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Quality Assurance Practices among Health Training Institutions: The Case of Holy Family Nursing and Midwifery Training College, Ghana

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Abstract

Background: Quality assurance of higher education has become a critical issue on the global higher education landscape, especially in the wake of the need for relevance, accountability and value for money. The commoditization, privatization, massification and new modes of higher education delivery, as well as trans-national education are believed to have triggered concerns about the quality of higher education globally. This study examined Quality Assurance (QA) practices in the holy family nursing and midwifery training college in the Bono Region, Ghana.

Methods: We employed a qualitative approach, using descriptive exploratory design. Recruitment of participants was done at the holy family nursing training college using purposive and snowball sampling. Twelve participants between the ages of 21 and 60 years were interviewed using a semi structured interview guide. The data gathered was analyzed using thematic analysis.

Results: The study revealed that the current internal quality assurance practices of the nursing training college concentrated on students admissions, teaching and learning, examination moderation and students' assessments. Inadequate resources, human resource issues, and leadership interference were some of the factors that compromise quality assurance practices in the health training institution.

Conclusions: It is important for the school to broaden the coverage of its current internal quality assurance practices to include post assessment moderation, student evaluation of courses and learning facilities.

Introduction

Quality concerns are a central theme in higher education both at the state and institutional levels of policy making [1,2]. Quality Assurance (QA) is frequently associated with procedures meant to improve higher education and make higher education institutions accountable to external stakeholders. It embraces the core higher education activities of teaching, research, scholarship and community service [3,4].

Quality assurance in higher education is critical in that it promotes social and ethical accountability [5]. The social aspect relates to higher educational organizations deploying their human and other resources and collectively producing graduates who satisfy the interests and fulfill the aspirations of stakeholders, including students, guardians, government and society. More specifically, in the case of health training institutions, newton adds that the social accountability also includes the willingness of the graduates to make any required adjustments or modifications to meet the needs of patients and the health care system in which they work [6]. Ethically, it is the moral responsibility of higher institutions to ensure that the human resources they produce meet the expectations of the users [7]. Thus, quality assurance in higher education is a mechanism for safeguarding the public interest and encouraging continuous improvement of all the processes involved in producing graduates [8].

Literature Review

Recognizing the need for quality in higher education in Africa, the African Union Commission (AUC), the Association of African Universities (AAU) and the United Nations Educational Scientific and Cultural Organization (UNESCO) cluster office have been vigorously involved in developing and entrenching quality assurance in African higher institutions. Together, these continental organizations have called on national authorities and Higher Educational Institutions (HEIs) to set up quality assurance departments to strengthen both internal quality and external quality assurance in African universities [9].

In Ghana, quality of higher education has been high on government agenda. Following the establishment of universities rationalization committee in 1987 and the subsequent reports in 1988, the recognition of the need for reforms in higher education became apparent. The aim of the reforms was to ensure quality in higher education leading to the establishment of two institutions: the National Accreditation Board (NAB) and National Council for Tertiary Education (NCTE) in 1993 [10]. Both institutions were established to regulate and have oversight for quality and policy of tertiary education in the country. Since then, a number of initiatives, interventions, policy directives and instruments have been introduced to enhance and regulate quality of tertiary education [11]. These include: institutional and program accreditation, affiliation of newly established institutions to mentor institutions, academic audits, cyclical reviews, reaccreditation and institutional charter. In 2012, NAB further directed all higher education institutions in Ghana to set up quality assurance units. However, there were no

clear guidelines to help the institutions establish such quality assurance units [12]. It was also not clear what the roles and responsibilities of these quality assurance units were and where to fit them in the governance structure of institutions. Thus, many institutions encountered challenges in institutionalizing these quality assurance units.

NCTE and NAB have now been merged under a new education regulatory body act 2020 (act 1023). The act, which was given a presidential assent on 21st August 2020, establishes the Ghana Tertiary Education Commission (GTEC). Henceforth, dealings with now defunct NCTE and NAB are to be addressed by GTEC.

In an era of quality orientation, human rights and a consumer driven society; Nursing and Midwifery Educational Institutions (NMEIs) are expected to produce qualified graduates who will meet the needs and expectations of society. Nurses are to make the care of patients their first concern, treating them as individuals and respecting their dignity [13]. Notwithstanding these great expectations, reports of unsafe, poor and heartless care by nurses and midwives are heard day by day, in the media, at professional conferences and in everyday conversations. As these reports of appalling care and mismanagement unfold, questions are being asked about the quality of nursing education and the competence of newly qualified nursing graduates. The concern for quality in nursing and midwifery education is further necessitated by an increase in enrolment by Nursing and Midwifery Training Colleges (NMTCs).

Some previous studies have indicated that service quality and satisfaction are distinct constructs in healthcare [14,15]. Very limited literature exists on internal QA practices of higher educational institutions, especially nursing training colleges, in Ghana. This study, therefore, attempts to fill this gap by examining QA practices among health training institutions, using the holy family nursing and midwifery training college in the Bono Region as a case study. Specifically, the study seeks to: describe QA practices in the Holy Family Nursing and Midwifery Training College (HFNMTC) examine factors affecting these QA practices; and explore strategies for improvement.

Materials and Methods

Study design and setting

A qualitative research design, involving a descriptive exploratory approach, was adopted to study QA practices in the Holy Family Nursing and Midwifery Training College (HFNMTC). HFNMTC is a tertiary health training institution located at the Berekum district in the Bono Region of Ghana. The institution runs three programs: Diploma in Registered General Nursing (RGN), Diploma in Registered Midwifery (RM) and Diploma in Post Basic Midwifery (PBM). Both the RGN and the RM are six semester (3 years) programs, while the PBM is a four-semester (2 years) program. With staff strength of 70, the college is affiliated to Kwame Nkrumah university of science and technology and university of cape coast for the award of academic diplomas to graduates.

Participants

The study targeted administrators, registrars, senior personnel in charge of academic affairs, heads of departments and tutors. We included senior personnel who had worked in the institution for at least two years. All persons who had less than two years of experience

in the institution were not included. All those who were on transfer to different institutions were also excluded.

Purposive and snowball sampling techniques were employed to select participants for the study. The purposive sampling technique was used to select key managers of the institution. The managers who were purposively selected then assisted in selecting the other participants. The choice of a sample size for the study was not guided by any numeric figure, but under the principle of saturation [16]. That is, a stage where no new information was found from the participants.

Instrument and data collection procedure

The data collection instrument for this study was an In Depth Interview (IDI) guide. The IDI guide consisted of four sections. The first section covered the socio-demographic background of the participants such as: Gender, age, occupation, income level, ethnicity, place of residence and marital status. The second section focused on QA practices in the college. The third section examined factors affecting QA practices; while the final section explored possible strategies to improve QA practices in the health training institution. A copy of the data collection instrument is provided in the appendix. The interviews were conducted and transcribed within one month (from 3rd July to 2nd August, 2020). The participants were each taken through the IDI guide thoroughly so they could understand and provide the needed information for the research. The interviews, which were conducted in english, were tape recorded by two research assistants and one member of the research team. Where necessary, notes were taken in addition to the tape recordings. Averagely, each interview lasted 26 minutes.

Data analysis

The data was analyzed manually. Two research assistants with experience in transcription and qualitative data analysis assisted in transcribing the interviews. The transcripts were systematically read independently. After this, themes and subthemes were generated and codes assigned to them. The codes that were developed were combined into set of codes. It was guided by an inductive content analysis approach. This approach involves thorough reading of data before analyses [17]. It helped in identifying the major themes as well as sub themes that emerged from the data. The transcribed data was studied and, subsequently, organized into four main sections similar to the sections in the instrument. Quotes relevant to each theme were identified and used to support each of the themes in the presentation of the results.

Results

Characteristics of study participants

In all, 12 participants between the ages of 21 and 60 years were interviewed. The majority of the participants were male (78.5%), between the ages of 30-35 years (57%), married (63.9%) and residing at the college's premises (78.5%). On participants level of education, most (58.3%) of them were having masters' degree, with only 16.6% holding a diploma certificate.

QA practices in holy family nursing and midwifery training college

Four key themes emerged from the study: admission practices, teaching and learning practices, examination moderation and assessment practices. These are presented below:

Admission practices: Admission of students into training institutions is one of the quality practices healthcare colleges follow to admit students into the colleges. This internal QA strategy is used by the institution to ensure that students who gain admission into the school have the ability to pursue the academic program the institution offers:

Applicants who apply to the school and meet the entry requirements are invited to write entrance examination. Those who are successful in these examinations are later made to attend interviews, after which the successful ones are offered admission.

Teaching and learning practices: Teaching and learning practices emerged as one of the strategies to ensure that teachers who teach in the school have knowledge in pedagogy, content and are experienced to handle the courses they are offered to teach. This was what one of the discussants had to share.

With regards to ensuring quality teaching in the school, teacher applicants have to first meet the qualification requirements to teach in a nurses training college in Ghana. After an applicant has met this requirement, he/she is invited to go through rigorous interview processes. Successful applicants are then appointed or posted from Health Training Institute (HTI) to teach in the various schools.

Another participant had this to share as a way to improve teaching in the school the school organizes periodic in service training for the teachers. This is normally in the form of seminars and workshops and focuses on lecture preparation, lecture delivery, assessment and teacher student relationship. These strategies are used to transmit new knowledge on pedagogy and content of courses to staff. This enables the institution to enhance the quality of teaching offered to students.

Examination moderation: Examination is considered a key internal QA mechanism the institution uses to ensure quality teaching and learning in the school. The participants indicated that the school conducts examinations at the end of every semester. Tutors set examination questions together with their marking schemes. These questions are vetted by senior colleagues a month before examination and given back to the course tutors to make the necessary corrections before submitting them to the principal for selection. These questions are kept safely and made available to students to answer on an examination day at an examination venue. Examinations are conducted under strict invigilation to ensure that students do not engage in any form of malpractices.

Assessment practices: Assessment practices as a form of QA in the institution are in two forms: tutor assessing student and student evaluation of teaching and learning. Examinations are used to evaluate students on the courses they have studied. This strategy enables the institution to monitor student's progress as they go through the academic programs offered in the institution. As a way of ensuring that tutors meet set standards, students are asked every mid year and at the end of each semester to evaluate the performance of their tutors.

I think, to some extent, quality assurance exists; you get what I am saying? Because you look at it, every semester there is that kind of assessment. Students assess all the tutors. I do not know, but I think every mid year there is that kind of assessment not only the end of the semester, but by the mid year, there is that kind of assessment that has been carried out on tutors to know whether they are performing or not.

Factors affecting QA practices in the institution

There are various factors that inhibit quality assurance in the nursing training college which could, to a larger extend, influence quality of services including students' academic performance. The findings revealed three key thematic areas based on the individual responses of the participants, namely: Lack of equipment and facilities, inadequate personnel and leadership interference.

Equipment and facilities

Concerns about inadequate equipment and other logistics, were discovered as factors affecting QA in the training institution. In most of the college facilities, it was reported that the equipment was old and in poor working condition and that maintenance and replacement of such equipment was a challenge. Inadequate facilities and equipment impact negatively on service delivery and the quality of service. Shortage of appropriate administrative equipment and lack of necessary skills hampers appropriate stock control, sometimes causing stock outs. This is what one participant had to say:

- How can a school perfectly run without resource availability? Unless we are going online or using zoom to run the school. Even that one, you need data and internet. What this simply means is that, for quality assurance practices to effectively work, you need some basic things, for instance, you need a printer and other stationery, tables and chairs and other essentials logistics are what we need to comfortably work as a team or tutors in this noble institution.
- **Another participant also stated:** I think the QA office needs uplifting in terms of resources, even where they are located. That office there is just a symbol to let people know that quality assurance office has been set up, when really; staffs there are not given the actual space to do their work.
- **A third participant added:** I know as an institution, we strive to ensure quality in the sort of service that we deliver, but having a body to actually check that there is quality, I think we are lacking that. The quality assurance unit exists, but for me it exists as a unit. The staffs do not have the power and the resources needed to do their work. So, I think that the office has just become symbolic. What they need to do their work is lacking.

Inadequate personnel

Lack of personnel in the established QA unit was reported by the participants as a key factor affecting quality assurance in the school:

- The human resource in that office is a challenge because just one quality assurance officer, the rest are teaching staff performing a dual role. Elsewhere, quality assurance staff solely undertakes quality assurance activities and based on that they deliver.
- If I were put in that office, I think the challenges that they have; any tutor could have the same challenges because it is a job on its own. So personally, I think that it should be given to an independent person, even if the person was recruited to teach, that person should be allowed to function well so the rest of us can do the work for the person to oversee. But in this case two tutors are there, they all have courses to teach, some even up to three courses. So how would the person be able to supervise me or make sure that I am doing the right thing or have time to go to the kitchen to make sure we have

good food or good ventilation at the hostels? So, for me, I think the workload is too much for them to function.

Leadership interference

The participants revealed that the school is bedeviled with a number of leadership interference in its core duties which usually at the end translate into low productivity:

- For me, I think a lot because, as I said, the office itself does not have a clear term of reference. And for me, I think that is what even gives management the opportunity to interfere. Because if management is aware that we have this unit, and they are supposed to ensure that we ourselves as school authorities do what is required of us then I think they will be guided, but there are no clear terms of reference. And I have witnessed a lot of instances where the head of the unit put in a lot of interventions and it is been countered by some authorities and is like people feel that they work under them irrespective of whatever office they are manning, they are in charge of the institution and the quality assurance unit must even report to them, yes, they might report to them but they must also take whatever you know. So, there is a clear case of interference in the activities of the quality assurance.
- This is difficult to say, but our leadership interferes. I think I have witnessed on several occasions where they send issues and they will be brought down. But at the faculty level we think those things should be given to us, for those decisions should be agreed, so that we can also do better. You know some answers are confidential but honestly, they interfere a lot, is like somebody has put you in a situation but the person is just putting you in it so that when people come from outside, they will know that the thing is there, but they really do not allow the person to work independently.

Strategies to improve quality assurance

The participants shared three key strategies to improve QA practices in the health training institution: allocation of resource in support of day to day running of the school, good leadership style, and motivation.

Allocation of resource in support of day to day running of the school

The participants revealed various constructive strategies and resources to reorganize their day to day and administration of colleges. This involved seeking government mass distribution of logistics such as writing desk, laptops, projectors, teaching staff, means of transport among other essentials resources:

- I think they should be given a budget yearly to work with, so that if they come out with activities like tutors need printers to work with, it will be effective. Quality assurance when given a budget will help make things easier. And of course management should look at some of the things that the quality assurance wants to implement and stop turning everything down.
- For me, I think quality assurance is very important. We are in competition with other health training institutions and what will set us apart is what we do differently from what others do. That brings out the best in the products that we put on the job market. And we can only realize this when there is quality assurance unit that serves as a check to the things that we do. So, I think is very important the school authorities should take note of that and empower them to do what they are supposed to do.

Good leadership

According to the participants, an institution with good leadership style automatically stands to improve institutional shortcoming, hence development.

- Good leadership in quality assurance is very important. Leaders are to set the example and ensure that all staff behave or act in a professional manner. As a leader, you should not give room to any dishonesty in teaching and learning, especially in higher educational institutions. A leader is also expected to foster open communication from all employees in order for all levels within the organization to work together to implement improvement strategies.

Motivation

Motivation was another main theme that emerged from the interviews. The strategy, motivation is an essential tool and its implementation leads to effective and efficient teaching and learning, hence attainment of quality education. Motivation, the participants revealed, could come in a form of staff development and training, participatory decision making, good working conditions, remunerations, promotion, job security, recognition of teachers profession (teachers professionalism), conducive working environment, provision of adequate instructional materials/teaching aids, scholarship for further studies, and sponsorship for both local and international seminars, conferences and workshops. Following that, these were some of the stories shared by some of the participants.

- The motivation of a teacher increases the teacher's empowerment in their profession. Well motivated educators can perform their assigned duties efficiently. It is clear that if the educators are well stimulated then teaching and learning takes place successfully.
- Also, contingent rewards such as best tutor award, most discipline tutor, best mentor for students are positive skills for the educational administrators to stimulate the workers to strive hard and to obtain set objectives.
- As a way of motivation, the institution should get permanent professional quality assurance officer or manager to take charge of activities in the office, we are under resourced, let's say in terms of human resource but yet still they can do better. What they are doing is good, but they can do more, there is more room for improvement. So, if there are any resources that the institution can equip that office with in order for it to perform its mandate then they should do it so that they will be able to do their work.

Discussion

Summary of findings

The main objective of the study was to explore QA practices in the holy family nursing and midwifery training college in the Bono Region of Ghana. Four themes of QA practices emerged: admission practices, teaching and learning practices and examination moderation and assessment practices. Findings from the study also revealed three key factors that inhibit effective QA practices in the nursing and midwifery training college: Lack of equipment and facilities, inadequate personnel and leadership interference. Allocation of resources to support day to day running of the school, good leadership style and motivation were found as strategies to improve QA practices in the health training institution.

Comparison with existing literature

There is limited literature on internal quality assurance practices in nursing and midwifery training institutions in Ghana. Two previous studies on the topic have been quantitative analytical cross sectional designs, using pre defined internal QA practices [18,19]. This did not permit a detailed exploration of the actual QA practices in the studied institutions.

Within institutions of higher learning, one of the most common forms of QA is self evaluation [20]. However, we observed that self evaluation was not part of the school's internal QA practices. Self-evaluation is important because it empowers institutions to take charge of the quality of their performance without the pressure often associated with external review. Self-assessment also enables institutions to identify their strengths and weaknesses, as well as generating awareness of key performance indicators. Thus, self-evaluation is considered among the most valuable aspects of QA processes [21].

The establishment of a functional QA committee or unit in a health training institution to be in charge of auditing internally, watching over and assessing QA systems is one of the key recommendations by WHO. To this end, GTEC has been mandated to ensure the existence of a functional QA unit in all health training institutions in the country. We found that the holy family NMTC had a QA unit; however, the unit was under resourced, thus rendering it inactive. This observation concurs with Tankpara and colleagues study, where 67.5% of health tutors they surveyed indicated that QA units/committees in NMTCs in the Northern Region of Ghana were inactive. It is important for NMTCs in the country to empower their QA units so they could function per recommendations by regulatory bodies to ensure quality training of nurses and midwives.

We found that an inadequate resource was one of the key factors affecting the effective operationalization of QA in the college. This finding supports aerogun's observation that a significant positive relationship exists between instructional resources and academic performance. According to aerogun, schools endowed with more material resources performed better, in terms of quality, than schools with inadequate resources.

Good leadership is one of the core pillars of development and performance of most colleges. In a similar vein, good leadership affects effectiveness of various organizational conditions including some personal and interpersonal behaviors. Leader effectiveness indicates the importance of self-sacrificial work that will bring greater benefits to the leader's organization. This study however revealed that the school was bedeviled with a number of leadership interference in its core duties which usually at the end translated into low productivity.

Conclusion

This study has provided insights into the current internal quality assurance practices of the holy family nursing and midwifery training college. The institution engages in some internal quality assurance practices which enable it to ensure quality students admissions, quality teaching and learning, quality examinations and quality assessments. In the light of the findings, there is the need for the school to enhance its management and teaching style, as well as leadership style to meet the best for the training institution. Also, the institution needs to extend its QA practices to cover areas such as post assessment moderation and self-evaluation of courses and learning facilities. This could help fortify the QA practices in the college. Further, management of the school needs to provide the QA office with the needed resources to enable it function effectively. Finally, further studies are needed to explore QA practices in health training institutions and other institutions of higher learning in the country.

Limitations

This study adds to the few studies that have examined internal QA practices of nursing and midwifery training colleges in Ghana. The findings provide useful information that could inform policy decisions on strategies aimed at ensuring effective internal QA practices and procedures to supplant external QA systems in the training institution. That notwithstanding, the study is not without limitations. Being a qualitative study with all participants from a single institution means the findings are limited to the studied institution and may not be generalizable to other nursing and midwifery training colleges in the country.

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