

From Clinician to Mentor: Navigating the Personal Development Journey of Saudi Physicians using Interpretative Frameworks

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Abstract

Background:

Mentoring is a cornerstone of medical education, yet the personal and professional development of clinicians as they become mentors remains underexplored, particularly in the context of Saudi Arabia. This study investigates how Saudi clinicians transition into effective and engaged mentors, utilizing Kelchtermans' Personal Interpretative Framework (PIF) to analyze their growth, motivations, and challenges.

Methods:

A qualitative approach was employed, centering on semi-structured interviews with experienced mentors at one of Saudi Arabia's largest medical training centers. Participants were selected for their significant mentoring experience. Interviews probed their mentoring pathways, skill acquisition, formative experiences, institutional influences, and perceived barriers. Data were analyzed thematically, guided by the PIF to interpret both the professional and personal dimensions of mentor development.

Results:

The study attracted 10 participants to share their mentorship journey. Add some demographic data about the participants. Thematic analysis allowed identifying four major themes. Firstly, mentorship competence is primarily developed through experiential learning, reflection, and early exposure to mentoring, rather than through formal training. Secondly, professional identity and intrinsic motivation are significant factors that drive individuals to become and remain engaged as mentors. Qualities such as empathy, a sense of responsibility, and the desire to give back are central to this engagement. Moreover, institutional structures like policies and support systems significantly influence the mentoring experience. Many mentors express concerns about limited formal preparation and inconsistent organizational backing, which can create challenges in their mentoring roles. Lastly, mentors often encounter structural and professional constraints that can hinder their effectiveness and overall satisfaction. Factors such as a lack of protected time, increased workload, and insufficient recognition contribute to these challenges, highlighting the need for better support within mentoring programs.

Conclusion:

Clinicians in Saudi Arabia largely develop mentoring skills informally, driven by intrinsic motivation and experiential learning rather than structured faculty development. Institutional support remains inadequate, highlighting a gap in formalized mentor preparation. The findings underscore the need for context-specific, evidence-based faculty development programs and supportive policies to foster effective mentorship. Enhancing institutional support and providing targeted training will not only benefit mentors but also improve outcomes for medical residents and the broader healthcare education system.

Introduction

In an era where lifelong learning and professional development are gaining importance, mentoring can be a vital factor for residents' growth and development. Effective mentorship involves focusing on the residents' progress, identifying those who may be struggling or excelling, recognizing potential risks of emotional distress, and offering career guidance (Alfi, 2023). Mentoring has traditionally been described as the process whereby an experienced, highly regarded, empathic person (the mentor) guides another individual (the mentee) in the development and re-examination of their own ideas, learning, and personal and professional growth (Ramani, 2023). Mentoring provides long-term support that is crucial for the personal and professional development of mentees in the medical field (Nicholls, 2006). It assists mid-career hospitalists in navigating challenges, developing leadership skills, and enhancing job satisfaction. Mentors provide valuable feedback, offer insights into career advancement, and support the achievement of professional goals (Lin, 2022). Moreover, mentorship has been associated with benefits in career choices and increased publication productivity (Ramanan, 2006; Sambunjak, 2006; Beasley, 2006).

The quality and direction of mentoring vary considerably. Mentoring can take many forms, both formal and informal, each with its own benefits and disadvantages. Formal and informal mentoring differ in four main dimensions: intensity, visibility, focus, and duration (Baugh & Fagenson-Eland, 2007). Informal mentoring typically exhibits greater intensity due to the intrinsic motivation of both parties and the flexible nature of their relationship (Chao, 2009). Informal mentoring relationships may be less visible and often lack recognition or labelling, while formal programs clearly designate mentor-mentee pairs. In 2024, Niazi analyzed informal mentoring relationships and their impact on career advancement from both the mentee's and mentor's perspectives. The findings indicated that specific mentor characteristics significantly influenced career advancement during mentoring sessions. Informal mentoring may prove successful in some cases, but lacks standardization, control and cannot be evaluated for possible improvement (Shamim, 2013).

Formal mentoring is generally aimed at achieving organizational goals that focus on the mentee's development. Additionally, formal mentoring programs have specific start and end dates, usually lasting about one year, whereas informal mentoring is flexible in terms of length and frequency. Many factors contribute to a successful mentoring program, and there is not one prescriptive "one size fits all" approach. It is necessary for academic institutions to lay the groundwork to foster mentoring relationships for all faculty members to ensure positive outcomes. A structured mentorship program can address diverse mentoring needs based on faculty profiles (Law et al., 2014). Many health sciences institutions thus started investing in formal mentoring relationships as a requirement for faculty advancement (Means et al. 2008).

The role of context is crucial in the development and maintenance of mentoring relationships, as it shapes the interactions and outcomes of these connections (Karam & Regin, 2007, p. 20). In the context of residency programs in Saudi Arabia, there is an increasing recognition of the necessity to embed

mentorship into these programs. The concept of mentoring is not new for the people of the sub-continent, most commonly as informal mentorship (Shamim, 2013). However, a gap remains in understanding how mentors develop or acquire their skills. With many institutions introducing formal mentorship programs, the question arises of how mentors develop into their role of becoming mentors. Simply delineating effective or ineffective mentoring practices risks oversimplifying and generalize mentoring as an organizational fix to support mentees. There is a need for a more in-depth understanding of how mentors develop as mentors in their context. Gaining a deeper understanding of how mentors develop into their role in the transition from an informal to formal mentoring program can help shape future faculty development programs, preparing new mentors for their role. Initiatives designed to enhance mentors' professional growth should not only inspire them to refine their teaching methods but also encourage deep reflection on the underlying reasons and intentions that shape their approach to mentoring. This journey of self-discovery can lead to transformative changes in their practice (Loosveld, 2023).

Theoretical Framework

This study used Kelchtermans' (1993) Personal Interpretative Framework (PIF) as a theoretical framework. According to PIF, teachers' professional behavior is primarily determined by and has to be understood from their experiences throughout their career. This understanding is shaped by the interaction of their personal experiences and professional environment, resulting in a dynamic and evolving view of themselves and their work. The PIF consists of two main dimensions:

1. Professional Self-Understanding: This dimension encompasses several aspects, including: Self-Image (How individuals perceive themselves as professionals), Self-Esteem (Their assessment of their own competence), Task Perception (Their understanding of what constitutes effective professional practice), Job Motivation (The reasons that initially attracted them to the profession and what continues to engage them) and Future Perspective (Their hopes and expectations regarding their professional future).
2. Subjective Educational Theory: This dimension includes the unique, often unarticulated beliefs and understandings that individuals hold about teaching or mentoring.

Overall, the Personal Interpretative Framework serves as a lens that shapes interpretations and influences professional behavior. A recent study (Loosveld et al., 2020) investigated mentor's mentoring beliefs using the PIF and revealed that mentors perceive their roles and positions differently and dynamically depending on the context and their position. Four roles identified were mentors as facilitators, coaches, monitors and exemplars for their students. An open question resulting from this study, however, remains: How do mentors develop into their roles and become the mentor they are? By examining how informal mentor-mentee relationships evolve into formal mentoring relationships from the mentor's perspective, as well as how mentors develop their personal journeys, we can gain valuable insights into the relational dynamics that support effective mentorship.

Our study thus aims to explore the following research question: How do clinicians perceive their personal development journeys in becoming mentors for residents, utilizing the Personal Interpretative Framework (PIF)?

Methods

Study Design

A constructivist research paradigm, which emphasizes that knowledge is constructed by and between people, It focuses on how individuals understand and create meaning from their experiences (Bergman et al, 2012). A theory-informed qualitative methodology using semi-structured interviews (Appendix 1) with open-ended questions was applied. The Personal Interpretative Framework (PIF) by Kelchtermans (2009) was used to structure the interview guide. These dimensions of the PIF include professional self-understanding and subjective educational theory. Professional self-understanding encompasses aspects such as self-image, self-esteem, task perception, job motivation, and future perspective. On the other hand, subjective educational theory involves both practical experience and formal knowledge.

Context and Study Setting

Residency programs in Saudi Arabia typically last between three and six years, depending on the speciality. Surgical specialties usually require five to six years, while non-surgical specialties take less time, around three to five years. In Saudi Arabia, all health-related programs are regulated and have accreditation through the Saudi Council for Health Specialties (SCHS). For the past two years, SCHS have mandated that each resident should be paired with a mentor. However, there is currently no structured approach to ensure effective mentorship, nor are there preparatory faculty development courses or programs in place. Previously, informal mentorship existed in some programs, involving a selected group of interested mentors who are consultant-level professionals from the same institution. The minimum clinical experience required for promotion to consultant status is three years following the residency program. Most consultants are full-time clinicians, though few work part-time as tutors for medical students in hospitals affiliated with universities. Currently, mentees choose their mentors, and they determine the timing, location, and frequency of their meetings based on their preferences. Some mentors end up being chosen by more than three mentees, while others may have only one, depending on the mentee's selection and the mentor's acceptance.

Furthermore, for the past five years, the local Saudi Council for Health Specialties has mandated that trainers (including mentors) complete a regular course, which must be taken every two years and includes an exam. While this course does not cover mentorship specifically, it may reflect the ongoing faculty development initiatives that will support and encourage mentorship.

Participants

Participants of this study are mentors for residents across all specialties at King Fahad Medical City in Riyadh, Saudi Arabia. King Fahad Medical City is recognized as one of the largest training centers in the country, offering over 32 residency programs and accommodating more than 1,000 residents. This diverse pool of mentors provided valuable insights into the mentorship dynamics present within such a significant medical training environment. An email invites were sent to recruit participants and to conduct a convenient sampling of mentors who meet specific criteria: who have at least ten years of professional experience and at least five years of experience as a mentor. This targeting five years of mentorship experience ensures that the mentors were involved in guiding residents before any mandatory obligations, indicating their intrinsic motivation, prior knowledge, experience, and interest in mentorship.

Data Collection and Analysis:

One-on-One interviews were conducted either in person using an audio recorder or, online via the Zoom platform. The interviews were transcribed verbatim using the program 'aTrain'. It utilizes OpenAI's Whisper transcription models, which can process speech in 57 languages, including Arabic, with transcription accuracy and data privacy (Haberl, 2024) and adheres to the General Data Protection Regulations. All transcripts were manually checked for accuracy. Considering the time needed for the proposal, a pilot interview with two candidates was conducted, and then the interview guide was adjusted to improve the wording and focus of the questions (LaDonna, 2021).

Thematic analysis was employed to explore clinicians' perceptions of their personal development journeys as mentors for residents. The components of the Personal Interpretative Framework (PIF) were used as an analytical lens to revise and refine the themes constructed through open coding. Thematic analysis (Braun & Clark, 2006) was used, and having a second coder is essential, as it introduces diverse perspectives, enhances rigour, and reduces bias, leading to a more trustworthy and credible analysis (O'Connor, 2020).

Thematic analysis (Braun & Clark, 2006) involves six systematic steps were used to ensure a rigorous and insightful analysis. Coding was conducted manually. The codes were cross-verified with the first coder, J.A., to enhance confirmability. An iterative data analysis approach was employed, and multiple rounds of coding were conducted.

Ethical Considerations

Ethical approval from the Institutional Review Board (IRB) at King Fahad Medical City was obtained prior to data collection. Access to interview participants was through key personnel within the hospital, through the postgraduate office. The study information sheet was provided to participants, outlining the details of participation, assurances that confidentiality and anonymity will be maintained, and that there will be no repercussions for the interview. Anonymity will be preserved by having no identifiers within the transcribed interview text. Informed verbal consent was obtained from the interview participants before commencement of one-on-one interviews. Throughout the process, we remained cognizant of the

importance of data integrity, so as not to knowingly misrepresent the participants by unethical means such as fabricating evidence, falsifying data, or plagiarizing other researchers' findings.

Results

In our study, we could interview ten clinicians who participated as mentors, from diverse medical backgrounds. In this cohort, Mentors view mentorship as a dynamic relationship in which they share wisdom and guidance with the mentee. Many mentors emphasize that Effective mentorship practices should prioritize a mentee-centered approach, focusing on the needs, interests, and initiatives of the mentee. Mentors believe that this perspective allows them to actively listen and adapt their guidance, fostering a more personalized and impactful experience. By prioritizing the goals and aspirations of the mentee, mentors can create a supportive environment that encourages growth, exploration, and self-discovery.

From the interviews conducted, we identified four main themes that define the mentorship journey for mentors: "Experiential Development of Mentorship Competence. " Motivation and Professional Identity in Mentorship", "Institutional Structures Shaping Mentorship Practice", And "Structural and Professional Constraints in Mentor Development".

Theme 1: Experiential Development of Mentorship Competence

Mentors develop their mentoring skills through personal experiences and reflection. During their initial training to become a physician or during subspecialty training, they work closely with their mentors, observing their behaviors and practices. This close observation lays a strong foundation for their own skills. Gaining firsthand exposure not only provides positive strategies but also offers insights into what to avoid, fostering a mindset of growth and adaptability.

Interview #1 "First it was by role model. I had mentors when I was a resident, and I tried to mimic their behaviour."

Their mentorship journey is an ongoing process, characterized by continuous growth and self-discovery. It begins with an understanding of their role, which is deepened through practical experiences with a diverse range of mentees. Each unique relationship presents opportunities to cultivate essential skills such as active listening, empathy, and nuanced communication styles. These interactions not only challenge mentors but also enhance their ability to provide constructive feedback and to recognize and nurture others' potential.

Interview 5 "I realized mentorship is not only academic." "Every year we learn something new from the residents."

Interview 9 "I built my own approach taking the best from each personality." Referring to different mentee personalities

Theme 2: Motivation and Professional Identity in Mentorship

Engagement in mentorship is driven by intrinsic motivations such as empathy, professional responsibility, and commitment to supporting the development of junior colleagues.

Early exposure and participation in some mentorship tasks during training serve as a strong motivation to embark on a personal mentorship journey. Experiencing mentoring roles or concepts during the initial stages of training—such as medical school, residency, or fellowship—positively influences one's engagement in mentorship later on.

Interview #2 “We had to mentor our juniors and then it progressed during my fellowship years.”

Interview #3 “since residency... they selected me to orient and guide new residents.”

Many interviewees mentioned that Commitment to mentoring relationships was driven by both professional and personal values. This includes a dedication to professional responsibility and a focus on supporting colleagues' development. Mentoring is often perceived as a faculty responsibility, viewed as an expected duty that comes with faculty or leadership roles. Additionally, a passion for education and a personal enthusiasm for teaching can further motivate individuals to engage in mentoring activities.

Interview 5 “I feel responsible to give residents the best training experience.” “I felt they were under my responsibility.”

Interview 7 “I can see myself as a trainer... mentorship is part of training.”

Empathy from shared experience is a crucial aspect of engaging in mentorship. Mentors often draw on their own past experiences as trainees to better understand the challenges their mentees face. This connection allows them to be more empathetic and supportive. Many mentors share that their own lack of mentorship during their training inspired them to provide guidance and support to others. They realize the importance of being there for their mentees, helping them navigate similar struggles they once faced.

Interview 5 “I felt support was important because I lacked mentorship during my residency.”

Some mentors revealed that a strong desire to give back to the community. Many mentors expressed their motivation to share knowledge and support future trainees, a passion that stemmed from their own positive experiences with mentors during their earlier training. This influence has shaped their commitment to mentoring and fostering the development of others in their fields.

Interview 4 “I feel the need to give back and share skills and knowledge.”

An important motivation for mentoring comes from the interaction with trainees. Mentors experience personal pride and honor when they are trusted to guide others. Witnessing the professional success of

mentees inspires mentors to continue their mentoring efforts. Additionally, it is essential to recognize the need for mentorship among trainees, as they require support for their academic and professional development. Mentors often feel encouraged to assist those trainees who actively seek out learning opportunities and advice. This encouragement is further reinforced when residents actively request guidance and feedback.

Interview 9 "I feel proud when someone comes smiling and says my advice helped."

Interview 8 "Residents who truly cared about mentorship motivated me to continue."

Finding fulfillment in helping others and the desire to make a positive impact, mentoring is motivated by the emotional satisfaction derived from supporting others. Motivation stems from the belief that mentoring can significantly influence trainees' development.

Interview 3 "this gives me sense of value in my life and motivates me."

Interview 6 "I felt I'm making difference."

Theme 3: Institutional Structures Shaping Mentorship Practice

The transition from informal mentoring relationships to structured mentorship programs influences role clarity, expectations, and mentoring practices within training environments.

Transitioning from informal to formal mentorship involves the development of structured initiatives that evolve from previously informal mentoring relationships. Mentors appraicete that there are some benefits to formal mentorship; for instance, formal mentorship programs can enhance awareness and visibility of mentorship within organizations.

Interview 1 "Formal mentorship programs may increase awareness about mentorship."

Organizational strategies that assign mentees to mentors can help balance workloads and ensure adequate support. There is a belief that designating specific mentors for trainees can facilitate better accessibility and support.

Interview 2 "If we had an assigned mentor that I can just speak to whenever I had an issue."

Interview 4 "Formal mentorship allowed addressing specific needs of trainees."

Interview 7 "when it became formal... there was dedicated time." "we have dedicated sessions for mentorship."

However, some mentors have expressed concerns that formal mentorship programs may diminish the authenticity of the mentor-mentee relationship.

Interview #1 "I'm afraid formal programs may remove authenticity from the relationship."

Interview 10 “Too much structure makes it impersonal.”

Additionally, Many mentors acknowledge that additional training could enhance their mentoring performance.

Interview 6 “I believe having professional training will help improve my performance “

Some mentors recognize the support provided by institutions, such as postgraduate offices that help guide residents and resolve issues in general training which helps somehow in mentropship practice. However, many mentors also emphasize the need for an official and targeted support including education in mentorship. They believe that institutions should provide these resources to enhance the mentoring experience.

Interview 8 “Workshops or training for mentors would help.”

Interview 4 “The training program committee provided support.”

To overcome limited institutional support, many mentors mentioned that they seek guidance, advice, or inspiration from their own senior mentors, or consult with peers or committees for help with mentoring challenges.

Interview 7 “I was contacting one of my senior trainers for guidance.”“I scheduled a mentorship session and discussed the case with a senior trainer.”

Interview 8: “Peer discussions with colleagues helped solve mentoring problems.”

it’s important to note that many mentors find themselves seeking knowledge through non-formal channels, such as reading relevant literature and participating in various workshops. Although exposure to mentorship often occurs in broader settings—such as general education or medical education workshops—this suggests a gap in our institutional mentorship training programs.

Interview 7 “I attended multiple ToT courses.....”“there is a section about trainees and difficulty... one of the main solutions was mentorship.”

Theme 4: Structural and Professional Constraints in Mentor Development

Mentors encounter contextual constraints that shape their development, including limited time, clinical workload, lack of formal mentorship preparation, and complex trainee needs.

One significant challenge in mentorship practice is the lack of awareness about mentorship within our local medical culture . There is a common perception that mentorship is neither widely recognized nor thoroughly understood in the local professional environment.

Interview 1 “Awareness is something we are lacking in our industry.”

There is also a lack of clarity regarding the role of a mentor, leading to difficulties in understanding or defining mentorship and its boundaries, particularly for those new to the mentoring experience.

Interview #1 "Defining mentorship for me at the beginning was a challenge."

Interview 8 "Educational leadership did not provide enough guidance." "Mentorship became more formal but the process is still unclear."

Furthermore, there is uncertainty about how to structure the mentoring relationship and manage expectations between the mentor and the mentee. The absence of scheduled mentoring interactions often results in inconsistent engagement between mentors and mentees.

Interview #1 "It's a voluntary relationship... I didn't know how to gauge it or seal the relationship."

Interview 5 "Everything was informal... it was personal effort."

It was reported by most interviewees that time constraints in mentorship can make it difficult to maintain mentoring relationships due to competing professional responsibilities and heavy workloads. These challenges often result in limited opportunities for meaningful interactions, which are essential for fostering a supportive and effective mentoring dynamic. As mentors juggle their own demanding schedules, the consistency and quality of engagement with mentees can be compromised, leading to potential gaps in the mentoring experience.

Interview 9 "It's difficult... how to find the time for it."

There are several reported challenges related to mentees that mentors often encounter. One significant issue is managing difficult mentees, where mentors may struggle to address challenging behaviors or complex personality traits exhibited by their trainees. Another challenge is the resident reluctance to seek support. Many trainees experience hesitation or shyness, which can prevent them from actively seeking mentorship and assistance. This reluctance can inhibit their learning and development. It was reported by few interview , There are often discrepancies between what mentors expect and what newer generation anticipate, resulting in a misalignment of their goals.

Interview 5 "The younger generation has different expectations."

Interview 8 "We must accept the new generation as they are."

Discussion

In this study, we investigated the experiences of mentors who have engaged in mentorship for at least five years and have transitioned from informal to formal mentorship at one of the largest centers in Saudi Arabia. We conducted interviews with ten mentors to explore their perceptions of their personal development journeys in becoming mentors for residents. We could conclude that observational learning, guided by experience and personal conviction, dominates the learning curves of various

mentors. The role of senior role models was critical in the development of mentorship experiences. Formal learning structures were minimal, and most learning was gained through informal personal and professional experiences.

Our findings from the selected mentors we interviewed indicate that mentors develop their skills and navigate their mentorship experiences through personal efforts, interactions with different mentees, collaboration with peers, and guidance from senior mentors. These results align with earlier findings from a study of university teachers, which revealed that many mentors are often considered automatically qualified because of their classroom success, leading to inadequate formal training (Jones et al., 2025). As a result, effective teachers are assumed to be effective mentors and are frequently accepted into the role without undergoing more formal and focused professional development (Parker et al., 2021). While the tacit knowledge that teachers bring to mentoring from their teaching experiences can be valuable, they also need to develop specialized knowledge and skills. Mentors are often unaware of the potential complexities associated with mentoring (Betlem et al., 2019; Sheri et al., 2018). If we consider clinicians as teachers, it has been reported that even the most experienced teachers may struggle to adapt to the mentoring role, despite their confidence and effectiveness in the classroom (Daly & Milton, 2017; Dille, 2022). It is crucial to challenge mentors' deeply rooted beliefs about mentoring to prevent the replication of potentially limited practices that they encountered when learning to teach (Daly & Milton, 2017).

Addressing the challenges faced by mentors would greatly benefit from institutional support and a structured mentoring framework. Without such support, mentors often experience feelings of insecurity and isolation, which can undermine their engagement in the mentoring process (Dille, 2022). Among the various challenges highlighted by the mentors we interviewed, one major issue is the significant commitment required from both mentors and mentees. Maintaining this commitment can be difficult amid busy schedules. Effective mentoring necessitates institutional support to ensure clear scheduling, adequate preparation, and focused engagement from both parties (Ramani et al., 2024). Without these elements, a lack of investment can lead to frustration and misunderstandings (Ramani et al., 2024). Additionally, some challenges are primarily related to the mentees. For example, some mentors reported that mentees often have unrealistic expectations regarding the speed of their progress and the immediacy of solutions to their challenges. Institutions can equip mentors with tools to take a proactive approach, which can help manage mentee expectations and foster a more constructive mentoring relationship (Ramani et al., 2024). Finally, institutions that provide evidence-based mentor training, academic support, and professional development opportunities can aid mentors in navigating many of these challenges (National Academies of Sciences, Engineering, and Medicine, 2019).

Many mentors have expressed a clear interest and passion for participating in formal preparations and receiving ongoing institutional support. It has been addressed in the literature that, while professional learning can occur through the mentoring process and interactions with mentees, this method is often too slow for new mentors, this means professional growth occurs gradually over a long period rather than through targeted, rapid development (Betlem et al., 2019), indicating that mentors are more effective in

their roles when they have undergone formal professional development (Hobson et al., 2009; Maxwell et al., 2024). Mentoring programs offer numerous significant benefits. Mentor training boosts confidence in managing expectations and building mentoring relationships. It also enhances communication skills, enabling mentors to provide constructive feedback and handle difficult conversations more effectively (Connor et al, 2000; Verma et al, 2016; Lau, 2016; Jones et al., 2025). The long-term advantages include increased effectiveness, greater academic productivity, and enhanced opportunities for promotions and grants (Welch, 2016) & (Johnson, 2010). Tsen et al. (2012) noted that mentors reported a renewed enthusiasm after participating in the training. However, obstacles such as a shortage of trained mentors, a lack of appreciation for mentor training, and insufficient resources might hinder the implementation of these programs (Sheri, 2019).

Our results clearly showed that Engagement in mentorship is driven by multiple forms of motivation; their motivations were predominantly intrinsic, such as empathy, professional responsibility, and the desire to develop junior colleagues. Early exposure during training, like in medical school or residency, strongly influences one's later involvement. Interviewees highlighted that mentorship is often viewed as a duty tied to faculty roles, driven by both personal values and a passion for education. The literature identifies five types of motives for mentoring: self-focused, protege-focused, relationship-focused, organization-focused, and unfocused (Janssen et al., 2014). Protege-focused motives emphasize responsibility for the mentee's well-being, while relationship-focused motives highlight the personal values derived from the mentor-mentee relationship. Organization-focused motives link mentorship to the success of the institution, whereas unfocused mentorship starts without a set goal. In our study, many mentors reported that their mentoring relationships were bidirectional, contributing to their own personal growth. However, almost all mentors stated that their primary motivations were focused on their protégés and on giving back to the field. These two motivations have been identified as significant factors for participation in mentorship programs in health professions education (HPE) (Ramani et al., 2022). This insight can be utilized to promote the development of more effective mentorship practices and to strengthen the mentorship culture by targeting mentors who possess these motivations and mindsets.

Limitations:

The primary limitation of this study was that it was conducted at a single institution, which may not be representative of other institutions in the Kingdom of Saudi Arabia. Additionally, it is important to note that the sample was self-selected, predominantly comprising individuals who agreed to participate and who likely have a positive view of mentorship. There is also the possibility of memory bias, as most of the interviews were based on retrospective accounts spanning a long career, and all mentors voluntarily participated in this exercise. As a result, there may be different perspectives from disengaged mentors who were unlikely to take part in such a study.

Future research and practical implications :

Our analysis highlights four important areas for future research and practical implications:

First, it would be beneficial to establish evidence-based, user-friendly training programs for mentors and to clarify the role of host organizations in supporting these initiatives (Sheri et al., 2019). Second, a longitudinal study tracking mentors' development over time and across different courses, with encouragement for mentors to reflect on their practices, is crucial for their growth (Loosveld et al., 2022). This study could provide valuable insights for tailoring effective, context-specific faculty development programs. Third, it is important to explore the experiences of mentees and how residents perceive the growth of their mentoring programs. Lastly, broadening this research to include multiple institutions within the Kingdom could enhance the applicability of the findings across various specialties.

Conclusion

Our study concludes that clinicians in Saudi Arabia primarily become mentors through personal and professional experiences, relying on peer relationships and senior support rather than formal institutional support. To address the gap between the SCHS mandate and the lack of structured mentorship procedures, we recommend developing faculty programs with clear standard operating procedures that integrate mentors' experiential knowledge for improved efficiency and effectiveness.

Declarations

Ethics approval and consent to participate

We conducted our qualitative study in accordance with the Declaration of Helsinki, adhering to all ethical principles related to the protection of human subjects. Specifically, we obtained informed consent from all participants and ensured their confidentiality throughout the research process.

Ethics approval and consent were ensured. We confirm that informed consent was obtained from all human participants involved in this study. Each participant was provided with detailed information about the purpose of the research, the procedures involved, and any potential risks. They were given the opportunity to ask questions and informed of their right to withdraw from the study at any time.

IRB approval was obtained from King Fahad Medical City (IRB number: 00010471). A copy of the approval is available and will be provided upon request.

Consent for publication: not applicable

Availability of data and materials: Theraw de-identified data may be made available upon reasonable request from the corresponding authors.

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Authors' contributions

J.A conducted the interviews , coding analysis and themes , identification ,wrote the main manuscript

N.A coding analysis and themes identification , participate in the main manuscript

Q.M coding analysis and themes identification , participate in the main manuscript

Y.A coding analysis and themes identification ,supervised the main manuscript

All authors agreed and approved the submitted version of the manuscript.

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