

Analysis of International Organizational and Management Standards in Midwifery Education and Recommendation of Appropriate National Standards

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Abstract

BACKGROUND: Today, moving toward high quality and efficient education is essential in educational systems. To achieve it, management, research and educational programs should evolve consistent with the produced knowledge, professional developments and standards. Regarding the important role of midwifery education in improvement of social health, the current study was carried out to identify the international organizational and management standards in midwifery education and to recommend appropriate national standards.

METHODS: This is a triangulation study which was fulfilled in 1381 and 1382, in seven steps. In first three steps, following search and collection of standards of various countries, the survey tool which consists of the fields and recommended standards was designed. In steps four to seven, these fields and standards were surveyed through an opinion poll; using Delphi's method. Sampling population was all the midwifery national board members and heads of midwifery departments in governmental university which at least offer B. Sc of midwifery. The standards should be marked as appropriate, relatively appropriate and inappropriate by participants. Finally, the data was analyzed using descriptive analysis methods.

RESULTS: After analyzing the opinions; using Delphi's method, the results were proposed as 37 recommended standards. They were grouped as 13 standards in the field of missions and objectives and 24 standards in the field of organizational and management structure.

CONCLUSIONS: Extracting organizational and management standards of midwifery and recommending the proper national standards help the planners in defining the missions, visions and goals of the systems. It would also help the authorities in designing proper organizational and management structure and evaluating the midwifery management system.

KEY WORDS: Organizational and management standards, quality improvement, midwifery education.

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In recent years, educational planners especially in third world countries, encountered decrease in the quality of educational programs as a great problem ⁽¹⁾. So in recent two decades, tendency toward efficacy improvement in higher education systems has been expanded ⁽²⁾ and revision of structure and content of educational materials became an essence ⁽³⁾. As specialists of education and education management believe, reorganization of the educational systems to tackle the third millennium challenges is possible not

only by offering new trainings but also by efficient evolution of managers ⁽⁴⁾. From the beginning of the twentieth century, only countries with educated and professional managers were capable of developing proficient educational systems ⁽⁵⁾. Since it is the era of management and leadership, prosperity of organizations owe to effective management. This also depends on the degree that managers follow the missions, visions, and goals of the educational system. So in educational standards, one of the indices of evaluation of

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managers is to assess the educational accomplishment of the system ⁽⁶⁾. As the missions of universities include education, research, publication and providing scientific consult and pursuing professional development, university managers have a pivotal role to fulfill the missions ⁽⁶⁾.

Nowadays, continuous presence of standards in different aspects of our life in general and in education in particular is enforced ⁽⁷⁾. Concerning the performance of different countries in standards and standardization and reviewing the consequences and also assessing our country's standing in the international ever-growing field, it seems sensible to revise our attitude toward education ⁽⁸⁾. Reviewing related documents of other countries revealed that different countries have been formulated their national standards in respect of their cultural, political, and social conditions. Meanwhile, in selecting, defining and stimulating the standards, they took into consideration the global studies and other countries' experiences ⁽⁹⁾. The United States, Canada, Australia and New Zealand have noticeable attempts in defining standards of midwifery education. In the United States, Midwifery Education Accreditation Council (MEAC) started in 1991 as an alliance of midwifery graduates aiming at accreditation of direct educational programs of midwifery. The council develops standards and indices of midwifery education which reflects the national competence and principles of midwifery care. The principles were arranged in the following twelve areas by Midwives Alliances of North America (MANA): Mission and objectives, curriculum, scientific board, facilities, financial and official activities, management, acceptance and registration of students, duration and objectives of educational courses, achievements of missions by students and their complaints and budgeting ⁽¹⁰⁾.

Standards of accreditation of indirect educational programs of midwifery in the United States are established by accreditation branch of American College of Nurse Midwives (ACNM) ⁽¹¹⁾. Nursing Council of New Zealand

also arranged the standards of midwifery education in New Zealand ⁽¹²⁾.

It is evident that carrying out all standards of other countries in Iran is not suitable regarding the cultural, social, and economic differences and also the properties of medical sciences universities in Iranian higher education system. In Farsi language literature there are no references on educational standards in general and midwifery educational standards in particular. So, regarding this and the crucial role of midwifery education in social health promotion, the current study was carried out to prepare criteria for evaluation of educational departments from organizational and managerial points of view and along with managers' performance quality improvement and ideal administration. The objectives of the study were analyzing and extracting international standards of midwifery education in organization and management system and proposing appropriate national standards based on the thoughts of specialists. It is expected that the results would lead to quality improvement in organizational education and proper educational planning in medical sciences universities in future.

Methods

This is a triangulation study carried out from 1381 to 1382 in seven steps in Isfahan School of Nursing and Midwifery. In the first step, midwifery standards of different countries were collected by searching the web-sites and correspondence with midwifery departments of various countries.

In second step, in several sessions, recommended national standards were arranged by analyzing the global standards and concerning the organizational structure and norms of our country. At third step, primarily the educational standards, methods of defining and their role in educational quality improvement clarified for ten and six lecturers of midwifery and nursing departments respectively and four education experts of Education Development Center (EDC) of Isfahan University of Medical Sciences (IUMS). Then, in an opinion

poll, they were asked to describe their point of view on recommended fields and standards. At the subsequent step, after implementing the suggested modifications, standardized questionnaires in two areas were prepared. Also, a comprehensive audio cassette collection of information on the study, educational standards, the preparation method, and their applications and role in assessment of education quality was prepared and handed in to the participants. In this step, Delphi's method was used. Heads of departments were asked to present their answer in collaboration with other members of the department. The items should be labeled as appropriate, relatively appropriate, and inappropriate and if any of the items were marked relatively appropriate or inappropriate, it should be justified. Any corrections or modifications could be submitted in written form. At fifth step, answers were reviewed and after classifying the suggestions, corrections and adaptations were implemented. In sixth step the participants asked to state their opinion about the applied revisions. In conclusion, after implementing the participants' requested changes, the final standards were prepared.

Face validity of the prepared tool was approved by asking other experts to evaluate it and its reliability would be identified while it is used to accredit the midwifery education programs.

Regarding the knowledge and characteristics of heads of midwifery departments and its effect on their impression toward midwifery, the participants included all heads of midwifery departments (21 persons) and all members of national board of midwifery (4 persons). Inclusion criteria were being a member of the national board of midwifery or the head of midwifery department which offers at least B. Sc of midwifery. If head of the department was off duty during the research time, vice chancellor would take part, instead. To analyze the data, descriptive analysis method of relative frequency was used. In first step, participants were asked to mark recommended standards as appropriate, relatively appropriate

and inappropriate and then regarding the relative frequency of each label and suggested modifications, revisions applied.

Results

Organizational and management structure standards were arranged in two fields in regard to national midwifery education standards of the United States, Canada, Australia and New Zealand and also standards of World Health Organization (WHO). The suggested standards were put forward in an opinion poll. After data gathering, using Delphi's method in seven steps final standards were defined. Most of the standards were defined as appropriate entirely in the first step (Field of missions and objectives: 76%; field of organizational and management structure: 79%) and only a small portion of the standards marked as relatively appropriate and inappropriate (Field of missions and objectives: 7.6% and 15%; field of organizational and management structure: 15% and 8% respectively) in which revision was applied regarding the educational and official structure of our country by modification, transposition, integration or deletion of the standards.

Also, some participants' suggestions were mentioned at the end of each field for notification and approval of other participants. Finally, proposed standards in two fields and 37 standards were prepared as follows :

Mission and objectives standards: 1- presence of organized and evident objectives for midwifery curriculum, 2- presence of comprehensive philosophy for midwifery education, 3- compatibility of midwifery's educational objectives with the philosophy, 4- compatibility of the philosophy of midwifery education with higher education guidelines of the ministry of health and medical education, 5- presence of organized, evident and practical objectives, strategies and missions in midwifery, 6- compatibility of objectives and missions of midwifery with social needs, 7- compatibility of objectives and missions with philosophy and ideals of midwifery, 8- consistency of philosophy of midwifery with the

philosophy of national and global organizations, 9- defining objectives and missions in theoretical and clinical education, research and specialized midwifery services, 10- informing academics and students on the missions and goals of midwifery, 11- involving administrators, academics, students and midwives in defining the goals and missions of midwifery, 12- presence of evaluation methods to assess the achievement of goals, 13- presence of regular and periodic evaluation of the programs (inputs, processes and outcomes) to ensure the consistency with defined standards.

Standards of management and organizational structure: 1- confirming midwifery as a independent subject in fields of medical sciences, 2- presence of managerial, moral and scientific capabilities of midwifery administrators and being familiar with the philosophy and objectives of midwifery, 3- establishing, developing, executing and continuous assessment of the programs by authorities, 4- delivering the duty of designing, approving, performing and revising the educational plans of the midwifery to the experts of the field, nation-wide, 5- including at least an expert of educational methods and an expert of financial and executive planning in midwifery administration team, 6- presence of guidelines on the assignment of heads of departments of midwifery and also their characteristics, responsibilities and abilities, 7- eligibility of heads of midwifery departments as a leader, effective educational manager and planner, 8- having the highest academic rank in the department accompanied with sufficient experience in midwifery (at least 5 years) to take the responsibility of the department as the head, 9- delivering managerial educational courses for managers before taking the responsibility, 10- independent funds for midwifery, 11- human resources and facilities in proportion to the arranged programs, 12- presence of obvious and organized strategies to employ academics and staffs of midwifery, 13- preparing opportunities for continuous professional development for midwifery staffs, 14- presence

of official, media ,secretarial and other services for midwifery, 15- presence of organized educational guidelines accessible for students, 16- presence of appropriate independent organizational structure, responsible for achievement of objectives of midwifery, 17- having an organized committee for revision of midwifery education which gives feedback on planning and assessing of the field, 18- presence of an specific organized management system to prepare annual report of midwifery programs, 19- presence of official processes to develop and improve academic level of midwifery plans, 20- presence of specific instructions to check the satisfaction of academics, 21- presence of systems to assess staffs' performance, 22- presence of instructions to assess heads of departments' performance, 23- presence of mechanisms to evaluate performance of administrators, academics, educational programs, etc, 24- satisfaction of academics and students from heads of departments.

Discussion

In fields of missions and objectives, standards number 1, 2, 3, and 4 were taken from ACNM⁽¹³⁾. It is evident that presence of organized, clear and written ideals and also comprehensive philosophy and objectives is an essence for midwifery. In addition, methods of educational programs assessment to evaluate the achievement of objectives constitute an important part of midwifery standards all over the world. Some standards in field of missions and objectives were adopted from the standards of College of Midwives of British Columbia⁽¹⁴⁾, Australian College of Midwives⁽¹⁵⁾, MEAC⁽¹⁶⁾ and American Northwest Colleges Association⁽¹⁷⁾. As it is obvious, compatibility of missions and objectives of the educational programs with the philosophy and ideals of midwifery is common in different country's standards. As well, it is accepted in different standards that formulating objectives and missions of theoretical and clinical education, research and specialized midwifery services and also awareness of members of depart-

ments and academics of the items and their involvement in defining the objectives and missions of midwifery make an important portion of the standards. In addition, most standard systems include a regular plan for revision of objectives of the program. In the study, midwifery specialists suggested some modifications in the standards. One of the suggested changes is inclusion of a regular plan to monitor the program (inputs, processes and outcomes) to ensure its compatibility with the standards; instead of regular periodic revision of objectives. In the field of management and organizational structure, standards number 1, 5, 6, 7, 8 and 14 were derived from the standards of British Columbia which were approved by the participants of the study ⁽¹⁸⁾. In contrast, standard number 2 in the same field which was accepted from the MEAC standards and originally was fame of managers of the educational programs and their faith in the philosophy and objectives changed into managerial, moral and scientific capabilities of midwifery administrators and being familiar with and having faith in philosophy and objectives of midwifery. At the same time, standards number 12 and 24 of the field were adopted from MEAC and got approved in original form. Standards number 3, 7, 13, and 18 were adopted from the standards of Australian College of Midwives without any changes ⁽¹⁹⁾. In contrast, a standard which indicates the presence of specific mechanisms to be responsible to consult other institutes in midwifery subjects was omitted as it was not compatible with our country's organizational and management structure. Standards number 6 and 10 in field of organizational and management structures were adopted from

the standards of Nursing Council of New Zealand and approved without any changes ⁽¹²⁾.

Standards number 16, 21 and 22 were taken from European standards of WHO ⁽²⁰⁾. Standards number 4, 7 and 15 originated from standards of the American Northwest Colleges Association ⁽¹⁷⁾ and were confirmed with minor modifications. Standards number 12 on presence of apparent strategies to hire academics and staffs and also satisfaction of academics and students were taken from MEAC standards without any changes.

Standards number 9 and 19 were suggested according to our country's educational and official system by participants of the study. At the everchanging world that all countries attempt to reach sustainable development, higher education plays a crucial role in countries' movement toward it. In this era that sustainable development does not base on capital, raw materials or energy, education is the necessary tool to achieve the goal of healthy human as the principle constituent of sustainable development ⁽²¹⁾. It is believed that extracting management and organizational structure standards in midwifery and recommending the appropriate national standards would help in defining the missions and ideals of midwifery curriculum in the ministry of health and medical education. Also, this would be beneficial for the midwifery authorities to design competent organizational and management system in midwifery departments; responsible for the performance and fulfillment of goals of educational program. Finally this would support the assessment of management system of midwifery according to the suggested standards of country's supreme policymaking council.

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