provided opportunity for Gair to take on such a position.

Examples of early promotion were also provided by Teresa and Merle. Teresa spoke about being offered a position in nursing education in the tertiary sector because she held a degree at a time when few nurses had them. She acknowledged that the Dean who offered her the position and subsequent to her accepting it, took an active interest in her career and demonstrated supportive mentorship toward her during a period of time when there were few senior mentors available within the nursing profession. She identified the Dean as offering unequivocal support that was invaluable for me. Merle joined the staff of the tutorial department in the hospital where she worked, on completion of her formal studies and very early in her nursing career. She spoke of the senior tutors extending a kind of mentorship toward her in the way they offered her ongoing emotional, professional and technical support.

Being given the opportunity to do things outside their usual practice was another common mentoring action experienced by the participants early in their careers. Mentors encouraged participation and facilitated their attendance at conferences or professional meetings and orchestrated relief in other positions. Marion spoke about a senior staff member who recognising potential in her, arranged for Marion to attend an international conference. Megan recalled being given an opportunity not long after she qualified, to relieve in a higher position on a unit that specialised in an area in which Megan lacked experienced however, her interest in the specialty and obvious enthusiasm stood her in good stead.
The participants learned specific lessons from their early and ongoing exposure to mentorship and they continued to be influenced by many of the actions and beliefs of those early mentors.

Gair: [The mentor] was always educating me, she was always explaining to me why she did this, or why we might do it this way or what the consequences of something might be. So I learned a lot from her and still it’s in my mind a lot of the ways that I conduct my day-to-day business and where I think I am going, is according to [her].

The participants had consciously adopted particular behaviours that shaped the way they acted in the world and unconsciously developed certain values and principles from the beliefs and values of those early mentors. For example, Robin spoke about specifically watching, listening and figuring out his mentors’ ways of operating. He deliberately tried on some of their behaviours to see if they also worked for him. Merilyn identified that the mentor behaviours she observed as a young person from specific family members, and ongoing exposure to mentor behaviours in her professional life, had been an enriching influence on her. She believed that they had contributed to the development of some of her personal principles.

Merilyn: One of my intrinsic values is that I value people. People are really important to me and I think that comes from my early days, you know in terms of how I was treated in the family and my upbringing and all those sorts of things. So whenever anyone will ask me [for] advice and so on, I see that as an honour and I always have and so therefore I treat it that way. ...I suppose over time it [ongoing mentorship] probably has I suppose further honed those qualities in me.

When reflecting on the range of lessons learned from early mentors, participants identified that they now intentionally incorporated some of those lessons into their own mentorship. When describing their own activities and behaviours as mentors, the participants’ actions often resonated with those of their early mentors. Generally, when participants had clearly and consciously gained from others’ mentoring and
they felt emotionally connected to those mentoring behaviours, the participants demonstrated those same behaviours.

Teresa: [He] also took an active role in my studies and actually offered to read through drafts of my work while I was at University, and that is a mentorship act that I continue to play with the people that I mentor. Because by working with [him] I went from a passing student to a High Distinction student. We would talk critically about ideas, he would critique my writing and I just got my act together...as a direct result of his input.

Christopher spoke about professional opportunities being opened up for him by some of those people he identified as offering him mentorship. In turn, he now sought out and created opportunities for professional growth for the people he now mentored. Similarly, Anita’s mentorship that incorporated assisting mentees to network, accompanying mentees to meetings and forums, and introducing them to key people, corresponded to the behaviours of the early mentors to which she was exposed.

The second sub theme ‘learning from mentors’ reveals the continuing evolutionary process that accompanies the development of an intuitive attitude of mentoring. This sub theme shows that young people and novice nurses can be profoundly impacted on by direct and indirect exposure to mentors. The qualities and actions of mentors can have a lingering influence on young mentees, shaping their personal development and behaviours over time, and ultimately affecting their adult and professional choices and actions.

**Becoming a Mentor – Intuitively Responding to the Lifelong Exposition of Mentors**

The participants were not formally taught how to recognise mentorship, identify mentors, or even how to be a mentor themselves. However, in spite of the lack of instruction, they had all been engaged in mentoring relationships and had previously been, or were currently mentors. Some participants believed that mentorship or being
a mentor was not something that could be taught in a formal or didactic sense. Mentorship was viewed as being more about having a particular attitude, or way of being, rather than a specific set of skills or actions for which an individual could be trained.

Christopher: I think you can teach people the importance of [mentorship], but what they do with that is really up to them. Some people will take it and it will only further reinforce the goodness in them, other people you can spend the rest of your life teaching them mentoring and not get anywhere, you know? So for me it’s just certain people... They’re just good people you know? ...I don’t think you have to be a good mentor; you have to be a good person.

The participants’ experiences of being mentors in their current leadership positions, revealed them as having assumed their mentor roles quite customarily and automatically. Mentorship was a natural extension of themselves and adjunctive to being a nurse and leader. For many of the participants this ‘personal characteristic’ or ‘attitude of mentorship’ was evident well before entering the nursing profession and in fact was apparent in childhood.

Many of the participants identified themselves as taking on a mentor-type role during childhood. Although as children, they did not actually identify their behaviour as being within a mentorship framework, as adults they reflected that other children did not necessarily share their childhood roles or display the same behaviours. For some of the participants, their childhood mentorship was fairly structured, occurring within the context of formal organisations. For example, Bill spoke about being a leader of a school Christian youth group for several years and identified that his role encompassed mentor behaviours of communicating with, nurturing, supporting and offering unconditional respect. Marion recalled being a girl-guide leader and Teresa spoke about having several student leader positions. These participants identified a mentorship component to their roles.

Teresa: I have always had a leadership [proclivity]. I would put myself forward for [mentor] type roles. So in primary school I would be class captain, at
high school I was the school captain. I was president of the student council.

Participants also described an elusive, less structured childhood mentorship. They identified themselves as possessing mentor-like qualities that were illustrated in their capacity to establish connections with less fortunate children by providing a level of support and nurturing that helped those children to extend themselves and grow. Bill described being seven or eight years of age and befriending children from ethnic minority groups. He emphasised that those connections, which occurred within a school culture of class divisions and bullying, were about him developing a framework of mutual friendship and support and were aligned with mentorship in a sort of elusive sense. Similarly, Merle recalled being in Grade 6 and befriending a girl who had been ostracised by all the other students who made fun of her.

Merle: *She was a decent person.... I thought, you don’t treat people like this and so I became her friend. I didn’t think this was a big deal you know? ...So that’s not mentoring. I don’t know what that is. I don’t know. It demonstrates I think some of things maybe mentors have to have... empathy and caring and wanting to give someone a go.*

The participants’ attitude of mentorship extended beyond their childhoods into their early nursing careers and often whilst they were nursing students. Many of them spoke about looking out for those coming behind or taking people under my wing, to illustrate their interest in helping and supporting other nursing students or those who were less experienced. They recalled spending time with, assisting, supporting, guiding, and being there for other nurses who were finding nursing life difficult or challenging.

As they progressed and began to take on a variety of nursing positions, for example, charge-nurse, student facilitator, and educator, the participants’ attitude of mentorship continued and was strongly evident in how they carried out those positions. The participants gave of themselves and their time to support, guide and nurture, and provided opportunity for others to progress, in a way that went beyond the normal parameters of their jobs. The participants’ behaviours were an automatic
way of being in an effort to promote others; they were not motivated by a need to promote themselves. Bill referred to this when describing being a nurse educator at an early stage of his nursing career.

Bill: Going the extra mile, putting in more than what you necessarily have to.... So yes it would have been more than what I was paid to do, more than what my job was about.

Ricki recalled an early period of her career when she was second in charge of a ward and had responsibility for nursing students coming through that ward. She spoke about demonstrating support and guidance, boosting morale and confidence, and giving a lot of her time. Ricki provided more for the students than was expected of her role, but had not recognised that as the case at the time. She had incorporated her attitude of mentorship into the position and automatically provided leadership and support.

Ricki: I think it was extra, although um I thought it was part of my role, but nobody else was doing it. I thought it was part of my role.

All of the participants saw mentorship as an established component of their current working life and a core feature of their specific leadership positions. They held that perspective regardless of whether their employing organisations formally directed their mentoring activities. The participants had a strong sense of mentorship that was aligned with being a nurse and specifically, being a nurse leader.

Ellen: So [mentorship] has been part of nursing for me. For me it's been really much part of being a nurse, being able to guide and shape the careers of those coming behind me.

The participants used ill-defined descriptions when talking about the development of their mentor characteristic. This is illustrated by Merle's comments below. They presented an attitude of mentoring that had been a part of their make-up for a long time. For example, Ellen described it as being part of my character. They did not
seem to recognise that they had acquired their way of being or developed their character from a particular source or influence.

Merle: [Being a mentor is] modus operandi for me, and I don’t know whether that’s background or whether my [philosophical] orientation makes it feel like it’s what you do.... It’s just what I do, the way I approach life.

Few of the participants spoke specifically about how they had learned to be a mentor although they acknowledged that particular behaviours and beliefs they had learned from their mentors had influenced personal growth and development. Generally, the participants did not consciously identify that they had perhaps learned how to be a mentor through the mentorship they had experienced and witnessed. The participants did not see that their early and ongoing exposure to mentoring had in part, potentially influenced their learning of the mentor role, the way they consciously performed as mentors and how they felt about the role. Bill was one of few participants who intentionally articulated how he learned to be a mentor and quite clearly credited that learning to those mentors he had met along his life.

Bill: I guess I would have to start by saying that [I have] internalised my own relationships with mentors in my life.... To a large extent my concept and idea of mentorship...are very much constructed on the basis of my past experience...which is probably very normal and very human. I think it’s shaped by the informal mentor relationships I had in the past.

All the participants possessed a strong sense of the mentor role and described behaving in a mentor-style from childhood and/or early in their nursing careers and beyond. In telling their stories, they often struggled to articulate why or how they had so easily adopted a mentor role and assumed a mentor characteristic. They spoke about being a mentor as if it was a natural thing to do, yet none of the participants actually identified themselves as a born mentor or born leader. It was clear that their natural or inherent attitude of mentoring was in fact an intuitive response to all the learning that had taken place previously; learning that occurred over an extended period of time, in a variety of settings, through ongoing influence and exposure, rather than direct instruction or training.
The third sub theme ‘becoming a mentor’ reveals the final phase of the evolutionary process of developing an intuitive attitude of mentoring. This sub theme considers that the mentor role is not necessarily learned through a formal didactic process; rather mentors are created over time, learning their role [often unconsciously] through ongoing exposure, enduring influence and role modelling of other mentors. This evolutionary process determines that individuals may experience being a mentor as instinctive or intuitive, something inborn or inherent, rather than something learned.

**PROGRESSIVE CONNECTION – LOOKING FORWARD WITH THE MENTORING RELATIONSHIP**

The participants mentoring experiences principally shared a common feature; they were all structured to move the individual forward. Mentoring relationships held the implication of opportunity and expectation and reflected a process of imagining what could be. Rather than contemplating the past or dwelling in the present, mentoring relationships were shown to concentrate on what was yet to come. The participants emphasised the transformative and evolutionary nature of mentorship whereby the possibilities of being human were envisaged and nurtured and in turn the potential of the nursing profession was grown. Mentoring relationships were experienced as progressive connections that had the dynamic purpose of developing personal capacity and the specific focus of facilitating leadership to progress both the individual and the nursing profession.

Two sub themes contribute to the major theme. The first sub theme, ‘purpose of mentorship – development, encouragement and support of human potential’, clearly reveals that the broad intention of mentorship was to develop an individual’s career and all that contributes to it. As an investigative and exploratory process mentorship served as a supportive catalyst for change, moving individuals beyond the here and now to prepare them for what might be ahead. The depth of investment made by one human into the occupational and career aspirations of another further illuminated the purpose of mentoring. The second sub theme, ‘focus of mentorship – leadership
development’, demonstrates that the general developmental intent of mentoring relationships was concentrated on the specific objective of developing, nurturing and promoting nurse leaders. In turn, the future of the nursing profession was safe guarded.

**Purpose of Mentorship: Development, Encouragement and Support of Human Potential**

The participants’ stories exposed mentoring relationships as having a striking, unambiguous purpose - to develop human potential. Mentors and their actions were shown to have the intention of challenging individuals to think, feel and behave in different ways, often progressing them toward a place they might not had previously considered possible, whilst also providing a supportive, nurturing and encouraging space for that to happen. Mentors fully conceived the promise held by others and transformed the possibilities and probabilities of being human into something authentic and real.

Robin:  
[The mentor is] someone who is able to engage, inspire, and take one out of oneself for long enough to enable someone to become something they weren’t before they engaged in the relationship.... *When I think about my relationship with [my] mentor, that’s exactly what he’s done; he’s dared to suggest that I could become something other than I have been, something other than I am.... That mentor is someone who makes it safe for that to happen.*

Development, encouragement and support were key words frequently used by the participants to describe the purpose of mentoring relationships and the actions of mentors. Most often, the words illustrated the human relatedness of mentorship and emphasised the attention paid to personhood. The person was always central in any discussion of mentorship and the participants’ experiences revealed that mentoring relationships always involved a broad sense of caring and concern for the wellbeing of others. Mentorship attended to how people felt about themselves and specifically
focused on developing the individual’s confidence, independence and strong belief in self.

Ellen: I think a mentor provides support and encouragement …almost a life coach, in the sense that a mentor looks beyond the workplace and the tasks of the work or the role, to the person, and being able to develop that person professionally and personally. So I see it as all encompassing.

Mentorship was inclusive rather than compartmentalised, therefore concentrating on the whole person, encompassing the complexities found in the internal and external worlds known by all human beings. It was perceived as having a purpose far greater than mere skill development, and was viewed as supporting and nurturing personal and professional development, career enhancement, and capacity. Participants described this as helping people to get the best out of themselves, whatever that might be, and expanding the existing way they operate. So, although targeted skill development did occur, for example guidance to write a paper for publication, mentorship moved well beyond the fundamentals of academic writing to more broadly assist the individual; addressing their capacity to be assertive, confident and independent, and to perhaps consider the culture and political climate of nursing. Thus, mentoring adopted a broad attitude when addressing specific needs. Role development was approached in the context of career development.

Ellen: I see [mentorship] as not only helping people to develop their skills, but also developing their attitudes and attributes…. When you are developing somebody to be a leader you are developing all of his or her potential.

Because human potential was experienced as something latent, not always fully known, mentorship did not by necessity enhance specific or predicted behaviours or skills. Mentorship was constituted of more than a range of distinct actions to be marked off when completed, because specific areas of human potential were not predetermined by the mentoring relationship itself. Mentorship grew out of imagining what the future could hold for specific individuals and therefore was shown to be a composition of diffusive activities, with the purpose of inspiring, testing and cultivating whatever highly individualised aspects of promise and
possibility were present. In order to develop, encourage and support human potential, mentorship was commonly used as a conduit for making resources available, giving strategic advice, and providing instrumental support. Anita illustrated these encompassing activities when explaining what she could do as a mentor.

Anita: I can give you advice. I can help you work on systems and if there are difficulties with personal skills we can role-play them. I’m willing to network, go with you to um forums and ...meetings and whatever. You know and introduce you to people. That’s what I can offer.

The participants’ stories pointed to the strong need for mentorship to include the provision of resources to support and facilitate mentees progress along the career development pathway. Although the human resources contributed by the mentor of time, knowledge, and expertise were identified as paramount, fiscal resources and organisation infrastructures were also acknowledged as being, at times, just as necessary. Marion recalled a mentor from early in her career, who acting on Marion’s interest and ability within a specialist area of health care, ensured that Marion’s employer paid for her attendance at an international overseas conference. The mentor not only recognised and encouraged Marion’s ability and growing expertise, he further supported that by ensuring she was able to access a highly informative and relevant resource.

Marion: I say ‘well here is someone who believed in me with money’, because I look back and I am sure lots of people believed in me but couldn’t, or didn’t have the resources. That’s why I work really hard to be able to provide those resources for my [mentees], because it is very important.

Mentorship provided the means for wise and expert mentors to support others by passing on strategic advice and providing guidance. It was in their ability to imagine the maturing of promise and possibility and the application of their knowledge and experience, that the mentor was able to focus the development of the mentee’s human potential. Thus the action of giving counsel or direction was often proactively instigated by the mentor rather than in direct response to particular questions raised by the mentee. However, when the mentee did identify specific problems or issues,
the mentor would take a comprehensive approach to that and offer well-considered recommendations. The participants viewed the strategic advice of mentors as a supportive activity that demonstrated their mentors were looking out for them, helping to keep them focused, motivated and on the right track in terms of their professional progress and development.

Jan:  
[My mentor would send me] little subtle ideas and reminders, ‘why don’t you do this?’ and ‘have you thought about that?’ ....That has been very helpful to me in many ways. Helped me to unravel some of the things about nursing, where nursing is going and how I could respond to things in nursing, how I should prepare myself... how I should conduct myself as a professional, how I should keep my staff across a whole range of things.

Instrumental support was one of the most practical actions mentors’ demonstrated to assist mentees’ professional development and career progress. Instrumental support ensured that mentees were exposed to career promoting activities, opportunities, and people in an active and highly influential manner. There was an evident intention to increase the mentee’s repertoire of skills and expand their professional relationships and connections so that they could move forward with ever-increasing independence and confidence. Importantly, Teresa’s description of providing instrumental support toward a junior colleague mentee also emphasised the use of a supportive and nurturing framework rather than a hierarchical one.

Teresa: I was the senior player within that relationship but it was enacted through shared projects, co-authorship on articles, seeking funding, attending conferences together and so forth and so nurturing that person’s career as we went through and providing advice... so I actively guided and advised the person.... And then would be in a position on committees to argue for and support [them].

A fundamental aspect of instrumental support was the process of linking mentees with new people and networks. As mentees, the participants experienced expanding professional contacts and connections, which in turn, contributed to their
professional development and career advancement. The act of mixing with people with whom they might not usually have been exposed, gave way to professional opportunities that otherwise would have been inaccessible. Robin and Christopher described occasions when their mentors introduced them to experts and deliberately linked them with people who could aid, encourage, provide opportunity or even further expand their professional networks by introducing them to even more people. Robin spoke about international scholars and nursing experts who challenged, encouraged and guided his professional progress. Christopher spoke about the chain reaction of being introduced to one professional expert who then went on to help him establish links with others, all of whom in turn further increased his contacts. These networks of people provided Christopher professional writing and presenting opportunities.

Writing and publishing with mentees and collaborating on grants were also common examples of instrumental support by mentors. For those with aspirations in academia, the practical assistance to write well was a paramount advantage, however individuals not working in an academic context per se, also sought support with writing, in the form of reports, project briefs and conference presentations. Clearly that type of assistance provided the mentee opportunities to get their name into the wider professional arena and/or to demonstrate their ability and advance their reputation within their organisation.

Ricki: [My mentor] sat me down, and he said ‘let’s publish something together’ and he showed me how to publish an academic paper.... He also helped polish my writing.... I really appreciated that guidance.... So we published um two or three articles together and then I published one on my own.

An important aspect of instrumental support was providing openings to career promoting opportunities and activities. The participants as mentors spoke about being on the alert for occasions when their mentees could exhibit their skills and knowledge. This is illustrated below by Teresa. At other times they deliberately positioned their mentees so that they were available to take up relevant professional opportunities when they presented.
Teresa: Mentorship is constantly scanning the horizons for new opportunities and linking people in together.

Mentors commonly promoted mentees’ careers by providing them the chance to act up in higher positions or assisting them to apply for advanced work roles. They also encouraged and assisted mentees to be involved in a range of activities that provided them opportunity to promote their individual character and skills and/or position them to be noticed by others. Participants spoke about mentors asking mentees to present at or attend conferences and professional forums, inviting mentees on to committees and providing opportunity for mentees to act on their behalf. It was readily apparent that in many ways the mentor used their own good standing and recognition in the professional community to provide a sort of entrée for mentees into that community; entrée that might have been difficult for mentees to negotiate on their own.

This sub theme, ‘purpose of mentorship – development, encouragement and support of human potential’ shows the intent of mentorship to be the progression and transformation of human possibility into something actual and meaningful. The capacity of the whole person is imagined, sought out, and invested in, within a framework of human relatedness, to ensure that career aspirations and all that encompasses, are met and moved forward. Mentorship positions the mentee to better manage the future.

Focus of Mentorship: Leadership Development

The fundamental intention of mentorship to develop an individual’s potential, was shown to have a significant corollary. As a global and encompassing process, mentorship served as an essential catalyst for ongoing transformation. Mentorship did much more that support an individual in the present with the specific issues of today. As a process that was never static, mentorship was not contained by what was immediately apparent rather, mentorship creatively used knowledge to look beyond the here and now to the future and prepared individuals for experiences yet unknown. Mentorship was broadly described as a multidimensional, far-reaching holistic process with a focus and impact that went beyond the immediate nursing practice.
environment to affect multiple life areas, help individuals achieve career leadership and meet life aspirations.

Teresa:  *Mentorship to me ...does involve skill development and support, but has another dimension to it that relates to a long-term commitment and a broader development of the individual. So you’re not just seeing that they are a good clinician, you want to *make sure ... that you actively* contribute to their longer career success.*

Specifically, the participants viewed the career development that occurred within mentoring relationships as being in the context of leadership development and preparation for leadership positions. For the participants, the focus of mentorship for leadership development and the attention that mentorship paid to the whole person as part of that process, differentiated it from other professional nursing relationships like clinical supervision and preceptorship.

Jan:  *A mentor is offering someone... ways to think about career and professional development that is more like, it’s not something that you can say ‘I need a particular skill therefore I am coming to you because as a registered nurse I know you have got one of those’... it’s more providing advice, providing leadership, providing role modelling in, I guess in the area more of career development and development as a leader.*

The participants acknowledged the range of professional relationships in nursing and viewed them to each have a different purpose. They believed that preceptorship focused on acquisition of technique, task development and orientation to the clinical environment. They saw clinical supervision as having a focus of reflecting on clinical work and skills and changing professional practice. They experienced the mentoring relationship as a quite separate form of relationship with its own important contribution to nursing, primarily based around issues of personal growth, professional progress and meeting career aspirations. They view mentoring relationships as attending to areas of leadership development that were not comprehensively met by other professional supportive nursing relationships.
Anita: With mentoring... it’s not particularly about clinical skills or managerial skills, it could be, but it’s not particularly about that. It’s much more general; about your development as a person in an industry or organisation or whatever and to make you the most effective leader, and I do see it more related to leadership development, than clinical specialty or practice.

The participants overwhelmingly spoke about using mentoring relationships to nurture and promote leadership development in others. As mentors, they supported and encouraged aspiring leaders and those people they recognised as being the potential nurse leaders of the future. The participants believed that their support would expose natural or potential leadership abilities, affirm and strengthen them. At the same time, they also offered mentorship support and guidance to nurses who held senior positions and positions of leadership. The participants contributed to the development of those people by specifically assisting them to progress their leadership skills and focusing them on the nursing profession. They identified the need to mentor nurse leaders so that they would be on top of the things that matter to nursing.

Ellen: People who have stepped into leadership positions now have obviously got the skills and knowledge to get there, but they don’t always have the survival skills... [Mentoring] is really about helping them cope with the political environment that they’re working in and being able to assert themselves... and to be respected by those that are coming behind them. Because even though they’ve got very good managerial skills, some of their leadership skills are not as well developed as they need to be.

Participants were uncompromising in their conviction that being mentored had made a difference to their own career progression. Many believed that they would not be where they were today without their mentors. The participants sensed that their mentors’ belief and faith in them had transformed them from being people who just had ability, into people who had the confidence to test their ability. The capacity to challenge themselves, whilst feeling affirmed and supported by mentors, gave the participants the space to grow into the leaders they had the potential to be. Gair
described how having mentors contributed to her confidence in herself and her abilities.

**Gair:** Having [mentors] that have faith in you is very helpful. It really does give you confidence that you can actually do it. So yes I think it is very important… *it's not just support; it's knowing that* there are those people who really do think you do have the where-with-all to do it. I know I do have the ability to do a lot of things, but you also have to have the confidence in those abilities. So that to me is very important, to know there are people who think you can do it…. Knowing that is very important in my view.

Several of the participants spoke about the strengthening and far reaching nature of mentorship and how encounters with mentors in childhood, that had been reinforced in young adulthood and during their professional careers, had helped hone the skills and abilities required of leadership and had influenced their style of leading. Bill believed that he would be in a quite different leadership role, leading in a markedly different way, if not for his mentors. Merilyn identified that she didn’t know the extent to which each of her mentors had impacted on her career progression because it happened over time without her directly thinking about it, but she acknowledged their cumulative contribution. Jan recognised how intensely her mentors had impacted on her professional growth, over an extended period of time.

**Jan:** Suffice to say [my mentors] noticed me a number of years ago and I think *it is wonderful that they did because I wouldn’t be where I am today I am sure without that. …I think it has had a profound influence on where I am and also how I do things in the world. …I think most definitely I wouldn’t be who I am.*

The participants’ understanding of mentorship as a process that moved people forward was evident when they spoke about attaining their career goals at an accelerated rate. Some participants recognised that because they possessed potential and aspiration for leadership roles, it was possible they would have reached their current leadership positions without mentorship. However they resolutely believed
that mentoring relationships enabled them to reach their goals faster. Ability to access mentors’ wisdom and expertise, opportunity to seek advice and guidance, and having mentors actively watching out for them and practically contributing to their careers, ensured that the participants followed a straightforward and dynamic trajectory toward their goals, rather than a protracted, circuitous passage.

Ricki:  
[Mentoring] gave me the confidence to start publishing and know that my ideas had merit. I probably would have done it anyway because I probably would have found some colleagues eventually or I might have had the courage to publish on my own. But it might have happened at a slower rate, and as it was, I started publishing just two years into getting a job in academia.

The impact of mentoring relationships was believed to extend far beyond the individuals immediately involved in them. Although mentoring relationships contributed to individual career progression, mentorship for leadership was seen to have an impact on the nursing profession and in turn the communities who ultimately experienced the influence of nurses’ work. Participants believed mentorship for leadership was an astute investment in the profession and a means of contributing to its wider good. Mentoring relationships were broadly viewed as a mechanism for safeguarding the future of the nursing profession by supporting those nurses who had the capacity to lead, to do so in a confident, wise and visionary way.

Succession planning was viewed as a key component of mentorship. Beyond the focus of their own successors and the specifics of their own jobs, the participants spoke about succession planning related to the wider nursing profession. It was clear that they held a vision of nursing and felt obliged to make sure that the profession was going to be in good hands in the future. They believed it was necessary to pass on their knowledge in an effort to preserve the gains already made by the profession. They looked to mentor nurses who were going to show leadership, were interested and motivated, and would at best move the profession forward and at worst, maintain it. In the main, the participants’ sense of accountability generally evolved from an altruistic attitude, however Christopher presented another perspective when considering the nursing profession in relation to his own and his family’s nursing
care in the future. He felt mentors could have a positive influence on those people who would one day nurse him and his loved ones. Mentors could manipulate the potential of the profession by actively influencing those nurses who would be leading in the future.

Gair:  
*It’s important... that the mentor understands that* what they are doing is for the common good, *not just for the individual’s good but also for the good of the community. I know it sounds a bit soppy but that for me is important. That it is not just bettering, it’s not just contributing to career progression or interests of one person, sure there is that, but it is also for, in our situation, for the profession at large, and that then of course has an impact on the community.*

The participants viewed mentorship as offering an important contribution to the nursing profession in terms of leadership development and in turn saw it as having far-reaching value for the wider community. Therefore, many were frustrated by a perceived underutilisation of mentorship by the Australian nursing profession. Megan believed that all nurses in leadership positions should be mentoring other nurses but wondered about the extent to which that was happening. Anita believed that mentorship for nursing leadership would only become more widespread when all nurse leaders were appropriately supported to mentor others. Teresa acknowledged that as little as five or ten years ago there were few formally recognised mentors in nursing locally, and surmised that many nurses in senior or leadership positions today may not have been exposed to supportive mentoring relationships. Anita also believed that a greater expectation of nurses to take responsibility for their own leader development might influence them to seek guidance in the form of mentoring relationships.

Ellen:  
*I guess the thing that concerns me most is that there doesn’t appear to me to be enough people who are prepared to mentor others and I just wonder how it is that somebody in my position can help others develop their mentoring ability to be mentors in the workplace... I see people retreating into themselves and protecting themselves rather than being able to be more um expansive and encompassing and encouraging to
The participants believed that the nursing profession, especially in the current health climate, needed mentoring relationships. They viewed health care as a complex system to navigate, and a world that was often unpredictable and unknown. They acknowledged that within that environment, mentorship and professional collegiality were highly important for nursing. Those beliefs are signified by Marion’s comments below.

Marion: In this challenging, dynamic time I think that mentorship has never been so important. I think in the days I reflected back on in my early nursing, it was very much a known world and the path was set and things didn’t change much. I think particularly now in the current environment... I am talking about health generally, I think that mentorship and collegiality generally is probably more important.... I think that mentorship is much more important than anything.

This second sub theme, ‘focus of mentorship – leadership development’, emphasises a synergy between development and future. It demonstrates how the intent of mentoring relationships to transform and progress individual potential, can be specifically channelled toward nurturing and promoting nurse leadership development, in turn protecting the nursing profession. Beyond the immediate impact of individual career progression, mentorship for leadership can more broadly add value to the nursing profession by ensuring there will be nurses with the capacity to support and guide the nursing profession in the years ahead.

CONCLUSION

This chapter illuminates connection as central to constructing meaning about the experience of mentorship for leadership. Synthesis of that meaning is provided through four major themes, four consistent and integrated structures of the
experience of mentorship for which connection is integral. Connection was experienced as an initial bond, an ongoing association and consolidation over time.

The first theme ‘Esteemed Connection’ reveals that mentorship for nurse leadership commences with an integral link between two people who consider each other with positive regard and experience a sense of being attuned. Upon that personal nexus a unique mentoring relationship is built that observes a professional mode of being and honours personal characteristics central to mutual respect.

The second theme ‘Noticing the Connection’, illuminates mentorship for nurse leadership as an experience that can at least be sensed, at most, consciously recognised. Because the mentoring connection is significant and dominant it can be discerned from other types of personal connection at a most fundamental, at times unconscious, human level. Although mentorship can occur in the absence of intentional awareness and some mentoring relationships lack form or shared language, the unique mentoring connection will generally be sensed, either in the present or retrospectively, as something ‘different’ or ‘special’.

The third theme ‘Evolution of the Connection’ reveals a lifelong mentoring journey that reaches a final destination with the becoming of a nurse leader mentor. The mentoring journey consists of bonds with a range of mentors and links to varied mentorship. These connections are enduring and influential and lead to an intuitive personal sense of mentorship.

The fourth theme ‘Progressive Connection’ shows the bond between mentorship and what lays ahead, the unseen but anticipated future. Mentoring relationships have the intent of connecting individuals with their personal potential in order to support them to develop and move forward. At the same time, mentorship has a focus on connecting the nursing profession with its own future by growing nurse leaders with the capacity to look beyond the present. The next chapter demonstrates my further interpretation of the themes to provide a structure for understanding mentorship for nurse leadership.
CHAPTER 6

UNDERSTANDING MENTORSHIP FOR
NURSE LEADERSHIP
INTRODUCTION

In this chapter further examination of the thematic interpretations of the essential aspects of the nurse leaders’ mentoring experiences is shown. I have considered how the multiple personal and shared connections exposed by mentorship for leadership are understood in the philosophical framework provided by hermeneutic phenomenology. The meanings that have emerged from my interpretation of the mentoring relationships that were described by participants in this study show that mentorship for leadership is a way of being in the world.

My interpretation has evolved through a circular process of testing and questioning each theme against the meanings already revealed and integrating the influences of Heidegger’s and Gadamer’s philosophical tenets. Three motifs are used to illuminate my interpretation: journey, imagination, and mode of being. For each motif I have provided the contextual background, and meaning and interpretation of the related language, as starting points for considering tradition and pre-judgments. I have revealed philosophical considerations of each motif to challenge my own horizon of understanding and to broaden the meanings revealed by the study. Each motif is positioned in light of the literature to reveal whether the meanings are changed or understood in a different way.

Mentorship for leadership is illuminated as a journey, facilitated by imagination and sustained by a particular mode of being. These motifs overlap and overlay. As they are inextricably linked, they are presented in no specific hierarchal order, rather, their order reflects the way in which they unfolded. Imagination was the catalyst to the mentoring relationship. The mentor recognised potential in the mentee, identified a possible future for the mentee and challenged them to share a vision. In turn, mentees accepted their mentors’ imaginings as contextually significant and possible. However, the mentors were only able to engage their imagination in this way and mentor others, because they had travelled a necessary road to get there. Their life journey, incorporating experiences of being mentees and being leaders, various relationships and developed understandings, were all significant aspects of a mentoring journey that helped them grow into and learn to be a mentor.

Underpinning all this was the mentors’ mode of being; a life attitude that determined
they were at once, and always had been, a mentor. Being a mentor was their personal and shared way of being human and living in the world.

The incorporated meaning of being a mentor and leader is emphasised in this chapter. Being a mentor was an important component of being a nurse leader, whilst being a nurse leader facilitated mentorship. Each way of being in the world shared characteristics of the other – to be a mentor meant having a leader characteristic and to be nurse leader meant possessing an attitude of mentorship. Throughout the chapter the participants are referred to as leader-mentors. This has been done in an attempt to emphasise the integrated nature of these aspects of their person, to avoid differentiating one characteristic as more important than another, and to highlight that whilst they are integrated, their meaning is not interchangeable.

IMAGINATION

Mentors often see the future that is hidden in another’s personality and abilities. This kind of seeing is not a logical progression….
Rather, the seeing is visionary – it places the individual’s life in a larger context” (Klein & Dickenson-Hazard, 2000, p. 21)

Background to Imagination

Leadership literature has long identified that having a personal vision or dream; being visionary, and infusing others with vision, is implicit to effective leadership (Aroian, 2005; Bennis & Nanus, 1985; Grossman & Valiga, 2005; Henry, 2005; Newell & Munro Turner, 2008; Kouzes & Posner, 1995; Senge, 1990). Even Wieck, Prydun and Walsh’s (2002) study of what the emerging nurse workforce wants in its leaders, found that the twenty Something generation believed vision was a valued and positive trait although it was thought to be the least important of all traits. Mentoring literature also identifies the need for mentors to be envisioners with the capacity to share their dreams and visions with mentees who also hold a personal vision (Darling, 1984; Darwin, 2004; Smith, McAllister & Snape Crawford, 2001).
The term ‘imagination,’ is not commonly used in discussions of leadership and mentorship although it is conceptually compatible albeit not identical, with the notion of vision. For example vision can be viewed as the product of imagination and imagination has been referred to as ‘inner vision’ (Sasson, 2009). The concept of imagination was revealed as being embedded within the mentoring experiences brought to light by this study. Imagination was a trigger point for commencing a mentoring relationship, a key characteristic of the mentor and central to the mentee being engaged by the mentor.

Meaning and Differentiation of Imagination and Related Terms

In an effort to begin to situate the concept of imagination within the phenomenon of mentorship for nurse leadership, the origins and definitions of imagination and the more commonly used related terms of vision and dream, are addressed here. Looking at the meanings and subtle differentiation of these terms assists in developing an understanding of how the relationship of imagination and mentorship is possible.

Use of the term ‘dream’ to denote an ideal or aspiration first occurred around 1931 (Harper, 2001). Today, dream is accepted as both a hope and aim that gives one inspiration and, something imagined in a vision (MacquarieNet, 2002). Apart from meaning sense of sight, the term ‘vision’, derived from Anglo-Fr. visioun. c.1290, originally meant ‘something seen in the imagination or in the supernatural,’ and from 1926 had the meaning ‘statesman-like foresight, political sagacity’ (Harper, 2001). Contemporary meanings of vision describe ‘the act or power of perceiving what is not actually present to the eye, either by imagination or intelligence’ (MacquarieNet, 2002). To have vision (n) is both historically and more recently associated with possessing great perception or wisdom (Grossman & Valiga, 2005; The American Heritage Dictionary, 2006). However from the 1600’s, to be a visionary (adj) was to ‘indulge in impractical fantasies’ (Harper, 2001) and more recently has meant ‘to be given to or characterised by radical, often unpractical ideas, views, or schemes’ (MacquarieNet, 2002). Conversely leadership and mentoring literature puts forward more desirable definitions of the ‘visionary’ as someone who is strategic, insightful,

Imagination is a key concept often missing from discussions of vision despite the former term being in use for almost as long as the latter. Imagination, first recorded as a ‘faculty of the mind which forms and manipulates images’ from c.1380 (Harper, 2001), is the powerful faculty that allows us to perceive visions. Consider that if vision is the destination, imagination could be regarded as the road map to get us there. Webster’s Revised Unabridged Dictionary (1913) defined imagination as ‘the power to recombine the materials furnished by experience or memory, for the accomplishment of an elevated purpose; the power of conceiving and expressing the ideal.’ Further, Webster’s cited the science philosopher Francis Bacon’s [1561-1626] description; ‘Imagination is of three kinds: joined with belief of that which is to come; joined with memory of that which is past; and of things present, or as if they were present’. These definitions contend that imagination allows us to modify or deconstruct our thoughts and perceptions and reunites them into new forms [visions], moving beyond mere flights-of-fancy or fantasies, to more closely connect with reason.

**Philosophical Considerations of Imagination**

In his discussion of derivative forms of phenomenological intentionality, Sokolowski (2000) explores and differentiates remembering, imagination, and projection into the future. The author contends that remembering, or memory, comes with belief ‘of how it was,’ perceptions come with belief ‘of how it is,’ while imagination or displacement of self into an imaginary world, is pervaded by suspension of belief, adopting an ‘as-if’ mode; the real world remains the believed-in, default context within which imagination occurs. However, Sokolowski (2000) highlights another form of imagination, an anticipatory form that “brings us back to earth … from the flights of pure fantasy” (p. 72). The author explains that the kind of imagination we engage in when planning something or when imagining some future condition that may be brought about through our choices, must get realistic and move back into the mode of belief. Suppose an individual wants to change jobs. They will look at several different jobs, narrow down possibilities and deliberate about which position
to pursue. That deliberation involves imagining being in the new job, working with different people, organising their new office, and the like. Those imaginative projections determine the individual possess a mode of belief; a sense of reality in what they have imagined.

Similar to Sokolowski’s ‘real-imaginings,’ Heidegger recognised the concept of possibility in light of concrete activity and not abstract thoughts. Guignon (2006) outlines what Heidegger meant by this, with the example of being a student. Possibilities are not the abstract thoughts a student might have about what it would be like to be a physicist or philosopher. Rather, possibilities are recognised in the real activity of doing physics or philosophy and are what limit the range of what makes sense to do or attempt in those activities. Therefore, what is sensible to do in a particular situation is already laid out in advance in genuine understanding of the concrete possibilities; possibilities are not merely subjective, inner phenomena, but are always tied to worldly situations. Guignon (2006) explains that Heidegger distanced himself from the traditional idea that possibilities are thought of as spontaneously free or indifferent choices.

For Heidegger, the function of understanding is projection of possibilities. Projection, or throwing before ourselves our individual possible ways of being in this world, is an essential characteristic of what we are (Gelven, 1989). Heidegger’s view, described by Gelven (1989), is that one first relates to the world in terms of seeing the world as something to use; and for the world to be of such service to me, it must present itself to me for the sake of what I am about to do. The world is significant as it presents itself to me not as simple actual things, but as possible ways of service. The world presents not so much actualities, as possibilities. Heidegger insisted that purely cognitive functions of understanding are generated from existential awareness of possibilities (Gelven, 1989).

Sarbin (1998) claims that imaginings are storied constructions and imagining may be construed as a form of hypothetical or ‘as if’ behaviour. Similar to Sokolowski (2000), Sarbin (1998) argues that the contents of imagining and the contents of believings are closely aligned. The author proposes that all that differentiates the two phenomena is “the value the imaginer places on particular imaginings” (Sarbin,
1998, p. 29). Therefore assigning a high value which leads to organismic involvement in a particular narrative authenticates the ‘as if,’ rendering the hypothetical as something real.

Blackburn (1996), referring to Samuel Coleridge [1772-1834] who distinguished a disciplined and creative use of imagination from idle fancy, highlights that imagination is involved in “flexible rehearsal of different approaches to a problem, and is wrongly thought of as opposed to reason” (p. 187). Arnason (1994) agrees that rather being incommensurable; the concepts of reason and imagination are complementary. German philosopher Immanuel Kant’s [1724-1804] (1978, cited in Arnason, 1994) description of imagination as an intermediary role between intellect and intuition, and French philosopher Paul Ricoeur’s (1978) belief that reproductive imagination serves as an instrument of the critique of reality, support the notion that imagination and reason are closely related. Heidegger’s concept of imagination, as described by Elliott (2005), indicates the authority and truth of imagination;

“If the imagination in Heidegger stands for the power that places human existence in a position to reveal the hidden underlying possibilities within its own history, then clearly this power has the sense of grounding both individual and collective authenticity, both destiny and fate” (Elliott, 2005, p. 145).

**Imagination in Literature on Mentorship**

Nurse mentoring literature is replete with descriptions of desirable mentor and mentee characteristics (see for example, Clutterbuck, 2004ab; Darwin, 2004; Grossman, 2007a). Whilst some authors acknowledge mentor recognition of mentee potential as a favourable aspect of mentoring (Grossman & Valiga, 2005; Klein & Dickenson-Hazard, 2000; Vance & Olsen, 1998), possessing an imagination is not explicitly given. Despite the absence of frank references to imagination there are multiple mentions about creating and communicating a vision, especially on the part of the mentor. Both the nursing and non-nursing literature variously describe mentors as visionary-idealists, inspirational visionaries, and envisioners who maintain personal visions or dreams, and content that mentors have the responsibility of
sharing those visions and dreams in a meaningful way with their mentees, and encouraging mentees to create their own dreams (Beckmann Murray, 2002; Darling, 1984; Darwin, 2004; Hannemann, 1998; Levinson et al., 1978; Phillips-Jones, 2001; Smith, McAllister & Snype Crawford, 2001; Vance & Olsen, 1998).

Nurse leadership literature that identifies vision as a key concept refers to a fundamental quality of nurse leaders being to possess “a professional and purposeful vision that provides direction toward the preferred future” (Searle Leach, 2008, p. 15). The nurse leader is seen to look forward and engage in futuristic thinking, be committed to a vision; imagining all that can be (Huber, 2006; Parse, 1997; Pesut, 2000). Interestingly, there is little discussion in the mentorship or leadership literature about the exact nature or content of nurse mentors’ far-sighted thinking except to consider that the focus of mentor visions and dreams moves beyond that of self, to encompass both the broader professional world and mentees’ accomplishments (Darling, 1984; Hannemann, 1998). Porter-O’Grady (2003a) acknowledges that by operating with a sense of vision, nurse leaders within fast-paced health services are better equipped to deal with people within the vortex and complexity of change movement. In the main, the concepts of vision and recognition of potential, lack clarity and definition, and are not readily linked in the mentorship literature. Levinson and colleagues’ (1978) pioneering examination of the stages of male adult development and the later study of women’s development (Levinson & Levinson, 1996) are exceptions [although, not nursing focused] and may be contrasted with what has been revealed about imagination, possibility and the mentoring relationship in the study considered here.

In the groundbreaking study of male adult development by Levinson et al. (1978) the mentoring relationship was described as one of the most important a young man can have, and forming a Dream was significantly revealed as a powerful and pervasive factor of early adulthood. The study identified that young men have a Dream of the kind of life they want to lead; a Dream that moves beyond a casual day-dream, is more formed than pure fantasy, yet less articulated than a fully thought-out plan. The young man is assisted by his mentor to develop and make the Dream a reality (Levinson et al., 1978). This understanding of Dream could be considered a symbol of projection, whereby the mentee imagines a range of futures
for him-self, considers an array of possibilities toward which he must strive without fully knowing his own potential and whether he will actually reach his desired destination.

The notion of the Dream was discussed again in Levinson and Levinson’s (1996) follow-up study on the life course and development of women, where it was described as “a vague sense of self-in-world, an imagined possibility of one’s adult life that generates excitement and vitality” (p. 238). The authors identified that crystallising a Dream and forming a life structure around it, was a major task of early adult transition, which may be formidable for a young woman. At its most simple, a young woman’s Dream evolves and is articulated into consciously planned goals that when achieved, realise the dream. Alternatively a young woman may have an inchoate dream, be unable for various reasons to give it conscious meaning, or translate it into tangible goals, because she has never actually asked what she really wants for her-self (Levinson & Levinson, 1996). The study revealed that for a young woman to fully realise her Dream, her mentor needed to possess an intuitive sense of the young woman’s Dream however articulated or tentative it might be, and give his or her blessing to the young woman’s highest aspirations (Levinson & Levinson, 1996).

The Levinson et al. (1978) and Levinson and Levinson (1996) studies found the mentor role to be critically entwined with the Dream and proposed that a “full, complex, mentorial relationship supports the evolution of the Dream” (Levinson & Levinson, 1996, p. 239). In both studies, the authors highlighted the mentor’s most crucial function was to nourish, support and facilitate realisation of the Dream. The mentor shares the mentee’s dream and gives it his or her blessing, helps the mentee to define his or her newly emerging adult self and creates a space in which the mentee can work on a satisfactory life structure that contains the Dream, thus fostering the mentee’s development (Levinson et al., 1978; Levinson & Levinson, 1996). These studies show that it is likely that for the mentor to actively facilitate the mentee’s acquisition of the Dream they too must be able to imagine the mentee having the capacity to fulfil their Dream; the mentor must believe in the potential of the mentee to live their Dream in the future.
Imagination as a key component of mentorship for leadership is reflected in aspects of Parse’s (2008) theoretical mentoring model based on the human becoming school of thought. Carroll (2004) identifies that human becoming theory invites nurses to imagine the nurses they want to be and mentors help nurses move in that direction. Parse (2002) refers to the participants of mentoring relationships as co-creating meaning through pondering and shaping possibilities against the ambiguity of the unknown. The engagement between mentee and mentor in mentoring moments is unpredictable and ever changing as new insights, experiences and understandings arise. The essence of this is “venturing with the new”; risking the sureness of that which is familiar and connecting with the unsureness of the not-yet-explicitly-known (Parse, 2008, p. 197). For Parse (2008) discerning insights allow for this shape shifting of new possibilities. This resonates with the mentoring relationships revealed in this study whereby mentors’ wisdom and imagination was used to transform mentees, moving them from the security of the known toward the challenge of realising their potential.

**Imagination in this Study**

In this study, the concept of imagination was seen as a characteristic of leader-mentors and mentees. Imagination was especially revealed in leader-mentors’ ability to recognise potential, anticipate mentees’ futures, and authoritatively guide mentees toward a personal unknown. Mentees’ link with imagination although more moderate, was no less significant, and was particularly associated with aspiration.

Mentees’ potential was noticed by leader-mentors, who recognised opportunity for progression and transformation of human possibility into something definite. To do so they conceived the mentee in another guise; they imagined all the mentee could be and achieve, they imaginatively rehearsed the mentee as leader. Leader-mentors’ deliberation about mentees’ prospects was enabled through imaginatively projecting their mentees into a range of possible futures, a subconscious hypothetical storytelling if you like, that in turn, facilitated mentors’ particular motivations or choices (Sarbin, 1998; Sokolowski, 2000). This fits well with Ricoeur’s (1994, p. 123) description of imagination as “a free play of possibilities in a state of uninvolvement with respect to the real world of perception and action”. In this state
of uninvolvement, leader-mentors were able to try out new ideas and new ways for the mentee to be in the world (Ricoeur, 1994).

The leader-mentors’ own leader journeys, their personal reflections and sense of real world happenings, may well have given form to the imaginative rehearsal they afforded their mentees’ professional development and likely influenced the ‘value’ they placed on certain decisions regarding their mentees. Sokolowski (2000) recognises that an object in imagination may well be taken from real perceptions or memories and projected into situations that have not yet occurred. Ricoeur (1994, p129) identifies that “we are affected by the effects of history…to the extent that we are able to increase our capacity to be affected in this way”. It is clear that this study revealed mentors who had the competence to draw on their own histories to assume an empathic stance. Mentors engaged in what Ricoeur (1994) refers to as, an imagining of what I would think and experience if I was in your place.

The imaginings experienced by leader-mentors were recognised as authentic and probable because they moved beyond the productive imagination and the ‘fiction created by mere mental pictures of non-existent things’ (Arnason, 1994 citing Ricoeur, 1978). Leader-mentors utilised their reproductive imagination. They assumed a critical consciousness of the space between imaginary and actual, and analysed the possibilities of the real world for the mentee. Leader-mentors then acted on what was historically given to them and their believed-in imagining. They invested considerable time, resources, and support in helping the mentee progress, to some extent they even risked their professional reputation in the process. Thus, leader-mentors’ sense of truth in their imaginings enabled them to engage in a self-assured mentorship, an attitude likely viewed in part by mentees, as the mentors’ wise and intuitive stance.

Mentees were implicitly challenged by their leader-mentors to imagine something different or better for them-selves. When leader-mentors acted on their beliefs about what mentees could be and achieve, by supporting, nurturing and guiding them, they facilitated the mentee’s anticipation of a yet unseen, but possible future. Porter-O’Grady (2003b) highlights that in recognising potential in others; leaders push them toward the abyss and challenge them to build something of substance. In living their
belief in the potential of others, “the leader provides constancy, presence, support, insight, and resources,” they do not provide certainty (Porter-O’Grady, 2003b, p. 177). This study shows that the participants as mentees were highly responsive to the influence of their encouraging mentors; they did aspire to be something more than they were, they too believed in the possibilities offered by imagination. In the realms of the imaginary, mentees tried out their capacity to do something, to enact what their mentors saw, to take the “measure of I can” (Ricoeur, 1994, p. 126). Rather than relying on their mentors’ imaginings, they became agents of their own action, ascribing their own capacity to self, and projecting themselves into the future perfect (Ricoeur, 1994; Sokolowski, 2000).

The participants as mentees were able to accept their mentors’ imaginings for them because the possibilities those imaginings presented were contextually significant. As recognised by Heidegger (Guignon, 2006), they were possible in the current world and they mattered to mentees. Possibilities for leadership were meaningful and genuine because they were mentees’ own possibilities, sat well with mentees’ aspirations in their world and resonated with a history of engaging in real activities associated with leadership. In keeping with Heidegger’s concept, possibilities became available to the mentee through the inquiring mentee’s existence. This concept, described by Gelven (1989), acknowledges that possibility is not something experienced, because we can only experience actualities, nor is it purely thought, for possibility is not the result of thinking since thinking itself presupposes it. Rather “to be able to think of what can be one must be able to be, as such” (Gelven, 1989, p. 90). The mentee can ‘think’ of possibilities because they ‘have’ possibilities, and find them-selves to be a nest of what is possible (Gelven, 1989).

Finally, the participants as mentees’ willingness to accept the imaginings and beliefs held by their mentors, of mentees’ possibility to be something more, resonates with Gadamer’s concept of ‘Bildung’. Bildung, associated with the idea of culture, designates the human inner process of formation and cultivation of one’s capacities and or talents (Gadamer, 2004); the realisation of human potential, if you like. The general characteristic of ‘Bildung’ is to keep one-self open to what is other, to more universal points of view, and to embrace a sense of proportion and distance (Gadamer, 2004). This detaching of oneself from oneself, and from one’s private
purposes, allows us to look at ourselves and our capacities in the way others see them and us. In this study the participants as mentees, were able in their detachment, to keep themselves open to the possible view points of others, that is, to develop a sense or consciousness or what was open to them.

Summary

The mentorship study presented here, whilst reflecting what has been discussed in the literature, also reveals a deep connection between the mentor’s understanding about the future of the nursing profession, their belief in the mentee, and a personal accountability to act on both. Leader-mentors were revealed as inspirational leaders in part because they believed in the possibilities of the nursing profession, they possessed a strong sense of its ‘ideal,’ they saw a future others could not, and decisively moved toward it. They behaved in a way that Zachary (2005) claims requires mastery because mentor leaders pushed themselves to think beyond the pragmatic and the everyday, to imagine the possible. Their ‘vision’ of what nursing could be like, was more than a mind-picture, rather it was a conviction that grew from reflections on the past, experiences of the present, and imaginative appraisal of the future. Thus, they appeared able to predict what had not yet been realised (Corning, 2002). They possessed a vision that was composed of foresight, insight, imagination, and judgement, that was developed using a well-informed mind prepared by lifetime learning and experience and attuned to emerging trends; they used creativity rooted in reality and possibility (Nanus, 1992).

Leader-mentors saw promise in their mentees and imagined them as proficient experts across a range of contexts. As described by Megginson and Clutterbuck (2005), mentors identified and nurtured potential of the whole person. They strongly believed in their mentees’ capacity to achieve their full potential; mentors “saw something special about them that may have been invisible to others” (Darwin, 2004, p. 37). Vance (2005) and Austin Thompson (2004) similarly describe effective leaders as believing in the potential growth of people and setting the foundation for helping people to realise their potential; leaders must facilitate a match between potential, talent, desire and opportunity. That mentor recognition of potential and associated belief in the mentee fuelled the mentoring relationships seen in this study.
Leader-mentors conveyed an enthusiastic commitment to developing and sharing their imaginings and to progress the mentee. They creatively and actively provided instrumental support; they sensitively guided and respectively nurtured the mentee, in an effort to instil in them the capacity to confidently imagine themselves in a different future. Mentors went out of their way to invest time, energy, and caring to assist mentees to clarify their own visions and goals and build skills to reach them. They did this in an effort to develop future leaders who would move the profession ahead (Grossman & Valiga, 2005; Phillips-Jones, 2001).

**JOURNEY**

*“Mentoring is bridging into the future – it is transformative, change oriented and dynamic” (Vance & Olsen, 1998, p. 107).*

**Background to Journey**

Eby, Rhodes and Allen (2007) identify mentorship as a ‘process’ defined by the types of support provided by mentor to mentee. The term process is often used in descriptions of mentorship and signifies that as mentorship occurs in a relationship, it is not a single event and follows some kind of course. Mentorship has been variously referred to as a supportive process, a process that involves change, a moment-to-moment process, and a dynamic and collaborative process (Brockbank & McGill, 2006; Grossman, 2007a; Parse, 2002; Parsloe & Wray, 2000). It has been emphasised that the concept of mentorship be viewed as a process, a developing process as opposed to a series of events or an outcome (Roberts, 2000; Milton, 2004).

Learning and development of the individual, or mentee, tend to be the focus of discussions on the purpose of mentoring relationships (Brockbank & McGill, 2006; Darwin, 2000; Zachary, 2005). These relationships are often described as developmental, empowering and nurturing alliances (Hay, 1995; Megginson & Clutterbuck, 2005; Vance & Olsen, 1998) with the developmental aspect directed at both personal and professional learning and advancement (Morton-Cooper & Palmer,
Mentorship augments transformation; development within the context of mentoring relationships denotes positive growth across a range of life domains, over time.

‘Journey’ emerged as a useful metaphor to illustrate the phenomenon of mentorship for nurse leadership because it is descriptive of this type of mentorship being an enduring, evolving process of human development that involves learning and change over time. Journey is a familiar metaphor often used as an everyday convention, because it fits with our implicit knowledge that life is a journey (Lakoff & Turner, 1989). As identified in Lakoff and Johnson’s classic text (1980), we commonly structure our perceptions and understanding of life and being in the world with various types of journey metaphors. The following examples adapted from the authors’ work demonstrate this: This relationship isn’t going anywhere, we’re at a crossroads, and we’ll have to go our separate ways. It has been a long bumpy road to get here, but this job is a dead-end street, I’ve gotten off the track. Importantly, learning, a major process of life, is also generally thought of as a journey. This is demonstrated by Lloyd Yero (2002) in her work on metaphors and teaching, where she describes knowledge as a landscape across which the learning journey travels.

Journey is a term used less frequently in the literature on mentorship than one might think although some authors have referred to a ‘mentoring journey’ that is purposeful, co-created, and requiring work (Lacey, 1999; Milton, 2004; Zachary, 2005). For this study, the metaphor of journey brought clarity and understanding to the participants’ mentoring experiences by positioning them as part of a unique transitional process. This resonated with the work of Clutterbuck and Lane (2004) who identified that the notion of transition, movement from one state of being to another, was inherent to mentorship.

Meaning and Differentiation of Journey and Related Terms

Greater exploration of the meanings of process, development, learning and journey enhances understanding of why the concept of journey has been revealed as crucial to this study. Although distinctly different terms, they infer expectation and movement forward and share the significance of temporality; they are ‘bounded in
time’ (The American Heritage Dictionary, 2006). Process (n.) from Latin processus in the 1300’s originally meant to ‘process, advance, and progress,’ and stemmed from procedere, ‘to go forward’. The modern sense ‘of continuous series of actions meant to accomplish some result’ is from 1627 (Harper, 2001) and remains in use today (MacquarieNet, 2002). Develop (v.) originating from French developper in 1656, meant to ‘unroll, unfold’, whilst use of the term development is from much later in 1756 (Harper, 2001). Although early use of the term develop is somewhat removed from its modern usage, to unfold or unfurl does suggest expansion or elaboration and is aligned with contemporary definitions that include ‘to bring out the capabilities or possibilities of; to bring to a more advanced or effective state’ (MacquarieNet, 2002). Development is defined as ‘evolution, growth, and expansion’ (MacquarieNet, 2002).

To merely describe mentorship as a developmental process, suggests little about how the process occurs, or the context of the development. To describe mentorship as a journey offers perspective and meaning, and invites a more personal understanding of the concept. Journey is described as travel to a place of some distance over an extended period (Dictionary.com, 2008). It is derived from the c.1225 Old French journée, to mean day’s work or travel (Harper, 2001). Aside from its specific relationship with travelling or expedition, journey is also associated with development, and is broadly defined as a ‘process of development: a gradual passing from one state to another regarded as more advanced’ (Encarta World English Dictionary, 2007). Journey is not only associated with progress, movement, time and effort; the notion of learning is also inherent to journey.

Learn, with a Proto-Indo-European base sense of ‘to follow or find the track,’ is derived from the c.1200 Old English leornian, meaning, ‘to get knowledge, be cultivated’ (Harper, 2001). A contemporary meaning of learn (v), is widely agreed to be ‘to acquire knowledge of a subject or skill through education or experience’ (Encarta World English Dictionary, 2007). The journey referred to in this study, symbolises a period of time during which there occurs ‘acquisition of knowledge by study, instruction, or experience’ (MacquarieNet, 2002), leading to an improved state of knowing, that results in a wiser way of being.
Philosophical Considerations of Journey/Time

Consideration of journey requires thoughtful reflection on its inextricable connection with time and temporal existence. The full experience of journey involves all its aspects: what has happened, what has led to this venture [past], what is happening, what experiences am I having now [present], and what might happen, where might this venture lead me [future]? Although journey evokes a future orientation, past, present, and future are all significant to how the journey unfolds and is lived.

Sokolowski (2000) acknowledges the temporality described by phenomenology as important to the establishment of personal identity, and maintains that the concept of temporality pervades all things discussed in phenomenology. Levels of temporal structure have been distinguished in phenomenology. World time, also called objective time, is that time which belongs to worldly processes or events. It is public and identifiable and can be measured using a clock. When we speak about seeing John the day after tomorrow or refer to a train ride that lasted two hours, we are arranging events in world time. “The time being measured is located in the world, in the common space we all inhabit” (Sokolowski, 2000, p. 130). Internal time or subjective time is not public; it belongs to the duration and sequence of mental acts or the events of conscious life. Intentional acts and experiences follow one another and certain prior experiences can be recalled using memory. Although each conscious event is experienced as following or preceding another, the sequence cannot be objectively timed with a clock. van Manen (1990) refers to subjective time as lived time, that which appears to speed up when we are enjoying ourselves or slows down when we are bored. Further, the temporal dimensions of past, present and future constitute the horizons of a person’s temporal landscape and shape our lived time. van Manen (1990) points out that whatever we encounter in our past leaves traces on our being, yet the past can also change under the influence of the present so that we may reinterpret who we once were or are now. We also live toward a future and have perspective on life to come.

Heidegger (1962) asserted that the understanding of Being [of Dasein] is temporal. For Heidegger time and temporality are distinct; time refers to the world and objects within the world whilst temporality refers to Dasein’s existence and Dasein creates
time or sees time. Time therefore, is grounded in temporality (Gelven, 1989). Guignon (1992) attributes Heidegger’s conception of existence as an ongoing happening, to another German philosopher, William Dilthey [1833-1911]. For Dilthey, human existence was a temporal unfolding characterised by continuity and connectedness. Current experiences make sense because of the way they are tied to what has already been lived or remembered or still lie in the future. These relationships with past and future make possible the continuity that constitutes a life course (Guignon, 1992).

According to Heidegger (1962), when we project ourselves into the world, into the future, we do so because of an existing understanding of the world and ourselves in it, determined by our past. Guignon (2006) explains that for Heidegger, we not only carry our past with us [as in memories], we also always already understand ourselves and our projects in terms of the past. At the same time, we are tied to the present because we are in a world that absorbs us and connects us to everyday happenings. Heidegger’s (1962) temporality means that we exist as three temporal dimensions simultaneously: being ahead of ourselves [projecting ourselves into the future], drawing on and taking with us, our past [ahead of ourselves], and being concerned with and immersed in the present [being at home with], constitute our being (Guignon, 2006). The ‘ekstases’ of temporality designated by Heidegger (1962) mean that we are not confined to or by time; we are extended outward in temporal dimensions and not contained in an immediate here-and-now.

Gelven (1989) explains that the future is the most important of the three ekstases of time and bears the locus of existence. Heidegger (1962) saw the priority of possibility and viewed the past as second most important and the present as the least significant of all. Heidegger (1962) understood the future as something meaningful and more than simply ‘tomorrow’ or ‘yet-to-come’ (Blattner, 2008). If the future were merely considered as some other time not-yet-now, it would be meaningless; “the future is not something that is simply a not yet now waiting for our arrival on the path of time, as if time were a street on which the objects of our future occurrence already lay in waiting” (Gelven, 1989, p. 179). Rather, the future is meaningful because we go toward it; we expect, anticipate and look forward to the future.
It is almost impossible to understand what we are without conceiving of ourselves as having already been; our promise of yesterday still has bearing on us today (Gelven, 1989). However, the past cannot be described as just no-longer or merely emerging out of yesterday, for it is significant in the present tense, the here-and-now. Both the past and future are significant and meaningful because they are essentially tied to human existing. Gelven (1989) explains that the future is meaningful in the sense of “I am as coming toward” and the past is meaningful in the sense of “I am as having been” (p. 181). Blattner (2008) describes Heidegger’s (1962) formulation of this as; “who I already am… is not the phases of my life that have gone by. Rather … who I have-been is who I find myself to be in so far as I press forward into my life” (p. 165).

Although it is the least significant of the ekstases, the present retains importance because it is related to a direct awareness of our actions. Heidegger (1962) perceives of the present, as the actual carrying out of an action rather than that in which something occurs. Therefore the present is actually making present. Whatever we are doing at any particular moment is what makes that present moment meaningful (Gelven, 1989). Dilthey also recognises the importance of each moment in a person’s life, believing that in each moment an action or outer event commits the person for the future, or a plan for the conduct of a person’s life is made and carried forward (Rickman, 1961).

**Journey/Time in Literature on Mentorship**

Time is considered an important component of mentorship and is conceptualised in much of the mentoring literature as predictable stages of the mentoring relationship, each with its own purpose. In this way, time represents the transitional aspects of the mentee’s journey and indicates how long the transition is likely to take. Commonly the transitional stages or phases of mentoring are associated with particular mentor and mentee functions or competencies, that align with the mentee’s learning and growth (for review see Kram, 1985; Clutterbuck, 2004ab; Lane, 2004a). Universal stages of the developmental mentoring process originally identified by Kram (1983) and often used in education contexts include an initiation phase lasting from 6 –12 months, a cultivation phase that endures for 2-5 years, a separation phase that may
last from 6 months to 2 years, and a final redefinition phase. Many other authors have variously described sequential phases or stages of the life cycle of a mentoring relationship in a range contexts, including nursing (for example, Bower 2000; Clutterbuck, 2004a; Phillips-Jones, 2001; Rolfe-Flett, 2002), all of which commonly identify a transitional process with recognisable start, middle and end (Morton-Cooper & Palmer, 2000).

The study presented here contrasts with the literature that identifies developmental mentoring relationships to map against the passage of time and chart distinct stages or changes in that relationship (Brockbank & McGill, 2006). This study revealed the mentoring journey [being a mentee and becoming a nurse leader-mentor] to be a continuous series of connected experiences and various influences between mentee and [multiple] mentors that seemingly endured from childhood or early adulthood through to older adulthood; fusing past, present and future. The mentee’s transformation to leader-mentor was one that could not easily be broken down into separate passages of time or periods of specific learning. As identified by Carroll (2004), “the growing of one’s self as a nurse cannot be summarised or collapsed into linear stages” (p. 320). The fluidity of the mentoring journey allowed for a continuous re-committing to the relationship over time. Importantly, the mentoring journey captured by this study acknowledged that the mentorship actions and behaviours extended toward and between children and young people were of enduring value. However the literature on stages/phases of mentoring is disposed toward ‘adult’ mentoring and is focused on an absolute, identified and time-limited relationship rather than discrete mentoring actions.

Viewing the mentoring relationships highlighted by this study through the lens of human becoming theory (Parse, 1998), further highlights the relevance of a journey metaphor and its inherent aspects of learning and temporality. At the same time, it underscores the incompatibility of these mentoring relationships with a mentoring stages/phases framework. Human becoming emphasises “honouring persons in their own creative process of unfolding as a nurse”, and rather than defining human engagements by prescribed stages and interventions, acknowledges that “people live their values in paradoxical patterns while moving with their hopes and dreams” (Carroll, 2004, p. 319). In a human becoming approach, people are considered to be
indivisible and ever-changing, therefore mentoring is a moment-to-moment process of being with and coming to know another, rather than focusing on a predetermined outcome (Carroll, 2004; Milton, 2004; Parse, 2008).

There is one point of compatibility between the mentoring journey revealed by this study and the stages/phases of the mentoring relationship acknowledged in the literature. The mentoring relationships inherent to the journey described here emphasise an esteemed connection; an initial distinctive coming-together of mentee and mentor that provided the foundation on which the mentoring relationship grew. The special connection which was integral to establishing the relationship may be compatible in part, with the initiation stage or selection process of mentorship identified in the literature (Bower, 2000; McCloughen, O’Brien & Jackson, 2009).

The overall duration of mentoring relationships is often referred to in the literature and is one aspect used to differentiate formal and informal mentoring relationships. Formal mentoring relationships are generally accelerated and thus of short duration, being between six months and two years (Morton-Cooper & Palmer, 2000). The reduced time assigned to these relationships is often indicative of organisational imperatives. Informal mentoring relationships have been cited as lasting between two and 15 years, with some flourishing for 30-40 years (See review by McCloughen, O’Brien & Jackson, 2006; Morton-Cooper & Palmer, 2000). Duration of the mentoring relationship was not raised as a particular point of concern or interest in this study. It did not impact in any conscious way, on the mentee’s transformation to leader-mentor.

Learning, as an aspect of mentoring relationships, has been extensively addressed in the literature over time and continues to be linked with the notion of mentee development and transformation (For examples see Allen & Eby, 2007; Clutterbuck & Lane, 2004). Mentorship has been referred to as a teaching-learning process and a developmental alliance (Darwin, 2000; Hay, 1995; Stewart & Krueger, 1996) whereby mentors assist mentees to make significant transitions in knowledge, work or thinking (Clutterbuck, 1998). Mentees are often referred to as being learners (Lacey, 1999; Megginson & Clutterbuck, 2005) whilst mentors are their teachers or guides (Bower, 2000; Levinson, 1978; Vance, 2005). Zachary (2005) acknowledges
learning as the fundamental process, purpose and product of mentorship, and highlights that mentoring relationship focus on expanding individual potential by enhancing development and performance success [through learning].

The learning component inherent to the mentoring journey presented in this study is closely linked with the mentee’s transformation to nurse leader-mentor. That transformation included learning that was not preordained or necessarily explicit, rather, “a moment-to-moment unfolding of scholarly togetherness-aloneness in the indivisible, unpredictable, ever-changing pattern of coming to know the new” (Parse, 2008, p. 195). Importantly the learning and transformation revealed in this study occurred across a life time. It should be noted that this ‘transformational learning’ differs from the ‘transformational or perspective adult learning theory’ constructed by Mezirow (1981) that has a focus on the learner’s outward journey and is aligned with instrumental learning (Boyd & Myers, 1988). However, it does share aspects of ‘transformative education’ put forward by Boyd and Myers (1988) that is differentiated from Mezirow’s work by being more focused on the learner’s inward journey and taking a life-span approach to understanding learning. The authors describe transformative education as comprising processes of differentiation in the first half of life that focus on being explorative, creative, and imaginative, and in the second half of life attend to helping adults develop integration and wholeness in their lives.

The transformational learning revealed in this study has similarities with the concept of ‘evolutionary mentoring’ proposed by Brockbank and McGill (2006). The authors identify that evolutionary mentoring is a person-centred process with the learning outcome of mentee transformation. Transformation as a learning outcome suggests that the individual is radically changed as a consequence of learning and development. “To achieve transformation it is necessary to reconsider existing views, challenge the status quo and question the taken-for-granteds in life/work environment.... [Individuals] identify the prevailing discourse and look beyond their power horizon” (Brockbank & McGill, 2006, p. 11). This transformational learning contrasts with the typically ‘functionalist mentoring’ of many formal mentoring programmes described in the literature where the mentor is expected to develop the mentee in accordance with organisational norms and achieve specific learning
outcomes (Blauvelt & Spath, 2008; Greene & Puetzer, 2002; McCloughen, O’Brien & Jackson, 2006; Myall, Levett-Jones & Lathlean, 2008).

**Journey / Time in this Study**

A close association between mentorship and the notion of a journey was revealed by this study and attention was drawn to temporality as being both an integral aspect and a way of more fully understanding that journey. This study showed that being a leader-mentor was achieved by much more than assuming a title. Indeed many of the nurse leaders in this study, whilst acknowledging they were mentors, did not refer to themselves in this way, nor use the term as a descriptor of who they were. Becoming a mentor was shown to be a continuous and evolving learning process that endured from childhood through to adulthood, and even then, was ongoing. Mentorship was possible because these individuals had grown into mentors as a result of their life experience. Their life journey, that involved the subtle shaping of beliefs, attitudes and perceptions, impressed on them a particular way of being and enabled them to become who they now were.

Heidegger’s (1962) ekstases of temporality are central to understanding how the life journey contributed to the development of the leader-mentors seen in this study. Leader-mentors retrospectively identified that their path to being mentors commenced in childhood well before they possessed a conscious understanding of mentorship. It began when they were exposed to certain people and experiences that influenced their way of thinking about themselves and the world around them. As they grew older and commenced their nursing careers, that journey continued. In effect, as they grew in age, they also grew into a clearer understanding of themselves and being a mentee and a mentor. However what they learned during that time was not separated from them by the passing of time; it was not left in the ‘past’ to be forgotten or only retrieved as memories. Their experience of being mentored ‘at another time’ became part of who they were, another thread woven into their human fabric. Simultaneously, the person they were was becoming the person they would be, and was pressed forward into the future. The future was perceived as significant. It was inextricably connected with them moving forward in their careers and therefore ‘being toward,’ (Heidegger, 1962) influenced their aspirations, hopes and
dreams and had an impact on how they were in the world. Being a mentee, being a mentor, being a nurse, were already integral aspects of their evolving self that they took forward with them into the future.

It was apparent that in the process of becoming a leader-mentor, achieving that objective held no more meaning than the course actually taken to get there. The nurse leaders in this study were unable to pinpoint the exact moment that they ‘became’ a mentor and they acknowledged that they were not taught how to be a mentor in any formal sense, therefore could not necessarily recognise this when it happened. Becoming a leader-mentor was a lifelong happening, not the result of any one particular event or period of instruction. If we consider that time is not conceived of as a series of isolated moments or ‘nows’, nor is the present experienced as a knife-edged instant (Gelven, 1989), we can understand that a definitive point of transformation for the leader-mentor did not exist. Similarly, when regarding Dilthey’s belief that life is bound together into a unified flow by development, formation and purposiveness (Guignon, 1992), we can comprehend of these leaders becoming mentors as a consequence of a maturing pattern of being in and responding to the world, in a particular way. Heidegger’s three dimensionality of human existence determines that any moment is a crossing point of past and future, that is, the present bears within it the past and future (Guignon, 2006). Perhaps then, the mentee and mentor had always and already been embodied in the same person.

The nurse leaders in this study did not ‘accidentally’ find themselves in the position of leader and mentor. Although they did not formally prepare to be a mentor, it was apparent to them when reflecting on their life journeys, that they always at some level of (sub) consciousness were orientated toward being a mentor. Once they were in recognised positions of leadership, they continued to actively contribute to the mentoring journey of others. They intentionally pushed forward to prepare the next generation of nurse leaders and secure the future of the nursing profession. That focus on safeguarding the nursing profession, provided purpose for their mentorship and enabled them to find the ‘meaning and significance’ in their endeavours [mentoring journey]. This meaning-making is further highlighted by Dilthey’s identification that the purpose we set for the future, conditions how we determine the meaning of the past (Rickman, 1961). Similarly, Guignon (1992, p. 133) has
acknowledged that we are able to make sense of events in a life, “by projecting some vision of the final outcome of that life – what Gadamer calls an ‘anticipation of completion’ – to serve as the basis for seeing events as part of a process with cumulativeness and direction in building toward the whole”. For Gadamer (2004) the anticipation of meaning or completeness that governs our understanding proceeds from tradition or examination of previous assumptions. But rather than tradition being a permanent precondition, we produce it ourselves “in as much as we understand [and] participate in the evolution of tradition, and hence further determine it ourselves” (p. 293).

**Summary**

The mentoring journey revealed by this study clearly illustrated a generative focus aligned with developing new leaders and mentors. That generative process extended over time and across generations, linking past and present with the future of nursing. Vance and Olsen (1998) highlight this when discussing the importance of mentoring in ‘growing’ nurse leaders to strengthen the profession, ensuring its quality and continuity through leadership. This concept is not new to nursing, where historically many nurse leaders have experienced gains from having mentors (Fields, 1991). The nursing literature continues to refer to the benefit of mentoring in relation to nurse leader development (Kim, Woith, Otten & McElmurray, 2006; Moran et al., 2002; Vance, 2005; Vance & Olsen, 1998). The literature also refers to the resonating phenomenon of mentees developing into mentors, and in so doing, ‘passing on the torch’ to others or ‘paying back’ the profession (Bower, 2000; Gilligan, 1993; Stewart & Krueger, 1996; Thomka, 2007). In this study the very process of nurse leader-mentors engaging others in mentoring relationships not only contributed to a new generation of nurse leaders but also saw those new leaders themselves becoming mentors. The participants in this study continued to be influenced by mentors well beyond the boundaries of a conscious mentoring relationship and often well after that particular relationship was ‘active.’ Parse (2008, p. 195-196) identifies mentoring moments as illimitable, referring to them “extend[ing] to infinity with the lingering presence of remembering-prospecting in regard to what happens in those moments for mentor and protégé.” For Parse (2008), long after mentoring passes; the people involved live co-created patterns.
MENTORSHIP AS A MODE OF BEING

“The whole of our being encompasses the emotional, spiritual, and social facets of our essence. In turn, our own beingness allows us to experience and respect the humanity of another” (Thorpe & Kalischuk, 2003, p. 5).

Background to Mode of being

In nursing and leadership literature, mentorship and leadership are sometimes identified as integrated phenomena. It is reported that successful leaders have had mentors and are mentors. Specifically, providing leadership is seen as a key aspect of being a mentor and mentorship is viewed as a primary component of nurse leadership (Bower, 2000, p 255; Grossman, 2007a; Hockenberry-Eaton & Kline, 1995; Huber, 2006; Milton, 2004; Vance, 2005).

Just as the need for education programmes for nurse leadership and development of leadership skills are acknowledged in the nursing literature (Bower, 2000; Feldman & Greenberg, 2005), adequate preparation for, or learning of the mentor role, is a common theme in the literature on mentorship. Along with the recent proliferation of formal nurse mentorship programmes comes the promotion of mentor-training and information systems (For examples of mentorship programmes that include a mentor training component see: Block, Claffey, Korow & McCaffrey, 2005; DeCicco, 2008; McCloughen & O’Brien, 2005; Mills, Lennon & Francis, 2006; Waters et al., 2003). Adequate training for mentors is said to ensure shared understanding of the concept of mentorship, its roles and expectations, clarify mentoring activities and strategies, and improve clinical assessment and feedback (Hurst & Koplin-Baucum, 2003; Hyatt, Brown & Lipp, 2008; Mills, Francis & Bonner, 2008; Rolfe-Flett, 2002; Snell, 1999). Collectively, the literature acknowledges that mentorship is a range of activities and behaviours, which can be learned.

Both within and outside nursing, the mentor role is further defined by the delineation of particular characteristics and behaviours (Darwin, 2004; Kram, 1985). Clutterbuck and Lane (2004) refer to these as competencies and capabilities, which should be understood and assumed in the making of a mentor. Whilst mentorship is not usually
referred to as a mode of being, there is an apparent understanding that to be a mentor requires enactment of particular specific and identifiable behaviours. Demonstration of those behaviours requires a person to have developed an understanding of what it means to be a mentor.

**Meaning of Mode of being**

The leader-mentors in this study experienced mentorship as more than an adjunct role or series of helper functions. Being a leader-mentor necessitated a particular mode of being. Mode, originates from Latin modus c. 1374, meaning ‘measure, rhythm, song, manner’ (Harper, 2001). More recently it has been defined as a ‘manner of acting or doing; a method; a way’. It is also ‘a manner of existence or action of anything; a form’ (University of Sydney, 2008). Being, originates from the Old English beon, beom, bion, ‘be, exist, come to be, become’ (Harper, 2001). It is defined in modern times as conscious existence, or, life (University of Sydney, 2008). So, for the leader-mentors highlighted here, mentoring others for leadership was a way of behaving in the world, a particular, yet normal, way of life.

**Philosophical Considerations of Being/Being-in-the-world**

Essentially the hermeneutics of Heidegger and Gadamer considers understanding as a ‘mode of being’ rather than a way of knowing (Annells, 1996). For Gadamer this mode is described as “being in-between”; between what is familiar and what is strange (Gadamer, 2004, p. 295). Davey (2006) summarises: “Hermeneutic understanding is ontologically generative: it brings a differential space into being” (p. 15). That generative in-between space, discloses the contrast between our perspective and that of the other and it opens a “space between unquestioned past understandings and future potentialities for understanding” (p. 16). For Gadamer, we reside somewhere in between our once and future selves; our locus of understanding involves being what we have understood and what we intuit we have yet to understand. Our self-awareness then, emerges from a world of exchange and interaction, involves being in between our past and our future, and being aware of what we understand ourselves to be and what others think us to be (Davey, 2006).
For Heidegger, ‘Being’, does not describe an entity; rather, it is a fundamental term for Heidegger’s ontological analytic (van Manen, 1990). Therefore to ask for the being of something is really to inquire into the meaning or character of that phenomenon. Blattner (2008) identifies that Heidegger’s phenomenological approach to the self focuses on a basic form of self-disclosure: I am what matters to me. Accordingly, I cannot separate myself from others around me, or the world in which I live. Being-in-the-world is the term Heidegger used to describe our basic state or constitution and for Heidegger, to reside or dwell in the world means we are fundamentally familiar with the world (Blattner, 2008). Heidegger (1962) described being-in-the-world as a unitary phenomenon.

To more fully understand Heidegger’s conception of being-in-the-world, several of its key aspects can be explored. For the world to be mine and to matter to me I need to be more than located within it, and I need to think of myself existing as being more than a simple equation of space and time. Blattner’s (2008) illustration of this point is summarised in the following way: My computer is located in my study, but the study does not matter to the computer. I am also in my study, included within the physical object and belonging to the set of things contained in my study. However, more important than this inclusion, is that “I experience the study as mine; it matters to me” (p. 42). ‘Mine’ as presented here, means something other than ownership, rather it describes my familiarity with the study. This sense of the familiar is an often-overlooked ubiquitous characteristic of experience that only becomes significant to us in its absence. Gelven (1989) describes Heidegger’s ontological sense of being-in, as the ability to have things that we relate to, care about and concern ourselves with. Therefore my human sense of belonging and home occurs because my surroundings are not just there, but, they affect me and I them (Gelven, 1989).

Heidegger conceived that being-in-the-world is our basic constitution; every expression of our experience is determinate forms of being-in-the-world. Among those definite ways of being-in, are the multitudes of ways we relate to objects around us (Blattner, 2008). Heidegger (1962) referred to our relation to the things in the world around us, as we are in that world, as concern. Blattner (2008) highlights that we do not stand in indifferent or inert relations to the objects and states of affairs
that surround us rather, we have concern for them. “They make a difference or matter to us…. Everything we do and are is suffused with this care” (Blattner, 2008, p. 44). Heidegger differentiated two types of determinacy - a scientific-descriptive attitude and an existential attitude. Blattner (2008) explains that the former attitude considers a person as simply a physical object and focuses on indifferent properties such as height and weight. It misses what makes that person’s life the life it is. In contrast, Blattner (2008) describes an existential attitude as focusing on a person’s ways of being-in-the-world, for example, being a tall person, being an overweight person, being a nurse.

For Heidegger, our primordial relationship with the world is to use it and therefore to engage with our environment, the immediate world in which we are absorbed, through practical, everyday dealings (Blattner 2008; Gelven, 1989). This attitude of seeing the world as something to use, as being available, is defined as being ready-at-hand (Heidegger, 1962). Brandom (1992) explains that to inhabit a world is to take each thing in that world as something. We find ourselves amidst an already existing world of equipment; objects or things experienced as something. The readiness-to-hand of a piece of equipment consists of it having certain significance in relation to its appropriateness or not, for various practical roles. Heidegger (1962) described the being of ready-to-hand as having the structure of assignment and the character of involvement. For example a wooden spoon is an entity that serves the function of mixing cake ingredients together, it is involved in the context of a kitchen. Heidegger broadened his conception of ready-to-hand entities beyond that of equipment to also include materials, signs, and paraphernalia in general, because as Blattner (2008) explains, for many of us, tools in a usual sense are not a dominant entity in our lives. Much of the paraphernalia involved in our human life, rather than being used for a specific purpose like a piece of equipment are distinguished by what we assign it to be through our practices. A piece of poetry for example, whilst not typically used for a specific purpose, is also not usually referred to merely by its physical properties. Rather, the poetry is characterised by how it is involved in my life and the role assigned to it by me, perhaps a motivating team slogan or an inspiring life metaphor.
Heidegger’s being-in-the-world is summarised in the following way: I experience my life as mine and therefore it matters to me who I am. Because I am immersed in the world in which I live, I also experience the world as mine. That world is more than a “universe of objects”. Although I am physically located in a system of things, my fundamental experiences disclose to me the locale in which I live. In order to experience a system of objects in which I am included, I must first experience a “disengagement from [my] immersed and absorbed living” and then engage with my proximate world (Blattner, 2008, p. 48). My engaged everyday dealings are practically intelligent and expose the readiness-to-hand of the equipment and paraphernalia of my life.

**Being in Literature on Mentorship**

The role of the mentor is commonly referred to in the literature and is generally used to determine the functions, competencies and attributes associated with being a mentor. Kram’s (1985) often-cited work on career and psychosocial functions has particularly contributed to this. Moseley and Davies (2007) assess mentors’ attitudes toward their ‘role’ and the easy or difficult aspects of the ‘role’, while Gray and Smith (2000) and Myall, Levett-Jones and Lathlean (2008) explore perceptions of the mentor ‘role’ from student nurse and mentors’ perspectives. The mentor is variously described as having the role of counsellor, teacher and sponsor, the attributes of being knowledgeable, experienced and powerful, and the functions of teaching, nurturing, guiding, and promoting learning potential (see literature review by Lane, 2004b; Morton-Cooper & Palmer, 2000). These actions and behaviours, whilst useful in identifying the purpose of a mentoring relationship and determining the effectiveness of a mentor, indicate a particular position taken, rather than describing a mode of being. Reference to the mentor role and distinguishing the specific tasks of that role suggests that being a mentor is a particular job with associated responsibilities and behaviours; disconnected embellishments that can be formally taught and learned.

The need for mentors to be adequately prepared prior to engaging in mentoring relationships is referred to in the literature. In particular, the literature addressing formal nursing mentorship identifies the need for mentors to engage in structured
preparation and education for the role. Mentors are encouraged to possess the ‘right qualifications and skills’, ‘meet strict criteria’ and be equipped with a ‘toolbox’ of strategies to use during the course of the mentoring relationship (for example; Fowler, 2008; Mills, Lennon & Francis, 2006; Woodrow, 1994). Given that formal nursing mentoring programmes are usually developed to meet particular predetermined outcomes, it is not surprising that different situations may require different mentor competencies and skills to underpin roles and activities (Lane, 2004b). For example, the mentor involved in staff retention programmes for new nurses may need to adopt the role of socialiser, teacher, clinical skill developer, and resource person (Butler & Felts, 2006; Funderburk, 2008; Greene & Puetzer, 2002). The mentor, who engages with nursing students, whilst also acting as socialiser and teacher, may need to adopt a position that incorporates advising, guiding, supervision, assessment, problem-solving and career planning (Elcigil & Sari, 2008; van Eps et al., 2006).

The need for adequate mentoring training is especially apparent in the nursing literature from the United Kingdom where formal mentoring relationships are a mandatory requirement for pre-qualifying nursing students (Myall, Levett-Jones & Lathlean, 2008). The Registered Nurse who has undertaken an approved mentorship preparation program and has met defined Nursing and Midwifery Council standards assumes the mentor role and supervises and assesses the nursing student prior to registration (Beecroft, Santner, Lacy, Kunzman & Dorey, 2006; Myall et al, 2008). Clearly, mentors in this context must have sufficient knowledge and skill to adequately assess whether a student is fit to practice and competent to register (Fowler, 2008; Hyatt, Brown & Lipp, 2008). It is clear from the literature on formal nursing mentoring models that development of situation-specific mentor skills and role delineation may be necessary to ensure that both the mentor and mentee fully understand the nature of the mentoring relationship and the outcomes of that relationship

In contrast to the literature addressing formal mentorship, the leader-mentors in this study did not assume a mentor role, did not formally prepare for particular mentor functions, and did not ordinarily engage in formalised mentoring relationships. Rather than confining mentoring relationships to specific work-life areas and
compartmentalising mentorship to particular activities, the nurse leaders lived being mentors. The experience of the leader-mentors described here may be more compatible with broader discussions of mentorship and the informal/classical mentoring literature where although the mentor role is still sometimes identified, prescribed preparation to be a mentor is not commonly acknowledged.

Morton-Cooper and Palmer (2000) identify that classical mentoring relationships develop spontaneously and are naturally determined by the individuals involved in them; they are fluid, flexible and dynamic. The authors’ caution that once ‘mentoring programmes’ are formally constructed, incorporate formally identified and set outcomes, monitoring elements, and training for mentors, the boundaries that separate mentorship from preceptorship become indistinct. Vance (1982) proposed that classical mentoring is identified in the character of the relationship and the function it serves and not in the identification of formal roles. Parse (2008) moves even further away from the notion of mentoring roles when describing the human-becoming model of mentorship which places emphasis on “incarnating meaning, unfolding pattern, and discerning insight, arising with impelling gentle urging, diligent loving presence, and affirming distinction” (p. 195). Rather than performing a role and completing identified tasks, the mentor and mentee live pattern preferences, and those preferences incarnate how the two work together with the meaning of their mentoring journey (Parse, 2008).

Vance and Olsen (1998) answered the question about how one becomes a mentor by explaining that attitude is the most important determinant; the right attitude will ensure that an individual is willing to serve as a mentor, will be on the lookout for promising persons who could benefit from their knowledge and influence, and then will actively reach out and initiate a mentoring relationship. This notion of developing a mentor attitude rather than a prescribed learning of roles or tasks resonates with the mentors in this study whose mode of being was enmeshed in an attitude of mentoring.

When humans are in tune with their life attitude and living their mode of being, they are, in a sense, being true to their self, and this true self cannot be learned in a classroom. The leader-mentors in this study were not enacting a role or assuming a
character; rather, they were truthfully being and in turn, were able to inspire mentees to find their true being. Klein and Dickenson-Hazard (2000) describe mentors as inviting others to engage truthfully in their life, to accept and express all they can be. Sinetar (1998) described ‘being’ as our most vital principle and essential life force and explained, “whatever becomes infused with the essence of being finds functional mastery expanding” (p. 14). In their overview of a collegial mentoring model for nurse educators, Thorpe and Kalischuk (2003) identify ‘promoting beingness’ as a key element of mentorship and acknowledge that realization of ‘beingness’ is essential if the authentic self is to meaningfully contribute to a mentoring relationship.

In this study, the participants’ mode of being integrated their experiences of being mentors and their experiences of being leaders. Although the participants objectively viewed mentors and leaders as discrete phenomena they personally demonstrated them as interconnected ways of being – they mentored others for leadership and were themselves, leaders. A leader-mentor connection is also referred to in the literature on nursing leadership (see McCloughen, O’Brien & Jackson, 2006) where mentors are frequently identified as also being leaders, who guide others toward leadership and in turn, establish new generations of mentors. Mentors engage with others “in the mysterious, paradoxical performing drama of leadership”, where the mentor uses rational-intuitive processes of knowing whilst making a difference in the lives of mentees (Milton, 2004, p. 118). Hockenberry-Eaton and Kline (1995) identify mentors as providing leadership while Henry and Gilkey (1999) identify mentorship as one of the highest forms of leadership. Vance (2005) describes the successful leader of today and the future as first and foremost a mentor, a developer and teacher of others. Bally (2007) identifies the responsibilities of mentorship as being consistent with leader behaviours; therefore the nursing profession must promote and sustain mentoring relationships.

The literature reveals mentors as being crucial to guiding others toward leadership. Mentorship encourages development of leadership skills broadly, but importantly supports preparation for leadership roles, it advances the mentee’s individual success and progresses the future of the nursing profession (Grossman, 2007a; Moran et al.,
Bower (2000) acknowledges that all successful leaders have had mentors and are mentors and that being influential and making a difference are often the result of learning leadership skills from others. Vance (2005) acknowledges that leaders grow leaders and mentoring relationships will develop future nurse leaders who will in turn leave their legacy to the nursing profession. Corning’s (2002) research identifies that nurse leaders need to engage aspiring leaders in regular mentorship that models leader competencies, as many leaders skills cannot be taught in the classroom. Mentor relationships are also accepted as an effective means of developing nurse leaders in specific contexts. For example, Washington, Erickson and Ditomassi (2004) acknowledge the importance of mentors in the life of minority nurses seeking leader career paths and identify that recognising potential within a context of difference, is an art of leadership. Kim et al. (2006) identify that mentors are instrumental in the development of nurse leaders for global nursing work.

Mode of Being in this Study

The nurse leaders in this study did not practice mentoring as a distinct and defined activity, nor was mentoring a list of tasks to be scheduled into a diary. Rather, to be a mentor, was a fully integrated characteristic of their person - an attitude or life position. Mentoring others for leadership permeated all of their behaviours, intentions and understandings. As part of the rhythm of their life, mentorship was a key aspect of their perceiving and being in the world. Although at times, their mentorship incorporated forethought and planning, it also included wise responses to serendipitous and unintentional opportunities. These responses were only able to occur as a result of the particular openness and availability that resulted from the leader-mentor’s mode of being.

As has been described previously, the nurse leaders in this study evolved into mentors during the course of their life journeys. Over time, the sustained mentoring influences of others, and the participants’ own subtle transformation from being mentees, ensured that they learned how to be mentors. That learning was embedded in their day-to-day life and impacted on how they developed as human beings. So, rather than receiving conscious, formal preparation and instruction for the role of
mentor as if it were a position disengaged from them with separate functions and responsibilities, they actually grew into being a mentor; their determinate form of being-in-the-world. This resonates with Gadamer’s (2004, p. 299) key concept that “understanding is, essentially, a historically effected event”. We are continuously connected with our past and traditions. Gadamer proposed that we live out [consciously and unconsciously] the traditions bequeathed to us by others. Even though we may act on our traditions in different ways, they are a source of who we are in the present and how we shape and live our lives into the future. For the leader-mentors in this study, the echoes of their history were “inadvertently and deliberately inviting [them] into past and new ways of being in the present” (Moules, 2002, p. 2). In essence, the leader-mentors’ understanding of who they were – their mode of being, was historically rooted.

Being a mentor was clearly important to the participants. It mattered to them and was integral to the way they were immersed and implicated in their world. Being a mentor was as natural an aspect of their identity as being for example, a nurse, a parent, a female or a male. The participants’ experience of being a nurse leader-mentor fits with Heidegger’s argument that our fundamental experience of the world is one of familiarity. We experience ourselves as “at home in a world we already understand”, and “our sense of identity, of who we are, cannot be disentangled from the world around us” (Blattner, 2008, p. 12).

Each nurse leader’s familiarity with being a mentor and their experience that being a mentor was an aspect of their identity was quite different to experiencing a more cognitive understanding of being a mentor. Such an understanding would have incorporated an intellectual and objective acceptance of a separate, discriminate entity, and would have required the language to frame that understanding. The very fact that being a mentor was not separate to who they were as a person, but was borne out of tradition and prejudice [their life journey] is likely to have contributed to some participants’ difficulty in recognising that what they did as a leader-mentor was particularly special or different. Furthermore, their reserve in some instances, to formally name their mentorship may also have resulted from the fact that their
framework for perception was based on tradition that had not been consciously challenged.

For the leader-mentors to have developed a richer horizon of understanding of their mode of being, and have the ability to articulate that, they would have needed to remember, acknowledge and question their historicality. Gadamer highlighted that “we are historical.... we are in tradition” (Moules, 2002, p. 2) and tradition means that we always function from a position of prejudice, and prejudice precedes thought (Jones, 2001). Prejudice provides a background of understanding while language is the intermediary between past experiences and current knowledge that helps us to understand aspects of human existence (Jones, 2001). In fact this was illustrated through the process of engaging the participants in conversations about their past and how they came to be mentors, and encouraging their recollection and reflection. For some, that process initiated a clearer understanding of their mode of being.

The participants objectively viewed mentorship and leadership as separate phenomena i.e. they believed that not every nurse leader can necessarily be a mentor and not every mentor can be a nurse leader. In contrast, the participants’ own life attitudes and ways of being in the world demonstrated that mentorship and leadership were indeed inextricably linked for each of them. Being a mentor and being a leader were fully integrated characteristics of their mode of being that determined they couldn’t be one without being the other. Importantly, being leader-mentors rather than merely leaders or merely mentors, provided a particular life attitude that influenced the way they viewed themselves, determined the contexts of their work and defined their relationships. Being nurse leaders determined that they held formal positions of leadership that in turn provided a ripe environment for them to actively mentor others for nurse leadership. The synergistic effect of leading and mentoring was to actively influence and broadly guide the nursing profession whilst also supporting the growth and development of particular individuals.

The nurse leader-mentors in this study consistently looked for ways to develop the leader potential of nurses and sought opportunities to support their mentees’ leader aspirations. Leader-mentors were able to recognise and draw out their mentees’ attributes and engage their mentees in a range of diffusive activities while making
resources available, giving strategic advice and providing instrumental support. They were able to do this in part, because they grasped the interactions and activities of their everyday working life as familiar, significant and purposeful.

The nurse leader-mentors revealed by this study were always “already keyed into the structure of significance of their world” and understood the roles that things played in their world (Blattner, 2008, p. 62). Therefore, they encountered the apparatus and relations of their work as offering possibilities for their mentees. The mentors’ greater awareness enabled them to more broadly define the functional role of that apparatus and those relationships in human life, their readiness-to-hand, in a different way to that of their mentees. Indeed it was mentors ability to grasp the significance of the structures that made up the varied contexts of their world that set them apart from mentees. Ultimately, the nurse leader-mentors mode of being - who they were as an agent, was determined by “the equipmental contexts and familiar forms of life that made up the worldly dwelling” in which they found themselves” (Guignon, 2006, p. 11).

**Summary**

The nurse leader-mentors in this study demonstrated a particular way of negotiating and interacting with their world. Their manner of living in the world was influenced by their deep sense of what it meant to be a mentor. Unlike much of the formal mentorship literature that cites a distinguishing mentor role that can be taught through instruction, these nurse leaders experienced being a mentor as an entrenched aspect of who they were as a human being. Their intrinsic understanding of, and fluency being a mentor, was conditioned by their historicality of being. In other words, their perceptions and understanding of the present arose from their prejudices and tradition [life journey]. So, although their mode of being was in many ways distinctive to others, to these leader-mentors the way in which they noticed, understood and interacted with their world, was natural and automatic.

Nurse leaders fully engaged with their world as leaders and mentors. Unlike many of their mentees, they possessed deep familiarity with or experience of the [nursing] world, which led them to care about that world and have a greater understanding of how to ‘use’ it effectively. Leader-mentors saw their world as available to and significant for mentees, and orientated their behaviours to take advantage of planned
and serendipitous opportunities to challenge and develop mentees. Just as the literature refers to the use of mentorship to develop nurse leaders, so too did the leader-mentors in this study engage mentees in mentoring relationships as a means to develop their leader potential. Embedded in the leader-mentors’ mode of being was an overarching concern for the nursing profession broadly, that was articulated through their sense of responsibility to grow nurse leaders and preserve the profession’s future.

**CONCLUSION**

This chapter illuminates the lived experience and understanding of mentorship by nurse leaders by revealing three existential motifs that describe a way of being in the world. Authentic use of their imagination ensured that the leader-mentors’ projected all the possibilities of being in the world and saw the world as being of service to mentees and the nursing profession. The unfolding life journey and unifying connectedness of each leader-mentor’s life, contributed to their experiences, developed their understanding, and formed their identity as a leader and mentor. The leader-mentors’ mode of being determined the rhythm of their lives, their particular life attitude and way of behaving. Being a mentor was a life position that permeated all intentions and understandings.

This study has shown that mentorship by nurse leaders was more than a regime of tasks or behaviours learned and enacted by a mentor. Being a nurse leader-mentor was defined by the entire story of their life; the sum of their experiences and understandings, which in turn contributed to their familiarity with the world. Rather than predictably developing a mentee toward an externally defined purpose, the focus of mentorship for nurse leader-mentors was to nurture the leadership potential of others, to lead them toward a possible if yet unseen, future. In turn, nurse leader-mentors ensured the future of the nursing profession by generating new leaders. In the following chapter, the meanings that arise from these interpretations are explored.
CHAPTER 7

MEANINGS OF MENTORSHIP FOR NURSE LEADERSHIP
INTRODUCTION

In this chapter I explore the understandings of mentoring relationships for nurse leadership in terms of what those understandings might mean for Australian nurse leaders, for Australian nurses aspiring to leader positions, and more broadly for contexts in which nurses’ work and the Australian nursing profession. The chapter also addresses the implications of the findings of study, discusses the value of the methodology to this study, identifies constraints associated with the meanings developed by this study, and suggests areas for further research.

THE MEANING OF MENTORSHIP FOR AUSTRALIAN NURSE LEADERSHIP

This study sought to describe how Australian nurse leaders’ experienced and understood mentorship for nurse leadership. The study offers descriptions and interpretations of the experiences that 13 Australian nurse leaders had of mentoring relationships. The nurse leaders’ experiential narratives detailed events and interactions, extended and ongoing relationships, cumulative effects, memories, impressions and beliefs, associated with mentorship. The interpretations of their shared narratives revealed four themes that illustrated their experience of mentorship for nurse leadership: Esteemed connection – creating a mentoring relationship; Noticing the connection – acknowledging the mentoring relationship; Evolution of the connection – developing an intuitive attitude of mentoring; and Progressive connection – looking forward with the mentoring relationship.

The study has shown that when creating a mentoring relationship for the purpose of nurse leadership development, each person within that relationship considers the other with positive regard, establishes respectful boundaries and honours key human characteristics. The mentoring relationship is a powerful connection with a depth that enables it to be implicitly experienced whilst at the same time remaining intact regardless of its structure. Nurse leaders grow into mentors; intuitively responding to the lifelong influence of and exposure to, mentorship from others. Ultimately nurse
leaders as mentors use mentorship as a means of developing, encouraging and supporting human potential in other aspiring or actual nurse leaders.

This study provides evidence that mentorship for nurse leadership is defined by a distinct kind of mentoring relationship with a unique form, intent, and outcome. In particular mentorship for nurse leadership is set apart by the characteristics of the mentor and mentee within that relationship. Mentorship for nurse leadership is illuminated as a journey, is facilitated by imagination and sustained by the mentor’s particular mode of being.

**Mentorship for Leadership**

This study revealed that mentorship can be and often is for the specific intention of developing nurse leaders, and often has successful outcomes. Just as the literature identifies that mentorship may be used to target specific areas of professional development, mentorship for leadership has as its central focus, the need to develop nurse leaders. Therefore this type of mentorship targets nurses with leader potential.

The nurse leader-mentors in this study engaged in mentorship for the singular purpose of growing nurse leaders. However, the intention and outcomes of that mentorship were far from narrow, because the impact and outcomes of leadership are wide ranging. Although the nurse leader-mentors did not mentor specifically for any of the following: recruitment and retention, ease of transition or orientation, facilitation of scholarship and publication, improved research activity, or any other countless possibilities for mentorship, they did achieve secondary gains in many of these areas.

These nurse leader-mentors bore out the influence of their own early mentoring relationships as mentees, when they did not constrain their mentorship activities to particular environments or contexts. This differs to many of the descriptions of formal mentorship referred to in the literature where there is often a defined context for the relationship and a focus on the mentor’s associated level and domain of expertise. In this study the leader-mentors looked for and took advantage of any opportunity to mentor, as it arose, with any nurse in whom they saw leader potential.
For this group of nurse leader-mentors, mentorship for leadership meant holding a vision of the nursing profession, seeing a future that others could not, and moving to make that future possible, by activating imagination, identifying possibilities for others and orientating forward.

All the nurse leader-mentors in this study acknowledged that mentorship extended to them as mentees had in some way contributed to their own leader development. Indeed many of them continued to be involved in mentoring relationships as mentees, despite now being recognised nurse leaders. Growing the next generation of nurse leaders through mentorship was seen to be a means of strengthening the nursing profession. Supporting and nurturing nurses with the potential and capacity to lead, to do so in an effective way, was acknowledged as a manner in which to safeguard the future of nursing. This finding resonates with the literature that identifies mentoring as integral to cultivating emerging nurse leaders.

An implication of the meaning and purpose of mentorship for leadership is that consideration should be given to developing environments that celebrate collegial systems, promote leadership, and are supportive of mentorship, rather than necessarily developing specific programmes of mentorship for leadership. Although mentorship for leadership has a clear purpose and intention, it is enacted across varied contexts in an informal way with few constraints. It expands the opportunity for mentorship and mentoring relationships to happen anywhere at any time. The informal framework of mentorship for leadership deliberately takes advantage of serendipity, proposes a balance of reactive and proactive support strategies and opportunities, and has no overtly recognisable system of identifying and connecting mentors and mentees. By focusing on creating work environments that foster a culture of colleague systems, leadership development and mentorship [for any purpose], nurses will be encouraged to identify their own and others’ potential and demonstrate a willingness to support or act on that potential in everyday situations.

**Being a Nurse Leader and Mentor**

For Australian nurse leaders, mentorship for leadership starts with the human being rather than the process. This study revealed that for this group of Australian nurse
leaders, mentorship was about being a particular kind of person rather than participating in a particular kind of process or formula. For this group, being a nurse leader also meant being a mentor, and being a mentor meant that they had also been a mentee. These aspects of being human were integrated features of their person that defined their life attitude and way of being in the world. For these nurse leaders, being a mentor felt like a perfectly natural thing to do, and although they identified it as being their ‘responsibility’, they approached it in a relaxed and informal way, without much forethought and never with fuss or fanfare. Indeed many of the participants had not consciously considered their own mentorship activity until it was brought to light by this study.

These nurse leaders were not taught mentorship; however they did learn to be mentors. The nurse leaders identified that they did not become mentors through formal preparation - instruction from a textbook or participation in a workshop, nor was mentoring a formally scheduled and distinct work activity. Rather, they grew into being mentors and leaders through their own experiences of being mentees. Leadership and mentorship were embedded in their lives; therefore their learning was subtle and enduring.

The finding that the nurse leaders in this study learned to be mentors has accord with the literature that identifies that the activities and behaviours of mentorship can be learned. However, unlike mentors in the majority of formal mentorship programmes cited in the literature, in this study, their learning was evolutionary – a progressive and life-long process, rather than a formalised and compartmentalised procedure. In fact some of the participants believed becoming a leader and mentor was more the result of serendipity that conscientious planning. These Australian nurse leaders unconsciously learned to be mentors through an enduring process of exposure to mentor modelling behaviour and the subtle shaping of beliefs, attitudes and perceptions by people they admired and respected. There was no singular defining moment where each participant identified themselves as a mentor or for that matter, a leader.

Being a mentee was integral to the development of the nurse leader-mentors in this study because that experience helped to shape the person they would grow into. This
finding of a generative impact of mentoring is also discussed in the literature. Being a mentee did not always occur as a conscious decision or with formal intention because much of the participants’ time as mentees occurred during childhood, young adulthood and during the early stages of their nursing careers before they understood what mentorship was. However they were able to recognise particular people as inspiring them, offering them guidance and instrumental support, and were able to recognise the value of that to their own personal and professional development. This generative impact of mentorship is most clearly illustrated by the participants in this study engaging others in mentoring relationships, with the intention of developing new nurse leaders, and in so doing, ‘paying back’ the profession and their own nursing mentors.

For these nurse leaders, being a mentor was not about possessing particular characteristics and fulfilling inevitable categories of activities, nor was it about assuming a mentor ‘role’ as dictated by work responsibilities. For these participants, being a mentor was an aspect of their identity that was integral to how they were involved in the world. Being a mentor was simply about being themselves. This finding is somewhat different from much of the formal mentoring literature that depicts the mentor role as a disengaged position with separate and predetermined functions and competencies. However, in the act of ‘being themselves’ these nurse leader-mentors did demonstrate many of the characteristics and skills identified of mentors and leaders described in the informal or classical mentoring literature. They demonstrated fundamental leadership skills of: challenging the process, inspiring a shared vision, enabling others to act, modelling the way and encouraging the heart (Kouzes & Posner, 1995) and similar mentor behaviours of modelling, guiding, nurturing, recognising and acting on potential and inspiring action (Vance & Olsen, 1998).

The meanings of being a mentor and leader have implications for the preparation of nurse leaders to be mentors. Rather than being a job description, leadership reflects the possession and use of particular skills and behaviours, and rather than being a learned set of tasks, being a leader-mentor grows from a personal characteristic or attitude developed from life experience. In the course of developing nurses to be mentors there is a need to shift focus from the process of mentorship, toward the
person and the relationship. Education and training for mentors, or for the ‘mentor role,’ should be framed by experiential rather than didactic learning. Nurses should be encouraged to consciously consider and reflect on their own exposure to and experiences of mentorship and leadership, across their life span and life domains. By recognising previous experiences of nurturance and guidance and instrumental supports received from others, nurses can begin to examine the experience of being a mentee and the impact that has had on their own development. At the same time they can begin to make sense of those relevant behaviours and attitudes that mentors should possess and acknowledge those mentor attributes and actions they already demonstrate or need to develop.

**The Mentoring Relationship**

The study highlighted that the mentoring relationship is central to mentorship for leadership because it is the place where mentorship is ignited, and is the vehicle through which mentorship endures. Significantly, the nurse leader-mentors in this study had, as both mentees and mentors, consciously and unconsciously engaged in mentoring relationships that had continued for varying time frames and had been enacted in diverse contexts. Of note, is that they did not constrain their mentoring relationships by specifics of gender, age, or level and area of expertise. In fact none of the participants identified gender as being of importance to mentorship for nurse leadership, and many of the participants had sought mentors from outside nursing during their professional careers. So rather than feeling restricted by their choice of mentor or mentee, they were enriched because of it. The points regarding mentoring relationships highlighted by this study diverge slightly from some of the literature on leadership and mentorship that cites particular gender advantages and disadvantages and the value of having a highly experienced, well-situated mentor. However, much of that literature is focused on formal relationships and the leader-mentors of this study had primarily engaged in informal mentorship.

Of significance here, is that the leader-mentors’ experiences of mentorship had always originated from the centrality of a human connection. As mentees, their relationships evolved from a sense of personal congruence or human compatibility with someone they admired and respected. As mentors, their relationships evolved
from recognising leader potential in another person and connecting with that person in such a way as to realise that potential. This finding resonates with the concept of informal or classical mentoring relationships where those relationships are chosen rather than compelled.

Whilst engaging in mentoring relationships, leader-mentors in this study did not recognise or adhere to specific strategies to seek out and identify leader potential in others, nor was any particular method employed by aspiring leader mentees to attract mentors to them. This study revealed that leader-mentors behaved in an intuitive and responsive way to the people they were exposed to, in turn identifying potential leader-mentees. In most instances aspiring-leader-mentees did not approach leader-mentors with the intention of being mentored for leadership, but were receptive to leader-mentors who showed interest in them, and took up the challenges offered to them.

Interestingly, despite the intensity and focus of these mentoring relationships they were notable as much for the components that were not present as those that were. These relationships did not rely on favouritism or privileging mentees to the disregard of others, nor were they exploitative of mentees in any way. Although mentees were encouraged to act on leader-mentors’ behalf, to step up to higher positions, and to co-produce work with mentors, the efforts of mentees were always for their own ultimate development and progress, were openly acknowledged and promoted, and publicly shared and celebrated. Despite their informality and apparent relaxed approach, mentoring relationships for leadership, arose from altruistic attitudes, promoted personal integrity, and maintained protective boundaries of behaviour.

The meaning of the mentoring relationship as presented here has particular implications for organisations that are creating formal mentorship [for leadership] programmes, or when individuals are seeking to establish formal mentoring relationships. The potential value and impact that the key components of informal mentorship may have on formal mentorship should be recognised. Specifically the antecedents of informal mentoring relationships should be endorsed and some consideration given to how they could be incorporated into formal mentoring
relationships. These antecedents are usually embedded in the attributes and behaviours of mentors and mentees and the way their relationships are commenced and maintained. Particular consideration should be given as to whether nurse leaders or mentors have previous experience as a mentee and have demonstrated understanding, abilities and artistry as mentors. At the same time, mentees should be able to demonstrate leader potential and aspiration, willingness to challenge themselves, and responsiveness to guidance and direction. Some deliberation should also occur about the non-threatening ways in which mentors and mentees can be formally brought together so as to increase the opportunity for meaningful personal connections to be made whilst reducing the opportunities for them to feel obliged or compelled to form mentoring relationships with each other. This would contribute to maintaining the integrity the relationship whilst also fulfilling its purpose.

Importantly, any mentoring relationship, whether it is formal or informal, should be based on human beings who have congruent beliefs and perspectives. A mutual affinity is necessary because the mentoring relationship is a co-created process in which each person reveals and commits aspects of themselves to the other. Alongside the issues already outlined, some other subtle points should be noted because they will further influence the development of mentoring connections. Firstly, in being mentors, nurses do not necessarily privately lead and guide the careers of others, rather, consciously or unconsciously they expose much of themselves. Their integrity and values, professional beliefs and views, are to some extent publicly shared and tested. Secondly, mentees consciously or unconsciously reveal their aspirations, vulnerabilities, challenges and frustrations to the mentor. In turn, they must trust in and rely on the attitude and behaviours of the mentor. So, although the mentor may be willing and able to lead, to do so, they must have a mentee who is willing and able to follow. Clearly then, even when establishing formal mentoring relationships, mentees and mentors should be afforded some choice in who they disclose to and in turn establish relationships with.
CONCLUSION

The Value of the Methodology to the Study

Hermeneutic phenomenology provided a framework to explore mentoring relationships for nurse leadership by encouraging nurse leader participants to reflect on and provide narrative accounts of their mentoring experiences. The philosophical framework fit well with this study because it focused on everyday experience and its contextual meanings while also valuing the personal understandings constructed by the participants. The framework also allowed me as inquirer to bring my own understandings and experiences of mentorship to the study. In turn I was able to use shared reflection with the participants to further develop and articulate meanings about mentoring for leadership emerging from a co-created text. Hermeneutic phenomenology provided the lens through which to see and understand the nature of being in the world by Australian nurse leader-mentors.

Constraints on Meanings

Understandings about mentorship for leadership that emerged from this study are developed from conversations I had with 13 Australian nurse leaders. The nurses were deliberately chosen by me because they were recognised as nurse leaders in Australia and had experience of mentoring relationships. My interest was in finding out how nurse leaders conceptualised mentorship and what their experience of mentorship-for-nurse leadership might have been. The understandings and meanings presented here evolved from the experiences of that small group of nurse leaders only.

The nurse leaders represented both genders, were living and working in three different Australian States, had expertise across a range of nursing specialities and contexts, and held a wide variety of positions however; they were not necessarily representative of all nurse leaders in Australia. For the most part, the nurse leaders in this study, although of varying ages, were of a generation who gained their initial nursing qualification prior to the tertiary university system of nurse education; therefore they were familiar with an apprentice-style of learning. They also gained their qualification prior to the term ‘mentorship’ being common to the nursing
lexicon. Although the nurse leaders in this study may be representative of a particular generation, I consider that they would not be so very different from other nurse leaders of similar ages from across Australia. However, their younger nurse leader counterparts may have different experiences of mentorship.

The nurse leaders in this study engaged in mentoring relationships for nurse leadership whilst embedded within the Australian culture. Many of their behaviours, perspectives, and beliefs were broadly representative of the collective Australian identity and psyche. Consideration should be given to particular nuances and characteristics of Australian culture that would have impacted on their way of being mentors and mentees. Some of the culturally-bound behaviours and perspectives shown by the nurse leader-mentors are highlighted here: These nurse leader-mentors downplayed their personal skills, attributes and achievements whilst at the same time noting and quietly celebrating those aspects in others. They were not particularly conscious of or interested in status. They were focused on what others could potentially and actually do and be, rather than being concerned about their position in society. The nurse leader-mentors were prepared to take risks and challenge themselves and others in an effort to grow and progress. In so doing, they were prepared for and accepting of themselves and others making mistakes. This was possible because they did not take themselves too seriously, were able to laugh at themselves, and did not spend energy on ‘saving face’ when mistakes were made. They established mentoring relationships that were informal and non-hierarchical, whilst at the same time having respectful, ethical boundaries. Their mentoring relationships were based on a sense of ‘caring-for’ the other and holding the other in high regard and incorporated aspects of mateship and friendliness. In summary, although characteristics and functions of mentorship and leadership revealed in this study will have some resonance internationally, the particular approaches taken by these leader-mentors, their prejudices and pre-understandings would have been influenced and informed by their historicality of being in Australia.

**Further Research**

This study has contributed to the growing interest in mentorship for nursing in Australia. In particular it has extended meanings around mentorship for the
development of nurse leaders, of which there has been a lack of published local research. In line with the aims of the study, the characteristics of the leader-mentor and potential leader-mentee, and understandings about how these mentoring relationships are formed and maintained and their impact and outcomes, have been described.

The findings of this study indicate some divergence from the published literature, particularly that coming from the UK and the US, where a substantial amount of literature on mentorship and nursing originates. Examples of this include that unlike the UK, the use of formal mentorship was not prevalent among the participants, and aspects of preceptorship were not routinely included in their mentoring relationships. In addition, although the mentoring relationships described in this study were commonly of an informal structure, they did not generally incorporate the same extent of counselling and friendship components acknowledged in classical/informal mentoring relationships in the US.

There is also some likeness between the mentorship highlighted by this study and that emanating from the UK and US. Similar to the development focused approach to mentorship found in the UK, the mentors in this study worked on enabling the creativity and capacity of mentees and generally maintained low levels of counselling and social contact. In common with the sponsorship focused mentorship seen in the US, the mentors in this study engaged with mentees for the purpose of ensuring their exposure and advancing their career, and demonstrated functions of sponsorship and role modelling.

The findings of this study do have meaning and resonance beyond the Australian context. The study highlights that although there is some difference, there are also shared experiences of mentorship and mentoring relationships for nursing internationally. Of course, apart from those of the UK and US, there may also be other areas of convergence or variance that have not thus far been identified. It may be that the conduct of the study and the depth of interpretation have raised awareness of mentoring relationships that have so far gone unrecognised. The need for further study remains.
A number of concepts pertinent to mentorship for leadership in Australia have been revealed. These illuminate that mentoring relationships for nurse leadership in this country may have some differences when compared with mentoring relationships for other purposes or in different contexts/countries. However these concepts are embryonic and whether they have any merit requires further exploration, even though the informal nature of this relationship makes it difficult to research. The nurse leader-mentors in this study were from a particular generation whose journey to become qualified nurses, and in turn leaders, would likely differ from that of a younger generation. Further study needs to determine whether a younger cohort of nurse leaders have different experiences and understandings of mentorship, and whether younger Australian nurse leaders identify mentorship as contributing to their leader development.

Nurse leader-mentors did not use a specific strategy to search for and identify nurses with leader potential, and yet were able recognise some nurses as having the promise to be leaders. If the Australian nursing profession wants to engage in succession strategies and is motivated to find nurses with a vision for the future and the capacity to guide the profession forward, there is a need to better understand how to seek out potential nurse leaders. In turn we also need to identify what aspiring nurse leaders can do within an informal system, to make themselves noticed by mentors.

While gender of mentors and mentees was not a concerning factor for the participants in this study, it may be for others. The high percentage of woman in nursing in Australia and other countries, and the potential differences in the ways in which men and women are socialised to lead, could have an impact on the way nurse leaders mentor others and the choice of leader mentors made by mentees. It would be useful to explore in greater depth, whether gender does have an impact on mentoring relationships in nursing in Australia, and the extent and nature of that impact if it exists.

**Concluding Thoughts**

The understandings and meanings developed by this study have given the Australian nursing profession much to think about. Mentorship has been identified by nurse
leaders as contributing to their own development. Nurse leaders have also acknowledged using mentorship in a low key and unobtrusive way, as a means to connect with and grow nurses who possess leader potential. Nurse leader-mentors recognize mentorship as a means to protect and promote the future of the nursing profession.

The Australian nursing profession needs to consider ways to promote mentoring relationships as a vehicle for nurse leader development when those relationships appear to happen in such an informal and unplanned way, often in the absence of overt or conscious consideration. Given that Australia is a country where ‘tall poppy syndrome’ is ever-present and an unpretentious leadership style is endorsed, we must learn how to raise nurse leaders’ awareness of their mentoring capacity and identify how to encourage aspiring leaders to demonstrate some of their leadership potential, in ways that are readily accepted by those individuals and the societies in which they live and work. We need to become more interested in the ways individuals connect and come together, and encourage working relationships and environments that foster leadership and demonstration of potential. Rather than focusing solely on systems and processes, we need to reconnect with being human.
REFERENCES CITED


APPENDIX A: INTERVIEW QUESTIONS

The following questions were used where necessary, to open up the dialogue during the interviews and to explore more deeply some of the narrative material as it unfolded. They were also used to guide the interviewer-participant interaction to ensure that the story telling remained focused on the phenomenon being studied.

- Please speak generally about your experience of mentoring relationships as a mentor and/or as a mentee.
- Please provide a particular example that is a good illustration of your mentoring experiences.
- Do you recall being mentored early in your nursing career?
- Would you please describe your earliest memories of being mentored in nursing?
- Do you recall being mentored before you commenced your nursing career?
- Would you please describe your earliest memories of being mentored prior to nursing?
- What is your earliest memory of demonstrating mentorship in nursing?
- Do you recall demonstrating mentorship prior to being a nurse?
- What is your earliest memory of demonstrating mentorship prior to nursing?
- Have you used the mentoring process in a formal or informal way? What did that look and feel like?
- Has the mentoring process contributed to your leadership position/role or your nursing career in any way? Please describe how.
- Are there differences between mentor, preceptor and clinical supervisor, and those relationships? Please describe.
- Has the gender of the mentor or mentee had an impact on your experiences of mentorship? Please describe.
- Have factors of age and/or seniority of the mentor or mentee had an impact on your experiences of mentorship? Please describe.
- Have you had experience of a mentor from outside of nursing? What was that like?
- Would you please provide a definition of mentor or mentorship?
APPENDIX B: PARTICIPANT INFORMATION FORM

Dear ________________

You are invited to participate in a research study entitled “Mentorship for Leadership Generativity – a Study of Australian Nurse Leaders.” You have been identified as a Nursing Leader by the researcher conducting this study. If you have experienced/are experiencing a nursing mentoring relationship in Australia as either a mentor or mentee/protégé, you are eligible to participate. Participation in this study is voluntary.

Principal Investigator/Researcher
The Study is being conducted by Andrea McCloughen who is completing a Doctor of Philosophy through the School of Nursing, College of Health and Science, at University of Western Sydney, New South Wales. Andrea is being supervised by Associate Professor Louise O’Brien, Sydney West Area Health Service and University of Western Sydney and Professor Debra Jackson, University of Western Sydney.

Purpose of the Study
Mentoring relationships are accepted as providing individuals with personal and professional learning and growth. Outside Australia, the mentoring process is acknowledged and readily accepted as contributing to leadership development for nurses. This qualitative research study aims to explore mentoring relationships as experienced by Australian nursing leaders to identify how nurse leaders conceptualise mentorship and to establish whether mentorship plays a role in leadership development. It is anticipated that exploring the nature of mentoring relationships for these Australian nursing leaders will enable other nurses to identify the possibilities that a mentoring relationship may hold for them.

Eligibility
You are eligible to participate in this research study if you meet all the following criteria:
1. Currently working in the nursing profession within Australia.
2. Have experienced/are experiencing a mentoring relationship (as defined/identified by you) as either a mentor or mentee/protégé.

**Participation**

Participation in this study involves one face-to-face interview with the Principal Investigator, when you will be invited to reflect upon and discuss your experience/s of a nursing mentoring relationship. The interview will be audiotaped and will last approximately 1-2 hours. Interviews will be conducted during 2006 at a mutually convenient time and place.

If you would like to participate in the research study please sign the accompanying Consent Form. Your consent to participate must be given by signing the Consent Form, providing a contact telephone number or email address (Page 2 of Consent Form) and returning it in the envelope provided. Please retain a copy of the Consent Form for your own records.

**Consent and Withdrawal**

Participation in this study is voluntary therefore you have the right to decline to participate in the study, or subsequently withdraw from the study, without penalty or prejudice. A decision to not participate will in no way affect any current or future relationships you undertake with the University of Western Sydney. If you withdraw consent during or following an interview, the audiotape of that interview and/or any transcribed data will immediately be destroyed.

Feedback on the study results will be provided to participants if they request it.

**Privacy**

Confidentiality and safety of all participants is recognised by the investigator. No personally or contextually identifying information will be reported. However, whilst individuals will not be identified in the study, it may be possible to be recognised because this is a small participant group.
Dissemination of Study results
The results of this research study will be disseminated through nursing conference presentations, nursing journal publications and relevant professional nursing forums.

Potential Risk/Harm from the Study
It is anticipated that the study will do no harm to participants. It is acknowledged that participation in the study may potentially elicit personal and/or professional issues of a sensitive nature related to your involvement in a mentoring relationship or your nursing leadership role and position. To this end some support options are available to you during and following completion of the study:

- The Employee Assistance Program (EAP) offered by your employer organisation; and/or your employer’s Staff Counsellor [contact details generally available in the organisation’s internal phone directory].
- Local Community Health Centre [contact details available in Yellow Pages]
- The Principal Investigator is available for participants to contact during and after their participation in the study. Contact details are listed at the end of the page.

Complaints
This study has been approved by the University of Western Sydney Human Research Ethics Committee. If you have any complaints or reservations about the ethical conduct of this research, you may contact the Ethics Committee through the Research Ethics Officers (Tel: 47 360 883). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.

Project Approval No: HREC 06/067
APPENDIX C: PARTICIPANT CONSENT FORM

NAME OF STUDY
“Mentorship for Leadership Generativity – a Study of Australian Nurse Leaders”

CHIEF INVESTIGATOR/RESEARCHER
This study is being conducted by Andrea McCloughen, Doctor of Philosophy Candidate, School of Nursing, College of Health and Science, University of Western Sydney, New South Wales Australia.

I.............................................................................................................................................................................................

Name (please print)

of.............................................................................................................................................................................................

Address (please print)

give consent to my participation in the research study titled:
‘Mentorship for Leadership Generativity – a Study of Australian Nurse Leaders’

In giving my consent I acknowledge that:
1. I have personally experienced a mentoring relationship as either a mentor or mentee/protégé within the Australian nursing context.
2. I will be expected to participate in a face-to-face interview with the chief investigator and speak about my experience of a mentoring relationship. This interview will be audiotaped.
3. I understand that the interview will take place during 2006 at a mutually convenient time, and at a venue decided by me.
4. I may withdraw from the Study at any time without penalty or prejudice. Refusal to take part in the Study will not compromise either my professional reputation or current/future involvement with the University of Western Sydney.
5. I understand that the Study will be conducted in a manner conforming to ethical and scientific principles set out by the National Health and Medical Research Council of Australia.

6. The Study will be carried out as described in the Participant Information Letter. I have read and understood the Participant Information Letter, which was provided to me before I signed this Consent Form. I have retained a copy of this Consent Form and the Participant Information Letter.

7. I understand that I will not be identified in any way, and my personal information will remain strictly confidential to the extent permitted by the relevant privacy laws.

8. I have been advised that the University of Western Sydney Human Ethics Committee have approved the study.

In giving my consent I agree to the Chief Investigator contacting me via telephone on the following number provided by me

........................................
or

email at the following address supplied by me

........................................

so that a suitable interview time may be arranged.

SIGNED: ........................................

DATE: ........................................

NAME: ........................................

NOTE: This study has been approved by the University of Western Sydney Human Research Ethics Committee. The Approval Number is: HREC 06/067. If you have any complaints or reservations about the ethical conduct of this research, you may contact the Ethics Committee through the Research Ethics Officers (Tel: 47 360 883 or 47 360 884). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.