

Changes in Awareness of Major Employment Following Clinical Practice in Students of Physical Therapy

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Purpose: This study attempted to provide the basic data for the institutional improvement of the clinical practice of physical therapy department students.

Methods: Research for this study included 390 participants used for the analysis of the present study. The statistical analysis was of the characteristics and satisfaction of the clinical practices of subjects, the reasons for major employment preferences before and after clinical practices, and the preferred institution and field of major employment before and after clinical practice.

Results: The general characteristics of students of the physical therapy department include females in their third year of college at age 20–24 years-old. As well, no religion, usual satisfaction with major, and motivation of choosing a physical therapy employment rate were the most common. A residency type in the form where one would cook one's own food and a clinical practice with a general hospital grade were seen most often. Regarding preference of major employment before and after clinical practice, the preference of major employment was 88%, which increased by 5.2% after clinical practice from 82.8% before clinical practice. The preference for no major employment due to lack of interest and no aptitude increased 43.5% from 23.9% after clinical practice.

Conclusion: The number of apprentices will increase despite practice institutions being limited; for practice of environment, content, etc., relatively changes are slow, and progress rapidly medical technology. It is a society in which expertise is required; in the present study, there is a value in providing the clinical data missing in physical therapy.

Key Words: Clinical practice, Employment, Physical therapy

I. Introduction

The strengthening of health care activities has undergone much development along with the modernization and expansion of various treatment facilities. Accordingly, the government has been striving to establish a new education policy for the practices of health care technology, reconstruction, and qualitative improvement.¹ Clinical practice

in the curriculum of the ministry of health has an important position, and as the aim of the practice of professionals, taking the clinical training is required or an elective major.^{2,3}

Clinical practice is to provide the opportunity to harmonize the knowledge and technology that have been mastered through the important curriculum of students of the health system. However, rather than put the meaning into practice, the scaffolding becomes a part of the social organization.⁴ The concept of practice to be conducted in South Korea is the joint planning and guidance between academia and the clinical of leader, which is a part of the curriculum that students follow to obtain practical experience in a specialized field. Clinical practice is an important part of physical therapy education. Clinical practice, as one of the important parts of physical

Received Nov 7, 2014 Revised Dec 7, 2014

Accepted Dec 16, 2014

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therapy, is included among observations, inspections, and treatments under the guidance of a physiotherapist, which are carried out. These processes also achieve the purpose of not incurring any damage in clinical practice.^{5,6}

Clinical practice is the opportunity for students majoring to actually apply the clinical education, and mutual clinical practice and such shall be provided to promote or professional attitude the conversion of as a therapist to students in clinical through such relationships. It is a way of teaching the value to society of the role of the profession.^{7,8} Clinical practice helps to cultivate applied skills, creativity, and ability, as well as to build the correct values and attitudes as a physiotherapist through practical experience by gaining knowledge and experience at school.^{9,10}

Realistic clinical training practice education in Korea is difficult to efficient training guidance as compared to the level of importance. The student training institutions had heard only in passive classes, and it has come to have an active attitude are participants, confusion due to the differences between school and clinic, decreased confidence in the lack of experience, and stress due to the maladjustment to the environment.¹¹⁻¹³ In developed countries, such as the United States, the institutional obligation of clinical training has existed since long before.¹ Regarding the study of the clinical practices of the nursing and health departments, many previous studies have been conducted, such as on student attitudes, interests, satisfaction, etc.; however, previous studies of the clinical practices of students in the physical therapy department are few.^{2,14} In this way, at the moment, the limitation is not being able to even grasp the problem, and lies in an important position of clinical practice.

The recognition of a major job is based on the experience of the clinical practice, whereas while there are some positive effects, there are also negative effects.^{15,16} Direct participation in the experience of these clinical practices is thought to have a major impact on the consciousness formation of the major employment of students of the physical therapy department. As well, it seems to be that the very meaning that what effect about the recognition of major employment is given by the clinical practice experience.

In a study of clinical practices, although satisfaction in

previous studies has been measured using students from the nursing and health department there has been no study of changes in the recognition of a major job. In clinical practice, for effective physical therapy to recover and maintain the health of patients, first, during the student period, it is believed it is important to attend clinical practices when necessary to mold the attitudes of the physical therapist to a state in which their confidence is aligned in order to execute the role of the physical therapist during the student period. For systematic and effective clinical practices to be positioned and to analyze the situation of current clinical practices, it is necessary to investigate whether there is a change in any recognized professional employments due to clinical practice. Therefore, in an attempt to provide the basic data for the institutional improvement of the clinical practice of physical therapy department students, this study was conducted.

II. Methods

1. Subjects

Subjects of this study included 450 students who completed clinical practice and who are enrolled in the physical therapy department of the national three and four year universities. Regarding the content and level of training, in the case of a three year college, second or third year students were chosen, and in the case of a four year university, third or fourth year students were chosen.

2. Experimental methods

Research for this study included a four week survey from 28 April to 25 May 2014. After obtaining consent for participation in the study, a questionnaire was prepared in accordance with the purpose of this study, and it was distributed to the students; they were surveyed through a self-programming method. Of the 450, 394 people answered the questionnaire, and minus the dishonest questionnaires, were used for the analysis of the final data of the present study. The contents of the questionnaire that was used in the study referred to major employment and practice satisfaction of the paper contents of nursing and sanitation departments, and it was revised and supplemented to suit the purpose of this study.¹⁷⁻¹⁹

3. Data analysis

A statistical analysis was performed after the question analysis regarding the characteristics and the satisfaction of the clinical practice of the subjects, their reasons for major employment preference before and after clinical practice, and the preferred institution and field of major employment before and after clinical practice.

III. Results

1. Characteristics of subject

In this research, there were 167 males and 223 females, and 46 of the subjects had a college 2nd, 189 had a college 3rd, 33 had a university 3rd, and 122 had a university 4th. As well, 240 subjects were 20 to 24 years old, 140 were 25 to

Table 1. Characteristics of subject

	Division	n=390	%
Gender	Male	167	42.8
	Female	223	57.2
Year	College 2nd	46	11.8
	College 3rd	189	48.4
	University 3rd	33	8.5
	University 4th	122	31.3
Age	Above 20 ~ under the 24's	240	61.5
	Above 25 ~ under the 29's	140	35.9
	Above 30's	10	2.6
Religion	Christian	101	25.8
	Buddhist	47	12.1
	Catholics	29	7.4
	No religion	205	52.6
	Mecellenious	8	2.1
Satisfaction of major	Satisfied	144	36.9
	Usual	209	53.6
	Dissatisfied	37	9.5
Motivation on choice of physical therapy	Employment	163	41.8
	Suitable to personality	80	20.5
	Recommendation	70	17.9
	Suitable school grades	44	11.3
	Mecellenious	33	8.5
Residency type	Cook one's own food	200	51.3
	Own house	152	39.0
	Mecellenious	38	9.7
Institution for clinical practice	General hospital	160	41.0
	University hospital	132	33.8
	Health clinic	47	12.1
	Mecellenious	51	13.1

*<0.05

29 years old, and 10 were above 30 years old. Furthermore, 101 were Christian, 47 were Buddhist, 29 were Catholic, and 205 had no religion. As well, 144 were satisfied, 209 were usual, and 37 were dissatisfied with their major. In addition, 163 were employment, 80 were suitable to personality, 70 were recommended, and 44 were suitable school grades in motivation on choice of physical therapy. As well, 200 cook one's own food, and 152 were in their own house regarding residency type. In addition, 160 were in a general hospital, 132 in a university hospital, and 47 in a health clinic regarding the institution for clinical practice (Table 1).

2. Satisfaction level of clinical practice

While 48.5% of the respondents knew the education was focused on practice, 38.4% of the respondents knew the time of practice was appropriate and 33.6% of the respondents

knew the evaluation method was satisfactorily moderate. As well, 37.5% of the respondents knew the instructors provided an interesting education program, while 37.5% of the respondents knew enough materials for clinical practice are moderately available. As well, 40.4% of the respondents felt the practice is absolutely needed (Table 2).

3. Reasons for major employment preference before and after clinical practice

The reason for major employment preference was stability in a profession, and it decreased to 29.9% from 46.4% after the clinical practice. Another was a clear goal, and it increased to 30.8% from 19.8% after the clinical practice. Satisfaction with working conditions increased to 11.6% from 11.1% after the clinical practice, and satisfaction with facility and environment decreased to 6.1% from 7.7% after the clinical practice.

Table 2. Satisfaction level of clinical practice

	Persons(%)					M ± SD
	Very poor	Poor	Moderate	Good	Very good	
A (n=390)	4(1.0)	23(5.9)	80(20.5)	189(48.5)	94(24.1)	3.88 ± 0.87
B (n=390)	8(2.1)	42(10.8)	131(33.6)	150(38.4)	59(15.1)	3.54 ± 0.94
C (n=390)	21(5.4)	59(15.1)	131(33.6)	118(30.3)	61(15.6)	3.36 ± 1.08
D (n=390)	9(2.3)	35(9.0)	130(33.3)	146(37.5)	70(17.9)	3.60 ± 0.96
E (n=390)	9(2.3)	39(10.0)	146(37.5)	137(35.1)	59(15.1)	3.51 ± 0.95
F (n=390)	11(2.8)	37(9.5)	147(37.7)	157(40.4)	38(9.6)	3.45 ± 0.90

Mean ± standard deviation.

A = The education focused on practice.

B = Time of practice were appropriate.

C = The evaluation method was satisfactorily.

D = Instructors provided interesting education program.

E = Enough materials for clinical practice are available.

F = I felt the practice is absolutely needed.

Table 3. Reasons for major employment preference before and after clinical practice

Division	Person(%)	
	Before	After
Stability in a profession	150(46.4)	103(29.9)
Clear goal	64(19.8)	106(30.8)
Satisfaction of working condition	36(11.1)	40(11.6)
Satisfaction of facility and environment	25(7.7)	21(6.1)
Satisfaction of therapy system	16(5.1)	35(10.3)
Mecellenious	32(9.9)	39(11.3)
Total	323(100)	344(100)

Table 4. Reasons for major non-employment preference before and after clinical practice

Division	Person(%)	
	Before	After
Disinterest and no aptitude	16(23.9)	20(43.5)
Difficulty of studying major	11(16.4)	1(2.2)
Anxiety about doing clinical practice	9(13.5)	6(13.0)
Local social recognition	9(13.5)	1(2.2)
Physical lack of doing therapy	8(11.8)	5(10.9)
Dissatisfaction of work and the employment system	6(9.0)	3(6.5)
Mecellenious	8(11.9)	10(21.7)
Total	67(100)	46(100)

Table 5. Preferred institution and field of major employment before and after clinical practice

Division	Person(%)	
	Before	After
Preference institution of major employment		
University hospital	152(39.0)	115(29.5)
General hospital	78(20.0)	91(23.3)
Rehabilitation hospital	46(11.8)	61(15.7)
Geriatric hospital	20(5.1)	9(2.3)
Children's hospital	18(4.6)	21(5.4)
Health center	10(2.6)	31(7.9)
Health clinic	10(2.6)	13(3.3)
Community center	7(1.8)	9(2.3)
School	7(1.8)	6(1.5)
None	22(5.6)	10(2.6)
Mecellenious	20(5.1)	24(6.2)
Total	390(100)	390(100)
Preference Field of major employment		
Orthopedic physical therapy	124(31.8)	124(31.8)
Neurological physical therapy	84(21.5)	92(23.6)
Sports physical therapy	44(11.3)	41(10.5)
Pediatric physical therapy	36(9.2)	51(13.1)
Electrotherapy, radiology therapy	19(4.8)	6(1.5)
Geriatric physical therapy	16(4.1)	13(3.3)
Aquatic therapy	12(3.1)	13(3.3)
Cardiopulmonary therapy	10(2.6)	15(3.9)
None	26(6.7)	9(2.3)
Mecellenious	19(4.9)	26(6.7)
Total	390(100)	390(100)

Finally, satisfaction with the therapy system increased to 10.3% from 5.1% after the clinical practice (Table 3).

4. Reasons for major non-employment preference before and after clinical practice

The reasons for major non-employment preference include disinterest and no aptitude, and it was increased to 43.5% from 23.9% after the clinical practice. Difficulty of studying major decreased to 2.2% from 16.4% after the clinical practice. Anxiety about doing clinical practice decreased to 13.0% from 13.5% after the clinical practice. Local social recognition decreased to 2.2% from 13.5% after the clinical practice. Physical lack of doing therapy decreased to 10.9% from 11.8% after the clinical practice. Finally, dissatisfaction with work and the employment system decreased to 6.5% from 9.0% after the clinical practice (Table 4).

5. Preferred institution and field of major employment before and after clinical practice

The preferred institution of major employment appeared in the order of a university hospital, general hospital, rehabilitation hospital, geriatric hospital, children's hospital, health center, health clinic, community center, school before clinical practice, and a university hospital, general hospital, rehabilitation hospital, health center, children's hospital, health clinic, geriatric hospital, community center, and school after clinical practice. The Preferred field of major employment appeared in the order of orthopedic physical therapy, neurological physical therapy, sports physical therapy, pediatric physical therapy, electrotherapy, radiology therapy, geriatric physical therapy, aquatic therapy, and cardiopulmonary therapy before clinical practice, and orthopedic physical therapy, neurological physical therapy, pediatric physical therapy, sports physical therapy, cardiopulmonary therapy, geriatric physical therapy, aquatic therapy, electrotherapy, and radiology therapy after clinical practice (Table 5).

IV. Discussion

Compared to the past, recent medical technology is an obvious fact which has been developed rapidly and visibly.²⁰ To provide a health care services according to social cultural needs and associated medical practices, as well as disease behavioral characteristics, each institution is inclined to provide much

effort.²¹ The clinical practice is the total instruction of all subjects that is able to change, such as knowledge, technology and attitudes, through to complement and to be integrated into the theory and knowledge that a student has learned. Later, when working as a physical therapist, it is teaching that can help.^{22,23} Clinical practice is an opportunity to be seen by applying the knowledge and techniques that are theoretically acquired at a university in physical therapy academic clinical practices, and the knowledge gained with experience in training becomes the basis of the clinic.^{6,7}

The general characteristics of students of the physical therapy department include females in their third years of college at ages 20~24 years-old. As well, no religion, usual satisfaction with major, and motivation of choosing a physical therapy employment rate were the most common. A residency type in the from where one mould cook one's food and a clinical practice with a general hospital grade were seen most often.

Regarding preference of major employment before and after clinical practice, the preference of major employment was 344 (88%) which increased by 21 (5.2%) after clinical practice from 323 (82.8%) before clinical practice. The reason for wishing for major employment before and after clinical practice was that although the stability in the profession was the highest reason at 150(46.4%) before the clinical practice, after the clinical practice, the clear goal was the highest reason at 106 (30.8%). The reason for not wishing for major employment was disinterest and no aptitude, and it increased to 20 (43.5%) from 16 (23.9%) after the clinical practice. This shows results similar to the study that stresses that clinical practice can lead to interest loss.²⁴ However, it was slightly different from another study that demonstrated appropriate stress may help growth and productivity to improve.²⁵ Thus, construction practices, content and environment, and the kind of clinical practice experience have a significant impact on the recognition of the path decision, and the stress suffered through the clinical practice has an adverse effect.

The results of clinical practice before and after regarding preferred major employment institution, appeared in the order of university hospital, general hospital, and rehabilitation hospital before clinical practice, and the same results were

revealed after clinical practice. The preference for a health center increased by 21 (5.3%) after clinical practice in particular, but university hospitals showed a decrease of 37 (9.5%). This shows results similar to the research that factors what negatively affected the preferred employment institution was a regular worker / non-regular workers of the employment system.²⁶

According to the results of preferred major employment filed before and after clinical practice, it appeared in the order of orthopedic physical therapy, neurological physical therapy, and sports physical therapy before clinical practice; after clinical practice, it was in the order of orthopedic physical therapy, neurological physical therapy, and pediatric physical therapy. After clinical practice, pediatric physical therapy increased by 15 (3.9%). In addition, it is possible to know that the goal has been clear through a reduction of 17 (4.4%) in the item no preference. This is the training of a student, and it is connected to the internship while focusing the target on various physical therapy educations. Through this, students can be educated in relatively various clinical areas and in the field of their desire. Hence, it is an opportunity.²⁷

As the number of apprentices will increase but training institutions is limited, for training of environment, content, etc., relatively, changes are slow, and progress rapidly medical technology. It is a society in which expertise is required in the present study; there is a value in providing the data of the clinical, which is missing in the physical therapy. To the human resources to fit better medical technology, it is necessary to improve the training environment. Therefore, not only the study of satisfaction through simple exercises but also through changes in recognition before and after training must be included to proceed to the clinical practice to analyze whether there is such a change and to provide a positive impact on the study.

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