

EMPIRICAL RESEARCH MIXED METHODS OPEN ACCESS

A National Evaluation of Undergraduate Nursing and Midwifery Curricula

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ABSTRACT

Aim: To conduct a comprehensive review of Undergraduate Nursing and Midwifery Curricula leading to registration in Ireland.

Design: A mixed methods approach using a curriculum evaluation framework that was underpinned by the philosophy and principles of appreciative inquiry.

Methods: Five separate workstreams completed an evaluation of national policy documents and international curriculum documents, a literature review and two phases of stakeholder engagement including a graduate survey and peer-grouped stakeholder focus groups. The workstreams were emulated for the professions of nursing and midwifery.

Results: National policy indicates a significant shift in healthcare delivery to the community environment, with a strong focus on the social determinants of health and a flexible interprofessional workforce. International curricula review revealed that nursing and midwifery education was split equally between academia and clinical practice at bachelor's degree level. Graduates were assessed for clinical competence with a variance of four to seven domains of competence evident for nurses and five principles for midwives. Direct entry midwifery was not widely available. The graduate survey identified that students were satisfied with the academic components of the curriculum; however, significant challenges in clinical placement were reported. Stakeholder focus groups reported a need for a learner-focused approach to the curricula, increased access to education, a deeper understanding and appreciation of the various roles required to educate nurses and midwives and a recognition of midwifery as a separate profession.

Conclusion: There is a need for a significant revision of the current nursing and midwifery curricula to meet the future healthcare needs of the diverse patient population with a community-focused delivery.

Reporting Method: The good reporting of a mixed methods study was used to guide the development of this manuscript.

The research was overseen by an Expert Advisory Group chaired by Mr Paul Gallagher and co-chair Prof. Fiona Timmins. Members included the following: Kisty MacAdoo, Mr Bill Vaughan, Ms Margaret Saunders, Ms Claudine Frame, Ms SORCHA Boyle, Ms Kelly Mofflin, Ms Carolyn Donohoe, Dr Ann Gallen, Ms Marie Kilduff, Ms Fiona Hanrahan, Ms Maeve Mooney, Mr Ciarán Mac an tSaoir, Mr Peter Casey, Ms Eleanor Starre, Ms Orla Hayes, Ms Sarah Louise Hosford, Dr Gerardina Harnett, Professor Calvin Moorley and Associate Professor Beata Dobrowolska.

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Patient or Public Contribution: An Expert Advisory Group (EAG) was appointed to oversee the conduct of the research project and advise the research team as requested. There were five service user representatives included in the membership of the EAG. This included one representative from each of the divisions of the nursing and midwifery register in Ireland. A separate stakeholder engagement focus group was also conducted for the research upon the request from the service users.

1 | Introduction

The regulatory authority, the Nursing and Midwifery Board of Ireland (NMBI) publish standards and requirements to guide the design, development, delivery and evaluation of the nursing and midwifery registration education programmes. The last review of nursing and midwifery education curriculum, in Ireland, was in 2012, which led to the development of revised standards and requirements in 2016. The nursing standards were subsequently updated in 2023 (Nursing and Midwifery Board of Ireland 2023).

The health service has undergone significant reform since the last review of nursing and midwifery curriculum. The implementation of Sláintecare policy and the National Maternity Strategy (Government of Ireland 2016) to deliver healthcare as close to a person's home as possible is evident, with the noticeable emergence of community hubs nationally. The demographics of the population of Ireland and the healthcare workforce has also changed dramatically since that time. One-third of nurses and midwives registered in Ireland are non-Irish (Nursing and Midwifery Board of Ireland 2022) and in 2021, 61% ($n=3021$) of first-time registrants with NMBI identified as non-European Union (EU) citizens (Nursing and Midwifery Board of Ireland 2022). Nursing and midwifery combined remains the largest group of professionals in the workforce. This research presents the findings of a comprehensive review of the 'Undergraduate Nursing and Midwifery Curriculum leading to Registration in Ireland' (RUN ME).

2 | Background

The healthcare sector in Ireland has undergone significant changes and continues to evolve rapidly in response to the changing needs of the population. Over the coming decades the population will see a significant increase in the number of people over the age of 65, who will require health services to meet their needs. Ireland, like many high-income countries are experiencing a reduction in fertility rates, which has the potential to affect birth rates and maternity services in the future (Bhattacharjee et al. 2024). With such a change in demographics there is a need to develop strategies that proactively respond to and manage the healthcare needs of the Irish population in the 21st century.

Both nursing and midwifery education programmes will need to be responsive to the shift in focus to community-based healthcare and align with national health priorities for the development and delivery of healthcare services set out in the National Health Policy document, Sláintecare (Committee on the Future of Healthcare 2017). Nursing and midwifery education will also need to include a focus on digital health given the continuing growth in the use of technology to support health and well-being. Within this context, curricula for undergraduate programmes must be informed by evidence, guided by national

health priorities and provide a combination of theory and practice. Programmes to prepare nurses and midwives for the future will need to be high quality, sustainable and innovative to develop registrants who are equipped to respond to the continually changing needs of the people in their care. This is in the context of person-centred care where future leaders will retain the values of compassion, care and commitment.

3 | The Study

3.1 | Aim and Objectives

The aim of the research was to conduct a comprehensive review of nursing and midwifery undergraduate education programmes leading to registration in Ireland. Objectives included the following.

- Conduct a systematic scoping review to identify the optimal characteristics of clinical practice placement.
- Examine the current structure and content of the undergraduate nursing and midwifery education programme curricula in Ireland.
- Explore best practice in international nursing and midwifery curricula structure and content.
- Examine the current divisions of nursing and midwifery registers in Ireland and explore how these compare internationally.

4 | Methods/Methodology

To ensure a comprehensive review was completed the research team utilised Stufflebeam (1971) CIPP evaluation framework underpinned by appreciative inquiry (AI) principles (Figure 1) and philosophy (Cooperrider, Whitney, and Stavros 2008). This mixed methods approach was used because of the complexity of the research question and to complete a comprehensive evaluation. The CIPP framework involves review of the planning (context), structuring (input), implementing (process) and recycling (product) of the curriculum. Its value in nursing curriculum evaluation lies in how it examines the relationships among curriculum elements which may lead to a determination of the nature and degree of integration in the curriculum (Iwasiw, Andrusyszyn, and Goldenberg 2020).

AI is a philosophy and a methodology for positive change in organisations (Watkins, Mohr, and Kelly 2011; Cooperrider, Whitney, and Stavros 2008). The view that organisations as living systems do not have to look for which part is causing a problem but focus on the idea that built into the fabric of the professions of nursing and midwifery are processes and

Summary

- The research conducted a comprehensive review of undergraduate nursing and midwifery curricula in Ireland. The project included broad stakeholder engagement and evaluation of the curricula in line with national healthcare policy.
- A significant modernisation of the nursing and midwifery curricula is required to prepare the workforce to meet future healthcare delivery requirements. The redesigned curricula must be learner-centred and include improved integrated clinical and academic teaching across a broad variety of healthcare settings. Bachelor's degree programmes, inclusive of student supernumerary status, culminating with an internship period are recommended for the future curricula. The model of clinical supervision of nursing and midwifery students requires additional attention to reform the current structure. The social determinants of health should be embedded throughout the curricula to meet increasing diversity in the nations' population. There is an opportunity to increase interprofessional learning through simulation and increased digital health preparation of the nursing and midwifery workforce. Midwifery must be recognised as a separate profession both in education and healthcare policy development.
- The research will impact all grades of nurses and midwives in Ireland. The findings will also inform other countries with similar shifts in healthcare policy and populations.

potentials enough for the professions to move toward the desired visions (Watkins, Mohr, and Kelly 2011). The theory of social constructionism and the power of image underline AI (Cooperrider, Whitney, and Stavros 2008). The practice of AI resists the exercise of problem finding, deficits and blame to focus on solutions, using the image of how a situation ought to be and creating a path toward the future. In this research AI is rooted in the values of the emerging paradigm, which is undergraduate nursing and midwifery education. In this mode the professions of nursing and midwifery create and move toward the vision of the desired future with a world view that acknowledges all the interconnecting parts of a system (Watkins, Mohr, and Kelly 2011).

4.1 | Design

There were three integrated phases (Figure 2) involving five workstreams in the research, data collection, data analysis and reporting, which were continually informed by engagement with an Expert Advisory Group. The workstreams included documentary analysis of (a) policy and (b) curriculum documents and (c) a scoping review of the literature (this will be reported separately), and two separate workstreams related to stakeholder engagement included (d) graduate survey and (e) peer-based stakeholder focus groups. Where engagement with stakeholders was included, it used AI philosophy and methodology to focus

on positive changes for the education of nurses and midwives in the future. The nursing and midwifery curricula adhere to separate standards and requirements therefore each workstream was duplicated to evaluate the midwifery curriculum.

4.2 | Study Setting and Sampling

Each workstream required alternative sampling methods and inclusion/exclusion criteria:

- a. Policy document review included an analysis of all healthcare policy documents in Ireland published since the last curriculum evaluation in 2012.
- b. Curriculum document review included analysis of a sample of regulatory documents to guide European and International nursing and midwifery curricula from across all continents of the globe. The respective curricula were required to be available online and in English.
- c. Graduate survey sample population was all nursing and midwifery graduates during the 2022/2023 academic year in Ireland. The sample was estimated to be 1800 people.
- d. Stakeholder focus groups included a purposeful representative sample of nurses and midwives in Ireland from the following grades: Senior stakeholders, academic, clinical staff, preceptors, service user representatives and union representatives. The population for each group was undetermined. The research team sought regional and mixed representation for each focus group. There was a total of 12 focus groups, 6 nursing groups, 4 midwifery groups and 2 mixed groups (service users and union representatives). The target size for focus groups was informed by Polit and Beck (2022) recommendation that groups consisting of 6–12 participants was an optimum size.

4.3 | Instrument With Validity and Reliability

The graduate survey instrument utilised dimensions from the Course Experience Questionnaire (CEQ) and the UK National Student Survey (NSS). The CEQ was originally developed in Lancaster University (Ramsden) in the 1980s and is an early example of a survey designed to capture student perceptions of course quality at a national level (Langan and Harris 2019). The CEQ is based on a concept of university teaching and learning in which students' perceptions of curriculum, instruction and assessment are considered as key determinants of their approaches to learning and the quality of their learning outcomes (Wilson, Lizzio, and Ramsden 1997). Criterion validity has been established for each domain within the CEQ (Wilson, Lizzio, and Ramsden 1997). The CEQ is currently utilised to survey all graduates from the higher education system in Australia. The NSS is based on the CEQ and is a long-established aspect of higher education provision used in England, Wales and Northern Ireland since 2005 (Satterthwaite and Vahid Roudsari 2020). The NSS is purported to have a robust design in relation to consistency and validity (Cheng and Marsh 2010). The NSS is a highly reliable test, both at question and domain levels (Satterthwaite and Vahid Roudsari 2020).



FIGURE 1 | Methodology: AI philosophy embedded in CIPP evaluation framework.

Overall, the 41-item survey instrument incorporated all CEQ dimensions (37 items, 6 dimensions) and one section from the NSS (6 items) related to clinical placements. The dimensions included clear goals and standards, generic skills, appropriate workload, assessment and feedback, learning resources, student voice and practice placements. A five-point Likert scale was incorporated, with graduates indicating their extent of agreements of varying aspects from definitely agree to definitely disagree. A text box was included at the end of each survey to allow students the opportunity to add in any additional comments on their experience of the programme. An additional open text box was included at the end of the survey where graduates were asked to provide a contact email address if they wished to receive an invitation to a peer focus group at a later date. This graduate contact information was collected separately from the anonymous survey data.

4.4 | Data Collection Data Analysis

The research design included multiple modes of data collection and analysis.

- A protocol to conduct a review of the Irish health and social care policy documents was prepared to conduct the analysis of the documents identified (Dalglish, Khalid, and McMahon 2021). The READ approach is a systematic method of qualitative health policy research (Dheensa and Feder 2022). There are four stages in the procedure including, (i) readying the material, (ii) data extraction, (iii) data analysis and (iv) collate the findings.

Data extraction and analysis were iterative as the findings continually informed the team on how to interpret the data. The data were analysed for trends, similarities, differences and evolutions. It was anticipated that coding would be agreed during data extraction. The research team applied a simple approach used by Dheensa and Feder (2022), using an excel spreadsheet where each row represented the health and social care documents, and each column represented a category of information.

Each document was first read by two team members and explored using a broad set of questions to determine the suitability for closer analysis (Dalglish, Khalid, and McMahon 2021). When it was identified that the document was relevant to answer the research question, it was then selected for closer analysis and data extraction. Data extraction and analysis were iterative as the findings continually informed the researchers how to interpret the data. The data were then analysed for trends, similarities, differences and evolutions using a content analysis framework (Krippendorff 2018):

- The research team familiarised themselves with the data searching for generalisations related to nursing and/or midwifery.
- Codes were generated and labelled that outline the description of the role of the nurse/midwife in the policy document.
- Coders discussed the individual codes recorded and discussed similarities and overall findings related to the role of the nurse/midwife described in the policy documents analysed.

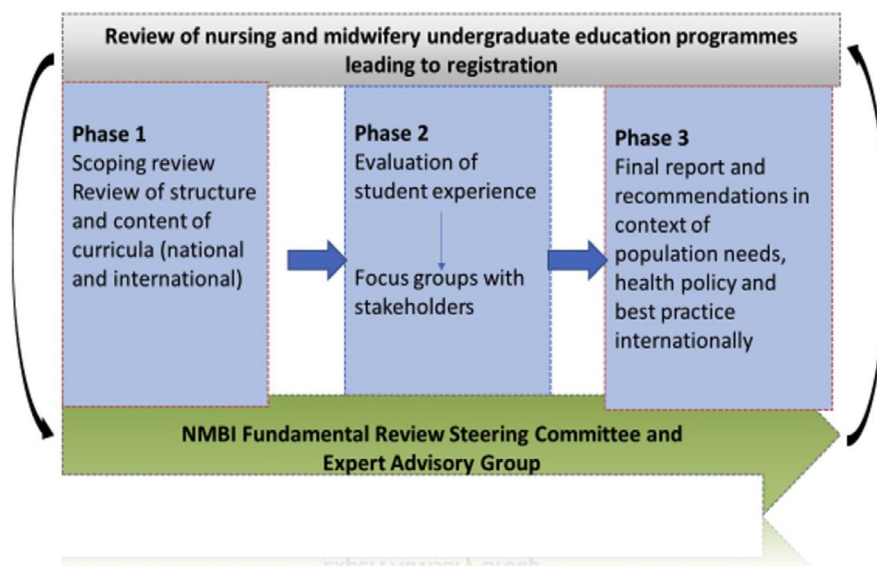


FIGURE 2 | Flow and integration of data to inform the review.

- b. The READ systematic method (Dalglish, Khalid, and McMahon 2021) was similarly applied to the review of curriculum documents. The decision to explore curricula guideline documents was based on the knowledge that education bodies develop a curriculum based on the guidelines provided by governing authorities, institutional philosophy, policies and structures. It is therefore reasonable to expect that there were significant variances in nursing and midwifery curricula between education bodies. Using an excel spreadsheet where each row represented the selected country, and each column represented the category of information.

Following the systematic approach described, documents deemed suitable to answer the research question were selected for further analysis. The data extraction tool identified several categories:

- The regulator.
 - Education provider.
 - Level of academic award.
 - Standards and requirements (yes/no response).
 - Competency framework (yes/no response).
 - List the domains.
- c. The graduate survey data included a cloud-based anonymous survey. All students (approx. 1800) on the NMBI candidate nursing and midwifery register, and in the final year of their programme were invited to participate.

Data were analysed using descriptive statistics. Measures of central tendency included the mean and median, and measures of variability, standard deviation, range, minimum and maximum. Frequency and frequency percent were explored. Inferential statistics were used to draw conclusions about the population that participated in the online survey.

- d. Online focus groups were conducted to undertake the qualitative aspect of this study. Yeoman and McMahon-Beattie (2019) suggest that these new types of focus group utilise the principles of traditional focus groups but have adapted because of technological advancement. Interaction between the participant focus groups results in a greater depth and breadth of discussion and adds emotion to the conversation (Gammie, Hamilton, and Gilchrist 2017), and utilises group dynamics to access rich information from the group's participants (Polit and Beck 2022). Online focus groups facilitated participation from various geographical regions and in turn eliminated the burden on participants to travel (Stewart and Shamdasani 2017). According to Richard et al. (2021) online focus groups facilitate similar quantity and quality of information collection at a much-reduced cost. A protocol was developed to ensure there was consistency between the focus groups. Each focus group was facilitated by two members of the research team. One facilitator led the group questions and discussions and the co-facilitator provided support to the lead facilitator and participants as required, ensuring all queries raised were addressed and notes taken of key points discussed. All focus groups were recorded on the registered zoom account of the principal investigator.

Recordings from focus groups were transcribed verbatim and any identifiable information was removed. Transcripts were checked for accuracy by the research team. Data were analysed using (Braun and Clarke 2022) thematic analysis framework. Themes were developed, discussed and a consensus reached among the research team.

4.5 | Ethical Considerations

The research involved human participation for two work-streams related to stakeholder engagement, therefore, it was

essential that human research ethical approval was gained in advance of data collection. A declaration of low-risk ethical consideration was submitted to University College Dublin (UCD) Human Research Ethics Committee—Science (HREC-LS) for exemption from full ethical review for both workstreams. This decision was formed by the research team who determined that the content was non-emotive, related to professional work and the information was anonymous. This declarations were accepted by UCD (HREC-LS), reference LS-C-22-164-Ryder (survey) and LS-LR-23-03-Ryder (focus groups).

The balance of power was a consideration for the graduate participation; therefore, an anonymous online survey was proposed to protect graduate's identity. In addition, no identifiable data was included in the survey. Demographic questions focused only on the route of entry into nurse/midwifery education and the divisions of the register. Participants were informed of the survey via an NMBI newsletter, social media announcements and email. All communication contained a direct link and QR code to the survey.

When the survey was accessed, participants were required to read an information sheet and select the option to either consent/do not consent to participate in the survey. Participants were required to indicate their consent to access the graduate survey. Participants were free to leave the survey at any time and were asked to provide their contact details at the end of the survey if they wished to be contacted to participate in the peer focus group for graduates.

Following approval of the low-risk declaration by HREC (reference LS-LR-23-03-Ryder), focus group participants were contacted via an email to the respective organisations, who were asked to forward to the relevant individuals. The email included an information leaflet and a consent form that was returned to the research team indicating willingness to participate. A calendar invitation with an embedded zoom link to the relevant peer focus group was forwarded to each consenting individual. Consent to participate was reiterated at the beginning of the focus groups prior to recording. Participants were advised they were free to leave the group at any time.

5 | Results

5.1 | Healthcare Policy Review

Thirty-four healthcare policy documents were analysed. There was little evidence of inclusion and/or consultation with the professions of nursing and midwifery in the policy documents.

- It was evident that the nursing and midwifery professions have undergone significant evolution to the roles due to healthcare policy recommendations since the last review of the undergraduate curricula.
- Future policy is directed toward a service delivery design which is community based and comprehensive. This is in direct contrast to the current focus of nursing and midwifery clinical practice preparation.

- Healthcare policy has a strong focus on the social determinants of health that affect the health and wellbeing of an individual and transcend health and social care.
- There is strong evidence of changing diversity of the population, including an increased ageing population, increased ethnic diversity, a wider range of gender identities being represented and changing location of healthcare delivery. Midwifery strongly refers to holistic woman-centred health.
- Interprofessional working, governance, and learning experiences are strongly referenced in health policy documents.
- The focus on preparation for, and delivery of digital healthcare stands out as the most prominent feature of change in healthcare policy in recent years. This impacts on both disciplines of nursing and midwifery.

While it was acknowledged that policy documents specifically related to midwifery were well aligned with the standards and requirements of midwifery education, overall, there is a lack of understanding of the role of midwives and a persistent use of the words nursing and midwifery in combination, even when the subject matter did not relate to midwifery.

5.2 | Curriculum Review

Four European and eight international nursing and midwifery curricula documents were analysed. Only countries that had a bachelor's degree level award were selected. In general, it was found that the Irish curriculum guidance from the regulator is more prescriptive in comparison to those in other jurisdictions reviewed.

- The EU directive 2005/36/EC amended 2013/55/EU is widely used as the curricula guidance document across Europe as a stand-alone document for the education bodies to interpret and apply. Article 31 of the 2005/36/EC directive identifies that the training of nurses shall comprise of at least 3 years of study or 4600 h of theoretical and clinical training, with the theoretical instruction representing at least one third, and the clinical instruction at least one half, that is, a minimum of 2300 h.
- All programmes for nursing and midwifery include 50:50 academic and clinical practice components.
- Half of the countries analysed had a 3-year bachelor's degree curriculum in Nursing. No country offered a curriculum longer than 4 years. Jordan, South Africa and China offered a curriculum over four full calendar years, while the United Kingdom offered a 3-year full calendar year programme.
- There were between four and seven domains of competence across countries.
- The integrated children's and general curriculum is unique to Ireland.
- Seven countries identified direct access midwifery curricula: Belgium, Australia, New Zealand, United States of America (USA), United Arab Emirates (UAE), Canada and the United Kingdom (UK).

- The UK and Canada also offer direct entry Psychiatric Nursing and Midwifery bachelor's degree curricula. Italy and the UK offers a direct entry paediatric curriculum.
- Midwifery curricula internationally was often based on the International Confederation of Midwives (ICM) Global Standards for Midwifery Education (2021)

5.3 | Graduate Survey

A total of 363 responses were included in the analysis of the graduate survey. Half of the graduates (50%; $n = 180$) that completed the survey reported being satisfied with the curriculum. A greater proportion of satisfied graduates completed integrated children's and general nursing curriculum (69%; $n = 32$), compared to intellectual disability nursing (59%, $n = 32$), midwifery (52%; $n = 23$), general nursing (49%; $n = 74$) with the least satisfied group were psychiatric graduates (44%; $n = 43$). Most graduates (Figure 3) reported that they were satisfied with the teaching staff according to the good teaching scale. Expectations from faculty members related to academic standards were clear for graduates, with the exception of midwifery and intellectual disability graduates (Table 1).

It was reported that the course had a positive impact on all the graduate attributes. Chi-squared statistics were used to analyse between divisions of the register and identified that graduates from intellectual disability were less confident than general nurses about tackling unfamiliar problems (Table 2). This comparison was statistically significant. It was reported that assessments were appropriate, however feedback should incorporate more than just grades.

There was a strong indication from participants (77%; $n = 277$) that the current workload placed a lot of pressure on students. Half of the survey participants (50%; $n = 181$) reported that the sheer volume of coursework covered made it difficult to comprehend everything. Chi-squared analysis between divisions indicate this was statistically more prevalent among psychiatric and general compared with children's and general graduates. All

graduates reported there was little choice related to areas they wished to study, between assessments and required work.

Survey participants reported they did not receive adequate preparation for practice placements, in particular midwifery graduates (Table 3). Graduates in general and psychiatry did not feel valued as clinical team members and did not receive opportunities to practice the required learning outcomes. All graduates indicated they did not receive adequate supervision during placements and that their supervisors did not understand how the placement related to the broader course requirements.

The open text comments revealed that the bachelor's degree level preparation was positively reported by graduates. Survey participants reported experiencing a negative effect on their mental health during practice placement with a lack of support and feeling unwelcome. This was somewhat due to poor staffing levels. Graduates commented on the repetitive content in theory modules that did not prepare them sufficiently for clinical practice. It was recommended by graduates that clinical skills and pharmacology be introduced early in the curriculum, with a more even distribution of the workload across the 4 years. Participants expressed that having academic assignments due for submission while on clinical placement caused distress.

5.4 | Stakeholder Focus Groups

There was a total of 95 participants across 12 focus groups, which were arranged according to peer groups. A graduate focus group did not occur due to a lack of response from the survey participants contacted. The AI approach was used during the focus groups. The discovery phase identified the core values and core learning components of nursing and midwifery curricula. Both professions were described as trusting, caring, advocates, communicators and the human face of healthcare. Midwifery professionals reported that it was a core value of the profession to be distinct from nursing. The core components of the curriculum included bachelor's degree preparation, the equal split between academic and clinical practice, the supernumerary status for students, reflective practice and internship.

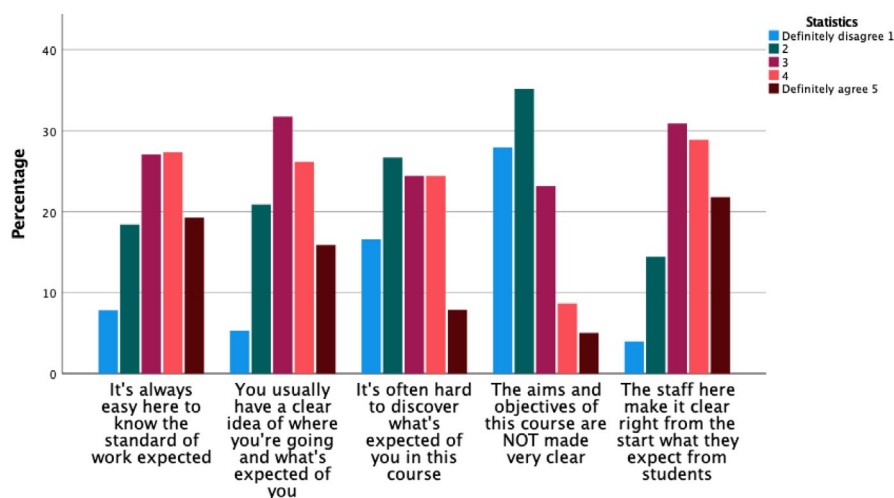


FIGURE 3 | Good teaching scale.

TABLE 1 | Clear goals and structures scale percentage between disciplines.

	I am a candidate nurse/midwife in the following division of the NMBI Register				
	Children's and general	General	Intellectual disability	Psychiatric	Midwifery
	% (n)	% (n)	% (n)	% (n)	% (n)
It is always easy here to know the standard of work expected					
Definitely disagree 1	9 (4)	6 (9)	9 (5)	9 (4)	7 (3)
2	15 (7)	20 (29)	15 (8)	18 (8)	25 (11)
3	17 (8)	29 (44)	26 (14)	29 (13)	27 (12)
4	38 (18)	23 (34)	33 (18)	29 (13)	25 (11)
Definitely agree 5	21 (10)	22 (33)	17 (9)	15 (7)	16 (7)
You usually have a clear idea of where you are going and what is expected of you					
Definitely disagree 1	6 (3)	4 (7)	4 (2)	7 (3)	2 (1)
2	11 (5)	21 (31)	19 (10)	27 (12)	30 (13)
3	26 (12)	34 (51)	33 (18)	24 (11)	34 (15)
4	32 (15)	25 (37)	31 (17)	27 (12)	25 (11)
Definitely agree 5	25 (12)	16 (24)	13 (13)	15 (7)	9 (4)
It is often hard to discover what is expected of you in this course*					
Definitely disagree 1	13 (6)	17 (26)	17 (9)	22 (10)	9 (4)
2	49 (23)	25 (37)	22 (12)	22 (10)	23 (10)
3	15 (7)	24 (35)	28 (15)	18 (8)	40 (17)*
4	21 (10)	26 (38)	24 (13)	22 (10)	28 (12)
Definitely agree 5	2 (1)	8 (12)	9 (5)	16 (7)	0 (0)
The aims and objectives of this course are NOT made very clear					
Definitely disagree 1	36 (17)	28 (42)	28 (15)	24 (11)	25 (11)
2	43 (20)	34 (51)	31 (17)	40 (18)	32 (14)
3	13 (6)	26 (39)	19 (10)	16 (7)	34 (15)
4	4 (2)	8 (11)	11 (6)	16 (7)	9 (4)
Definitely agree 5	4 (2)	4 (6)	11 (6)	4 (2)	0 (0)
The staff here make it clear right from the start what they expect from students*					
Definitely disagree 1	0 (0)	5 (7)	5 (3)	4 (2)	0 (0)
2	11 (5)	11 (16)	7 (4)*	27 (12)	31 (13)
3	26 (12)	34 (50)	30 (16)	27 (12)	26 (11)
4	37 (17)	28 (42)	30 (16)	27 (12)	26 (11)
Definitely agree 5	26 (12)	22 (32)	28 (15)	15 (7)	17 (7)

* $p < 0.05$ using chi-squared analysis between divisions.

The dream phase of the approach identified the most engaging components of the nursing and midwifery curricula were to build a vision for the future. Interestingly the academic participants reported that both theory and clinical components were engaging whereas the clinical participants reported only clinical practice, particularly internship was engaging. There was a consensus that early engagement with clinical practice and longer placements were valuable for student learning.

All groups expressed a desire to increase the community placements for students, in line with the future healthcare delivery. Midwifery expressed that the community component demonstrated a separation from the medicalised model of the pathway for women and promoted an opportunity to provide a more holistic care.

The focus groups expressed a wish for increased flexibility for students in choice of specialist strands and placement. In

TABLE 2 | Generic skills scale between disciplines.

	I am a candidate nurse/midwife in the following division of the NMBI Register				
	Children's and general	General	Intellectual disability	Psychiatric	Midwifery
	%(n)	%(n)	%(n)	%(n)	%(n)
This course has helped me to develop my problem-solving skills					
Definitely disagree 1	2 (1)	3 (5)	4 (2)	0 (0)	7 (3)
2	6 (3)	12 (17)	7 (4)	20 (9)	11 (5)
3	19 (9)	25 (37)	22 (12)	20 (9)	20 (9)
4	30 (14)	31 (46)	35 (19)	31 (14)	39 (17)
Definitely agree 5	43 (20)	29 (43)	32 (17)	29 (13)	23 (10)
This course has sharpened my analytic skills					
Definitely disagree 1	4 (2)	3 (4)	4 (2)	0 (0)	4 (2)
2	8 (4)	10 (15)	2 (1)	13 (6)	9 (4)
3	19 (9)	32 (47)	22 (12)	25 (11)	23 (10)
4	43 (20)	32 (48)	44 (24)	31 (14)	41 (18)
Definitely agree 5	26 (12)	23 (35)	28 (15)	31 (14)	23 (10)
This course has helped develop my ability to work as a team member					
Definitely disagree 1	4 (2)	1 (1)	2 (1)	7 (3)	0 (0)
2	4 (2)	8 (12)	13 (7)	9 (4)	4 (2)
3	19 (9)	16 (25)	7 (4)	20 (9)	21 (9)
4	24 (11)	38 (57)	32 (17)	29 (13)	50 (22)
Definitely agree 5	49 (23)	37 (55)	46 (25)	35 (16)	25 (11)
As a result of doing this course, I feel more confident about tackling unfamiliar problems*					
Definitely disagree 1	6 (3)	4 (6)	2 (1)	4 (2)	7 (3)
2	6 (3)	7 (6)	7 (4)	7 (3)	11 (5)
3	19 (9)	26 (19)	15 (8)*	42 (19)*	27 (12)
4	39 (18)	40 (59)*	37 (20)	16 (7)*	32 (14)
Definitely agree 5	30 (14)	23 (35)	39 (21)	31 (14)	23 (10)
This course has improved my written communication skills					
Definitely disagree 1	2 (1)	5 (7)	0 (0)	2 (1)	4 (2)
2	4 (2)	7 (10)	4 (2)	4 (2)	9 (4)
3	9 (4)	18 (27)	8 (4)	16 (7)	21 (9)
4	38 (18)	31 (46)	44 (24)	36 (16)	34 (15)
Definitely agree 5	47 (22)	39 (59)	44 (24)	42 (19)	32 (14)
Generic skills scale—This course has helped me develop the ability to plan my own work*					
Definitely disagree 1	2 (1)	3 (4)	2 (1)	4 (2)	4 (2)
2	4 (2)	9 (14)	4 (2)	9 (4)	14 (6)
3	4 (2)*	28 (41)*	11 (6)	31 (14)*	16 (7)
4	41 (19)	28 (42)	44 (24)	27 (12)	34 (15)
Definitely agree 5	49 (23)	32 (47)	39 (21)	29 (13)	32 (14)

* $p = <0.05$ using chi-squared analysis between divisions.

TABLE 3 | Practice placements discipline specific.

	I am a candidate nurse/midwife in the following division of the NMBI Register				
	Children's and general	General	Intellectual disability	Psychiatric	Midwifery
	% (n)	% (n)	% (n)	% (n)	% (n)
I received sufficient preparatory information prior to my placement(s)					
Definitely disagree 1	13 (6)	10 (16)*	9 (5)*	22 (10)	34 (15)*
2	28 (13)	21 (32)	18 (10)	13 (6)	21 (9)
3	11 (5)	23 (34)	17 (9)	25 (11)	23 (10)
4	25 (12)	25 (37)	26 (14)	20 (9)	11 (5)
Definitely agree 5	23 (11)	21 (31)	30 (16)	20 (9)	11 (5)
I was allocated placement(s) suitable for my course					
Definitely disagree 1	6 (3)	3 (5)	4 (2)	11 (5)	9 (4)
2	2 (1)	10 (15)	11 (6)	11 (5)	11 (5)
3	9 (4)	16 (24)	17 (9)	25 (11)	11 (5)
4	40 (19)*	30 (45)	39 (21)*	11 (5)*	37 (16)
Definitely agree 5	43 (20)	41 (62)	29 (16)	42 (19)	32 (14)
I received appropriate supervision on placement(s)					
Definitely disagree 1	17 (8)	8 (13)	11 (6)	20 (9)	18 (8)
2	23 (11)	21 (31)	13 (7)	18 (8)	36 (16)
3	26 (12)	31 (47)	19 (10)	27 (12)	23 (10)
4	19 (9)	25 (37)	33 (18)	11 (5)	18 (8)
Definitely agree 5	15 (7)	15 (22)	24 (13)	24 (11)	5 (2)
I was given opportunities to meet my required practice learning outcomes/competences					
Definitely disagree 1	13 (6)	6 (9)	4 (2)	9 (4)	9 (4)
2	7 (3)	12 (18)	11 (6)	13 (6)	20 (9)
3	23 (11)	28 (42)	26 (14)	22 (10)	30 (13)
4	34 (16)	30 (45)	33 (18)	25 (11)	32 (14)
Definitely agree 5	23 (11)	24 (37)	26 (14)	31 (14)	9 (4)
My contribution during placement(s) as part of the clinical team was valued					
Definitely disagree 1	9 (4)	8 (12)	7 (4)	11 (5)	23 (10)
2	9 (4)	15 (23)	7 (4)	7 (3)	23 (10)
3	19 (9)	33 (49)	34 (18)	24 (11)	32 (14)
4	29 (14)	23 (34)	26 (14)	38 (17)	18 (8)
Definitely agree 5	34 (16)	21 (32)	26 (14)	20 (9)	4 (2)
Practice placements—My practice supervisor(s) understood how my placement(s) related to the broader requirements of my course					
Definitely disagree 1	13 (6)	10 (15)	7 (4)	16 (7)	18 (8)
2	23 (11)	22 (33)	9 (5)	13 (6)	20 (9)
3	15 (7)	29 (44)	17 (9)	26 (12)	23 (10)
4	23 (11)	24 (36)	37 (20)	29 (13)	25 (11)
Definitely agree 5	26 (12)	15 (23)	30 (16)	16 (7)	14 (6)

* $p = <0.05$ using chi-squared analysis between divisions.

addition, there was unanimous desire to improve clinical supervision for all students. Participants also wished to see an expansion to access nursing and midwifery for mature students, healthcare assistants and Post Leaving Certificate (PLC) access routes.

The design phase sought proposals from participants as to how the professions would work toward the dream curricula for nurses and midwives. The first proposal related to improving partnerships across all elements of nursing including policy makers, and more importantly between the academic institutions and clinical sites. This reflected the need for policy makers to create structures that would enable more community placements and care pathways. The above collaborations were considered essential to ensure resources were reconfigured to support a redesign in education including equipment for simulation, but more importantly supervising students for all placements.

The final phase, destiny, illuminated what the future of nursing and midwifery education would look like. Four themes were developed by the research team to articulate the findings of this phase and included (Figure 4):

- *A resourced student-centred learning system:* The student learning experience is at the centre of the education model with a learner focused approach to delivery. This embraces a teaching pedagogy that embraces lifelong learning, choices for students and flexibility in teaching delivery, assessments choice, flexible work patterns, clinical placement across both community and institutions and simulation with interprofessional learning opportunities. The future model also proposes fewer but longer clinical placements supported by clinical instruction. Student supernumerary status, reflection and internship are the cornerstone of practice placement and would remain in any future curriculum. Student supervision was highlighted as an area requiring significant change but there was no clear vision for an alternative model. The funding model must follow the student with equipment and personnel, and support students in any future curriculum both travelling

to placement and acknowledging their contribution to the clinical environment.

- *Academic entry; Access routes:* There is a strong desire to increase the academic entry routes to the professions. The discussions predominantly focused on increasing opportunities for entry via further and adult education, and sponsorship options for existing healthcare staff. A more flexible curriculum is required to encourage mature entry students into the professions. Choice and flexibility to move across specialist divisions of the register and clinical practice areas, including the community should be accommodated in future curricula. This requires identification of core components to support transferable skills within the profession of nursing in particular.
- *Mutual esteem:* There was evidence of a lack of understanding of the curriculum among the separate grades of nursing and midwifery. Senior stakeholders discussed the professional issues which needed to be embedded in the curriculum, whereas the clinical participants were very focused on clinical skills and tasks and the importance of the clinical aspect of the curriculum. The academic participants referred to the curriculum, the scaffolding of knowledge, knowledge application and demonstrated significant respect for the clinical sites. Overall, there was a gap in knowledge of the various roles in both professions and a subsequent lack of acknowledgement of the importance of the various layers of the professions in the overall contribution of healthcare. There was no senior leadership visible in healthcare policy and it was evident that nurses and midwives closest to the patient were hesitant to voice their opinions, it was an uncommon request for them.
- *Midwifery as a distinct profession:* The midwifery professionals expressed a sense of frustration with the absence of acknowledgement of the profession as distinctly separate from nursing. The persistent conjoined use of midwifery with nursing was interpreted as a lack of understanding and indeed presence of senior midwifery leadership in the development of healthcare policy. It was felt that the move to higher education had contributed to merging midwifery teaching with nursing in academia and there was a strong desire to separate the two professions to restore the identity in education.

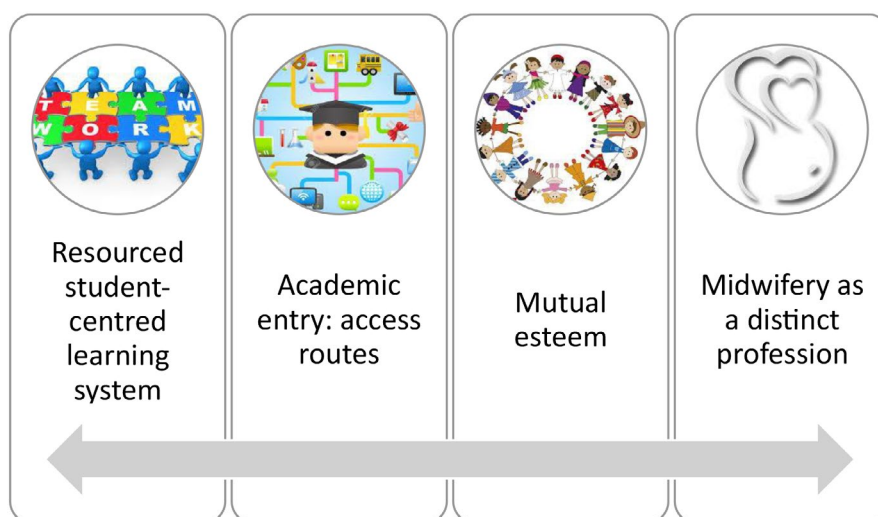


FIGURE 4 | Focus groups themes.

The findings of this national evaluation of undergraduate nursing and midwifery curricula leading to registration in Ireland indicate that there is a need for visual senior professional leadership at the level of healthcare policy in Ireland. Mixed methods provided the research team with an opportunity to complete a comprehensive evaluation of the curricula, analysing documents, surveying graduates and gathering perceptions from an array of stakeholders using a positive approach. The research also indicates that the national healthcare policy indicates a significant shift in healthcare delivery to a community setting with an emphasis on the SDH of the population. The evidence gathered supports a significant revision of the undergraduate curricula to reflect community focused healthcare delivery, digital transformation and a learner-centred pedagogy to adequately prepare nurses and midwives to meet healthcare requirements. This research supports the ongoing delivery of bachelor prepared nurses and midwives, with an equal split between academic and clinical components while maintaining the supernumerary status of undergraduate students. In addition, the findings of this evaluation suggest that there is a requirement for improved collaboration between the academic institution and clinical sites in the teaching of clinical skills across both settings. The research supports the recognition of midwifery as a distinct profession reflected in healthcare policy and education.

This senior leadership contribution is not only to provide accurate knowledge on the role of nurses and midwives as governed by national legislation and regulation, but to discuss the potential contribution the large professional groups can make in future direction of healthcare. This is an opinion shared by the International Council of Nurses and the WHO (Hajizadeh et al. 2021). It is evident from the findings in this research that healthcare policy is familiar to all nurses and midwives, but there is a lack of clarity pertaining to the future direction of the professions. There is a need to provide the nurses and midwives closest to the patients/women with a space to have a voice to influence leadership. It is suggested in the literature that the professions must work collectively and integrate research, clinical expertise and leadership into policy development (Radford and Maxwell 2022). It is evident, from this research, that there are innovative ideas to improve patient care; however, the findings suggest that clinical nurses and midwives are not regularly asked for their voice to be heard. Nurses and midwives should not only be called upon to implement healthcare policy but influence in its development.

There is an excellent opportunity for the academic community to reflect on the changing healthcare environment. This includes enhanced digital healthcare, the shift to community healthcare and the growth and development of the workforce with an increased number of advanced practice roles integrating the community and acute hospital healthcare environments. This provides an opportunity to redesign teaching and learning by applying new student-centred learning pedagogy that supports clinical practice for both professions. There is also evidence to support alternative student-centred pedagogical approaches for healthcare education in the classroom (Sultan et al. 2023). There is a potential to embrace and lead

with technological advances for the professions, not only by replacing or supplementing learning and assessments with simulation but advancing technological developments in innovative learning. There is evidence to suggest that simulation-based education has demonstrated positive benefits for undergraduate nursing and midwifery students in Ireland (Moloney et al. 2022), and wider implementation should be supported nationally. Simulation is underdeveloped to date in Irish healthcare education. There are no standards related to simulation in nursing education in Ireland at present. In October 2023, the first national clinical lead in simulation was appointed to the Health Service Executive. The purpose of this role is to enhance healthcare simulation training and education. The findings in this research are consistent with recent literature that the social determinants of health should be deeply embedded in all aspects of the curriculum.

The Social Determinants of Health (SDH) are very present in the world healthcare agenda (World Health Organisation 2010), and there is a need to embed them, using consistent language, in nursing and midwifery healthcare. Person-centred care is deeply embedded in the current nursing curriculum, and woman-centred care is firmly embedded in the current midwifery curriculum, as is health promotion. However, the SDH provide an international evidence-based understanding of social factors affecting the health of an individual that go beyond medical/obstetric care. The SDH will enhance student preparation for working in community healthcare settings (Porter et al. 2020). In addition, the SDH provide a framework to expand the curriculum content related to health inclusion and diversity that continues to expand and evolve across society. There is evidence from the United States of America (USA) that reports while several nursing curricula refer to the SDH in curricula documents, the concept is not well integrated (Colburn 2022). It is suggested that a concept-based curriculum provides an effective platform to embed teaching related to the SDH in a nursing curriculum (Porter et al. 2020). The evidence supports that through various modes of integration the nursing curricula resulted in improved knowledge, patient assessment, increased empathy and sensitivity, resulting in strengthening nurses' ability to achieve optimal patient outcomes (Phan et al. 2020; Porter et al. 2020; Muirhead et al. 2022). There is a dearth of evidence related to the SDH in midwifery curricula, and while midwifery is often incorporated within nursing research, the disciplines are not reported as two professions which creates difficulty when understanding the midwifery curriculum needs (Ea et al. 2023). The language related to SDH very substantially in the literature, from population health, social justice, decolonisation of curricula, but the language from the WHO and the Department of Health in Ireland uses the terminology SDH, which is an essential component of person-centred care (Porter et al. 2020) and can arguably be applied to both professions.

Developing a greater understanding of the SDH is important for the professions to ensure there is greater flexibility and choice in the curricula. There is an appetite to increase the academic entry pathways into the professions (Neal et al. 2023; Jennings, Urban, and Cipher 2023) and this requires greater flexibility in the academic environment to support multiple learners equally and in the clinical environment to support students in career development in an area of interest to them.

There is a paucity of literature related to accessing higher education for nursing and midwifery. The literature available relates to access from rural locations rather than alternative entry routes to academia (Neal et al. 2023; Jennings, Urban, and Cipher 2023).

Nursing and midwifery education internationally sits within higher education with 50% in clinical practice placement. The international standard is baccalaureate award with variances in the duration of the degree. It is evident that the EU directive stipulates a greater number of contact hours both academically and clinically. Four years is the longest duration for the bachelor's degree internationally, with little evidence of multiple divisions of the register for nursing in other countries. It is not uncommon for a nursing registration to be a requirement to enter midwifery. However, where direct entry midwifery exists, the curriculum is more aligned internationally. There is evidence that international placements are offered to undergraduate students in the UK and Australia (Browne and Featherston 2018; Morley and Cunningham 2021). The value of this initiative for student learning is not yet conclusive. This research has identified that more clinical practice placement locations should be identified to support and prepare the workforce for the future.

This research affirms that bachelor level degree education is highly valued by the professions, as is the supernumerary status granted to students followed by the internship phase which enables students consolidate their learning in the clinical environment. The current clinical supervision model in the curricula poses the greatest concern for the professions, as the model places student nurses and midwives in a vulnerable position, where 50% of their course assessment is being tasked to over-worked preceptors, whose principal role is in the delivery of quality and safe person-centred care. The findings of this research suggests that the clinical learning environment is not only challenging for nursing and midwifery students in Ireland, rather it is an international concern (Ryan et al. 2022). There is a myriad of clinical supervision models in existence worldwide in the clinical education of nurses and midwives, without evidence supporting one model to be superior to others. Student's clinical learning is dependent on an individual whose teaching and assessing role is subject to multiple external factors of greater priority beyond their control. The evidence indicated however that there are four separate entities that influence the optimal clinical learning environment and not just the clinical supervisor/preceptor. The entities include students, supervisors, organisations and the learning pedagogy. There is an opportunity to embed this evidence into preparation for clinical practice placements for students, supervisors and organisations. The review has identified substantial evidence to support optimal clinical learning environments for nursing and midwifery students. The evidence also suggests that the characteristics for optimal clinical learning environments for nursing and midwifery students are consistent irrespective of the model of clinical supervision that is in effect. Similar processes have begun to emerge in the literature from an international perspective (Ryan et al. 2022). The findings suggest that a clinical supervision model that is supportive to both the student and clinical environment would have a positive impact on the experiences of students and preceptors in nursing and midwifery. The findings present an

opportunity to improve current environmental challenges while the model of clinical supervision is under review.

This research identified that there was strong support for the undergraduate nursing and midwifery curricula across all sectors of the professions. There is an acknowledgement of challenges and a sentiment to change the current curriculum to improve student learning and align with healthcare policies. It was evident however that there is a need to strengthen the academic/clinical nursing and midwifery relationships to benefit the undergraduate students. This finding is not unique to Irish nursing and midwifery; indeed, it is noted that these relationships are misaligned, and the partnerships fade following completion of specific collaborative projects (Bvumbwe 2016; Gilliss et al. 2021; Bowles et al. 2022). An integration framework that begins with leadership working together is proposed to improve academic/clinical collaborations and partnerships to include a number of outcomes including student-related outcomes (Gilliss et al. 2021). These partnerships are important as care becomes increasingly complex and care delivery transcends multiple locations (Bowles et al. 2022). It is proposed that failure to establish and build on academic/clinical nursing and midwifery partnerships is a missed opportunity for the professions to collaboratively build the workforce for the future. The curriculum is delivered in a split environment therefore strong collaborations should be established. Arguably, the undergraduate students should not be the only shared personnel between the organisations, which is consistent with the findings in this research.

6.1 | Strength and Limitations of the Work

This research provided a comprehensive evaluation of the current nursing and midwifery curricula in the context of the Irish healthcare setting. The current curricula are primarily based in acute healthcare settings; therefore, the participants represented this sector of healthcare. The disciplines of nursing and midwifery were evaluated as two separate workstreams providing further knowledge to the needs as individual professions as well as together. There was limited representation from the community-based sector to accurately inform the readiness or requirements for undergraduates to undertake increased community practice placements.

Efforts were made to gather a diverse group of participants working in the clinical areas to contribute their opinions to the research through focus groups. The focus groups were well attended; however, the research team concluded that there was a lack of cultural diversity in the focus groups, despite the cultural diversity in the student population and the workforce. A large proportion of the nursing and midwifery workforce in Ireland completed their education outside of this country. The research team noted that internationally educated nurses were not well represented as participants in this research.

6.2 | Recommendations for Further Research

Future research is required to explore the subject quality within nursing and midwifery curricula. Research is required to examine the implementation of flexible community-based clinical

placements that consider the needs of students. Future studies examining a revised clinical supervision model are essential to improve flexible approaches for nursing and midwifery students in clinical practice. Future research should include the evaluation of modes of delivery within the curricula and investigate the impact on nursing and midwifery student's clinical practice on longitudinal basis studies.

6.3 | Implications for Policy and Practice

There is a strong expression from the largest health workforce to provide meaningful contributions in the development of health-care policy to accurately inform the potential of the professions of nursing and midwifery. Significant changes are required to support a transformation of the nursing and midwifery curricula to be able to meet the requirements of a dynamic, flexible workforce reflecting the diversity of the population and health-care environments.

7 | Conclusion

This was the first review of the undergraduate nursing and midwifery curricula in 10 years. The composition of the nursing and midwifery workforce has significantly changed since the transition, not just in Ireland but internationally. The nursing and midwifery workforce is becoming increasingly more global and fluid. In addition to the outstanding contribution of the workforce to the unprecedented global pandemic, there has been a significant shift in healthcare delivery to coincide with a philosophy of health and wellness while developing a deeper understanding of the social influences on the health of an individual.

This review has identified the positive components of the current undergraduate curricula and in addition has revealed the current workforce collaboratively have the determination and solutions to build a novel curriculum to meet the demands for the future-proofing the nursing and midwifery workforce. A curriculum designed with the student at the centre requires strengthening existing collaborations and building new relationships with new partners. New partnerships across the nursing and midwifery professions are required in addition to new educational partnerships with inter-professional colleagues for both professions that have co-existed in clinical relationships for years but have not yet shared educational preparation at significant levels. Student-centred teaching pedagogies integrating digital health and simulation with core curriculum components across the divisions of the register, are required to shape nurses and midwives with transferable skills between the acute and community sectors. Central to this, is student focused clinical supervisors who instruct, and assess students in all clinical practice sites across the health sector.

This study has demonstrated the requirement for thoughtful and innovative construction and implementation of competency-based curricula that ensures successful registration for nursing and midwifery undergraduate students. To achieve this there needs to be continual investment of time and energy with strong curriculum development input from different contexts at the Irish national level.

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Ethics Statement

The authors confirm that any data utilised in the submitted manuscript have been lawfully acquired in accordance with The Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from Their Utilization to the Convention on Biological Diversity. The graduate survey and stakeholder focus group data were reviewed as a low-risk study submission to University College Dublin, Human Research Ethics Committee–Sciences (HREC-LS). The approval determined the applications met the criteria for a low-risk study. Graduate survey approval: LS-C-22-164-Ryder. Focus group approval: LS-LR-23-03-Ryder.

Conflicts of Interest

The authors wish to declare that there are no conflicts of interest related to the conduct of this research. The funding agency, the national nursing regulator, had representation on the EAG and at one of the focus groups, but all decisions related to the conduct of the research were made independently by the research team.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

Peer Review

The peer review history for this article is available at <https://www.webofscience.com/api/gateway/wos/peer-review/10.1111/jan.16430>.

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Supporting Information

Additional supporting information can be found online in the Supporting Information section.