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Assessment of Medical Students 'Satisfaction in Training Hospital of Private Part in Iran

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Abstract:
Background: clinical education is one of the important section of the medical education that student spend many weeks in different clinical departments for acquiring clinical skills and competencies. The purpose of the study was to survey medical students' satisfaction with clinical education during medical internship in training hospital of private part in Tehran, Iran.**Methods:** A cross-sectional descriptive analytic study was conducted in 2017 on all students and interns of training hospital of private part in Tehran, Iran. 583 medical students of the last year (fifth and sixth year) completed the satisfaction questionnaire of clinical education and education in various clinical departments during the replacement period in hospitals affiliated to University. Each questionnaire question had a closed response. **Results:** In general, students were dissatisfied with the clinical education of 25.20% and 74.80%. From the point of view of the relationship between the four areas of satisfaction questionnaire (quality of executive regulations and the effectiveness of clinical teaching professors.**Conclusion:** Access to resources for proper and adequate education, the adequacy of appropriate educational environments for students, and the satisfaction of schedules and programs in hospitals did not show any significant relationship with age, sex, marital status, residence status and education. However, the result of this study showed that most of the students were dissatisfied with clinical education and their satisfaction was not related to demographic variables.

Introduction

In university education, satisfaction of students is one of the most important indication that explain the quality of program's education in specific university. Upcoming satisfaction, includes various dimensions such as facilitators and professors, curriculum, major courses, student services and college conditions. It can be argued that disgruntled or repeating students may be dismissed from the University for a Limited Number of periods or totally. In that case, the satisfaction, and total happiness of each individual student have to be analyzed **(Acheampong, Boyetey, Gyimah, & Okyere, 2013)** .Over decades, scholars in higher education have examined students' satisfaction for three reasons.

First, most researchers looked at student satisfaction levels in order to submit the least satisfaction of college and service programs, and report accountability and self-improvement goals in their studies. Secondly, some scholars examine student's satisfaction to compare their happiness with college programs and services with the consent of the entire college. Finally, only few analysist and scholars, examine students' satisfaction with the program of educational events such as students' maintenance and burnout or other social activities **(Chen & John Jr, 2004).** Medical is one of the most valuable professions that its necessity is not covered in any society by anyone. Therefore, the problems of medical education and human resources' training were worked out and the issues surrounding this field were considered at the head of educational planners' programs. It has been emphasized on the importance of the quality of medical education in order to recognize different type of medical school in other countries, and their difference methods and model's management, and over quality of that (Al Mansour et al., 2015). In order to improve the quality of Clinical education, it has to be considered by collecting information and analyzing data. It is an important criterion for judging and qualifying the curriculum to end its shortcomings. To increase the overall education system's quality, in the university system, we need to set up a series of training activities that should be based on the relationship that the teachers have with their medical community and the expectations. This can be including of the graduates of this field and analyze the area of need for the medical community in the field of health. All this brings together a comprehensive framework for managing the overall quality of education in medical field)**Farzianpour, 2009(.** There are many factors outside the university that cause students to be dissatisfied with their career and disturb their education. This factor is like: serious illness, financial problems, or family issues. Health variables such as smoking and alcohol and anxiety about their individual ability are those that could influence students' knowledge and retention (Sweeney, 2015).Our aim in this study is to assess medical students' satisfaction with clinical education, as an indicator for medical education in training hospital of private part in Tehran, Iran.

Materials and Method:

This is a descriptive cross-sectional study that will be conducted in 2017 on all interns and students of training hospital of private part in Tehran, Iran. This study was conducted on 646 interns. The number of students and staff in each hospital is different. 583 people completed the questionnaire. Participants included all interns and students attending clinical courses. Undergraduate students - physiopathology) and students who did not want to cooperate were excluded. The criteria of the student attendance in this study include: completion of the consent form for participation in the study, fifth or sixth year students of any age and each sex, monitoring the completion of questionnaires by the researchers, completing the demographic data sheet. Initially, the goals of the study were explained to the students and they were asked to carefully read it before answering any questions. The questionnaires were completed in the presence of the researcher. All of the medical students of the last year (fifth and sixth years of life) completed the satisfaction questionnaire, commissioned by Serwah (2015) that the validity of the questionnaire was determined through checking content validity. The overall internal consistency (alpha) of various component scales in the curriculum was 0.88 with a range of alpha 0.82-0.91 in various domains. (Serwah et al., 2015). In the present study Forward and backward translation techniques for the translation and cultural adaptation of the questionnaire into the Persian language were carried out. The test-retest reliability of the scale was assessed using the intra-class correlation coefficient. Addition to demographic information (age, sex, marital status, educational status, residency status and employment status), the questionnaire consisted of four parts: the quality of the educational regulations and the effectiveness of clinical teaching professors (9 items), access to patients (access to resources for education Appropriate and adequate) (8 questions), the adequacy of the appropriate educational environments for students (9 questions) and satisfaction with the schedules and programs of education in hospitals (8 questions). The questionnaire consists of four completely dissenting Likert responses to the full extent that ultimately turned into two opposing scales during the data analysis. Data were analyzed using SPSS-22 software and descriptive and analytical tests were used for independent T-test, chi-square.

Results

The mean age of the subjects was 2.36 25.24. The number of men in this study (25.7%), Ms. Teachers (74.3%) 150 433 people. the number of unmarried persons (77.6%) 451 and the number of married people had (22.4%) 130. Most people in degree of intern block three (20.1%) 117 people and individuals in the lowest degree stager block of four (8.2%) 48 people. (70.8%) 413 people along with the family and (29.2%) 170 people have had to be altered to stay. Most subjects (81.8%) 476 did not affiliate.

Table 1. Quality of Administrative regulations and efficacy of clinical trainers

	Item	Dissatisfied (%)	Satisfied (%)
1	Satisfaction with administrative regulations in hospitals during training.	434(74.5%)	149(25.5%)
2	Satisfied with the trainers awareness of medical students' learning needs and objectives	398 (73.2%)	185(31.8%)
3	Satisfied with number of hospital doctors in relation to number of students	339(58.1%)	154(41.9%)
4	Satisfied with number of faculty staff members in relation to number of students	342(58.7%)	241(41.3%)
5	Satisfied with level of feedback by trainers on students' progress'	415(71.2%)	168(28.8%)
6	Satisfied with experiences of hospital doctors	388(66.5%)	195(33.5%)
7	Satisfied with experiences of faculty staff's trainers	362(62.1%)	221(37.9%)
8	Satisfied with active contribution of hospital trainers	408(70%)	175(30%)
9	Satisfied with active contribution of hospital staff members in the training.	473(81.1%)	110(18.9%)
	Total	450(77.2%)	133(22.8%)

The first part of the questionnaire (77.2%) dissatisfied and 450 (22.8%) 133 are satisfied. The greatest satisfaction (41.9%) Related to the number of physicians relative to the number of medical students and the lowest satisfaction rate (18.9%) Related to the active participation of personnel training in hospital.

Table 2. Availability of and Approachability to Resources for Adequate Training

	Item	Dissatisfied (%)	Satisfied (%)
1	The approachability to hospital trainers	341(58.5%)	242(41.5%)
2	The approachability to college trainers	358(61.4%)	225(38.6%)
3	Satisfaction with access to patients for completion of case histories	350(60%)	233(40%)
4	The access to patients for completion of general and systemic examination	290(49.7%)	293(50.3%)
5	Availability of suitable patients for training according to our learning objectives in the curriculum	361(61.9%)	222(38.1%)
6	Approachability to patients with common diseases	348(59.7%)	234(40.3%)
7	Approachability to patients with rare diseases, diagnosis of which requires specialty	418(71.7%)	165(28.3%)
8	Approachability to all places of services provided to the patients at the hospitals (imaging departments, ER, CCU, ICU, operation theaters, Labs. etc.)	397(68.1%)	186(31.9%)
	Total	427(73.4%)	155(26.6%)

The second part of the questionnaire (73.4%) and dissatisfied (26.6%) of 427 155 people are satisfied. the greatest satisfaction (50.3%) Related to accessibility to the public and patients to complete the regular checkups and lowest satisfaction (28.3%) Related to accessibility to patients with rare diseases and the need for referral to a specialist.

Table 3. Assistance to Students and Adequacy of Learning Environment.

	Item	Dissatisfied (%)	Satisfied (%)
1	Availability of recommended reading materials and books in hospital/college library	359(61.5%)	224(38.5%)
2	Access to information technology facilities at the hospitals. eg. (computers, internet, data base)	449(77%)	133(23%)
3	Availability of training at the outpatient clinics	323(55.4%)	260(44.6%)
4	Adequacy of the size of the clinics for training	435(74.6%)	148(25.4%)
5	Subgroup size (the number of students in each clinic)	480(82.3%)	103(17.7%)
6	The methods of "practical evaluation" at the end of the course	462(79.3%)	121(20.7%)
7	Availability of adequate places for adequate discussion with training staff	446(76.5%)	137(24.5%)
8	Availability of suitable patients for adequate bedside training.	360(61.7%)	223(38.3%)
9	Subgroup size (the number of students clerking on one patient at department)	393(67.6%)	188(32.4%)
	Total	487(84%)	93(16%)

Of section III (84%) and dissatisfied (16%), 487 people 93 people are satisfied. The greatest satisfaction (44.6%) Relating to the availability of outpatient clinics, patients, and the lowest rate of satisfaction (17.7%) Related to the number of subgroup (number of students per clinic).

Table 4. Satisfaction with the program and schedule of training in the hospitals

	Item	Dissatisfied (%)	Satisfied (%)
1	The clinical teaching provided in the department	424(72.2%)	159(27.3%)
2	The clinical part of the module as a whole.	431(73.9%)	152(26.1%)
3	Schedule of training at the outpatient clinics (OPCs)	432(74.1%)	151(25.9%)
4	Schedule of training at bedside setting	412(70.7%)	171(29.3%)
5	The number of weeks scheduled for hospital training	379(65%)	213(35%)
6	The number of days per week scheduled for hospital training	361(61.9%)	222(38.1%)
7	The average number of patients available for each student for clerking every day	392(67.2%)	191(32.8%)
8	The methods of practical evaluation at the end of the course	433(74.3%)	150(25.7%)
	Total	471(80.8%)	112(19.2%)

section (80.8%) 471 people are unhappy and are satisfied (19.2%) and 112 people (38.1%) the most satisfaction. Related to the number of days scheduled every week for training hospital and lowest satisfaction (25.7%) Related to the use of a variety of methods of evaluation at the end of the period.

Students from all area of clinical training 25.20% were satisfied and dissatisfied 74.80%.There was no statistically significant association between the four main forms of satisfaction with the variables age, sex, marital status, status of residence, and education was not seen significant relationship. Just between the first

sphere (the quality and efficiency of clinical training instructor's executive regulations) and the employment relationship was found significant (P = 0/006) that the amount of satisfaction in people without additional income of people with affiliate.

Discussion:

In this study, the attitudes availability of outpatient clinics, patients) of medical students and their satisfaction with clinical education in the faculty of medicine of one of the Iranian university have been studied. One of the important and fundamental ways to raise the quantitative and qualitative level of the function of the clinical departments of medicine is the knowledge and awareness of the education authorities on the level of satisfaction of clinical students with the functions of various departments. Therefore, paying attention to students' opinions in future plans will help to improve this function. So far, various studies on the evaluation of professors)McGrath, Wai Kit Yeung, Comfort, & McMillan, 2005(Students' satisfaction with clinical education)Amanat, Danaei, & Amanat, 2010; Amini, Barzegar, & Hatami, 2001; Mortazavi & Razmara, 2001; B Zamanzad, Moezzi, & Shirzad, 2007(and primary and pre-requisites for clinical education)Heintze, Radeborg, Bengtsson, & Stenlåås, 2004(. In the field of clinical medical education and students' viewpoints in this area, the number of articles is very small and incomplete. Meanwhile, these surveys depend on the time and place of research. In this study, the general view on the satisfaction of fourth, fifth and sixth grade students from clinical education shows the level of students' satisfaction with clinical sections. In this study, there was no significant relationship between 4 domains and age and sex. While in Survey et al. (2015), 55.8% of girls and 48.4% of boys were satisfied with the first field and there was a significant relationship between gender and this area)Serwah et al., 2015(.. From the second domain, 61% of men and 56% of women agreed that they were meaningful.

In the third and fourth areas, the satisfaction in both sexes was equal in Saudi study and did not have a significant relationship. In this study, almost half (53.4%) of the last year students were dissatisfied with education at educational hospitals. Overall satisfaction for both male and female (52.2%) and female (54.1%) were more or less consistent with other study outcomes (Davis, Oh, Anderson, Gruppen, & Nairn, 1994; Hauer, Wachter, McCulloch, Woo, & Auerbach, 2004; Seabrook, Lawson, Woodfield, & Baskerville, 1998). According to Moses et al. (2011), gender affects student retention, and women are more likely to insist on completing the course (Sweeney, 2015). According to an article published at the University of Suez Canal in Egypt in 2015, 136 graduated students received a total of 86.8% complete satisfaction. 85.3 % Of outpatient education, especially duration, size and classroom environment, satisfied 76.5% of clinical education in hospitals, especially curriculum and educational environment were satisfied and 77.9% of the theory education, especially the experience of teachers and their attention to common and epidemiological diseases)Al Mansour et al., 2015(. Minaei and Ahmadinejad reported the overall satisfaction of clinical education in the outpatient field was 38% and in the teaching of patients with overweight patients 52%. Also, theoretical education 70% reported. The approach to common and epidemic diseases of class sizes and programs are among the most important factors influencing clinical education. There is no relationship between the satisfaction of quality of these types clinical education and the structure of the system. In this study, the relationship between gender and satisfaction was not studied. Although it has to be mentioned few studies show that female students are more satisfied than boys.

In the study, relationship between age, gender, marital status and educational status was not found)Ziaee, Ahmadinejad, & Morravedji, 2004(. Also, it conducted at the University of Tehran in 2005, 80.95% of the 189 graduates were satisfied with their studies at the Medical Faculty. 40% of dissatisfied people, 7.6% of the whole group were dissatisfied with the clinical education course. The change in the results of the recent study was based on the dissatisfaction of 67.75% of the subjects from the aforementioned period. 85% of dissatisfied educational programs were similar to the results of this study at 69.97%. Also, 61% of the people were dissatisfied with the adequacy of tuition, and welfare facilities, which was similar to the results of this study at 70.65%)Farzianpour, 2009(.. According to a study conducted in Pakistan in 2010 on 375 graduate students in the field of satisfaction with their academic activities: 57% of the participants in the study were dissatisfied with the current standards of their university education, which could be the subject of this study with the fourth area. Our study at one of the Iranian university generalized that according to the results of our study, 80.8% of the participants were dissatisfied with the current curriculum of the university)Manzar & Manzar, 2011(.

In the study of Cosandra, participation of students in basic topics, the establishment of free conversations, preparation of the conference by students, the attendance of new patients in the tracks along with the patents with a satisfaction of 78.3% were accompanied. While rushing and willingness to end Dissatisfied with 3.8%. The results of Cosnebra's paper were not related to the results of our paper. As a result, there is no comparative analysis possible)Guarino et al., 2006(.. According to a study by Gurpanar et al., The level of satisfaction of medical students with the problem-based learning method (PBL) was much more than the traditional method of education. In the present study, the degree of satisfaction of the sciences in the field of general medicine was measured in four areas and not only They were satisfied with two different educational methods)Gurpinar, Alimoglu, Mamakli, & Aktekin, 2010(. In terms of the relationship between the four main domains and

employment, there was a significant relationship between the first domain (quality of educational regulations and the efficiency of clinical education professors) and employment.

According to Arkletta (2013), unfavorable financial conditions and lack of employment affects students' dissatisfaction (Archuleta, Dale, & Spann, 2013). Roberts and Steven (2010) have shown that people who are not willing to return to college have a significantly less understanding of access to college than those who continue to study (Styron Jr, 2010). According to Descildees et al. (2005), development Skills such as critical thinking and ethical awareness during preparation for the future are among the factors affecting student satisfaction (DeShields Jr, Kara, & Kaynak, 2005). Smiling and Meyerz (2012) proved a positive relationship between the satisfaction and performance of 359 in their study (Smayling & Miller, 2012). According to the study of Elzamel (2014) and Bint and Ward (2009), the factors affecting student satisfaction include the quality of education, facilities and staff; design, evaluation and delivery of services; the cost of training; the nature of the learning environment; the reputation of the institution; the knowledge of the institution and programs It is (Alzamel, 2014; Bennett & Kane, 2010) ..In summary, the recent literature reviews the several factors influencing student satisfaction such as financial anxiety, program effectiveness, teacher quality and education, student participation, assessment and feedback, learning resources, food, computer lab, classroom programs, college fame, study costs and social life (Sweeney, 2015). According to Sadeghi and Hosseini (2014) factors, include the suitability of the training space and the size of the class (the number of students per clinic), the approach to common diseases and the epidemic, the experiences of good educators and the approach to the diagnosis of rare diseases requiring expertise, clinical trainer, traits, educational planning, assessment Clinical, clinical conditions and facilities, lack of diversity in educational assistance, inappropriate site as a conference hall or library, inappropriate communication between staff and students, collaboration with students, concern about future work, theory and practice, test and satisfaction, the number of students, their familiarity with common diseases, the existence of an edited and documented training program, insecure, lazy prospects of the current generation, difficult educational planning, inappropriate patterns among teachers, severe high school regulations and the difficulty of entering university, Student's Attention to Student Behavior in Patient Treatment "and" The intensity of the teacher in relation to students is one of the key factors affecting the satisfaction of trainees (Sadeghi & Hosseinian, 2014). Amanat at Shiraz dentistry faculty, reported the lowest level of satisfaction with the faculty members of the surgery department)Amanat et al., 2010(, while in the present study, the dissatisfaction of the professors was more than 70%. This indicates the need for teachers to be able to obtain satisfaction from students in general. The satisfaction of faculty members and clinical practitioners in Isfahan University of Medical Sciences was higher than the present study)Mortazavi & Razmara, 2001(. The satisfaction rate of medical students in Shahr-e-kord University was significantly low and sometimes moderately reported (Behbam Zamanzad, 2006). Hassanzadeh and colleagues reported a significant increase in the satisfaction of medical students with specialization and the complexity of their training and, consequently, increased student skills during the final years of their education)hassanzadeh, Amini, shagagi, & hassanzadeh, 2002(. This seems to be true in the present study. Comparison of the views of students of different academic years on the other sections is likely to be due to the proportion of educational content with the academic level of the students in each academic year, which is similar to that found by Amanat)Amanat et al., 2010(. The low level of satisfaction in clinical units indicates that students are paying attention to training these departments in order to improve their ability to attend clinical courses as a general practitioner. Time Zad also showed that the main concern of clinical students during the clinical period is to teach faculty to discuss issues related to their future needs primarily as a general practitioner)Behbam Zamanzad, 2006(. This indicates the importance of this subject for a group of medical students. This issue requires the attention of the authorities to improve the quality of practical training. According to the study by Amanat et al., There is a significant relationship between the students' average score and their degree of satisfaction in terms of the lack of coordination between the content and educational objectives and their method of measuring in different sectors)Amanat et al., 2010(, which is consistent with the present study. The most satisfaction of students is access to resources and the least satisfaction is the attendance and training of faculty members in clinical departments. Separate examination of single questions revealed that satisfaction is less than that of the professors of the clinical department due to the lack of timely presence of the professors in the departments. Amanat in their studies felt that the level of satisfaction in some sectors, such as the surgery department, in the Shiraz Medical School, is due to lack of time to exchange information among faculty members and students in the scientific environment)Amanat et al., 2010(. Among other effective factors, the lack of a specific evaluation criterion is similar to that of Timezad. In investigating the causes of poor satisfaction of medical students in Shahr-e-Kord (5) and the inappropriate treatment of the faculty members of the patient with the student, according to the students' answers to the questionnaire questions in the present study. While the results indicate satisfaction is minimal. The coordination between the average satisfaction of students from faculty members, nurses, facilities and equipment of departments, and feeling of self-esteem and satisfaction with their performance, with a general score of satisfaction of students in every practical part, indicates the accuracy of students in answering questionnaires. Finally, it can be concluded that the faculty

members and faculty members of the medical faculty did not succeed in obtaining student satisfaction. And with the underlying changes they can overcome these deficiencies and improve this success.

Conclusion

The lack of a match between the clinical experience of the students and their job in the future causes dissatisfaction with medical students (5). A continuous evaluation system of students' satisfaction can determine the use of the current educational system to improve the quality of its educational and rehabilitation in the future, as well as the relationship between the administrative structures of the faculty of medicine, the teaching hospitals and the responsibilities of the professors and It also clearly identifies curricula (9). On the other hand, satisfaction among students will increase their significant job commitment in the future (4). Varied teaching methods, such as student participation in scientific discussions, the creation of free speeches and the preparation of conferences and the visits of new patients to the students by students, have been able to attract students' satisfaction and welcome them (10).

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