

Academic Satisfaction and Role of Computer for Medical Students in Public Sector Medical University in Sindh

Muhammad Najeeb Memon, Aneela Atta Ur Rahman, Shabir Larik, Hussain Bux Kolachi, Wali Muhammad Nizamani, Shabir Abro

ABSTRACT

INTRODUCTION: It is a major challenge for universities students' academic satisfaction and it has been identified that competitive advantage, student retention, attraction for new students and positive personal communication are directly related with the student satisfaction.

OBJECTIVES: To assess academic satisfaction among medical students and to analyze the use of computer time by the students in academic satisfaction.

MATERIAL AND METHODS: Study design: This cross-sectional study was done in first medical University of Pakistan Liaquat University of Medical & Health Sciences (LUMHS) Jamshoro, established in year 2001.

Sampling Technique: Simple Random Sampling.

Sample Size: The sample size was 162 students of all semesters of MBBS.

Statistical analysis: Data was computed and analyzed by SPSS version 16. Frequency and percentage were used.

RESULTS: Results show that out of total 162 medical students, male were 53 (32.71%) and 109 (67.29%) were female students. Total 142 (87.65 %) students were academically satisfied and 20 (12.35 %) were unsatisfied.

CONCLUSION: Our study concludes that academic satisfaction is high among students and use of computer is positively related with high satisfaction.

KEY WORDS: Academic satisfaction, Students, University, Public Sector.

INTRODUCTION

The student satisfaction is area of concerned in many academic institutions including medical colleges, and it has been identified that competitive advantage, student retention, attraction for new students and positive mouth communication are directly related with the student satisfaction. Satisfaction level of students, faculty teachers and parents of students is directly linked with the efficiency of institutions with their programs on the basis of activities performed in academic as well as in administrative areas.¹

The quality of education is now very important challenge and student's satisfaction is one of its components. Recently the concept of customer (student) satisfaction and concept of quality in educational sectors has been changed in a complex form and got considerable attention, as there is growing competition among different sectors of medical education; they are using marketing concepts for attracting as well as retaining the students. World wide dramatic changes in medical education has been seen in recent days, In Asia many medical universities are concerned with different pattern of teaching, training, traditional and teacher centric, affiliated hospitals and relies on hospi-

tal supported training.^{2,3,4} In the developing countries like Pakistan these types of trends have also been seen. Uprising development by Higher education commission (HEC) of Pakistan is promoting higher education in Pakistan with 133 universities, playing role in private as well as in public sectors during the last one decay. Higher education commission (HEC) of Pakistan is now playing role to promote quality of education in the Pakistan.⁵ ISO standards and quality management principles had been adopted by many universities in Pakistan, as a first step towards quality to excel.

Continuous and proper assessment is essential, feedback and satisfaction of the students is regularly assessed in high quality institutions particularly in developed countries and in the reputed institutions of our country also. The association between teaching affiliated hospitals and the administrative structures of the medical university, responsibilities of administrators, teachers role, affect the satisfaction of students, curricular activities in a public and private sector medical universities.^{6,7,8,9,10}

It has been considered that the certain times curriculum of undergraduate fails to achieve expectation, in spite of students comprehensive exposure to clinical

learning, Inter related components in a system means that any new change has wide impacts.^{11,12,13,14}

There is an average educational system in Pakistan, a developing third world country and is same like in other Asian countries.¹⁵ Higher Education Commission (HEC) is encouraging quality educational system in Pakistan. The growth of universities is phenomenal and statistics showed that 124 universities are existing in Pakistan of which 56 (45%) are in private sector whereas 68 (55%) are in public sectors. Very few studies on academic satisfaction and feedback are published.¹⁶

These types of studies will help in improving academic activities by implementing new strategies/ in the curricula, proper monitoring and evaluation will improve academic satisfaction and learning of the medical graduates.

MATERIAL AND METHODS

This study was cross sectional done in first public sector medical University in Pakistan, known as Liaquat University of Medical & Health Sciences Jamshoro (LUMHS). The 162 students were included in this study from all 10 semesters (16 students randomly selected from every semester (8 semesters) and 34 students from 2 semesters of 4th year MBBS. For the purpose of the study a simple random sampling technique was used to record the response of 162 students at a response rate of 96%, the duration of the study was from January to March, 2013. Data collection was done through pre designed and pre tested questionnaire.

Data analysis: Data was entered in Excel for cleaning and coding and Statistical Package for Social Sciences (SPSS version.16) was used for analyzing.

Inclusion criteria: students of all 10 semester were included.

Exclusion Criteria: students who did not filled questionnaire or refused to participate were excluded.

RESULT

Table I shows male and female gender of students, Out of total 162 medical students there were 53 (32.71%) male, whereas 109 (67.29%) were female students.

Age in years of medical students, Out of total 162, there were 139 (85.8%) in age group of 20 to 22 years, while 23 (14.2%) in age group of 23 -25 years. The majority of student was in age of 20 to 22 years.

Domicile of student as rural or urban, Out of total 162 medical students, there were 65 (40.13 %) from rural, whereas 97 (59.87%) were urban, majority belong to urban domicile.

Type of family, out of total 162 medical students, there were 107 (66.05%) from single family and 55 (33.95%) from Joint family, majority belong to single family.

Concerned with Accommodation: Hostler or Non hostler, Out of total 162 medical students, 104 (64.20 %) were Non- hostler and 58 (35.80%) were hostler, majority belong to non-hostler.

Use of computer: Out of total 162 medical students, there were 154 (95.06 %) computer users and 8 (04.94%) were non-user, majority of student were computer users.

Table II shows time spent on computer use, Out of total 162 medical students, there were 14 (8.64 %) using less than 1 hour time, 34 (20.98 %) who spent one hour, 43 (26.54%) who spent two hours, 21 (12.96%) who spent three hours, 17 (10.49%) who spent four hours, 16 (09.88 %) who spent five hours, 09 (5.57%) who spent six hours. there were 08 (4.94%) not user, Majority were using to 1 hour to 3 hours.

Table III shows academic satisfaction in various semester examination result, Out of total 162 medical students, there were 142 (87.65%) who stated satisfaction, whereas 20 (12.35%) were non satisfaction, majority was satisfied in the academics and teaching activities.

TABLE I: SHOWING SEX, AGE, DOMICILE, TYPE OF FAMILY STUDENTS (n=162)

Sex	Number	Percent (%)
Male	53	32.71%
Female	109	67.29%
Age in Years		
20-22	139	85.8%
23-25	23	14.2%
Domicile		
Rural	65	40.13%
Urban	97	59.87%
Type of family		
Single	107	66.05%
Joint	55	33.95%
Accommodation		
Hostler	58	35.80%
Non Hostler	104	64.20%
Computer user		
User	154	95.06%
Non user	08	04.94%

TABLE II: SHOWING TIME SPENT ON COMPUTER BY STUDENT (n=162)

Time spent	Number (%)
< 1 hour	14 (08.64%)
1 hour	34 (20.98%)
2 hour	43 (26.54%)
3 hour	21 (12.96%)
4 hour	17 (10.49%)
5 hour	16 (09.88%)
6 hour	09 (05.57%)
Not user	08 (04.94%)
Total	162

TABLE III: SHOWING RESULT LEVEL OF SATISFACTION OF STUDENTS (n=162)

Level Satisfaction	Number (%)
Satisfaction	142 (87.65%)
un Satisfaction	20 (12.35%)
Total	162

DISCUSSION

In this study we found that academic satisfaction was significantly high (87.65%) of students said that they were satisfied from academic performance, while 12.35% were unsatisfied, why such high number reported academic satisfaction, it can be related to their back ground as well as socio-demographic characteristics and campus atmosphere which remained peaceful during study period. Due to high number of female students 67.29%, the study atmosphere is conducive and there is a competition to secure more marks. Young age between 20 -25 years is prime and energetic age which can also be contributing factor. However the use of computer technology internet use has given additional excess to new and cutting edge of knowledge.

In a similar study conducted in Dow university of Medical health Sciences, Karachi in 2010 the academic satisfaction of students was 53% while in our study the satisfaction was 88%¹⁵. In another study the satisfaction was linked to self directed learning in basic and clinic sciences.^{17,18} Public sector institution give satisfaction to students due to their good infrastructure, mosque, in door and out door games facility, hostel library, skilled and well known faculty, scholarships and low fees hence best students are attracted, the satisfaction rate increases in public sector institutes as

compare to Private Institutions.¹⁹ In Italy the high satisfaction in public sector was studied, that they found that the quality is key determinant before purchasing a product or availing a service.²⁰

Our study also supports the same findings because all of above facilities and parameters are available in our University and are the reason for high satisfaction.

CONCLUSION

Our study concludes that academic satisfaction among students is high and use of computer is positively associated with high satisfaction like was the determination of causes of failure to satisfy can be mentioned suggesting a separate study.

REFERENCES

1. Siddiqui AF, Abdul Aziz Syed. A comparative study of the Private and Public Sector Medical Universities in Karachi with reference to Quality of Education. *Interdisciplinary Journal of Contemporary Research in Business*. 2012;3:12.
2. Abeykoon P, Mattock N: Medical education in South-East Asia New Delhi: Regional office for South -East Asia, Geneva; World Health Organ: 1996.
3. Majunder MA. Today's student tomorrow's physician: Emerging challenges for undergraduate medical education. *Bangladesh Medical Journal*. 2003;32:84-7.
4. Majunder MA. Medical Education in Bangladesh: Past Success, Future Challenges. *Bangladesh Medical Journal* 2003;32:37-9.
5. A. Ijaz, S.M. Irfan, S. Shahbaz, M. Awan. M. Sabir An Empirical Model of Student Satisfaction: *Journal of Quality and Technology Management*. 2011;7(2):91-114.
6. Abbasi MN, Malik, Chaudhry, Study on students satisfaction in Pakistani Universities, the case of Bahauddin Zakaria University in Pakistan *Asian Social Science*: 2011;7(7):209.
7. Al. Naggat RA Bobryshev YV, Satisfaction from academic activities among medical students in Malaysia *European journal of educational research*. 2(1):17-24.
8. Roff S, McAleer S, Harden RM, Al-Qahtani M, Ahmed AU, Deza H, Groenen G, and Pimparyon P (1997) Development and validation of the Dundee Ready Education Environment Measure (DREEM) *Medical Teacher*. 19;4:295-9.
9. Coles CR, Grant JG (1985). Curriculum evaluation in medical and health -care education. *Medical Education*. 19:405-422.
10. McManus IC, Richards P, Winder BC. Clinical experience of UK medical students. *Lancet* 1998;351:802-3.

11. Lowry S. What's wrong with medical education in Britain? *BMJ*. 1992;305(6864):1277-80.
12. McManus IC, Richards P, Winder BC. Clinical experience of UK medical students. *Lancet* 1998; 351:802-3.
13. Lowry S. What's wrong with medical education in Britain? *BMJ*. 1992;305:127780.
14. Jolly BC, MacDonald MM. Education for practice: the role of practical experience in undergraduate and general clinical training *Medical Education*. 1989;23:189-95.
15. Manzar B, Manzar N, To determine level of satisfaction among medical students of public sector university regarding their academic activities. *BMC Research Notes*. 2011;4:380.
16. Abbasi MN, Malik A, A study on student satisfaction in Pakistan universities. *Asian Social Science*. 2011;7(7):201-19.
17. Hashmi NR, Daud S, Manzoor I: medical education views and recommendations by final year MBBS students of a private medical college in Lahore. *JCPSP*. 2010;20(2):93-7.
18. Trevena L; what medical student value in a population health tutor characteristics for consideration in staff recruitment and development. *Educ Health (Abingdon)*. 2003;16(1):51-8.
19. Ijaz A, Irfan Sm, Shahbaz S, Awan M, Shabir M, An empirical model of students satisfaction. *Journal of quality and technology management*. 2011;7(2): 91-114.
20. Petruzzellis L, Duggento AM, Romanazzi, Student satisfaction and quality of service in Italian Universities. *Managing Service Quality*.2006;16 (4):349-64.



AUTHOR AFFILIATION:

Dr. Muhammad Najeeb Memon (*Corresponding Author*)

Department of Community Medicine and Public Health Sciences (LUMHS), Jamshoro, Sindh-Pakistan.
E mail: mnajeeb80@gmail.com

Dr. Aneela Atta Ur Rahman

Department of Community Medicine and Public Health Sciences LUMHS, Jamshoro, Sindh-Pakistan.

Dr. Shabir Larik

Department of Community Medicine SBMU, Larkana, Sindh-Pakistan.

Prof. Hussain Bux Kolachi

Department of Community Medicine and Public Health Sciences LUMHS, Jamshoro, Sindh-Pakistan.

Dr. Wali Muhammad Nizamani

Department of Community Medicine and Public Health Sciences LUMHS, Jamshoro, Sindh-Pakistan.

Dr. Shabir Abro

Department of Community Medicine and Public Health Sciences LUMHS, Jamshoro, Sindh-Pakistan.

This article may be cited as: Memon MN, Rahman AA, Larik S, Kolachi HB, Nizamani WM, Abro S. Academic Satisfaction and Role of Computer for Medical Students in Public Sector Medical University in Sindh. *J Liaquat Uni Med Health Sci*. 2014;13(03):130-3.