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## Design of curriculum for specialised midwife training based on investigation of needs of midwives in Beijing

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## ABSTRACT

**Objective:** This study aims to provide a basis for the curriculum provision, training form and training time of midwifery managers in Beijing and understand the needs of the midwives' participation in specialist certification training.

**Methods:** Ten midwifery managers and midwives in Beijing were selected for a group interview. Based on the interview results, the researchers designed a questionnaire. As the midwives were from different hospital levels in Beijing, stratified random sampling method was adopted. A total of 137 people were surveyed through a web questionnaire.

**Results:** In total, 99.25% of the respondents believe that midwifery specialist training needs to be carried out in Beijing. Moreover, 55% of them believe that half-time training is reasonable. The respondents believe that the proportion of theoretical and practice training should be 1:2. In total, 91.79% and 85.07% of the respondents believe that contents of midwifery research and midwifery management need to be increased, respectively.

**Conclusion:** Midwives in Beijing need midwifery specialist training. Half-time certification training complies with the clinical needs. Midwifery specialist certification enhances the professional identity of midwives.

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## 1. Introduction

Midwives are the backbone elements in promoting reproductive health and ensuring maternal and child safety [1]. According to the United Nations Population Fund's World Midwifery Status Report 2014-General Pathways: Women's Health Rights, midwives play a key role in improving maternal and neonatal health and survival [2]. Various surveys show [3,4] that the quality and quantity of midwives have a great relationship with natural childbirth rates. China has been confronted with shortage of midwives and high rates of Caesarean sections; its proportion of midwives to fertile women is 1:4000, which is far below the level of most countries in the world, and the gap of midwives is approximately 800,000 [5]. Midwifery education in China is less than 10 years, and the education level of most midwives is only up to secondary school [6].

With the implementation of the 'selective two-child' and

'universal two-child' population policy, delivery volume has seen a continuous growth; however, the number and quality of clinical midwives cannot meet the social needs, and the capability of midwifery service is low. Studies show that [7] continuing education in the form of specialist training is one of the most effective ways to improve the level of knowledge and clinical skills of midwives and ensure maternal and child safety. By investigating midwifery managers and clinical first-line midwives in Beijing, this study aims to provide a basis for their curriculum provision, training form and training time, providing a basis for the Beijing district midwifery specialty certification.

## 2. Methods

## 2.1. Participants and setting

By using convenience sampling, a total of 137 people, including midwives, midwifery managers and midwifery-related staff in Beijing, were used as the respondents, all of whom were women. The average age of respondents was  $35.0 \pm 13.5$  years, and the

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duration of midwifery experience was  $20.0 \pm 16.3$  years. The nature of the respondents' work was as follows: 103 people from tertiary comprehensive hospitals, 3 people from maternity special hospitals, 13 people from county second-level general hospitals, 10 people from county second-level maternal and child health hospitals and 8 people from private hospitals. Most of the respondents came from tertiary comprehensive hospitals, accounting for 75.37% of the total population. Their level of education was as follows: 3 secondary school students, 32 junior college students, 93 undergraduates and 9 postgraduates and above degrees. Professional titles were as follows: 19 nurses, 59 senior nurses, 48 supervisor nurses, 10 deputy chief nurses and 1 chief nurse.

## 2.2. Methods of investigation

### 2.2.1. Group interviews

The needs for midwifery specialist certification training were understood through the group interview. Semi-structured interviews were conducted on 10 midwifery managers and midwives, who came from hospitals at different levels and had a working experience of  $20 \pm 14.6$  years in delivery rooms. The interview lasted for 1.5 h. Interviews were presided over by a midwife and recorded by an in-service graduate midwifery student. The interview location was an obstetrics conference room of a tertiary hospital in Beijing. The interview topic was the 'Needs of midwifery for specialist certification training in Beijing', and the interview outlines included the following: 1) Do you think midwives need specialist certification? 2) What is the focus of training for midwifery specialist certification? 3) What are the difficulties of midwives involved in specialist certification training? 4) What advices do you have for the training for midwifery specialist certification in Beijing? The interview expert information is shown in Table 1.

### 2.2.2. Questionnaire method

Based on the results of the group interview, the researchers designed a questionnaire to obtain anonymous information of midwifery managers and midwives in Beijing. The questionnaire includes three parts: 1) General information, including age, education, title, working experience in midwifery industry and nature of employer. 2) Needs of midwifery for specialist certification training in Beijing, which was concerned on the needs of specialist certification, training form of specialist certification, teaching form and teaching time and had 12 questions in total. 3) Open question: What is your advice on training for midwifery specialist certification in Beijing?

## 3. Results

### 3.1. Informations of experts interviewed

The informations of expertes interviewed is shown in Table 1.

### 3.2. Needs for specialist certification

The researchers on the needs for specialist certification distributed a total of 137 questionnaires and recovered all of them, achieving an effective recovery rate of 100%. The work experience of the respondents was  $20.0 \pm 16.3$  years. Most of them had 10–30 years of experience, accounting for 47.97% of the survey population. In total, 99.25% of the respondents believed that a midwifery specialist training needs to be carried out in Beijing, 71.64% of whom thought of it as an overwhelming necessity. Respondents who believed that registered nurses or midwives working for 3 years and above should be set as the targets for specialist certification accounted for 70.9%.

### 3.3. Half-time training is reasonable

With regard to the training manner of specialist certification, 55% of respondents believed that half-time training with a training time of 3–6 months is reasonable. However, 86% of the respondents believed that theoretical training of 2 days a week, one normal working day and one during the weekend, is the most reasonable. In clinical practice, two time periods every year are available, and midwives may make a selection based on clinical workload and their own needs. This form can alleviate the manpower shortage of midwives and also give them more opportunities for continuing education.

### 3.4. Design of curriculum and course contents

The survey results and expert interview opinions were combined. We will set up eight midwife clinical teaching bases in Beijing. The training can be carried out from January to June every year, and 40 people can be trained in each training program. Theory teaching is going to be carried out in Peking Union Medical College, and practice performed in the eight clinical teaching bases. In terms of course proportion arrangement for specialist certification, the respondents believed that the proportion of theoretical training and practice training should be 1:2. There are various forms of teaching, including theory teaching, skills training, simulation training and clinical practice. There are three key training contents: specialised theoretical knowledge, professional practice skills and emergency and rescue skills. The latest trends in midwifery research and management are also included in the course to meet

**Table 1**  
Information of interviewed experts.

No	Age (y)	Professional experience	Education (highest)	Professional title	Hospital category
N1	28	8	Undergraduate	Chief superintendent nurse	Public, tertiary hospital
N2	26	6	Undergraduate	Chief superintendent nurse	Public, tertiary hospital
N3	29	9	Undergraduate	Nurse-in-charge	Public, tertiary hospital
N4	33	10	Graduate	Chief superintendent nurse	Public, secondary hospital
N5	37	15	Undergraduate	Nurse-in-charge	Public, secondary hospital
N6	38	18	Undergraduate	Co-chief superintendent nurse	Public, tertiary hospital
N7	35	15	Graduate	Nurse-in-charge	Public, tertiary hospital
N8	43	20	Undergraduate	Co-chief superintendent nurse	Private, secondary hospital
N9	49	25	Undergraduate	Co-chief superintendent nurse	Public, tertiary hospital
N10	51	31	Undergraduate	Professor of nursing	Private, secondary hospital

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