A Review of satisfaction of medical staff and students in clinical training

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ABSTRACT: In medical sciences, a growing concern about patient’s safety issues has led to a great care about the methodology used for physicians’ clinical instructions. In addition, medical instructions are faced with significant challenges and there are serious concerns about the future of medical education. It is important to know how think medical student about their education state. The present review article was written in 2014 through searching accessible databases in Iran: SID, IranMedex, Medible, Pubmed along with Google Scholar. The key terms searched for were: student, lecturer, professor, instruction, satisfaction, attitude, perspective, medical, medical science. The search was done both in Persian and English languages. The year span was restricted between 1998 and 2013. The most frequently observed rates have been average or low. Just in rare cases, this satisfaction rate has been evaluated as high. Educational facilities, staffs and students factors affecting stratification.

Keywords: satisfaction, medical staff, students, clinical training

INTRODUCTION

In recent years, healthcare systems have witnessed dramatic changes(1). To keep up with these changes, instructional institutes all over the world have increasingly faced a challenge in making their curriculum more significantly suited to the actual needs of society (2). In medical sciences, a growing concern about patient’s safety issues has led to a great care about the methodology used for physicians’ clinical instructions (3, 4). Learning simulations have paved the way for a controlled clinical performance without endangering patients and others. They also work as multiple practices in order to gain qualifications (5). In addition, medical instructions are faced with significant challenges and there are serious concerns about the future of medical education (6). Nevertheless, an ever-growing speed of developments in medical science has aroused an interest in designing instructional methodologies to enhance physicians’ effective performance in furthering their clinical knowledge and skills (7). It is noteworthy that students are not privileged with any salary and, therefore, have no same perks and benefits as the medical staff (8). While the students who receive instructional services are the best informative sources for diagnosing clinical instructional problems. They are directly involved in this process. Examining the current conditions of clinical instructions does help to reform and correct weaknesses. It can help to achieve instructional goals, train skilful individuals and provide high quality healthcare services (9). on the other hand staff can change satisfaction on medical education.

The present research investigates medical students’ and academics’ attitudes and satisfaction with medical instructions provided in Iran. The design of this review study can inquire about the following question: what are the weaknesses and strengths of medical instructions and strategies to promote them in medical students’, lecturers’, professors’ and authorities’ perspective?

METHODOLOGY

The present review article was written in 2014 through searching accessible databases in Iran: SID, IranMedex, Medible, Pubmed along with Google Scholar. The key terms searched for were: student, lecturer, professor, instruction, satisfaction, attitude, perspective, medical, medical science. The search was done both in Persian and English languages. The year span was restricted between 1998 and 2013. All studies which
investigated satisfaction with instructions or attitudes towards instructions in Iran entered the study. Those with no precise results and discussed about education in a ward alone were excluded.

**Review of literature**

In their research conducted in Ardabil among clinical students in various fields of study, Dadkhah et al. concluded that satisfaction rate was good in 42.3% of cases and average in 49.5% of cases. ‘Professor’s attention to student’s behavior in treating patient’ and ‘professor’s severity in communicating with students’ were among key factors influencing student satisfaction (10).

In Arak University of Medical Sciences, Anbari et al. investigated the barriers of clinical instruction in student’s perspective. The majority of interns and trainees evaluated the clinical instruction status as being average: 28.7% of interns as well as 32% of trainees evaluated assessment methods as poor, and even in some cases the quality of using clinical instructional sites was evaluated as poor too. The quality of clinical instructional methods, facilities of instructional environment, personnel cooperation as well as the instructional program of clinical content were evaluated as average (11).

Asadollahi et al. in Ahwaz University of Medical Sciences compared students’ and professors’ attitudes towards the current state of instructions with each other. Professors were found to assess the current state as appropriate while students did not find the overall state satisfactory. A number of students and academics evaluated the conditions to be poorer than the previous years. To their mind, the following could be the reasons why students lost their interest in their field of study: uncertain job prospects, laziness of the current generation, problematic instructional planning, improper patterns among teachers, strict high school rules, and difficulty of entering university (12).

In another study, Gandomkar et al. evaluated the key factors in medical instructions in clinical settings as perceived by clinical faculty members of Tehran University of Medical Sciences. As the participants viewed it, the most influential factors in clinical instructions included: restricted instructional time, multiple duties, large number of faculty members, no financial support, inadequate dignity of education, more attention to research than instructions (13).

Ahmadinejad et al. investigated interns’ satisfaction with clinical instructions during their internship, satisfaction with theoretical and practical instructions, and their full, relative or no satisfaction with these concerns. The result of this research was interns’ full or relative satisfaction with clinical instructions during their internship as high as 38.8%. Their satisfaction with the clinical instructions provided was high. A significant correlation was found between satisfaction with theoretical and practical tests and satisfaction with clinical instructions. The number of students, their familiarity with prevalent diseases and existence of an edited and documented instructional program are among key factors influencing interns’ satisfaction (8, 14).

In their study, Nasri et al. evaluated medical instructional problems and their possible solutions in interns’ perspective in the medical faculty of Arak University. They made a mention of inappropriateness of the length of basic sciences instructional period, large amount of general courses, no clear task description and lesson plans among the weaknesses of instruction. Students’ suggestions for educational improvements included learning clinical skills initially on replicas at the outset of internship or training course, and teaching pathology and pharmacology of each course simultaneously along with a given course in the clinic. Other factors influencing students’ satisfaction were: lack of variety in instructional aids, inappropriate site as conference hall or library, improper communication of personnel and students, cooperation with students, concerns about one’s prospective job (15).

Yazdankhahfard et al. investigated stressful clinical instructional factors in students’ perspective at Booshehr University of Medical Sciences. The most prevalent stress-provoking factors were found to be: professor’s scolding in the presence of personnel and physicians, inadequate facilities in the ward, observing the suffering of patients, concerns about transmission of infectious diseases, and no student’s support on the part of professors (16).

In another study conducted in the Islamic Azad University of Qom, Ghasemzadeh et al. investigated effective clinical instructions in interns and trainees’ perspective. Key factors influencing students’ satisfaction with instructions in this study were: clinical trainer, student’s personal traits, instructional planning, clinical assessment, clinical setting and facilities. Student’s personal traits such as self-confidence along with professors’ traits such as commitment and feeling of responsibility were other key factors influencing satisfaction (17).

Pezhman et al. examined students’ satisfaction with instructional facilities and services provided by Sabzevar University of Medical Sciences. They found students’ overall satisfaction with their university facilities and instructional services to be average. Boys’ relative satisfaction was higher than girls (18).
A body of research attests to an overall satisfaction with the state of clinical instructions in Universities of Medical Sciences. Some others yet show this satisfaction to be average or low. The most frequently observed rates have been average (11, 18) or low (12). Various factors can affect this satisfaction rate in students’ and professors’ perspective. Students’ and academics’ personal traits can be among factors that influence one’s satisfaction with instructional status. Student-related factors include uncertain future job opportunities (17), self-confidence (17), and concerns about transmitting the disease (16). Professor-related factors included professor’s attention to student in dealing with patients, his strict and determined behavior towards students (10), limited time of instructions, professor’s multiple duties and posts, large number of faculty members and no financial support (13), professor’s supporting the students (16), their commitment and responsibility (17). Other factors included facilities of the instructional setting (11), lack of variety in instructional aids (15), number of students, familiarity with prevalent diseases and existence of a documented instructional plan (8), instructional management, and the status of clinical evaluation (10).

Finding the underlying causes of satisfaction or dissatisfaction should result in finding a solution to the existing problems so as to increase instructional productivity in medical sciences and train highly knowledgeable, experienced and committed physicians.

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