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Midwifery Education in Jordan: History, Challenges and Proposed Solutions

By Lubna Abushaikha¹

Abstract

The purpose of this paper is to provide a historical overview of midwifery education in Jordan during the past fifty years with an emphasis on the first bachelor of midwifery program in Jordan. Nine challenges of midwifery education that include expanding midwifery educational needs, accreditation of programs, recruiting qualified faculty members, clinical training, midwifery preceptorship, exit examinations, continuing midwifery education, recognition of midwifery graduates, and lack of graduate midwifery programs are presented. Proposed solutions for these challenges are discussed.

Keywords: education, Jordan, midwifery

Introduction

Jordan, as a developing country in southwest Asia, has a population of 5.5 million, a birth rate of 21.7/1000, a fertility rate of 2.7, a population growth of 2.6%, a maternal mortality rate of 41/1000, and an infant mortality rate of 17.4/1000 (Department of Statistics, 2005). These indicators are relatively high compared to most developed/industrial countries such as the United States where the population is 298.4 million, the birth rate is 14.1 /1000, the fertility rate is 2.1, the population growth rate is 0.9 %, the maternal mortality rate is 8.3/1000, and the infant mortality rate is 6.4/1000 (World Factbook, 2006). Throughout the past twenty years, the Jordanian health indicators have dramatically improved despite enormous challenges to the health care system.

The Jordanian health care system consists of public health care services led by the Ministry of Health, military health care services, and private health care services. The Jordanian Ministry of Health employs 3250 physicians, 2543 registered nurses and 963 midwives who attend to over 71000 annual deliveries that occur in public health care clinical settings (Department of Statistics, 2005). These health care professionals provide the majority of health care services to the Jordanian public. Unfortunately, shortages in qualified nursing and midwifery personnel remain key obstacles that face the Jordanian health care system.

Another important challenge to health care in Jordan is the increasing numbers of women of childbearing age coinciding with the constant shortage of qualified midwifery staff that can attend to the health care needs of this particular population group. The issue of midwifery shortage and other midwifery issues such as professionalization and regulation are not particular to Jordan; they are international problems (McKendry & Langford, 2001; Fullerton, Severino, Brogan & Thompson, 2003; Neglia, 2003). Many countries such as The United States, Canada and The United Kingdom have had to deal with the issues of midwifery professionalization, regulation, and shortage in their own way, with some countries experiencing more success than others. In many countries in the world such as the UK, Canada, and Peru, and as a result of strong academic midwifery programs, more professional midwives have joined the health care workforce in their respective countries each year.

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Furthermore, midwives in these countries have gained full professional status and function as independent health care providers as a result of better education and professionalization (Barton, 1998; McKendry & Langford, 2002; Neglia, 2002). Hence, an effective strategy among several countries in the world to overcome staff shortages and other professional issues in health care professions has been improving basic and advanced education for all health care professionals (WHO 2001; Munich Declaration, 2002; McKendry & Langford, 2002; WHO, 2002).

In Jordan, shortcomings related to adequate legislation, organizations, and professionalization of most of the health care professions, specifically for nursing and midwifery, still exist. The issues of legislation, organization and professionalization of health care professions remain pertinent today as they were more than 30 years ago in Jordan, despite the fact that there are two professional bodies that are currently working to deal with these important issues. In reality, both nursing and midwifery share one professional council (The Jordanian Nurses' and Midwives' Council) that was established in 1972, but the status of the nursing profession is more advanced compared to the midwifery profession in Jordan. In my opinion, this difference between the two professions is due to several reasons that include: a) the larger numbers of nurses compared to midwives, which give more support to nursing issues; b) several nurses have had pioneering professional achievements (e.g. achieving academic excellence through graduate education, holding public offices and governmental positions, and conducting professional research on the national, regional, and international levels) compared to midwives who have not; c) the existence of university-based and graduate nursing programs compared to midwifery program which, until recently, have mostly been college-based diploma programs; and d) the establishment of the Jordanian Nursing Council in 2003 by an elite group of nurses with high qualifications in the science of nursing which aims at raising the status of nursing in Jordan through regulating and organizing the nursing profession, and to some extent midwifery in Jordan. Unfortunately, exclusively midwifery-focused organizations do not exist in Jordan. Moreover, midwives do not function independently and have yet to gain full professional status. More work needs to be done in this area to improve the education, regulation, and professionalization of midwifery in Jordan.

To address these important issues, especially the constant shortage in midwives, midwifery education should be enhanced and designed to produce steady numbers of competent professional midwives that are capable of assuming their professional responsibilities and are able to plan and implement quality health care services to Jordanian women and their families. This trend of improving midwifery practice through improving midwifery education is highly endorsed by various researchers (Johnson & Fullerton, 1998; Munich Declaration, 2002; Carr, 2003; Lichtman & Walker, 2003; Darra, Hunter & McIvor, 2003; Fullerton et al., 2003; Neglia, 2003). Midwifery education reform resulting in better academic programs is considered a very important step on the road of improving midwifery status in the world (Barton, 1998). Many countries have opted to go beyond reforming basic midwifery education; they have established graduate education programs in midwifery, thus improving the academic and professional status of midwifery even further (Barton, 1998; Darra et al., 2003).

In Jordan, reform in midwifery education is considered a new trend where higher education institutions (e.g. The Faculty of Nursing at JUST) have taken on the responsibilities of this reform, as opposed to professional institutions (e.g. NMC, the Canadian HDB) in other countries such as the UK and Canada (Barton, 1998;

McKendry & Langford, 2001). It was not until 2002 that the first university-based baccalaureate program of midwifery was established in Jordan and graduate midwifery programs remain non-existent. Shifting education programs from college-based programs to university-based programs and establishing graduate programs have enhanced nursing education and have helped professionalize nursing and in Jordan. Therefore, in my opinion, midwifery can follow the example of nursing in Jordan to enhance education and achieve professionalization. Clearly, more efforts are needed in this area.

Midwifery education and professionalization challenges in Jordan require national interdisciplinary collaborative efforts to be overcome. These national efforts call for educators and professionals from different disciplines (e.g. midwifery, nursing, medicine, education, planning, economics, etc.) to unite their efforts and collaborate with each other to improve and elevate the level of basic and higher education for health care professionals, particularly midwifery education. Utilizing cumulative experiences and knowledge from different disciplines would ultimately raise the bar for enhancing the quality of education designed for health care professionals, particularly midwives. Quality education programs would produce quality graduates which become competent professionals that provide quality health care in Jordan. Consequently, professionalization issues (e.g. organization, legislation, and professional standards) would be adequately and effectively addressed. The cornerstone for this cycle is the establishment and sustenance of quality educational programs in Jordan.

Midwifery Education in Jordan: A Historical Overview

Midwifery programs in modern Jordanian history began as hospital-based programs in the early 1950s. Then in the mid-1960s a nurse-midwifery (or post-basic) program was introduced and sponsored by the Royal Medical Services, which is military-led. Almost twenty years later, two diploma midwifery programs were started in the mid-1980s in two major cities in Jordan, since the nurse-midwifery program could not meet the expanding need for professional midwives. These two programs have been responsible for producing the majority of midwifery graduates since 1987. Finally, the first national university-based bachelor of midwifery program was launched at Jordan University of Science and Technology (JUST) in September, 2002 (Table 1).

The continuous changes in midwifery education programs in Jordan have occurred in response to changing national, regional, and global trends in midwifery education and practice (WHO, 2001; Munich Declaration, 2002; WHO, 2002). Reform in midwifery education is a reflection of the importance of producing professional graduates who are capable of meeting the rising needs of consumers in the health care system and dealing with the constant shortages in nursing and midwifery. It is also a step toward presenting midwives as an effective and appropriate alternative to both nurses and physicians, especially in reproductive health efforts in many countries (Fraser, 1999; McKendry & Langford, 2001; Jacob & Bates, 2001; Neglia, 2003).

Midwifery education in Jordan has been through a long process of transformation, lasting throughout the past five decades. During that process, significant changes have transpired and major milestones have been achieved. These changes have culminated in the move from hospital-based technical training programs to university-based professional programs, which mirrors international trends (Smith, 1995; Barton, 1998; Johnson & Fullerton, 1998; World Health Organization, 2001;

Cutts, David, McIntyre et al., 2003). To counterbalance shortages and overcome other challenges in both nursing and midwifery, various academic programs have been established in Jordan. Currently there are five public universities and four private universities that offer four-year nursing programs, while one public university offers a four-year midwifery program. Furthermore, two public community colleges offer three-year diploma midwifery programs. The main goal of these programs has been to empower professional midwives to distinguish themselves from other professionals and become independent health care providers through gaining proper academic education and training.

However, although professional midwifery programs in Jordan have contributed to enhancing midwifery education, they have fallen short in improving midwifery practice or the midwifery profession. Resistance to changes in midwifery education and professionalization came mostly from nurses and physicians, which signifies the existence of inter-disciplinary power struggles among health care professionals. Midwives in Jordan are still not easily distinct from other health care professionals, especially nurses, and they are not practicing independently. This may be attributed to the fact that the majority of midwifery programs have been diploma programs that lacked academic rigor and professional support required to produce empowered midwifery leaders who would improve practice and enhance the profession through collaborating not competing with other health care professionals.. Another explanation is that midwives are seen as potential competitors to obstetricians who dominate the field and have absolute professional power compared to other health care professionals. The power struggle among health care professionals is an international problem that has been documented in the literature (McKendry & Langford, 2001; Begley, 2002). This power struggle has led to the marginalization of midwives, midwifery practice and the midwifery profession throughout the years in Jordan. It also has limited the quality of professional support and endorsement to midwives and midwifery education, which has reflected poorly on the midwifery profession in Jordan. Nevertheless, despite these major shortcomings, there have been increasing student enrolments in the various midwifery programs that have increased the numbers of midwifery graduates which have opted to choose midwifery as their profession over the years. This is basically a manifestation of midwives' strong motivation and desire to improve their profession in any way they can.

In September 2002, a midwifery department was established in the Faculty of Nursing, JUST. The establishment of a bachelor of midwifery program at JUST came in response to changing trends in midwifery education deeming the bachelor degree as the minimal requirement for entry into practice, international shortages of midwives, recognition of midwives as key providers of maternal-child health care, and as a response to the United Nations Millennium Development Goals focusing on reducing child mortality and improving maternal health (Johnson & Fullerton, 1998; WHO, 2001; WHO, 2002; Darra, Hunter, McIvor et al, 2003; Lichtman & Walker, 2003; Neglia, 2003). It also came in response to projected numbers of 1.5 million Jordanian females who will be in their reproductive years by 2020 that will require highly qualified professionals such as midwives to meet their health care needs (Jordanian Higher Population Council 2001, personal communication). This program also aims at improving and enhancing midwifery practice and profession through highly-trained and competent graduates that would become midwifery leaders.

The midwifery program was approved by the Ministry of Higher Education in Jordan in July, 2002 and received the first group of students totaling 36 in the first semester of the 2002-2003 academic year. The program has two pathways: a four-year

direct entry program designed for high-school graduates and a two-year bachelor completion program or "bridging program" designed for midwives holding a diploma degree. Admission criteria include having a high-school diploma or its equivalent and having at least a D+ average on the high-school certificate for the direct entry program. Criteria for admission in the bridging program include holding a diploma degree in midwifery, having a GPA of at least 2.5 on a 4.0 scale and having at least one year clinical experience in midwifery.

Currently, there are 135 students enrolled in the two pathways of the midwifery program. The first two groups of midwifery students (38 students) in the bridging program graduated in 2004 and 2005, respectively. The first group of direct-entry midwifery students at JUST totaling 12 students has graduated in June 2006 (Table 2).

In the direct entry program, students are required to successfully complete 131 credit hours distributed throughout nine semesters, with each semester lasting 16 weeks. Midwifery students share basic sciences (e.g. chemistry, biology), medical sciences (e.g. anatomy, physiology, biochemistry), and university requirements (e.g. computer courses, English) in the first two years with nursing students. In the third and fourth years, they study 13 midwifery specialty courses (e.g. antenatal, labor, postpartum, newborn and women's health) that focus on building core midwifery competencies. There are currently 88 students in the direct entry pathway.

Students in the two-year bridging program are required to complete 68 credits hours throughout five semesters. Students in the bridging program study courses that are aimed at refreshing and upgrading their basic knowledge and skills such as an anatomy and embryology and physical assessment courses, and adding new knowledge and skills through medical-surgical courses and two computer courses that were lacking in their midwifery diploma curriculum. There are currently 47 students in this pathway (Table 2).

Challenges of midwifery education in Jordan

Despite rapid progress and the achievement of milestones, midwifery education in Jordan still faces several challenges. These challenges are direct outcomes of marginalization of midwifery in Jordan because of the absence of regulation, legislation, and professionalization. These challenges are summarized in the following:

1. Difficulties in meeting the expanding educational needs in midwifery in terms of increasing numbers of midwifery students.
2. Lack of international accreditation for the newly developed midwifery programs.
3. Difficulties in developing and recruiting qualified faculty in midwifery.
4. Limited clinical training sites that are conducive to the attainment of core midwifery competencies based on the midwifery care model.
5. Lack of midwifery preceptors.
6. Lack of a national exit examination for midwifery graduates.
7. Lack of recognition of midwifery graduates in some health institutions.
8. Limited continuing education opportunities for midwives.
9. Lack of graduate programs in midwifery.

Overcoming the challenges

Although the challenges are many, they can be overcome with diligent work, perseverance and with national interdisciplinary collaborative efforts. As a result, different health care professions would accept and respect each other, collaborate and cooperate with each other to be able to meet an ultimate national goal of improving the health and well being of all Jordanians. A key step would be to critically examine existing midwifery programs in Jordan to distinguish between programs in meeting midwifery educational needs (Fraser, 1999; Munich Declaration, 2000; Carr, 2003). There is a need to sustain professional midwifery programs that focus on enhancing midwifery education, practice and profession through highly qualified graduates. These graduates would assume leadership roles in all areas of midwifery to improve the quality of health care provided to women, children, and families in the Jordanian society. Midwifery graduates would be independent practitioners who work collaboratively with other professionals (i.e. obstetricians, pediatricians, nurses) to meet the evolving health care needs in Jordan. These midwives would be directly involved in planning and implementing women-centered reproductive health care programs and services across the lifespan (McKenna, Hasson & Smith, 2002; Fullerton, Severino, Brogen et al, 2003). Therefore, technical (e.g. hospital-based and diploma) programs would either be terminated in favor of professional programs or be upgraded to meet the expanding midwifery educational needs. Nonetheless, the four midwifery programs that currently exist in Jordan are neither able to meet all of the expanding educational needs nor are they able to produce adequate numbers of graduates to meet expanding health care needs and replenish the healthcare workforce. Therefore, existing midwifery programs need further evaluation.

Another important issue to address is the development and recruitment of qualified midwifery staff. A major obstacle has been the shortage of qualified midwives who could become professional midwifery educators. Traditionally, midwifery educators have been physicians or nurses. There is an enormous need to invest in developing qualified midwifery faculty who can take on the task of educating future generations of midwives. To address this issue, several strategies may be used. These strategies include establishing lecture-practitioner teaching positions, choosing competent professional teachers who are clinically competent, and creating positive teaching-learning environments that are conducive to midwifery knowledge and skill attainment (Thompson, 2002; Williamson, 2004). This requires a collaboration of efforts from all academic and professional institutions in Jordan.

The issue of finding appropriate clinical settings for midwifery students can also be overcome with collaborative efforts. Currently, midwifery students share clinical sites with other nursing and medical students from various educational institutes. This creates very crowded clinical sites in which sometimes there are 10 students per client and where students compete fiercely for clients' attention and clinical learning opportunities. Ultimately this can negatively impact students' clinical experiences and skill attainment. But the problem is not in the lack of clinical settings, it is a matter of misdistribution. It is imperative to designate specific clinical sites for each educational institution to maximize clinical learning experiences among students especially for institutions where the problem is more profound. Therefore, Jordanian colleges and universities must unify their efforts to establish designated and separate clinical consortium for their students.

In regards to midwifery preceptorship criteria, creating a national preceptorship committee would be a step in the right direction. This committee would be responsible for establishing preceptorship criteria based on national and

international experiences of different institutions in this field (Cutts et al, 2003; Fraser, 1999; Munich Declaration, 2000; McKenna et al., 2002; Carr, 2003; Fullerton et al., 2003). This proposed step requires high levels of commitment and collaboration since the committee would be responsible for long-term and strenuous workloads.

The issue of the national midwifery exit exam can be resolved by adopting existing policies that are used by other institutions such as the Royal Medical Services. Therefore, this issue needs a consolidation of experiences and national collaboration to put forward and implement a national exit exam for midwifery students from different academic institutions.

A seventh challenge is recognition of graduates from the bachelor of midwifery program and ensuring their legal rights. Remedying this issue requires national lobbying for these legal rights from universities, the Jordanian Councils and midwives themselves. Disseminating clear job descriptions and establishing appropriate legislation that addresses midwifery graduates and guarantees legal rights and entitlements would empower midwives to be more independent practitioners, identify their scope of practice and professional roles, and recognize their legal rights and responsibilities.

An eighth challenge is designing accredited continuing education programs for midwives. This challenge can be resolved through the department of continuing education which already exists in the Ministry of Health. What is required is tailoring innovative programs that can meet the evolving needs of midwives and providing equal opportunities to all midwives, in collaboration with different academic and professional Jordanian institutions.

Finally, there is a need to foster the development of midwifery education in Jordan through designing and supporting graduate midwifery programs (Smith, 1995; Eberhardie, 1998; Fraser, 1999; Munich Declaration, 2000; WHO, 2001; Carr, 2003). Graduate midwifery education programs should be innovative and incorporate evidence-based practice concepts and population-based skills principles (Carr, 2003). Graduate education in midwifery would ultimately empower midwives and enhance the midwifery profession in Jordan through mutual respect, support and collaboration among health professionals. Therefore, academic institutions need to integrate their efforts in designing graduate programs that are in tune with the educational needs of the Jordanian society, if they are to be sustainable and cost-effective.

Conclusion

Midwifery education in Jordan has witnessed significant innovations and achievements throughout the past five decades. Nonetheless, challenges in sustaining the continuity and innovation of midwifery education to meet expanding educational needs in Jordan still remain. Meeting the challenges requires national collaborative interdisciplinary efforts that can reform and transform midwifery education and prepare for a better future for midwives and the Jordanian society in general.

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Table 1. Milestones in midwifery education in Jordan

Year	Event
1951	The first program for midwifery education and training in the Maternity Hospital is established in Amman
1953	The first group of midwives graduate from the program
1956	The first School of Midwifery and Childcare is founded in Wadi Suroor, Amman.
1958	19 students graduate from the school of midwifery.
1965	The first 12-month midwifery education and training program for registered nurses is established by the Royal Medical Services.
1974	The midwifery program at the School of Midwifery and Childcare is expanded to become 3 years in length.
1978	The School of Midwifery and Childcare becomes part of the Jordanian College of Nursing.
1984	Irbid College for Nursing and Midwifery (Nusaibah Almazanieh) is established.
1984	Zarqa College for Nursing and Midwifery (Rufaida Alaslamiyah) is established.
2002	The first national bachelor of midwifery program is established in the Faculty of Nursing, Jordan University of Science and Technology, Irbid
2004	The first group of students (20) graduate from the midwifery bridging program.
2005	The second group of students (18) graduate from the midwifery bridging program.

Table 2. Student enrollment in the Bachelor of Midwifery Program at JUST

Academic year				
Pathway	2002-03	2003-04	2004-05	2005-06
Direct entry	15	27	21	25
Bridging	21	18	25	22
Total	37	45	46	47