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Quality assurance policies and implementation in nursing and midwifery training colleges in Ghana

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Article Info	ABSTRACT
	The study assessed internal quality assurance (QA) systems in health training institutions in the Upper West Region. The study adopted the cross-section analytical design with a sample size of 272 (67 health tutors and 205 final year nursing students) using systematic and purposive sampling techniques. Data for the study were collected with a questionnaire and analyzed using SPSS and Stata. The study revealed that the majority (5 of 7) of nursing and midwifery colleges (NMTCs) in the Upper West Region have no quality assurance policy available, 65.7% of tutors indicated their institutions had quality assurance units/committees however these committees are inactive the total level of QA practices/implementation rate was low among colleges in the region. The study also revealed a lack of participatory governance and the existence of a poor communication system between staff and heads. The study contended that there is a need for heads (principals) of NMTCs in the Upper West region in Ghana should ensure the formation and functioning of QA units in their various institutions. These units should be empowered and allowed by heads to function as per recommendations by the regulatory bodies to support and to ensure quality training of nurses and midwives.

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1. INTRODUCTION

Quality in health care delivery has become a global concern most especially in Ghana. According to Materu [1] about 740 million people are living in the African sub-region with a variety of 200 public universities coupled with a quick increasing range of private teaching institutions. He iterated that Sub-Saharan Africa (SSA) has the lowest tertiary gross enrollment magnitude relation within the world (about 5%) and is currently paying bigger attention to problems with quality at the tertiary level. WHO [2] noted that nursing and midwifery education is the base of a certified and able nursing and midwifery force and so the standard of nursing and midwifery education and coaching is a vital manner of building up health systems. Thus, the World Health Organization suggested that by establishing standards for skilled education, reassuring quality academic processes and establishments, and accrediting establishments providing academic programmers for an initial, specialist, and advanced skilled education, quality can be maintained in nursing and midwifery education. The capacity of human resources for health in terms of magnitude and quality has been recognized as a beneficial constituent of strengthening health care systems to achieve the targets of the millennium development goals

four, five, and six (i.e., to reduce child mortality; to improve maternal health and to combat HIV/AIDS, malaria and other diseases respectively).

The health workforce plays an indispensable role in building up the health system. However, these men and women should be ample in number, competent, and actuated [2]. In ensuring quality, nursing, and midwifery academic establishments, nursing councils, and authoritative bodies can play a significant role in producing qualified graduates [3]. Educational establishments ought to build up their approaches and components to cling to government strategies, and effectively actualize quality assurance structures with ongoing inspection and evaluation [4]-[6]. The nursing and midwifery administrations must give criticism to instructive organizations to progress and work as a team with them to create the ideal nursing and midwifery workforce. Utuka [7] noted that higher education institutions in Ghana rarely have evidence of policies on quality assurance procedures.

The implementation of QA policy by higher education institutions, specifically nursing and midwifery colleges (NMTCs), involves the provision of services that meet expectations of all key stakeholders, particularly the labor markets and the students who are direct beneficiaries [5], [8]. Tertiary institutions recognized by National Accreditation Board (NAB) of Ghana are required to set up internal quality assurance unit (IQAU) within a maximum of five years from the date of first accreditation [6], [7]. Per the NAB directive, the existence of useful IQAU could be a key marker in evaluating the execution of an institution towards organization re-accreditation and the grant of presidential approval. This unit, like other quality assurance bodies globally, is expected to conduct occasional surveys to evaluate the degree to which objectives are met inside the system of the rules, and whether the strategies for instructional delivery and learning, the offices, and the budgetary and human resource for the conveyance of the educational program bolster the objectives [6].

The Nursing/Midwifery Training Colleges in Ghana are under three quality supervision bodies and a University for the ensuring of quality. These include the National Accreditation Board (NAB), Nursing and Midwifery Council (NMC), Health Training Institution Secretariat (HTIS) under the Ministry of Health (MoH), and Kwame Nkrumah University of Science and Technology (KNUST) which all public Nursing/Midwifery Training College is affiliated to for the award of diploma in nursing for the graduates. Despite all these mechanisms, Böhmig [9] indicated that nursing students from the NMTCs and universities, experience a gap between the theoretical teaching syllabus and the practical working condition in the hospital. He again indicated that there is also a lack of supervision at the clinical site due to a lack of clinical tutors (also known as preceptors). On the aspect of affiliation, Alabi, *et al*. [8] postulated that Private Institutions in Ghana also complained about the effectiveness of affiliation as a mentoring process which results in negative consequential effects. Patients are not getting the specified care that is required for them from nurses [10].

Adu-Gyamfi and Brenya [10] also discovered that the nursing profession in Ghana presently has become a refuge amid the joblessness system for the populace since one is secured of his/her work after nursing school. Also, instruction for nurses in Ghana in the years ensuing was troubled with difficulties for tutors and textbooks. These textbooks when accessible were obsolete and students did not have the financial strength to acquire them. Also, checks on the national accreditation board, Ghana [11] indicated that only 16 of all the public nursing and midwifery training colleges in Ghana have active accreditation and from which only two (Midwifery Training College-Tumu and Nursing Training College-Lawra) out of the seven colleges in the Upper West Region were part [11]. Therefore, this study sought to bridge these gaps by assessing the state of QA policies as well as their implementation in nursing and midwifery training colleges (NMTCs) in the Upper West Region of Ghana. It will also add to the scanty literature of quality assurance in NMTCs in Ghana. The research questions that pivoted the study were: 1) What is the evidence of quality assurance policies in NMTCs meant to ensure the quality of training in the Upper West Region of Ghana? 2) How are quality assurance policies implemented in NMTCs in the Upper West Region of Ghana?

European Association for Quality Assurance in Higher Education Area [12] asserted that policies and processes for quality assurance in an organization are the primary mainstays of an intelligible institutional quality confirmation framework that shapes a cycle for perpetual advancement and adds to the responsibility of the foundation. The policy statement for advanced tuition institutions in the Norms and guidelines for internal quality assurance within advanced tuition institutions are expected to include the relationship between instructions and research within the establishment; the institution's procedure for value and benchmarks; the organization of the quality assurance system; the obligations of offices, schools, faculties, and other units and people for the affirmation of quality; students role in quality assurance; and how the approach is actualized, observed and changed [13]. New Zealand has detailed approaches with respect to quality assurance executives and that these arrangements are expansive and spread all parts of their frameworks. The approaches are archived as an institutional quality assurance manual which is exposed to a consistent survey. The same cannot be said of Ghana because higher education institutions in Ghana rarely have evidence of policies on quality assurance procedures and the documentation of these in manuals [7].

Seniwoliba [14] assumed that aside from the principles set aside by the quality assurance bodies for the assurance of quality; each organization has its internal policies and mechanisms for ensuring the fulfillment of its mandate as a credible School. Augmentation of quality in advance learning demands qualified and highly motivated staff members who are committed to quality outcomes [15]. In addition, it can be achieved by ensuring that workers are involved in quality assurance activities through effective and reasonable top-down and bottom-up communication channels as well as rigorous labor enlistment processes, development, and stimulus systems. There should also be an administrative structure that has the responsibility for carrying out the policies of the organization by its vision, mission, goal, and objectives [4]. The NMEI principal ought to have a rudimentary educational experience in nursing or midwifery and that the management of the Nursing and Midwifery Education Institution (NMEI) is implemented, supervised, and valued by committees. The administrative staff should be adequate and competent in their work. The general administrative body should also hold regular meetings, takes minutes, and communicates relevant information to staff. According to National Accreditation Board, the important duty of tertiary institutions is to search for knowledge either for its own sake or to apply such knowledge to enhance, directly or indirectly, the material well-being, happiness, and comfort of humankind [11]. Based on this tertiary institution such NMTCs are obligated to periodically conduct and publish research to improve in the knowledge level of the institution as well as Ghana as a whole.

2. RESEARCH METHOD

The study relied on a quantitative method that helped the researchers to deduce the state of quality assurance in NMTCs in the Upper West Region of Ghana. The reason for adopting a quantitative approach is to help gather in-depth information about quality assurance activities in NMTCs as conjectured by Creswell [16]. The study population entails Health tutors and students in the seven NMTCs in the Upper West Region of Ghana. The accessible population included health tutors who have spent at least one academic year in the institution and health tutors who are members of the quality assurance committee as well as final year students in the institutions studied. We agree with Ryan [17] that students who are important stakeholders in quality assurance policy development and implementation is crucial to be included in any quality assurance study. The sample size of the study was determined as 272 Health tutors and final year students of all the seven health training institutions in the region. This sample size was determined using the Yamane's formula [$n=N/1+N(e)2$] A census was utilized to choose the colleges (seven in the region), stratified proportionate sampling technique for academic staff (67) and final year students (205), purposive sampling for selecting both staffs (tutors who have adequate knowledge on QA) and students. A structured questionnaire was designed and used for garnering the quantitative data for the study [16]. The three questionnaires designed for the study were pilot tested on a small section of the sample groups to vouch for their validity [18]. After the pilot study, the feedback obtained was used in improving the questionnaires that were finally administered for the full-scale study.

The data collected with the aid of the questionnaire were analyzed using SPSS version 20 and Stata. Descriptive analysis was employed which included mean, standard deviation, and frequency (percentage) to explain the availability of quality assurance policies and their implementation in NMTCs in the Upper West Region, the practice of quality assurance activities (such as quality of infrastructure, the value of academic staff and value of examination). Chi-square was used to explain variations in the magnitude of quality assurance policy implementation in NMTCs in the Upper West Region.

3. RESULTS AND DISCUSSION
3.1. Availability of quality assurance policies in health training facilities

Quality assurance policies are necessary and serve as standard guidelines for an institution to produce the best nursing and midwifery professional as mandated by these colleges [13]. This section examines the availability of QA policies in NMTCs in the region. The results in Table 1 shows that 34.3% of health tutors who responded to the question said 'yes' while 41.8% indicated 'no' to the availability of a QA policy document. 23.9% of the surveyed tutors did not know whether or not a QA policy was available in the institution in which they work as academic staff. Their views support the findings of Utuka [7] who posited that higher education institutions in Ghana rarely have evidence of approaches on value affirmation methods and the documentation of these in books. However, the findings contradict with WHO's [4] guidelines for nursing and midwifery education institutions which indicated that every NMEI ought to build up their strategies and components to stick to government approaches, and effectively actualize quality assurance systems with persistent checking and evaluation. Wa-NTC (16.7%) had the highest assertion by tutors on the availability of QA policy followed by MTC-Jirapa (6.1%) as shown in Table 2.

Institutionally, only Wa Nursing Training School and Jirapa Midwifery Training School had a policy document for ensuring quality (16.7% and 6.1% respectively) as at the period of the project. These findings

contravene that of Seniwoliba [14] who indicated that aside from the criterion set up by the quality assurance bodies to guarantee quality in advanced education, every college in Ghana has its policies which are internal systems for guaranteeing the satisfaction of its mandate as trustworthy higher education organizations. Table 2 displays the results of individual colleges with regard to QA policy availability.

Table 1. Quality assurance policy implementation level in NMTCs in the Upper West Region

	Low (%)	High (%)	Total (%)
Quality assurance policy implementation level	65.6	34.4	100

Source: Field data (2019)

Table 2. Quality assurance policy availability in NMTCs in the Upper West Region

| Variable | Responses | Name of institution | | | | | | | Total |
		NTC, Jirapa N (%)	NTC, Wa N (%)	MTC, Jirapa N (%)	CHNTC, Jirapa N (%)	MTC, Nandom N (%)	MTC, Tumu N (%)	NTC, Lawra N (%)	N (%)
Availability of quality assurance policy	Yes	2 (3.0)	11 (16.7)	4 (6.10)	0 (0.0)	2 (3.0)	1 (1.5)	2 (3.0)	22 (32.2)
	No	6 (9.1)	3 (4.5)	2 (2.98)	6 (9.1)	4 (6.1)	4 (6.1)	4 (6.1)	31(46.3)
	Don't know	5 (7.6)	2 (3.0)	2 (2.98)	2 (3.0)	1 (1.5)	2 (3.0)	2 (3.0)	16 (23.8)
	Total	13 (19.7)	16 (24.2)	7 (12.0)	8 (12.1)	7 (10.6)	7 (10.6)	8 (12.1)	67 (100)

Source: Field data (2019)

3.2. Implementation of quality assurance in nursing and midwifery training colleges in the Upper West Region

Among higher education institutions, one thing is developing a policy and another is ensuring its effective implementation of the policy [4], [19]. Because of this, the WHO outlines key areas for the implementation by NMEIs as stated in the literature review. Statistically from the perspective of health tutors surveyed, the general implementation rate of QA systems in NMTCs in the Upper West Region is low (65.6%). This result is ascribed to the need for QA approaches in most of these colleges in the region. The findings also indicated that the National Accreditation Board (NAB) has failed in its statutory mandates. The board is mandated to ensure the existence of the functional internal quality assurance unit (IQAU) in schools that are recognized by them, which is a key pointer in surveying the exhibition of an establishment towards organization re-approval and the award of a presidential approval [20]. The health tutors believe that indicators such as good governance, appointment, and/or activation of QA units in the institutions by principals, provision, and/or maintenance of physical facilities, among others are not put in place and hence the low implementation rate.

Among the individual institutions (NMTCs) in the region, NTC-Wa has the highest implementation rate as compared to institutions that have the QA policy (16%: p=0.01). Despite the availability of the QA policy document in Jirapa MTC, the implementation of the policy was very low (1.5%: p=0.02). Table 3 shows the details of the individual colleges' levels (%) of QA policy implementation. These findings reiterate the fact that proximity to regulatory bodies has a positive correlation with the availability and implementation of QA policy, Wa NTC being located in the regional capital with the highest proximity to regulatory bodies coupled with high numbers of staffing might be a motivation factor for its ability to implement its QA policies compared to Tumu NTC and Nandom MTC which are sited in the outermost boundaries of the region with inadequate staffing (p=0.02). This is supported by Seniwoliba and Yakubu [21]; Bank and Popoola [22], as well as Gamage, *et al*. [6] as they also outlined that staffing and workplaces; physical and money related assets; responsibility and support for quality assurance regulatory bodies are some of the policy implementation challenges in higher education.

Table 3. QA implementation levels by institutions

| Name of institution | QA implementation by institutions | | | | |
	Low N (%)	High N (%)	Total N (%)	Chi-square	P-value
NTC, Jirapa	12(17.9)	1(1.5)	13(19.4)		
NTC, Wa	5(7.5)	11(16.4)	16(23.9)		
MTC, Jirapa	5(7.5)	3(4.5)	8(11.9)		
CHNTC, Jirapa	8(11.9)	0(0.0)	8(11.9)	14.97	0.01
MTC, Nandom	3(4.5)	4(6.0)	7(10.4)		
MTC, Tumu	5(7.5)	2(3.0)	7(10.4)		
NTC, Lawra	6(9.0)	2(3.0)	8(11.9)		
Total	44(65.6)	23(34.4)	67(100)		

Source: Field data (2019)

3.2.1. Quality assurance practices in nursing and midwifery training colleges in the upper west region

This section shows the general institutional QA practiced rate from the perspective of both tutors and students in the Upper West Region.

a.   Quality assurance committee/unit

Some of the variables assessed in the area of practices by NMTCs from the perspective of health tutors and students in the Upper West Region included; the functionality of QA units or committee in the colleges, quality of academic staff, quality of admission process, the value of infrastructure and quality of governance. These according to WHO [3] will create an atmosphere for tutors to give quality training and play their assigned role viably in delivering qualified alumni who will address the issues and desires for society. Positive collaboration between the educator and the student and the aggregate honesty and polished methodology of the scholastic network is expected to yield qualified graduates. Findings indicated that 65.7% of the surveyed tutors stated 'Yes' for the availability of the QA unit/committee in the colleges. However, the majority (50.0%) asserted that these committees are not active and 18.8% are not certain whether or not these committees are active. In concession with a study conducted in the Northern region by Essel, Boakye-Yiadom, and Mohammed [23] which also revealed that a more prominent number of tutors from the three NMTCs declared the availability of quality assurance unit/committee in their schools. This is also under the WHO recommendation of the selection of a value affirmative committee in charge of auditing internally, watching over, and assessment of QA systems. Granted, tertiary institutions thrive on the committee system [24] and as such, putting in place a QA committee in the Upper West Region is commendable.

However, the inactiveness of the QA committees in the Upper West Region will defeat the objective of monitoring and evaluating the quality of instructing and learning in their respective institutions. The impact will be the production of graduates with low standards of professionalism [25]. Quality of academic Staff value and that of the admission process was high among tutors (66.7% and 79.1% respectively). This was not different from the perspective of the students as 84.4% of the students affirmed the quality of Academic staff to be high. Wa NTC recorded the highest (21.5%: P=0.03) in terms of quality of academic staff while Nandom NTC recoded the least (5.9%) as seen in Table 4. Staff evaluation is crucial for ensuring the value of training of nurses and birthing attendants [26]. The National Accreditation Board [11] recommends that academic staff must be evaluated especially by students as they are the primary beneficiary of these staff. This is important because students offer the learning challenges from their perspective and this enhances the evaluation of quality [27]. Responses from students regarding staff evaluation revealed that Wa NTC evaluates health tutors once every semester as indicate by NAB. However, students from Jirapa NTC indicated that they do not evaluate academic staff regarding academic staff performance as far as training nurses is a concern. Students from the remaining NMTCs are uncertain about whether or not they evaluate health tutors in their various institutions as presented in Table 5. Table 4 represents responses from health tutors in the Upper West region regarding the conduction and publication of research in their various institutions as recommended by NAB. Findings revealed that no NMTC in the Upper West region fulfills this mandate by the National Accreditation Board [11]. This may be attributed to the lack of participatory governance and the existence of poor communication system between staff and heads in their respective institutions [28].

Table 4. Tutors' responses on research and publication

Variable	Responses	Institutions						
		NTC, Jirapa	NTC, Wa	MTC, Jirapa	CHNTC, Jirapa	MTC, Nandom	MTC, Tumu	NTC, Lawra
Research and publication	Yes	0.00%	6.00%	7.50%	0.00%	1.50%	4.50%	3.00%
by tutors	No	19.40%	17.90%	4.50%	11.90%	9.00%	6.00%	9.00%

Source: Field data (2019)

Table 5. Students' responses to tutors' evaluation in NMTCs in the Upper West Region

Variables	Students' responses	Institutions						
		NTC, Jirapa	NTC, Wa	MTC, Jirapa	CHNTC, Jirapa	MTC, Nandom	MTC, Tumu	NTC, Lawra
Evaluation of tutors	Yes	0.0%	20.6%	7.4%	5.4%	4.4%	2.5%	7.4%
	No	14.2%	1.5%	8.3%	7.8%	2.9%	9.3%	8.3%
Number of times	Once	0.0%	34.3%	9.1%	1.0%	7.1%	2.0%	8.1%
evaluation is done	Twice	0.0%	8.1%	5.1%	8.1%	3.0%	0.0%	7.1%
per semester	Thrice	0.0%	0.0%	1.0%	2.0%	0.0%	3.0%	1.0%

Source: Field data (2019)

b. Quality of governance in NMTCs in the Upper West Region

In the aspect of governance, 42.9% of health educators were not fulfilled with the quality of governance and transparency within their institutions. This outlines the loss of confidence of tutors in their institution's leadership. The style of leadership in their various institutions was not up to standard and expectations. Areas of interest were professional staff development programs implementation, accountability, and governance in the schools. These indicated that there is no participatory governance and the existence of a poor communication system between staff and heads in their respective institutions. This is contrary to WHO [4], [29] which indicated that the general administrative body in every NMEI must always hold regular staff meetings, take minutes, and communicate relevant data to staff. This, therefore, point out that there is a poor governance system in NMTCs in the Upper West Region.

c. Quality of infrastructure

Both students and health tutors were asked whether their colleges ensure the availability of physical structures, well-equipped skill laboratory and whether the skill laboratory is spacious enough for many sessions at a time to ensure the value of instructing and learning. The quality of infrastructure among the NMTCs in the Upper West Region is slightly high as findings indicating 55.2% for health tutors and 53.2% for students affirming to this. The highest score was among tutors of the Wa NTC while the lowest was among Lawra NTC as shown in Table 6 and Table 7.

Nandom MTC students were more of the view that their infrastructural quality was very low (2.9%) while Wa NTC students appreciated the quality of their infrastructure (20.5%). This variance between institutions depicts the deficits in infrastructural development in terms of skill laboratories, internet services, lecture halls, and accommodations as indicated in Table 8.

Table 6. Institutional QA implementation/practices

Variables	Responses	NTC, Jirapa N (%)	NTC, Wa N (%)	MTC, Jirapa N (%)	CHNTC, Jirapa N (%)	MTC, Nandom N (%)	MTC, Tumu N (%)	NTC, Lawra N (%)	Total N (%)	P-value
Availability of quality assurance policy	Yes	2(3.0)	11(16.7)	4(6.10	0 (0.0)	2 (3.0)	1 (1.5)	2 (3.0)	22 (33.3)	0.05
	No	6(9.1)	3 (4.5)	1 (1.5)	6 (9.1)	4 (6.1)	4 (6.1)	4 (6.1)	28 (42.4)	
	Don't know	5 (7.6)	2 (3.0)	2 (3.0)	2 (3.0)	1 (1.5)	2 (3.0)	2 (3.0)	16 (24.4)	
	Total	13 (19.7)	16(24.2)	7(10.6)	8 (12.1)	7 (10.6)	7(10.6)	8(12.1)	66(100)	
Availability of QA committee/unit	Yes	7(10.4)	13(19.4)	5 (7.5)	3(4.5)	7(10.4)	2(3.0)	7(10.4)	44(65.7)	0.04
	No	6(9.0)	2(3.0)	1(1.5)	4(6.0)	0(0.0)	4(6.0)	1(1.5)	18(26.9)	
	Don't know	0(0.0)	1(1.5)	2(3.0)	1(1.5)	0(0.0)	1(1.5)	0(0)	5(7.5)	
	Total	13 (19.4)	16(23.9)	8(11.9)	8(11.9)	7(10.4)	7(10.4)	8(11.9)	67(100)	
Is QA unit active	Yes	0(0.0)	8(16.7)	2(4.2)	0(0.0)	4(8.3)	0(0.0)	1(2.1)	15(31.3)	0.00
	No	6(12.5)	4(8.3)	1(2.1)	3(6.3)	2(4.2)	2(4.2)	6(12.5)	24(50.0)	
	Don't know	1(2.1)	1(2.1)	4(8.3)	0(0.0)	1(2.1)	2(4.2)	0(0)	9(18.8)	
	Total	7(14.6)	13(27.1)	7(14.6)	3(6.3)	7(14.6)	4(8.3)	7(14.6)	48(100)	
Quality of academic staff	Low	9(13.6)	3(4.5)	1(1.5)	6(9.1)	1(1.5)	0(0.0)	2(3.0)	22(33.3)	0.02
	High	4(6.1)	12(18.2)	7(10.6)	2(3.0)	6(9.1)	7(10.6)	6(9.1)	44(66.7)	
	Total	13(19.7)	15(22.7)	8(12.1)	8(12.1)	7(10.6)	7(10.6)	8(12.1)	66(100)	
Quality of admission processes	Low	8(11.9)	1(1.5)	2(3.0)	2(3.0)	0(0.0)	0(0.0)	1(1.5)	14(20.9)	0.00
	High	5(7.5)	15(22.4)	6(9.0)	6(9.0)	7(10.4)	7(10.4)	7(10.4)	53(79.1)	
	Total	13(19.4)	16(23.9)	8(11.9)	8(11.9)	7(10.4)	7(10.4)	8(11.9	67(100)	
Quality of infrastructure	Low	10(15.2)	3(4.5)	0(0.0)	4(6.1)	5(7.6)	1(1.5)	7(10.6)	30(44.8)	0.00
	High	2(3.0)	13(19.7)	8(12.)	4(6.1)	2(3.0)	6(9.1)	1(1.5)	37(55.2)	
	Total	12(18.2)	16(24.2)	8(12.1)	8 (12.1)	7(10.6)	7(10.)	8(12.1)	66(100)	
Quality of examination	Low	12(17.9)	2(3.0)	1(1.5)	4(6.0)	1(1.5)	0(0.0)	2(3.0)	22(32.8)	0.00
	High	1(1.5)	14(20.9)	7(10.4)	4(6.0)	6(9.0)	7(10.4)	6(9.0)	45(67.2)	
	Total	13(19.4)	16(23.9)	8(11.9)	8(11.9)	7(10.4)	7(10.4)	8(11.9)	67(100)	
Quality of governance	Low	10 (15.9)	5(7.9)	3(4.8)	7(11.1)	1(1.6)	5(7.9)	5(7.9)	36(57.1)	0.002
	High	0(0.0)	11(17.5)	5(7.9)	1(1.6)	5(7.9)	2(3.2)	3(4.8)	27(42.9)	
	Total	10(15.9)	16(25.4)	8(12.7)	8(12.7)	6(9.5)	7(11.1)	8(12.7)	63(100.0)	

Source: Field data (2019)

Table 7. Quality assurance activities, students

Variables (Quality assurance indicators-students)		NTC, Jirapa	NTC, Wa	MTC, Jirapa	CHNTC, Jirapa	MTC, Nandom	MTC, Tumu	NTC, Lawra	Total	P-value
Quality of infrastructure	No	19	3	10	18	9	12	25	96	
	Yes	10	42	22	9	6	12	8	109	0.00
	Total	29	45	32	27	15	24	33	205	
Quality of accommodation	No	20	45	23	18	13	14	32	165	
	Yes	9	0	9	9	2	10	1	40	0.00
	Total	29	45	32	27	15	24	33	205	
Quality of academic staff	No	4	1	3	7	3	7	7	32	
	Yes	25	44	29	20	12	17	26	173	0.03
	Total	29	45	32	27	15	24	33	205	
Quality of student academics	No	18	13	13	16	9	11	16	96	
	Yes	11	32	19	11	6	13	17	109	0.07
	Total	29	45	32	27	15	24	33	205	
Quality of examination	No	12	20	15	15	12	7	16	97	
	Yes	17	25	17	12	3	17	17	108	
	Total	29	45	32	27	15	24	33	205	0.09
	Yes	10	30	16	7	5	8	3	79	
	Total	29	45	32	27	15	24	33	205	

Source: Field data (2019)

Table 8. Quality of infrastructure in NMTCs: Students

Variable	Responses	Tutors n=67	Students n=207
Physical facilities available and maintained	Yes	79.1	58.5
	No	20.9	41.5
Skill laboratory is adequately spaced	Yes	46.3	35.1
	No	53.7	64.9
The laboratory is well equipped	Yes	79.1	57.6
	No	20.9	42.4
Lecture halls are large and well ventilated	Yes	58.2	36.1
	No	41.8	63.9
Availability of internet service in school	Yes	71.6	79.5
	No	28.4	20.5
Availability of internet at all time	Yes	40.3	16.1
	No	35.8	32.2
Is the school library well stocked with up-to-date books for easy referencing?	Yes	46.3	34.1
	No	53.7	65.9
Is the library spacious for studies?	Yes	37.3	58
	No	62.7	42
The library is readily accessible by students and tutors at all time	Yes	74.6	63.4
	No	25.4	36.6
The school IT laboratory is large with adequate computers	Yes	44.8	32.1
	No	55.2	67.9
Availability of audiovisual devices	Yes	52.2	27.3
	No	47.8	72.7

Source: Field data (2019)

Data shortage and poor network connections were some major challenges confronted by the tutors in terms of internet connectivity. The availability of a good computer laboratory and internet services were also assessed. Uniformly majority of tutors (55.2%) and students (67.6%) were of the view that their IT laboratories were not well spaced and equipped with computers to encourage instructing and learning. This translated to the accessibility of internet services for instructing and learning where the majority of tutors (71.6%) and students (79.5%) indicated that there is internet service available in their colleges, however, there were disparities in the accessibility to the service, 40.3% of health tutors indicated having access to the internet services as compared with 16.1% of the students. Reasons given included poor network (18%), shortage of bundle (5.4%), narrow coverage of internet services (5.4%), IT officer shutting it down (1.5%) among others, and this does not differ from the responses of some tutors who did not get access to the internet services. Yet, these are resources that must be present for effective teaching and learning by both tutors and students, yet, they are not [4], [29]. The inaccessibility of these facilities by students will affect their ability to take control and coordinate their claim learning encounters and personal studies instead of being over-reliance on tutors. Furthermore, the more students are comfortable with teaching and learning facilities, the more they are encouraged to learn on their own, and the better they become as students [19], [24].

The majority of the respondents; tutors (53.7%) and students (64.9%) indicated a lack of adequate space in their skill laboratories although, these laboratories are well equipped. The displeasure by both tutors and students were statistically significant (p=0.00), the accessibility of satisfactory hardware for instructing and learning will enhance the confidence level of students and tutors in handling medical condition, due to prior first-hand clinical practices. About 41% of students asserted that their schools do not provide and/or maintain physical infrastructure as against 20.9% of tutors. A difference of 20.1% is significant indicating a disparity between access by tutors to infrastructure as against that of students (P=0.00). This will impact teaching and learning as denial to resources, is denial to knowledge acquisition. A conducive atmosphere enhances quality instructing and learning for both tutors and students respectively, but in this current study majority of the tutors (58.2%) agreed that the lecture halls were spacious and well ventilated for instructing and learning, but contrary to that were the views of the students who are the direct users of the facility, majority (63.9%) disagreed. Indicating that lecture halls were too small and poorly ventilate considering their number per class.

A poorly ventilated atmosphere creates fatigue and stress therefore impacting the value of instructing and learning. It also prone the occupants to diverse public health communicable disease such as meningitis and tuberculosis that comes with such unfriendly conditions especially in the warm season with overcrowding. In Table 9, 68.8% of the students are accommodated by their respective schools. Meanwhile, 49.3% of them are not satisfied with the conditions of the hostels the schools provide for them because of poor ventilation and lighting, congestion, a distance far away from campus, and lack of maintenance by management. The remaining 31.2% of students are not provided with accommodation and hence students sort this by themselves. Figure 4.5 depicts that students of Wa NTC are not provided with any form of hostel facility by the school, they solely cater for themselves as far as accommodation is concerned while Lawra NTC can provide accommodation for 42.4% of her students' population. The poor students' accommodation may also have a negative impact on their academic performance [5], [19], [30].

The availability of audiovisual devices for teaching and learning was perceived differently by tutors and students. The health tutors (52.2%) were of the view that audio-visuals (e.g., projectors and public address systems) for teaching and learning were adequately provided as against 72.7% of students who said the audio-visuals were not adequately provided.

Table 9. Quality assurance accommodation: Students

Quality assurance accommodation	Yes (%)	No (%)	Total (%)
Availability of hostel facility	68.8	31.2	100
Satisfaction with the hostel facility	19.5	48.3	68.8

Source: Field data (2019)

Table 10. Availability of accommodation facility for students in the various MNTC, U/W/R

Availability of hostel facility	Yes (%)	No (%)
NTC, Jirapa	100	0
NTC, Wa	0	100
MTC, Jirapa	100	0
CHNTC, Jirapa	100	0
MTC, Nandom	100	0
MTC, Tumu	100	0
NTC, Lawra	42	57

Source: Field data (2019)

4.   CONCLUSION

This study provided shreds of evidence regarding the lack of QA activities as well as factors that affect QA in some NMTCs in Ghana. The majority (5 out of 7 NMTCs) of the institution had no Quality Assurance policy document. The study's findings revealed that these institutions had quality assurance units/committees that are inactive due to the absence of an operational document that will guide the operations of the committee/unit. Internal quality practices in relation to governance, accountability, and transparency were low among health tutors meanwhile internal quality to promote staff professional development was high and students attested to the high value of academic staff. Despite having highly qualified academic staff, most NMTCs in the region do not conduct staff evaluation. Periodic staff meetings are rarely organized for tutors to discuss matters regarding activities towards the quality training of nurses and midwives in the region. This is partly related to the lack of participatory governance and the existence of poor communication system between staff and heads in their respective institutions. This study recommends that there is a need for managers of

Health Training Institutions (HTIs) to ensure the formulation and implementation of QA policy documents in their respective colleges. Also, heads (Principals) 11 of NMTCs in the Upper West Region and Ghana as a whole should ensure the formation and functioning of QA units in their various institutions. These units should be empowered and allowed by the heads of the institutions to function as per recommendations by the regulatory bodies to support to ensure quality training of nurses and midwives.

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