

EXPLORING TUTORS' PERSPECTIVES ON TUTOR PREPAREDNESS FOR STUDENT SUPPORT AND THE CHALLENGES FACED IN DENTAL EDUCATION

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ABSTRACT

OBJECTIVES

This study examined the tutors' perspectives about the student support programs and the problems faced in providing effective student assistance at their dental institutions.

METHODOLOGY

This qualitative study was conducted in three dental institutions in Abbottabad, Pakistan. Four focus group discussions (FGDs) with six participants each were conducted to gather perceptions from 24 tutors. Participants with at least one year of teaching experience were chosen by purposive sampling. FGDs were guided by a semi-structured discussion proforma, and the conversations were audio-recorded and transcribed verbatim. Thematic analysis was conducted to find repeating patterns and major themes in the data, to appropriately represent the perspectives of the tutors. Conformability and dependability were ensured by maintaining data trail. The researchers ensured reflexivity by explicitly expressing and intentionally keeping aside own views during data analysis, to ensure methodological rigor.

RESULTS

Four major themes emerged, tutor preparedness and training deficiencies, difficulties in reconciling clinical and teaching duties, support and developmental requirements, and adaptability to technology advancements. Tutors understood well their academic role, but many expressed a need for more training in professionalism, provision of emotional support, and mentorship of students. They found it difficult to maintain a balance between hectic clinical duties with the multifaceted tutoring role, and with the use of digital technologies in teaching due to lack of training and institutions support.

CONCLUSION

Though tutors had subject expertise but deficiency in the tutor preparedness for mentorship, emotional support of students, and the challenges of managing workload were, partly attributed to lack of institutional support. This necessitates need for faculty development initiatives by institutions.

KEYWORDS: Student Support, Tutor Preparedness, Tutor Perceptions, Tutor Training

INTRODUCTION

Tutors play many important roles in dentistry education, including providing academic and emotional assistance to students. Tutors are not only academic mentors, but they also help students deal with the emotional and psychological issues that come with the hard work of dental training.^{1,2} Dental students experience considerable stress and burnout, potentially harming their academic performance and overall health. It is generally known that medical and dentistry students have a lot of stress-related problems. Many of them say they feel anxious, depressed, and alone while they are studying.³ Students generally turn to their tutors first for emotional support, advice, and mentorship.^{3,4} Despite the significance of this dual role, many tutors report feeling insufficiently prepared to address the emotional

support component of their responsibilities.⁴ While tutors may demonstrate strong academic competence, training programs frequently do not equip them with the necessary skills to provide appropriate emotional and mentorship support to learners.⁵ Studies have shown that tutors trained in emotional support and mentorship are more adept at addressing the mental health and academic performance-related issues of students.^{6,7} Therefore, tutor training programs are required to be well-organized and include emotional intelligence and mentorship. Medical education has been undergoing remarkable change, driven by rapid technological progress and the steady evolution of teaching methods. It is now widely recognized that educators must engage in continuous professional development to keep pace with these changes and ensure that their teaching practices remain relevant and effective.^{8,9} Contemporary learners, often

referred to as digital natives, are now immersed in interactive, personalized, and easily accessible learning environments. Modern technologies such as virtual reality, online learning platforms, and simulation-based training have provided new opportunities for students to strengthen their clinical competence, refine decision-making, and practice in safe, controlled settings. These innovations not only enhance learning but also prepare future healthcare professionals for the realities of an increasingly digital healthcare landscape.⁸ However, this rapid shift toward technology-integrated education has also brought challenges for tutors. Many educators report feeling inadequately prepared to use emerging digital tools, largely due to limited formal training and institutional support.¹⁰ The pressure of adopting new technologies without sufficient guidance often leads to stress and self-doubt, leaving tutors frustrated and uncertain about their abilities.¹¹ This sense of unpreparedness can, in turn, hinder their capacity to provide both intellectual guidance and emotional support to students.¹² Therefore, this study aims to investigate dental tutors' perspectives regarding their preparedness to assist students in both academic and non-academic dimensions of their education. It aims to comprehend how these experiences might guide the formulation of faculty programs that augment student support capabilities.

METHODOLOGY

A qualitative phenomenological approach was employed in this study, which was conducted across three Dental colleges in Abbottabad. Tutor preparedness as a lived experience of feeling ready, capable, and willing to take responsibilities of a particular role or situation, while simultaneously negotiating uncertainty, limitations, and the need for support aligns with phenomenology. The steps of methodology are shown in figure 1.

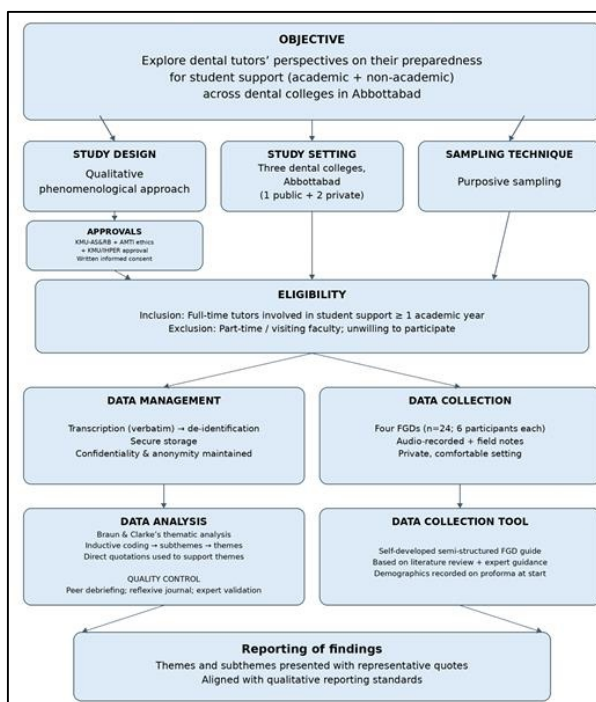


Figure 1: Flowsheet of Research Methodology

Research approval was granted by the Advanced Studies and Research Board (DIR/KMU-AS&RB/ET/003043) and the ethical approval was granted by Khyber Medical University via reference number (1-12/IHPER/MHPE/KMU/25-7). Informed written consent was sought from participants before data collection. FGDs was used as data collection method to explore preparedness not only as a lived experience of individuals but also as a socially situated and relational phenomenon in the context of an educational institute, in alignment with phenomenology. Group interaction in

FGD allowed participants to reflect on, compare, challenge, and collectively express what preparedness meant within their educational contexts.¹³ Researchers developed a semi-structured guide for the FGD. It was based on a review of the existing literature and reviewed by two educationists at medical/dental institutions. The questions were designed to explore how tutors experience and perceive their preparedness for fulfilling their roles as student's support. Tutors employed full-time in these institutions and involved in student support activities for a minimum of one academic year. Tutors who were employed on a part-time basis or as visiting faculty were not included in the study. Participants meeting the inclusion criteria were selected by a purposive sampling technique and approached via seed participants at the included institutes, who further helped in recruitment till four FGDs were arranged, with six participants in each. FGDs were audio recorded with the participants informed written consent and transcribed verbatim. The FGDs took place in a private and comfortable setting to foster free and honest conversation. Participants data was collected on a proforma. The primary author led the discussion with an assistant to manage audio recordings and manage FGD arrangements. Thematic analysis was carried out following Braun and Clarke's framework.¹⁴ Each transcript was carefully read line by line to identify meaningful patterns, ideas, and recurring issues emerging from the discussions. The primary author generated initial codes, that were independently reviewed by the corresponding author and discussed with co-authors. Differences among authors were resolved through reflexive discussion and reference back to the transcripts. Using an inductive approach, initial codes were generated from text, phrases or sentences that captured key concepts related to the study's objectives. These codes were then compared, grouped, and refined into broader subthemes and overarching themes that reflected shared ideas and experiences among participants. In the final stage, the themes were reviewed by authors and refined to ensure accurate representation of tutors' perspectives. Direct quotations were included to support each theme, chosen for their clarity and ability to convey the collective sentiments of the group. To maintain the rigor and credibility of the findings, Lincoln and Guba's quality assurance criteria were employed, including peer debriefing, reflexivity, and expert validation.¹⁵ Peer debriefing was carried out during the analysis phase, where emerging themes and interpretations were shared with colleagues to assess their consistency and trustworthiness. Throughout data collection and analysis, a reflexive journal was kept documenting the researcher's reflections, assumptions,

and potential biases that might have influenced the interpretation of data. Additionally, an expert in qualitative research independently reviewed the preliminary themes and provided feedback on their coherence and alignment with the data. This iterative process ensured that the final themes were not only credible and dependable but also provided an authentic representation of the tutors' experiences and perspectives within dental education.

RESULTS

Table 1 and 2 presents characteristics of the study participants. Majority of the study participants were female 15 (62.5%) tutors. The mean age was 38.54 ± 6.36 years, with a median of 38.00 (33.0- 44.75) years. The average experience was 9.25 ± 4.86 years with a median of 8.50 (5.0 – 14.0) years.

Table 1: Characteristics of the Study Participants

Characteristics		n (%)
Gender	Female	15 (62.5%)
	Male	09 (37.5%)
Age (years)	Mean $\pm$ SD	38.54 ± 6.36
	Median	38
Experience (Years)	Mean $\pm$ SD	9.25 ± 4.86
	Median	8.50

Thematic analysis revealed four themes with two subthemes under each as shown in the figure 2 .

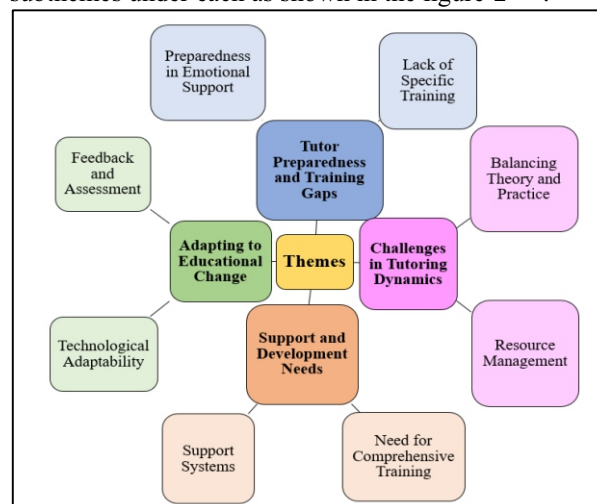


Figure 2: Themes and Subthemes Inducted from Data

As shown in the above figure, four themes emerged from the analysis: (1) Tutor Preparedness and Training Gaps, (2) Challenges in Tutoring Dynamics, (3) Support and Development Needs, and (4) Adaptation to Technological and Educational Changes. The table 2 shows the codes under each theme with representative quotes.

Table 2: Table of Themes, Codes and Related Quotes Derived from the Thematic Analysis

Themes and Codes	Representative Quotes
Theme 1: Tutor Preparedness and Training Gaps Codes: Unprepared for emotional support No formal training in mentorship Self-directed learning Lack of training for professionalism challenges Need for structured workshops	<i>"I haven't received any formal training specifically for handling student-related challenges in professionalism and emotional support." – (P7-FGD 2)</i> <i>"I didn't feel prepared at first, though I was academically strong, but when it comes to emotional support, I felt unprepared." – (P4-FGD 1)</i>
Theme 2. Challenges in Tutoring Dynamics Codes: Balancing theory and practice Managing time/resources Adapting to student learning styles Communication barriers Constructive feedback challenges	<i>"It's really challenging to balance the theory and practical applications together." – (P5-FGD 1)</i> <i>"Managing time and resources has always been challenging. I want to give more time to students, but clinical work takes priority." – (P9-FGD 2)</i>
Theme 3. Support and Development Needs Codes: Desire for structured curriculum Mentorship networks Stress management systems Workload management support Difficulty in managing distressed students Emotional burnout in students Uncertainty in handling mental health issues	<i>"Having structured training in mentorship, communication skills and student well-being would be beneficial for my role as a tutor." – (P13-FGD 3)</i> <i>"We need more than just subject expertise—we need training that helps us manage student stress, engage in mentorship, and integrate well-being into our teaching." – (P18-FGD 3)</i> <i>"There should be structured curriculum and teaching materials, mentorship and support networks." – (P18-FGD 3)</i>
Theme 4. Adapting to Educational Change Codes: Effort required to adapt Lack of hands-on practice Need for institutional support for tech use	<i>"I feel more confident while integrating these (new tools and technologies) into my teaching, but I don't always understand the use." – (P8-FGD 2)</i> <i>"I feel confident adapting to new educational needs, but I think it takes more effort than I'm given support for." – (P21-FGD 4)</i>

1. Tutor Preparedness and Training Gaps

Tutors stated their academic knowledge as adequate but expressed need for training on how to provide emotional support, and mentor others. Tutors mentioned lack of any official, structured training in the non-academic

requirements of their role, citing lack of confidence in observing symptoms of stress and provide emotional support. This is represented in participants quotes as in theme 1, table-2. The participants emphasized the need for structured training programs that focus on acquiring professionalism, emotional intelligence, and mentorship skills, as lack of such skills made it harder for them to provide support to students.

2. Challenges in Tutoring Dynamics

It was frequently expressed by participants that balancing clinical and academic tasks with was challenging time management, leaving limited time for interaction with students. Individual support to students was difficult in the given context despite desire to allocate in more time for such interaction. This is reflected in participants words as shown in theme 2, table-2. This reflects participants willingness to be trained and available in providing support to learners, along with balancing dual roles of service provision and academics. participants emphasized that allocating more protected time for educational activities would help tutors focus more on student well-being along with effective teaching.

3. Support and Development Needs

Necessity for organized support training, including mentorship networks and stress identification and providing support, to enhance tutor's ability to provide support were frequently expressed. The participants commonly agreed that there were not any official structures to support them in acquiring and enhancing their competency in this domain. Participants stressed for organized professional development opportunities that include both academic and non-academic skills required for teaching. This is represented in words of participants as in table-2. Institutional management to optimize workload will optimize tutors' availability for non-academic support. The participants expressed that giving more protected time for educational activities would help tutors focus more on student well-being as well. This is reflected in participants' words in theme-3, table-2.

4. Adaptation to Technological and Educational Changes

Participants expressed interest in the use of the modern educational technologies, but many were not ready to use digital tools in their teaching meaningfully due to lack of enough support or training from their institutes. This made it hard to keep up with the growing usage of technology in education. Participants expressed a need for more help on how to use e-learning tools and virtual platforms not only in their lessons but extending support to learners in academic and non-academic domains. This expressed need is reflected in the words of participants as in theme 4, table-4.

DISCUSSION

This study examines the perceptions of tutors about their preparedness to offer student support, emphasizing their intellectual, emotional, and mentorship responsibilities. Participants in this study reported a lack of sufficient preparation for the emotional and psychological support required by their students. Substantial deficiencies in tutor training, difficulties in reconciling clinical and educational responsibilities, and a pronounced need for better organized support systems were uncovered. Our results align with published literature indicating that dental tutors frequently receive inadequate training in non-academic domains of their responsibilities as tutors, including emotional support and mentorship.^{16,17} Lack of training in professionalism in providing non-academic support, emotional support, and mentoring is being provided to the tutors, making it hard for them to help students with their mental and emotional health problems.² This finding is similar to those of other research that stress the need to include emotional intelligence and mentorship in tutor training programs.^{11,18} Well-prepared and well-equipped tutors are capable of both intellectual and emotional support, helping them manoeuvre emotional situations of students and help in keeping them focused more on learning.¹⁹ Homberg et al. also validate this view about tutors' preparedness.¹⁷ Literature indicates that tutors trained in mentorship and student well-being are more inclined to cultivate a positive learning environment and facilitate students' academic and personal success.²⁰ There is a substantial clinical obligation on tutors reducing their ability to dedicate adequate time to offering individualized help to students. This problem is not unique to participants of this study; medical educators all around the world have to deal with balancing clinical obligations, academic responsibilities, research work, and administrative activities.^{21,22} This overburden leads to stress and exhaustion among tutors, therefore impairing their capacity to adequately support learners.^{23,24} Studies has reported pronounced need among tutors for institutional measures that would allow them more time for academic role and student's support, facilitating enhanced interaction with students.²⁵ Well supported tutors are more inclined to be effective in navigating students through the intricacies of education and wellbeing.^{12,26} Although the participants of this study did not feel prepared confident to use recent technologies in their academic role as it will create efficiency and more space for non-academic support to learners. This is part of a bigger trend in dental education, where the quick use of digital resources like e-learning platforms, simulation-based learning, and virtual classrooms has surpassed the training given to teachers.²⁷ Need was expressed for specific training in digital education technologies to keep pace with changing needs of

learners as well. A significant impediment to this was lack of institutional support in terms of funding and time allocation for professional training of tutors. Tutors who receive adequate training in educational technologies are often more effective in engaging students and improving learning outcomes along with individual support.¹⁰ This highlights the importance of institutional commitment to providing ongoing support and professional development opportunities that help educators adapt to the evolving landscape of dental education. Participants also described a sense of professional isolation, which they attributed to the absence of structured mentorship networks within their institutions, to help them navigate their role. This gap underscores need for investment in faculty development programs that foster support for tutors. Participants emphasized that regular training sessions and peer forums could create valuable spaces for tutors to exchange ideas, share experiences, and seek guidance when facing student-related challenges.^{2,3}

LIMITATIONS

The purposive sampling, and FGD dynamics might have potentially influenced participants views. Limited institutes representation may represent institutional dynamics influencing experience of preparedness as a phenomenon.

CONCLUSIONS

Comprehensive and systematic faculty development programs that encompass both academic and non-academic dimensions of tutoring, with an emphasis on emotional intelligence, mentorship, and digital competency, to enhance tutors' preparedness for their dual duties is a need in dental education. Also, dedicated time for teaching and student support with reduced clinical burden and enough institutional support in terms of training on digital technologies might make tutors more effective.\

CONFLICT OF INTEREST: None

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The authors accept responsibility for all aspects of the work and will ensure that any concerns regarding the accuracy or integrity of any part are properly investigated and resolved.



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