

ORGANIZATIONAL SUPPORT FACTORS INFLUENCING THE EXPERIENTIAL LEARNING CYCLES DURING THE INTERNSHIP PROGRAM OF MEDICAL STUDENTS IN ZIBO CITY, CHINA

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Abstract

Introduction: Internship programs are a critical component of medical education, serving as a bridge between theoretical knowledge and clinical practice. Grounded in Experiential Learning Theory, internships enable students to transform real-world experiences into meaningful learning. However, the effectiveness of these programs is not solely dependent on clinical exposure but is also shaped by organizational support factors such as program structure, supervision, and institutional resources. This study examined the influence of organizational support factors on the experiential learning cycles of medical students during their internship program in Zibo City, China.

Methods: The study employed a quantitative descriptive-comparative and correlational research design, complemented by qualitative insights from supervisors. A total of 235 fourth-year medical interns from affiliated hospitals were selected using total enumeration sampling. Data were collected through a validated researcher-made questionnaire measuring organizational support factors and experiential learning domains. Statistical tools such as frequency, percentage, weighted mean, t-test, ANOVA, and Pearson r correlation were utilized to analyze the data. Ethical standards, including informed consent and confidentiality, were strictly observed.

Results: Findings revealed that organizational support factors had a moderate to high level of influence on internship experiences, with program structure and supervision emerging as the most significant contributors. The experiential learning cycle demonstrated a high level of influence, particularly in concrete experience and active experimentation, indicating strong engagement in hands-on clinical activities. However, reflective observation and abstract conceptualization were less emphasized, suggesting gaps in structured reflection and theoretical integration. No significant differences were found when grouped according to demographic variables. Furthermore, a very weak negative correlation was identified between organizational support and experiential learning cycles, indicating that institutional support alone does not fully determine learning outcomes.

Conclusion: The study concludes that while internship programs effectively enhance clinical competence through experiential learning, improvements are needed in reflective practices and institutional support systems. A leadership-driven approach that aligns organizational structures with experiential learning frameworks is essential to optimize internship outcomes and produce competent, reflective, and adaptive medical professionals.

Keywords: Internship Program, Organizational Support, Experiential Learning Cycle, Medical Education, Clinical Training, Leadership-Driven Model.

Introduction

Internship programs in medical education serve as a critical transition phase that bridges theoretical knowledge and real-world clinical practice, shaping the competence, confidence, and professional identity of future physicians. As emphasized in the present study, these programs provide immersive, hands-on experiences that allow medical students to apply classroom learning in dynamic healthcare environments. Contemporary literature underscores that the effectiveness of internship programs is not solely dependent on clinical exposure but is significantly influenced by organizational structures and leadership strategies that govern training environments (Ahmad et al., 2024; Ndamase & Lukman, 2024).

Central to the learning process in internships is the Experiential Learning Theory, which posits that knowledge is created through the transformation of experience. Kolb (1984) identified four cyclical stages, concrete experience, reflective observation, abstract conceptualization, and active experimentation that collectively facilitate deep learning and professional growth. In medical education, this framework has been widely validated as an effective approach for enhancing clinical competence, critical thinking, and reflective practice (Hugo & Cooney, 2024; Cheng et al., 2025). However, the successful implementation of experiential learning depends largely on the extent to which institutions provide structured

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opportunities for reflection, feedback, and guided clinical engagement.

Parallel to this pedagogical perspective is the role of organizational support, which encompasses program structure, supervision and mentorship, organizational culture, resources, and recognition systems. Drawing from Organizational Support Theory, individuals develop perceptions regarding how much their organization values their contributions and supports their well-being (Eisenberger et al., 1986).

In the context of medical internships, such perceptions influence motivation, satisfaction, and professional identity formation. Empirical studies consistently demonstrate that structured programs, effective supervision, and strong mentorship are among the most significant predictors of internship success, as they reduce role ambiguity and enhance learning engagement (To & Lung, 2020; Ahmad et al., 2024; Ali et al., 2021). Conversely, gaps in institutional resources, limited recognition systems, and weak feedback mechanisms may hinder competency development and weaken internship outcomes (Smith & Roberts, 2020).

Despite the recognized importance of both experiential learning and organizational support, a critical gap remains in understanding how these two dimensions interact within medical internship programs. Existing studies often examine them in isolation, neglecting the integrative role of educational leadership in aligning institutional support with experiential pedagogy. As highlighted in the study, internship programs are not merely academic requirements but also social mechanisms that enhance employability, facilitate the transition from education to practice, and contribute to workforce development. In rapidly evolving healthcare systems, particularly in global contexts such as China, there is an increasing demand for internship models that produce not only clinically competent but also reflective, adaptive, and ethically grounded professionals.

Therefore, this study aims to investigate the influence of organizational support factors on the experiential learning cycles of medical students during their internship program. By examining how institutional structures enable or constrain each stage of experiential learning, the research seeks to contribute to the development of a leadership-driven framework that integrates organizational governance with pedagogical practice. This inquiry supports the broader goal of advancing medical education as a socially responsive system capable of producing competent, resilient, and compassionate healthcare professionals.

Methods

Research Design

This study utilized a quantitative approach employing a descriptive-comparative and correlational research design. This design was deemed appropriate as it aimed to systematically describe the level of influence of organizational support factors and experiential learning cycles among medical student-interns, compare differences across selected demographic variables, and determine the relationship between the two major constructs. The quantitative method ensured objectivity, measurability, and statistical rigor in analyzing the data, consistent with established research frameworks (Creswell, 2017; Bryman, 2020). Additionally, a qualitative component was incorporated through interviews with supervisors to enrich the interpretation of findings and provide contextual insights into the challenges encountered during internship implementation.

Locale of the Study

The study was conducted at a recognized medical university in Zibo City, Shandong Province, China, along with its affiliated partner hospitals where internship programs are implemented. These institutions provide structured clinical training environments across various departments, offering medical students comprehensive exposure to real-world healthcare settings. The locale was selected due to its established internship system, accessibility of respondents, and relevance to the research objectives.

Population, Sample, and Sampling Technique

The target population consisted of fourth-year medical students undergoing internship training during the academic year 2025–2026. A total of 235 medical interns assigned across five affiliated hospitals participated in the study. The researcher employed total enumeration sampling, wherein all members of the population were included as respondents. This approach ensured complete representation and eliminated sampling bias, thereby strengthening the reliability and generalizability of the findings within the study context.

Research Instrument

The primary data collection tool was a researcher-developed questionnaire designed to measure two key variables: organizational support factors and experiential learning cycles. The instrument included subscales covering program structure, supervision and mentorship, organizational culture, career development opportunities, resources and tools, organizational commitment, and performance recognition, as well as the four domains of experiential learning: concrete experience, reflective observation, abstract conceptualization, and active

experimentation. The questionnaire underwent content validation by field experts and pilot testing to ensure its appropriateness and clarity. Reliability testing using Cronbach's alpha yielded acceptable to good internal consistency values, ranging from 0.72 to 0.88 for organizational support factors and 0.76 to 0.85 for experiential learning variables, indicating that the instrument was reliable for data collection.

Data Gathering Procedure

Prior to data collection, formal approval was secured from the university administration. The researcher coordinated with faculty members and clinical supervisors for the distribution and retrieval of questionnaires. Respondents were informed about the purpose of the study, and informed consent was obtained before participation. The questionnaires were administered to the medical interns during their internship period, and completed forms were collected and consolidated for analysis. All data were handled with strict confidentiality and used solely for research purposes.

Statistical Treatment of Data

The collected data were analyzed using appropriate statistical tools. Frequency and percentage distribution were used to describe the demographic profile of respondents. Weighted mean was utilized to determine the level of influence of organizational support factors and experiential learning cycles. Independent samples t-test and analysis of variance (ANOVA) were applied to identify significant differences in responses when grouped according to demographic variables. Pearson r correlation analysis was used to determine the relationship between organizational support factors and experiential learning cycles. A significance level of 0.05 was used as the basis for hypothesis testing, ensuring statistical validity of the results.

Ethical Considerations

Ethical standards were strictly observed throughout the study. Respondents were assured of confidentiality, anonymity, and voluntary participation. Informed consent was obtained prior to data collection, and participants were given the right to withdraw at any point without any consequences. The researcher ensured that no harm, risk, or conflict of interest was involved in the conduct of the study. All collected data were securely stored and used exclusively for academic purposes, in compliance with ethical research guidelines.

Result

The results of the study provide a comprehensive analysis of the level of influence of organizational support factors and experiential learning cycles among medical student-interns, as well as the relationship between these two major variables.

The demographic profile of the respondents revealed that the majority of the 235 medical student-interns were male, accounting for more than half of the total population, while female respondents comprised a slightly smaller proportion. In terms of internship placement, respondents were distributed across five affiliated hospitals, with Hospital A having the highest number of interns, followed closely by Hospitals B and D. The least number of respondents were assigned to Hospital E. Regarding clinical areas of assignment, most interns were deployed in gastroenterology, followed by urology and cardiovascular medicine, while fewer respondents were assigned to specialized areas such as neurosurgery and endocrinology. This distribution suggests that interns were primarily exposed to high-demand clinical departments, which may have influenced their experiential learning opportunities.

In terms of organizational support factors, the findings indicate that the overall level of influence was interpreted as moderate to high. Among the different dimensions, program structure emerged as one of the most influential components. Specifically, the item referring to the assignment of interns to specific supervisors or teams with clear expectations received the highest mean rating, suggesting that clarity in roles and responsibilities significantly enhances the internship experience. This indicates that structured guidance reduces ambiguity and allows interns to focus on skill acquisition and clinical performance. However, some aspects of program structure, such as full integration into departmental workflows and regular scheduling of team briefings, received lower ratings, implying that not all interns were consistently immersed in authentic clinical processes. This inconsistency may limit the depth of experiential learning in certain settings.

Supervision and mentorship were also found to have a strong influence on the internship experience. Interns generally agreed that guidance from supervisors contributed positively to their learning, reinforcing the importance of mentorship in clinical education. Nevertheless, variations in supervisory engagement were observed, suggesting that the quality and consistency of mentorship differ across hospital settings. Organizational culture, including professional environment and ethical standards, was perceived as moderately influential, indicating that while interns recognize the importance of institutional values, these may not always be explicitly reinforced in daily clinical practice.

Career development opportunities and performance recognition received relatively moderate ratings, highlighting a potential gap in linking internship experiences with long-term professional growth.

Interns may not always perceive clear pathways from their training to future career advancement, which could affect motivation and engagement. Similarly, resources and tools, although generally adequate, were not uniformly rated as highly influential, suggesting that disparities in access to equipment, learning materials, or institutional support may exist across different internship venues. Organizational commitment, reflecting institutional dedication to intern development, was also moderately rated, indicating room for improvement in strengthening institutional support systems.

With regard to the experiential learning cycle, the results revealed a generally high level of influence across all four domains. Concrete experience and active experimentation received the highest mean scores, indicating that interns were highly engaged in hands-on clinical activities and were able to apply their knowledge in real patient-care settings. This suggests that the internship program effectively provides opportunities for practical learning and skill development. Reflective observation and abstract conceptualization, while still rated positively, showed comparatively lower mean scores. This finding implies that although interns are actively involved in clinical work, structured opportunities for reflection and theoretical integration may not be consistently emphasized. The limited focus on reflection could hinder deeper learning and critical thinking, which are essential components of professional development.

The analysis of differences in perceptions based on demographic variables revealed no statistically significant differences in the levels of influence of organizational support factors and experiential learning cycles when grouped by sex, internship venue, and hospital area of assignment. This indicates that the internship experience is relatively consistent across different groups of students, suggesting a standardized implementation of the program across affiliated hospitals. Such consistency reflects institutional efforts to maintain uniform training quality regardless of placement or demographic characteristics.

In examining the relationship between organizational support factors and experiential learning cycles, the results revealed a very weak negative correlation between the two variables. This suggests that while organizational support provides a stable and structured learning environment, it does not strongly determine how interns progress through the stages of experiential learning. In other words, experiential learning may be influenced by additional factors such as individual motivation, personal initiative, or contextual clinical experiences beyond organizational structures. This finding highlights the complexity of learning

processes in clinical settings and suggests that organizational support alone is insufficient to fully optimize experiential learning outcomes.

Qualitative findings from supervisors further supported the quantitative results by identifying several challenges in the implementation of internship programs. These include disruptions in teaching schedules due to clinical demands, limited time for structured mentoring, and the need to improve both learning and living conditions for interns. Supervisors emphasized that while internship programs are essential for professional development, balancing service delivery and educational responsibilities remains a significant challenge. These insights underscore the need for leadership-driven strategies to enhance program structure, strengthen mentorship, and create more conducive learning environments.

The results of the study demonstrate that internship programs effectively provide hands-on learning experiences and foster clinical competence among medical students. However, gaps remain in the integration of reflective learning, consistency of organizational support, and alignment of institutional structures with experiential learning processes. Addressing these gaps through improved leadership, structured reflection, and enhanced support systems can further strengthen the effectiveness of medical internship programs and ensure the holistic development of future healthcare professionals.

Conclusion

The findings of this study affirm that internship programs remain a vital component of medical education, effectively bridging theoretical knowledge and clinical practice while fostering the development of essential competencies among medical students. As demonstrated in the results, the internship program provided substantial opportunities for hands-on learning, particularly in the domains of concrete experience and active experimentation, which were perceived by the interns as highly influential in their professional growth. These outcomes highlight the strength of clinical exposure in enhancing practical skills, confidence, and readiness for real-world healthcare environments. However, the study also reveals that while experiential learning is strongly present, its deeper dimensions—particularly reflective observation and abstract conceptualization—are less consistently emphasized. This indicates that although students are actively engaged in clinical activities, structured reflection and theoretical integration are not fully maximized. Such gaps may limit the development of higher-order thinking skills, critical reflection, and long-term professional

learning, which are essential in producing competent and adaptive medical practitioners.

In terms of organizational support, the findings suggest that institutional factors such as program structure, supervision, and mentorship play a significant role in shaping the internship experience. Clear role assignments and structured supervision emerged as key strengths, contributing to a more organized and meaningful learning environment. Nevertheless, other dimensions, including career development opportunities, recognition systems, and resource availability, were only moderately perceived, indicating inconsistencies in institutional support. These gaps suggest that while foundational systems are in place, further enhancement is needed to ensure a more holistic and supportive training environment.

Notably, the absence of significant differences in perceptions across demographic variables indicates that the internship program is implemented with a level of consistency across different hospital settings and student groups. This reflects a standardized approach to internship delivery, which is essential for maintaining quality and equity in medical training. However, the weak relationship between organizational support and experiential learning cycles suggests that institutional structures alone do not fully determine learning outcomes. Instead, experiential learning appears to be influenced by a combination of organizational, contextual, and individual factors, highlighting the complexity of clinical education.

The challenges identified by supervisors such as limited time for mentoring, disruptions due to clinical demands, and constraints in learning environments underscore the need for stronger leadership and strategic program management. These issues point to the necessity of balancing service delivery with educational objectives, ensuring that internship programs remain both efficient and pedagogically sound.

The internship program effectively promotes experiential learning and clinical competence, there remains a need to strengthen reflective practices, enhance organizational support systems, and align institutional structures with pedagogical goals. The study ultimately underscores the importance of a leadership-driven approach in medical education—one that integrates organizational support with experiential learning frameworks to produce competent, reflective, and socially responsive healthcare professionals.

Conflict of Interest

The author declares that there is no conflict of interest in this manuscript.

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