



Institutional support and stakeholder engagement as determinants of readiness for the New BS Midwifery Curriculum rollout

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Abstract

In the global push to enhance maternal and newborn health, midwifery education is increasingly aligning with international standards to improve both quality and scope of training. This study aimed to determine the level of readiness among colleges in implementing the New BS Midwifery Curriculum, a program that requires a strong foundation in institutional support, active stakeholder engagement, and a well-prepared organizational structure. It utilized descriptive and correlational design to capture all its objectives. Results indicated a moderate positive relationship between institutional support and stakeholder engagement, a high positive correlation between institutional support and program readiness, and a moderate positive correlation between stakeholder engagement and program readiness. Also, faculty development and leadership commitment are found to be key predictors of institutional readiness, signifying their role in successful curriculum implementation.

Keywords: midwifery, institutional support, stakeholder engagement, readiness

Introduction

In the global push to enhance maternal and newborn health, midwifery education is increasingly aligning with international standards to improve both the quality and scope of training (ICM, 2021) [31]. Numerous studies highlight curriculum revisions as essential to preparing midwifery graduates for diverse healthcare environments. For instance, Abdolalipour *et al.* (2023) [1] evaluated Iran's midwifery curriculum through comparative and Delphi methods, recommending new courses and workshops to address content gaps and improve competency alignment. Similarly, Fraser *et al.* (2024) [23] emphasize the ongoing need for curriculum improvements in Bangladesh, linking these advancements to better maternal healthcare outcomes. These initiatives reflect a broader trend toward incorporating international standards in midwifery education to address local health needs and contribute to global maternal health goals.

Despite the importance of curriculum reform, effective implementation remains challenging, particularly without adequate support from institutions and stakeholders. Curriculum reform studies indicate an "implementation gap," often arising from insufficient stakeholder engagement and a lack of structured institutional support (Gouëdard *et al.*, 2020) [24]. Moreover, successful curriculum changes frequently depend on institutional support strategies like additional educator training and mentorship, as demonstrated by Shikuku *et al.* (2024) [57] in Kenya's midwifery education reform efforts. Arundell *et al.* (2024) [5] similarly stress the importance of structured support in clinical training, finding that student learning outcomes improved when midwifery educators were adequately supported and engaged in the curriculum process.

These findings underscore the need for robust institutional frameworks to bridge the implementation gap in curriculum reform.

Further complicating curriculum rollout, Pak *et al.* (2020) [53] argue that technical leadership alone is insufficient, advocating for adaptive approaches that address both logistical and cultural shifts in education standards.

In midwifery, adapting to new curriculum standards involves not only meeting technical requirements but also ensuring that faculty and students are equipped to handle updated competencies and clinical skills. Mortiz *et al.* (2023) [49] support this perspective, noting that many Filipino students lack the readiness needed for tertiary-level demands, suggesting a critical role for preemptive assessments in bridging preparedness gaps. In practice, midwifery tracer studies reflect similar challenges; for instance, Llego *et al.* (2020) found that Filipino midwifery graduates recognized the practical utility of clinical skills in their initial employment, reinforcing the need for a curriculum that balances theoretical knowledge with practical application.

Considering these complexities, understanding institutional readiness and stakeholder involvement in curriculum reform is essential to successful midwifery education initiatives. However, there remains a paucity of literature examining how these factors interact to influence curriculum rollout outcomes, particularly in the context of midwifery education (Mainey *et al.*, 2024) [42]. While many countries emphasize quality standards in midwifery curricula, few studies address the strategies necessary to prepare institutions and stakeholders for the transition to new educational frameworks.

Thus, this study seeks to investigate the role of institutional support and stakeholder engagement in determining readiness for curriculum reform in midwifery education. Through investigating the elements critical to successful curriculum implementation, this research aims to provide actionable insights that align midwifery education with national and international standards, ultimately contributing to enhanced maternal and newborn health outcomes.

Development

This study utilized a descriptive-correlational research design to address its eight specified objectives. The descriptive component facilitated a thorough examination of the levels of institutional support, stakeholder engagement, and readiness among colleges that aimed to implement the New Bachelor of Science in Midwifery Curriculum. The correlational aspect of the research investigated the relationships among the identified variables. This included exploring the significant relationships between institutional support and stakeholder engagement, as well as their respective influences on the overall readiness of colleges for the new curriculum (Aprecia *et al.*, 2022; Collado., 2020; Bartolata *et al.*, 2024) ^[18].

The population for this study consisted of 140 college deans, program chairs, or coordinators across the Philippines who offered a ladderized Bachelor of Science in Midwifery program, as recognized by the Commission on Higher Education (CHED). These institutions provided a wide representation of midwifery education across the country, encompassing various geographic locations, institutional sizes, and resource capabilities.

For this study, the respondents were selected through a stratified random sampling technique was used. The sample size for this study was determined using the Raosoft sample size calculator. Based on the total population of 140 college deans, programs chairs or coordinators, the calculator suggested selecting a sample of 103, which provided a confidence level of 95% and a margin of error of 5%. This sample size was designed to ensure that the findings were statistically significant and accurately reflected the perspectives of colleges offering the ladderized BS Midwifery program.

Results and Discussions

Table 1: Level of institutional support

Indicators	Weighted Mean	Verbal Interpretation	Rank
Resources availability	4.51	Very High	2.5
Faculty development	4.51	Very High	2.5
Leadership commitment	4.58	Very High	1
Financial and logistical support	4.33	Very High	4
Overall Weighted Mean	4.48	Very High	

Table 1 provides an overview of the respondents' perception of institutional support across four key indicators: resource availability, faculty development, leadership commitment, and financial and logistical support. Among these, leadership

The study utilized a researcher-made questionnaire as the primary instrument for data collection, specifically designed to assess the levels of institutional support, stakeholder engagement, and overall readiness of colleges offering the New Bachelor of Science in Midwifery Curriculum. This instrument was validated by the Association of Midwifery Deans and Colleges across the Philippines, ensuring that it met the necessary standards for reliability and relevance in the context of midwifery education.

Following the initial development of the questionnaire, expert validation was conducted to gather feedback on its content and structure. This validation process incorporated the opinions of experienced professionals in midwifery education. To further establish the reliability of the instrument, a pilot test was conducted, and Cronbach's alpha was computed for each component of the questionnaire. The reliability test results demonstrated excellent internal consistency across all indicators: institutional support indicators yielded a Cronbach's alpha of 0.971, stakeholder engagement indicators recorded 0.955, and readiness indicators achieved 0.965. These results confirmed the robustness of the questionnaire, ensuring that the data collected would be both consistent and dependable.

The study followed a systematic data gathering process, from topic proposal to result interpretation. It began with defining objectives and designing a research proposal, which underwent academic review for ethical integrity.

A researcher-made questionnaire, validated by the Association of the Philippines Schools of Midwifery (APSOM) Deans was developed to assess institutional support, stakeholder engagement, and curriculum readiness using a Likert scale. A pilot test ensured reliability, refining the instrument based on expert feedback.

Letters through electronic makil were sent out to colleges for permission to conduct the stusy. The validated questionnaire was then distributed to 103 colleges selected via stratified random sampling from 140 institutions offering the ladderized BS in Midwifery program while ensuring the respondents or confidentiality and data privacy. Data collection was conducted electronically through the use of google forms, with follow-ups to maximize responses.relationships among job engagement, retention intentions, and work performance.

commitment received the highest rating (4.58), while both resource availability and faculty development shared the second spot (4.51). Financial and logistical support ranked the lowest but still attained a "Very High" interpretation (4.33).

With an overall weighted mean of 4.48, the findings indicate that respondents perceive strong institutional support, particularly in leadership commitment, which plays a crucial role in fostering a conducive academic environment. In offering the new Bachelor of Science in Midwifery program. These results align with studies that emphasize the significance of clinical exposure and institutional support in ensuring the effectiveness of midwifery education. For instance, research in

South-East Asia highlights the challenges of integrating midwifery curricula into clinical settings, where the availability of well-equipped training sites plays a crucial role in addressing competency gaps (Bogren *et al.*, 2022) ^[22]. Similarly, studies in sub-Saharan Africa underscore the importance of aligning educational resources with international midwifery competencies to improve student readiness for evidence-based care (Moller *et al.*, 2022) ^[48].

Table 2: Level of stakeholder engagement

Indicators	Weighted Mean	Verbal Interpretation	Rank
Curriculum development	4.43	Very High	3
Feedback mechanisms	4.55	Very High	2
Collaboration	4.58	Very High	1
Communication and information dissemination	4.40	Very High	4
Overall Weighted Mean	4.49	Very High	

Table 2 shows the level of stakeholder engagement based on four key indicators: curriculum development, feedback mechanisms, collaboration, and communication and information dissemination. Collaboration received the highest rating (4.58), followed closely by feedback mechanisms (4.55), while curriculum development (4.43) and communication and information dissemination (4.40) ranked third and fourth, respectively. With an overall weighted mean of 4.49, the results indicate a very high level of stakeholder engagement, highlighting the strong collaboration and feedback processes that contribute to institutional development and continuous improvement.

These align with the study of Kibet *et al.* (2023) ^[35], who found that structured communication facilitates collaboration and

curriculum development, reinforcing the institution's commitment to keeping internal stakeholders informed. Watson (2024) emphasized the role of socio-organizational factors in technology adoption, highlighting the importance of clear communication strategies in attracting and informing prospective students about the midwifery program. The institution's use of digital platforms to provide timely program-related information reflects efforts to enhance stakeholder engagement through accessible and transparent communication. Hariani *et al.* (2023) ^[27] found that inadequate communication strategies hinder policy implementation, suggesting that greater participation in open forums and broader discussion topics could strengthen stakeholder involvement.

Table 3: Level of readiness to offer New BS Midwifery Curriculum

Indicator	Weighted Mean	Verbal Interpretation	Rank
Program governance	4.46	Very High	4
Faculty and students	4.72	Very High	1
Program and curriculum	4.70	Very High	2
Quality improvement	4.47	Very High	3
Overall Weighted Mean	4.59	Very High	

Table 3 presents the level of readiness to offer the New BS Midwifery Curriculum, evaluated across four key indicators: program governance, faculty and students, program and curriculum, and quality improvement. Faculty and students received the highest rating (4.72), followed by program and curriculum (4.70), while quality improvement (4.47) and program governance (4.46) ranked third and fourth, respectively. With an overall weighted mean of 4.59, which means that the findings suggest a strong readiness to implement the new curriculum, particularly in terms of faculty and student preparedness, which is crucial for its successful execution.

Hence, colleges actively seek feedback from stakeholders such as students, faculty, clinical preceptors, and industry professionals to ensure the program's relevance and quality.

These resonate with the studies of Teeling *et al.* (2021) ^[60],

Shatto *et al.* (2022) ^[56], and Mann *et al.* (2020) ^[45], which emphasize the role of structured frameworks, assessment tools, and quality improvement initiatives in midwifery education. Teeling *et al.* (2021) ^[60] examined how structured educational frameworks support quality care process metrics (QCP-M), ensuring that curricula remain relevant and effectively prepare graduates for professional practice. Shatto *et al.* (2022) ^[56] explored the impact of robust assessment tools on evaluating student competencies, noting that inconsistencies in evaluation methods could affect graduate readiness. A well-structured quality assurance system contributes to continuous improvements in teaching strategies, curriculum content, and student learning experiences. Mann *et al.* (2020) ^[45] discussed how publicly shared data on program effectiveness promotes stakeholder trust and supports evidence-based decision-making.

Table 4: Relationship between level of institutional support and level of stakeholder engagement

Variables	Statistical Treatment (Pearson's)	p-value	Decision	Interpretation
Institutional support and stakeholder engagement	$r=.389$ (moderate correlation)	.000**	H ₀ rejected	Significant

**Significant at 0.01

The relationship between the level of institutional support and level of stakeholder engagement showed that the Pearson's r value of .389 which is a positive moderate correlation. Meanwhile, the obtained p -value was .000 which was lower than the test of significance at .01. This shows that there is enough statistical evidence to reject the null hypothesis, indicating a significant relationship between the variables. This means that the higher the level of institutional support, the higher the level of stakeholder engagement of colleges that aim to offer New BS Midwifery Curriculum. These findings suggest that institutions aiming to offer a New BS Midwifery Curriculum must prioritize robust institutional support mechanisms, as they directly influence the engagement of key stakeholders—including faculty, students, clinical partners, and industry professionals. A well-supported institution fosters stronger collaboration, resource accessibility, and programmatic enhancements, all of which contribute to the successful implementation of midwifery education.

This means that the higher the level of institutional support, the

higher the level of stakeholder engagement.

Several studies align with these findings, reinforcing the critical role of institutional support in midwifery education. Johnston *et al.* (2022) emphasized that students in nursing and midwifery programs benefit significantly from well-structured institutional frameworks, which promote cultural learning, professional growth, and clinical preparedness. Their research suggests that institutions with strong support systems enhance students' readiness for clinical practice, further highlighting the importance of institutional backing. Similarly, Haruzivishe and Macherera (2021) identified stakeholder engagement as a key factor in bridging gaps in nursing and midwifery education. They found that graduates who experienced strong stakeholder involvement—such as mentorship from clinical preceptors and collaboration with healthcare institutions—were better equipped for real-world clinical challenges. This supports the idea that increased institutional support fosters meaningful partnerships, improving student learning experiences and readiness for practice.

Table 5: Relationship between level of institutional support and level of readiness to offer new midwifery curriculum

Variables	Statistical Treatment (Pearson's)	p-value	Decision	Interpretation
Institutional support and readiness	$r=.847$ (high correlation)	.000**	H ₀ rejected	Significant

**Significant at 0.01

For the relationship between the level of institutional support and level of readiness to offer new Midwifery curriculum, the Pearson's r value of .847 showed positive high correlation. Meanwhile, the obtained p -value was .000 which was lower than the test of significance at .01. This shows that there is enough statistical evidence to reject the null hypothesis, indicating a significant relationship between the variables. This means that the higher the level of institutional support, the higher the level of readiness of colleges that aim to offer New BS Midwifery Curriculum. These findings suggest that institutions with stronger support systems—such as faculty development programs, infrastructure investments, and policy alignment—are more prepared to launch a midwifery curriculum successfully. The ability of colleges to adapt to new educational models, secure accreditation, and ensure compliance with regulatory standards depends largely on their level of institutional support.

This suggests that the higher the level of institutional support, the higher the level of readiness to offer new midwifery curriculum.

Institutional support is a key determinant of readiness in health-

related academic programs. Johnston *et al.* (2022) emphasized that midwifery and nursing students who participated in structured international education programs showed higher levels of professional and personal development. These outcomes were linked to institutional policies that facilitated global learning opportunities, indicating that strong institutional backing leads to improved student readiness for clinical practice. However, long-term studies are needed to assess how these institutional interventions translate into sustained professional competency. The role of stakeholder engagement in preparing students for clinical practice has also been widely recognized. Haruzivishe and Macherera (2021) found that newly graduated nurses often felt unprepared for the realities of clinical work due to a lack of supervised clinical exposure. Their study recommended greater collaboration between educational institutions, hospital administrators, and healthcare professionals to enhance training experiences and competency-building in midwifery education. This aligns with the current study's findings, reinforcing that institutional readiness is strengthened when key stakeholders are actively involved in program implementation.

Table 6: Relationship between level of stakeholder engagement and level of readiness to offer new midwifery curriculum

Variables	Statistical treatment (Pearson's)	p-value	Decision	Interpretation
Stakeholder engagement and readiness	$r=.473$ (moderate correlation)	.000**	H ₀ rejected	Significant

**Significant at 0.01

For the relationship between the level of stakeholder engagement and level of readiness to offer new Midwifery curriculum, the Pearson's r value of .473 showed positive moderate correlation. Meanwhile, the obtained p -value was .000 which was lower than the test of significance at .01. This shows that there is enough statistical evidence to reject the null hypothesis, indicating a significant relationship between the variables. This means that the higher the level of stakeholder engagement, the higher the level of readiness of colleges that aim to offer New BS Midwifery Curriculum. These findings suggest that active participation from key stakeholders—such as faculty, healthcare professionals, accrediting bodies, and community partners—plays a crucial role in preparing institutions for curriculum changes. While institutional support remains a primary driver of readiness, engagement from external stakeholders enhances program implementation, strengthens clinical training opportunities, and ensures alignment with healthcare industry standards.

this implies that the higher the level of stakeholder engagement, the higher the level of readiness to offer new midwifery curriculum will be.

Stakeholder engagement is widely recognized as a critical factor in improving educational outcomes in health-related

programs. Haruzivishe and Macherera (2021) found that newly graduated nurses often felt unprepared for real-world clinical challenges, largely due to insufficient supervised training. Their study emphasized that greater involvement from hospital administrators, nursing authorities, and industry partners led to improved training experiences and better-prepared graduates. This supports the current study's findings, reinforcing that strong stakeholder collaboration enhances institutional readiness to offer the midwifery curriculum. Institutional support also significantly influences student readiness. Johnston *et al.* (2022) highlighted that midwifery students who participated in structured international education programs reported enhanced cultural learning, personal growth, and professional development. These benefits were attributed to institutional policies that facilitated global learning experiences, suggesting that colleges with strong stakeholder engagement mechanisms can provide better support systems for students. However, further research is needed to assess the long-term impacts of such interventions on professional competency. The study confirms that stakeholder engagement is a key factor in institutional readiness for offering the BS Midwifery curriculum.

Table 7: Regression analysis of level of institutional support on the level of readiness to offer New BS Midwifery Curriculum

Predictors	Dependent variable	β	R^2	ANOVA	t	p -value	Decision	Interpretation
Faculty development	Readiness to offer New BS Midwifery Curriculum	.490	.707	F=244.101	7.872	.000*	Null Hypothesis Rejected	Significant
Leadership commitment		.483	.817	F=223.553	7.754	.000*	Null Hypothesis Rejected	Significant

*Significant @ .01

Table 7 shows the predictive power of institutional support on the level of readiness to offer New BS Midwifery Curriculum. As indicated, faculty development ($F=244.101$; $t=7.872$) and leadership commitment ($F=223.553$; $t=7.754$) accounted for 70.70% and 81.70% of the variability of the dependent variable, respectively. Results also showed that for every one-unit increase in faculty development and leadership commitment, there is .490 and .483 increase in the level of readiness to offer New BS Midwifery Curriculum. Meanwhile, the probability test showed a p -value of .000 which was lower than the significant value of .01, suggesting that there is enough statistical evidence to reject the null hypothesis.

This means that faculty development and leadership commitment are strong predictors of the level of readiness to offer New BS Midwifery Curriculum.

Institutional support, particularly faculty development and leadership commitment, is widely recognized as essential in ensuring effective curriculum implementation. Johnston *et al.* (2022) emphasized that educational institutions with strong

support systems for faculty and leadership structures produce better-prepared health science graduates. Additionally, leadership commitment plays a crucial role in driving educational reforms. Mudzi and Bruce (2024) found that institutions with highly committed leaders were more adaptable to changes in nursing education, leading to higher faculty engagement and improved student learning experiences. Their findings align with the present study, suggesting that proactive leadership fosters a culture of preparedness, ensuring that institutions can successfully implement curriculum changes. Moreover, Haruzivishe and Macherera (2021) emphasized the importance of faculty competency and leadership-driven institutional strategies in preparing midwifery and nursing students for real-world challenges. Their study demonstrated that institutions with strong faculty development programs and active leadership involvement produced more competent graduates, further validating the present study's findings.

Table 8: Regression analysis of level of stakeholder engagement on the level of readiness to offer New BS Midwifery Curriculum

Predictors	Dependent variable	β	R^2	ANOVA	t	p -value	Decision	Interpretation
Feedback mechanisms	Readiness to offer New BS Midwifery Curriculum	.730	.794	F=389.562	19.737	.000*	Null Hypothesis Rejected	Significant
Collaboration		.213	.814	F=218.192	3.230	.002*	Null Hypothesis Rejected	Significant

*Significant @ .01

Table 8 depicts the predictive power of stakeholder engagement on the level of readiness to offer New BS Midwifery Curriculum. As indicated, feedback mechanisms ($F=389.562$; $t=19.737$) and collaboration ($F=218.192$; $t=3.230$) accounted for 79.40% and 81.40% of the variability of the dependent variable, respectively. Results also showed that for every one-unit increase in feedback mechanisms and collaboration, there is .730 and .213 increase in the level of readiness to offer New BS Midwifery Curriculum. Meanwhile, the probability test showed p-values of .000 and .002 which were both lower than the significant value of .01, suggesting that there is enough statistical evidence to reject the null hypothesis.

This means that feedback mechanisms and collaboration are strong predictors of the level of readiness to offer New BS Midwifery Curriculum.

These findings align with previous literature. Mudzi and Bruce (2024) emphasized that institutional commitment to change significantly affects the successful implementation of new educational models. Their study highlighted that colleges with proactive leadership and strong external collaboration experienced better student outcomes, reinforcing the idea that engagement with stakeholders fosters institutional adaptability and curriculum success. Additionally, Moloney *et al.* (2022) reported that simulation-based education—an approach requiring collaboration with healthcare facilities—was

instrumental in bridging the gap between theoretical knowledge and practical skills in midwifery training. This suggests that institutions integrating structured stakeholder engagement strategies, including clinical partnerships and mentorship programs, can enhance student readiness and ensure smoother transitions into professional practice.

Proposed action plan to improve readiness of colleges in offering the New BS Midwifery Curriculum

This action plan is designed to strengthen midwifery education by building stronger connections between colleges, healthcare institutions, and industry experts. Open and effective feedback mechanisms will ensure that curriculum and training align with real-world healthcare needs. Faculty development programs will provide educators with new teaching strategies, helping them deliver engaging and up-to-date instruction. Leadership support is essential, and this plan encourages strategic planning and better resource allocation to sustain quality education. Hands-on learning is also a priority, with simulation-based training and supervised clinical placements helping students apply their knowledge in real healthcare settings. To keep track of progress, a monitoring and evaluation system will measure the impact of stakeholder engagement and institutional support efforts. These initiatives aim to create a well-rounded and responsive midwifery education system that prepares graduates for success in their profession.

Action Plan Matrix

Key Areas	Strategies	Activities/Objectives	Persons involved	Time frame	Expected outcomes
Enhancing Stakeholder Engagement	Strengthen feedback mechanisms	Conduct regular consultation meetings, focus group discussions (FGDs), and stakeholder surveys with healthcare providers, alumni, and students	Deans, Faculty, Clinical Coordinators, Hospital Administrators	Quarterly	95% participation rate in consultations; 90% satisfaction in feedback mechanisms
	Foster collaboration with healthcare institutions	Establish Memoranda of Agreement (MOAs) with hospitals and midwifery clinics for clinical training and mentoring	College Administrators, Hospital Partners	Yearly	Increase in clinical placements by 95% of curriculum updates based on industry input
Strengthening Institutional Support	Implement faculty development programs	Organize workshops and training on innovative teaching strategies (e.g., simulation-based learning, competency-based education)	Faculty, Training Consultants, Academic Heads	Every Semester	98% of faculty trained in new teaching strategies; 90% improvement in teaching evaluations
	Improve leadership commitment	Conduct strategic planning sessions to ensure institutional leaders allocate resources effectively for curriculum implementation	School Administrators, Program Heads, Policy Makers	Yearly	95% alignment of policies with curriculum needs; 90% of planned resources allocated
Integrating Experiential Learning	Expand simulation-based education	Invest in state-of-the-art simulation labs and train faculty on simulation facilitation	School Management, Faculty, Industry Experts	6 months – 1 year	98% increase in student confidence in clinical practice; 98% more hands-on training hours
Monitoring and Evaluation	Establish a curriculum readiness assessment framework	Develop and implement a tracking system for institutional readiness, including performance indicators for faculty, students, and stakeholders	Research Team, Academic Quality Assurance Office	Continuous	95% of institutions meeting curriculum readiness benchmarks; 90 % of issues addressed through data-driven adjustments

Final considerations/ Conclusions

The main problem addressed by this study is determining the level of readiness among colleges in implementing the New BS Midwifery Curriculum, a program that requires a strong

foundation in institutional support, active stakeholder engagement, and a well-prepared organizational structure. The study revealed that institutional support for implementing the New BS Midwifery Curriculum is consistently rated as "Very

High," with strong backing in resource availability (WM=4.51), faculty development (WM=4.51), leadership commitment (WM=4.58), and financial and logistical support (WM=4.33). Stakeholder engagement also demonstrated a "Very High" rating, with strong participation in curriculum development (WM=4.43), feedback mechanisms (WM=4.55), collaboration (WM=4.58), and communication (WM=4.40). The level of readiness to offer the new curriculum is similarly rated "Very High," with program governance (WM=4.46), faculty and student preparedness (WM=4.72), curriculum alignment (WM=4.70), and quality improvement (WM=4.47) all showing strong readiness. Statistical analysis showed a moderate positive correlation ($r = .389$, $p < .01$) between institutional support and stakeholder engagement, a high positive correlation ($r = .847$, $p < .01$) between institutional support and program readiness, and a moderate positive correlation ($r = .473$, $p < .01$) between stakeholder engagement and program readiness. Regression analysis highlighted faculty development ($R^2 = .707$) and leadership commitment ($R^2 = .817$) as strong predictors of institutional readiness, while stakeholder feedback mechanisms ($R^2 = .794$) and collaboration ($R^2 = .814$) also significantly contributed to readiness.

The findings confirm that institutional support is robust across various dimensions, ensuring effective curriculum implementation, although further enhancements in academic library resources and clinical placements are needed. Stakeholder engagement is high, particularly in feedback mechanisms and collaboration, though increased transparency and international partnerships could further enrich program effectiveness. The institution demonstrates strong readiness to offer the New BS Midwifery Curriculum, with governance, faculty preparedness, and curriculum alignment all meeting high standards. However, continuous improvements in policy transparency, student participation in curriculum development, and external evaluations remain areas for enhancement. The statistical relationships indicate that higher institutional support leads to increased stakeholder engagement and significantly enhances program readiness. Faculty development and leadership commitment emerged as critical factors in institutional preparedness, emphasizing the need for sustained investment in these areas.

To further strengthen midwifery education, colleges should increase investment in academic resources, expand funding for clinical placements, and enhance faculty research collaborations to support a more comprehensive learning environment. Faculty members should actively participate in interdisciplinary training, collaborative research, and institutional feedback mechanisms to continuously improve instructional quality. Administrators should establish structured stakeholder feedback systems, including regular consultations, transparent sharing of evaluation results, and strengthened partnerships with international institutions and alumni networks to further enhance program quality. Additionally, ongoing curriculum reviews and quality assurance measures should be institutionalized to ensure

alignment with industry standards and evolving healthcare needs.

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