Management of Continuing Education of Nurse Midwives by Chief Nurses in Community Hospitals in Southern Thailand

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Purpose To explore the levels of continuing education management in hospitals according to their size, and to investigate problems in the management of continuing education of nurse midwives by chief nurses in community hospitals.

Methods The target population was 128 chief nurses, 103 of whom (80.47%) returned the questionnaires. Data were collected using a questionnaire that had been tested for its content validity by three experts (content validity index was .80 and the Cronbach’s alpha was .83). Descriptive statistics and ANOVA were used to investigate if differences existed among groups.

Results The mean score of the level of continuing education management in nurse midwives for the chief nurses was low. The levels of education management for chief nurses according to hospital size (10-bed, 30-bed, and 60-bed hospitals) were not significantly different (p > .05). The problems for chief nurses in the management of continuing education in nurse midwives in the community hospitals were: lack of manpower (70%); financial problems (45%); lack of lecturers in advanced nurse midwifery (38%); insufficient number of courses in advanced nurse midwifery (29%); length of time for study leave taken for training (21%); and safety problems in the unrest areas in the southern provinces (21%).

Conclusion The levels of continuing education management by chief nurses in all the community hospitals were low, primarily due to a lack of manpower and budgetary constraints. Therefore, the Nursing Council of Thailand should provide training and funds to support advanced nurse midwifery education programs in all parts of the country. [Asian Nursing Research 2009;3(4):147–153]

Key Words community hospitals, continuing education, hospital personnel management, nurse midwives, nursing care management

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INTRODUCTION

Until 2007, Thailand offered an associate degree program for nurse midwives that was lower than a bachelor’s degree. The program, consisting of 3 years and 6 months of study, included a 3-month training course in nurse midwifery. In 1956, Thailand began offering a continuing education program for nurses with an associate degree to pursue a bachelor’s degree in nursing and nurse midwifery. This indicated a need to incorporate nurse midwives into the bachelor’s degree in nursing program, so that new nursing graduates could meet the needs of departments of obstetrics and other departments providing mother and child health care in government-run health centers and hospitals. In 1974, the nurse midwives program was upgraded to a 4-year bachelor’s degree program in nursing, including courses in nurse midwifery (Lambert et al., 2004).

Skill in caring for women during pregnancy, both before and after birth, is needed to reduce the rate of maternal and newborn deaths (Hegge, Powers, Hendrickx, & Vinson, 2002; Mathews, 2000; World Health Organization, 2003). In the southern part of Thailand, there are 128 community hospitals that can be classified into three sizes: small-sized (10 beds), medium-sized (30 beds), and large-sized (≥ 60 beds). Different sized hospitals provide different mother and child care services according to patients’ complications. The competence of nurses working in medium-sized and large-sized hospitals is, therefore, higher than that of nurses working in small-sized hospitals, where care for pregnant women, mothers and children is limited to those without health complications (Nursing Council of Thailand, 1996).

Mother and child health is a problem which should be given top priority, as can be seen from the current maternal death rates per 100,000 live births. The rate for the country as a whole is 36.4: while the number is 24.6 in central Thailand and 34.1 in the northeast, it is at 53.8 in the south (Chandoevwit, Kasitipradith, Soranastaporn, Vacharanukulkieti, & Wibulpolprasert, 2007).

Thus, it is essential to develop professional nurses by providing them with continuing education in advanced nurse midwifery. This will allow them to keep up with modern knowledge to meet the needs and demands of service recipients in community hospitals, and provide access to safer, more efficient and better quality nursing services (World Health Organization, 2003). In Thailand, 61.7% of nurses work in community hospitals (Thailand Ministry of Public Health, 2007). It is the responsibility of the chief nurses in these hospitals to improve the knowledge and ability of midwives so that they are better able to provide safe health care for mothers and children.

Therefore, we aimed to explore the levels of management of continuing education of nurse midwives according to hospital size, and to investigate the problems encountered in the management of continuing education of nurse midwives by chief nurses in community hospitals in southern Thailand.

Concept of research

The concept of human resource development was applied (DeSimone, Werner, & Harris, 2002). There were four steps:

1. Needs assessment for management of continuing education in nurse midwifery including survey and analysis of the need for development of continuing education for nurse midwives, and setting priorities for continuing education of nurse midwives.

2. Designing the method of managing continuing education of nurse midwives, for instance a program offered by the organization itself would consist of a study plan for continuing education of nurse midwives, procuring materials and equipment, selecting lecturers, selecting education management approaches, and setting the training schedule. For the management of a continuing education program in nurse midwifery offered by an outside organization, this would include informing nurses about the program and selecting the program for the nurses.

3. Implementing the plan so that personnel receive continuing education in nurse midwifery including assisting the personnel to be trained, such as
by supporting them with funds and providing them with a time and place as well as a suitable environment for development of continuing education.

4. Conducting follow-up evaluations of the management of continuing education of nurse midwives, and the chief nurses’ ability to deal with problems such as evaluating personnel satisfaction and the results of the program in terms of application of knowledge by nurse midwives in providing mother and child health care.

Definitions
“Levels of management of continuing education of nurse midwives” refers to the scores received by chief nurses in continuing education management of nurse midwives. This includes evaluation of needs assessment, designing study methods, implementing plans, and conducting follow-up evaluations of the management of continuing education. “Size of community hospital” can be classified into three sizes: small-sized (10 beds), medium-sized (30 beds), and large-sized (≥ 60 beds).

METHODS

Research design
An exploratory descriptive research design was utilized.

Study procedure
The target population consisted of all 128 chief nurses in 128 community hospitals attached to the Ministry of Public Health in 14 southern provinces in Thailand. In all, 103 questionnaires (80.47%) were returned, after two telephone calls and one visit were made asking the informants to return them.

This study was approved by the Human Research Ethics Committee of the Faculty of Nursing, Prince of Songkla University. All subjects were given a thorough explanation of the study, and were informed that only aggregate data would be reported.

Measurement
In collecting the data, a questionnaire with rating scales developed by the research team was used, applying the concept of DeSimone et al. (2002). Chief nurses with a high level of management of continuing education in advanced nurse midwifery received three marks; chief nurses with a medium level of management of continuing education in advanced nurse midwifery, two marks; chief nurses with a low level of management of continuing education in advanced nurse midwifery, one mark; and chief nurses with no management of continuing education in advanced nurse midwifery, zero marks. The questionnaire, with open-ended and closed-ended questions, consisted of five parts, as follows: (a) needs assessment for management of continuing education of nurse midwives (6 items); (b) design of management methods for continuing education of nurse midwives (6 items); (c) implementation of a plan for personnel to receive continuing education in nurse midwifery (6 items); (d) follow-up and evaluation of the management of continuing education of nurse midwives (6 items); (e) problems and obstacles to the management of continuing education of nurse midwives (10 open-ended and closed-ended questions).

Data were collected using a questionnaire that had been tested for its content validity by three experts (content validity index was .80 and the Cronbach’s alpha was .83). The scores were interpreted with norm-referenced measures (Waltz, Strickland, & Lenz, 2005), classifying the range values into levels and dividing them by the number of required strata. The ranges were interpreted as follows: 2.50–3.00 represented a high level of management of continuing education; 1.50–2.49, a medium level of management of continuing education; and below 1.49, a low level of management of continuing education.

Data analysis
Descriptive statistics were used to depict characteristics of the entire target group, and to investigate the problems for chief nurses in the management of continuing education of nurse midwives. ANOVA was used to find differences in the levels of management.
RESULTS

Most of the chief nurses (96.1%) had a bachelor’s degree. Their average age was 38.35 years (SD = 5.68), and they had worked for the government for an average of 13.72 years (SD = 5.09). Of the 103 participants, 13.6% were chief nurses of small (10-bed) hospitals; 57.3% were from medium-sized (30-bed) hospitals; and 29.1% were from large (≥ 60 beds) community hospitals.

It was found that the level of management of continuing education in nurse midwifery by the chief nurses was low (M = 1.24, SD = 0.45). However, when considering in detail the practice of each of the steps in the development process of continuing education of nurse midwives, it was found that: (a) For needs assessment for management of continuing education in advanced nurse midwifery, the level of practice was medium (M = 1.55, SD = 0.47); (b) For design of management methods for continuing education in advanced nurse midwifery, the level of practice was low (M = 1.08, SD = 0.44); (c) for implementation of a plan for personnel to acquire continuing education in advanced nurse midwifery, the level of practice was medium (M = 1.51, SD = 0.46); and (d) for follow-up and evaluation of the management of continuing education in advanced nurse midwifery, the level of practice was low (M = 1.34, SD = 0.46), as shown in Table 1.

In comparing the levels of management of continuing education in advanced nurse midwifery by chief nurses in community hospitals in the southern part of Thailand, it was found that there was no significant difference (p > .05) in terms of hospital size, as shown in Table 2.

The problems in the management of continuing education in advanced nurse midwifery by chief nurses in community hospitals were found to be: lack of manpower (70%); financial problems (45%); lack of speakers/lecturers in advanced nurse midwifery (38%); insufficient number of training courses in advanced nurse midwifery (29%); length of time of study leave taken for training (21%); and safety problems in the areas of unrest in the southern provinces (21%).

DISCUSSION

It was found that the level of management of continuing education in advanced nurse midwifery by chief nurses in community hospitals was low. Most of the chief nurses (98.1%) managed the continuing education of their personnel by encouraging them to attend lectures, discussions, or 3–5-day seminars. The reasons given by the chief nurses were:

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<td><strong>Scores According to the Size of Hospital</strong></td>
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<td>Size of hospital</td>
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<td><strong>Scores According to Management Process</strong></td>
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manpower (70%); financial problems (45%); insufficient number of lecturers (38%); and personnel having taken an insufficient number of courses in advanced nurse midwifery (29%).

In Thailand, very few educational institutions, either government or private, have a program of continuing education in nursing with an emphasis on advanced nurse midwifery (Kritcharoen et al., 2006). Only a few institutions offer such a program, but not on a regular basis (Lupthawan, Singchungchai, & Sothibandhu, 2004). However, the Ministry of Public Health has adjusted the role of nurse midwives in community hospitals to emphasize skills in providing all aspects of health services to recipients, focusing on primary health promotion, caring for chronic patients, women’s health, and hospital accreditation (Srisuphan, Suxchaya, Nuntabut, & Hatagit, 2002). Hence, nursing educational institutions have also changed their educational programs to meet government policies and changing illnesses (Lambert et al., 2004).

For this reason, chief nurses in community hospitals must oversee continuing education regarding care for patients with specific diseases and health promotion for general patients, rather than emphasizing only advanced nurse midwifery. In addition, the Nursing Council of Thailand has issued rules and regulations on registration, license issuing, license renewal, and other licenses for persons in the professions of nursing and nurse midwifery. These rules and regulations require nurses who want to renew their licenses to have more training in their profession, and to participate in continuing education activities to accumulate a score of at least 50 during the 5-year period before their licenses expire (Phattanakit, Nantsupawat, & Chontawan, 2007). In addition, the Nursing Council of Thailand has established a nursing continuing education center.

These developments are in line with studies in other countries which found that the preferred way of developing nurses’ abilities focuses on continuing education in health promotion through modern technology (Fullerton & Thompson, 2005; Lambert et al., 2004). In Japan, the Ministry of Public Health, in conjunction with the Nursing Association of Japan, provides continuing education for professional nurses, even though in Japan nurses receive a lifelong license with no need for renewal (Tirale, Ito, & Nakao, 2008). There, continuing education is organized either externally by other organizations or institutions, or internally by employers or a group of executives or institutions with a similar operation. In England, all nurse midwives are required to receive additional training for at least 5 days during each 3-year period after having registered as professional nurses (United Kingdom Central Council for Nursing, Midwifery and Health Visiting, 1991, 1992a, 1992b). In the United States, it is mandatory that all nurses take a practice examination to show their work experience and knowledge (Furze & Pearcey, 1999). The nursing councils in many other countries also require nurses who work in the labor room to further their study in advanced nurse midwifery.

In this study, it was found that 96% of nurses had an opportunity to receive continuing education regularly to gain more knowledge, especially by attending lectures and training classes to update their knowledge.

In comparing the levels of management of continuing education of nurse midwives by chief nurses in the south of Thailand, classified according to the sizes of community hospitals, it was found that the levels of management were not significantly different ($p > .05$). This is not in accordance with the principle of human development, which states that the larger the community hospital, the more complex the human resource development that should take place, due to their different types of health resources (Beaglehole & Dal Poz, 2003). Different sized hospitals provide different mother and child care services according to patients’ complications. The competence of nurses working in medium-sized and large-sized hospitals is, therefore, higher than those nurses working in small-sized hospitals which only care for normal, healthy pregnant women, mothers and children, without any health complications (Nursing Council of Thailand, 1996).

At present, all community hospitals in southern Thailand have a problem with human resources: that is to say, there are not enough nurse midwives
Singchungchai et al., 2005). Also, the number of nurses they have is below the minimum number required by the Ministry of Public Health (Lupthawan et al., 2004), whose policy is that every community health center should have at least two professional nurses, to distribute personnel to all parts of the country as well as to increase the quality of primary health services. Another cause of the human resource problem is the effect of private health businesses and the world’s free trade policy, which has prompted a number of nurses to work in other countries primarily for financial reasons.

There are other problems encountered by chief nurses in the promotion of continuing education. Financial problems might result from hospital budgets being allocated according to the number of people registered in the nationwide “Health for All” project. Small hospitals with fewer people registered will thus be adversely affected. Since human resource development requires funding, it might make administrators more concerned about its cost-effectiveness (Beaglehole & Dal Poz, 2003). There is also an issue regarding the travel required for continuing education. It was found that many nurses (21%) have a problem with the distance of the training site from their homes. This is similar to the findings of Edwards, Hui and Xin (2002), who reported that the most important obstacles to continuing education in Tianjin, China, were lack of time, financial problems, and travel distance. Nurses working in community hospitals in non-urban areas thus have less opportunity to receive continuing education (Chindathong, Nantsupawat, & Chontawan, 2007; Phathanakit et al., 2007).

CONCLUSION

The levels of continuing education management by chief nurses in all the community hospitals were low, primarily due to a lack of manpower and budgetary constraints. Therefore, the Nursing Council of Thailand should provide training and funds to support advanced nurse midwifery education programs in all parts of the country. Chief nurses should consider ways to improve the knowledge and ability of midwives so that they are better able to provide safe health care for mothers and children.

LIMITATIONS AND RECOMMENDATIONS

The limitation of this research is that it is a case study only of community hospitals in the southern part of Thailand. This is an area currently experiencing civil unrest, and where the mother and child mortality rate is higher than other parts of the country. The research budget was limited as well. In further studies, the sample size should be larger and cover the entire country. It is recommended that the Nursing Council of Thailand organize short training courses in advanced nurse midwifery in all parts of the country, while at the same time providing scholarships for nurses attending these courses to improve their skills.

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