Deanship of Graduate Studies
Al- Quds University

Competencies of Midwifery Educators as Perceived by Educators and Students at Academic Institutions in Gaza Strip, Palestine

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M. Sc. Thesis

Jerusalem- Palestine

1444/2022

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A Thesis Submitted in Partial Fulfillment of Requirements for the Degree of Master in Mother & Childhood Nursing / Al-Quds University

1444/2022

Al-Quds University

Deanship of Graduate Studies

Mother & Childhood Nursing

Thesis Approval

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Jerusalem- Palestine

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Dedication

As I put the finishing touches on this study, I have to pause to dedicate this achievement to:
First to the sake of ALLAH for his blessings bestowed upon me,
To the first great teacher and messenger of all peoples, Mohammed (May Allah bless and grant him)
To my homeland Palestine, the Land of Steadfastness
To the great martyrs and prisons, the symbol of sacrifice
To all the medical staff and all midwives in the world especially for Palestinian midwives, I dedicate this study.
In addition, I'm So delighted to dedicate this research to my supervisor Dr. Hamza M. Abdeljawad, and give special thanks for his constant encouragement and great ideas that led this work to be a distinguished one, thank you from the bottom of my heart for your interest!
Also, To my good teachers, my sincere thanks…
To the spirit of my grandfathers, Blessed be their souls...
To my family, who was always praying to see me in this place.
To my dad, who taught us the purpose of learning & life and gave precious for the sake of our education and to live the best life…
To my Mum, the spring of tenderness, who gave me hope when I lost my hope. She helped me dream again when I thought my dream would never come true.
To my Siblings (Mrs. Amani, Dr. Rafaa', Dr. Anas, Dr. Usama and who are a piece of my heart Ilyas & Asma'), who taught me how to be myself and always believed that " I could do it", and did everything easy for me, they are a model of great strength and love. thanks for all the sacrifices...
To my Beloved friends, the company of the long path, partners of the ongoing journey and old days, accept my everlasting love and sincere appreciation.
To all people in my life who touch my heart. Also, to everyone who contributed to get this study a reality for their valuable contributions, I dedicate this study, all my appreciation...

Enas Ayman Abdraouf Islem

Declaration

I certify that this thesis submitted for the degree of Master is the result of my own research, except where otherwise acknowledged, and this study (or any part of the same) has not been submitted for a higher degree to any other university or institution.

Signed:

Enas Ayman Abdraouf Islem

Date: 13/12/2022

Acknowledgment

First and foremost, praise be to ALLAH who has done good deeds, all thanks for ALLAH who helping me every moment, giving me strength, willing and granted me the capability to accomplish this thesis in spite of all difficulties and challenges during the period conducting the study.

"He who does not thank people does not thank Allah**"**, so this is my opportunity to express deepest gratitude to many who contributed to the success of this endeavor toward the master degree, without their support, this work would not have been possible.

Thank for their encouragement and advice and in particular I am indebted to the Palestinian's Ministry of Health (MoH) in Gaza for granting permission for the current study to be conducted, Sincere thanks to Al-Quds University to equip students with the knowledge and skills and developing their research knowledge, in addition. the all academic and administrative staff for their great role throughout Maternal and Child Health (MCH) Master program studying which widened our horizon and made this educational journey possible.

I have the great fortune to complete this thesis under the supervision, guidance and revision of Dr. Hamza M. Abdeljawad, I owe my deepest gratitude for his companionship and encouragements, being a great mentor to me, and supported me throughout the study.

I would also like to thank Dr. Khalil Shuaib and Dr. Areefa Said Al-Bahri for accepting to discuss this study.

in this respect, I have many thanks also to all who helped me in the refining the research tools, to all midwifery educator and midwifery student who completed a questionnaire, without which could not be achieved this research.

A Special thanks for Mrs. Wafaa Obeid from the Islamic University and Mrs. Emtithal Abu Ayada from Palestine College of nursing, who constantly welcome me every time I visited their units, although they were very busy with their daily tasks. Furthermore, my sincere thanks for Dr. Samira alshiekh who helped me in the statistical analysis.

Last but not least, heartfelt thanks are due to my great family, my kindness friends, my colleagues for their extraordinary support, love and prayers, whether big or small which helped me to realize this study.

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Abstract

Midwives have a critical role in reducing maternal morbidity and death by delivering high-quality care during the prenatal, intrapartum, and postpartum periods. Caring for moms, addressing difficulties, and providing care to the newborns all require well-educated, skilled midwives working in maternal health facilities. Effective education is critical for midwifery students not just in the classroom but also in the practice settings. This study aimed to assess the competencies of midwifery educators as perceived by educators and students at academic institutions in the Gaza Strip, which may help in improving the quality of midwifery education and maternal health services provided by midwives in the future. The study utilized a descriptive cross-sectional analytic design and a census sample was used to include all the midwifery educators (40) and all students (120) studying at the 3rd and 4th levels in the Islamic University, Gaza (IUG), and the Palestine College of Nursing (PCN). Interviewing questionnaire including statements regarding 19 competencies in eight domains was created in accordance with WHO guidelines for data collection purposes. Before the acual data collection, a pilot study with 5 midwifery educators and 10 students was conducted, which was included in the final analysis. Data were collected during three months with a response rate 100%. SPSS program, version 25 was used to analyze the data. At the IUG and PCN, there are 35 and 5 midwifery educators, respectively. The PCN educators are all working with theory and practice. While four IUG educators are only working on the theory side and 31 on the practice side. The mean age of educators in PCN and IUG was 40.2 and 36.4 years respectively. PCN and IUG midwifery educators have 11.2 and 7.3 years of experience respectively. PCN educators have an average of 7.6 years of professional experience, whereas 9.4 years of IUG educators. On the other hand, in PCN and IUG, the mean age of students was 22.8 and 22.5 years respectively. For the midwifery educators, the perceived competency in the following eight questionnaire domains: clinical learning, organization, management, leadership, communication, leadership, advocacy, and research, all the scores were above 80% in the two institutions. While for the student's perception of the competencies of their educators revealed that the students' average competency ratings were (82%) for IUG and (79%) for PCN. The study concluded that the competencies of midwifery educators in each institution were very good and there is a need for further development of midwifery educators' qualifications and competencies in the future.

List of abbreviations

ANC	Antenatal care
ANOVA	One-Way Analysis of Variance
ERA	Education, Regulation, and Association
ICM	International Confederation of Midwives
IUG	The Islamic University of Gaza
MCH	Maternal and Child Health
MENA	Middle East and North Africa
MLCC	Midwife-led continuity of care
MMR	Maternal Mortality Rate
MoH	Ministry of Health
PCBS	Palestinian Central Bureau of Statistics
PCN	Palestine College of Nursing
PNC	Postnatal Care
SDG	Sustainable Development Goals
SPSS	Statestical Backage for Social Sciences
WHO	World Health Organization

Chapter One

Introduction

1.1 Background

Midwives play an important role in decreasing maternal morbidity and mortality by providing quality care during antenatal, intrapartum, and postpartum periods. The statistics published by the World Health Organization (WHO) confirm that 259,000 women died during or following pregnancy in 2017. Most of these deaths took place in low-resource settings, and almost 94% of these could have been prevented (WHO, 2019b).

The different roles of the midwife include caring for mothers, treating complications, and providing care to the newborn require well-educated, competent midwives working in maternal health settings (Tabish et al., 2012). Therefore, midwives must receive high-quality education and training for them to acquire the knowledge, attitudes, and skills required to provide high-quality maternal healthcare. Therefore, monitoring the quality of midwifery education and its compliance with the international standards that are recommended by renowned healthcare bodies is a key step to improving the quality of care. Keep in mind that high-quality maternal care can approximately prevent more than 80% of all pregnancy-related deaths worldwide (WHO, 2019b).

Worldwide, the dynamics of maternity care make it difficult for midwifery education programs to stay up-to-date, ensuring that they educate midwifery students who can play their part in present and future midwifery. Therefore, the development of midwifery educational programs should be given more consideration in order not to be outdated in such a dynamic field. The educational programs should be changed at a rate close to the rate of changes in midwifery practice. It’s evidence-based to emphasize the relationship between

core competencies of midwifery education and the curricula of the educational programs. In addition, it's intuitive that competent midwifery education requires the services of competent midwifery educators who have adequate educational and clinical competencies. According to the International Confederation of Midwives (Butler et al., 2018), midwifery educators should complete successfully a formal midwifery education program in theory and practice, have a license or registration, or another form of legal recognition to practice midwifery, complete of a minimum two years full-time clinical experience, and formal teaching preparation before or soon after employment.

Moreover, midwifery educators are required to be competent in the following areas; ethical and legal principles of midwifery, maintaining current knowledge and skills in midwifery theory and practice, creating an environment that facilitates learning, creating an environment for effective clinical teaching, assessment, and evaluation of students and programs, effective communication, and promote the use of research in midwifery as stated by International Confederation of Midwives (ICM) (ICM, 2013).

The clinical training course provides students with the opportunity to learn, practice, and develop clinical skills necessary for professional midwifery activities (ICM, 2017 a). If there is a gap between theory and clinical practice, current clinical education does not transfer the necessary ability to students to achieve appropriate clinical competence. This is why it is critical to understand the competencies of midwifery educators from the students' point of view. The competencies of midwifery educators were organized by the WHO under eight domains or areas of teaching practice; (Ethical and legal principles of midwifery, midwifery practice, theoretical learning, learning in the clinical area, assessment and evaluation of students and programs, organization, management and leadership, communication, leadership and advocacy, and research) (WHO, 2013). This study assessed the competencies

of midwifery educators according to the WHO standards as perceived by the midwifery students and midwifery educators.

1.2 Research Problem

Effective education is very important for midwifery students not only in theoretical settings but also in clinical settings. Many other aspects collectively define the midwifery learning experience. The WHO has published a manual that defines the core competencies of a midwifery educator (WHO, 2013). This manual is of special importance when it comes to defining midwifery education itself; it serves as a checklist that includes all the aspects of the learning process that are proven to significantly affect the overall quality of the learning process. This definition of the optimal educator is used in the current study.

According to reports of WHO, there are approximately 810 women and 7000 newborns who still die every day from preventable causes related to pregnancy and childbirth. So, access to competent midwifery healthcare before, during, and after childbirth can prevent more than 80% of all women and newborns (WHO, 2019a).

Several studies have explicitly recommended providing midwifery healthcare services, and some argue that midwife-led models of care are superior to physician-led models of care in specific situations. The latest WHO guidelines on antenatal care (ANC) recommend the integration of midwives into routine ANC services; because they can provide evidence-based healthcare to pregnant women in a cost-effective manner, which makes midwifery a definitive solution for the high rates of Maternal Mortality Rate (MMR) in low- and middle-income countries (WHO, 2016). Another systematic review pooled results from many primary research articles and concluded that providing midwifery services as part of early postnatal care (PNC) is recommended (Walker et al., 2019).

In 2020, the reported MMR in Palestine was 28.5 per 100,000 live births. In the Gaza Strip, the rate was 24.3 per 100,000 live births and the infant mortality rate was 6.9 per 1000 live births (MoH, 2020). About 56% of total deliveries were performed by midwives in Gaza Strip (Abu Kweik, 2018). Therefore, midwifery students need competency-based training to enable the graduated midwife to be skillful and competent, and able to provide high-quality care to mothers and newborns (Mumtaz et al., 2014). Monitoring the quality of midwifery educators makes it possible to pinpoint the problems and limitations in the current educational program, otherwise, there is no guarantee that future midwives will be competent enough for clinical practice.

A review published in 2019 investigated the published details of various midwifery educational programs. The authors mention that although the continuity of care midwifery-based model is significantly a superior model of care –both ante- and post-partum– compared to other models of care that aren't midwifery based, the midwifery education that shall be adopted to qualify the midwives for their role in that model of care needs further investigation. Among all the proposed models of midwifery education, the competency-based model seems more universally accepted and applicable (Gamble et al., 2020).

Through rotation and experience in the institutions, the researcher noticed variability regarding the competencies among midwifery educators although they have an imperative role in the education and competencies of midwifery students. As well educators are responsible for ensuring students have appropriate theory learning that enables them to express their experience in the practice field. Therefore, midwifery students are expected to be adequately supervised by midwifery educators who prepare new midwives to be qualified in high-quality delivery, and evidence-based maternal and child health (MCH) meeting the updated standards concurrently with achieving a good balance link between practice and theory. Thus, ensuring that mothers and newborns receive high-quality and safe care. In this

regard, having midwifery educators with high competencies and adequate experience in maternity settings is of great importance for a successful midwifery educational program. Therefore, this study was conducted to highlight the adequacy of competencies among midwifery educators as perceived by the educators and the midwifery students in the Gaza Strip.

1.3 Justification of the Study

In the last 20 years in Gaza Strip, there was a severe shortage of professional midwives as very few midwives were registered and have a license in midwifery and many nurses with experience in maternity departments helped in teaching as lecturers and clinical instructors, because clinical instructors have a profound impact on student's clinical experiences and schools of health professions have an interest in assuring that the students benefit from effective clinical instructors (Reising et al., 2018), and the quality of midwifery education could alter the quality of students' skills, development of cognitive abilities, critical thinking, knowledge, communication skills, and self-confidence (ICM, 2010). These reasons alone justify that monitoring the competency of midwifery educators is needed in Gaza Strip more than it's needed worldwide.

It's well-established in the literature that a thorough assessment of the quality of theoretical and practical midwifery education is required to validate the country efforts and improve education (Castro Lopes et al., 2016). Lack of standardization regarding midwifery clinical education is found to cause students to lose necessary skills, causing them to perform poorly in their final clinical assessments. Such results shed light upon the need to strictly implement the core competencies recommended by WHO and ICM as an acceptable standard in midwifery education (Vuso and James, 2017).

In short, midwifery healthcare services are needed globally, and also in Gaza Strip. High-quality midwifery education provides society with competent midwives who are the solution to many problems society faces. To be confident that midwifery education is as good as it should be, the researcher aimed to compare the educators' capabilities against a standard. The standard used is the core competencies of a midwifery educator published by the WHO.

1.4 Study Objectives

1.4.1 General Objective

To assess the competencies of midwifery educators as perceived by educators and students at academic institutions in the Gaza Strip.

1.4.2 Specific Objectives

- To identify the competency of midwifery educators compared to international standards as perceived by educators at academic institutions in Gaza Strip.
- To identify the competency of midwifery educators compared to international standards as perceived by midwifery students at academic institutions in Gaza Strip.
- To determine the differences in the competency of midwifery educators concerning educators' characteristics (demographic variables, qualification, experience in education, experience in clinical settings, place of work).
- To determine the differences in the competency of midwifery educators about students' characteristics (demographic variables, academic institution, years of study in the college, cumulative average).

1.5 Questions of the study

- What is the competency level of midwifery educators compared to international standards as perceived by educators at academic institutions in Gaza Strip?

- What is the competency level of midwifery educators compared to international standards as perceived by students at academic institutions in Gaza Strip?
- Are there statistically significant differences in the competency of midwifery educators related to educators' characteristics (demographic variables, qualification, experience in education, experience in clinical settings, and place of work)?
- Are there statistically significant differences in the competency of midwifery educators related to students' characteristics (demographic variables, academic institution, years of study in the college, cumulative average)?

1.6 Theoretical and Operational Definitions

1.6.1 Midwifery Educator

Some dictionaries that are not dedicated to medical terminology define the midwifery Educator as a registered midwife with a post-registration certificate, who has relevant experience or other appropriate qualifications and who is appointed to a position of midwifery educator.

However, the researcher thinks that this definition may be enhanced. Indeed, the ICM defines the midwifery clinical teacher as 'An experienced midwife engaged in the practice of midwifery who is competent and willing to teach, observe, and evaluate midwifery students during their practical/clinical learning' (ICM, 2010).

Also, the ICM defines the midwifery teacher as 'A qualified, competent midwife who has completed a program of study and/or demonstrated competency in teaching that includes the art and science of curriculum development, methods of classroom/theoretical and practical teaching of adult learners, and methods of measurement and evaluation of student learning (ICM, 2010).

The researcher defines midwifery educators in the settings of the Gaza Strip:

Midwifery lecturer: A licensed midwife who practices teaching in an academic institution in Gaza Strip.

Midwifery clinical instructor: A licensed midwife with a minimum bachelor's degree in midwifery, and minimum of two years of experience and training midwifery students in maternity hospitals and reproductive health clinics.

In this study, the researcher used the term educator for both the lecturers and clinical instructors.

1.6.2 Competency of Midwifery Educators

The core competencies of midwifery educators have been identified through eight domains: Domain 1: Ethical and legal principles of midwifery (2 competencies), domain 2: Midwifery practice (2 competencies), domain 3: Theoretical learning (3 competencies), domain 4: Learning in the clinical area (2 competencies), domain 5: Assessment and evaluation of students and programs (2 competencies), domain 6: Organization, management, and leadership (2 competencies), domain 7: Communication, leadership, and advocacy (4 competencies), domain 8: Research (2 competencies) (WHO, 2013). This competency will be measured via two validated and reliable questionnaires, one assesses the educators' perceptions and the other assesses the students' perceptions.

1.6.3 Midwifery Student

The ICM defines the midwifery student as 'An individual who has met the criteria for selection and enrollment in a midwifery program' (ICM, 2010).

The researcher defined midwife students in Gaza Strip settings as any female student registered in an accredited bachelor degree midwifery program level III and level IV at a recognized academic institution in Gaza Strip during the academic year 2020 – 2021.

1.6.4 Midwifery Education Program

The ICM defines the midwifery program as an organized, systematic, defined course of study that includes didactic and practical learning needed to prepare competent midwives (ICM, 2010).

The researcher defines the education program as any midwifery bachelor educational program that is officially accredited by the Ministry of Higher Education.

1.7 Context of the Study

1.7.1 Sociodemographic Context

Palestine occupies an area of 27,000 square kilometers (Km2), expanding from Ras Al-Nakoura in the north to Rafah in the south Annex (1). The Palestinian territory is divided into three areas separated geographically; the West Bank 5.655 Km2, Gaza Strip 365 Km2, and East Jerusalem. Gaza Strip is a narrow zone of land bounded by Egypt at South, in the west by the Mediterranean Sea, and in the East and north by the occupied territories in 1948 Annex (2). Palestinian Central Bureau of Statistics (PCBS) reported that Gaza Strip has a total area of 365 km2 46 kilometers in length and 5 to 12 kilometers wide and representing 6.1% of the total area of Palestine land (PCBS, 2020 a). At end of 2020, the total population is estimated to be about 13,5 million; 5,1 million of them live in West Bank and Gaza Strip with a ratio of 50.7 males and 49.3 females, and the Palestinian population is characterized by a high percentage of youth individuals as 38% of the population are in the age group 0 – 14 years old, and the median age is 19.2 years (PCBS, 2021). Women of reproductive age are estimated to be 488,413 (49%) of the total females in the Gaza Strip. In 2019, the total number of births were 55,212 live births (27.7 per 1000 population), and the fertility rate was 3.3 (MoH, 2020).

1.7.2 Economic Context

The economic status of the Gaza Strip is very low and suffers from continuous pressure caused by the long-term siege imposed by the Israeli occupation for more than 14 years. According to the year's annual statistical book, the poverty rate in Gaza is 53%, which is four times that of the West Bank (13.9) (PCBS, 2020 b). The economic status in the Gaza Strip is severely suppressed by high population density, limited land access, effects of Israeli occupation military operations, and restriction on labor and trade access across the border by the siege imposed since 2007. These factors have dramatically increased the rates of unemployment and poverty in the Gaza Strip. The percentage of poverty among Palestinian individuals according to consumption patterns was 29% (14% in West Bank and 53% in Gaza Strip), and about 17% of the individuals in Palestine suffered from deep poverty (6% in the West Bank and 34% in Gaza Strip) (PCBS, 2021).

1.7.3 Midwifery Education in Palestine

Before the British took over the rule of Palestine in 1918, the respected traditional midwives, days were the usual assistants to women at birth (Katvan and Bartal, 2010). When Israel occupied East Jerusalem, the Gaza Strip, Sinai, the West Bank, and the Golan Heights during the Six Day War in 1967, the Israelis accordingly had to take the responsibility for the health service in these areas. The Israelis escalated the process of hospitalizing births while the lack of capacity in the form of equipment, beds, and personnel to meet the growing number of births became an increasing problem (Giacaman et al., 2005). Since the 1990s, a growing number of universities and colleges in Palestine offer a bachelor's degree in Midwifery. Palestinian midwives are educated according to ICM standards and licensed after graduation by the Palestinian Authorities (WHO, 2019b).

In West Bank, the first bachelor of midwifery program started at Al-Quds University in 1998 (Al-Quds University, 2018), at Bethlehem University in 1998 (Bethlehem University, 2020),

An-Najah National University in 2007 (An-Najah National University, 2021), and at Hebron University in 2015 (Hebron University, 2018).

In Gaza Strip, there is two bachelors of midwifery programs, the first one started at the Palestine College of Nursing (PCN) started in 2000 (PCN, 2018), and the second program started at the Islamic University of Gaza (IUG) in 2008 (IUG, 2008). In addition, there are two associate degree programs; the first 2-years diploma midwifery program started at the University College of Applied Sciences in 1998, and at the College of Intermediate Studies of Al-Azhar University in 2016.

Chapter Two

Conceptual Framework and Literature Review

2.1 Conceptual Framework

The researcher drew the conceptual framework based on the literature review and personal experience. This framework shows what the researcher is going to study. The current study investigates how both the midwifery educators and midwifery students perceive the competency of the midwifery educators at the academic institution in the Gaza Strip.

In this study, the independent variables are demographic data. The dependent variable is the Perception of midwifery educators and midwifery students of the midwifery educators' competency, which will be estimated using the responses of the educators and the responses of the students. Assessing the educators' competency from these two perspectives will help us avoid bias, arrive at refined and more consistent conclusions, identify the gap between the two perspectives and their magnitude, and see if the differences between the two perspectives are consistent with the previous findings in the literature or not. The visual representation of the relationships between these variables is available in (Figure 2.1).

Competency as perceived by educators: The researcher suggests that several characteristics may affect the self-perceived competency of a midwifery educator. These include the demographic variables, qualification of the educator, experience in education, and experience in clinical practice and place of work.

Competency as perceived by students: The researcher suggests that several factors may affect the students' perception of the competency of their educators, including the demographic variables, the academic institution, years of study spent in the college, and the cumulative average.

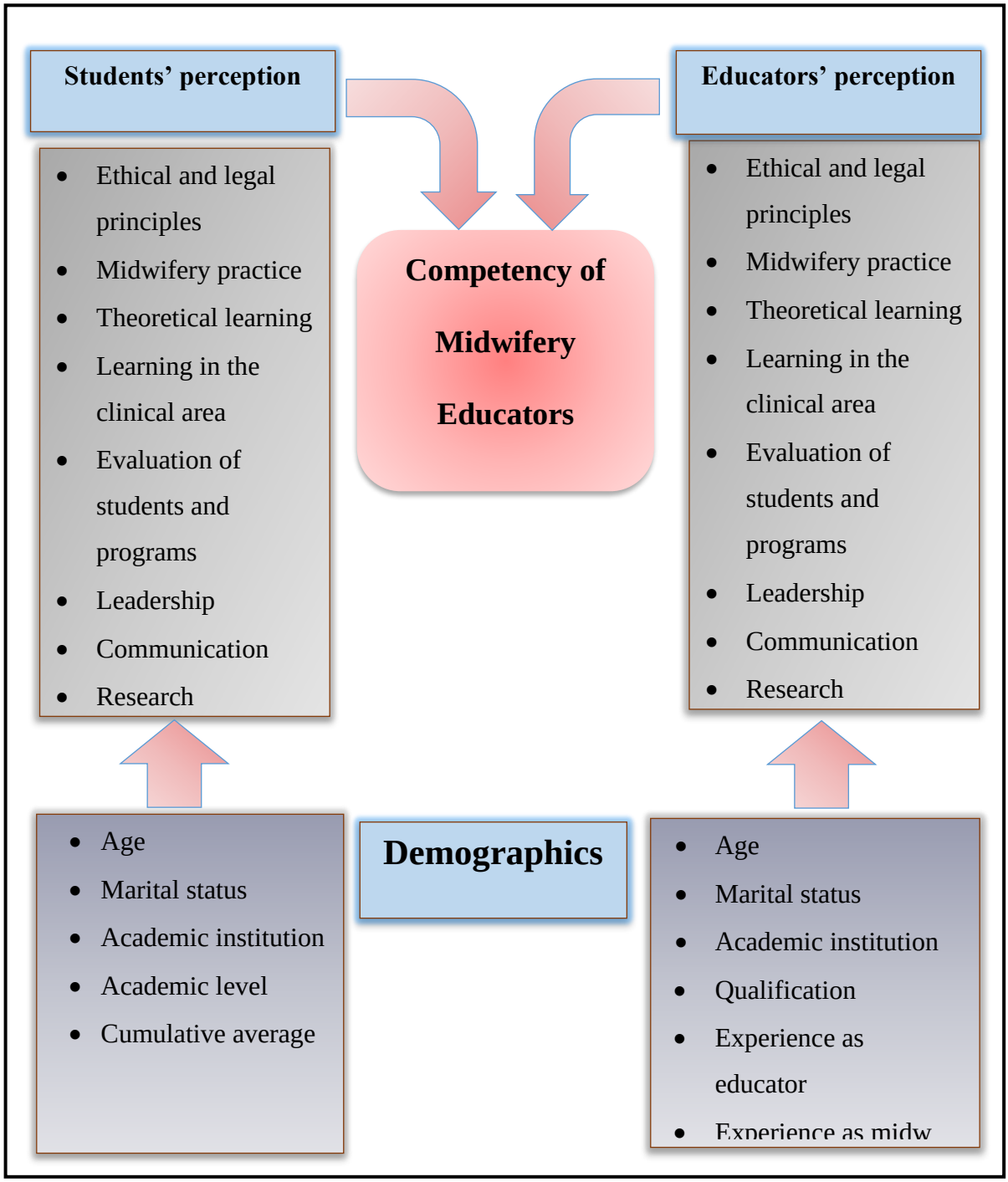

Figure (2.1): Conceptual framework (self-developed)

2.2 Literature Review

Via the literature review, the researcher aims to give a comprehensive, yet detailed account of what will be studied. Human culture is nothing but the accumulation of knowledge and experience. In academia, the literature review aims to make sure that the current study will build up our knowledge in the right direction (Winchester and Salji, 2016). Namely, to avoid duplicating the previous scholarly findings, to know what is to be discovered next, and to pave the way to create the conceptual framework of the study, which concerns how we can study it in a scientific, planned framework that will hopefully yield refined scientific evidence.

The researcher performs a wide-scope literature review that includes books, journal articles, and guidelines published in the last 10 years from different parts of the world; from the far East to the far West, with a special focus on the studies that took place in countries that resemble the geographical, cultural or socioeconomic aspects of Gaza strip. The 2014 WHO publication on the core competencies of a midwifery educator, along with its adaptation tool, constitutes the main reference of this study, this is due to its comprehensiveness and elegant layout.

2.2.1 The Role of Midwifery in Today's World

One of the major health issues that necessitated having Sustainable Development Goals (SDG) is the unacceptably high rate of maternal mortality. According to Collier and Molina. (2019), pregnancy-related death is defined as:

The death of a woman during pregnancy or within one year of the end of pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy.

The statistics confirm that 259,000 women died during or following pregnancy in 2017. Most of these deaths took place in low-resource settings, and almost 94% of these could have been prevented (WHO, 2019b).

It was previously mentioned that most maternal deaths are preventable (Petersen et al., 2019& WHO, 2019b), this is because the healthcare solutions to prevent or manage the most prevalent pregnancy-related complications are well known. If so, then why are the MMR is still unacceptably high? This is because the delivery of quality ANC isn't going very well on the ground. This is why the latest WHO guidelines on ANC recommend the integration of midwives into routine ANC services; because they can provide evidence-based healthcare to pregnant women in a cost-effective manner, which makes midwifery a definitive solution for the high rates of MMR in low- and middle-income countries (WHO, 2016).

The services of a midwife are also appreciated in PNC. Researchers of a systematic review concluded that the provision of midwifery services in early PNC is significantly associated with a superior capability of physical and psychological transitioning to motherhood. These results are pooled from 19 different primary studies that took place on different continents, meaning that the results show a beneficial effect of midwifery care in early PNC that is evident in virtually any population worldwide. The researchers conclude that these findings are enough for the policymakers to make sure that every woman is provided with quality midwifery care post-partum (Walker et al., 2019).

Some may think of midwifery as a traditional practice that is now redundant, thanks to the advancements in healthcare practice led by physicians. This is not the case. Some papers mentioned earlier in this section indicate that midwifery healthcare services are currently recommended and needed. Another study comes from Germany, where a systematic use of midwifery services is in order. The study is descriptive with mainly open-ended questions asking a sample of women who received midwifery care about their recommendations on

how to improve the midwifery practice in the country. The main things the women asked for are spreading more information about the available midwifery services and increasing the accessibility to high-quality midwifery services. The point is that midwifery is the norm in such a high-income country. It's important enough that they dedicate research to improving it, why shouldn't we? (Mattern et al., 2017)

Since midwifery is considered an old solution for a new problem, there has been a particular emphasis on how to deploy midwifery services into the real world and how to integrate it as a core part of a healthcare system. The WHO guidelines on ANC proposed Midwife-led continuity of care (MLCC) models. A midwife-lead model of care outlines the goals of midwife-led healthcare service and interconnects them using a set of principles that draw the outer frame of the per-listed goals. It's mainly a multidisciplinary model that organizes the traditionally-chaotic midwifery practice. The MLCC model principles include continuity of care, offering individualized health education, and being supportive during the childbearing, post-partum period, and during the labor itself (WHO, 2016 & Sandall et al., 2016).

The European journal of midwifery published a mapping review in 2020 which investigated the differences and commonalities of midwifery-lead models of ANC across different parts of the world. A total number of 6 models were investigated. A notable thing was the heterogeneity of the models; they originated from different countries, based on different philosophies, and used different methodologies. However, some commonalities were present between the models. All the six models were based upon the critical importance of the midwife-woman relationship and providing woman-centered healthcare that is tailored to the individual needs and preferences of each woman. The researchers conclude that there is a general scarcity when it comes to the theoretical models developed to systematically provide midwifery care (Eri et al., 2020). It's worth mentioning here that developing a midwifery model of care that corresponds to the needs of Palestinian women and is feasible

and sustainable in the context and settings of the Gaza Strip is lacking. Future research may be promising in that regard. The recommendations found by WHO (2016) and Eri et al. (2020) may be an honest guide towards developing an evidence-based impactful model of midwifery care that may hopefully improve the quality of healthcare services available for Gaza residents.

Low socioeconomic status has been significantly associated with negative perinatal outcomes, including fetal mortality, preterm birth, and intrauterine growth restriction, and to a lesser extent, higher rates of congenital anomalies and perinatal asphyxia. For mothers, they experience higher odds of maternal mortality, gestational diabetes mellitus, mental disorders, and pre-eclampsia. Researchers investigated the perception of ANC among women of low socioeconomic status. Unfavorable attitudes of discrimination were the main reason that discouraged women from the low-socioeconomic backgrounds from accessing ANC services. Another widely reported reason was that they didn't feel valued by the ANC professionals. At the end of the review article, the researchers conclude that the principles believed to increase the attendance of ANC sessions by women from low-socioeconomic backgrounds include relationship-building and continuity-of-care components common to midwifery-led models (Origlia et al., 2017). This is why providing a midwifery-based model of care is recommended irrespective of the economic status of the country.

A review published in 2019 investigated the published details of various midwifery educational programs. The authors mention that although the continuity of care midwifery-based model is significantly a superior model of care –both ante- and post-partum– compared to other models of care that aren't midwifery based, the midwifery education that shall be adopted to qualify the midwives for their role in that model of care needs further investigation. The review included investigating the educational values, the actual implementation of the educational program and the related issues, and the curricula models

the educational program is based upon. The researchers conclude that educational programs that are tailored to fit the needs of the continuity of care model are required because these models are significantly associated with more competent midwives in clinical settings (Gamble et al., 2020).

2.2.2 History of Midwifery Education

Even in developed countries, most women practicing midwifery did not have access to theoretical education until two hundred years ago. Their education consisted primarily of apprenticeship or the transfer of practical knowledge from a more experienced midwife to a less experienced midwife. Midwives in France had to be approved by the church and testify in cases involving women's reproductive status, such as abortion, in the sixteenth century (Mortensen, 2020). Later, as modern medicine progressed, national theoretical and practical midwifery education and licensing became a strategy for improving maternal and newborn health. In Norway, for example, national midwifery education was established in 1818, and all regions were required to have educated and licensed midwives, resulting in a 50% reduction in maternal mortality between 1887 and 1921 (Kotsadam et al., 2018).

Now to the midwifery education in Gaza. Before the British mandate of Palestine in 1918, respected traditional midwives were the usual assistants to women at birth. These days, midwives were apprentices, primarily with their mothers, and they were respected in their society. However, when the British brought in Western medicine, with the education, training, and licensing of midwives, midwifery practice changed into a more organized form (Katvan and Bartal, 2010). When Israel occupied the Palestinian territories in 1967, the Israelis needed to assume responsibility for the Palestinians' health care. Despite the growing shortage of equipment, beds, and personnel compared to the rising number of births, the Israelis insisted on hospitalizing births (Giacaman et al., 2005).

2.2.3 Standards of Midwifery Education

Intuitively, the criteria that a high-quality midwifery curriculum should meet depend on the current practice of midwives and the challenges facing them. The rule of thumb is that the educational experience of the student midwives should be closely related to the clinical practice they will be doing as professional healthcare providers. Namely, the undergraduate education of midwives should be both relevant to their future job description and adaptable to the uprising challenges that will face as professionals (WHO, 2013).

In 2010, the ICM launched the Global Standards for Midwifery Education to enhance the quality of midwifery practice worldwide. The standards are global in the sense that they are applicable anywhere in the world. These standards aren't tailored to the specific needs of any midwife anywhere, but no midwife can afford not to be trained according to these standards. Since the challenges facing midwives differ between different places at any given time point, local institutions are expected to add extra objectives to these standards to hopefully prepare fully qualified midwives that are capable of providing high-quality, evidence-based health care to childbearing clients, their babies, and their families (ICM, 2013).

The provision of high-quality education before clinical practice, which ensures that entry-level health workers have the essential competencies to meet the needs of the population they serve is one of the foundations of quality of care. Unfortunately, the quality of undergraduate midwifery education programs varies across countries (Castro Lopes et al., 2016), while poor-quality education programs have been identified as an established barrier against high-quality midwifery services (Filby et al., 2016). All pre-registration midwifery education programs in all countries should adhere to the global standards announced by the local professional regulatory body; the Ministry of Health (MoH). When creating a midwifery education program, it is critical to first determine the program's mission and

philosophy, which constitute the basis upon which the endless details of the program are built. According to the WHO, the so-called 'philosophy of midwifery education' should include instructions relating to the equity of care provided for a diverse population regardless of gender, race, religion, age, or nationality and the woman-centered care that individualizes the whole healthcare services to the needs and preferences of each woman (WHO, 2011).

In recognition of the importance of the topic, the ICM has developed a curriculum design for multiple models of midwifery education programs in a series of four resource documents, all of which are conceptually framed by the ICM Definition of the Midwife, the ICM Philosophy and Model of Care, and the ICM International Code of Ethics. Furthermore, all of the ICM Essential Competencies for Basic Midwifery Practice Education are included in the curriculum outlines, which follow the ICM Global Standards for Midwifery Education. These competencies are rigorously refined and well-defined in a way that makes it easy for course directors to design the midwifery education curricula in compliance with these objectives/competencies. The methods of teaching and learning are also costumed based on these competencies. Following the creation of the curriculum's content, objectives, and expected learning outcomes, appropriate teaching methods should be identified. The following is a list of various teaching methods adopted by (Murrary-Davis et al., 2020).

Table (2.1) : Summary of teaching methods

Focus	Method	Description
Lecturer/Teacher (transmitting learning)	Direct instruction	The lecturer determines what is important for the student to learn. The student is expected to remember or replicate deep understanding and the recombining of information are minimal. Emphasis on acquiring information or procedural skills.
	Skills, drills, and practice	Limited synthesis of new understanding. Emphasis is to provide a strong link to the information to improve remembering it or, on repetition to focus on developing skills.
	Lecture	Serves to impart information A limited intellectual exchange between student and lecturer A significant amount of information can be conveyed to a large group in a short amount of time Can be more effective when the lecturer includes a discussion with the participants
Dialogue between Lecturer/Teacher and Student	Question and answer	Requires reflection from students and understanding of core content to enable a two-way exchange between parties. Can help with both recall and acquisition of information Stimulates thought and encourages divergent thinking. The lecturers can assist with formatting and reformatting learners' ideas without diminishing the value of their original ideas.
	Discussion	Differs from the question-and-answer method as the lecturer and student exchange ideas on an equal footing The lecturer aims to develop a greater depth of thinking and foster the manipulation of information for solving problems More of a debate of different viewpoints rather than exchanging ideas

Table (2.1): Continued

Focus	Method	Description
Student (discovery learning)	Mental modeling	Reflects an individual's internal, personalized, contextual understanding of how something works. Enhances student ability to direct their learning by modeling the use of cognitive processes in the solving of some problem. Formed either through the direct or shared experience of what the individual believes to be related content, services, or systems.
	Discovery learning	An inquiry-based, constructivist learning theory where the student is expected to draw on past and existing knowledge to discover facts, relationships, and new understandings to enhance their learning. The student may explore and manipulate objects, ponder questions or perform experiments. Promotes increased recall of concepts and knowledge.
	Roleplay	Involves participants taking on a particular role in a given situation and with a scenario and explanation of the characters, playing out the roles in the safe environment of a classroom before embarking on the real world. Requires adequate briefing beforehand and debriefing afterward by the lecturer otherwise, it will be of little use. Should only be used with the consensus of the group, with no one being coerced into participating against their will.
	Simulation	An extended role play that has structure and rules. Students are expected to make decisions and/or define an end product.
	Inquiry-based learning and problem-based learning	Involves the use of prior knowledge and the discovery of new knowledge, and also expects the student to generate the question to be answered. Students define their learning outcomes and undergo independent/self-directed study before returning to the group to discuss and refine their knowledge. Motivates and deepens autonomous learning. The teacher takes on the role of facilitator, channel inquisitiveness, and provides structure and support.
	E-learning	Electronic learning using a computer/internet to deliver part or all of a course. Encapsulates a wide range of learning tools such as virtual learning hubs, online simulations, games for learning, learning blogs, e-books, etc.
	Blended learning	A combination of all the methods discussed above optimizes learning and develop lifelong learners of all their students.
	The flipped classroom	An instructional strategy that reverses the traditional learning environment by delivering content often online, outside of the classroom, then moves activities, including those that may have been considered 'homework' into the classroom. A type of blended learning.

Source: (Marshall, 2017)

2.2.4 Midwifery Educator Core Competencies

A properly qualified midwife that possesses life-saving skills is widely regarded as the most appropriate healthcare service provider for all women within the reproductive age as well as their babies, particularly during childbearing (ICM, 2017b & Fullerton et al., 2011). However, although their positive impact on the health of women and their children is well-defined, many countries face a critical shortage of midwives, and many pre-service education programs are inadequate, owing to a lack of qualified midwifery teachers. As a result, preparing the additional practitioners, leaders, and researchers required is nearly impossible without a sufficient number of well-prepared teachers. As a result, reaching a consensus on how to prepare a competent midwifery educator is a pressing concern that many countries, as well as WHO and other international organizations, are dedicating efforts towards (WHO, 2014).

Teaching is an important part of a health professional's job, and the quality of teachers has a big impact on future practitioners' quality. Midwives are constantly contributing to the clinical training programs of upcoming midwives, and there are certainly clinical midwives who make significant contributions to new midwife education (Hishinuma et al., 2015). However, mentorship issues and difficulties have been mentioned, as well as the fact that midwives require education, training, and support to fulfill their role as educators (Finnerty et al., 2006).

More efforts are needed to have educators who are adequately prepared to produce the required number of qualified midwives. Both the quantity and quality of midwifery educators, as well as the educational institution's resources and capacity, must be improved. In most developing countries, the faculty-to-student ratio is as high as 1:45 in the classroom, compared to 1:12 in developed countries. Both the quality and the quantity of clinical learning the midwifery students receive are also a source of concern. To say that a group of

educators is well prepared, they must know how to teach their curricula and how to facilitate the learners' competency through making use of various sets of teaching methods in both theoretical and clinical aspects of the education program (WHO, 2014).

In compliance with the global standards for midwifery education launched by the ICM, the midwifery educator's teaching competency is defined by 8 complementary domains (WHO, 2014):

1. Ethical and legal principles of midwifery: To integrate the ethical and legal considerations related to midwifery practice within the core teaching activities and by being an exemplary role model.
2. Midwifery practice: To train the students based on up-to-date evidence and skills in midwifery theory and practice, respectively.
3. Theoretical learning: To create an atmosphere that facilitates theoretical learning.
4. Learning in the clinical area: To create an atmosphere that is suitable for effective clinical teaching of midwifery care.
5. Assessment and evaluation of students and programs: responsible for conducting regular monitoring, evaluation, and assessment of programs and students.
6. Organization, management, and leadership: contribute to policy and program development and implementation.
7. Communication, leadership, and advocacy: effectively communicate and function as an advocate, change agent, and leader.
8. Research: promote the use of research and use it to inform midwifery education and practice.

Midwifery educators who have adequate clinical experience tend to be more competent in educational and training tasks. Midwifery educator competencies are distributed into 8 domains and 19 competencies. Each of the 19 competency statements has a set of knowledge,

skills, and behaviors or attitudes that define what a midwife educator needs to know or demonstrate to meet the specific competency statement as follows (WHO, 2014):

Domain 1: Midwifery educators incorporate and promote ethical and legal aspects of midwifery care in teaching/learning activities and by consistent role modeling.

- Competency 1: Behave in ways that reflect the ethical standards of the teaching and midwifery professions.
- Competency 2: Demonstrate an understanding of the legal and regulatory statutes relevant to midwifery teaching and practice.

Domain 2: Midwifery educators maintain current knowledge & skills in midwifery theory and practice based on the best evidence available.

- Competency 3: Maintain competence in midwifery practice
- Competency 4: Practice midwifery in ways that reflect evidence-based & up-to-date knowledge.

Domain 3: Midwifery educators create an environment that facilitates learning.

- Competency 5: Incorporate educational strategies to promote active learning.
- Competency 6: Select & use effective teaching & learning materials/resources.
- Competency 7: Recognize & support different learning styles & the unique learning needs of students.

Domain 4: Midwifery educators create an environment for effective clinical teaching of midwifery care.

- Competency 8: Facilitate a safe and effective learning environment in the clinical setting.
- Competency 9: Foster individualized experiential learning.

Domain 5: Midwifery educators are responsible for conducting regular monitoring, evaluation, and assessment of programs and students.

- Competency 10: Continuously monitor, assess and evaluate the effectiveness of the educational program.
- Competency 11: Assess student competence Domain 6: Midwifery educators participate in formulating policy and program outcomes and in designing & implementing curricula.
- Competency 12: Actively participate in organizing and implementing a midwifery curriculum.
- Competency 13: Implement and revise midwifery educational courses/programs.

Domain 7: Midwifery educators are effective communicators and function as advocates, change agents, and leaders.

- Competency 14: Communicate effectively using a variety of methods in diverse settings.
- Competency 15: Demonstrate cultural competence in course design and development, teaching, and midwifery practice.
- Competency 16: Function as change agents and leaders to improve both midwifery practice and midwifery education.
- Competency 17: Use a variety of advocacy strategies to promote midwifery education and practice including professional, community, human rights, and structural advocacy

Domain 8: Midwifery educators promote the use of research and use it to inform midwifery education and practice.

- Competency 18: Use research to inform teaching and practice
- Competency 19: Cultivate a culture supporting critical inquiry and evidence-based practice.

2.2.5 Implementing Competency-Based Education

It should be clear now that developing a competency-based midwifery education program is related to having more competent reliable midwives in clinical settings. However, this section is dedicated to enumerating some of the studies that discussed the actual implementation of a competency-based model of education.

Are the competency-based midwifery educational programs compliant with the criteria of a competency-based program? To answer these questions, a study investigated the actual implementation of the core midwifery education competencies in an educational program in Lesotho. Lesotho is a sub-Saharan country that has unfortunately high maternal mortality and morbidity rates. After 3 years of adopting a competency-based midwifery educational program, researchers assessed the actual implementation of the theoretical competencies on the ground. The researchers pointed out that there is a wide gap between the implemented program and the appropriate implementation of a competency-based program. Although disappointing, the results of this study point out that not all the educational programs that claim to be competency-based are competency-based. That is why continuous monitoring is appreciated; to make sure the theoretical concepts are implemented the way they should be (Nyoni & Botma, 2019).

In Pakistan, on the other hand, a university has implemented competency-based postgraduate degrees in midwifery. Unlike the authorities in Lesotho, the Pakistani specialists have already begun a cohort that is investigating virtually every aspect of clinical midwifery practice of the midwives enrolled in these degree. Currently, the initial outcomes of the competency-based program are promising. The holder of these degrees is qualified as professional midwives and staff members for midwifery faculties not only in Pakistan but also in other countries in South Asia and the Eastern African region. Such accreditation isn't available for other non-competency-based degree holders from the same university (Jan et

al., 2016). The broader spectrum of opportunities available for these midwives reflects the universal recognition of the ICM recommendations for competency-based midwifery education.

Assuming that there is a program that is competency-based both theoretically and in implementation, is the improvement in the skills and competency of the professional midwife worth the resources and reforms made to adopt a competency-based approach? Although these questions have been addressed by the WHO and ICM before the announcement of the core competencies, let's discuss the results of independent, more recent research that focuses on the healthcare services given to women suffering mental health issues in the perinatal period. The researchers chose this problem because mental health problems in the perinatal period have been significantly associated with poor maternal and neonatal outcomes. The study was a scoping review published in 2019. Researchers have pooled the results of 31 primary research articles that originated from different countries. The authors conclude that a midwife-led mental model of care is recommended for women in the perinatal period if and only if the midwives are competent enough when it comes to the knowledge, skills, and attitudes required to provide such care (Coates & Foureur, 2019).

2.2.6 Previous Related Studies

This section is dedicated to the somewhat detailed presentation of results from studies that are related to the theme of the current research. Studies that were conducted in Gaza are discussed separately from those which were conducted elsewhere.

2.2.6.1 Worldwide

2.2.6.1.1 Midwifery Education

According to the 2014 State of the World's Midwifery report, a thorough assessment of the quality of theoretical and practical midwifery education is required to validate the country

efforts and improve education. Students should receive an adequately-resourced, supervised clinical practice, in addition to the skills and competencies of education facilitators. This was cited as a major educational barrier by many low- and middle-income countries from various regions. When planning joint training with other students or developing new curricula, the quality and duration of practical training are important factors to consider. In low- and middle-income countries, there is evidence of an increased effort to improve midwifery education, strengthen the profession, and follow international Education, regulation, and association (ERA) standards and guidelines compared to 2011. However, not all of the elements are implemented equally. In terms of program type and duration, the education pillar showed a more systematic improvement. The profession and other ERA elements would benefit from developing legislation for midwifery, a recognized definition, and strengthening midwives' associations. Teacher recruitment (56 of 73 countries, or 77 %), limited opportunities for students to gain practical skills (n = 56, 77 %), and a lack of or inadequate equipment (n = 56, 77 %) were the most frequently reported barriers to high-quality midwifery education. Curriculum alignment was the least discussed issue (n = 18, 25%) (Castro Lopes et al., 2016).

Srisaeng and Upvall. (2020) conducted a study to describe the impact of a regional cooperative project that aims to build up the capacity of midwifery educators between Thailand and Laos. That initiative would hopefully promote midwifery education in support of the United Nations' Sustainable Development Goals. The findings showed that the knowledge gained from this study increased midwifery educators' teaching confidence while also connecting international standards and competencies to curriculum revision. Furthermore, capacity-building projects based on needs assessments and implementation by regional partners may result in local and national policy changes.

Another study coming from Japan was conducted to investigate the mentoring characteristics of competent educators who provide new midwives with delivery assistance instructions. The study compared the performance of competent midwives to novice midwives in multiple aspects of mentorship. The results indicate that midwives' scores in all domains improved from novice to beginner to competent. In terms of mentoring, competent midwives have significantly outperformed novice midwives, while there were no significant differences between the scores of beginners and competent midwives. When it came to the concept of professional competency, competent people scored significantly higher than novice people. In terms of educator competency, competent midwives scored significantly higher than novice midwives on all items except those relating to thoughtfulness and empathy for new midwives (Hishinuma et al., 2015).

In a study about distance education of midwifery students during the COVID-19 pandemic, the researcher emphasized that midwives have an important role in decreasing maternal and neonatal mortality rates, which are the leading development indicators of countries. In this respect, the quality of midwifery education is very important. Unfortunately, the COVID-19 pandemic caused the most significant negative effect on education in recent history, affecting large numbers of students in many countries. Distance education during the pandemic caused difficulties, especially in departments that require a clinical learning environment such as midwifery. Distance education students are not required to attend class, which reduces active participation. Another issue with distance education is the lack of clinical and laboratory applications. Due to a lack of internship and laboratory experiences, midwifery students struggled to develop their knowledge and skills (Akyıldız, 2021).

Some voices in the literature suggest that integrating the use of advanced technologies in midwifery education may lead to positive outcomes. Erlandsson et al. (2019) conducted a quantitative and qualitative study in Bangladesh, The researcher wanted to know what

midwifery educators thought about a blended web-based master's program in sexual and reproductive health and rights. The findings revealed that midwifery educators identified three distinct areas where expectations can be found. They hoped to gain a better understanding of technology, as well as pedagogical and other skills that would enable them to better support their students' learning. They also hoped to gain skills that would empower their students as human beings. Participants credited the master's program with assisting them in taking responsibility for their teaching and learning, as well as showing them how to improve their students' learning and foster reflective and critical thinking in them.

Vuso and James (2017) conducted a study to investigate midwifery educators' perceptions of the effects of limited standardization of midwifery clinical education and practice on midwifery students' clinical preparedness. The study enlisted the help of 17 midwifery educators, and data was gathered through focus groups. The inconsistent clinical practice among midwifery educators in clinical teaching and assessment was found to be the major factor resulting from limited standardization, according to the findings. Midwifery educators' inconsistent clinical practices and assessments were found to cause students to lose necessary skills, causing them to perform poorly in their final clinical assessments. The results of this study shed light upon the need to strictly implement the core competencies recommended by WHO and ICM as an acceptable standard in midwifery education.

2.2.6.1.2 Factors Associated with Competency of Midwifery Education

To describe the facilitators and barriers to providing high-quality midwifery education in Southeast Asia, Bogren et al. (2021) conducted a systematic integrative literature review. The findings revealed that South-East Asian countries weren't fully compliant with announced ICM global standards. Specifically, nursing education was not separated from midwifery education, and educators lacked formal midwifery qualifications. Implementing a curriculum in the clinical setting was a major roadblock to achieving learning objectives.

Higher academic education and mentorship programs for midwifery educators aided the pedagogic and assessment process by focusing on critical thinking, reflection, and decision-making abilities.

Another study conducted in Southeast Asia that had a similar goal but in a wider scope is the following. Adnani (2020) conducted a study in Indonesia to learn more about midwives, midwifery lecturers, midwifery students, newly graduated midwives, and obstetricians' perspectives on how to improve midwifery education in the country. The findings revealed four key findings: 1) theory of teaching and learning in midwifery; 2) clinical experience in midwifery; 3) structural and external factors; and 4) the Midwifery Act 2019. The need for educated, confident midwives and midwifery services across Indonesia, as called for by the United Nations Millennium Summit 2016 and the Sustainable Development Goals 2030, is highlighted by these findings. This result is an eye-opener as it pinpointed the magnitude of the shortage of midwives in Indonesia, which makes the provision of competent midwifery educators most appreciated in their settings.

2.2.6.1.3 Students' Perceptions Regarding the Competency of Midwifery Education

A cross-sectional study conducted in Iran had an objective that resembles ours. The study aimed to evaluate the quality of midwifery clinical education as perceived by nursing and midwifery students. 361 Islamic Azad University nursing and midwifery students participated in the study. Data were collected in five fields using six questionnaires. The findings revealed that the overall quality of clinical education was intermediate, which is expected since every system must have some drawbacks that prevent it from being perfect or flawless. The instructor's ability to deal with students at an intermediate level and in an educational setting was lacking. According to midwifery students, clinical education quality was higher in the areas of goals and educational plans, educational environment, supervision,

and evaluation. However, the performance in these aspects wasn't significantly higher than in the other aspects which may be due to random chance (Rezaei, 2016).

Toosi et al. (2021) conducted a descriptive cross-sectional study in Iran –again– to assess graduates' views on midwifery education. The study sampled 82 midwifery graduates from Shiraz University of Medical Sciences Nursing and Midwifery School. The researchers used a self-administered Graduation Questionnaire developed by the Association of American Medical Colleges. A total of 62% of graduates were satisfied with the quality of the midwifery education they received during the four-year program. The graduates' satisfaction with their internship experiences in various wards and departments was also evaluated. However, only 40% of graduates were satisfied with their clinical evaluation, citing difficulties with midwifery staff and gynecology residents (47%) and inadequate clinical facilities (40%) in the clinical program.

According to Ahmadnia (2014), a cross-sectional study was conducted at the Zanjan School of Nursing and Midwifery to assess students' perceptions of educational performance. The study included 332 college students as participants. A questionnaire was created with five sections: general teaching ability, professional competency, student evaluation, interpersonal relationships, and personal traits. 82.2 % of students thought their clinical instructors were good educators, and 80.9 % thought their instructors were good clinicians, according to the results. In general, 75.1 % of students thought clinical instructors were nice. Ph.D. clinical professors outperformed master's and Bachelor's degree teachers in the total score. The difference between midwifery instructors and other instructors was statistically significant ($p < 0.05$). Instructional experience ranged from 5 to 10 years, with 10 years being the highest.

In Ethiopia, Weldu and Gedamu (2018) carried out a cross-sectional study that sought to assess the clinical teachers' characteristics and impact on student learning. The study

included 286 people using the census method. The nursing clinical teacher effectiveness inventory was used to gather data. The researchers report that clinical teachers were least likely to recognize their limitations, demonstrate clinical skill and judgment, and offer extra help when needed. Clinical teachers excelled in personality but not in midwifery. Used characteristics were associated with perceived clinical learning facilitation. Some suggestions that were explicitly proposed for improvement were to adapt the instruction to the student's readiness, to answer the questions raised by students carefully and precisely, to question students to elicit underlying reasoning, and to provide specific practice opportunities for the students.

Another study from Ethiopia assessed the competence of graduate midwifery students in Ethiopia. Educators, educational resources, and processes were assessed in terms of student perception. The researchers used a ten-station Objective Structured Clinical Examination to assess essential midwifery competencies, which they observed directly. Most students disliked the learning environment on 8 out of 10 questions. During training, only 32% of students had 20 or more births, and only 6% had 40 or more! Overall, the estimated competence of the students was 51.8%. To help new graduates fill competency gaps, the study concluded that pre-service midwifery education must be improved. Yet, another situation where the core competencies recommended by WHO and ICM are the go-to solution (Yigzaw et al., 2015).

2.2.6.2 In Palestine

2.2.6.2.1 Midwifery Education

For a nurse to become a certified midwife, nurses in Gaza have to complete competency-based training in addition to regular refresher training and support. Extra training is required so that the nurses can acquire and maintain the skills necessary to provide high-quality midwifery care to women and newborns (Mumtaz et al., 2014). Since its accreditation in

2012, the MoH in Gaza provides a professional diploma in midwifery educational program at PCN in the Gaza Strip. The program is designed to meet the academic and professional development needs of midwives, as well as to prepare competent midwives to work as practitioners, educators, leaders, researchers, and counselors (MoH, 2012).

There are well-defined competencies that any midwifery educational program should strive to fulfill. But are these recommendations implemented on the ground? Ghérissi and Brown. (2014) conducted a situational analysis with 39 delegates from ten Middle East and North African (MENA) countries. The study aimed at analyzing current midwifery ERA service provision within MENA countries. The adoption of ICM-linked competency-based curricula for midwifery education resulted in a better understanding of the concept of competence, according to the findings. In some countries, the integration of midwifery programs of study into degree-granting pathways such as the license-master-doctoral level has been viewed as a reform that allows midwives to advance academically and professionally. It's worth mentioning that in Gaza, the integration of midwifery-competent training programs into the curriculum of a formal degree has been for almost a decade (MoH, 2012).

2.2.6.2.2 Factors Associated with Competency of Midwifery Education

Ghrayeb (2017) conducted a descriptive cross-sectional study of 340 students aiming at identifying problems encountered by undergraduate nursing and midwifery students in Palestine. The study population included second, third, and fourth-year baccalaureate nursing and midwifery students. The study points out that the clinical learning environment presents many challenges for student nurses in Palestine. However, creating a conducive clinical learning environment is not enough to facilitate clinical learning. 85.2 % of students mentioned that the teaching staff wasn't as cooperative as expected during clinical practice, 83.3 % of the recruited sample couldn't apply theoretic knowledge in practice, 72.7 % were used to doing tasks other than primary patient care on the ward, and 74.5 % said the teaching

staff couldn’t establish cooperation with hospital employees. The study also revealed a variety of student issues involving students, instructors, clinical settings, and the teaching-learning process. Researchers also noted that our findings imply our students on the wards had only one teacher with them. Inability to establish cooperation with ward employees, inability to develop objective assessment criteria for students on wards, inability to supervise students according to guidelines, and inconsistency with students.

Another, more recent, cross-sectional study (a master thesis) aimed to identify the factors that influence the quality of midwifery services provided at the governmental healthcare units in the Gaza strip. Since the study was interested in the healthcare providers’ opinions, the researcher recruited a sample of 212 professional nurses and midwives to fill out a validated and reliable questionnaire. The non-response rate was less than 10%. More than half of the participants held no postgraduate degree, while nearly a third held a professional diploma, and only 8.7% had a master's thesis. The average rating the participants gave to the overall quality of the midwifery services was 79%, which is an acceptable number that indicates that there are a lot of positive sides in the currently provided services, with room for improvement. The researcher successfully identified socio-demographic, professional, personal, and organizational factors that impact the quality of midwifery services. The most influential socio-demographic factors were receiving a comparatively high salary, better transportation means, and residing nearer to the workplace. The personal factors included being motivated for self-improvement, attending training courses, being aware of the job description and responsibilities, and having a higher degree of formal education. The professional factors included being aware of and applying the standards/guidelines for high-quality midwifery care, the existence of a job description, and applying the protocols recommended by the local healthcare bodies. Some of the organization's factors are having motivators at the healthcare facility, having a not-too-high number of staff members working

at the same time, having the help of a sufficient number of co-workers, making overtime working hours paid, and having a lower rate of clients to look after. All of the mentioned factors are significantly associated with a higher quality of midwifery care as perceived by midwifery services providers at the governmental healthcare units in the Gaza strip (Abu Kweik, 2018).

2.2.6.2.3 Students' Perceptions Regarding the Competency of Midwifery Education

The professional diploma in midwifery, which was introduced in 2012 (MoH, 2012), was implemented for years before any research was conducted to evaluate how satisfied were the diploma graduates and supervisors towards the educational experience, they were involved in. A cross-sectional descriptive study (a master thesis) published in 2018 investigated the knowledge, attitudes, and practice of the midwives who completed the diploma as perceived by both the graduate midwives and the diploma supervisors. The researcher recruited two samples; a sample of 60 graduate midwives and another sample of 50 supervisors. The researcher used two validated, reliable questionnaires as data collection tools for, a questionnaire for the graduates and another for the supervisors. The average score given for knowledge and practice by the supervisors was slightly lower than the average score given by the graduates. However, the difference wasn't of statistical significance, maybe as a result of the moderate size of the samples. The graduates' average satisfaction score was 78%, which is an indicator of high-quality education. However, the underpinnings of that score may give different insights. The graduates were more satisfied with the lecturers and the curriculum, but they were by far less satisfied with the non-human resources, such as the teaching environment, the clinical skills laboratory, and the clinical training environment. The researcher concluded that these aspects should be addressed and improved by the corresponding experts and policymakers (Abu Hadaf, 2018).

Another related study is the one published in 2015. The study was descriptive and aimed to assess the quality of undergraduate general and specialized nursing courses provided by the PCN. In contrast to Abu Hadaf (2018), the sample size here is considerably large, consisting of 467 nursing undergraduate students. The data collection tool was a novel self-administered questionnaire developed by the researcher. As you might expect, the results of this study were in the same direction as Abu Kweik (2018) & Abu Hadaf (2018). The students' average rating of the courses' quality was 80%. The study assessed nine different aspects of quality, and the average scores for each of the nine aspects were also close to 80%, meaning that the quality of the provided nursing courses is balanced across aspects; no masked underpinnings were identified. However, it might be related to the current study that the aspects assessing 'teacher characteristics and attributes' had the highest score among all aspects (84%), while the 'teaching methodology' had the lowest score (77.5%). This is another reason to investigate the competency of the educators who bring up generations of healthcare professionals (Awad, 2015).

The purpose of a recent master's thesis study was to evaluate the quality of clinical instruction for midwifery students in the Gaza Strip. All undergraduate midwifery students from IUG and PCN in Gaza Strip during their internship period (N=115). Using a standardized interview questionnaire, data on four domains were gathered. Students were asked questions under Competency of Midwifery Clinical Educators. The weighted mean of the overall item results for clinical educator midwifery competency was 71.80%. According to these results, question number (7) which stated: "My clinical educators demonstrate good teaching skills" had the highest relative weighted mean of 75.4%, followed by question number (11) that stated, "My clinical educators provide me with opportunities to actively participate in educational events" (Al Sherbiny, 2022).

2.3 Summary

Nurses in Gaza must undergo competency-based training as well as continuous refresher training and support to become certified midwives. Integration of midwifery programs into degree-granting courses has been considered a reform in certain nations that helps midwives to progress academically and professionally. For student nurses in Palestine, the clinical learning setting provides numerous problems. During clinical practice, 85.2% of students reported that the teaching staff was not as cooperative as expected.

The average evaluation given by participants to the overall quality of midwifery services was 79%, which is an acceptable number indicating that there are many positive aspects to the existing services. The researcher was effective in identifying socio-demographic, professional, personal, and organizational aspects that influence midwife care quality. The professional diploma in midwifery, which was introduced in 2012, has been in place for several years before any research being undertaken. Graduate midwives finished the diploma, according to both graduate midwives and diploma supervisors. Graduates were more satisfied with their professors and the curriculum, but less satisfied with non-human resources like the clinical training environment.

Previously, the PCN's undergraduate general and specialized nursing courses were evaluated. The students gave the courses an average rating of 80%. This is just another reason to look into the qualifications of those who educate future generations of healthcare professionals. All previous related studies determined the competencies of midwifery educators from one perspective without another, leaving a gap in knowledge about the studied topic, and this study sought to identify midwifery educators' competencies from two perspectives: midwifery students and midwifery educators themselves.

Chapter Three

Methodology

3.1 Study design

This study utilized a quantitative, descriptive, cross-sectional design.

3.2 Study population

The population of the study is the midwifery educators (lecturers and clinical instructors) who are working at the midwifery departments in Gaza academic institutions and all the midwife students who are registered in bachelor midwifery programs, third and fourth levels at Gaza academic institutions. According to data obtained from the midwifery departments in Gaza academic institutions, the total number of midwifery educators and clinical instructors is 40 and the total number of midwife students in the bachelor programs, third and fourth levels is about 120 students.

3.3 Sample size and sampling method

The sample of the study is a census sample and consists of two groups; the first group is all the midwifery educators and clinical instructors, and their total number is 40. The second group consists of all midwifery students who attended the clinical practice in maternity departments; the third and the fourth year from bachelor programs and the number is 120 students.

3.4 Study Setting

The study was carried out in the midwifery departments in the two academic institutions; PCN and IUG.

3.5 Study period

The study period was about 22 months from March 2021 to December 2022. The data collection were done in three months with a response rate 100%.

3.6 Study tool

To collect data for this study, a structured interview questionnaire with a quantitative component was designed. Two versions of the questionnaire were developed following WHO guidelines. There are 100 statements in the educator version and 73 in the student version. The questionnaires were administered in English and Arabic languages in the same versions Annex 3, and Annex 4.

3.7 Pilot study

A pilot study with 10 midwivery students and 5 midwivery educators were conducted prior the actual data collection to explore the relevance of the study instruments and allow exploring the appropriateness of the questions, participants' responsiveness and further improvement of the study validity and reliability. A slight modifications were done and the data of the pilot study were included in the final analysis.

3.8 Ethical and administrative considerations

Ethical approval was gained from Helsinki Committee Annex (5). Also, full approval was obtained from IUG and the MOH Annex (6), and Annex (7). To guarantee participants' rights, a cover letter indicating that the participation is voluntary and confidentiality was assured for all of them. All participants were asked for their agreement to participate in the studying Annex (8).

3.9 Validity and Reliability

Interviewing questionnaire was organized to allow smooth data collection. Concerning content validity, an adequate review of the literature about topics related to the study was done before designing the study instruments and tools. To assess the relevance of the questionnaire, experts conducted an evaluation process Annex (9), and their comments were taken into consideration. In addition, a pilot study was conducted before the actual data collection to examine participants' responses to the questionnaire and how they understand its questions. Slight modifications were done to make it well understood.

The following steps were done to assure instruments reliability:

- Data were collected by the researcher herself
- Standardization of filling the questionnaires.

Table (3.1): Cronbach's alpha coefficient for the study' Domains

Domain	**Cronbach's alpha coefficient**	**No. of statements**
Educators' questionnaire		
Domain 1. Ethical and legal principles of midwifery	0.774	8
Domain 2. Midwifery practice	0.731	7
Domain 3. Theoretical learning	0.850	17
Domain 4: Learning in the clinical area	0.873	17
Domain 5: Assessment and evaluation of students and programs	0.839	10
Domain 6: Organization, management, and leadership	0.841	9
Domain 7: Communication, leadership, and advocacy	0.923	25
Domain 8. Research	0.885	7
Overall	0.971	100
Students' questionnaire		
Domain 1. Ethical and legal principles of midwifery	0.808	6
Domain 2. Midwifery practice	0.843	5
Domain 3. Theoretical learning	0.875	12
Domain 4: Learning in the clinical area	0.917	14
Domain 5: Assessment and evaluation of students and programs	0.891	8
Domain 6: Organization, management, and leadership	0.855	6
Domain 7: Communication, leadership and advocacy	0.919	16
Domain 8. Research	0.845	6
Overall	0.978	73

As shown in Table 3.1, all the Cronbach's alpha coefficients for all domains and the overall are in the ranges 0.731- 0.978 > 0.70, this means that the used tools are reliable.

3.10 Data collection

Data were collected during three months. The educators completed the questionnaires in their offices or via email. While, the students completed the questionaires during their lectures in collaboration with their educators and the administrations of the institutions.

3.11 Data entry and analysis

Statistical Package for Social Science (SPSS) program version 25 was used for data entry and analysis. The first stage of data entry was through constructing the entry base and coding of variables, followed by actual data entry. Data entry was performed at the time of data collection to permit possible interventions to assure data quality and to re-fill the questionnaire when it is required. Re-entry of 5% of the data after finishing data entry was done to assure a correct entry process and thus to decrease the errors. At the analysis stage, data cleaning and data management for the variables of interest were performed. Competencies scores were calculated by summation of the statements scores (1-5 points) in the competencies and multiplied by 100 over the number of statements. Domains scores were calculated by summation of competencies scores under each domain and divided over the number of competencies.

Descriptive analysis including figures, and frequency tables were used to describe the main features of the data. Inferential analysis including; t-test and the One Way Analysis of Variance (ANOVA) test were used to examine differences in competencies scores according to the study variables. The confidence interval was considered at 95% and a p-value < 0.05 was considered statistically significant.

Chapter Four

Results

This chapter illustrates the main findings of the study and discusses them. First, a descriptive analysis of the demographic characteristics of study participants is presented. Then, a descriptive analysis of the competencies of the domains' scores is presented. Further, inferential analysis was performed to answer the research questions of the study.

4.1 Educators

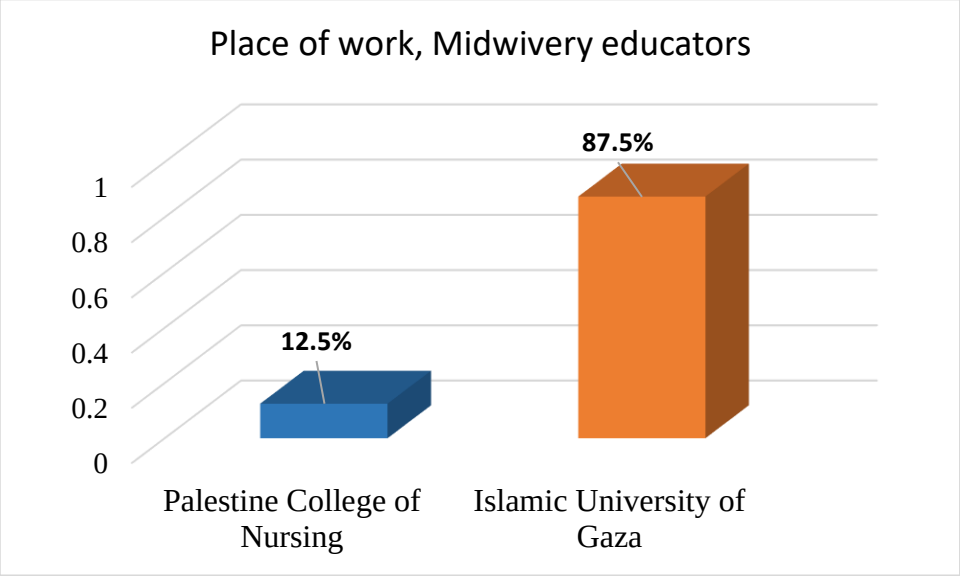

Figure (4.1): Place of work, Midwifery educators

Forty educators took part in the research. There are thirty-five (87.5%) employees at the IUG and five (12.5%) at the PCN.

Table (4.1): Demographic characteristics of the participated educators

Variable	PCN		IUG	
	Mean ± SD	**Min- Max**	**Mean ± SD**	**Min- Max**
Age	40.2±10.9	30- 59	36.4± 8.4	23-53
Years of experience as a midwifery educator in academic institutions	11.2± 7	1-20	7.3± 6.5	1-28
Years of experience in work settings (In midwifery services before practicing education role)	7.6± 4.4	4- 15	9.4±7.4	1-26

Tables (4.1) and (4.2) are given the demographic characteristics of educators. The mean age of educators at the PCN and IUG is 40.2 years and 36.4 years respectively. The mean number of years of experience as a midwifery educator is 11.2 for PCN educators and 7.3 for university educators. In addition, the typical number of years of experience in the workplace is 7.6 and 9.4 for PCN educators and university educators respectively.

Table (4.2): Demographic characteristics of the participated educators

Variable	PCN		IUG	
	N	%	N	%
Marital status				
Single	1	20	4	11.4
Married	4	80	30	85.7
Widowed	0	0	1	2.9
Bachelor specialty				
General Nursing	2	40	11	31.4
Midwifery	3	60	24	68.6
Postgraduate degree				
High or professional diploma	5	100	4	11.4
Master	3	60	16	45.7
Doctorate	0	0	3	8.6
Postgraduates specialties				
Diploma n= 9				
Clinical Supervision in Midwifery Public health Midwifery	1 0 4	20 0 80	1 1 2	25 25 50
Master n=19				
Critical care health management MCH Public Health	0 1 1 1	0 33.3 33.3 33.3	2 4 8 2	12.5 25.0 50.0 12.5
Ph.D. n=3				
MCH Midwifery Reproductive health	0 0 0	0 0 0	1 1 1	33.3 33.3 33.3

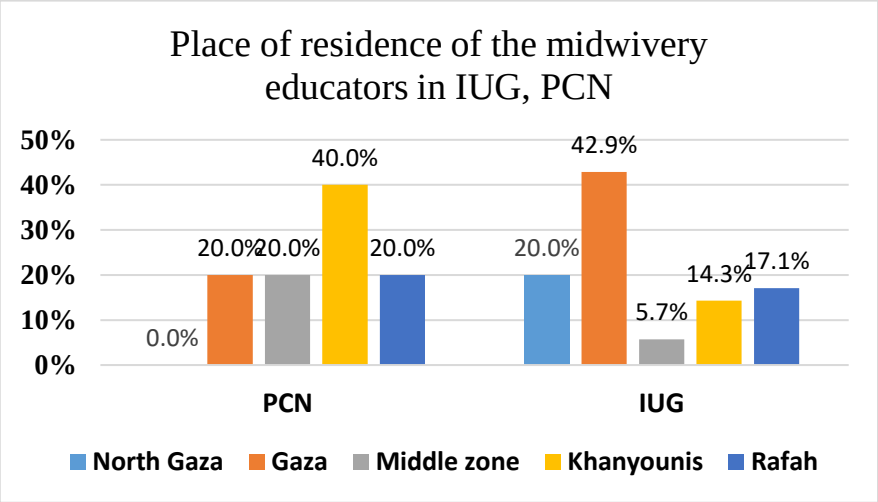

Figure (4.2): Place of residence of the midwifery educators in IUG, and PCN

The PCN and IUG had the largest proportions of married members (80% and 85.7%, respectively). Figure 4.2 shows that 40% of PCN educators live in Khanyounis, while 42.9% of university educators dwell in Gaza City. Most educators hold a bachelor's degree in midwifery. While no educators in the PCN hold a doctorate, 11.5% of educators at the university do. The master specializations of the IUG educators include MCH (50%), critical care (12.5%), health management (25%), and public health (12.5%). Three educators at PCN have master's degrees: one in health management, one in public health, and one in MCH. Midwifery, MCH, and reproductive health are among the Ph.D. specialties presented among the IUG educators.

Table (4.3): Descriptive analysis of characteristics related to work

Variable	**PCN**		**IUG**	
	N	**%**	**N**	**%**
Work type				
Full time	5	100	2	5.7
part-time	0	0	33	94.3
Type of education field you work in				
Theory	1	20	4	11.4
Clinical practice	2	40	31	88.6
Both	2	40	0	0

As shown in Table (4.3), all the educators are working full-time in the PCN, and the majority (94.3%) as part-time in the IUG. 40% of them educate clinical practice in the college, while in the IUG 88.6% educate clinical practice.

Table (4.4): Descriptive analysis of educators' domains scores

Domain	PCN		IUG	
	Mean ± SD	Min- Max	Mean ± SD	Min- Max
Domain 1. Ethical and legal principles of midwifery	86.5±14	65-100	86.9±8	75-100
Domain 2. Midwifery practice	90.8±10.5	79.2-100	85.2±7.7	68.3-100
Domain 3. Theoretical learning	88.6±7.9	80-100	85±6.7	72.4-100
Domain 4: Learning in the clinical area	84.2±7.4	76-93.6	83.7±7.5	67.9-100
Domain 5: Assessment and evaluation of students and programs	89.8±7.8	80-100	85.3±7.6	68.3-100
Domain 6: Organization, management, and leadership	90.2±9.8	80-100	84.1±7.6	66.5-100
Domain 7: Communication, leadership, and advocacy	86.8±9.3	79.2-100	84.7±6.6	72.8-97
Domain 8. Research	88.8±10.3	80-100	83.3±9.1	65.8-100
Overall	88.2±8.7	79.0-98.8	84.8±6.0	75.2-99.3

The mean scores for the competencies of the eight domains in the two educational institutions are shown in table 4.4. In both institutions, the mean scores for the eight domains are high and above 80%. The overall mean score is 88.2 among the educators PCN scoring 84.8 among the educators in the IUG scoring, respectively. Among College educators, the highest mean score is 90.8 for the "Midwifery practice domain" and 86.9 for the "Ethical and legal principles of midwifery domain." The lowest mean score for college educators is 84.2 for "Learning in the clinical area domain" and 83.3 for "Research domain" among IUG educators.

Table 4.5: Correlation matrix to find the relationship between overall score of competencies domains and years of experience, and age

	Years of experience as a midwifery educator in academic institutions	Age	Years of experience in work settings (In midwifery services before practicing education role)	Overall
Years of experience as a midwifery educator in academic institutions	1			
Age	0.608**	1		
Years of experience in work settings (In midwifery services before practicing education role)	0.280	0.700**	1	
Overall	.340*	0.181	-0.059	1

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

As shown in Table (4.5), the correlation matrix between variables is illustrated. The Pearson correlation test reveals a statistically significant direct relationship between years of experience as a midwifery educator in academic institutions and the total score on the domains of the competencies ($r = 0.340$, $p < 0.05$). The test reveals no correlation between the overall score and age or years of experience in the workplace (p-value > 0.05).

Table (4.6): Differences in the overall competencies scores concerning demographic characteristics

Variable	N	Overall Competencies score Mean± SD	test	value	P-value
Marital status					
Single	5	84.3±8.8	F	0.359	0.701
Married	34	85.5±.61			
Widowed	1	80.3			
Residency					
North Gaza	7	83.9±7.1	F	1.188	0.333
Gaza	15	85.9±6.9			
Middle zone	2	80.8±1.5			
Khanyounis	8	88.5±.64			
Rafah	8	82.9±4.5			
Specialty			t	-0.761	0.452
General Nursing	13	84.1±6.3			
Midwifery	27	85.7±6.5			
Postgraduate specialty					
High or professional diploma	9	82.9±5.9	F	0.962	0.394
Master	19	86.6±.73			
Doctorate	3	85.82±.69			

Table (4.6) demonstrates the differences in competencies scores of educators from midwifery educators' perspectives. The study does not find any differences in the educators' competencies scores according to the examined variables (marital status, residency, specialty, and postgraduate specialty).

Table (4.7): Differences in the overall competencies scores concerning the working environment

Variable	N	Overall Competencies score Mean± SD	test	value	P-value
Place of work IUG PCN	 35 5	 84.5±5.9 90.4±7.6	t	1.69	0.154
Type of work Full time Part-time	 7 33	 90.4±7.6 84.1±5.6	t	2.05	0.077
Type of education Theory Clinical practice Both	 5 33 2	 88.8±8.8 84.4±.60 89.7±2.5	F	1.57	0.221

The differences in overall competencies scores regarding the working environment are shown in Table (4.7). There is no difference in the overall competencies of educators based on their type of work, place of work, or type of education (p- values > 0.05).

4.2 Students

Table (4.8): Demographic characteristics of the participating students

Variable	PCN		IUG	
	Mean ± SD	Min- Max	Mean ± SD	Min- Max
Age	22.8±3.8	21-35	22.5±3.5	20-35
Academic average score	82.0±3.8	75.7-95	80.1±5.2	70.4-92

Table (4.8) demonstrates the demographic characteristics of the students in the two institutions. The mean age of the students is 22.8, and 22.5 in the PCN and IUG respectively. The mean of their cumulative average was 82.0 and 80.1 in the college and IUG respectively.

Table (4.9): Demographic characteristics of the participating students

Variable	PCN		IUG	
	N	%	N	%
Academic level				
Third	11	27.5	40	50
Fourth	29	72.5	40	50
Marital status				
Single	27	67.5	46	57.5
Married	13	32.5	32	40
Others	0	0	2	2.6
Residency				
North Gaza	0	0	15	18.8
Gaza	0	0	33	41.3
Middle zone	5	12.5	9	11.3
Khanyounis	25	62.5	11	13.8
Rafah	10	25	12	15

The demographic features of the students are shown in Table (4.9). The bulk of students (72.5%) are at the fourth level at PCN, and fifty students studying at IUG. All of the students at the college are from the Middle Zone and the South Governorates. While students at the IUG are spread across the five governorates.

Table (4.10): Descriptive analysis of students' domains scores

	PCN		IUG	
Domain	**Mean ± SD**	**Min- Max**	**Mean ± SD**	**Min- Max**
Domain 1. Ethical and legal principles of midwifery	81.6±12.7	40-96.7	81.9±12.1	30-100
Domain 2. Midwifery practice	79.1±11.7	46.7-100	81.7±15.5	20-100
Domain 3. Theoretical learning	80.2±11.7	45-100	80.6±11.8	41-98.7
Domain 4: Learning in the clinical area	78±12.5	42.2-96.7	82.1±12.7	24.2-97.8
Domain 5: Assessment and evaluation of students and programs	78.1±13	40-100	82.9±13.7	20-100
Domain 6: Organization, management and leadership	76.8±14.4	40-100	82±12.9	50-100
Domain 7: Communication, leadership and advocacy	79.1±11.7	45.8-95.3	83±11.7	36.7-100
Domain 8. Research	78.9±13	45-96.7	81.8±13	40-100
Overall	79±11	45.9-97.5	82±11.2	34.5-98.6

The descriptive analysis of the domain scores of the students' competencies as perceived by the midwifery students is presented in Table (4.10). The overall mean scores are 79.0, and 82.0 among students at the PCN and the IUG respectively. The highest mean score among college students is 81.6 for "Ethical and legal principles of midwifery" and 83.0 among IUG students for "Communication, leadership, and advocacy." The lowest mean score among college students is 76.8 for " Organization, management and leadership " and the lowest mean score among IUG students 80.6 for "Theoretical learning" domain.

Table (4.11): Correlation matrix to find the relationship between overall score of competencies domains, cumulative average, and age

	Age	**Cumulative average**	**Overall**
Age	1		
Cumulative average	0.081-	1	
Overall competencies score	0.111-	0.161	1

As shown in table (4.11), there is no statistically significant relationship of the overall competency domains' scores for the students and either with their age nor with their cumulative average.

Table (4.12): Differences in the overall students' competencies scores concerning demographic characteristics

Variable	N	Overall Competencies score Mean± SD	test	value	P-value
Academic institution			t	-1.410	0.161
PCN	40	79±11			
IUG	80	82±11.2			
Academic level			t	3.434	0.001*
Third	51	84.9±8.2			
Fourth	69	78.1±12.2			
Marital status			F	0.042	0.989
Single	73	81.2±11.9			
Married	45	80.8±10.3			
Widow	1	77.4±0			
Divorce	1	80.8±0			
Residency			F	1.544	0.194
North Gaza	15	87.2±6.6			
Gaza	33	80.3±8.6			
Middle zone	14	82.1±9.2			
Khanyounis	36	80±11.9			
Rafah	22	78.8±15.5			
Academic average score score			t	-1.364	0.178
<=80	24	78.5±11.1			
>80	30	82.5±10.5			
missing	66				

The differences in overall competency scores based on students' demographic characteristics are depicted in Table (4.12). Students in the third academic level have a mean score of 84.9, which is higher than those in the fourth academic level (78.1), and this difference is statistically significant ($t = 3.43$, $p = 0.001$). In contrast, the study finds no differences in competency scores based on other demographic characteristics examined (academic institution, marital status, residency, and academic average score).

Chapter Five

Discussion

In this chapter, the researcher discuss the main sudy findings and compered it with the relative literature. Midwife's clinical training skills are combined with theoretical teaching. So, the presence of academic educators is crucial to enhance the efficiency of health professionals. Otherwise, this will result in a decline in health services quality and threatens pregnant and newborns' life so midwifery education programs should be equipped to learn professionals how to provide care and support to women, newborns, and families are crucial (Carson, 2016).

The outcome of this study has provided insight into the difference between the IUG and the PCN, which are academic institutions for midwifery in the Gaza Strip. Despite the fact that the number of IUG midwifery educators is seven times that of PCN, and the number of IUG midwifery students is double that of PCN. All of the educators in the PCN work full-time and teach both theory and practice, whereas most of the midwifery educators in the IUG work part-time and mostly as instructors in clinical training. The 4th year midwifery students' in PCN is more than the 3rd year, but in there is a similar number in IUG. We take into account that IUG is considered a university with better resources and capabilities than other academic colleges.

Regarding midwifery educators' age, the study results showed the mean age of IUG is 36.4y vs PCN is 40.2y. While the students are as same as in the mean age of the academic institutions, 22.8 in PCN and 22.5 in IUG.

PCN educators have a longer teaching experience as midwifery educators in academic teaching than IUG, which leads to more experience and higher efficiency. Along the same line, this study finds a positive moderate correlation (R=0.608, p=0.001) between the age of

midwifery educators and academic experience. These results agree with Salamonson and Andrew (2006) who reported academic performance was significantly linked to age. Likewise, as the teacher's age increases, academic performance and teaching effectiveness are enhanced (Sahu et al., 2018). Although there may appear that age and years of experience did not play a significant role in the efficiency of teaching. But, self-efficacy, evidence-based learning of educators and continuous updating with the latest information in their daily teaching are more significantly positively related to academic performance and teaching effectiveness.

Undoubtedly, their clinical experience in midwifery services before practicing education role gives them clinical sense and practical skills that can be transferred to students, thus raising their level and enhancing their clinical practice in most critical cases. The recent studies reported their observations on the transition of midwives and nurses from clinical instructors to academic professions enhances student skills (Dewar et al., 2020 & Donaldson, 2022).

In this study, both institutions have the same experience with midwifery before practicing education and there is a correlation with age ($R=0.70$, $p< 0.001$). Concerning to demographic characteristics of the midwifery educators, the percentage of married was higher among IUG. Meanwhile, the midwifery married students are more in IUG than PCN. The midwifery educators' and students' residences are linked to the institution’s place, as IUG is located in Gaza, so the highest percentage of midwifery teachers and students are from Gaza. While PCN is located in Khanyounis, a high percentage of midwifery teachers and students are from Khanyounis.

The quality of midwifery instructors has a significant impact on the quality of graduates from midwifery institutions (WHO, 2014). Midwifery educators' qualifications play important role in the teaching process, which enhanced the educators' theoretical aspect in the implementation of an inclusive teaching environment to increase learner expectations and

academic performance (Munna and Kalam, 2021). Alongside, most the academic educator staff face a significant challenges in relating knowledge with practice. so, the educator should be a combination between the knowledge base and practical skills to provide safe learning opportunities that will optimize students' readiness.

This study demonstrates the comparison between midwifery educators' qualifications in IUG and PCN. At the level of bachelor specialty, the percentage of core midwifery in IUG is more than PCN. Also, the two institutions have a high percentage of educators holding master's degrees. In line, the IUG is distinguished from the PCN by having midwifery educators who hold a doctorate, while the PCN has no one who holds a doctorate.

In postgraduates' specialties, the core midwifery specialty has a higher percentage in IUG than PCN in high professional diplomas, whereas two educators holding a diploma in the supervision of midwifery in the two institutions. Next, with a master's degree, the IUG has a variety of midwifery educators' specialties such as critical care, health management, MCH, core midwifery, and public health specialties. While the PCN has MCH, high midwifery diploma, health management and public health specialties. Third: Three educators holding doctorates; one in MCH, one in midwifery, and one in reproductive health. In comparison, no one holds a doctorate in PCN.

According to the ICM Global Standards for midwifery education in 2017, there is some dispute about the qualifications and competencies required for midwives who train others to be midwives (ICM, 2017 c). Logically, the midwifery educator's education reflects the strength of the academic institutions and enhances the student's knowledge.

In IUG educators are working full-time and part-time, and the percentage of midwifery educators part-time is much higher than their colleagues. On the other hand, all midwifery educators are working full-time in PCN. The implications for the position of traditional full-

time faculty work in nursing education programs lead to improvement of the clinical practice as the major function, development of instructional strategies, and increase financial impact (Meyer, 2017).

In the current study, the researcher developed a midwifery educator competency framework based on the WHO as a structured data collection tool, it has eight domains to score the competencies in both institutions. The results recorded that the overall average composite educators' competency scores of IUG and PCN were 84.8% and 88.2% respectively.

The midwivery educators of the IUG and PCN had a score of more than 80% for the eight domains in the questionaaire. The study competency average overall score is inconsistent with the Ethiopian study in 2022, which is aimed to assess the fundamental teaching capability of nursing, midwifery, and biomedical educators, and associated factors in Ethiopia. The study results reported that the teaching competency scores of classroom instructors and clinical preceptors were 61.1% and 52.5%, respectively (Dejene et al., 2022). This inconsistency may be attributed to better educational and healthcare systems in Palestine compared to Ethiopia mainly in nursing and midwifery education and services.

Regarding students' overall average competency scores, the study results demonstrate (82%) in IUG and (79%) in PCN. The result was settled in favor of IUG because it achieved more than 80% in all domains. On the contrary, in PCN, only two of these domains which are ethical and legal principles of midwifery (81.6%) and theoretical learning (80.2%) were above 80, and the six domains were below 80%. The students’ responses are higher than a previous master thesis study conducted on the Gaza Strip that studied the students’ perspectives on the quality of clinical education among midwifery students. The total relative weight of mean for the studied domains (Competency of midwifery clinical educators 71.8%; evaluation of gap between theory and clinical practice 67.4%, appropriateness of

evaluation process 69%, teaching and learning environment 68% and 68.80% for the overall domain (Al Sherbiny, 2022).

Concerning factors associated with the competency score of midwifery educators from the students' perspectives, the findings demonstrated no significant differnces in the competency scores with respect to academic institution, marital status, resideny, and academic average. However, the study revealed a statistically significant differences in the aocpetency scores regarding the academic level with the 3rd years students have a larger score than the 4th years students. This result could be interpreted in different views. Students at Level 3 do not have the intellectual maturity of the subject content and what is required for practical practice that their colleagues at Level 4 do. In addition, students in the fourth level face some constraints and challenges as a result of university graduation requirements. Furthermore, these students are well aware of any shortcomings in their teachers, which has resulted in their low ranking.

Concerning the factors associated with the competency score of midwifery educators, our findings demonstrated no significant relationship with marital status, residency, specialty, postgraduate specialty, type of education, type of work, and place of work in competency score. In contrast, there is a significant association with full/part-time work. In comparison, Dejene et al. (2022) reported the age and teaching experience of clinical preceptors had significant associations with their competency scores. Our study demonstrates the significant relationships between age and 3rd & 4th academic levels with midwifery students' overall average competency scores. Nevertheless, Dejene et al. (2022) found the gender of students and their opinions about instructors' educational methods were significantly and highly correlated.

The empirical literature has not had the required level of knowledge in the academic competence of midwives, and there is a lack of previous studies dealing with this issue, one of the main challenges and limitations of the study.

Chapter Six

Conclusion and Recommendations

In this section, the conclusion and recommendations for midwives and nurses, as well as recommendations for further research, are expressed to enhance the skills and to focus on areas that affect the competencies scores.

6.1 Conclusion

The purpose of this study was to analyze the abilities of midwifery educators as perceived by educators and students at academic institutions in the Gaza Strip. It was held at two midwifery education institutions: PCN and Nursing Faculty at the IUG.

As perceived by the educators, the IUG and PCN educators have more than 80% in competencies of the eight domains. Regarding educators' overall average competency scores, as perceived by students were very good in IUG versus good in PCN.

6.2 Recommendations

6.2.1 Recommendations for policymakers

- To increase the number of midwifery educators in PCN with postgraduate studies related to midwifery.
- To increase the number of midwifery educators working on a full-time basis at the IUG
- More attention should be given to the policymakers to further strengthen the faculties' development.

6.2.2 Recommendations for educators

- Midwifery educators in IUG have to increase their learning in the clinical areas; organization, management and leadership; communication, leadership, and advocacy; and research
- Midwifery educators in PCN have to increase their learning in a clinical area
- Midwifery educators have to continue their post-graduate studies in the field directly related to the midwifery specialty.

6.2.3 Recommendations for further research

- Another study is recommended to investigate the elements that influence competency scores in the two institutions and to investigate the effect of the work environment on competency scores.

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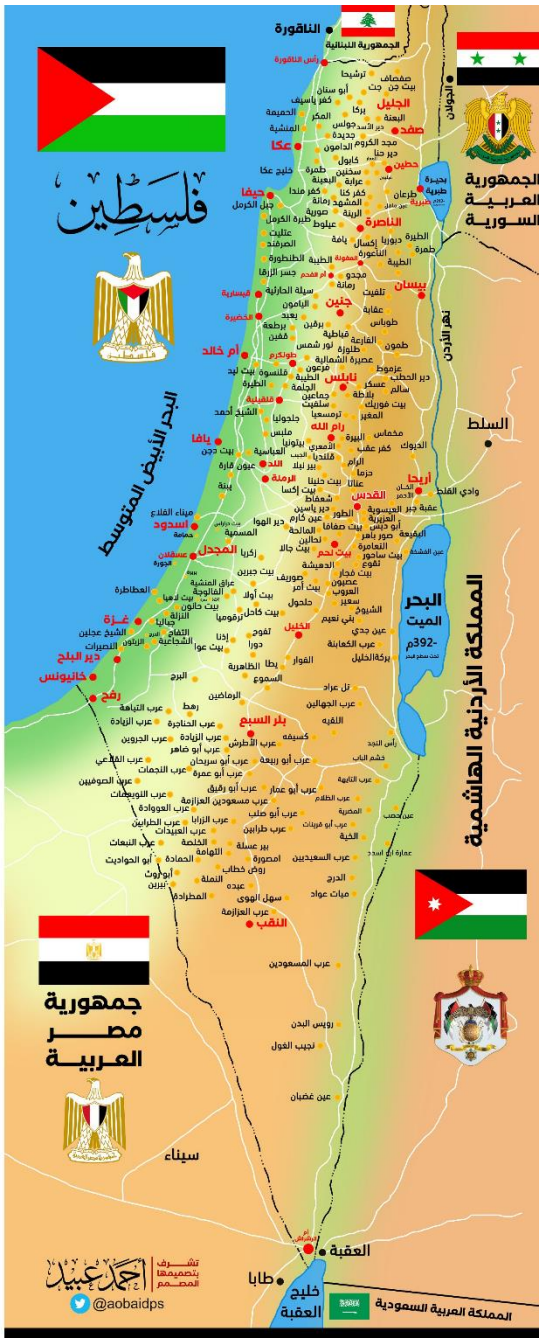
Annexes

Annex (1): Palestine map



Annex (2): Gaza Strip Map

Annex (3): Educators' questionnaire

SN: ……

Midwifery Educator Form

Part 1

Socio-Demographic data

1. Age		..... yrs.			
2. Years of experience as a midwifery educator in academic institutions		..... yrs.			
3. Type of work		□ Full time	□ Part time		
4. Years of experience in work settings (in midwifery services before practicing education role)		..... yrs.			
5. Type of education field you work in		□ Theory	□Clinical practice	□ Both	
6. Marital Status	□ Single	□ Married	□ Widowed	□ Divorced	
7. Place of Residence	□ Rafah	□ Khanyounis	□ Mid-Zone	□ Gaza	□ North
8. Qualifications	Bachelor specialty	□ General nursing	□ Midwifery		
	Post graduate degree	□ High or professional diploma	Specialty …….		
		□ Master	Specialty …….		
		□ Doctorate	Specialty …….		
9. Place of your work as educator		□ Palestine College of Nursing	□ Islamic University of Gaza		

Part 2

These paragraphs revolve around the competencies of midwifery. What is your degree of agreement about the following statements?

SA	A	N	D	SD
Strongly agree	Agree	Neutral	Disagree	Strongly Disagree

Domain 1. Ethical and legal principles of midwifery **المجال 1. المبادئ الأخلاقية والقانونية للقبالة**						
Competency 1: Behave in ways that reflect the ethical standards of the teaching and midwifery professions. **الكفاءة 1. التصرف بطريقة تعكس المعايير الأخلاقية للتدريس ومهنة القبالة**						
Statements		**SA**	**A**	**N**	**D**	**SD**
1.	Use knowledge of ethical issues as a basis for influencing, designing, implementing, and evaluating policies and procedures. استخدام المعرفة بالقضايا الأخلاقية كأساس للتأثير، لتصميم وتنفيذ وتقييم السياسات والاجراءات					
2.	Display ethical intent incorporating fundamental ethical principles of respect and responsibility**.** يظهر سلوك اخلاقي يتوافق مع المبادئ الاخلاقية الأساسية للاحترام والمسؤولية					
3.	Protect the rights of the client when teaching or delivering midwifery care. تناصر حقوق السيدات خلال تقديم الرعاية في مجال القبالة أو تدريس المساقات المختصة برعاية الامهات.					
4.	Recognize potential ethical issues and dilemmas in the workplace and discuss with students and others. التعرف على المشاكل والمعضلات الأخلاقية المحتملة في مكان العمل ومناقشتها مع طالبات القبالة وغيرهم.					
Competency 2: Demonstrate an understanding of the legal and regulatory statutes relevant to midwifery teaching and practice. **الكفاءة 2: إظهار فهم للقوانين واللوائح التنظيمية ذات الصلة بتدريس وممارسة القبالة.**						
Statements		**SA**	**A**	**N**	**D**	**SD**
5.	Knowledge of the law and regulation relating to teaching and midwifery. معرفة القانون واللوائح المتعلقة بالتدريس والقبالة					

6.	Incorporate legal and regulatory requirements into midwifery education. دمج المتطلبات القانونية والتنظيمية في تعليم القبالة.					
7.	Act at all times in compliance with legal and regulatory statutes. التصرف في جميع الأوقات وفقًا للقوانين واللوائح التنظيمية					
8.	Ensure students comply with legal and regulatory statutes. تأكد من امتثال طالبات القبالة للقوانين واللوائح التنظيمية.					
Domain 2. Midwifery practice **المجال 2. ممارسة القبالة**						
Competency 3: Maintain competence in midwifery practice. **الكفاءة 3: الحفاظ على الكفاءة في ممارسة القبالة.**						
Statements		**SA**	**A**	**N**	**D**	**SD**
9.	Knowledge of evidence-based and up-to-date midwifery content. المعرفة بالممارسة القائمة على الدليل العلمي في مجال القبالة					
10.	Ability to provide safe, competent, and effective midwifery care to women and their newborns. القدرة على تقديم رعاية امنه ذات كفائه عالية للأمهات وحديثي الولادة.					
11.	Ability to apply research findings in practice. القدرة على تطبيق نتائج الأبحاث في الممارسة.					
12.	Provides high quality care and value lifelong learning. يوفر جودة عالية في مجال الرعاية ويقدّر قيمة التعلم مدى الحياة					
Competency 4: Practice midwifery in ways that reflect evidence-based and up-to-date knowledge. **الكفاءة 4: ممارسة القبالة بطرق تعكس المعرفة القائمة على الأدلة والمحدثة**						
Statements		**SA**	**A**	**N**	**D**	**SD**
13.	Knowledge of research processes المعرفة بعمليات واجراءات البحث العلمي					
14.	Knowledge of local epidemiology, community health issues, policies, and service delivery معرفة بالوبائيات المحلية، قضايا صحة المجتمع، السياسات، وتقديم الخدمات					
15.	Willingness to adjust practice in light of evidence. الاستعداد لتعديل الممارسة بناءً على الأدلة.					
Domain 3. Theoretical learning **المجال 3. التعلم النظري**						
Competency 5: Incorporate educational strategies to promote active learning. **الكفاءة 5: دمج الاستراتيجيات التعليمية لتعزيز التعلم النشط.**						

Statements		SA	A	N	D	SD
16.	Ability to acknowledge students as adult learners. القدرة على الاعتراف بطالبات القبالة كمتعلمين بالغين					
17.	Use educational methods based on current educational theory and practice. استخدام الأساليب التعليمية القائمة على النظرية التعليمية الحالية والممارسة					
18.	Use model critical and reflective thinking. استخدام نموذج النقد والتفكير الانعكاسي.					
19.	Inspire and motivate students with enthusiasm for teaching and learning إلهام طالبات القبالة وتحفيزهم بحماس على التعليم والتعلم					
20.	Foster a relationship of mutual trust and respect. تعزيز علاقة من الثقة والاحترام المتبادل.					
Competency 6: Select and use effective teaching and learning materials/resources. **الكفاءة 6: اختيار واستخدام مواد/موارد تعليمية وتعلمية فعالة.**						
Statements		**SA**	**A**	**N**	**D**	**SD**
21.	Knowledge of educational and learning resources and materials. معرفة الموارد والمواد التعليمية والتعلمية.					
22.	Ability to assess and select appropriate teaching and learning resources. القدرة على تقييم واختيار الموارد التعليمية والتعلمية المناسبة.					
23.	Ability to develop appropriate educational materials القدرة على إعداد مواد تعليمية مناسبة					
24.	Ability to use of information technologies to support teaching and learning. القدرة على استخدام تكنولوجيا المعلومات لدعم التعليم والتعلم.					
25.	Ability to ensure safe and appropriate physical learning environments القدرة على ضمان بيئة تعلم مادية مأمونة وملائمة					
Competency 7: Recognize and support different learning styles and the unique learning needs of students. **الكفاءة 7: إدراك ودعم أساليب التعلم المختلفة والاحتياجات التعليمية الفريدة لطالبات القبالة.**						
Statements		**SA**	**A**	**N**	**D**	**SD**
26.	Knowledge of interaction between educator and learner. معرفة التفاعل بين المعلم والمتعلم.					
27.	Knowledge of principles of counselling. معرفة مبادئ المشورة					
28.	Ability to provide resources that meet the needs of diverse learners. القدرة على توفير الموارد التي تلبي احتياجات مختلف المتعلمين.					

29.	Ability to give effective advice and counsel to help students achieve goals. القدرة على إسداء المشورة الفعالة لمساعدة طالبات القبالة على تحقيق الأهداف.					
30.	Ability to create learning environments that emphasize the midwife's role socialization القدرة على تهيئة بيئات تعليمية تشدد على دور القابلة في التنشئة الاجتماعية					
31.	Demonstrate interest in and respect for learners. إظهار الاهتمام بالمتعلمين واحترامهم.					
32.	Use caring, confidence, patience, integrity, and flexibility as learning attributes. استخدام الرعاية، والثقة، والصبر، والنزاهة، والمرونة باعتبارها سمات التعلم.					
Domain 4: Learning in the clinical area المجال 4: التعلم في المجال الإكلينيكي						
Competency 8: Facilitate a safe and effective learning environment in the clinical setting. الكفاءة 8: تيسير بيئة تعلم آمنة وفعالة في الإطار الإكلينيكي.						
Statements		**SA**	**A**	**N**	**D**	**SD**
33.	Knowledge of competency-based clinical learning. معرفة التعلم السريري القائم على الكفاءة.					
34.	Ability to facilitate effective learning and competence development in a practice area. القدرة على تيسير التعلم الفعال وتنمية الكفاءات في مجال الممارسة.					
35.	Effective midwifery relationships with patients/clients علاقات قبالة فعالة مع المرضى/الحالات.					
36.	Get student consent to participate in care. الحصول على موافقة الطالب للمشاركة في الرعاية.					
37.	Ability to protect the woman and her baby from anticipated harm القدرة على حماية المرأة وطفلها من الأذى المحتمل.					
38.	Ability to enable students to relate theory to practice encouraging reflective thinking القدرة على تمكين طالبات القبالة من ربط النظرية بالممارسة المشجعة على التفكير الانعكاسي					
39.	Ability to build and maintain collegial relationships with staff in the clinical environment. القدرة على بناء وصيانة علاقات زمالة مع الموظفين في التدريب الميداني					
40.	Seek clarification or assistance from staff as needed. التماس إيضاحات أو مساعدة من الموظفين حسب الحاجة.					
41.	Identify teaching opportunities in the clinical setting تحديد فرص التدريس في الإطار الإكلينيكي					

42.	Set boundaries of safe practice. وضع حدود للممارسة الآمنة.					
Competency 9: Foster individualized experiential learning **الكفاءة 9: تعزيز التعلم التجريبي الفردي**						
Statements		**SA**	**A**	**N**	**D**	**SD**
43.	Knowledge of experiential learning معرفة التعلم التجريبي					
44.	Knowledge of the diversity of learning processes. معرفة تنوع عمليات التعلم					
45.	Provide positive feedback and constructive criticism to students. تقديم ردود فعل إيجابية ونقد بنّاء لطالبات القبالة.					
46.	Provide advice and support to identify changes required. تقديم المشورة والدعم لتحديد التغييرات المطلوبة.					
47.	Assess students' ability to integrate their professional role. تقييم قدرة طالبات القبالة على دمج دورهم المهني.					
48.	Act with respect and interest in the students. التصرف باحترام واهتمام بطالبات القبالة.					
49.	Demonstrate patience. التحلي بالصبر.					
Domain 5: Assessment and evaluation of students and programs المجال 5: تقييم طالبات القبالة والبرامج						
Competency 10: Continuously monitor, assess and evaluate the effectiveness of the educational program. **الكفاءة 10: رصد وتقييم فعالية البرنامج التعليمي بصورة مستمرة**						
Statements		**SA**	**A**	**N**	**D**	**SD**
50.	Knowledge of theory and methodology of learning outcomes assessment and evaluation. معرفة نظرية ومنهجية تقييم نتائج التعلم.					
51.	Ability to use methods of assessment and evaluation of learning that are linked to learning goals القدرة على استخدام أساليب تقييم التعلم المرتبطة بأهداف التعلم					
52.	Provide timely, constructive and thoughtful feedback to learners. تزويد المتعلمين بتغذية راجعة، بناءة ومدروسة، وبالوقت المناسب					
53.	Maintain accurate records of student progress and achievement. الاحتفاظ بسجلات دقيقة لتقدم طالبات القبالة وانجازاتهم.					

Competency 11: Assess student competence. **الكفاءة 11: تقييم كفاءة الطالب.**						
	Statements	**SA**	**A**	**N**	**D**	**SD**
54.	Knowledge of assessment procedures. المعرفة بإجراءات التقييم					
55.	Assess progress to plan for the students' increasing level of skill acquisition تقييم التقدم المحرز من أجل التخطيط لزيادة مستوى اكتساب طالبات القبالة للمهارات					
56.	Provide constructive feedback to students and assist in identifying future learning needs and actions. تقديم ردود فعل بنّاءة لطالبات القبالة والمساعدة في تحديد احتياجات وإجراءات التعلم في المستقبل.					
57.	Manage unsuccessful students to improve their performance and abilities for safe practice. إدارة طالبات القبالة غير الناجحين لتحسين أدائهم وقدراتهم من أجل ممارسة آمنة.					
58.	Act as a role model العمل كنموذج يحتذى به					
59.	Display ethical intent and objectivity in all competence assessments. إظهار النية الأخلاقية والموضوعية في جميع تقييمات الكفاءة.					
Domain 6: Organization, management, and leadership **المجال 6: التنظيم والإدارة والقيادة**						
Competency12: Actively participate in organizing and implementing a midwifery curriculum. **الكفاءة 12: المشاركة بنشاط في تنظيم وتنفيذ منهج للقبالة.**						
	Statements	**SA**	**A**	**N**	**D**	**SD**
60.	Knowledge of teaching and learning methodologies. معرفة منهجيات التعليم والتعلم					
61.	Knowledge of timetabling and scheduling معرفة الجداول والجدولة الزمنية					
62.	Make inclusive and collaborative decisions. اتخاذ قرارات شاملة وتعاونية.					
63.	Participate as an effective team member المشاركة كعضو فاعل في الفريق					
Competency 13: Implement and revise midwifery educational courses/ programs. **الكفاءة 13: تنفيذ وتنقيح الدورات/البرامج التعليمية للقبالة.**						

	Statements	SA	A	N	D	SD
64.	Knowledge of quality assurance of organizational performance. معرفة ضمان جودة الأداء التنظيمي					
65.	Ability to contribute to the quality assurance processes of the organization. القدرة على المساهمة في عمليات ضمان الجودة في المنظمة.					
66.	Ability to participate in the evaluation of organizational effectiveness in midwifery education. القدرة على المشاركة في تقييم الفعالية التنظيمية في تعليم القبالة.					
67.	Keep thorough and accurate records. احتفظ بسجلات شاملة ودقيقة.					
68.	Display integrity in undertaking monitoring processes. إظهار النزاهة في تنفيذ عمليات المتابعة.					
Domain 7: Communication, leadership and advocacy المجال 7: الاتصال والقيادة والدعم						
Competency 14: Communicates effectively using a variety of methods in diverse settings. **الكفاءة 14: التواصل الفعال باستخدام مجموعة متنوعة من الأساليب في بيئات متنوعة.**						
	Statements	**SA**	**A**	**N**	**D**	**SD**
69.	Knowledge of presentation methodologies المعرفة بمنهجيات العرض					
70.	Knowledge of report writing. المعرفة بكتابة التقارير.					
71.	Ability to communicate effectively using oral, written and electronic communication القدرة على الاتصال الفعال باستخدام الخطابات الشفوية والخطية والإلكترونية					
72.	Ability to demonstrate effective communication skills in working with clients, learners, and others. القدرة على إظهار مهارات الاتصال الفعالة في العمل مع العملاء والمتعلمين وغيرهم					
73.	Ability to teach students how to engage in the education of the childbearing woman and her family. القدرة على تعليم طالبات القبالة كيفية المشاركة في تعليم النساء في سن الانجاب وأسرهم.					
74.	Ability to document effective feedback. القدرة على توثيق تغذية راجعة فعالة.					
75.	Ability to maintain accurate records. القدرة على الاحتفاظ بسجلات دقيقة.					
76.	Ability to engage in conflict resolution as necessary القدرة على المشاركة في حل الصراعات حسب ما تقتضيه الحاجة					

77.	Ability to demonstrate public speaking and active listening skills. القدرة على التحدث أمام الجمهور ومهارات الاستماع النشطة.					
78.	Ability to demonstrate excellent interpersonal and communication skills القدرة على إظهار مهارات ممتازة في مجال العلاقات الشخصية مع الآخرين					
79.	Demonstrate an awareness of self and others. إظهار الوعي بالنفس والآخرين.					
Competency 15: Demonstrate cultural competence in course design and development, teaching and midwifery practice **الكفاءة 15: إظهار الكفاءة الثقافية في تصميم وتطوير الدورات الدراسية، والتدريس وممارسة القبالة**						
Statements		**SA**	**A**	**N**	**D**	**SD**
80.	Knowledge of cultural diversity and identity. معرفة التنوع الثقافي والهوية الثقافية.					
81.	Knowledge of human rights المعرفة بحقوق الإنسان					
82.	Ability to facilitate the provision of culturally appropriate care. القدرة على تيسير توفير الرعاية المناسبة ثقافيا.					
83.	Ability to respect and protect human rights and to foster in students. القدرة على احترام حقوق الإنسان وتشجيع طالبات القبالة عليها.					
Competency 16: Function as change agents and leaders to improve both midwifery practice and midwifery education. **الكفاءة 16: العمل كعوامل تغيير وقيادات من أجل تحسين كل من ممارسة وتعليم القبالة**						
Statements		**SA**	**A**	**N**	**D**	**SD**
84.	Knowledge of change management. معرفة إدارة التغيير					
85.	Act as a guardian of safe, competent respectful midwifery care. القيام بدور الوصي على رعاية القبالة الامنة والمختصة والمحترمة.					
86.	Ability to use feedback gained from self, peer, student, and administrative evaluation to improve role effectiveness. القدرة على استخدام التغذية المرتدة المكتسبة من التقييم الذاتي وتقييم الأقران وتقييم طالبات القبالة والتقييم الإداري لتحسين فعالية الأدوار					
87.	Ability to mentor and support colleagues. القدرة على توجيه ودعم الزملاء.					
88.	Develop collegial working relationships with students, faculty colleagues and clinical agency personnel. إقامة علاقات عمل جماعية مع طالبات القبالة وزملاء هيئة التدريس وموظفي الوكالات الإكلينيكية					
89.	Engage in self-reflection and continued learning to improve teaching practices that facilitate learning. الانخراط في التفكير الذاتي والتعلم المستمر لتحسين ممارسات التدريس التي تيسير التعلم.					

Competency 17: Use a variety of advocacy strategies to promote midwifery education and practice including professional, community, human rights, and structural advocacy. **الكفاءة 17: استخدام مجموعة متنوعة من استراتيجيات المناصرة لتعزيز التثقيف والممارسة في مجال القبالة، بما في ذلك المناصرة في المجال المهني والمجتمعي وحقوق الانسان والمناصرة المقننة.**						
Statements		**SA**	**A**	**N**	**D**	**SD**
90.	Knowledge of advocacy strategies معرفة استراتيجيات المناصرة					
91.	Knowledge of organizational functioning معرفة الأداء التنظيمي					
92.	Display confidence in presentation and argument اظهار الثقة في العرض والجدال					
93.	Communicate effectively and professionally الاتصال بفعالية ومهنية					
Domain 8 . Research **المجال 8: البحث**						
Competency 18: Use research to inform teaching and practice. **الكفاءة 18: استخدام البحوث لتوجيه التدريس والممارسة.**						
Statements		**SA**	**A**	**N**	**D**	**SD**
94.	Knowledge of evidence-based practice and levels of evidence. معرفة الممارسات القائمة على الأدلة ومستوياتها.					
95.	Ability to use research in teaching and in practice. القدرة على استخدام البحوث في التدريس وفي الممارسة العملية.					
96.	Demonstrate and encourage inquiry إظهار التحقيق وتشجيعه					
Competency 19: Cultivate a culture supporting critical inquiry and evidence-based practice. **الكفاءة 19: تعزيز ثقافة تدعم التحقيق النقدي والممارسة القائمة على الأدلة.**						
Statements		**SA**	**A**	**N**	**D**	**SD**
97.	Knowledge of critical enquiry. معرفة التحقيق النقدي.					
98.	Ability to provide positive feedback for research endeavors. القدرة على تقديم ردود فعل إيجابية لمساعي البحث.					
99.	Role model critical thinking in all areas of teaching. إظهار نموذج للتفكير النقدي في جميع مجالات التدريس.					
100.	Prioritize questioning and reflection. اعطاء أولوية لطرح الأسئلة والتفكير.					

Thank You for Your Cooperation

Annex (4): Students' Questionnaire

SN: ……

Midwifery Student Form

Part 1

Socio-Demographic data

Age	..... yrs.				
Academic level	□ Third		□ Fourth		
Marital Status	□ Single	□ Married	□ Widow	□ Divorce	
Place of Residence	□ Rafah	□ Khanyounis	□ Mid-Zone	□ Gaza	□ North
Academic institution	□ Palestine College of Nursing		□ Islamic University of Gaza		
Cumulative average	…….				

Part 2

These paragraphs revolve around the competencies of midwifery. What is your degree of agreement about the following statements?

SA	A	N	D	SD
Strongly agree	Agree	Neutral	Disagree	Strongly Disagree

Domain 1. Ethical and legal principles of midwifery **المجال 1. المبادئ الأخلاقية والقانونية للقبالة**						
Competency 1: Behave in ways that reflect the ethical standards of the teaching and midwifery professions. **الكفاءة 1. التصرف بطريقة تعكس المعايير الأخلاقية للتدريس ومهنة القبالة**						
	Statements	**SA**	**A**	**N**	**D**	**SD**
1	Display ethical intent incorporating fundamental ethical principles of respect and responsibility. يظهر سلوك اخلاقي يتوافق مع المبادئ الاخلاقية الأساسية للاحترام والمسؤولية					
2	Protect the rights of the client when teaching or delivering midwifery care. تناصر حقوق السيدات خلال تدريس المساقات المختصة برعاية الأمهات أو تقديم الرعاية في مجال القبالة					
3	Recognize potential ethical issues and dilemmas in the workplace and discuss with students and others. التعرف على المشاكل والمعضلات الأخلاقية المحتملة في مكان العمل ومناقشتها مع طالبات القبالة وغيرهم.					

Competency 2: Demonstrate an understanding of the legal and regulatory statutes relevant to midwifery teaching and practice. **الكفاءة 2: إظهار فهم للقوانين واللوائح التنظيمية ذات الصلة بتدريس وممارسة القبالة.**						
Statements		**SA**	**A**	**N**	**D**	**SD**
4	Incorporate legal and regulatory requirements into midwifery education. دمج المتطلبات القانونية والتنظيمية في تعليم القبالة.					
5	Act at all times in compliance with legal and regulatory statutes. التصرف في جميع الأوقات وفقًا للقوانين واللوائح التنظيمية					
6	Ensure students comply with legal and regulatory statutes. تأكد من امتثال طالبات القبالة للقوانين واللوائح التنظيمية.					
Domain 2. Midwifery practice **المجال 2. ممارسة القبالة**						
Competency 3: Maintain competence in midwifery practice. **الكفاءة 3: الحفاظ على الكفاءة في ممارسة القبالة.**						
Statements		**SA**	**A**	**N**	**D**	**SD**
7	Knowledge of evidence-based and up-to-date midwifery content. الممارسة القائمة على الدليل العلمي في مجال القبالة.					
8	Ability to provide safe, competent, and effective midwifery care to women and their newborns. القدرة على تقديم رعاية امنه ذات كفائه عالية للأمهات وحديثي الولادة.					
9	Provides high quality care and value lifelong learning. يوفر جودة عالية في مجال الرعاية ويقدّر قيمة التعلم مدى الحياة					
Competency 4: Practice midwifery in ways that reflect evidence-based and up-to-date knowledge. **الكفاءة 4: ممارسة القبالة بطرق تعكس المعرفة القائمة على الأدلة والمحدثة**						
Statements		**SA**	**A**	**N**	**D**	**SD**
10	Knowledge of research processes المعرفة بعمليات واجراءات البحث العلمي					
11	Willingness to adjust practice in light of evidence. الاستعداد لتعديل الممارسة بناءً على الأدلة.					
Domain 3. Theoretical learning **المجال 3. التعلم النظري**						
Competency 5: Incorporate educational strategies to promote active learning. **الكفاءة 5: دمج الاستراتيجيات التعليمية لتعزيز التعلم النشط.**						
Statements		**SA**	**A**	**N**	**D**	**SD**
12	Ability to acknowledge students as adult learners. القدرة على الاعتراف بطالبات القبالة كمتعلمين بالغين					
13	Use model critical and reflective thinking. استخدام نموذج النقد والتفكير الانعكاسي.					
14	Inspire and motivate students with enthusiasm for teaching and learning إلهام طالبات القبالة وتحفيزهم بحماس على التعليم والتعلم					
15	Foster a relationship of mutual trust and respect. تعزيز علاقة من الثقة والاحترام المتبادل.					

Competency 6: Select and use effective teaching and learning materials/resources. **الكفاءة 6: اختيار واستخدام مواد/موارد تعليمية وتعلمية فعالة.**						
	Statements	**SA**	**A**	**N**	**D**	**SD**
16	Ability to develop appropriate educational materials القدرة على إعداد مواد تعليمية مناسبة					
17	Ability to use of information technologies to support teaching and learning. القدرة على استخدام تكنولوجيا المعلومات لدعم التعليم والتعلم.					
18	Ability to ensure safe and appropriate physical learning environments القدرة على ضمان بيئة تعلم مادية مأمونة وملائمة					
Competency 7: Recognize and support different learning styles and the unique learning needs of students. **الكفاءة 7: إدراك ودعم أساليب التعلم المختلفة والاحتياجات التعليمية الفريدة لطالبات القبالة.**						
	Statements	**SA**	**A**	**N**	**D**	**SD**
19	Ability to provide resources that meet the needs of diverse learners. القدرة على توفير الموارد التي تلبي احتياجات مختلف المتعلمين.					
20	Ability to give effective advice and counsel to help students achieve goals. القدرة على إسداء المشورة الفعالة لمساعدة طالبات القبالة على تحقيق الأهداف.					
21	Ability to create learning environments that emphasize the midwife's role socialization القدرة على تهيئة بيئات تعليمية تشدد على دور القابلة في التنشئة الاجتماعية					
22	Demonstrate interest in and respect for learners. إظهار الاهتمام بالمتعلمين واحترامهم.					
23	Use caring, confidence, patience, integrity, and flexibility as learning attributes. استخدام الرعاية، والثقة، والصبر، والنزاهة، والمرونة باعتبارها سمات التعلم.					
Domain 4: Learning in the clinical area المجال 4: التعلم في المجال الإكلينيكي						
Competency 8: Facilitate a safe and effective learning environment in the clinical setting. الكفاءة 8: تيسير بيئة تعلم آمنة وفعالة في الإطار الإكلينيكي.						
	Statements	**SA**	**A**	**N**	**D**	**SD**
24	Ability to facilitate effective learning and competence development in a practice area. القدرة على تيسير التعلم الفعال وتنمية الكفاءات في مجال الممارسة.					
25	Effective midwifery relationships with patients/clients علاقات قبالة فعالة مع المرضى/الحالات.					
26	Get student consent to participate in care. الحصول على موافقة الطالب للمشاركة في الرعاية.					
27	Ability to protect the woman and her baby from anticipated harm القدرة على حماية المرأة وطفلها من الأذى المحتمل.					

28	Ability to enable students to relate theory to practice encouraging reflective thinking القدرة على تمكين طالبات القبالة من ربط النظرية بالممارسة المشجعة على التفكير الانعكاسي					
29	Ability to build and maintain collegial relationships with staff in the clinical environment. القدرة على بناء وصيانة علاقات زمالة مع الموظفين في التدريب الميداني					
30	Seek clarification or assistance from staff as needed. التماس إيضاحات أو مساعدة من الموظفين حسب الحاجة.					
31	Identify teaching opportunities in the clinical setting تحديد فرص التدريس في الإطار الإكلينيكي					
32	Set boundaries of safe practice. وضع حدود للممارسة الآمنة.					
Competency 9: Foster individualized experiential learning **الكفاءة 9: تعزيز التعلم التجريبي الفردي**						
	Statements	**SA**	**A**	**N**	**D**	**SD**
33	Provide positive feedback and constructive criticism to students. تقديم ردود فعل إيجابية ونقد بنّاء لطالبات القبالة.					
34	Provide advice and support to identify changes required. تقديم المشورة والدعم لتحديد التغييرات المطلوبة.					
35	Assess students' ability to integrate their professional role. تقييم قدرة طالبات القبالة على دمج دورهم المهني.					
36	Act with respect and interest in the students. التصرف باحترام واهتمام بطالبات القبالة.					
37	Demonstrate patience. التحلي بالصبر.					
Domain 5: Assessment and evaluation of students and programs المجال 5: تقييم طالبات القبالة والبرامج						
Competency 10: Continuously monitor, assess and evaluate the effectiveness of the educational program. **الكفاءة 10: رصد وتقييم فعالية البرنامج التعليمي بصورة مستمرة**						
	Statements	**SA**	**A**	**N**	**D**	**SD**
38	Ability to use methods of assessment and evaluation of learning that are linked to learning goals القدرة على استخدام أساليب تقييم التعلم المرتبطة بأهداف التعلم					
39	Provide timely, constructive and thoughtful feedback to learners. تزويد المتعلمين بتغذية راجعة، بناءة ومدروسة، وبالوقت المناسب					
40	Maintain accurate records of student progress and achievement. الاحتفاظ بسجلات دقيقة لتقدم طالبات القبالة وانجازاتهم.					

Competency 11: Assess student competence. **الكفاءة 11: تقييم كفاءة الطالب.**						
	Statements	**SA**	**A**	**N**	**D**	**SD**
41	Assess progress to plan for the students' increasing level of skill acquisition تقييم التقدم المحرز من أجل التخطيط لزيادة مستوى اكتساب طالبات القبالة للمهارات					
42	Provide constructive feedback to students and assist in identifying future learning needs and actions. تقديم ردود فعل بنّاءة لطالبات القبالة والمساعدة في تحديد احتياجات وإجراءات التعلم في المستقبل.					
43	Manage unsuccessful students to improve their performance and abilities for safe practice. إدارة طالبات القبالة غير الناجحين لتحسين أدائهم وقدراتهم من أجل ممارسة آمنة.					
44	Act as a role model العمل كنموذج يحتذى به					
45	Display ethical intent and objectivity in all competence assessments. إظهار النية الأخلاقية والموضوعية في جميع تقييمات الكفاءة.					
Domain 6: Organization, management, and leadership **المجال 6: التنظيم والإدارة والقيادة**						
Competency12: Actively participate in organizing and implementing a midwifery curriculum. **الكفاءة 12: المشاركة بنشاط في تنظيم وتنفيذ منهج للقبالة.**						
	Statements	**SA**	**A**	**N**	**D**	**SD**
46	Knowledge of timetabling and scheduling معرفة الجداول والجدولة الزمنية					
47	Make inclusive and collaborative decisions. اتخاذ قرارات شاملة وتعاونية.					
48	Participate as an effective team member المشاركة كعضو فاعل في الفريق					
Competency 13: Implement and revise midwifery educational courses/ programs. **الكفاءة 13: تنفيذ وتنقيح الدورات/البرامج التعليمية للقبالة.**						
	Statements	**SA**	**A**	**N**	**D**	**SD**
49	Ability to contribute to the quality assurance processes of the organization. القدرة على المساهمة في عمليات ضمان الجودة في المنظمة.					
50	Keep thorough and accurate records. احتفظ بسجلات شاملة ودقيقة.					
51	Display integrity in undertaking monitoring processes. إظهار النزاهة في تنفيذ عمليات المتابعة.					

Domain 7: Communication, leadership and advocacy المجال 7: الاتصال والقيادة والدعم						
Competency 14: Communicates effectively using a variety of methods in diverse settings. **الكفاءة 14: التواصل الفعال باستخدام مجموعة متنوعة من الأساليب في بيئات متنوعة.**						
Statements		**SA**	**A**	**N**	**D**	**SD**
52	Knowledge of presentation methodologies المعرفة بمنهجيات العرض					
53	Knowledge of report writing. المعرفة بكتابة التقارير.					
54	Ability to communicate effectively using oral, written and electronic communication القدرة على الاتصال الفعال باستخدام الخطابات الشفوية والخطية والإلكترونية					
55	Ability to demonstrate effective communication skills in working with clients, learners, and others. القدرة على إظهار مهارات الاتصال الفعالة في العمل مع العملاء والمتعلمين وغيرهم					
56	Ability to teach students how to engage in the education of the childbearing woman and her family. القدرة على تعليم طالبات القبالة كيفية المشاركة في تعليم النساء في سن الانجاب وأسرهم.					
57	Ability to engage in conflict resolution as necessary القدرة على المشاركة في حل الصراعات حسب ما تقتضيه الحاجة					
58	Ability to demonstrate public speaking and active listening skills. القدرة على التحدث أمام الجمهور ومهارات الاستماع النشطة.					
59	Ability to demonstrate excellent interpersonal and communication skills القدرة على إظهار مهارات ممتازة في مجال العلاقات الشخصية مع الآخرين					
60	Demonstrate an awareness of self and others. إظهار الوعي بالنفس والآخرين.					
Competency 15: Demonstrate cultural competence in course design and development, teaching and midwifery practice **الكفاءة 15: إظهار الكفاءة الثقافية في تصميم وتطوير الدورات الدراسية، والتدريس وممارسة القبالة**						
Statements		**SA**	**A**	**N**	**D**	**SD**
61	Knowledge of cultural diversity and identity. معرفة التنوع الثقافي والهوية الثقافية.					
62	Ability to facilitate the provision of culturally appropriate care. القدرة على تيسير توفير الرعاية المناسبة ثقافيا.					
63	Ability to respect and protect human rights and to foster in students. القدرة على احترام حقوق الإنسان وتشجيع طالبات القبالة عليها.					

Competency 16: Function as change agents and leaders to improve both midwifery practice and midwifery education. **الكفاءة 16: العمل كعوامل تغيير وقيادات من أجل تحسين كل من ممارسة وتعليم القبالة**						
Statements		**SA**	**A**	**N**	**D**	**SD**
64	Act as a guardian of safe, competent respectful midwifery care. القيام بدور الوصي على رعاية القبالة الامنة والمختصة والمحترمة.					
65	Develop collegial working relationships with students, faculty colleagues and clinical agency personnel. إقامة علاقات عمل جماعية مع طالبات القبالة وزملاء هيئة التدريس وموظفي الوكالات الإكلينيكية					
Competency 17: Use a variety of advocacy strategies to promote midwifery education and practice including professional, community, human rights, and structural advocacy. **الكفاءة 17: استخدام مجموعة متنوعة من استراتيجيات المناصرة لتعزيز التثقيف والممارسة في مجال القبالة، بما في ذلك المناصرة في المجال المهني والمجتمعي وحقوق الانسان والمناصرة المقننة.**						
Statements		**SA**	**A**	**N**	**D**	**SD**
66	Display confidence in presentation and argument اظهار الثقة في العرض والجدال					
67	Communicate effectively and professionally الاتصال بفعالية ومهنية					
Domain 8 . Research **المجال 8: البحث**						
Competency 18: Use research to inform teaching and practice. **الكفاءة 18: استخدام البحوث لتوجيه التدريس والممارسة.**						
Statements		**SA**	**A**	**N**	**D**	**SD**
68	Knowledge of evidence-based practice and levels of evidence. معرفة الممارسات القائمة على الأدلة ومستوياتها.					
69	Ability to use research in teaching and in practice. القدرة على استخدام البحوث في التدريس وفي الممارسة العملية.					
70	Demonstrate and encourage inquiry إظهار التحقيق وتشجيعه					
Competency 19: Cultivate a culture supporting critical inquiry and evidence-based practice. **الكفاءة 19: تعزيز ثقافة تدعم التحقيق النقدي والممارسة القائمة على الأدلة.**						
Statements		**SA**	**A**	**N**	**D**	**SD**
71	Ability to provide positive feedback for research endeavors. القدرة على تقديم ردود فعل إيجابية لمساعي البحث.					
72	Role model critical thinking in all areas of teaching. اظهار نموذج للتفكير النقدي في جميع مجالات التدريس.					
73	Prioritize questioning and reflection. اعطاء أولوية لطرح الأسئلة والتفكير.					

Thank You for Your Cooperation

Annex (5): Ethical approval

المجلس الفلسطيني للبحث الصحي

Palestinian Health Research Council

تعزيز النظام الصحي الفلسطيني من خلال مأسسة استخدام المعلومات البحثية في صنع القرار

Developing the Palestinian health system through institutionalizing the use of information in decision making

Helsinki Committee

For Ethical Approval

Date: 2021/08/02 **Number:** PHRC/HC/963/21

Name: Inas Ayman Isleem الاسم:

We would like to inform you that the committee had discussed the proposal of your study about:

نفيدكم علماً بأن اللجنة قد ناقشت مقترح دراستكم حول:

Competencies of Midwifery Educators as Perceived by Educators and Students at Academic Institutions in Gaza Strip: Palestine

The committee has decided to approve the above mentioned research. Approval number PHRC/HC/963/21 in its meeting on 2021/08/02

و قد قررت الموافقة على البحث المذكور عاليه بالرقم والتاريخ المذكوران عاليه

Signature

Member **Member**

Dr. Yehia Abed

For

Chairman

Genral Conditions:-

1. Valid for 2 years from the date of approval.
2. It is necessary to notify the committee of any change in the approved study protocol.
3. The committee appreciates receiving a copy of your final research when completed.

Specific Conditions:-

E-Mail:pal.phrc@gmail.com

Gaza - Palestine غزة - فلسطين

شارع النصر - مفترق العيون

Annex (6): Admin approval, IUG

Al Quds University

Faculty of Health Professions

Nursing Dept. –Gaza

جامعة القدس

كلية المهن الصحية

دائرة التمريض – غزة

التاريخ:2022/2/24

حضرة الأخ/ أ. د. عليان الحولي حفظه الله
نائب رئيس الجامعة الاسلامية للشؤون الأكاديمية
السلام عليكم ورحمة الله وبركاته

الموضوع: تسهيل مهمة الطالبة الباحثة ايناس اسليم

تهديكم كلية المهن الصحية بجامعة القدس أطيب التحيات، ونرجو من حضرتكم مساعدة الطالبة المذكورة بتسهيل مهمتها في توزيع وتعبئة استبانة الدراسة الخاصة بموضوع دراستها البحثية للحصول على درجة الماجستير في تمريض صحة الأم والطفل بعنوان:

Competencies of Midwifery Educators as Perceived by Educators and Students at Academic Institutions in Gaza Strip, Palestine

حيث ستكون عينة الدراسة من مدرسات ومدربات القبالة وكذلك طالبات القبالة من المستوى الثالث والرابع وستجمع البيانات بواسطة استبانة لكل من المدرسات والطالبات.

وتفضلوا بقبول وافر الاحترام والتقدير

د. حمزة محمد عبد الجواد
أستاذ مساعد في علوم التمريض
منسق برامج ماجستير التمريض بغزة
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تلفون: 08 2644210+08 2644220
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Annex (7): Admin approval, MOH

Al Quds University

Faculty of Health Professions

Nursing Dept. –Gaza

جامعة القدس
كلية المهن الصحية
دائرة التمريض- غزة

التاريخ:22/5/2022

حضرة الأخ/ أ. هاني سلطان الوحيدي حفظه الله
مدير عام وحدة المعلومات الصحية بوزارة الصحة
السلام عليكم ورحمة الله وبركاته

الموضوع: تسهيل مهمة الطالبة الباحثة ايناس اسليم

تهديكم كلية المهن الصحية بجامعة القدس أطيب التحيات، ونرجو من حضرتكم مساعدة الطالبة المذكورة بخصوص جمع معلومات خاصة بموضوع دراستها البحثية للحصول على درجة الماجستير في تمريض صحة الأم والطفل بعنوان:

Competencies of Midwifery Educators as Perceived by Educators and Students at Academic Institutions in Gaza Strip, Palestine

حيث ستكون عينة الدراسة من مدرسات ومدربات القبالة وكذلك طالبات بكالوريوس القبالة من المستوى الثالث والرابع بكلية فلسطين للتمريض بوزارة الصحة وستجمع البيانات بواسطة استبانة لكل من المدرسات والطالبات.

وتفضلوا بقبول وافر الاحترام والتقدير

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خلوي: 852755 599 972+

دائرة التمريض
Nursing Department

Annex (8): Consent form

عزيزتي المشاركة: حفظك الله...

السلام عليكم ورحمة الله وبركاته

أنا الباحثة: إيناس أيمن سليم ، أقوم بإعداد رسالة ماجستيرتخصص صحة أم وطفل من جامعة القدس أبو ديس، بعنوان:

كفاءات معلمات القبالة من وجهة نظر معلمات وطالبات القبالة في المؤسسات الأكاديمية في قطاع غزة، فلسطين

Competencies of Midwifery Educators as Perceived by Educators and Students at Academic Institutions in Gaza Strip, Palestine

يطيب لي أن أضع بين يديك الاستبيان المرفق والذي تم تصميمه حيث يشكل جزء ضروري من دراستي.

يجب ان يكون واضحا لديك بأنّ مشاركتك طوعية، بحيث يمكنك أن تقرر ما إذا كنت تريد قبول أو رفض الإجابة عن الأسئلة دون أن يلحق أي ضرر بك تبعا لذلك. ومن المقدر أن يستغرق الاستبيان ٢٠ دقيقة

لا أوافق ☐ **أوافق** ☐

إن اجابتك على الأسئلة له بالغ الأهمية في تحقيق هدف الدراسة وهو تقييم كفاءات معلمات القبالة بناء على تصورات معلمي وطالبات القبالة التي قد تسهم في تحسين جودة تعليم القبالة في الكليات التي تدير برامج بكالوريوس القبالة في قطاع غزة.

آمل أن تقرأ العبارات بدّقة والإجابة عنها بموضوعية لما في ذلك من أثرٍ كبير على صحة النتائج والتوصيات التي سوف تتوصل إليها الباحثة مع التأكيد بأن هذه البيانات سوف تستخدم لأغراض البحث العلمي فقط، وسيتم التعامل معها بسرية تامة.

نشكركم على حسن تعاونكم معنا

مع خالص الاحترام والتقدير

الباحثة/
ايناس أيمن عبد الرؤوف اسليم

Annex (9): List of experts

Names	Affiliation
Dr. Ahmed Najim	Al-Azhar University
Dr. Ali Al. Khatib	University College of Applied Sciences
Dr. Areefa Said Al-Bahri	IUG
Dr. Suha Balousha	IUG
Dr. Yasmine Shnaina	IUG
Mrs. Intisar Al. Far	General Nursing Administration
Mrs. Sabreen Nashbat	General Administration of Primary Care
Mrs. Emtithal Abu Ayada	Palestine College of Nursing

Abstract in Arabic

عنوان الدراسة: كفاءات معلمات القبالة من وجهة نظر معلمات وطالبات القبالة في المؤسسات الأكاديمية في قطاع غزة، فلسطين.

اعداد: الباحثة/ ايناس أيمن عبد الرؤوف اسليم

إشراف: د. حمزة عبد الجواد

الملخص:

تلعب القابلات دورًا حاسمًا في الحد من اعتلال الأمهات ووفاتهن من خلال تقديم رعاية عالية الجودة خلال فترات ما قبل الولادة وخلالها وما بعد الولادة. تتطلب رعاية الأمهات ومعالجة الصعوبات وتوفير الرعاية للمولود حديثًا قابلات ماهرات ومتعلمات جيدًا يعملن في مرافق صحة الأم. يعد التعليم الفعال أمرًا بالغ الأهمية لطلاب القبالة ليس فقط في الفصل ولكن أيضًا في أماكن الممارسة. تهدف هذه الدراسة إلى تقييم كفاءات معلمات القبالة كما تراه المعلمات الطالبات في المؤسسات الأكاديمية في قطاع غزة، مما قد يساعد في تحسين نوعية تعليم القابلات وخدمات صحة الأم التي تقدمها القابلات في المستقبل.

استخدمت الدراسة تصميمًا تحليليًا وصفيًا مقطعيًا واستخدمت عينة تعداد لتشمل جميع معلمات القبالة (40) وجميع طالبات القبالة (120) الذين يدرسون في المستويين الثالث والرابع في الجامعة الإسلامية وغزة وكلية فلسطين للتمريض .وأُنشئ استبيان لإجراء المقابلات، بما في ذلك البيانات المتعلقة بـ 19 كفاءة في ثمانية مجالات، وفقا للمبادئ التوجيهية لمنظمة الصحة العالمية لأغراض جمع البيانات، قبل جمع البيانات ، تم إجراء دراسة تجريبية مع 5 من معلمي القبالة و 10 طلاب، والتي تم تضمينها في التحليل النهائي. تم جمع البيانات في ثلاثة أشهر بمعدل استجابة 100% واستخدم برنامج SPSS، الإصدار 25 لتحليل البيانات .

في الجامعة الاسلامية و كلية فلسطين للتمريض، هناك 35 و 5 معلمين للقبالة، على التوالي. يعمل جميع معلمي كلية فلسطين في الجوانب النظرية والعملية. بينما يعمل أربعة معلمين في الجامعة الاسلامية في الجانب النظري و 31 في الجانب التدريبي. تتمتع معلمات القبالة بعمر 40.2، و 36.4 و بخبرة 7.3، 11.2 سنوات بالتدريس في الجامعة الإسلامية وكلية فلسطين للتمريض على التوالي. وبالنسبة للخبرة العملية تتمتع معلمات القبالة في كلية فلسطين بخبرة 7.6 سنة، بينما تتمتع معلمات القبال بالجامعة الإسلامية بخبرة 9.4 سنة. من ناحية أخرى كان متوسط عمر طالبات القبالة في كلية فلسطين للتمريض والجامعة الاسلامية 22.8، 22.5 سنة.

من وجهة نظر معلمات القبالة ، حصلت المعلمات على معدلات تزيد على 80% في اجابة مجالات ومحاورالاستبيان الثمانية وهي التعليم السريري، والتنظيم، والإدارة، والقيادة، والتواصل، والقيادة في كلتا المؤسستين التعليميتين بينما كشف تصور الطلاب لكفاءات معلميهم أن متوسط تقييمات كفاءة الطلاب كان (82٪) لدى طالبات الجامعة الاسلامية و (79٪) لطالبات كلية فلسطين للتمريض. وخلصت الدراسة إلى أن كفاءات معلمات القبالة في كل مؤسسة كانت جيدة جدًا وهناك حاجة إلى مزيد من تطوير مؤهلات وكفاءات معلمات القبالة في المستقبل.

الكلمات المفتاحية: القبالة، المعلمات، الطالبات، كفاءات، قطاع غزة.