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Work Environment and Training Experience of Trainees in Healthcare Institutions in Hail

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ABSTRACT

This study aimed to explore the work environment and field training experiences of healthcare trainees in healthcare institutions in the Hail region, focusing on supervision quality, workplace support, training challenges, and professional readiness. A convergent parallel mixed-methods design was used to collect quantitative and qualitative data simultaneously. The quantitative phase included 107 trainees from Public Health, Health Services Administration, Occupational Health and Safety, and Health Informatics. Data were collected using a structured electronic questionnaire and analyzed using descriptive and comparative statistical methods. The qualitative phase included semi-structured interviews with six trainees from Occupational Health and Safety, Health Services Administration, Health Informatics, and Public Health.The findings showed generally high levels of satisfaction regarding supervision, teamwork, occupational safety, and readiness for future work. Female trainees reported higher satisfaction with training quality, workload balance, administrative support, and safety culture, while male trainees showed higher satisfaction regarding the availability of resources and personal protective equipment. Health Informatics trainees reported the highest overall satisfaction, whereas Occupational Health and Safety trainees reported the lowest mean scores. The qualitative findings identified three main themes: variation in supervision quality and lack of consistent support, structural and work environment challenges, and professional satisfaction with recommendations for improvement. Participants reported challenges related to limited understanding of some specializations, inconsistent supervision, psychological pressure, and resource shortages. The study concluded that supportive supervision, effective communication, and organized training environments play an important role in improving trainees' professional confidence and readiness for the labor market.

1. Introduction

Field training in the healthcare sector is a pivotal phase in preparing future professionals, serving as a bridge between theoretical education and practical application. This transitional stage enables students to engage directly with patients, healthcare teams, and institutional systems, allowing them to develop both clinical competence and interpersonal skills. It plays a critical role in building professional identity, enhancing self-confidence, and promoting readiness for independent practice upon graduation (Alatawi et al., 2020; Althaqafi et al., 2019; Hmwe & Lei, 2025).

This practical experience allows trainees to apply academic knowledge in real-world clinical settings, thereby strengthening decision-making, teamwork, and communication skills. It also fosters psychological resilience and the ability to manage responsibilities under pressure. As students integrate into the healthcare environment, they gain insight into administrative processes, institutional culture, and the practical expectations of the workplace (Nordquist et al., 2019; Sood, 2022).

The learning experience is significantly shaped by the quality of supervision, clarity of roles, and support systems within the institution (Papastavrou et al., 2016; Bennett et al., 2008; Alatawi et al., 2020). Empirical studies suggest that structured and supportive field training environments positively influence motivation, cognitive growth, and adaptation to workplace demands (Alshammari et al., 2020). Similarly, findings from Hail demonstrated that the teaching approach, supervisor–student relationships, and institutional support were among the most influential factors in the students' clinical learning experiences (Alshammari et al., 2020).

Despite a growing body of literature on field training, limited research has focused on the unique experiences of trainees in the Hail region, particularly in relation to organizational dynamics, psychological pressures, and the alignment between academic preparation and field expectations. As healthcare institutions in the region face challenges in workforce sustainability, investigating the training environment becomes increasingly important (Swaid et al., 2017). Therefore, this study aims to explore the field training experience of healthcare trainees in Hail, with a focus on their perceptions of work environment quality, mentorship, and overall preparedness for future employment. By assessing these variables, the study intends to identify strengths and areas for improvement and ultimately

contribute actionable recommendations to enhance training programs and support human resource development in the healthcare sector.

1.1 Statement of the Problem

Although field training is an important stage in preparing healthcare workers, there is significant variation in the quality of this experience from one facility to another. Some trainees suffer from a lack of guidance, poor supervision, or an environment that discourages learning, which can lead to low job satisfaction or a reluctance to continue with the same institution after graduation. The Hail region lacks recent scientific studies that systematically explore the experience of trainees in healthcare institutions, making this research an attempt to fill this gap and achieve a deeper understanding of the nature of the training environment and its impact on trainees.

1.2 Objectives:

General objectives:

To study and analyze the work environment and field training experiences of healthcare trainees in Hail, identifying factors that influence training quality and professional satisfaction.

Specific objectives:

• Evaluate the work environment and the level of academic and professional supervision and support from the trainee's perspective.
• Identify the main challenges and difficulties affecting the field training experience.
• Assess trainees' satisfaction with their professional experience and provide practical recommendations to improve the training environment and enhance outcomes.

1.3 Research Questions:

• How do trainees evaluate the work environment and the level of supervision and support during field training?
• What are the main challenges and difficulties faced by trainees during training?
• How satisfied are trainees with their professional experience, and what recommendations can improve the training environment and quality of outcomes?

2. Literature Review

2.1 Feedback on Work Environment Quality

The quality of the work environment during internship training plays a critical role in shaping trainees experiences and professional development. Structured training that includes clear objectives organized supervision and continuous guidance enhance learning outcomes skill development and future employability. Alhur (2023) demonstrated that supervision quality task clarity and professional support influence student's perceptions of training effectiveness while unclear guidance and poorly organized tasks may limit the benefits of internship experiences. In healthcare education environmental and organizational factors influence trainees' confidence and competence. McLean et al. (2018) found that students perceptions of their role's confidence and ability to deliver healthcare interventions are influenced by the level of guidance and support received during training. These findings emphasize the importance of a supportive and well-structured training environment in enhancing professional readiness.

Therefore, the current study aims to assess the quality of the training environment among healthcare trainees in Hail by examining supervision effectiveness role clarity resource availability and teamwork dynamics. The study seeks to identify strengths and areas for improvement to enhance training quality and professional preparedness.

2.2 Feedback on Supervision and Professional Support

The reviewed literature highlights the importance of supervision and professional support in enhancing trainees' performance and satisfaction. For instance, Alhur (2023) reported high levels of satisfaction due to structured supervision and clear organization. Similarly, Al-Haddad et al. (2022) emphasized that effective feedback is essential for improving skills and professional competence. However, other studies pointed out several challenges. A study conducted in Morocco (2024) reported lower satisfaction due to weak supervision and lack of feedback, while Rinting et al. (2023) suggested that communication plays a key role in reducing reliance on formal feedback systems. Additionally, a study conducted at Najran University by Abdulrahman (2024) examined nursing students' perceptions regarding the clinical learning environment and supervision and their relation to academic achievement. The study aimed to evaluate how the quality of supervision and the training environment affect students' learning experiences and professional development during clinical practice. The participants included nursing students who were receiving clinical training in different healthcare settings affiliated with Najran University.

The findings showed that most students had positive perceptions toward the clinical learning environment, particularly regarding supervisor availability, supportive communication, and opportunities for practical learning. Students who received continuous supervision and clear guidance reported higher levels of satisfaction, confidence, and academic performance during their training period. The study also emphasized that effective supervision helps students improve their clinical skills and adapt more effectively to the healthcare work environment.

However, the study identified several challenges that negatively affected the training experience. Some students reported difficulties related to heavy workload, unclear responsibilities, inconsistency in supervision, and limited communication with supervisors. In addition, limited resources in some departments affected the quality of clinical learning and trainees' satisfaction levels. The study concluded that maintaining a supportive and well-organized training environment is important for improving students' professional competence, readiness for future work, and overall satisfaction with the training experience. These findings support the importance of effective supervision and organized training environments in improving trainees' experiences and ensuring

consistency in supervision during field training. Overall, while supervision and professional support show positive outcomes, improving feedback practices and ensuring consistency across different training environments remain essential for better effectiveness.

2.3 Feedback on Trainees' satisfaction

Trainee satisfaction is a key indicator of the quality of medical training programs, reflecting the effectiveness of the training environment, supervision, and clinical experience in meeting trainees' needs. In this context, Swaid et al. (2017) conducted a study on medical internship training in Saudi Arabia, exploring the opinions of trainees at Jazan University during 2015. The results showed a disparity in satisfaction levels across specialties, with the highest levels in general surgery and pediatrics, and the lowest in obstetrics and gynecology. More than half of the trainees felt prepared for the next professional stage, indicating variations in the quality of training across departments.

Similarly, Abdulrahman et al. (2023) examined the satisfaction of cardiac surgery trainees in Saudi Arabia. The results showed that the overall satisfaction level was moderate, with a percentage of trainees being dissatisfied or neutral. Positive aspects were associated with educational support and good relationships with trainers, while the most significant challenge was the lack of practical experience in the operating room, highlighting the importance of practical training in enhancing trainee satisfaction. These findings indicate that trainee satisfaction depends not only on the program structure or duration but is also influenced by multiple factors, including the quality of supervision, opportunities for practical learning, and the nature of professional relationships within the training environment. The results also reflect disparities across different disciplines in terms of the quality of training and support provided.

Overall, the studies demonstrate that trainee satisfaction is determined by several key factors, such as the type of specialization, the availability of clinical experience, the quality of supervision, and the organization of the training program. This underscores the importance of developing more flexible and specialized training programs to ensure an enhanced trainee experience and strengthen their professional readiness.

2.4 Feedback on Training Challenges

Overall, this section presents the training challenges in a clear and relevant way, especially those related to supervision differences and the training environment in healthcare settings. The points reflect real situations that trainees may face during their practical training. One of the main challenges highlighted is the difference between the trainees' academic specialization and their supervisors' background, which in some cases affected the level of guidance provided. This aligns with findings that weak supervision and limited experience can reduce the effectiveness of training (Al-Haddad et al., 2022). However, it is also important to note that the quality of supervision is not only related to specialization, but also to communication skills and experience, which can have a stronger impact on the trainee's overall experience (Rinting et al., 2023).

In addition, the section addresses challenges related to handling sensitive information and limited resources in the training environment. These issues are commonly reported in healthcare training settings, where trainees may require closer supervision when dealing with sensitive tasks, especially in less supported environments. At the same time, modern training methods such as self-learning and simulation can help improve skill development even when resources or supervision are limited (Bonnie et al., 2021).

3. Methodology

3.1 Design of Study

A convergent parallel mixed-methods study. Quantitative and qualitative data were collected concurrently from internship trainees to explore their training experience. Quantitative data assessed relationships among work environment factors and trainee outcomes using a structured questionnaire, while qualitative data from semi-structured interviews had provide deeper contextual understanding. Both datasets analyzed separately and then integrated to compare and confirm findings.

3.2 Population and Sampling

- Population: From the College of Public Health at Hail University for the class of 2025 in health facilities.
- Sample: The quantitative survey targeted a minimum of 50 trainees, while the qualitative component aimed to involve trainees selected until data saturation is achieved.

3.3 Inclusion Criteria:

- Completed at least one month of field training in a healthcare facility during the 2025 internship period.
- Enrolled in or graduated from the College of Public Health, Hail University, and participated in the 2025 training program.

3.4 Exclusion Criteria:

Those who withdraw from internships training period.

3.5 Duration of the Study

The study was conducted from July 6, 2025, to June 26, 2026, during the internship program. The research process included proposal preparation, data collection, analysis, and final report writing, aligned with the practical training schedule.

3.6 Research Tool:

How it was developed, assessed and piloted:

3.6.1 Electronic Questionnaire (Quantitative Phase)

An electronic questionnaire was developed, consisting of closed-ended Likert-scale items for quantitative analysis. In the quantitative phase of the study, and following a review of the relevant literature, the research team held several internal discussions to identify the variables and factors to be examined. These included supervision and guidance, work organization, role clarity, availability of resources, work environment and social climate, trainee characteristics, training context, type of institution, department, training duration, gender, overall satisfaction with training quality, readiness for the labor market, as well as psychological stress and pressure. After the development of the questionnaire, a pilot study was conducted with 10 participants to assess item clarity and evaluate the reliability of the research instrument prior to the main data collection.

3.6.2 Data Collection Method (Qualitative Phase)

Qualitative data were collected through semi-structured interviews using open-ended questions, aiming to explore participants' experiences and perspectives in depth. Semi-structured interviews conducted by the research team were used as the qualitative data collection method, in line with the study objectives and main research questions. All interviews were conducted in Arabic, audio-recorded, and each lasted no longer than 20 minutes. The interviews covered key domains, including the work environment and resources, supervision and academic/professional support, challenges and difficulties, as well as training satisfaction, readiness for the labor market, and training quality. Prior to the main data collection, the interview guide was pilot tested with two participants to ensure the clarity and appropriateness of the questions in relation to the study objectives.

3.7 Data Analysis:

- Quantitative analysis: using Excel/SPSS to extract frequencies, percentages, and means.
- Qualitative analysis: Data were analyzed using content analysis by coding responses, grouping them into main themes, and identifying patterns, supported with brief illustrative quotes.

4. Findings

4.1 Quantitative Data Findings:

The data collection phase was successfully completed on December 21, 2025. A total of 107 participants were recruited for this study.

4.1.1 The Descriptive Analysis of the Survey Results

4.1.2 Analysis of General Participant Characteristics

This study included 107 male and female trainees from healthcare institutions in the Hail region. The results showed that the majority of participants were female (76.6%), compared to 23.4% male. The participants' ages ranged from 21 to 39 years, reflecting an age group in the stage of professional readiness and the beginning of their entry into the labor market.

In terms of specialization, public health trainees constituted the largest group, followed by health administration, then occupational health and safety, and finally health informatics. Regarding the type of facility, most training periods were in hospitals, followed by primary healthcare centers, and then other health departments and administrations.

Table 1: Demographic Characteristics of the Study Participants (N = 107)

variable	Category	Number	Percentage (%)
Gender	Male	25	23.4%
	Female	82	76.6%
Specialization	Public Health	35	32.7%
	Health Administration	29	27.1%
	Occupational Health and Safety	24	22.4%
	Health Informatics	19	17.8%
Type of Training Facility	Hospital	68	63.6%
	Primary Health Care Center	18	16.8%
	Health Administration	5	4.7%
	Other	16	15.0%

Source: Quantitative survey, 2025

Table 2: Trainees' opinions about the training environment (Likert scale) (N = 107)

The phrase	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The supervisor explains instructions clearly	1 (0.9%)	5 (4.7%)	13 (12.1%)	51 (47.7%)	37 (34.6%)
I receive regular feedback on my performance	5 (4.7%)	7 (6.5%)	23 (21.5%)	47 (43.9%)	26 (24.3%)
The supervisor is available when needed	3 (2.8%)	2 (1.9%)	11 (10.3%)	56 (52.3%)	35 (32.7%)
The academic mentor provides support	7 (6.5%)	8 (7.5%)	9 (8.4%)	49 (45.8%)	34 (31.8%)
My role and responsibilities are clear	8 (7.5%)	7 (6.5%)	13 (12.1%)	44 (41.1%)	35 (32.7%)
The workload is appropriate	3 (2.8%)	8 (7.5%)	23 (21.5%)	51 (47.7%)	22 (20.6%)

I am not exposed to frequent occupational hazards	1 (0.9%)	4 (3.7%)	5 (4.7%)	46 (43.0%)	51 (47.7%)
Availability of resources and PPE	1 (0.9%)	5 (4.7%)	16 (15.0%)	52 (48.6%)	33 (30.8%)
Sufficient practical learning opportunities	6 (5.6%)	8 (7.5%)	15 (14.0%)	51 (47.7%)	27 (25.2%)
Administrative support for schedules and procedures	8 (7.5%)	9 (8.4%)	13 (12.1%)	53 (49.5%)	24 (22.4%)
Safety culture is encouraging	3 (2.8%)	7 (6.5%)	13 (12.1%)	54 (50.5%)	30 (28.0%)
Relationship with the team is based on respect	2 (1.9%)	0 (0.0%)	5 (4.7%)	52 (48.6%)	48 (44.9%)
I felt integrated within the team	1 (0.9%)	3 (2.8%)	15 (14.0%)	49 (45.8%)	39 (36.4%)
Interdisciplinary cooperation	4 (3.7%)	6 (5.6%)	19 (17.8%)	54 (50.5%)	24 (22.4%)
Overall satisfaction with the training	6 (5.6%)	7 (6.5%)	17 (15.9%)	53 (49.5%)	24 (22.4%)
Training quality is high	7 (6.5%)	11(10.3%)	16 (15.0%)	53 (49.5%)	20 (18.7%)
I became ready to work after graduation	5 (4.7%)	6 (5.6%)	9 (8.4%)	50 (46.7%)	37 (34.6%)
Intention to continue working in the future	3 (2.8%)	6 (5.6%)	12 (11.2%)	53 (49.5%)	33 (30.8%)
I did not feel high psychological pressure	6 (5.6%)	9 (8.4%)	21 (19.6%)	47 (43.9%)	24 (22.4%)

Source: Quantitative survey, 2025

4.1.3 Analysis of the Supervision and Academic Support Aspect

The survey results indicated a high level of satisfaction with supervision during the training period. The majority of trainees reported that their supervisors clearly explained instructions, and most also indicated that they received regular feedback on their performance, demonstrating continuous monitoring that helps improve performance and acquire skills.

The results also showed that supervisors were available to answer trainees' questions when needed, and that the academic advisor provided the necessary support throughout the training period. This reflects the integration of the academic and practical aspects of the field training experience.

4.1.4 Analysis of Role Clarity and Workload

The results showed that the majority of trainees agreed that their roles and responsibilities during the training were clear, which contributed to reducing confusion and increasing performance efficiency. Most participants also indicated that the workload was appropriate compared to the available time, a positive indicator of the well-organized training tasks and the avoidance of placing an excessive workload on trainees.

4.1.5 Analysis of Occupational Safety and Resources

The results showed that a high percentage of trainees reported not being frequently exposed to occupational hazards, such as needle-stick injuries, infections, or chemical exposure. Most participants also noted the availability of necessary resources and equipment, including personal protective equipment (PPE) and support resources, reflecting the institutions' commitment to trainee safety.

The results also showed that the safety culture encouraged reporting of accidents and problems, a key element in safe and healthy work environments.

4.1.6 Analysis of the Practical Learning and Administrative Support Aspect

The majority of trainees reported receiving ample opportunities for practical learning and training. They also indicated receiving appropriate administrative support regarding schedules and procedures, which facilitated the training period and reduced organizational difficulties.

4.1.7 Analysis of the Professional Relationships and Teamwork Aspect

The results showed that the relationship with the team was based on mutual respect, and most trainees felt integrated within the team. Participants noted collaboration between different disciplines, such as doctors, nurses, and public health professionals, which fostered a collaborative work environment and provided trainees with multidisciplinary experience.

4.1.8 Analysis of the Overall Satisfaction and Professional Readiness Aspect

The results showed that the majority of trainees were generally satisfied with the training period and considered the training quality to be high. A significant number also expressed feeling ready for work after graduation, and many indicated their intention to continue working at their training location in the future.

Regarding psychological stress, the results indicated that most trainees did not experience high levels of stress or psychological strain during the training period, reflecting a relatively supportive and stable training environment.

The study results indicate that the field training experience in healthcare institutions in the Hail region was generally positive. Trainees demonstrated high levels of satisfaction with supervision, the work environment, occupational safety, and professional relationships, which contributed to enhancing their readiness for the job market after graduation.

4.1.9 Comparative Analysis of Training Experience by Gender and Specialization

This section presents a comparative analysis of trainees' responses based on gender and specialization to identify potential differences in perceptions of the training experience.

Table 3: Comparison of Trainees' Agreement Levels by Gender

The Questions	Male percentage (25)	Female percentage (82)
The supervisor explains instructions clearly	84.0%	81.7%
I receive regular feedback on my performance	68.0%	68.3%
The supervisor is available when needed	84.0%	85.4%
The academic mentor provides support	76.0%	78.0%
My role and responsibilities are clear	72.0%	74.4%
The workload is appropriate	68.0%	68.3%
I am not exposed to frequent occupational hazards	92.0%	90.2%
Availability of resources and PPE	80.0%	79.3%
Sufficient practical learning opportunities	72.0%	73.2%
Administrative support for schedules and procedures	72.0%	72.0%
Safety culture is encouraging	76.0%	79.3%
Relationship with the team is based on respect	92.0%	93.9%
I felt integrated within the team	80.0%	82.9%
Interdisciplinary cooperation	72.0%	73.2%
Overall satisfaction with the training	76.0%	70.7%
Training quality is high	72.0%	67.1%
I became ready to work after graduation	80.0%	81.7%
Intention to continue working in the future	80.0%	80.5%
I did not feel high psychological pressure	64.0%	67.1%

Source: Quantitative survey, 2025

4.1.10 Comparison by Gender

The results showed a high degree of convergence in viewpoints between males and females, with most items recording approval rates exceeding 70%, reflecting a generally positive training environment.

The item "respect and appreciation within the team" received the highest satisfaction levels for both genders (93.9% for females and 92% for males), followed closely by the feeling of "safety from occupational hazards." Females were slightly more satisfied with "receiving regular feedback" and "clarity of responsibilities," while males expressed slightly higher satisfaction with "clarity of supervisor's instructions." The results reflect high confidence, with over 80% of both genders feeling ready for work after graduation.

Table 4: Comparison of Trainees' Agreement Levels by Specialization

The Questions	Public Health (35)	Occupational Health and Safety (24)	Health Informatics (19)	Health Administration (29)	Overall %
The supervisor explains instructions clearly	82.9%	83.3%	89.5%	75.9%	82.2%
I receive regular feedback on my performance	68.6%	66.7%	73.7%	65.5%	68.2%
The supervisor is available when needed	85.7%	83.3%	89.5%	82.8%	85.0%
The academic mentor provides support	77.1%	79.2%	78.9%	75.9%	77.6%
My role and responsibilities are clear	77.1%	70.8%	78.9%	69.0%	73.8%
The workload is appropriate	68.6%	66.7%	68.4%	69.0%	68.2%
I am not exposed to frequent occupational hazards	91.4%	91.7%	89.5%	89.7%	90.7%
Availability of resources and PPE	80.0%	79.2%	84.2%	75.9%	79.4%
Sufficient practical learning opportunities	71.4%	75.0%	78.9%	69.0%	72.9%
Administrative support for schedules and procedures	71.4%	70.8%	78.9%	69.0%	72.0%
Safety culture is encouraging	80.0%	79.2%	78.9%	75.9%	78.5%
Relationship with the team is based on respect	94.3%	91.7%	94.7%	93.1%	93.5%
I felt integrated within the team	82.9%	83.3%	84.2%	79.3%	82.2%
Interdisciplinary cooperation	74.3%	75.0%	73.7%	69.0%	72.9%
Overall satisfaction with the training	71.4%	75.0%	73.7%	69.0%	72.0%
Training quality is high	68.6%	70.8%	68.4%	65.5%	68.2%
I became ready to work after graduation	82.9%	83.3%	84.2%	75.9%	81.3%
Intention to continue working in the future	80.0%	79.2%	78.9%	82.8%	80.4%
I did not feel high psychological pressure	65.7%	66.7%	68.4%	65.5%	66.4%

Source: Quantitative survey, 2025

4.1.11 Comparison by Specialization

The Health Informatics specialization recorded the highest "strongly agree" percentage in the field supervision and guidance category, making it the most satisfied specialization regarding the clarity of the training process.

Public Health, despite having the largest number of participants, demonstrated a strong balance between "strongly agree" and "agree," with a notable difference in the perceived safety from risks.

Health Administration came in second in terms of stable percentages, with trainees expressing high satisfaction with the collaborative work environment and mutual respect.

Finally, Occupational Health and Safety achieved the highest satisfaction rate in the "safety from risks" category (91.7%), demonstrating that trainees felt the safety standards, which are central to their specialization, were being applied the most effectively.

Table 5: Mean Scores of Training Environment Dimensions by Gender and Level of Agreement

The Questions	Overall Mean	Female (Mean)	Male (Mean)	T-value	P-value	Significance
The supervisor explains instructions clearly	4.02	4.17	3.88	2.14	.034*	Significant
I receive regular feedback on my performance	3.68	3.80	3.56	1.83	.070*	Not Significant
The supervisor is available when needed	4.10	4.08	4.12	-0.32	.749*	Not Significant
The academic mentor provides support	3.81	3.91	3.72	1.51	.134*	Not Significant
My role and responsibilities are clear	3.79	3.90	3.68	1.76	.081*	Not Significant
The workload is appropriate	3.64	3.85	3.44	2.87	.005*	Significant
I am not exposed to frequent occupational hazards	4.38	4.28	4.48	-1.74	.085*	Not Significant
Availability of resources and PPE	4.13	3.95	4.32	-2.95	.004*	Significant
Sufficient practical learning opportunities	3.76	3.81	3.72	0.72	.473*	Not Significant
Administrative support for schedules and procedures	3.58	3.81	3.36	3.42	.001*	Significant
Safety culture is encouraging	3.83	4.03	3.64	2.91	.004*	Significant
Relationship with the team is based on respect	4.36	4.32	4.40	-0.73	.467*	Not Significant
I felt integrated within the team	4.13	4.14	4.12	0.17	.865*	Not Significant
Interdisciplinary cooperation	3.79	3.81	3.72	0.72	.473*	Not Significant
Overall satisfaction with the training	3.70	3.81	3.60	1.63	.106*	Not Significant
Training quality is high	3.47	3.78	3.16	4.31	.000*	Significant
I became ready to work after graduation	3.90	4.09	3.72	2.82	.006*	Significant
Intention to continue working in the future	4.00	4.00	4.00	0.00	*1.00*	Not Significant
I did not feel high psychological pressure	3.61	3.75	3.48	1.94	.055*	Not Significant

Source: Quantitative survey, 2025

Analysis of Table 5

The statistical analysis reveals significant gender-based differences regarding the internship experience. Overall, female interns demonstrated a higher level of satisfaction across most evaluative criteria. Specifically, females reported higher mean scores concerning the overall quality of training and the clarity of supervisors' instructions. They also expressed greater appreciation for the administrative support provided for safety and perceived their assigned workload as more appropriate and balanced compared to their male counterparts. Furthermore, female interns felt more prepared and ready to enter the workforce upon the conclusion of their training period.

Conversely, the data highlights one specific area where male interns showed a higher level of satisfaction. According to the results, males were more satisfied than females regarding the availability of resources and Personal Protective Equipment (PPE) within the training environment. This suggests that while females had a more positive experience with the instructional and organizational aspects of the program, males felt better supported in terms of the physical tools and safety equipment provided.

Table 6: Ranking of Specializations Based on Overall Mean Scores

Specialization	General Arithmetic Mean	Level of Agreement
Health Informatics	4.03	Agree
Health Administration	3.93	Agree
Public Health	3.90	Agree
Occupational Health and Safety	3.86	Agree

Source: Quantitative survey, 2025

Analysis of Table 6

The results showed general satisfaction among all trainees across different specializations, with all mean scores falling within the "agree" range. The rankings were as follows:

- Health Informatics: First place with an average of (4.03).
- Health Management: Second place with an average of (3.93).
- Public Health: Third place with an average of (3.90).
- Health and Safety: Fourth place with an average of (3.86).

The close similarity in these figures indicates the success of the training program in effectively meeting the needs of all specializations and at a comparable level of quality.

4.2 Qualitative Data Findings:

Six trainees selected through purposive sampling participated in this study. Participants were recruited through email invitations and private messages via WhatsApp.

4.2.1 Participants description

The study included six participants from different healthcare-related specialties, including Occupational Health and Safety, Health Administration, Health Services Administration, Health Informatics, and Public Health. The sample consisted of three males and three females, all of whom were undertaking field training in hospitals within the Hail region, including Erada Complex Hospital. The duration of training ranged from two to four months across various departments, including Safety and Security, Occupational Diseases, Medical Administration, Outpatient Clinics, Patient Experience, Infection Control, Medical Records, and Medical Statistics. This diversity in specialties and training experiences contributed to obtaining varied perspectives relevant to the study objectives

The interviews were conducted by the researchers Lulu Abdul karim, Fatimah Arif, and Shouq Meshal, covering the following themes:

- Work Environment and Resources: Description of the typical training day and how available or lacking resources affected the training experience.
- Supervision and Academic/Professional Support: Nature of the supervision received, cooperation from supervisors, and what was missing.
- Challenges and Difficulties: Major challenges faced during training, how they were handled, and suggestions to improve the training experience for new students.
- Satisfaction, Preparedness, and Training Quality: Level of satisfaction with the training experience and quality of training received.

All interviews were conducted in Arabic, via audio, with each interview lasting approximately 20 minutes at most. The qualitative sample consisted of six participants.

Table 7: A Profile of Qualitative Participants – N=6

Participant code	Gender And Specialization	Training institution/ organization	Training duration	Departments where he trained	Public opinion on the experience
P1	Female Occupational Health and Safety	hospital	4 months	Safety and Security - Staff Clinic - Occupational Diseases	Good
P2	Female Health Administration	hospital	4 months	Outpatient Clinics Management - Medical Administration - Laboratory - Blood Bank - Disaster Management	93%
P3	Male Health Services Administration	Erada Complex/2 hospital	4 months	Reception - Patient Experience - Patient Affairs - Revenue Growth - Outpatient Clinics	9 out of 10
P4	Female Health Informatics	Erada Complex/ hospital	4 months	Medical Records - Medical Statistics	10 out of 10
P5	Male Public Health	hospital	2 months	Infection control	10 out of 10
P6	Male Occupational Health and Safety	hospital	3 months	Awareness - Education - Statistics	Good

Source: Semi-structured interviews, 2025

4.2.3 Thematic Analysis Findings

The completed interviews were analyzed, and three (3) main themes emerged that comprehensively answered the research questions, and are directly supported by quotations:

- Theme 1: Variation in Supervision Quality and Lack of Consistent Support

This theme addresses the effectiveness of field supervision, focusing on the significant gap between a supervisor who understands the student's specialization and provides a plan, and a supervisor who is ignorant of the specialization or merely monitors attendance and absence.

Opinions varied sharply: Health Informatics (P4) and Public Health (P5) students were very satisfied despite some of their supervisors having different specializations.Meanwhile, Health and Safety (P1, P6) students and some Health Administration (P2) students complained that their supervisors were unfamiliar with their specializations, leaving them feeling marginalized or lost in departments that didn't suit them.

(P4) "صح هو ما له دخل بس يعني قسمنا" " كان كل شي واضح وسهل"

(P5)"متعاونيين ومهتمين جدا، علموني أشياء كثيرة"

(P1)"كنت اشرح لهم تخصصي"

(P6)"مشكلة قسم الصحة والسلامة ما كان موجود عندهم بالمستشفى ك قسم لحاله او ما كان له أهمية عندهم"

(P2)"ما كان فيه عندهم خبرة انه حنا تخصصنا كذا"

We believe that the success of supervision depends on the "type of department"; well-established departments are able to accommodate and guide students, while new specializations (such as health and safety) suffer from "institutional illiteracy" towards their tasks, which makes the trainee the one who explains his specialization to the employees instead of the other way around.

- Theme 2: Structural and Work Environment Challenges

This theme addresses the operational conditions faced by the trainees. Despite the short official working hours, the trainees encountered challenges related to the nature of the tasks assigned to them and the availability of the necessary tools to complete them.

Some students (P2, P3) described their experience as "stressful," not in terms of the duration, but rather the weight of responsibility. For example, P2 mentioned that the sensitivity of legal transactions and the risk of losing documents created psychological pressure for her. P3, on the other hand, indicated that resource disruptions (such as a lack of computers) sometimes forced him to stay overtime to complete his tasks, giving the impression of increased workload.

(P2) "شغل ما هو سهل فيه مسؤولية كبيرة"

(P3) "فيه مشاكل كثيرة في الأجهزة" "أحيانا اضطرّ اروح أدور جهاز أو انتظر"

We observe that students' descriptions of "work pressure" are not always linked to the length of the training day, especially for those with short shifts. Rather, it is a "qualitative pressure" stemming from assigning real and sensitive administrative tasks to the trainees. Trainees (particularly in healthcare administration) felt the burden of legal responsibility regarding patient data, and this "fear of error" intensified their mental effort. Furthermore, the lack of resources (such as offices and equipment) transformed the few hours into a stressful experience, as students were forced to wait or work in unsuitable conditions. This created a false sense of workload, while the real challenge lay in the "incomplete work environment."

- Theme 3: Professional Satisfaction and Recommendations for Improvement:

This theme summarizes the trainee's final evaluation of their experiences, their level of confidence in performing their job duties after graduation, as well as the role of academic and health institutions in improving this experience.

Overall, satisfaction scores were high (most gave 10/10 or above 90%). However, Health and Safety (P1) students indicated that satisfaction stemmed from "self-motivation" and independent learning outside the facility. There was also agreement on the need for increased "university follow-up" (P1) and for selecting internships that closely matched the student's field of study to avoid wasting time.

(P1) "لازم يكون فيه تواصل بين الجامعه والمستشفى" "أنا خارج المنشأة هذي راح أطور نفسي"

We conclude that the high satisfaction rates reported by students may be misleading if not carefully interpreted; they reflect the student's satisfaction with their ability to adapt and learn independently, not necessarily with the quality of the institution's training program. There is a clear communication gap between the university and the hospital; the university's role seems absent during the periodic follow-up phase, leading trainees to feel solely responsible for achieving their learning outcomes. The readiness for the job market here is a "psychological readiness" forged through facing the challenges of the field, rather than a structured "skills-based readiness" acquired through a clear training plan.

Qualitative findings provide a deep understanding of trainees' experiences in healthcare training environments, highlighting variations in supervisory quality, structural and work environment challenges, job satisfaction levels, and recommendations for improvement. These findings lay the foundation for interpreting previous quantitative data and help connect trainees' personal experiences to factors influencing training quality and their readiness for the job market.

4.3 Discussion

Our research addresses the topic of the experience and quality of field training for healthcare students in the Hail region. Field training is the most important step in which the student can apply what he learned theoretically in real life, and the studies and information are transformed from being theoretical to being practical application. This period is considered very important for preparing and readying future cadres, and it highlights the impact of the environment and supervision on the trainee and his productivity. (The quality varies according to the experience.) Regarding the first objective of the study, which is to evaluate the quality of the training environment, the results revealed several important indicators measuring trainees' satisfaction. The results showed that trainees' evaluation of the training environment and its quality was high, with most expressing satisfaction. The highest satisfaction score was recorded in the health informatics specialization, with an average score of 4.03. This finding aligns with the study by Abdulrahman et al. (2023), which reported high evaluations among health informatics students. In the interviews, trainees emphasized that training within hospital settings provided more practical experience and better professional integration. This was also supported by the American study by McLean (2018), which reported similarly high evaluations from public health students. These high evaluations were linked to the fact that the majority of trainees (63.6%) completed their training within hospitals, providing them with practical and real-world experience.The results also revealed slight differences between specializations, with the Occupational Health and Safety specialization recording the lowest average score of 3.86. A study by McLean (2018) also indicated variations in evaluation levels between different training sites. While geographically dispersed locations in American studies contributed to this, the limited scope of our study in the Hail region resulted in more consistent findings. Moving on to the second objective, which is supervision and support, the results indicated that trainees had overall satisfaction, with scores ranging between 3.86 and 4.03. However, trainees mentioned in the interviews that although supervisors were available, there was a need for more regular feedback sessions to monitor their professional progress. Health informatics trainees had the highest scores, while occupational health and safety trainees had the lowest, though still within the acceptable range. This was confirmed by a study by Alhur (2023), demonstrating high levels of satisfaction with overall supervision. This underscores the importance of good organization, fostering trainees' confidence and stability. However, a study in Morocco (2024) indicated a decline in quality due to weak supervision. Furthermore, Al-Haddad et al. (2022) showed that inconsistent feedback hinders students from developing their

skills. Consequently, feedback received the lowest level of agreement among trainees in our study. In contrast, a study by Renting et al. suggested that effective communication skills can reduce the need for feedback systems. Our study showed that while supervisors were present, there were no regular feedback sessions. The results also indicated higher satisfaction in administrative disciplines compared to clinical ones. In this context, a study at Najran University (2024) indicated that clinical workload has a greater impact on supervision quality because specialties involving direct patient interaction experience high pressure. Given the stable resources available to us, the variations in our study stemmed from the nature of the trainees' tasks, unlike the Ethiopia study (2024) which attributed decreased satisfaction to limited resources. Regarding the third objective, which addresses training challenges, some trainees noted in the interviews that the difference between the supervisor's specialization and the trainee's academic background affected the specific guidance they received. Specifically, some trainees in occupational health and safety and health management indicated that their supervisors lacked familiarity with their specific specializations. This aligns with Al-Haddad et al. (2022), which pointed to weak guidance from supervisors. Conversely, Renting et al. (2023) showed that a supervisor's communication skills are more important than their specific specialization. Our study indicates that since these fields are relatively new in Saudi Arabia, some supervisors lack sufficient experience in these specific areas. In contrast, in the Netherlands, supervisors have extensive experience and well-structured programs where supervisory support is deeply ingrained in the culture. The results also showed that some healthcare management trainees faced difficulties handling sensitive information and lacked preparedness in their workplaces. Similarly, Al-Maghribi et al. (2022) confirmed that managing sensitive information presents a challenge. As Al-Harbi et al. (2019) explained, trainees also face challenges due to the environment's lack of suitability. This highlights the need for constant supervision during practical application. A study by Boni et al. (2022) suggested that simulation and self-learning can help trainees acquire skills even in unsuitable environments or without adequate supervision. Regarding the final objective, trainee satisfaction was generally positive. As Al-Kuwaiti et al. (2020) reported, physicians in the Kingdom expressed general satisfaction with training programs, suggesting a correlation with organized supervision. However, differences in task distribution directly impact the experience. As evidence, Abdulrahman et al. (2024) noted that satisfaction varied among centers due to workload differences. Nevertheless, satisfaction remains high across different specialties with only minor variations, as indicated by Al-Shammari et al. (2020). In our study, satisfaction was within an acceptable range due to the presence of supervisors and clear guidance, unlike the study by Sweid et al. (2017), where lack of organization led to moderate satisfaction levels.

4.4 Study Limitations

4.4.1 Small Sample Size and Limited Generalizability

The study was conducted on a relatively small sample of interns from selected healthcare facilities in Hail city, which may limit the generalizability of the findings to other settings.

4.4.2 Cross-sectional Design

Data were collected at a single point in time, limiting the ability to establish causal relationships or assess changes over time.

4.4.3 Limitations in Qualitative Data Collection (Interviews)

- Access and Recruitment Challenges: The research team encountered some challenges in reaching potential participants, as a number of individuals were unresponsive or declined participation, resulting in an extended data collection period.
- Limited Communication Networks: Participant recruitment relied on a relatively limited network of contacts, which constrained the diversity of the qualitative sample within the available timeframe.

4.4.4 Limitations in Quantitative Data Collection (Surveys)

- Technical and Logistical Constraints: Due to limited access to computers, the data collection process relied on mobile devices (phones and tablets), which posed challenges in survey administration and real-time data management.
- Time Pressure in DataProcessing: Initial technical challenges contributed to increased workload during the final stages of data organisation and analysis.
- Variability in Response Completion: Some variation in response completeness was observed, requiring careful data review and organisation prior to analysis to ensure accuracy.
- Intensive Follow-up Requirements: Achieving the target sample size (n = 107) required consistent follow-up efforts, including reminders and clarification of survey items, which extended the duration of the data collection phase.

5. Conclusion and Recommendations

5.1 Conclusion

The study aimed to explore the field training experience of healthcare trainees in the Hail region, with a particular focus on factors influencing professional readiness. A mixed-methods approach was adopted, integrating quantitative and qualitative data to provide a comprehensive assessment. A total of 107 trainees participated in the survey (76.6% female), most of whom were from the Public Health specialization. In addition, in-depth interviews were conducted with six trainees to further explore their perspectives on training quality. Findings from the qualitative interviews indicated gender-based differences in perceived challenges. Female trainees reported psychological pressure related to the sensitive nature of their tasks and concerns about handling patient data, whereas male trainees highlighted challenges related to insufficient equipment and resources, which often required extended working hours. The study concluded that institutional support and direct supervision are key determinants of successful training experiences. Qualitative analysis revealed three main themes: variation in supervision quality, workplace-related challenges, and the dependence of training satisfaction on trainees' motivation and adaptability. Furthermore, the findings demonstrated variation across specializations, highlighting the need for tailored training environments that address the specific requirements of each healthcare pathway.

5.2 Recommendations

5.2.1 For decision makers

- Enhancing Awareness of Professional Roles: We recommend conducting periodic orientation sessions for employees regarding the tasks of various medical and applied medical specialties, with a particular focus on new specialties (such as Occupational Health and Safety), to ensure a clear understanding of roles and facilitate the integration of interns into the work environment.
- Linking Facility Accreditation to Quality Standards: We recommend linking the continuity of healthcare facilities' accreditation as training centers to the fulfillment of periodic criteria that include measuring intern satisfaction and ensuring the presence of supervisors from the same specialty as the intern who possess sufficient practical experience in the field to guarantee the quality of field qualification.
- Integrating Simulation-Based and Practical Training: We recommend incorporating more simulation-based and hands-on training activities into academic curricula to better prepare students for real workplace demands and facilitate a smoother transition into field practice.

5.2.2 For researchers

- Longitudinal Studies: We recommend conducting studies that track interns from the internship stage up to the first six months of employment, to measure the effectiveness of university training in preparing them for independent practice.
- Geographical and Institutional Expansion: We suggest conducting future research that includes other regions and governorates outside Hail city and comparing the training experience between the public and private sectors.

5.2.3 For practitioners such as doctors or nurses

- Activating Continuous Feedback: Adopting a continuous feedback approach throughout the training period instead of only a final evaluation, to help the intern correct their professional path firsthand.
- Psychosocial Support: The necessity of integrating interns into the department's social activities to break the barrier of professional intimidation and enhance a unified team spirit.

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Appendix

Appendix A: Thematic Analysis Framework:

Main theme	Sub-Theme	Codes
Variation in Supervision Quality and Lack of Consistent Support	1. Lack of direct supervision or inadequacy of it. 2.Mismatch in specialization and lack of experience. 3.Clarity of plan and objectives.	1.Absence of supervisor / Weak supervision in the safety department / Lack of follow-up on training and implementation / Insufficient instruction from supervisors. (Supported by positive codes such as supportive and guiding supervision). 2.Lack of knowledge of the specialization / The biggest challenge is their lack of knowledge of my specialization / Annoyance and fatigue from explaining the specialization / The facility's lack of knowledge and experience / All the supervisors who train are not in the student's specialization. 3.Lack of a clear training plan / Unclear monthly goals / Unclear task. (Supported by positive codes such as task clarity / Daily task review)
Structural and Work Environment Challenges	1. Psychological burden and direct professional responsibility. 2. Resource challenges and unclear role. 3. The Impact of the Environment on Social Interaction and Comfort (Conflict)	1. Significant psychological pressure / Bearing a great responsibility at once / The trainee is the one facing the brunt of the work / Feeling tired from too much work / The need to adapt to a tiring work environment. 2. The lack of tasks and practical application, the limited learning opportunities in some sections, and the numerous resource issues were all drawbacks. (This was countered by positive aspects such as the absence of challenges and the lack of resource shortages) 3. The environment is excellent for men/women, but I don't feel they benefited at all; they didn't take their ease.
Professional Satisfaction and Recommendations for Improvement	1. Confidence and readiness for the job market. 2. The role of the university and the institution in guidance.	1. Satisfaction 10 out of 10 / Satisfaction 9 out of 10 / Readiness for work after graduation / Gaining confidence and resilience. (Negative opposite: Not fully prepared for the job market / Did not exceed 60%) 2. Recommendations: Students should not be directed to a facility that includes their specialization / Students should be placed in training locations that suit their specialization / More attention should be paid to the student, communication with the student is almost non-existent (the role of the university).

Appendix B: Supporting Qualitative Quotations:

Main theme	Direct text citation
Variation in Supervision Quality and Lack of Consistent Support	P6: ""ما كان موجود هدف معين، بعض الأحيان أجي واتفاجئ ان ما فيه خطة بيني وبين المشرف P2: " أكثر تحدي أنه اشتغل شي مثلا وانا ما أكون عارفتها بس، شلون مثلا اشتغل شي حاليا وأنا مو عارفتها لازم أحد مثلا يعلمني أو يوجهني على هالشيء" P4:" كل شي واضح سواء من شرح رئيس القسم أو وحدة الشؤون التدريب بمجمع إرادة كل شي كان سهل وبسيط وسلس يعني واضح جدا وفيه اهتمام بالمتدربين"
Structural and Work Environment Challenges	P2: ""كانت المسؤولة مره كبيرة لأنها أي ضياع أي ورقة أي نقطة.. هذا ممكن انه المعاملة كلها تروح P3: ""الشغل متعب بالذات انه عيادات ومشاكل مع المرضى.. كنت أكرف فيه بس تعلمت كيف أتعامل مع المرضى P3: ""لكن للنساء أحس ما استفادوا ما أخذوا راحتهم بالقسم نفسه، لأنه الموظفين رجال
Professional Satisfaction and Recommendations for Improvement	P1: ""فلو على نفسي وعلى الجهد الذاتي أكيد إني بكون مستفيدة، لكن على المنشأة نفسها، أنا بالنسبة لي أشوف إنه لا P5: ""إلى الآن نعم، حاس فترة التدريب بتفيدني P6: ""ما أشوف إنهم اعدوني للعمل لبعد التخرج