

Clinical Leadership for Indonesian Midwifery Three Years Diploma Curricula from Australian Benchmarking

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Abstract

Clinical leadership is the important skill to delivery better service in health care. The skills equip health practitioners to act autonomously, making decision, work collaboratively with other disciplines (Hendricks, Cope, & Harris, 2010). This skills is gained from education or training programs. In Indonesia, Midwifery diploma programs has no curricula attached clinical leadership unit. Meanwhile, graduated midwives is highly expected for being versatile workforce that is ready to be employed in health services with leaderships skills. Therefore, it is essentially important to equip diploma students in Indonesia with clinical leadership skills that incorporate within institutional curriculum. Objectives of this essay are to discuss the clinical leadership training in midwifery diplomas programs discuss how to incorporate clinical leadership training into curricula in Indonesian diploma programs, formulate what will be tough in clinical leadership unit for diploma students, determine when the clinical leadership unit will be tough. Method of this study is qualitative using case study approach. Results the clinical leadership skills that incorporated in midwifery diploma programs in Indonesia is important to develop midwives' ability in managing complex responsibility in health care and particularly in delivering quality health service. Therefore, Indonesian midwifery organisations and education institutions, policy makers, users should collaborate for the initiation of clinical leadership and it is formed in the curricula.

Keywords: Leadership, Curricula, Diploma Program

1. Introduction

Clinical leadership is the important skill to delivery better service in health care. The skills equip health practitioners to act autonomously, making decision, work collaboratively with other disciplines (Hendricks, Cope, & Harris, 2010). This skills gain from formal education or training programs. Some health educational systems provide clinical management and leadership within their curricula in levels of undergraduate and post graduate. Midwifery program in some countries corporate clinical leadership in their curricula. However, Indonesian midwifery programs has three level of education which not yet provides clinical leadership within its curricula. This paper will give insight about clinical leadership in the curricula of Australian nursing and midwifery undergraduate and examine the potential development and corporation in Indonesia midwifery curricula.

1.1 Clinical Leadership and the Importance

A leadership is multiple processes involving support, motivation, coordination for personal and team to accomplish goals (ACN, 2015). In nursing midwifery, leadership is taking responsibility for direct intervention and service monitoring (Casey, McNamara, Fealy, & Geraghty, 2011) Moreover, clinical leadership is "...the process of developing a culture and leading a set of tasks to continually improve the quality and safety of service delivery to consumers" (Ogrin & Elizabeth, 2015). A clinical leadership not only improves efficacy of patients care but also assesses and alleviates risk of harm of patients care (ACN, 2015).

It is important for midwives to perform leadership skill in clinical field that based on the basic skills and professional values (ICM, 2019). The leadership skill that obtain by formal education conceive complex competencies.

1.2 The Competencies within Clinical Leadership

Clinical leadership competency consists of interpersonal and intrapersonal elements.

Interpersonal or social element consist of:

1) Personal level

A clinical leadership enable leaders to have self- awareness and confidence, open for critics and act beyond role expectation (Burn et al., 2012)

2) Group level

In the group level, it enables leaders become resource for other in terms of supporting, mentoring and educating peers and create conducive working environment (Burn et al., 2012).

3) Department level

In a department level, a clinical leadership enables leaders to work with multi professionals. (Casey et al., 2011; Burn et al., 2012).

4) Organization level

The clinical leaders working broadly in health policy and health system including effectively manage budgeting, integrating research in practice for reform health system and implemented the best approach (Burn et al., 2012).

While in intrapersonal level, a clinical leader shows the ability to collaborate with team, increase complexity and specialty to manage the patients in improving the quality of care and the safety of patients. The clinical leadership in intrapersonal level influenced by seniority, professional status and perception of expertise in the actual situation (Burn et al., 2012).

The competencies of clinical leadership in curricula gained from formal education is the respond of the emerging demand of quality of safety in health care that increase over years. In line with this, the nursing and midwifery education internationally have shows the development of clinical leadership into the curricula.

1.3 Clinical Leadership in Midwifery Program and Nursing Program Worldwide

Various form of clinical leadership program shows in Leading Better Care (LBC). In 2008, a program initiates to support clinical leadership for midwifery and nursing in Scotland which called Leading Better Care (LBC).

The framework designed to support nursing and midwifery contribution to delivery safe and effective care by strengthening their leadership capability (McGuire & Ray, 2014).

A study of leadership program in extracurricular time that conduct in undergraduate of nursing students in semester four of Edith Cowan University Australia. It is suggested that integrated leadership program earlier into curriculum is important to provide a broad leadership knowledge and skills that can enhance in practice (Hendricks, Cope, & Harris, 2010). Another research of the profession views about the integration of leadership skills into curriculum shows that nurse academics have responsibility to develop clinical leadership in educational curriculum. (Brown & Dewing, 2016)

A journal article of agenda for future midwives education worldwide outlines the challenges of adequate midwifery education including “Strengthening and supporting sustainable midwifery leadership” (Bharj et al., 2016). Therefore, the author suggests to provide and develop midwifery leadership program in education and all levels of professional practice (Bharj et al., 2016). This literature strengthen the idea of limited number of journal article about development of clinical leadership into curriculum of midwifery programs. There none specific article or literatures review about the incorporation of clinical leadership unit into the curriculum of midwifery programs.

To date, the study of clinical leadership in midwifery profession identified as leadership development program for preparing a next leader at the level of Head of midwifery in The English NHS (Divall, 2015). However, the sample of corporation clinical leadership in midwifery curriculum could adopt from nursing education. There is curricula content from nursing education that can be applied for midwifery program such as listed below.

1.4 The Structure of a Clinical Leadership Unit in the Bachelor of Nursing and Midwifery and the Content of the Unit

The integration leadership program earlier in undergraduate nursing providing a broad base of knowledge and skills which can be developed in service (Hendricks, Cope, & Harris, 2010). The nursing students commencing leadership unit in the fourth semester and completing in fifth semester (Hendricks, Cope, & Harris, 2010). In The

bachelor of midwifery Monash university, the foundation of midwifery practice commencing in year two, semester one (Monash University, Course progression map for 2023).

The outcome of the unit is giving nursing students knowledge and skills to manage themselves and identify an effective leadership and management that could be adopted. The students also have ability to delegate duty and supervise junior colleagues and applied the leadership skill in collaboration with health care team (Brown & Crookes, 2016).

There is a model that recommended from the study of pre-registration nursing program. The propose content of clinical leadership subject divided into three categories which is knowledge, skill and behavior (Brown & Crookes, 2016; Brown & Crookes, 2015). Each group has many items that consider as outcome of the competency. The aspects of competency that important to included are personal and organizational value, the theory of leadership, teamwork building, leadership behavior and characteristics, management conflict, self-management including stress management (Middleton, 2013). Leadership theory based on course objective for European public health leaders consist of leadership concept, political leadership, building team work and corporate with interdisciplinary teams. communication, organizational learning concept and development, solving alternative discourse (de Jong, Könings, & Czabanowska, 2014).

Indeed, NMC is recommending leadership theory, delegation, conflict management, time management and priority identification to be added in the leadership competency (Buckwell-Nutt & Kellett, 2014). NHS approach for leadership skills content identifies seven aspects such as performing personal qualities, teamwork, managing service, improving setting direction and service quality, creating personal and organization vision, delivering the management strategy (Darragh, Traynor, & Joyce-McCoach, 2016).

The clinical leadership skill model as recommended from pre-registration nursing program could be an option to adopted by any midwifery program in Indonesia. However, the basic institutional curriculum should have a space for adding a new subject.

1.5 Integrating Clinical Leadership into Midwifery Curriculum

The curriculum developers have description about the development of clinical leadership in educational curriculum (Abdul-Mumin, 2016). Then, the curriculum developers format a committee for integrating the leadership subject into the curriculum. The committee will re-designed the global context of clinical leadership that appropriate to be used locally (Abdul-Mumin, 2016).

After that, the new design of clinical leadership unit will be introduced to academics in an institutional workshop to build understanding about the conceptual of the clinical leadership and the importance for midwifery students (Boldy & Michael, 2013; Jones & Gower, 2013). Next is, through the workshop the developers need to gain the consensus from the educators for implementing the leadership unit in their institutional curriculum (Boldy D DP, Michael R, Jones M and Gower S, 2013, ICM, 2102). The developers also strongly encourage the academics for integrating the clinical leadership into curriculum institutional through seminar in educational setting and clinical setting (Omoike et al., 2011).

Support from health providers is essentially important for encouraging educational institution in integrating a clinical leadership into curriculum (Omoike et al., 2011). The providers support important because the learning outcome the clinical leadership unit is to improve quality of health care which is perform in clinical setting.

Apart from providers support, the midwifery organization support is vitally important as first point in embracing the importance of clinical leadership competence in clinical setting and the urgency of make the it available in the educational setting (Ogrin & Barrett, 2015).

2. Method

A study design is qualitative using case study approach. The study takes place in Monash bachelor of midwifery faculty. The participants are the key persons involved in the planning and implementation of leadership unit in the department such as course coordinator of bachelor of midwifery, the unit coordinator of leadership, A midwife in *East Nusa Tenggara* Indonesia.

3. Results and Discussion

3.1 Role of Leadership in Nursing and Midwifery Courses

- a. Can you please state the reasons as to why the faculty incorporated *leadership in the Bachelor of Midwifery curricula!*

The curriculum of education is reflexing the values and belief of educators that relates to current trend and link to future tendency (International Confederation of Midwives, 2019). The current trend of education is integrating leadership in the educational setting. (De Jong Nynke & Czabanowska, 2014, Bellack et al., 2001) As respond of current trend Bachelor of Nursing and Midwifery in Monash University format a leadership competency in a Law, Ethics and Leadership unit.

More than that the understanding of the importance of a clinical leadership is main motivation in integration of leadership subject in curricula (Ogrin & Elizabeth, 2015). Nurses and Midwives obligate to deliver personal, family, group of people and community health service in a clinical area (ACN, 2015). They are responsible for the provision of quality service delivery, patient centered care and effective, efficiency of care as identified in the significant policy drivers (Taylor & Martindale, 2013).

“Clinical leadership is essentially important to deliver quality midwifery care and leadership skills is needed by midwives as provider” (McGuire & Ray, 2014).

The quality health service performance not only bring positive impact in patient outcome but also improve job satisfaction and workforce retainment (Cummings et al., 2008, Phillips & Byrne, 2013). Indeed, the clinical leadership that incorporate in the university curricula aims to encourage students to recognize their leadership role in clinical field and community service.

“The candidate of Midwives should be prepared to have leadership characters that will be used to manage midwifery service for individual, family, group and community (McGuire & Ray, 2014).

“The faculty incorporate the unit in undergraduate to enable and encourage students take on leadership role so they can recognize that they are leadership roles in all clinical area, nursing and midwifery and the faculty want to support the development of leadership skills so that student have the skills to be able to move forward in leadership role in the clinical, education or whatever it is they want to do.”

3.2 What Are the Core Components Particularly for the Individual in Leading Small Teams?

- a. *Why is the leadership subject identified as a law, ethics and leadership unit at Monash Bachelor of Nursing and Bachelor of Midwifery? Why the faculty did not identify it as clinical leadership in Bachelor of Midwifery?*

The recognition of unit course as a Law, Ethics and Leadership Unit is revering international standard of leadership course that combine concepts of leadership, political leadership and ethics as an inseparable concept (De Jong Nynke & Czabanowska, 2014).

The identification of unit course as a law, ethics and leadership unit aim to characterize the unit of the course and differentiate to other course in other university. Indeed, not only as a characteristic of the Bachelor of nursing and midwifery in Monash University, the Law, Ethics and Leadership unit. It is titled to facilitate the comprehensive contents within one unit.

Moreover, the concept of leadership that introduce in bachelor of nursing and midwifery is a broad base of leadership for early stage of nurses and midwives that can be developed within in-service level (Hendricks & Harris, 2010).

Some courses that have independent course such as midwifery course prefer to identify a clinical leadership as a clinical leadership in midwifery practice.

Other university might have different title but our faculty identify it as a law, ethics and leadership just to make it different from others.

In the previous year, the clinical leadership unit was separate with Law and Ethics units but then it is combined as one unit as we adjust with student demand.

“I think it would be good to name a clinical Leadership in midwifery practice.”

- b. *Can you please briefly describe the content and competency within a leadership unit.*

The competency gained from a clinical leadership study is ability to identify the leadership role in the midwifery or nursing practice. The competencies within clinical leadership includes interpersonal and intrapersonal elements

such as self-awareness and confidence, supporting teamwork and working with multi professional (Burn et al., 2012). The interpersonal skills include communication that maintain, accommodate, construct interaction with team, and between team (Burn et al., 2012).

The clinical leadership skills will also develop correspondingly in clinical units which taken by students. For example, in management of antenatal or pregnancy, the students required ability in decision making for the follow up of pregnant woman. Here, the leadership skills gained from particular Law, Ethics and Leadership unit build up the capacity of students in making the decision together with a patient.

“Communication skills that can be used to influence patients, groups. The skill in negotiate with decision makers and the skill to solve problems. The skill in self controlling while interact with the patients when the patients show defend behavior and the midwife (based on my personal experience in directing patient and the patient defend, it was the situation that make me angry). ”

“They would teach the concept of leadership and the skills that required for leadership and as I said we have other unit that stand in other unit and build on those so have the students identify leadership role.”

The outcome of the unit is giving nursing students knowledge and skills to manage themselves and identify an effective leadership and management that could be adopted. The students also have ability to delegate duty and supervise junior colleagues and applied the leadership skill in collaboration with health care team (Brown & Crookes, 2016). In the bachelor of nursing and midwifery, leadership skills be taught in problem-based learning, role play or case study.

We used to teach students a leadership skill by using a problem-based learning and role play, for instance: one student will play a role as a nurse in charge while the students are in charge to take care of a patient in emergency condition and the situation is in a break the student will make a decision how they will deal with the patient and still have time for the break.

“So we would be done like case study, how many students sort of think about what they role would be if they were the midwife looking after someone or they were the person were the person midwife in charge”.

3.3 How Would You Place These within the University Curriculum?

a. What are the milestones in the development of leadership unit in the Bachelor of Nursing and Midwifery?

The main objective of leadership development in curricula is preparing caregiver that is nurses and midwives with leadership skills that enable them in managing health care and improve coordination multidisciplinary in provision of quality health service (Buckwell-Nutt & Kellett, 2014)

The research emphasis effective clinical leadership contributes to physiological empowerment in increasing the ability to work in team, support, delegate and manage a junior staff (Enterkin, Robb, & McLaren, 2013).

The milestone is clearly described in the unit syllabus where the unit of leadership objectives explaining how leadership theories and leader attributes influence teamwork in nursing and midwifery practice.

b. Could you please describe the training programs for lecturers who teach the leadership unit!

Teaching a clinical leadership unit is capacity that need to equip by formal or informal education, training of leadership as informal education gained through distance course, mentoring from international trainers (West, Homer, & Dawson, 2016).

“I think lecturers should be prepared with education or training about leadership and decent lecturer are those who have clinical background also have requirement education degree”

The lecturer who are teaching a leadership in bachelor of nursing and bachelor of midwifery are graduated from Master and doctoral as educator requirement. Certainly, the lecturer obtained management and leadership unit from their degree.

“The people who teach this isolated unit they all are Master or PHD, they’ve all been leaders clinically either UM (unit manager) or other leadership role in clinically environment, I know most of us who teach so even though who teach in other unit are not specifically about leadership but it building upon that concept, you know we’ve leadership role prior to coming to teach the university or we have leadership role within the university itself. ”

...became a nurse and midwife itself means to have leadership skills because working with patients or colleague need the skills within leadership. Some post graduate in health profession require management and leadership as core unit so I believe that the leadership skills is gained form their degree.

The lecturers not only play role as educator but they are taking role in clinical management level as well so the role

in clinical management developed their skills as a clinical leader. The clinical leader assigned the nurse or midwife to effectively supporting innovation in improving quality and safety service also integrating research for implemented best approach in health reform (Casey M, McNamara M, Fealy G, Geraghty R). By this, the lecturers who are teaching a leadership unit are highly competent for transferring leadership knowledge.

3.4 What Are the Required Negotiations to Achieve this with Peers / University Groups / Workplace?

- a. *Can you please describe the process of initiating, composing and integrating leadership as a subject in midwifery curricula!*

The curricula developers whose have a knowledge about the development of clinical leadership in educational curriculum format a committee for integrating the leadership subject into the curriculum. The committee will designed the global context of clinical leadership that suit to be used locally (Abdul-Mumin, 2016).

“So we map content throughout the course, leadership is one of the things that we would map, so we have it on the first year then and its on one of the midwifery unit in final year, so in the final semester, final year they built it on previous concept.”

After that, the new design of clinical leadership unit will be introduced to academics in an institutional workshop to build understanding about the conceptual of the clinical leadership and the importance for midwifery students (Boldy D DP, Michael R, Jones M and Gower S, 2013). Next, through the workshop the developers need to gain the consensus from the educators for implementing the leadership unit in their institutional curriculum (Boldy, Michael, Jones, & Gower, 2013, ICM, 2012). The developers strongly encourage the academics for integrating the clinical leadership into curriculum institutional through seminar in educational setting and clinical setting (Omoike, Stratton, Brooks, Ohlson, & Storfjell, 2011).

“The initial process certainly by introductory session about clinical leadership that explain about outcome competency of clinical leadership in educational leaders level then will continue by workshop of curriculum to compose clinical leadership unit in midwifery care.”

After the initiation, the clinical leadership unit integrated in the nursing and midwifery curricula and placing in the earlier level of study. In the bachelor of midwifery Monash university, the Law, Ethics and leadership unit is commencing in year two, semester one (Monash University, 2023). The exposure of clinical leadership skills for students is better in the earlier stage of progressing map to give foundation for students about the leadership and the attributed of leader and then the skills enhance along a study progression.

- b. *What are the obstacles of initiating, composing and integrating a leadership skill in the Bachelor of Midwifery curricula?*

The initiation of the clinical leadership is not a problem in bachelor of nursing and midwifery in Monash University as it had support from the institution and the organization board (ACN, 2015).

The leadership unit exist in the bachelor of nursing and midwifery and we don't experience the hurdle in initiation process.

However, there could be an issue in integrating the clinical leadership in Indonesia. The main obstacle of initiating clinical leadership in the curriculum It is the perspective of academics, midwifery education providers and midwifery board about the importance of clinical leadership for nurses and midwives in delivery quality health service.

The clinical leadership skill can be said as a new subject in the midwifery domain in the third world countries. Indeed, some academics do not expose to the clinical leadership concepts and might induce unawareness of the existence of the subject in the curriculum also misinterpretation of the objectives of the subject. Furthermore, There may be a thought a clinical leadership is only a skills and knowledge to produce leaders of midwives which will take role in managerial level. This concept of producing midwife leader only appropriate for master and PHD degree based on Bloom cognitive level. Hence, the misinterpretation leads to ignorance of the importance of clinical leadership in improving quality health service then might cause the rejection of clinical leadership in curriculum of midwives.

“The obstacle in initiating clinical leadership is ensuring the education leaders and lecturer that clinical leadership is important as one independent unit and not be combined with other unit such as midwifery concept or communication in midwifery practise”

- c. *What are the hurdles in teaching a leadership unit?*

The hurdle of teaching leadership unit is the perception of the students on the role of leadership in their future job.

Students have lack understanding of the important of the unit for their carrier. Hence, they are more focus on present requirements which are clinical skills and knowledge.

“The biggest obstacles probably believe it or not would be the students them-self cause the students them self like we can see that they need have to learn the skills around leadership and so many other non-clinical areas but actually when they coming into the course, they coming to learn to be nurses and midwives so they not thinking about them self as a leader in a role because it just too far away for them to think about.... we want them to be good midwives and we want them to know, to give them confidence to be able to be confidence with those skills so they then they can move forward with their carrier, but we don't want them to be arrogant thinking that they are the leaders whenever they learn those skills so we have to give them balance, don't we”.

The academics have obligation to balance comprehensive competencies in clinical and non-clinical area. Moreover, the lecturers should maintain their effort for delivering of the leadership content in creative and innovative strategies of learning and in relevancy of the clinical setting (West, Homer, & Dawson, 2016). The creative and innovative strategies such as problem based learning, case study, role play are part of facilitative manner in transfer of knowledge that encourage students to participate actively in learning (Middleton, 2013).

“The biggest hurdle in teaching clinical leadership is the lecture should be able to present real problems in real clinical life of midwifery practice that need to address by clinical leadership. ”

- d. *Could you please explain other organizations or institution in Australia that contributes to the initiation, composition and integration of leadership skills in the Bachelor of Midwifery curricula?*

Australian Nursing College (ANF) recognized the clinical leadership skills contribution in the patients centered health care delivery, effective care, coordinate and motivate team work (ACN, 2015). Hence, they support the development of clinical leadership in education setting.

The curriculum was made as a standard of education in Australia and of course ANMF has support for the leadership in the education curriculum.

A leadership in curriculum for international midwifery set in curriculum mapping tool as one skill in the International confederation of midwives (ICM) competencies. It displays under sub competency of social, epidemiologic and cultural context of maternal and newborn care. The tool focus on curriculum study aims to perform standard outcome of midwifery education for professional midwife (ICM, 2012). In respond to international standard, the midwifery organisation in national level uphold the development of leadership in the education.

3.5 What Would You Expect as an Impact from This Expanded Curriculum and How Would You Build on the Advantages?

- a. *What are the elements or content in the leadership unit that has a potential to be developed in the future and why?*

The development of curricula is an active process as response of profession to social changes specially relates to deliver quality health care (ICM, 2019). However, the development of curricula is based on the mission and philosophy of institution. The recent leadership unit in the bachelor of nursing and midwifery content is much more about fundamental concept of leadership including the various leadership theories and elements that support team works. Hence, the development of the leadership unit can be seen in development of effective leadership skills. In the sense of which skills in the clinical leadership complex skills that effectively improve quality service delivery. The knowledge of the particular skills that necessary to develop in future of leadership unit can be informed by tracer study and further evaluation of unit in the course.

“That's the core knowledge as we go along we adopted and apply in different area.”

“The element of communication, negotiating, and self-controlling are elements that support each other in improving service delivery in individual, family, group and community basic care within promotion, preventive, curative form of service”.

- b. *Do you have any stories of any alumni who may have reaped the benefits of leadership in the Bachelor of Midwifery curricula?*

The benefit of leadership in the bachelor of nursing and midwifery curricula for clinical practice can be seen from unit evaluation and the tracer study that held by the course. Tracer study measure the quality management of study program including graduates (Landmann, 2013).

We are not performed tracer study in this stage but I think that is a good idea.

Even though, the Bachelor of nursing and midwifery in Monash University not yet held the tracer study for the part of their curricula program the respondents describe the benefit of leadership unit in their role in clinical practice and education setting.

“They are many students that take on leadership role in midwifery, they are unit manager, associate unit managers, they have taking on leadership role after they’ve done with their graduate year they become comfortable with their skills and they have move on in those kind of management education role, we have many who are coming back now who are doing their master who teach with us now.”

Some future expectation also disclosed for the development the leadership program in clinical practice to upgrade the skills of leadership because they experienced the issues during performed their role in clinics. Royal District Nursing Service (RDNS) supports embracing the clinical leadership competency upgrade in clinical setting (Ogrin, 2012).

“Yes. There were alumni who telling story about the difficulty in addressing complex community service problem relate to decision making. The alumni should face to face with community leaders or traditional leaders for patient referral also the family member who does not agree for referring their family to health service. The conflicts often emerge in collaborating with midwife colleagues, physician that have different way of thinking in midwifery service.”

“A clinical leadership should be taught to in-service level for midwives who works in clinical field in informal training so all midwives have the ability to improve midwifery care”.

Recommendation

The clinical leadership skills that incorporated in midwifery diploma programs in Indonesia is important to develop midwives’ ability in managing complex responsibility in health care and particularly in delivering quality health service. Therefore, Indonesian midwifery organisations and education institutions, policy makers, users should collaborate for the initiation of clinical leadership and its formation in the curricula.

1) For the midwifery programs developers and course coordinators of midwifery programs in Indonesia.

Consider the importance of the clinical leadership for delivering quality health service in midwifery care, the academics and education institutions should pay attention to the initiation of the clinical leadership in the curricula of every level of midwifery program in Indonesia. Based on the availability of space in the midwifery curricula, a clinical leadership potentially facilitate even in the level of Diploma of midwifery. Takes the Diploma of Midwifery program as an example, according to Indonesian minister decree number H.K 00.06.2.4.1.1583 about midwifery diploma curriculum 2002 (AIPKIND, 2012). There is 88 university credit unit or 88 credits from 110 to 120 credits that are allowed and mostly 88 to 96 credits been used so more than 25% credit unit is available. Therefore, I recommended to incorporate the clinical leadership unit in the Midwifery curricula. For the diploma degree the focus of a clinical leadership will be around the level of cognitive such as memorizing and understanding. Based on minister decree of research and technology for high education. The diploma learning outcome is limited in understanding foundation concept of theory and basic practice (RISET, 2015). I would then recommend the content of the clinical leadership unit as such: description the theory of clinical leadership, description teamwork in midwifery practice and describe mechanism of collaboration for midwife, description approaches to strengthening teamwork, description leadership behavior and characteristics, description management conflict in teamwork, understanding midwifery decision making capacity and prioritizing decision, understanding self-management including stress management. While level of cognitive will readjusted in level of bachelor and master.

2) For the Indonesian Midwifery Board (Ikatan Bidan Indonesia Indonesian).

The competency of leadership in midwifery education set in the International confederation of Midwives curriculum mapping tool. Therefore, Indonesia Midwifery Board is encouraged for incorporating the clinical leadership in the national midwifery curriculum as an adjustment to international standard. Moreover, the demand of quality health service is main rational for the professional organisation to take in to account leadership skills as one current solving strategies.

The IMB has crucial role in adjusting, formulate curricula of midwifery programs in Indonesia. Therefore, the IMB has power to advocate the demand of incorporating leadership in the curricula for managers of private and public education, as well as policy makers in establishing Law about National Midwifery curricula. The active role of IMB as initiator and determinant determine the future of midwifery programs in Indonesia. The starting point of the initiation can be done through national annual meeting agenda of midwives by the chief of Indonesian

Midwifery Board.

3) For the course coordinator of Bachelor of Midwifery in Monash University Australia.

The bachelor of nursing and midwifery provide the leadership subject under unit of Law, Ethics, Leadership that recently became benchmarking for the author. Hence, maintaining high quality of education program is also obligation for the institution programmer. Therefore, I suggest the faculty conducting tracer study and regular evaluation unit course to measure the quality of program and outcome.

4) For the health providers managers who employ midwife in their clinics in Indonesia.

The quality health service is highly demanding in the recent development of health service industry. The sensitivity of service providers in provision of intervention strategy is needed in the response of quality health service demand. The response of providers can be done by encourage, providing opportunities for midwives and nurses to conduct leadership training in-service and financing it. The leadership workshop for employees also can be held outside the institution or within the service providers.

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Competing Interests Statement

The authors declare that there are no competing or potential conflicts of interest.

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