Original research

Personal tutoring in nursing studies: A supportive relationship experience aimed at integrating, curricular theory and professional practice

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ABSTRACT

The goal of personal tutoring is not only to guide future nurse practitioners in all aspects of their professional development in the academic context, but to support their development for nursing practice as well. The aim of this study is to explore how nursing students and personal tutors experience the process of personal tutoring.

This was a qualitative study using educational action research methodology and convenience sampling, taking into account the criteria of maximum variation and theoretical saturation. Data were gathered through focus groups conducted separately with nursing students and personal tutors.

The analysis revealed three categories that described the participants' experience of personal tutoring: tutoring as a supportive relationship that includes pastoral care; the personal tutor as a professional who links theory and practice; group meetings as an opportunity for peer support and learning.

Personal tutoring is perceived by students and tutors as a supportive relationship that contributes to both the personal and the professional development of future nurse practitioners.

1. Introduction

Personal tutoring is a model of guidance involving different levels of intervention (Alvarez, 2015). Its overarching goal is to promote students' academic and personal development, foster their sense of belonging, and help them to integrate within the university institution (Stephen, O'Connell and Hall, 2008; Braine and Parnell, 2011), as distinct from the model of *preceptors and mentors* who facilitate integration in the area of clinical practice (Edward et al., 2017; Ward and McComb, 2018). More specifically, personal tutoring seeks to encourage a more reflective approach to learning, extending students' knowledge, making them aware of their abilities and limitations, and improving their communication skills (Mazurkiewicz and García, 2008). This allows the creation of a climate and culture of support over the years of the degree course (Hughes, 2004).

Within the European context, White et al. (2018) note that universities in the UK have traditionally shown a greater interest in promoting students' personal development through personal tutoring schemes, whereas in France a greater emphasis has been placed on knowledge and research (Szyba et al., 2018).

In Spain, the most recent legislation on university education (the *Ley*

Orgánica de Universidades; see the Official Gazette of the Spanish government: Boletín Oficial del Estado, 2001) makes no explicit reference to the forms of support that should be available to undergraduates. It is acknowledged, however, that students should receive help and advice from their professors and tutors (Bausela, 2010). Indeed, in the *Informe Universidad 2000* [Report on Universities 2000] (Bricall, 2000) it is suggested that students could be offered bespoke support and guidance by a personal tutor (PT). In the specific case of nurse education, the support offered through personal tutoring can play a key role in ensuring that future practitioners acquire the skills they need to offer high-quality patient care (Navarra, Stimpfel, Rodriguez, Lim, Nelson and Slater 2018; Dobinson-Harrington, 2006; Urwin et al., 2010).

2. Background

The personal tutoring scheme in our university school of nursing aims to promote the academic, personal, and professional development of students (Alvarez and Forner, 2008), to help them to integrate within the institution of the university (Stephen, O'Connell and Hall, 2008), and to instill in them the values of their future profession (Gidman et al., 2000; Watts, 2011; Yale, 2017). According to Alvarez (2009),

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Table 1
Themes to be explored in the focus groups.
Source: Compiled from the model proposed by Seidman (2013).

Themes to be explored	Purpose of exploring the theme
Theme 1: Explain your personal background and trajectory in becoming a personal tutor or nursing student receiving personal tutoring.	To gather information about the participant's lived experience in relation to the topic of study.
Theme 2: Explain your current experience as a nurse.	To gather information about the participant's experience in relation to the specific socio-historical context in which it was gained.
Theme 3: Explain what being a personal tutor or nursing student receiving personal tutoring means to you.	To gather information about the meaning of this experience for the participant.

personal tutoring can play a role in helping students to develop their personal and professional identity, interpersonal skills, and learning processes, as well as guiding them in the course of their studies and subsequent entry into their chosen profession.

The functions of the PT (Braine and Parnell, 2011) include supporting and advising students, facilitating their learning process, and helping them to manage and organize their study habits (Potolsmy et al., 2003). The PT should also seek to enhance students' motivation and capacity for independent learning, to encourage a sense of responsibility and commitment, and to facilitate both their ability to overcome difficulties (Mazurkiewicz and García, 2008) and their development as individuals (Braine and Parnell, 2011). Phillips (1994) identifies three key elements within the role of the PT: teaching, counseling, and supporting.

Numerous studies have examined the role played by *mentors* or *preceptors* (Myrick et al., 2011) in the context of clinical placements (Gleeson, 2008; Mamhidir et al., 2014; Chen et al., 2016; Tuomikoski et al., 2018). However, fewer studies have investigated personal tutoring in the academic environment (Sword, Byrne, Drummond-Young, Harmer and Rush, 2002). In this context, it should be noted that while students may have different mentors and instructors during the course of their basic clinical training, the PT remains the same throughout (Newton and Smith, 1998). Therefore, the aim of the present study was to explore how both nursing students and PTs experienced the process of personal tutoring, since according to Braine and Parnell (2011) there is currently little evidence regarding students' perceptions of personal tutoring. The findings may serve to identify ways of improving personal tutoring schemes and thus enhance the teaching and learning process within universities. Furthermore, because personal tutoring implies considerable economic costs for universities (Watts, 2011), it is important to establish whether its benefits justify the financial outlay.

3. Methodology

3.1. Design

This was a qualitative study using the methodology of educational action research (EAR). Latorre (2007) describes EAR as a form of investigation carried out by teachers which allows them to revise their teaching practices on the basis of the evidence obtained from the data and from the critical judgements of others. In the specific case of this study, a first cycle of reflective action (Lewin, 1946) was carried out, involving the four steps of planning, acting, observing and reflecting (Kemmis et al., 2014).

3.2. Sample/participants

Convenience sampling was used to select nursing undergraduates and personal tutors. The main criterion for recruiting students was to ensure they represented all four years of the nursing degree in our institution. This was important because the objectives of the personal tutoring scheme are not the same for all academic years: specifically,

the focus in years 1 and 2 is on the development of interpersonal skills and learning processes (Alvarez, 2009), whereas in years 3 and 4 greater attention is paid to the development of professional identity and entry into the profession (Alvarez, 2009).

The main criterion for the inclusion of PTs was that they had exercised this role with at least one group of students throughout all four years of the degree. Consequently, they would have experience of addressing all the objectives of the personal tutoring scheme. All tutors had previously received the same face-to-face training in tutorship from an expert in the field and also had access to a teaching guide that specified the materials to be worked on in the tutoring sessions.

Maximum variation sampling, applying the criterion of sufficiency (Seidman, 2013), was used to select participants, with the process ending when theoretical saturation was reached (Strauss and Corbin, 2002).

3.3. Data collection

Between February 2013 and February 2014 we conducted two focus groups with tutors, scheduling one during the morning (FG_T_1) and one during the afternoon (FG_T_2) in order to facilitate attendance and ensure maximum variation. Two focus groups were also held with students, one with students from years 1 and 2 (FG_S_1) (the development of interpersonal skills and learning processes) and the other with students from years 3 and 4 (FG_S_2) (the development of professional identity and entry into the profession).

All the focus groups comprised between six and eight people (Latorre, 2007) and included both male and female. We also ensured that tutors and students with positive and negative experiences of personal tutoring were selected.

The themes to be explored in the focus groups were determined by considering the in-depth interview model proposed by Seidman (2013) (see Table 1). The focus groups lasted around 90 min on average. They were audio-recorded and transcribed verbatim.

Potential participants were initially sent an email with information about the study and requesting their participation. A date and time for the focus groups (outside the university) was then agreed. Informed consent was obtained on the day of data collection, before the start of the groups. The focus groups were led by the principal researcher, who was a professor at the school of nursing, as were the other members of the research team. None of the members of the research team were PTs of the students who participated in the focus groups.

3.4. Ethical consideration

The study was approved by the Research Ethics Committee of [name of institution blinded for review]. In addition to obtaining informed consent from all participants we established a protocol to ensure the confidentiality of all data collected.

3.5. Data analysis

Data were analyzed using a grounded theory approach based on theoretical sampling and the constant comparative method (Strauss and Corbin, 2002) in order to be able to obtain information on participants' experiences.

Initially, *open coding* was carried out, in which fragments of the participants' discourse were linked to labels of meaning. Then, the most frequent open codes were identified, thus beginning the definition of provisional categories. In the second analytical phase, *axial coding* was performed, in which the properties and dimensions of the provisional categories were identified with the objective of establishing the definitive categories. Finally, *selective coding*, or the establishment of relationships between the definitive categories, was carried out. The creation of the *coding paradigm* and of analytical, methodological, theoretical and bibliographical *memos* (Charmaz, 2006) facilitated both the analytical process and the elaboration of the theoretical dialogue.

The data were analyzed independently by two members of the research team. An expert was hired to carry out an external audit of the entire process.

3.6. Validity and reliability

Following the recommendations of Guba and Lincoln (1981) several strategies were applied to ensure the validity and reliability of the research. As general strategies throughout the research process, we used work standards and conducted both an internal and external audit. ATLAS. ti 7.1 software was used as operational support. More specifically, and in order to ensure credibility, the results were illustrated with verbatim fragments of discourse from the transcriptions (see Table 2), and the participants' data were triangulated. The consideration of the results as working hypotheses, not susceptible to generalization, and the description of the sampling context ensured transferability. Finally, to ensure the reliability of the results, members of the research team kept a reflective diary, especially during the analytic process.

4. Findings

The final sample comprised 13 nursing undergraduates and 14 PTs. Among students, 54% (n = 7) were enrolled in either year 1 or 2 of their studies, and 46% (n = 6) in either year 3 or 4. Five of the PTs (36%) were full-time tenured professors at the school of nursing, while the remainder were associate instructors. All the PTs were originally trained as nurses and had clinical experience.

The analysis of the focus group discussions revealed three categories that described the students' and tutors' experience of the personal tutoring scheme: 1) personal tutoring as a supportive relationship that includes pastoral care; 2) the PT as a professional who links theory and practice; and 3) group meetings as an opportunity for peer support and learning.

In the following sub-sections we discuss each of the three categories, illustrating them through reference to the verbatim quotations presented in Table 2. Thus, for example, the label FG_T_1:1 in the text indicates that the point being made is supported by quotation FG_T_1:1 in the corresponding table (see Table 2).

4.1. Personal tutoring as a supportive relationship that includes pastoral care

Both students and PTs saw the personal tutoring process as a supportive relationship in which pastoral care was an important aspect (Ensher and Murphy, 2005) **(FG_S_2:1; FG_T_1:2)**. This reflects what Jacobi (1991) describes as a personal and reciprocal relationship from which both parties may benefit emotionally.

This supportive relationship provides students with a greater sense of security in a setting that is perceived as impersonal **(FG_S_1:3;**

FG_S_2:4), this being an aspect that was also identified in the study by Dobinson-Harrington (2006). In this regard, and as Levett-Jones and Lathlean (2008) suggest, the lack of belongingness may have harmful emotional, psychological, and physical consequences for the student. It should be noted that most students are still at the developmental stage of late adolescence when they enter university (WHO, 2017), and as Gutiérrez, Montoya, Toro, Briñón, Rosas and Salazar (2010) point out, it is here that mental health problems (FG_T_2:5; FG_T_1:6) such as anxiety and mood disorders are often exacerbated. Several authors also highlight that nursing students experience higher levels of academic stress than do students in other disciplines (Li et al., 2002; Stephen, 2013).

The greater academic demands that are implicit to higher education are acknowledged by students to be a key source of stress (Pérez-Villalobos et al., 2012). In this context, Gammon and Morgan-Samuel (2005) found that structured tutorial support could have a positive effect on nursing students' self-esteem, coping skills, and resilience (Chow et al., 2018) and help to reduce stress associated with their studies. More generally, the guidance that students are offered can play a key role in helping them to adjust to university life, this being a necessary step on the road to academic success (Londoño, 2009) and one which is important for student retention.

Our students saw the PT as someone they could turn to, not only for help with their learning process **(FG_S_2:7)** (Potolsmy et al., 2003) but also as a mediator in their relationship with other course tutors **(FG_S_2:8)**. Several authors (Hilli et al., 2014; Flott and Linden, 2016) argue that interpersonal relationships are an important factor in whether or not students continue with or abandon their studies. These relationships ideally promote feelings of belonging, of recognition, and of well-being, and they connect individuals to the context in which such encounters take place (Ross et al., 2014).

If, however, a supportive relationship is not established, students may experience the personal tutoring sessions as just another course subject to be completed **(FG_S_2:9)**, as something that merely increases their workload **(FG_S_1:10)** and stress. A similar observation was made in the study by Braine and Parnell (2011), where nursing students reported feeling frustrated when they perceived a lack of interest or poor organization on the part of the PT. Our students considered that PTs need to have certain qualities **(FG_S_1:11)** and to be clear about their role **(FG_S_1:12)**. Regarding the latter, Gidman et al. (2000) suggest that the role and responsibilities of the PT are often not clearly defined, such that students do not always know what to expect of them. For their part, Coyle-Rogers and Cramer (2005) note that students and nurse educators may have different perceptions regarding roles and responsibilities. As for the qualities required by the PT, Berk et al. (2005) refer to the need for expertise, professional integrity, honesty, accessibility, approachability, and motivation, as well as respect from one's peer in not the field.

For the PT first tutorial session is where the foundations must be laid for the supportive relationship. As this relationship becomes consolidated and trust is gained, the objectives of tutoring can begin to be met. In this respect, the experiential aspects and the person-to-person relationship are highly valued **(FG_S_2:13)**, as is the opportunity that both parties have for personal development (Jacobi, 1991). In the study by Braine and Parnell (2011), students highlighted the need for the PT to offer structured support of their personal development.

Some of the PTs in our study referred to the need for training in how to address more personal or emotional problems that students might experience **(FG_T_1:14)**. This reflects the findings of Easton and Van Laar (1995) regarding the stress that tutors can feel as a result of helping distressed students. Offering PTs adequate support and, where necessary, training is important for ensuring that they are able to support students and have a positive influence on their learning and decision making (Braine and Parnell, 2011).

Table 2
Evidence to support the categories.

Category	Focus group and quote	Evidence (verbatim)
Supportive relationship that includes pastoral care	FG_S_2:1 FG_T_1:2 FG_S_1:3 FG_S_2:4 FG_T_2:5 FG_T_1:6 FG_S_2:7 FG_S_2:8 FG_S_2:9 FG_S_1:10 FG_S_1:11 FG_S_1:12 FG_S_2:13 FG_T_1:14	In the individual meetings I had a really good relationship with my tutor, not to the same personal level as with a friend, although we did talk about personal things, about my future, about academic issues, etc. I also think it's important to have this private space with your tutor where you can talk about anything. You're not only offering academic support, you're supporting them emotionally, in an applied sense, from the point of view of their future as nurses. I thought things would be more impersonal at university. My life changed when I went to university. Until I was eighteen I'd been at the same school, from three to eighteen. So of course, you leave all that and you don't know what you will find. And then you have this person who says 'I'm your tutor, I'm a nurse, and I'll help you with whatever you need'. The experience of attending to students shows you that some have more emotional needs than others. As a tutor I wonder if I'll be able to respond to the emotional problems I'm detecting in students. For me it's been a really positive experience, because in the first two years I was a bit lost and found it really hard to get organized. In general, it's been valuable, having this contact person and knowing that there's somebody who can help you in your relationship with the other course tutors. Well, in my case it hasn't been very personal; in fact it's been a rather cold relationship. I think if there'd been more of a personal element then it wouldn't feel like just another subject you have to get through. There are times when it's more of a hindrance than a help. Like it was just another task to be done, when in fact it isn't. It's there to help you. Knowing the purpose of the personal tutoring scheme, being empathic. You'd imagine that if you're doing this job, then you must be an empathic person. You'd imagine that you'd have to have those qualities. Maybe they're not entirely sure what it is they're meant to do. Having someone you can go to, even for a small problem or to talk about something that's happened to you or to somebody else or whatever. It's good, because if you have a problem or you don't know who you have to talk to or what you have to do, they tell you what you have to do, like a kind of professional guidance. And that's why the tutors also need training. I don't know everybody's background … what their clinical experience has been, or whatever, their area of knowledge. But you also have to learn how to offer guidance to students.
The personal tutor as a professional who links theory and practice	FG_T_1:1 FG_S_1:2 FG_S_1:3 FG_T_2:4 FG_T_1:5 FG_S_1:6 FG_S_2:7 FG_S_1:8 FG_S_2:9 FG_T_2:10 FG_S_1:11 FG_S_2: 12 FG_S_1:13	But my impression is that they're doing one subject here, another there, and they're not able to make the link. They find it really hard to see the overlap, how it all fits together. So I'm here and I start to make these links. For instance, there's this subject that you don't like very much, or so you think. Well, she explained what use it would be in practice. And so, this subject that you thought would be of no use, it turns out that it's one of the ones that you'd most be putting into practice when you're working. It's really good to have this contact with someone who works in the field that you're studying, so you can hear first-hand about their experiences. If there are things you're not sure about, then maybe someone who hasn't studied or worked in the same field might not be able to help you even if they want to. I too see the personal tutoring scheme as a process of accompanying students, where you help them to know more about the world of healthcare. I think this is a really important aspect, given the situation they're going to encounter at work, which is increasingly complex. It's a growth process. There's also a development that takes time, and I find that really interesting. Because actually it's like you go on being a nurse in the classroom, at the university. And I think the students pick up on this. Maybe not at first, but I'm sure that at some point in their life they're going to make that link, which I think is fundamental. And that they too at some point will realize that they've been looked after. She makes you see that you're not doing things perfectly, and above all she explains to you where you're going wrong and what you need to improve. And she helps you to think every day about what you shouldn't do, "No, I need to be more tactful with people". So you have to reflect a lot, that's for sure. Every time you enter a patient's room or you're walking along the corridor and you say "Hello Manuel". And then you think about it sounded, and that he might have felt bad. "No, the next time I'll say to him: Hello Manuel, you're looking well today". The tutor wants the best for me. He could have said nothing, but no, he lets me know. She tells it like it is, but in a very polite way. What I've had to learn in this case is knowing how to respond according to who the student is and what they need. With the experience of having students you see that some of them have emotional needs. So you try to adapt the focus of the tutorial sessions to whatever it is that a particular student needs. Well, he's not my father. That's important to remember. But that sort of thing has happened to a lot of students. And that they also want to learn from you. That they don't think it's only us who have something to learn. Because OK, we're students, but they have been students too, and I think they can learn from us. They have to realize that there are lots of ways of doing things. That's something I think the tutor has to be really aware of. They have to listen to the student's opinions, to see that perhaps they could do things differently.
Group meetings as an opportunity for peer support and learning	FG_S_1:1 FG_T_2:2 FG_T_1:3	For me the group meetings were the key to the tutoring scheme, to what makes it a success. The group meetings I think are a really good idea. The students share information. And they fill in the gaps that the tutor leaves. It's the part I like the best, because I can sit back a bit and they ask questions of each other. So actually,

(continued on next page)

Table 2 (*continued*)

Category	Focus group and quote	Evidence (verbatim)
	FG_T_2:4 **FG_S_2:5**	I'd like it if all the tutorials were group meetings and that they could learn from each other. Somebody will have a problem or question, and one of the others will have something to say. It would be a peer tutorial. And it's very enriching for them, they help each other. I think the group meetings foster teamwork. It's a space where you can compare different models of healthcare. I've really enjoyed the group meetings because we shared and compared experiences. Or when you waiting to start your clinical placement and you've got all these feelings about it and one of your classmates says "You're going there? Well, so and so told me that they're really good and that she really enjoyed it".

4.2. The personal tutor as a professional who links theory and practice

Both PTs and students saw the tutor as a professional role model (Watts, 2011) who, by sharing his or her clinical experience, can help students to make sense of and connect the content of their different course subjects **(FG_T_1:1; FG_S_1:2)**. In the view of Jacobi (1991) and Almeida et al. (2002), tutoring is not merely a tool for promoting the student's professional development but is also a place in which theory and practice can be brought together through the figure of the tutor (Berk et al., 2005). In this context, our students valued the contact with an experienced professional **(FG_S_1:3)**, while for tutors their experience means that they can provide students with first-hand accounts of the healthcare settings that they will encounter upon completing their studies **(FG_T_2:4).**

The PTs saw some similarities between patient care and the supportive relationship they sought to establish with students. This was regarded as an opportunity for students to learn through imitation about how they should relate to and communicate with patients when providing professional nursing care **(FG_T_1: 5)**. According to Hall (2010), the concept of care within nurse education is modeled through the positive interactions between students and their tutors, such that their own care skills develop through the experience of being cared for by their PT (Dobinson-Harrington, 2006). Van Wagoner (2004) suggests that perceived warmth in the relationship with a PT can be an opportunity for students to experience the essence of care.

In addition to being a professional role model, the PT is, according to our students, someone who can help them to become a better person by reflecting on their own behavior **(FG_S_1:6; FG_S_2:7)**. In this context, Warne and McAndrew (2008) and Braine and Parnell (2011) regard personal tutoring as a space in which students can feel safe in expressing their feelings, thus allowing the tutor to act as a catalyst of the student's personal development. In order for this to be possible, however, the PT must be an honest (Berk et al., 2005) and empathic person **(FG_S_1:8; FG_S_2:9)**. Tutors themselves acknowledge the importance of adapting the focus of tutorial sessions to the specific needs that some undergraduates present **(FG_T_2:10)** (Feliz-Murias and Ricoy-Lorenzo, 2004). This is consistent with the notion of attention to diversity, that is, the use of different approaches within a given learning context in order to address a range of needs (Aguilar, 2000). In this respect, and as Watts (2011) suggests, personal tutoring can be an important source of support that boosts the academic performance of students with special needs.

Finally, our students felt that it was important that their PT did not adopt a paternalistic attitude or seek to impose their own criteria without taking the student's views into account **(FG_S_1:11)**. Indeed, they considered that tutors should be open to the possibility of learning from their tutees **(FG_S_2:12)** and be respectful of different ways of doing things **(FG_S_1:13)** (Berk et al., 2005).

4.3. Group meetings as an opportunity for peer support and learning

The group meetings, which were held twice a year with the objective of bringing together students from different academic years, were viewed very positively by all those involved **(FG_S_1:1; FG_T_2:2)**.

In the opinion of the PTs, having a space in which students could share experiences and information about course subjects was both helpful and motivating, especially for students at earlier stages of their training. A similar conclusion was reached by Pegram and Fordham-Clarke (2015), who found that first-year nursing students experienced reduced anxiety and increased self-confidence as a result of the constructive feedback they received from more senior students in a peer learning scheme. Our PTs also saw the debate and exchange of experiences as enriching for students **(FG_T_1:3)**.

Both PTs and students considered that the group meetings not only fostered teamwork **(FG_T_2:4)** but also provided a space for peer learning, in which students from different academic years could share their experiences of clinical placements **(FG_S_2:5)** (Pegram and Fordham-Clarke, 2015). Lincoln and McAllister (1993) suggested that one feature of the supportive relationship that is established between students in peer learning contexts is that they feel freer to ask questions that they might not put to a professor or a PT.

5. Discussion

The results of this study suggest that personal tutoring schemes are a key source of support for students within the university context (Fernández-Salinero, 2014; Ghenghesh, 2018), especially in the case of programs such as nurse education, where they serve to promote both the personal and professional development of future practitioners (Braine and Parnell, 2011; Knight et al., 2012).

For students and tutors alike the process of personal tutoring implies building a supportive relationship, one from which both tutee and tutor may benefit (Jacobi, 1991). The personal tutoring scheme in our school of nursing includes both individual and group meetings, and thus there are two kinds of supportive relationship: one between student and PT, and another between students from different academic years. Gairín, Feixas, Guillamán, and Quinquer (2004) argue that the combination of different kinds of tutorial support (i.e., one-to-one with a personal tutor and also among peers in a group) ensures a wider range of learning opportunities and provides a richer source of academic guidance during university studies.

The supportive relationship established in individual tutorials can function as a safety net for students and help them to adjust to university life. As noted by Gidman (2001) and Gidman et al. (2000) this provides a safe space in which students can talk about their problems and ask for advice, and where the tutor can help the tutee to reflect upon his or her progress. It is also an opportunity for informal and integrative learning, as tutors can draw upon their professional experience to show students how theoretical course content relates to clinical practice (Cano, 2008; Lázaro, 2008; Núñez and Rodriguez, 2011; Alvarez, 2015). The relationship with their PT, who in this case is also a nurse, may also provide students with a model of how they should relate to patients (Dobinson-Harrington, 2006; Hall, 2010; Van Wagoner, 2004). This reflects what Ross et al. (2014) refer to as

'student-centered care', which bears similarities to the person-centered care that is offered by nursing professionals. In this regard, it should be noted that the supportive or helping relationship that is established between nurse and patient is a core feature of professional nursing care (Sumner, 2006; Sumner and Fisher, 2008). Several international studies have shown the problems that nurses find in integrating theory and practice in caregiving (Holt et al., 2000; López-Parra et al., 2006; Arreciado and Isla, 2015; Rodrigo et al., 2016). Because of this, personal tutoring can be considered as a very useful tool to address this gap between theory and practice that is currently making the conceptualization of care more difficult for new caregivers, and, consequently, their evidence-based practice.

Our nursing students considered that PTs needed to possess certain qualities (Gidman et al., 2000; Gidman, 2001) in addition to their professional experience in order to establish a supportive relationship with tutees. More specifically, and consistent with the qualities mentioned by Berk et al. (2005), it was suggested that tutors needed to be approachable, honest, empathic, and fully engaged with their role. Students also felt that PTs should be careful not to adopt a paternalistic attitude as this implies a lack of respect for students' priorities and way of doing things at this point in their lives. In light of these comments it would be interesting to develop an instrument for evaluating the extent to which potential PTs possess these skills and qualities. This could help to address one of the recommendations made by students, namely that the university should pay greater attention to the process of selecting PTs.

In fact, the tutors themselves referred to their own need for more institutional support and specific training in order to meet the different needs of students, both academic (Feliz-Murias and Ricoy-Lorenzo, 2004) and, especially, emotional (Pérez-Villalobos et al., 2012). In this respect, further qualitative research could be helpful in identifying the training and support needs of PTs. The results obtained could then be used to design appropriate training programs and, thus, improve the quality of personal tutoring schemes.

As regards the group meetings involving students from different academic years, these were seen as providing a support network and a space for peer learning. The opportunity for reflection, dialogue, and an exchange of ideas and experiences fosters a more collaborative culture within educational settings (Cano, 2008), helping students to adjust to university life and enabling the transmission of professional values (Stephen et al., 2008; Watts, 2011). In this context of peer support the role of the PT is to encourage dialogue. As Loke and Chow (2007) note, peer tutoring not only exposes students to new ideas but provides them with the opportunity to develop transferable competences such as communication and interpersonal skills.

The main limitation of the present study is that all the researchers were also instructors in the school of nursing where the study was conducted. In order to reduce any associated bias we ensured that none of the students included were being tutored by members of the research team, and we also carried out an external audit of both the process of analysis and the interpretation of findings.

6. Conclusion

Both students and tutors see the personal tutoring scheme as a supportive relationship that includes the provision of pastoral care and whose purpose is to accompany students throughout their academic training. The one-to-one meetings with PTs function as a safety net and provide students with a safe space, facilitating their professional development and allowing them to experience the essence of a caring relationship. These sessions are also perceived as a space for informal learning, as students can draw upon the tutor's professional experience to link theory with clinical practice.

Students consider that PTs need to possess certain skills and qualities, and that the university should pay greater attention to the process of selecting tutors for this role. They also see it as essential that the PT

has worked in the profession that they are aiming to enter. As for the PTs, they believe that more support and training is required to enable them to respond adequately to the diverse needs, both academic and personal, that emerge within the university context.

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Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.nepr.2019.05.005.

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