

A Phenomenological Study through the Mentor's Eyes: Unveiling the Lived Experiences of Medical Faculty Mentors

Farhan Saeed Vakani¹, Sana Ali², Khadija Ashraf³

Received: 23 Aug 2025 / Revised: 26 Jan 2026 / Accepted: 28 Jan 2026 / Published online: 31 Jan 2025

Copyright © 2024 The Author(s). Published by Foundation University Journal of Dentistry.

ABSTRACT

Objective: Mentorship is a unique phenomenon that moves beyond clinical competencies to building professional identity and personal growth in domains like communication, mental well-being and self-care, to resilience. We aim to explore the lived experiences of medical faculty mentors to understand how they perceive the concept of mentoring and practice it locally, with the intent to showcase best practices.

Materials and Methods: We used Moustakas' phenomenological approach and constructivist theoretical paradigm to explore mentors lived experiences through semi-structured interviews. The study was conducted between May and July 2024. We obtained consent from 26 out of 51 participants who attended an orientation seminar at the Dow University of Health Sciences. The participants were interviewed about their individual and real-time experiences with their mentees. The data was organized, coded, and labelled for similarities, which allowed us to establish specific categories and organize them into higher-level themes.

Results: The results generated clusters of meanings and were grouped into three main themes (1) mentoring relations, (2) mentoring challenges, and (3) mentoring best practices. Organizing themes within mentoring relations included skills, roles and responsibilities, relationship evolution, and expectations and benefits. Mentoring challenges included subthemes like insufficient faculty training and institutional support, resource constraints, mentorship dynamics, generation gaps, communication barriers, relationship building, and misconceptions. Mentoring best practices centred on subthemes such as structured curriculum, mentee voices, mentor qualities, clear goals and objectives, dedicated time, reciprocal learning, reflective practice, and strong organizational support.

Conclusion: Our findings emphasize the importance of structured mentorship training for early-career faculty benefiting both mentees and mentors. By showcasing the best practices, we intend to transform mentoring practices to empower our medical faculty and enhancing educational outcomes both locally and beyond.

Keywords: Lived Experiences, Medical Mentors, Mentoring Relations, Mentoring Challenges, Mentoring Best Practices

¹Professor and Director, Dow Institute of Health Professionals Education, Dow University of Health Sciences, Karachi, Pakistan.

²Department of Humanities and social sciences, Dow Institute of Health Professionals Education, Dow University of Health Sciences, Karachi, Pakistan.

³School of Arts, Humanities, and Social Sciences, Habib University, Karachi, Pakistan.

Corresponding author: Farhan Saeed Vakani, Dow Institute of Health Professionals Education, Dow University of Health Sciences, Karachi, Pakistan.

Email: farhan.vakani@duhs.edu.pk

DOI:10.33897/fujd.v6i1.509

This work is licensed under the Creative Commons Attribution-NonCommercial 4.0 International License. To view a copy of this license, visit <https://creativecommons.org/licenses/by-nc/4.0/>

All copyrights © are reserved with The Author(s). FUJD is an open-access peer-reviewed journal; which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. FUJD does not allow the commercial use of any published article. All articles published represent the view of the authors and do not reflect the official policy of FUJD.

How to cite this Article:

Vakani FS, Ali S, Ashraf K. A Phenomenological Study through the Mentor's Eyes: Unveiling the Lived Experiences of Medical Faculty Mentors. 2026;6(1):42-49

INTRODUCTION

Unlike coaching, which tends to be narrow in scope and short-term, mentorship is a reciprocal, holistic relationship between two individuals to establish familiarity with one another and build a sense of association and trust.¹ It is a broader concept that addresses all aspects of the mentee's life, not just academic advancement, but also professional growth, career counselling, and personal challenges.²

Mentorship help junior faculty achieve short-term objectives and gain a better understanding of the institutional and professional culture and values in a collaborative environment.³ While there is growing and encouraging evidence regarding the benefits of mentoring;^{1, 4, 5} but there are barriers and challenges in establishing successful relationships. Mentorship becomes challenging when the mentor and mentee come from different cultures or beliefs,^{2, 4} speak different academic languages, experience power imbalances, or have varying gender identities or religious backgrounds.⁴ Mentorship include other challenges; monitoring mentee's progress and growth, promoting diversity and inclusivity, choosing an effective leadership style, fulfilling unrealistic expectations, enabling self-assessment, providing constructive feedback, establishing boundaries, avoiding personal agendas, practicing self-care to prevent burnout, upholding academic integrity, managing time effectively, demonstrating cultural sensitivity, and finding the right match between mentor and mentee.^{1, 4, 6, 7}

Considering the nuanced challenges and theoretical principles that influenced impactful mentor-mentee relationships,⁴ how can we ensure that mentors fully understand the specific contexts of their mentees in order to effectively address their needs? Although it is essential to acknowledge that a one-size-fits-all format cannot adequately meet mentees' needs without considering the local context and challenges.^{1, 4} This study therefore investigates the lived experiences of mentors to identify common practices and challenges they face in local settings.

MATERIALS AND METHODS

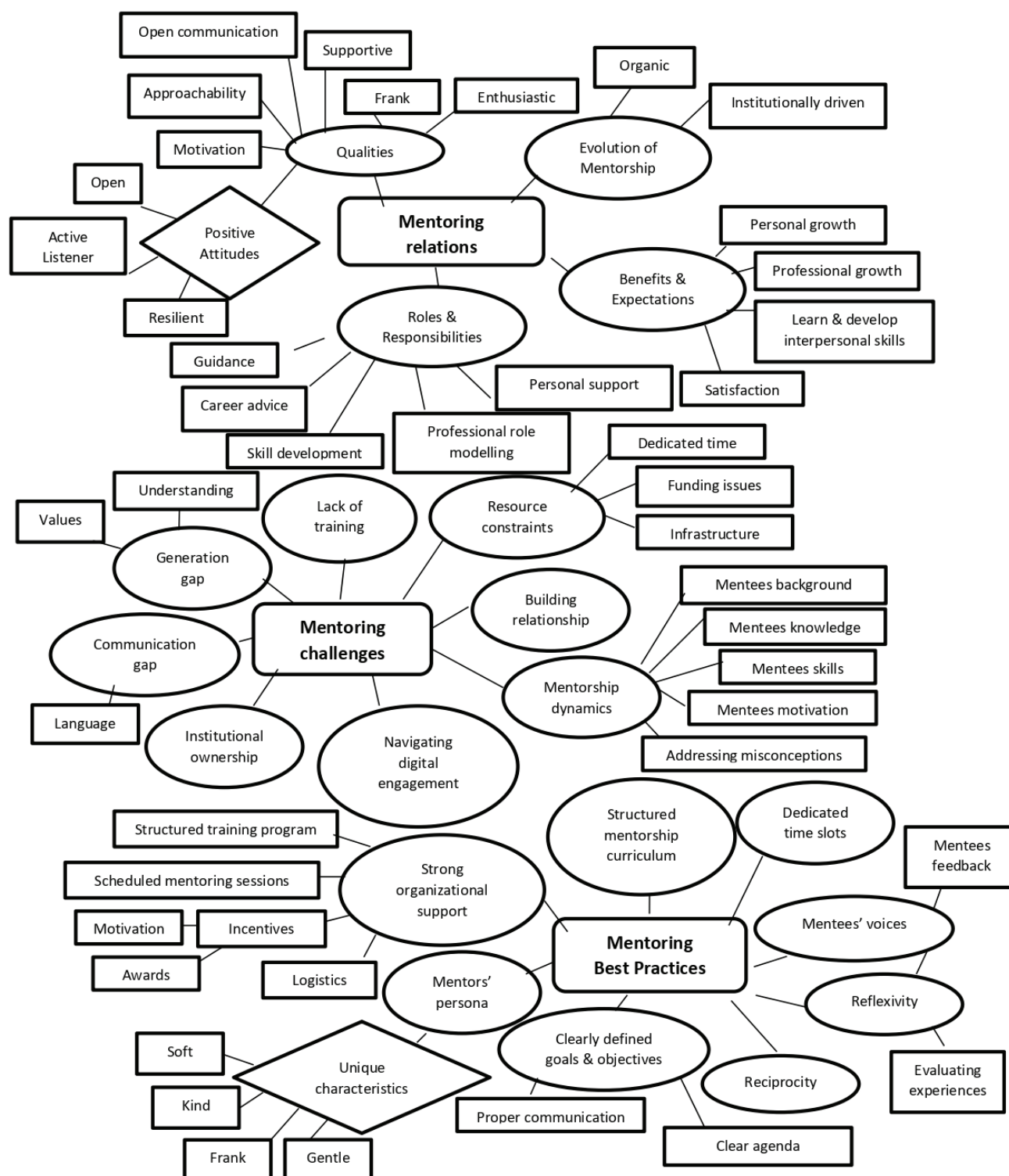
We used Moustakas' phenomenological approach to explore the lived experiences of mentors, providing detailed descriptions of "what" and "how" individuals experienced their mentoring relationship.⁸ We used constructivism as a theoretical paradigm to understand

the meaning constructed by the participants.⁹ We targeted faculty mentors from diverse cultures and backgrounds in Karachi, a metropolitan city with both public and private medical institutions but included those who attended our orientation seminar at Dow University of Health Sciences.¹⁰

Of the 51 registered participants at the mentoring seminar, we obtained consent from 26 individuals for this study. To conduct the interviews, we utilized a qualitative semi-structured in-depth interview (IDI) guide designed to explore: mentoring relationship experiences with the participants, meeting their expectations, facing challenges from mentees, and recommending best practices. The Institutional Review Board of the Dow University of Health Sciences granted approval for this study Ref # (IRB3248/DUHS/2023/450). Guides used for the interview were pilot tested during the training of interviewers and revised accordingly. We obtained consent forms before each interview where participants were provided with an information sheet that included study details. In-person interviews were conducted in English between May and July 2024 by (SA), one of the members of the research team, and were audio-recorded which were then transcribed. The interviewer also took notes throughout the meeting that lasted for 40 minutes. Participants were assured that only the interviewer and research team would have access to the recordings, and that no information would be reported in a manner that would identify them. The transcripts were then returned to participants to verify accuracy and resonance with their experiences, ensuring a quality check.

We organized the data into computer files and were thoroughly reviewed by researchers to understand individual experiences. We analyzed the data involving three independent reviewers (FV, KA, and SA) and followed an iterative process where the reviewers extensively read and analyzed the transcripts. We employed inductive methods to label and define codes based on similarities, starting with specific categories and organizing them into higher-level themes. We visually represented the data in a web-like illustration of themes (See Figure 1).^{8, 11} We repeated this process until the numerous sub-themes were condensed into three final themes.

Figure 1



RESULTS

The data analysis includes 26 individuals who consented to participate and share their experiences (Table 1). The common experiences of the participants generated several subthemes grouped into three main themes: (1)

Mentoring relations, (2) Mentoring challenges, and (3) Mentoring Best Practices.

Theme 1: Mentoring relations

Mentoring relations revealed several subthemes:

mentor skills, mentor roles and responsibilities, mentor relationship evolution, and mentor expectations and benefits.

Positive attributes identified by the study participants included: openness, active listening, resilience, commitment, and approachability. A faculty member from a private dental college demarcated:

“I have an ability to listen actively and attentively to all the concerns of the mentees” (Participant # 05).

Another faculty, a medical education professor stated:

“I tried to be in place of a student to know what is in their mind” (Participant # 16).

A program director and faculty of the institute commented:

“I [am (sic.)] someone who is approachable to my mentee, so that in any circumstance, they don’t hesitate to come to me” (Participant # 02).

The majority of participants described their experience, and they justified their role as a guide to mentees. One of the faculty in dental public health stated:

“Mentors guide their mentees, support their mentees, and listen to their concerns and try their best to resolve their problems” (Participant # 05).

Another faculty from a medical university described:

“[Responsibilities (sic.)] includes academic guidance, career advice, skill development, professional role modelling, personal support and wellness” (Participant # 14).

Evolution of mentorship differed in opinions. Mentorship was described as organically evolved by some participants, while others were assigned mentees by their institutions, and a few experienced a blend of both approaches. One professor, citing his mentor as a role model, stated:

“It developed organically. I saw my mentors as role models and wanted to adopt some of their qualities” (Participant # 11).

Another dental faculty reinforced by stating:

“I think it was organic. I developed these capabilities in the back of my mind” (Participant # 04).

On the contrary, a professor believed mentorship is driven by institutional rather than organic factors:

“The relationship was initiated by the institution but developed organically through understanding” (Participant # 20).

Some participants highlighted the benefits that resulted in the improvement of the individuals.

An Assistant Professor shared her feelings:

“She became a better person, and I could see her more confident and more respectful towards me and others as

well” (Participant # 01).

Another participant described:

“It’s very satisfying to see somebody that you have mentored achieving things in life. It keeps you motivated as well” (Participant # 19).

Some participants believed that they get to learn and improve their own interpersonal skills while being involved in the mentorship process. One of the medical faculties stated:

“Mentorship has helped me polish my inherent qualities. Learning from diverse discussions and experiences has been invaluable” (Participant # 11).

Theme 2: Mentoring challenges

During interviews, various challenges encountered by participants during mentoring relationships were identified. Subthemes included insufficient faculty training and institutional ownership, resource constraints, mentorship dynamics, generation gaps, communication barriers, relationship building, and misconceptions.

While participants previously highlighted the strengths and benefits of mentorship for both mentors and mentees, some also noted the absence of formal training and institutional ownership.

According to a study participant and faculty in anatomy: “There isn’t any organized mentoring program at our institution” (Participant# 01).

Another participant from a renowned public medical university stated:

“The first challenge that we would face would be the training of the mentor itself” (Participant # 02).

Participants largely attributed inadequate resources as a main reason for the success of mentorship programs.

A faculty in nursing clearly expressed:

“That is the main challenge and also from the admin because we need the resources, logistics” (Participant # 08).

Another faculty member highlighted:

“I think funding [is (sic.)] the issue and there should be some proper space for the department” (Participant # 06).

Study participants raised concern about lack of dedicated time due to teaching and clinical commitments.

One of the participants shared:

“It’s not always possible to take time [out (sic.)]” (Participant # 04).

A study participant and a faculty in Forensic medicine defined:

“The biggest challenge is time management” (Participant

17).

Participants raised concerns about mentorship challenges and their resolution.

An anatomist commented:

“We face challenges to assess the background of the mentees, their knowledge, and their skills, the mentees’ motivation and expectations ... addressing their misconceptions” (Participant # 15).

A faculty in pharmacology commented:

“Sometimes it is demotivating, especially with the attitude of newer generations who think they know more than their mentors” (Participant # 12).

Participants identified a generation gap hindering mentorship. A study participant and the institute’s program director confirmed this.

“Your mentees are coming from a [generation (sic.)] different from which we belong, or what we were. So, we need to understand what they are going through”(Participant # 02).

Another participant and a faculty from a large public sector university added:

“[Need to (sic.)] understand the generational values that are being nurtured nowadays in our population and [of (sic.)] our generation” (Participant # 12).

Communication barriers were cited by some participants as hindering their relationship development.

A senior faculty in anatomy expressed:

“Language is a big barrier with me and my mentees” (Participant # 06).

Another study participant highlighted:

“In the 21st century, a student is like a wild animal who needs to be tamed with lots of love” (Participant # 16).

Participants quoted concerns regarding the imbalanced mentor-mentee ratio, and poor coordination between faculty and stakeholders, hindering effective relationship.

Theme 3: Mentoring Best Practices

Effective mentorship strategies shared by participants, centered on subthemes such as structured curriculum, mentee voices, mentor qualities, clear goals and objectives, dedicated time, reciprocal learning, reflective practice, and strong organizational support.

Participants emphasized structured training programs as critical for developing effective mentors. A pharmacology faculty member at a public sector medical college stated. “Faculty development is crucial to provide structured mentoring, as many are already mentoring but not in a structured way” (Participant # 12).

Another participant added to this:

“We need to train our faculty to become effective mentors. Faculty capacity building is crucial” (Participant # 17).

The nursing faculty emphasized faculty development and specified:

“I think it’s not natural in every teacher. But we can train them” (Participant # 08).

Participants stressed the need to incorporate mentee feedback when planning and designing faculty development programs.

One of the study participants believed:

“The feedback from the students ... what are the issues, how can we overcome them, and this is how we could develop the mentoring program”. (Participant # 04).

A participant from a notorious university stated:

“We have to [get (sic.)] feedback from the mentees” (Participant # 03).

Participants mostly accepted the mentors’ personas. A dental educationist considered mentors to possess unique characteristics and therefore should:

“Be very frank, be very friendly, be very comfortable” (Participant # 01).

A faculty in anatomy restated:

“Be very soft and kind, and to let the issues be sorted out” (Participant # 06).

A faculty member of a public sector university added:

“I believe in treating others positively, unlike how I have been treated” (Participant # 12).

Participants stressed that goals and objectives should be clearly defined and agreed upon by both parties. One participant emphasized this point:

“We articulated the goals, expectations, and responsibilities clearly from the outset and encouraged open and honest dialogue” (Participant # 14).

Another faculty at a medical university stated:

“Proper communication, clear agendas are essential to ensure progress and meet outcomes within the specified time frame” (Participant #17).

Dedicating time slots was suggested by many participants as an effective strategy for building successful relationships.

A participant recommended:

“Particular time should be assigned, so that this particular student should come to this particular time” (Participant # 04).

The reciprocal learning process was acknowledged by several participants. A faculty member reiterated:

“When you are mentoring your students, you are advising

them, you're teaching them, and at the same time you are learning from them" (Participant # 08).

Reflexivity was emphasized as a crucial method throughout the mentoring process. A professor of surgery shared insights about his practices:

"I critically evaluated my mentoring practices, solicited feedback from mentees, reflected on my experiences, and continuously strived to improve my mentoring skills"(Participant # 14).

Some participants mentioned that strong institutional and stakeholder support, along with awards, serves as extrinsic motivation for mentors. A pathology professor at a public medical college clearly stated:

"Organizational support in terms of logistics, scheduled mentorship sessions, and motivational incentives like awards would help" (Participant # 11).

A faculty member from a private medical school insisted: "Convince the stakeholders that there should be some incentives for the mentors" (Participant # 01).

Participants commended: ensuring the right match between mentors and mentees, monitoring through health professions education, encouraging peer faculty discussions, and developing future support.

Table 1: Study Participants (N=26)

Characteristic		N=26
Institutional Affiliation	Medical	18
	Dental	05
	Nursing and Allied	03
Academic Title	Professor	06
	Associate Professor	04
	Assistant Professor	10
	Lecturer	06
Gender	Males	07
	Females	19
Experience	More < 5 years	26

DISCUSSION

Our research distinguishes itself from other qualitative approaches by focusing on "the qualitatively different way in which people experience or think about a phenomena",¹² and in our case the mentoring relationships. This paper investigates the lived experiences of

mentors to understand their perspectives and how they practice mentorship within our local context, using a phenomenological approach.

Our findings revealed three interconnected themes: mentoring relations, mentoring challenges, and mentoring best practices based on both textural and structural description.⁸ Mentors openly share their experiences within the theme of mentor relationships, and they confidently report their competencies. This includes attributes such as active listening, guidance, approachability, motivation, and open communication which aligns with the AMEE Guide and other literature.^{4, 7} In general, studies have found that frequency in meetings between mentors and mentees are important in solidifying the relationship.³ However, our participants have responded that the opportunity to guide and support mentees and to be approachable are among the most salient aspects of the relationship.

The evolution of relationships is often described as organic by the participants. This may be attributed to the lack of formal mentoring programs in many medical institutions.⁷ Even when such programs do exist, they frequently evolve over time under the influence of students and faculty, often lacking defined guidelines.

A variety of challenges to effective mentorship are identified by most participants. These barriers primarily revolved around insufficient mentor training, time constraints, poor communication, and inadequate mentor-mentee pairing. Mentor training is essential in the best practices on the tools and techniques of mentoring,^{2, 5} as it empowers mentors to create a comfortable learning environment that fosters trust and helps mentees set and achieve their personal and professional goals. The importance of skilled mentors is self-evident but defining and developing effective training programs is, however, challenging.⁷ While mentor training is essential in academic and health sciences, it is often associated with significant costs and time commitments. Currently, there are very few structured, funded training programs available in our context and elsewhere that offer faculty the opportunity to develop skills and incorporate best practices.⁵ A one-day orientation seminar at Dow University of Health Sciences (DUHS), titled "Empowering Medical Teachers as Mentors," serves as a practical example for others to emulate.¹⁰

The other significant challenges defined are poor communication and inadequate mentor-mentee matching. Many shared that they often struggle to provide feedback in a constructive and effective manner. Ramani, in her guide for mentors, emphasized the importance of practicing feedback delivery to foster the development of mentees while ensuring they remain encouraged.⁴ Unconscious biases, a lack of mentors, geographical remoteness, and cultural background differences can undermine effective pair matching.^{2,7} Study participants recognize that communication and effective matching could pose challenges and serve as a barrier in relationships.

Within the theme of best practices, our study participants emphasized the importance of a structured curriculum establishing clear goals, allocating dedicated time slots, ensuring suitable matches between mentors and mentees, recognizing the need for reciprocity, and promoting reflexivity. The “Mentoring the Mentors” program by UCSF is a real-world model focusing on a range of topics including communication strategies, the use of individual development plans, setting goals and expectations for the mentor-mentee relationship, time management, work-life balance, evaluation tools for both mentors and mentees, and how to give and receive feedback, etc.). Additionally, it includes topics related to diversity, such as unconscious bias, microaggressions, resiliency, and self-awareness. The training program employs didactic presentations, breakout sessions, role-playing, and small-group brainstorming sessions to facilitate learning.⁵ In order to meet the faculty development needs of the developing regions and underrepresented groups, researchers like Gandhi, Johnson, Ramani, and Yanke have also supported this model.^{5,7,13} Additionally, they highlighted the value of strong collaboration and organizational support, with incentives, protected faculty time, voices of mentees in educational design and increased confidence across a range of mentoring competencies. Nevertheless, the flexibility of UCSF’s training program, which focuses on a range of topics, serves as a valuable model for developing regions and specifically addressing the needs identified by our respondents.

This study has several limitations. First, there is a risk of social desirability bias. The interview participants may have provided answers they believed the researchers wanted to hear, especially since the researchers are known for their passion for mentoring. Second, there

is a possibility of selection bias; those who agreed to be interviewed were likely individuals who viewed mentoring favourably. Finally, this study includes responses from mentors of Karachi who participated in the DUHS orientation seminar, which means that the results cannot be generalized to the whole country.

CONCLUSION

We conclude our participants’ experiences into three main themes: (1) Mentoring relations, (2) Mentoring challenges, and (3) Mentoring Best Practices. Our findings have implications for academics and others providing mentorship to early career faculty, as well as for institutions and researchers looking to develop structured local mentorship programmes within developing countries. Nevertheless, future researchers can explore the transformation of the structured mentoring training programs within the region which is an area of ripe for future scholarship in health professions education.

DISCLAIMER:

None.

CONFLICT OF INTEREST

None to declare.

ETHICAL STATEMENT

Ethical approval of this study was obtained from the Dow University of Health Sciences (IRB3248/DUHS/2023/450).

FUNDING DISCLOSURE

This study was supported by the United States Educational Foundation in Pakistan (USEFP) as a Humphrey Alumni Impact Award.

AUTHORS CONTRIBUTION

Conception and design of the study: F. S. Vakani
 Acquisition of data: F. S. Vakani, S. Ali
 Analysis and interpretation of data: F. S. Vakani, S. Ali
 Drafting of the manuscript: F. S. Vakani, S. Ali
 Critical review of the manuscript: F. S. Vakani, S. Ali, K. Ashraf
 Approval of the final version of the manuscript to be published: F. S. Vakani, S. Ali, K. Ashraf

REFERENCES

1. Gheihman G. Mentorship for all in academic medicine. *Med Educ*. 2024:1-4.

2. Germeroth D, Murray CM, McMullen-Roach S, Boshoff K. A scoping review of mentorship in allied health: Attributes, programs and outcomes. *Australian Occupational Therapy Journal*. 2024;71(1):149-74.
3. Asim M, Gatheru PM, Chebet JJ, Shah MG, Thorson A, Brizuela V. Support, networks, and relationships: Findings from a mixed-methods evaluation of a mentorship programme for early career women researchers in sexual and reproductive health and rights. *Plos one*. 2023;18(12):e0295577.
4. Ramani S, Kusurkar RA, Lyon-Mariss J, Pyorala E, Rogers GD, Samarasekera DD, et al. Mentorship in health professions education—an AMEE guide for mentors and mentees: AMEE Guide No. 167. *Medical teacher*. 2024;46(8):999-1011.
5. Gandhi M, Johnson M. Creating more effective mentors: mentoring the mentor. *AIDS and Behavior*. 2016; 20:294-303.
6. Vakani F, Ali S. Navigating Effective Mentorship Strategies: Insights from Medical Faculty Community of Practice. *Int J Front Sci*. 2024 7(2).
7. Yanke AB, Weigand KA, Hofmeister EH. Addressing the needs and challenges of mentorship in veterinary medicine. *New Directions for Teaching and Learning*. 2023;2023(176):83-93.
8. Creswell JW. *Qualitative inquiry and research design: Choosing among five approaches*. 3rd ed.: Sage publications; 2013.
9. Mann KV. The role of educational theory in continuing medical education: Has it helped us? *Journal of Continuing Education in the Health Professions*. 2004;24(S1): S22-S30.
10. DUHS. Seminar on Empowering Medical Teachers as Mentors Karachi: Dow University of Health Sciences; 2024 [updated 2024; cited 2025]; Available from: <https://www4.duhs.edu.pk/events/register-today-empowering-medical-teachers-as-mentors/>.
11. Attride-Stirling J. Thematic networks: an analytic tool for qualitative research. *Qualitative research*. 2001;1(3):385-405.
12. Akerlind GS. What future for phenomenographic research? On continuity and development in the phenomenography and variation theory research tradition. *Scandinavian Journal of Educational Research*. 2018;62(6):949-58.
13. Ramani S, Gruppen L, Kachur EK. Twelve tips for developing effective mentors. *Medical Teacher*. 2006 2006/01/01;28(5):404-8.