



Job Satisfaction Among Male Midwives During Clinical Practice In Rivers State

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ABSTRACT

The study investigated job satisfaction among male midwives during clinical practice in Rivers state. The cross-sectional descriptive survey design was adopted for the study. Four research questions were answered and four hypotheses were tested. The population of the study comprised 394 male midwives in primary healthcare centres across the 23 Local Government Area in Rivers state, Nigeria. The sample of the study was purposively selected. The instrument is a self-structured questionnaire for data collection. Face and content validities were ensured by experts including the researcher's supervisors. The reliability coefficient of the instrument was calculated to be 0.79 with the help of Pearson Product Moment Correlation. The research questions were answered using mean and standard deviation. While the null hypotheses were tested using inferential statistics at 0.05 alpha level. Findings revealed a low extent of job satisfaction among the male midwives. It was concluded that, it is possible to meet the target of having sufficient number of midwives, especially male midwives in the profession of healthcare when extent of: available facility; fringe benefits; recognition and capacity development programmes are looked into by major stakeholders in primary healthcare service delivery across the 23 Local Government Areas of Rivers state, Nigeria. It was therefore recommended among others that clinical practice of male midwives should be enhanced.

Keywords: Job Satisfaction, Male Midwives and Clinical Practice

INTRODUCTION

Globally, especially in the developed climes, it is approximately four decades since when men were allowed to pursue a career in midwifery. However, not so many of these male midwives can be found in developing countries such as Nigeria when compared to the developed nations. The reason may not be unconnected to the fact that the tiny proportion of the male midwives when compared to their female counterparts are yet to exhibit obvious or glaring winsome character of job satisfaction. This assumption is based on the fact that humans are naturally disposed to anything that is relatively rewarding in all ramification irrespective of the observed and calculated risk (Rafiq, *et al.*, 2012). However, it is becoming worrisome that up till date, the midwifery profession is till been perceived as a female profession due to

the insignificant number of male midwives when compared to their female counterpart. Ordinarily, this wouldn't have been an issue but research has shown that there is an increasing demand for male midwives by both male and female patients in clinics across the world. The reason for this call is not far from the fact that most people, especially antenatal and postnatal women find it more satisfactory when being attended to by a well-trained male midwife when compared to the female midwife.

In assessing the factors surrounding the handful of male midwives as it relates to male midwives' job satisfaction in Nigeria, it is pertinent to examine what goes on during clinical practice. The fact remains that when the level of job satisfaction goes above average, more male midwives' acquaintance, old mates, friends and a host of indirect contacts will be motivated to pick up a career in this direction. This assumption is based on the ideology underlying Dunbar's social influence theory which averred that an individual is capable of influencing an average of a hundred and fifty persons (Ngabonzima, *et al.*, 2020; Acedo-Carmona & Gomila, 2016).

So, it is expected that if, as at 40 years ago, Nigeria has just a certified male midwifery personnel and during clinical practice, it was a wonderful experience, such to say, for both the male midwifery personnel and those around him, then at the moment, with the Dunbar number theory, Nigeria should be having an estimate of 112, 500 male midwives at an average of 6 years turnout of university-certified male midwives. Although when compared to the disease burden in Nigeria, the number may not still be enough but at least, will be manageable and/or inspiring for upcoming generations of young men to look forward to male midwife as a career path Ngabonzima, *et al.*, 2020; Acedo-Carmona, *et al.*, 2016). Surprisingly, it has been documented that about 24% of the global disease burden is recorded in Africa with Nigeria having a lion share of over 40% of the 24%, but only 3% of the world's healthcare workforce can be found on the continent to tackle it (World Health Organization (WHO), 2018). It is not also news that Nigeria is a host to the largest human resources for healthcare on the African continent, hence, it was reported by WHO that out of the 3% human resources for healthcare on the African continent, 2.07% of these human resources for healthcare can be found in Nigeria.

Additionally, in the recent midwifery personnel statistics released by WHO, (2018) the total figure of midwifery personnel was put at 120, 870 which constitute an estimate of 0.67% of the 2.07% of the health workforce in Nigeria. Thus, there is more to meet the eye with regards to male midwives' job satisfaction in Nigeria and care is needed to be taken so as to forestall human resource crisis in healthcare delivery in Nigeria. This is in tandem with Eriki, *et al.* (2015) who emphasized that job satisfaction among male midwives has been unwholesomely impacted during clinical practice in Nigeria based on demeaning developments such as: insufficiently resourced and neglected healthcare systems; poor human resources planning; poor human resources management practices and structures; unsatisfactory working conditions characterized by heavy workloads; lack of professional autonomy; poor supervision and support; long working hours; unsafe workplaces; inadequate career structures; poor remuneration; poor access to needed supplies, tools and information; as well as, limited or no access to professional development opportunities.

Based on the foregoing, job satisfaction can be described as the extent at which working conditions meet global best practices in any given profession or occupation. In the context of this study, it can be referred to as a measurable phenomenon that portrays the extent at which male midwives are enthusiastic about their chosen career during training and clinical practice. In training, a good number of unexpected and non-conventional situations has been reported by Oyetunde and Nkwonta, (2014) to take place among male midwives such as: lack of standard instructional materials and poor school facilities; trainings are predominantly carried out in theory instead of the recommended pattern of 40% theory and a minimum of 50% practice; male midwives are hardly supervised during training; facilitators are not in touch with realities as it relates to the standard practice of midwifery, and there is a lack of training incentive. In practice: inadequate human capacity when compared to the workload, poor work-life integration, insufficient evidence based practice, poor response to updating knowledge, poor standard of midwives' register, lack of supportive working environment, and poor midwifery representation among board members of Nursing and Midwifery Council of Nigeria.

Ambivalently, it can be contended that the foregoing is not different from what the female midwives are faced with, however, female midwifery is an age-long practice and the introduction of standards has been perceived as added advantage. Unlike female midwifery, the male midwifery as a profession is not gender-pronounced. There are natural tendencies that the female midwives have that are uncommon among men that are untrained as midwives (Kantrowitz-Gordon, *et al.*, 2014). Midwifery is generally perceived as a profession of nurture and human face which to most women, especially in Nigeria, these characteristics are in-born or inherent irrespective of the environment they find themselves. However, these characteristics are rare among men and therefore can only be imbibed when the right knowledge and environment are provided (Abdulqadir, 2018). It is based on these available facts that the researcher intends to find out the current reality on ground with regards to how male midwives in some parts of Nigeria are faring with their job. This quest is in the light of bridging the gap of inadequate knowledge on the capacity and working conditions of male midwives in a multiethnic and highly diverse society such as Rivers state in Nigeria.

Statement of the Problem

There is a noticeable gap in job satisfaction among male midwives in Nigeria due to the observed handful of male midwives when compared to their female counterpart. In the WHO report on the figures of midwifery personnel in 2016 and 2018, there is an evidence of 14% decline among male midwives. Most researchers have tagged this decline as a result of both brain drain and job attrition. It is also important to note that the male midwives are second to the female midwives in terms of population with wide margin having the same job roles and responsibility, hence, the male midwives may be facing a tough time acclimatizing with the status quo. However, there is an insignificant empirical work in this direction. This is the crux of this research.

On this note, the researcher is motivated on ascertaining how maintaining the status quo in midwife practice coupled with handful of male midwives have impacted job satisfaction among male midwives in Nigeria. The researcher is specifically bothered on how this situation has affected the job satisfaction of male midwifery personnel that are practicing in primary health centres in Rivers state, Nigeria. Put differently, the researcher wants to empirically fathom the definition of job satisfaction among male midwives during clinical practice in Rivers state.

Aim and Objectives of the Study

This study is aimed at investigating job satisfaction among male midwives during clinical practice in Rivers state, Nigeria. Specifically, the objectives are to:

1. ascertain the extent the available facility enhances job satisfaction of male midwives during clinical practice in primary healthcare centres in the urban and rural areas of Rivers state, Nigeria.
2. examine the extent fringe benefits enhance job satisfaction of male midwives during clinical practice in primary healthcare centres in the urban and rural areas of Rivers state, Nigeria.
3. find out the extent of male midwives' recognition during clinical practice enhance job satisfaction in primary healthcare centres in the urban and rural areas of Rivers state, Nigeria.
4. determine the extent capacity development programme enhance job satisfaction among male midwives during clinical practice in primary healthcare centres in the urban and rural areas of Rivers state, Nigeria.

Research Questions

The following research questions guided the study.

1. To what extent does the available facility enhance job satisfaction of male midwives during clinical practice in primary healthcare centres in the urban and rural areas of Rivers state, Nigeria?
2. To what extent has fringe benefits enhanced job satisfaction among male midwives during clinical practice in primary healthcare centres in the urban and rural areas of Rivers state, Nigeria?
3. To what extent has recognition enhanced job satisfaction among male midwives during clinical practice in primary healthcare centres in the urban and rural areas of Rivers state, Nigeria?

4. To what extent has capacity development programme enhanced job satisfaction among male midwives during clinical practice in primary healthcare centres in the urban and rural areas of Rivers state, Nigeria?

Hypotheses

The following four (4) null hypotheses were formulated and tested at 0.05 level of significance.

1. There will be no significant difference in the extent of satisfaction of the job requirement of male midwives during clinical practice in primary healthcare centres in the urban and rural areas of Rivers state, Nigeria with respect to available facility.
2. There will be no significant difference in the extent of job satisfaction among male midwives during clinical practice in primary healthcare centres in the urban and rural areas of Rivers state, Nigeria with respect to fringe benefits.
3. There will be no significant difference in the extent of job satisfaction among male midwives during clinical practice in primary healthcare centres in the urban and rural areas of Rivers state, Nigeria with respect to recognition.
4. There will be no significant difference in the extent of job satisfaction among male midwives during clinical practice in primary healthcare centres in the urban and rural areas of Rivers state, Nigeria with respect to capacity development programme.

METHODOLOGY

The study adopted cross-sectional descriptive survey design. The study was carried out in primary health care centres in the 23 Local Government Area of Rivers state. The sample of 394 male midwives was purposively selected. The study adopted a self-structured instrument titled "Job Satisfaction among Male Midwives during Clinical Practice in Rivers State Questionnaire" (JSMCPRSQ). The instrument was validated by the researcher's supervisor, and other experts in School of Public Health and Toxicological Research, Africa Centre of Excellence, University of Port Harcourt. The test-retest reliability method was employed to determine the reliability of the instruments, a group of 10 male midwives in selected primary healthcare centres in Rivers state was randomly picked with the help of their coordinators within intervals of two weeks. The reliability index of 0.79 was obtained using Pearson's Product Moment Correlation coefficient (PPMC). A total of 394 copies of questionnaire were administered out of which 221 were retrieved indicating 56.09 per cent return rate. The research questions were answered using mean, standard deviation and charts. The mean of 2.5 was used as the criterion mean, while the hypotheses was tested using z-test statistics.

RESULTS

Answers to Research Questions

Research Question 1: *To what extent does the available facility satisfy the job requirement of male midwives during clinical practice in primary healthcare centres in the urban and rural areas of Rivers state, Nigeria?*

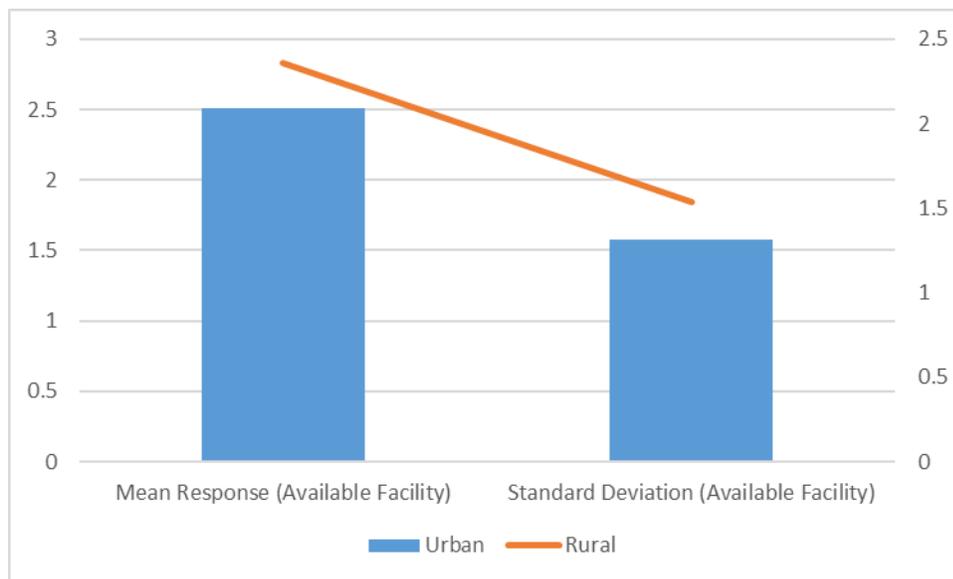
Table 1: Weighted mean scores and standard deviation on the extent of facility availability in the job requirement satisfaction of male midwives during clinical practice in primary healthcare centres in the urban and rural areas of Rivers state, Nigeria.

S/N	Items	Urban	Sd	Rural	Sd	Mean Set	Decision
		Respondents (143)		Respondents (78)			
		Mean (2.5)			Mean (2.5)		
1	WASH (Water, Sanitation and Hygiene) facility during clinical practice.	2.68	1.64	2.51	1.58	2.60	Agreed
2	Access to resuscitation protocol during clinical practice.	2.52	1.59	2.51	1.58	2.52	Agreed
3	Access to suction machines during clinical practice.	2.45	1.57	2.02	1.42	2.24	Disagreed
4	Access to functional newborn-specific bag and masks during clinical practice.	2.51	1.58	2.48	1.57	2.50	Agreed
5	Availability of Personal Protective Equipment (PPE) during clinical practice.	2.51	1.58	2.42	1.56	2.47	Disagreed
6	Quality of available PPE during clinical practice.	2.37	1.54	2.20	1.48	2.29	Disagreed
7	Access to drum pads during clinical practice.	2.51	1.58	2.18	1.48	2.35	Disagreed
8	Access to 2% Xylocaine during clinical practice.	2.54	1.59	2.50	1.58	2.52	Agreed
9	Access to gestation calculator during clinical practice.	2.47	1.57	2.46	1.57	2.47	Disagreed
Cluster Mean and Standard Deviation		2.51	1.58	2.36	1.54	2.44	

Source: Field data, 2021.

Results in Table 1 showed the mean and standard deviation statistics on the extent of facility availability in the job requirement satisfaction of male midwives during clinical practice in primary healthcare centres in the urban and rural areas of Rivers state, Nigeria. The mean scores of the respondents showed that they agreed on items 1, 2, 4 and 8 in the Table with individual mean set scores greater than the criterion mean

score of 2.5. The cluster mean scores of 2.51 and 2.36 were calculated for urban and rural respondents respectively. The cluster mean set score of 2.44 showed that respondents agreed on low extent of facility availability in the job requirement satisfaction of male midwives during clinical practice in primary healthcare centres in the urban and rural areas of Rivers state, Nigeria. This is shown in the figure below.



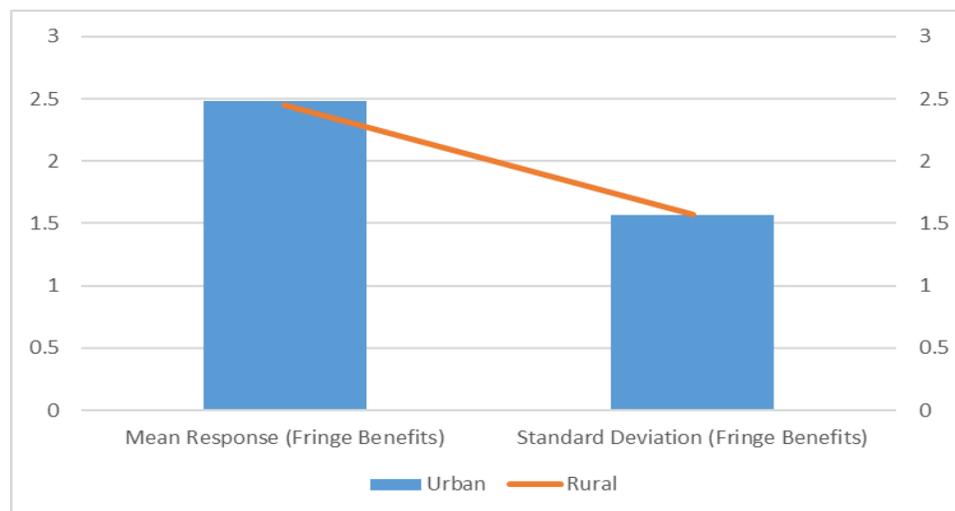
Research Question 2: *To what extent do fringe benefits determine job satisfaction among male midwives during clinical practice in primary healthcare centres in the urban and rural areas of Rivers state, Nigeria?*

Table 2: Weighted mean scores and standard deviation on the extent of fringe benefits as a determinant of job satisfaction among male midwives during clinical practice in primary healthcare centres in the urban and rural areas of Rivers state, Nigeria.

S/N	Items	Urban Respondents	Sd	Rural Respondents	Sd	Mean Set	Decision
		(143)		(78)			
		Mean (2.5)		Mean (2.5)		(2.5)	
10	Your risk allowance during clinical practice.	2.46	1.57	2.28	1.51	1.78	Disagreed
11	Your accommodation allowance during clinical practice.	2.39	1.55	2.51	1.58	2.38	Disagreed
12	Your location allowance during clinical practice.	2.40	1.55	2.54	1.59	2.53	Agreed
13	Your qualification allowance during clinical practice.	2.58	1.61	2.36	1.54	2.52	Agreed
14	Your annual leave entitlements during clinical practice.	2.53	1.59	2.43	1.56	2.60	Agreed
15	Your salary for the past 12 months during clinical practice.	2.51	1.58	2.55	1.60	2.62	Agreed
Cluster Mean and Standard Deviation		2.48	1.57	2.45	1.57	2.47	

Source: Field data, 2021

Results in Table 2 showed the mean and standard deviation statistics on the extent of fringe benefits as a determinant of job satisfaction among male midwives during clinical practice in primary healthcare centres in the urban and rural areas of Rivers state, Nigeria. The mean scores of the respondents showed that they agreed on items 12 to 15 in the Table with individual mean set scores greater than the criterion mean score of 2.5. The cluster mean scores of 2.48 and 2.45 were calculated for urban and rural respondents respectively. Thus, the cluster mean set score of 2.47 showed that respondents agreed on low extent of satisfaction with the available fringe benefits during clinical practice in primary healthcare centres in the urban and rural areas of Rivers state, Nigeria. This is shown in the figure below

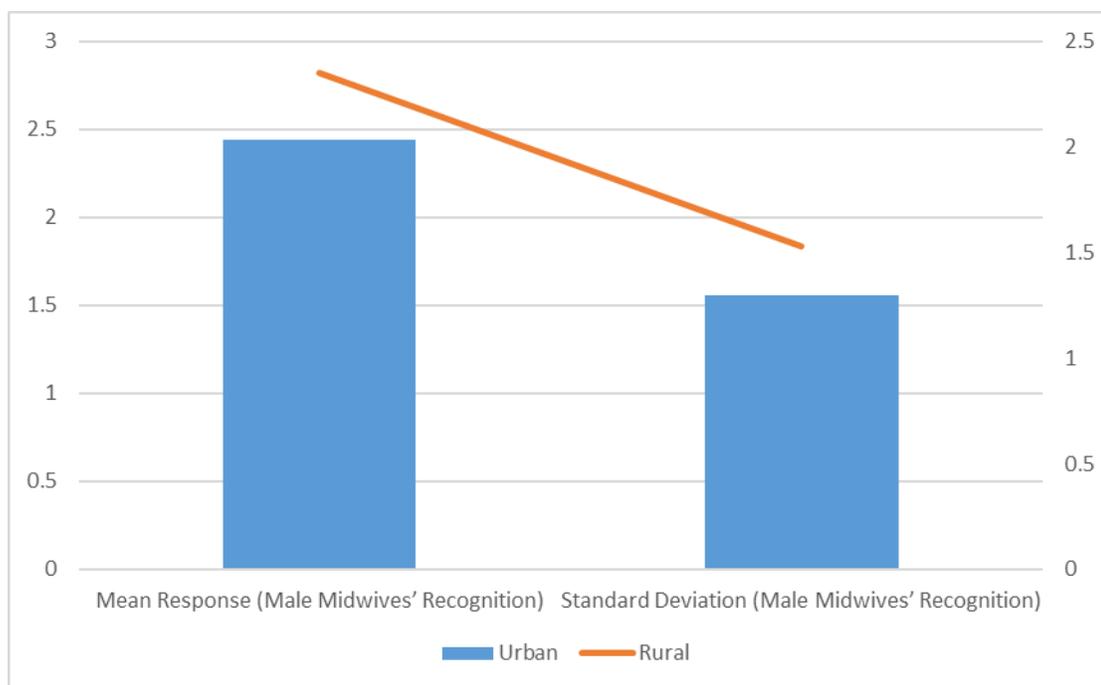


Research Question 3: *To what extent has recognition determine job satisfaction among male midwives during clinical practice in primary healthcare centres in the urban and rural areas of Rivers state, Nigeria?*

Table 3: Weighted mean scores and standard deviation on the extent of recognition as a determinant of job satisfaction among male midwives during clinical practice in primary healthcare centres in the urban and rural areas of Rivers state, Nigeria.

S/N	Items	Urban Respondents (143)	Sd	Rural Respondents (78)	Sd	Mean Set (2.5)	Decision
		Mean (2.5)		Mean (2.5)			
16	The role of childbirth preparation classes	2.23	1.49	2.05	1.43	2.14	Disagreed
17	Working with other health professionals during clinical practice.	2.56	1.60	2.58	1.61	2.57	Agreed
18	The role of carrying out screening tests during clinical practice.	2.56	1.60	2.51	1.58	2.54	Agreed
19	The role of assisting women in labour during clinical practice.	2.15	1.47	1.78	1.33	1.97	Disagreed
20	The role of providing emotional support to patients during clinical practice.	2.44	1.56	2.51	1.58	2.48	Disagreed
21	The role of examining pregnant women during clinical practice.	2.32	1.52	1.67	1.29	2.00	Disagreed
22	The role of monitoring pregnant women during clinical practice	2.25	1.50	2.55	1.60	2.40	Disagreed
23	The role of assessing care requirements during clinical practice.	2.44	1.56	2.23	1.49	2.34	Disagreed
24	The role of supporting vulnerable families during clinical practice.	2.63	1.62	2.98	1.73	2.81	Agreed
25	The role of antenatal documentation during clinical practice.	2.78	1.67	2.60	1.61	2.69	Agreed
Cluster Mean and Standard Deviation		2.44	1.56	2.35	1.53	2.40	

Results in Table 3 showed the mean and standard deviation statistics on the extent of recognition as a determinant of job satisfaction among male midwives during clinical practice in primary healthcare centres in the urban and rural areas of Rivers state, Nigeria. The mean scores of the respondents showed that they agreed on items 17, 18, 24 and 25 in the Table with individual mean set scores greater than the criterion mean score of 2.5. The cluster mean scores of 2.44 and 2.35 were calculated for urban and rural respondents respectively. However, the cluster mean set score of 2.40 showed that the respondents agreed on low extent of job satisfaction with respect to low level of recognition during clinical practice in primary healthcare centres in the urban and rural areas of Rivers state, Nigeria. This is shown in the figure below;



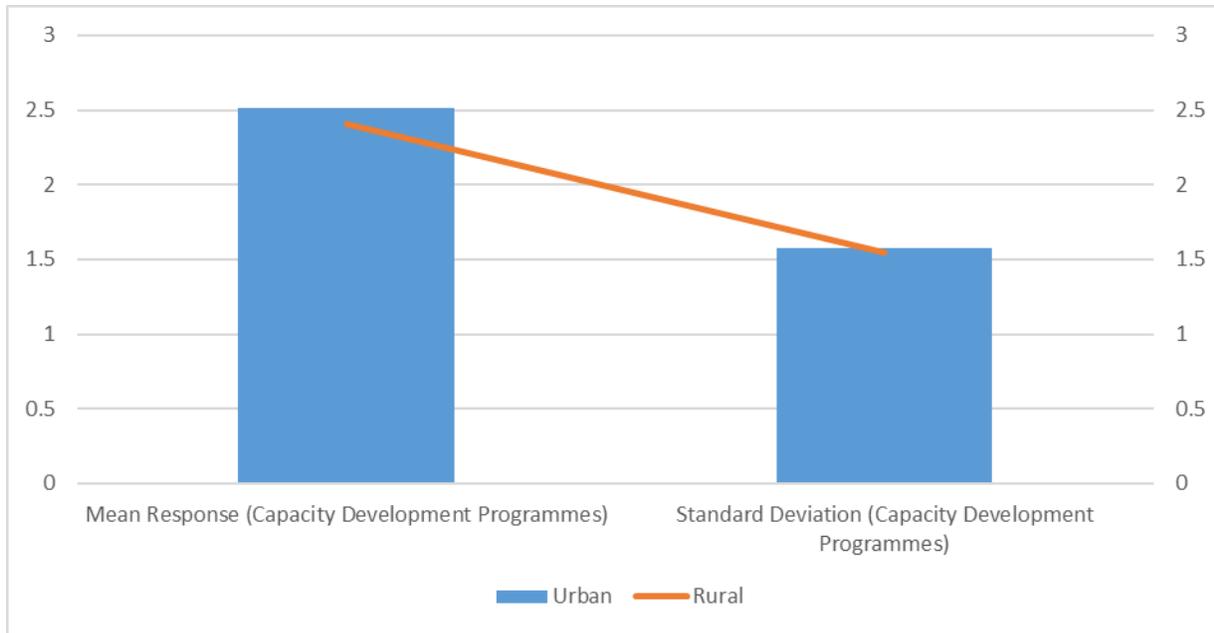
Research Question 4: *To what extent has capacity development programme determine job satisfaction among male midwives during clinical practice in primary healthcare centres in the urban and rural areas of Rivers state, Nigeria?*

Table 4: Weighted mean scores and standard deviation on the extent of capacity development programme as a determinant of job satisfaction among male midwives during clinical practice in primary healthcare centres in the urban and rural areas of Rivers state, Nigeria

S/N	Items	Urban	Sd	Rural	Sd	Mean Set	Decision
		Respondents (143)		Respondents (78)			
		Mean (2.5)		Mean (2.5)		(2.5)	
26	In-service training during clinical practice	2.66	1.63	2.58	1.61	2.62	Agreed
27	Net-based mentorship programme during clinical practice	2.30	1.52	2.07	1.44	2.19	Disagreed
28	Face-to-face mentorship programme during clinical practice.	2.53	1.59	2.58	1.61	2.56	Agreed
29	Workshops during clinical practice	2.56	1.60	2.48	1.57	2.52	Agreed
30	Seminars during clinical practice	2.52	1.59	2.35	1.53	2.44	Disagreed
Cluster Mean and Standard Deviation		2.51	1.58	2.41	1.55	2.46	

Source: Field data, 2021

Results in Table 7 showed the mean and standard deviation statistics on the extent of capacity development programme as a determinant of job satisfaction among male midwives during clinical practice in primary healthcare centres in the urban and rural areas of Rivers state, Nigeria. The mean scores of the respondents showed that they agreed on items 26, 28 and 29 in the Table with individual mean set scores greater than the criterion mean score of 2.5. The cluster mean scores of 2.51 and 2.41 were calculated for urban and rural respondents respectively. Hence, the cluster mean set score of 2.46 showed that the respondents agreed on low extent of job satisfaction with respect to inadequate capacity development programme during clinical practice in primary healthcare centres in the urban and rural areas of Rivers state, Nigeria. This is shown in the figure below;



Test of Hypotheses

Hypotheses 1: There will be no significant difference in the extent of satisfaction of the job requirement of male midwives during clinical practice in primary healthcare centres in the urban and rural areas of Rivers state, Nigeria with respect to available facility.

Table 5: z-test analysis of the significant difference between the mean statistics on the extent of satisfaction of the job requirement of male midwives during clinical practice in primary healthcare centres in the urban and rural areas of Rivers state, Nigeria with respect to available facility.

Status	N	\bar{x}	Sd	Df	z-cal	z-crit value	Decision
Urban Areas	143	2.51	1.58	219	2.05	1.96	Significant difference
Rural Areas	78	2.36	1.54				

Source: field work (2021)

Results in Table 5 revealed that male midwives’ extent of satisfaction of the job requirement during clinical practice in primary healthcare centres in the urban areas of Rivers state have mean and standard deviation scores of 2.51 and 1.58 respectively while those in the rural areas have mean and standard deviation scores of 2.36 and 1.54 respectively. With a degree of freedom of 219, the calculated z-test value of 2.05 was higher than the critical z-test value of 1.96. Therefore, the null hypothesis was not retained. It implies that there is a significant difference between the mean statistics in the extent of satisfaction of the job requirement of male midwives during clinical practice in primary healthcare centres in the urban and rural areas of Rivers state, Nigeria with respect to available facility.

Hypotheses 2: There will be no significant difference in the extent of job satisfaction among male midwives during clinical practice in primary healthcare centres in the urban and rural areas of Rivers state, Nigeria with respect to fringe benefits.

Table 6: z-test analysis of the significant difference between the mean statistics on the extent of job satisfaction among male midwives during clinical practice in primary healthcare centres in the urban and rural areas of Rivers state, Nigeria with respect to fringe benefits.

Status	N	\bar{x}	Sd	Df	z-cal	z-crit value	Decision
Urban Areas	143	2.48	1.57	219	1.68	1.96	No
Rural Areas	78	2.45	1.57				Significant difference

Source: field work (2021)

Results in Table 6 revealed that male midwives' extent of job satisfaction during clinical practice in primary healthcare centres in the urban areas of Rivers state, Nigeria with respect to fringe benefits have mean and standard deviation scores of 2.48 and 1.57 respectively while those in the rural areas have mean and standard deviation scores of 2.45 and 1.57 respectively. With a degree of freedom of 219, the calculated z-test value of 1.68 was lower than the critical z-test value of 1.96. Therefore, the null hypothesis was retained. It implies that there is no significant difference between the mean statistics in the extent of job satisfaction among male midwives during clinical practice in primary healthcare centres in the urban and rural areas of Rivers state, Nigeria with respect to fringe benefits.

Hypotheses 3: There will be no significant difference in the extent of job satisfaction among male midwives during clinical practice in primary healthcare centres in the urban and rural areas of Rivers state, Nigeria with respect to recognition.

Table 7: z-test analysis of the significant difference between the mean statistics on the extent of job satisfaction among male midwives during clinical practice in primary healthcare centres in the urban and rural areas of Rivers state, Nigeria with respect to recognition.

Status	N	\bar{x}	Sd	Df	z-cal	z-crit value	Decision
Urban Areas	143	2.44	1.56	219	1.99	1.96	Significant
Rural Areas	78	2.35	1.53				difference

Source: field work (2021)

Results in Table 7 revealed that male midwives' extent of job satisfaction during clinical practice in primary healthcare centres in the urban areas of Rivers state, Nigeria with respect to recognition have mean and standard deviation scores of 2.44 and 1.56 respectively while those in the rural areas have mean and standard deviation scores of 2.35 and 1.53 respectively. With a degree of freedom of 219, the calculated z-test value of 1.99 was higher than the critical z-test value of 1.96. Therefore, the null hypothesis was not retained. It implies that there is a significant difference between the mean statistics in the extent of job satisfaction among male midwives during clinical practice in primary healthcare centres in the urban and rural areas of Rivers state, Nigeria with respect to recognition.

Hypothesis 4: There will be no significant difference in the extent of job satisfaction among male midwives during clinical practice in primary healthcare centres in the urban and rural areas of Rivers state, Nigeria with respect to capacity development programme.

Table 8: z-test analysis of the significant difference between the mean statistics on the extent of job satisfaction among male midwives during clinical practice in primary healthcare centres in the urban and rural areas of Rivers state, Nigeria with respect to capacity development programme.

Status	N	\bar{x}	Sd	Df	z-cal	z-crit value	Decision
Urban Areas	143	2.51	1.58	219	2.07	1.96	Significant difference
Rural Areas	78	2.41	1.55				

Source: Field Work (2021)

Results in Table 8 revealed that male midwives' extent of job satisfaction during clinical practice in primary healthcare centres in the urban areas of Rivers state, Nigeria with respect to capacity development programme have mean and standard deviation scores of 2.51 and 1.58 respectively while those in the rural areas have mean and standard deviation scores of 2.41 and 1.55 respectively. With a degree of freedom of 219, the calculated z-test value of 2.07 was higher than the critical z-test value of 1.96. Therefore, the null hypothesis was not retained. It implies that there is a significant difference between the mean statistics in the extent of job satisfaction among male midwives during clinical practice in primary healthcare centres in the urban and rural areas of Rivers state, Nigeria with respect to capacity development programme.

DISCUSSION OF FINDINGS

Extent of facility availability for male midwives during clinical practice in primary healthcare centres in Rivers state, Nigeria

The findings revealed extent of facility availability for male midwives during clinical practice in primary healthcare centres in Rivers state, Nigeria as follows: High extent of WASH (Water, Sanitation and Hygiene) facility during clinical practice; high extent of access to resuscitation protocol during clinical practice, low extent of access to suction machines during clinical practice, high extent of access to functional newborn-specific bag and masks during clinical practice, low extent of availability of Personal Protective Equipment (PPE) during clinical practice, low extent of available PPE quality during clinical practice, low extent of access to drum pads during clinical practice, high extent access to 2% xylocaine during clinical practice, low extent of access to gestation calculator during clinical practice. This is in line with the findings Killam and Carter (2010) which cited limited resources and shortage of staff which lead to male midwives during clinical practice covering the shortage instead of upskilling since they were assigned to work similar to qualified midwives. This is also in tandem with the findings of Bremnes, *et al.* (2018) who reported that there is obvious lack of equipment and facilities. Additionally, the clinic lacked everything from essential supplies like gloves, masks, syringes and catheters, to more advanced material like digital monitors of blood pressure and fetal heart rate. The lack of equipment endangers both the midwives and their patients coupled with overwork and risk of infections for male midwives, and poor monitoring, delays in treatment and unnecessary complications for the patients. They were convinced that if they had better and more available equipment, they would feel safer. More advanced equipment would also make it possible for them to monitor and follow-up patients more adequately and make it easier to determine which patients' need their help the most (Bremnes, *et al.*, 2018). Therefore, Gemuhay, *et al.* (2019) reiterated that the hospitals must ensure adequate staffing and resources to support quality clinical practice for male midwives and other health workers.

Extent of fringe benefits for male midwives during clinical practice in primary healthcare centres in Rivers state, Nigeria

The finding revealed Extent of fringe benefits for male midwives during clinical practice in primary healthcare centres in Rivers state, Nigeria as follows: Low extent of risk allowance during clinical practice, low extent of accommodation allowance during clinical practice, high extent of location allowance during clinical practice, high extent of qualification allowance during clinical practice, high extent of annual leave entitlements during clinical practice, high extent of salary for the past 12 months during clinical practice. This is in line with the findings of Bremnes, *et al.* (2018) who reported that the male midwives also found it problematic that they were not compensated for working overtime, and this contributed to them feeling even more devalued in their work. Lack of other incentives for working, like tea or compensation for transport when staying late, enhanced this feeling.

Extent of male midwives recognition during clinical practice in primary healthcare centres in Rivers state, Nigeria

The finding revealed Extent of male midwives' recognition during clinical practice in primary healthcare centres in Rivers state, Nigeria as follows: High extent in the role of childbirth preparation classes, high extent of working with other health professionals during clinical practice, low extent of the role of carrying out screening tests during clinical practice. low extent in the role of assisting women in labour during clinical practice, low extent in the role of providing emotional support to patients during clinical practice, low extent in the role of examining pregnant women during clinical practice. Others are: low extent in the role of monitoring pregnant women during clinical practice, low extent in the role of assessing care requirements during clinical practice, high extent in the role of supporting vulnerable families during clinical practice as well as high extent in the role of antenatal documentation during clinical practice.

Extent of capacity development programme for male midwives during clinical practice in primary healthcare centres in Rivers state, Nigeria

The finding revealed Extent of capacity development programme for male midwives during clinical practice in primary healthcare centres in Rivers state, Nigeria as follows: High extent of in-service training during clinical practice, low extent of net-based mentorship programme during clinical practice, high extent of face-to-face mentorship programme during clinical practice, high extent of workshops during clinical practice as well as low extent of seminars during clinical practice. This is similar to the findings of Bremnes, *et al.* (2018) who reported that opportunities for further education and promotions are limited, and the male midwives felt that this makes it harder for them to gather motivation for their work. The midwives reported that the few trainings and update courses that actually are arranged are unavailable to them, either because they are too busy working in the wards or because the people who work in administration are prioritized. More access to trainings and possibilities for career advancement would motivate them more and make them able to perform better at work.

CONCLUSION

Based on the findings of this study, it can be concluded that for the profession of midwifery to be attracted to young men as a career path, male midwives clinical practice will remain a subject of discourse. Also, for the midwifery practice in Rivers state, Nigeria to flourish in terms of attending to mothers and vulnerable families, the measurement and evaluation of job satisfaction of both male and female midwives will do a very good job. It is possible to meet the target of having sufficient number of midwives, especially male midwives in the profession of healthcare when extent of: available facility; fringe benefits; recognition and capacity development programmes are looked into by major stakeholders in primary healthcare service delivery across the 23 Local Government Areas of Rivers state, Nigeria.

RECOMMENDATIONS

In the light of the discoveries made in this study, the following recommendations were made:

1. Clinical practice of male midwives should be enhanced.

2. There should be provision of facilities in all primary healthcare centres for both male and female midwives during clinical practice.
3. The motivation of male midwives during clinical practice should be given more priority.
4. More experienced midwife should be paired with not more than 2 male midwives during clinical practice for better mentor-mentee relationship.
5. Also, male midwives should be inventive and resourceful through self-development by taking out time to ask questions and reading academic books that could assist them in thriving in the midst of the obvious challenges during clinical practice

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