

# CHALLENGES TO OPTIMAL MIDWIFERY: PERSPECTIVES ON STAFFING AND DEVELOPMENT IN RIVERS STATE PRIMARY HEALTH CARE CENTRES

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**Abstract:** This study investigated midwives' perspectives on staffing and development challenges impacting optimal midwifery in Rivers State primary healthcare centers. It utilized a descriptive survey design with a sample of 217 midwives selected through stratified total census sampling. Data was collected via the validated 'Midwifery Staff and Development Management Challenges Questionnaire' and analyzed using means, standard deviations and z-test. Key findings showed midwives disagreed that professional barriers cause shortages but agreed recruitment and retention are critical, though perspectives differed between full-timers and clinical staff. Existing mentoring programs were deemed insufficient and increased investments needed to enhance skills and tackle practice challenges. The study concluded that despite diverging opinions on causes, midwives collectively concur that strengthening staff numbers and development opportunities is vital for optimal midwifery practice. Targeted, evidence-based workforce initiatives are recommended, but a comprehensive strategy must also address underlying motivational, infrastructural and coordination issues using systems-thinking. Suggestions include objective workload analysis, outcome assessments, service user feedback, and collaborative mechanisms between midwives, administrators and policymakers to enrich understanding and tailor interventions.

**Keywords:** Midwifery; Staffing; Development; Primary care; Perspectives

## 1 BACKGROUND TO THE STUDY

The field of midwifery within paramedicine, essential for safeguarding the health and well-being of mothers and newborns, encounters global challenges that have the potential to diminish its effectiveness, particularly in primary healthcare settings. Staffing issues and a lack of professional development opportunities are significant concerns that warrant empirical investigation. These challenges, although distinct, are interconnected and significantly contribute to the complexity of providing optimal midwifery care on a global scale [1-2].

The insufficient staffing of skilled midwives in primary healthcare centers has reached a critical stage among various significant challenges in meeting global health demands, hampering the quality of maternal and newborn care and impeding global health objectives. It is premised on this fact that the World Health Organization emphasizes the necessity of a well-staffed midwifery workforce to reduce maternal and neonatal mortality and guarantee universal access to reproductive health services [3]. However, this staffing issue, exacerbated by uneven healthcare worker distribution, particularly impacts rural and underserved areas worldwide highlighting the urgent need for comprehensive solutions to address this pressing issue [4].

Moreover, the continuous professional development of midwives is vital for maintaining care standards and adapting to evolving healthcare practices. Access to continuous professional development opportunities is frequently impeded by financial constraints, lack of institutional support, and the absence of structured programmes within health systems. Without ongoing education and training, midwives may struggle to deliver care aligned with current best practices, potentially jeopardizing patient outcomes [5]. While infrastructural development is crucial for supporting midwifery practice, the primary determinant of quality care in primary healthcare centers lies in the proficiency of midwives aligned with global standards [6]. As such, evaluating the quality of care involves examining potential challenges that may impact the preparedness and expertise of the existing midwifery workforce in delivering exceptional care amidst evolving health crises such as COVID-19, Ebola, and their mutations or variants. The intertwined challenges of staffing and inadequate professional development opportunities in midwifery have raised significant concern among healthcare researchers and practitioners. Thus, this study sought to investigate midwives perspectives in Rivers State primary health care centres in this regard so as to inform policy decisions, guiding resource allocation, and ultimately enhancing the health outcomes of mothers and newborns.

### 1.1 Statement of the Problem

The landscape of midwifery practice is currently marked by a global trend of staffing shortages and insufficient professional development opportunities, a situation that could significantly strain the midwifery workforce in Rivers State's primary health care centers in Nigeria. This trend is particularly concerning given the pivotal role that midwives play in ensuring the health and wellbeing of mothers and newborns. As such, there is a pressing need to investigate how these global challenges manifest locally and to understand the specific pressures they place on the midwifery workforce in this region. Examining staffing levels and the availability of professional development opportunities from the perspectives of the midwives in these health care centres becomes crucial in this context, as these factors are integral to the delivery of high-quality midwifery care in Rivers State and the world at large.

## 2 AIM AND OBJECTIVES

This study was aimed at investigating staffing and development challenges impacting optimal midwifery in Rivers State primary health care centers. Specifically, the objectives were to:

- 1) Determine midwives' perspectives on strength of staff in Rivers State primary health care centres for optimal midwifery practice; and,
- 2) Ascertain midwives' perspectives on the sufficiency of professional development programmes for midwives in Rivers State primary health care centres with regards to optimal midwifery practice.

### 2.1 Research Questions

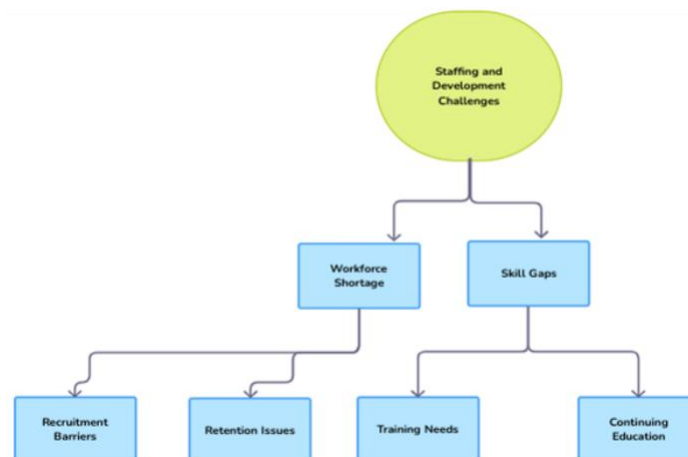
- 1) What are the midwives' perspectives on strength of staff in Rivers State primary health care centres for optimal midwifery practice?
- 2) What are the midwives' perspectives on the sufficiency of professional development programmes for optimal midwifery practice in Rivers State primary health care centres?

### 2.2 Hypotheses

- 1) There is no significant difference in the perspectives of midwives in primary health care centres in Rivers State on level of staff strength as a challenge to optimal midwifery practice.
- 2) There is no significant difference in the perspectives of midwives in primary health care centres in Rivers State on extent of professional development programme as a challenge to optimal midwifery practice.

### 2.3 Conceptual Framework

The concept of this study is situated on staffing and development challenges impacting optimal midwifery in Rivers State primary health care centers as diagrammatically represented in Figure 1 below.



**Figure 1** Conceptual Flow Chart  
Source: Researchers' conceptualization (2024)

## 3 LITERATURE REVIEW

Midwifery forms a crucial pillar of primary healthcare; yet optimal midwifery practice faces manifold challenges across contexts. Staff shortages and inadequate resources persistently undermine midwifery services in many developing regions. Okereke et al. point to understaffing, referral barriers, and health infrastructure limitations as impeding quality maternal care in Nigerian primary care facilities [7]. Research in rural Ghanaian centers aligns, underscoring shortages of midwives and essential resources like blood banks as key impediments per Adatara et al.[4]. These realities strain existing midwives and constrain care provision. Kool et al. concur, noting high caseloads and perceived time pressure among Dutch primary care midwives, indicating a global challenge.[8] Beyond quantitative shortfalls, the qualitative dimensions of staffing inadequacies also emerge. Agwu et al. substantiate high absenteeism amongst Nigerian primary care workers, tracing this to poor motivation and private interests taking precedence[9]. Motivation deficits likewise characterize the Mongolian context as Ikemoto et al. point out, identifying limited professional development opportunities as an issue[5]. Supporting ongoing education and skills enhancement is thus pivotal for motivation and performance as the foregoing studies indicate. Relational continuity of care represents another pressing challenge. Disrupted provider-client relationships impede optimal midwifery per research by Aune et al. in Norway and Styles et al. in Australia [10-11]. The latter study refers to fragmented care and poor coordination across multidisciplinary teams as key barriers.

Developing structured continuity models can help address this gap. Beyond service delivery issues, the wellbeing of midwifery staff also bears acknowledging. Studies by Cramer and Hunter and Alnuaimi and Alshraifeen admit high stress and burnout among midwives[12-13], linking this to excessive work demands and insufficient support systems. The significant emotional labor midwifery entails exacerbates such pressures. Adequate infrastructure is equally imperative, as Ani's Nigerian study posits, underscoring the crippling impact of unreliable electricity on primary facilities' functions[14]. Aliche and Aluko substantiate infrastructure challenges in Nigerian centers including medical equipment shortfalls[15]. Rural-urban disparities in resources and staffing capabilities as Shaban et al. discuss for Jordanian primary care, further aggravate the scenario [16].

#### 4 THEORETICAL FRAMEWORK

Contingency theory, initially introduced by Paul R. Lawrence and Jay W. Lorsch in 1967, underscores the importance of aligning organizational structure and management practices with the specific circumstances of each entity. In the sphere of midwifery practice within primary healthcare centers in Rivers State, Nigeria, this theory recognizes that the staffing and professional development needs are influenced by patient demographics, community health priorities, and regulatory demands, within the diverse socio-economic, cultural, and infrastructural context of healthcare service delivery [15, 17-18]. Therefore, the primary objective stemming from the application of contingency theory in this study is to improve healthcare outcomes by analyzing current midwives' staffing requirements and perceived tailored training approaches in primary healthcare facilities in Rivers State, Nigeria.

#### 5 METHODOLOGY

The research employed a descriptive survey design, focusing on all 217 midwives across primary healthcare centers in Rivers State's three senatorial districts spanning 23 Local Government Areas. A sample size of 217 midwives was utilized, selected through a stratified total census sampling method. Inclusion criteria encompassed full-time midwives engaging in clinical duties with a minimum of 1 year experience within Rivers State primary healthcare centers, while exclusion criteria comprised incapacitated midwives, those with less than a year of experience, and those on study leave. Data collection utilized the 'Midwifery Staff and Development Management Challenges Questionnaire (MSDMCQ),' validated by three experts and containing 14 items across two sections rated on a four-point Likert scale. Reliability testing yielded a Cronbach Alpha coefficient of 0.81. Analysis involved mean, standard deviation, and z-test at a significance level of 0.05. A 73.27% response rate was achieved, with 159 fully completed and retrieved copies of the questionnaire.

#### 6 RESULTS

##### 6.1 Answer to Research Questions

**Research Question 1:** What are the midwives' perspectives on strength of staff in Rivers State primary health care centres for optimal midwifery practice?

**Table 1** Mean and Standard Deviation scores on strength of staff in Rivers State primary health care centres for optimal midwifery practice.

S/N	Midwives' perspectives on strength of staff in Rivers State primary health care centres for optimal midwifery practice include:	n	xx (2.5)	sd	Remark
1	We faced shortage of midwives because of inappropriate recognition and support for midwifery as a profession.	159	2.46	0.15	Disagreed

2	The shortage of midwives in this primary health care centre is caused by limited educational opportunities for aspiring midwives.	159	2.41	0.12	Disagreed
3	I feel that the recruitment of more midwives should be a top priority for the Rivers State primary health care centres.	159	2.55	0.32	Agreed
4	The shortage of midwives in this primary health care centre has significantly affected the quality of midwifery care.	159	2.52	0.31	Agreed
5	I am of the perception that the retention of more midwives should be a top priority for the Rivers State primary health care centres	159	2.54	0.32	Agreed
6	I believe that the shortage of midwives in our health care centre has compromised the safety and well-being of our patients.	159	2.49	0.17	Disagreed
7	The shortage of midwives in this primary health care centre has affected the morale and job satisfaction among the existing staff.	159	2.56	0.33	Agreed
Cluster Scores:		159	2.50	0.25	Agreed

\*\*Full Time Midwives ( $\bar{x}=2.43, Sd=0.19$ ); Clinical Duty Midwives ( $\bar{x}=2.57, Sd = 0.31$ ); Criterion Mean ( $\bar{x}=2.50$ ).

**Research Question 2:** What are the midwives’ perspectives on the sufficiency of professional development programmes for optimal midwifery practice in Rivers State primary health care centres?

**Table 2** Mean and Standard Deviation scores on the sufficiency of professional development programmes for optimal midwifery practice in Rivers State primary health care centres.

S/N	Midwives’ perspectives on the sufficiency of professional development programmes for optimal midwifery practice in Rivers State primary health care centres include:	n	xx (2.5)	sd	Remark
8	The absence of a structured framework for professional development limits the growth and progress of midwives in their practice.	159	2.62	0.40	Agreed
9	Midwives have limited access to mentorship and guidance from experienced practitioners to enhance their professional development.	159	2.47	0.15	Disagreed
10	I feel that the professional development programmes available to midwives in the Rivers State primary health care centres are not adequately addressing the challenges we face in our practice.	159	2.74	0.37	Agreed
11	In my opinion, the lack of comprehensive professional development programmes hinders the quality of midwifery practice in the Rivers State primary health care centres.	159	2.60	0.14	Agreed
12	I think that the Rivers State primary health care centres should invest more in professional development programmes to enhance midwifery practice.	159	3.10	0.31	Agreed
13	The lack of sufficient collaboration and communication between health care institutions hampers the availability of comprehensive professional development opportunities for midwives in Rivers State primary health care centres.	159	2.51	0.14	Agreed
Cluster Scores		159	2.67	0.25	Agreed

\*\*Full Time Midwives ( $\bar{x}=2.63, Sd=0.21$ ); Clinical Duty Midwives ( $\bar{x}=2.81, Sd = 0.29$ ); Criterion Mean ( $\bar{x}=2.50$ )

## 6.2 Test of Hypotheses

**Hypothesis 1:** There is no significant difference in the perspectives of midwives in primary health care centres in Rivers State on level of staff strength as a challenge to optimal midwifery practice.

**Table 3** z-test analysis on the mean difference between the mean responses of full time midwives and clinical duty midwives in primary health care centres in Rivers State on level of staff strength as a challenge to optimal midwifery practice

Status	n	$\bar{x}$	Sd	df	z-cal	z-crit value	Sig.	Level of significance	Decision
Full Time Midwives	119	2.43	0.19	157	7.11	1.96	0.00	0.05	Significant
Clinical Duty Midwives	40	2.57	0.31						

**Hypothesis 2:** There is no significant difference in the perspectives of midwives in primary health care centres in Rivers State on extent of professional development programme as a challenge to optimal midwifery practice?

**Table 4** z-test analysis on the mean difference between the mean responses of full time midwives and clinical duty midwives in primary health care centres in Rivers State on professional development programme as a challenge to optimal midwifery practice

Status	n	$\bar{x}$	sd	df	z-cal	z-crit value	Sig.	Level of significance	Decision
Full Time Midwives	119	2.63	0.21						
Clinical Duty Midwives	40	2.81	0.29	157	3.88	1.96	0.00	0.05	Significant

### 6.3 Analyses of Results

Results in Table 1 present the average views (mean scores) and variability (standard deviation scores) of 159 midwives on issues related to midwife on strength of staff in Rivers State primary health care centres. Test items 1 and 2, which concern professional recognition and educational opportunities show a mean score below the criterion mean of 2.5, indicating midwives disagreed these are primary causes of shortages. Test items 3, 4, 5, and 7, related to recruitment priorities, impact on care, retention priorities, and staff morale, respectively, have mean scores above the criterion mean, suggesting agreement on these being significant issues. Test item 6, on patient safety, shows disagreement, with a mean score below the criterion mean. The cluster score of 2.50 indicates overall agreement on the significance of the shortage issue. Comparison with scores of full time midwives and clinical duty midwives suggests similar perceptions on the on strength of staff and its effects but with clinical duty midwives seeing the issue of shortage of midwives in primary health care centers in Rivers State as more challenging when compared to the full time midwives perception.

Results presented in Table 2 outline 159 midwives' perspectives on professional development programmes for optimal midwifery practice in Rivers State primary health care centres. The midwives show agreement on test items 8, 10, 11, 12, and 13, which address the absence of structured professional development, inadequacy of existing programmes, effects on practice quality, need for investment in development, and lack of collaboration. Their mean scores exceed the criterion mean of 2.5. Notably, test item 12 significantly concurs with a mean of 3.10, indicating strong agreement on investment in professional development. However, test item 9, regarding limited access to mentorship, receives a mean score below the criterion mean, suggesting disagreement that this is a major issue. The cluster score averages 2.67, showing an overall consensus recognizing the shortcomings in professional development opportunities. The comparison with full time midwives and clinical duty midwives demonstrates a similar acknowledgment of these development issues.

Results in Table 3 detail the z-test statistical analysis comparing the mean responses of full-time midwives and clinical duty midwives to perceptions of the level of staff strength as a challenge to optimal midwifery practice in Rivers State primary health care centres. The analysis yielded a calculated z-value of 7.11, against a critical z-value of 1.96, referenced at the 0.05 significance level. Since the calculated z-value far exceeds the critical z-value, and with a reported p-value of less than 0.05 ( $p=0.00$ ), the result is statistically significant. Thus, the z-test confirms a significant distinction between the perspectives of full-time and clinical duty midwives on the issue of level of staff strength affecting the quality of midwifery practice within the surveyed facilities.

In Table 4, a z-test analysis explored the mean response difference between full-time midwives and clinical duty midwives regarding professional development programmes. The z-test produced a calculated z-value of 3.88, which was compared with the critical z-value of 1.96 at the 0.05 level of significance. With the calculated z-value (3.88) surpassing the critical threshold (1.96), and the p-value reported as less than 0.05 (0.00), the finding is deemed statistically significant. Consequently, the z-test substantiates that there is a meaningful difference between the perceptions of full-time and clinical duty midwives in the primary health care centres of Rivers State on how inadequate professional development programmes represent a challenge to achieving optimal midwifery practice.

## 7 DISCUSSION

The research outcomes concerning midwives' viewpoints regarding staffing adequacy in primary care facilities in Rivers State reveal a divergence in opinions on the impact of insufficient professional recognition and limited educational opportunities on staffing shortages. This is consistent with the argument presented by Shaban et al., emphasizing the importance of objective workload assessments over subjective perceptions [16]. Despite this, there is consensus among respondents on the critical need for increased recruitment and retention of midwives to tackle staff deficits, which are shown to impact the quality of care, patient safety, and staff morale. Aune et al. also suggest that fragmented care models can hinder efficiency even with adequate staffing levels [10].

The study further addresses full-time and clinical midwives' perceptions on staffing sufficiency and professional development adequacy, indicating varying perspectives based on their roles. While some literature, such as Cramer and

Hunter [12], argues against categorizing midwives as a homogeneous group and advocates for recognizing subgroups, others like Adatara et al. and Okoroafor et al. illuminate the severe understaffing challenges in Ghanaian and Nigerian primary care contexts, highlighting the detrimental effects[1, 4]. In the realm of professional development, there is agreement among full-time and clinical midwives that the absence of structured frameworks and inadequate training programs hinder skill enhancement. However, there is a discrepancy regarding the significance of limited access to mentorship, countered by the views of experts like Wissemann et al. who stress the manifold benefits of midwifery mentoring[19]. The study also reveals a consensus on the inadequacy of existing development initiatives in addressing practical realities, emphasizing the crucial need for increased investment in this area. While some scholars, including Ikemoto et al. [5], emphasize the importance of reinforcing continuing education for midwives to overcome practice challenges, Amadi et al. caution that based on WHO guidelines, training initiatives should be practical and meet global standard as anything short of that may not resolve systemic issues comprehensively[6]. It is underscored by the respondents that prioritizing recruitment and continuous professional development are pivotal in optimizing midwifery services, a perspective supported by research such as that of Turner et al.[2]. Conversely, studies like Kool et al. correlate perceived resource inadequacies among Dutch midwives with heightened stress levels[8]. Nonetheless, Agwu et al. stress that simply augmenting midwife numbers may not suffice if underlying motivational concerns persist unresolved[9]. While these insights offer valuable perspectives, Alabrah et al. advocate for an objective evaluation of client satisfaction and clinical outcomes to gain a comprehensive understanding of midwifery challenges [20]. They further underscore the importance of integrating user feedback, as demonstrated by Dede et al. through patient experiences, to enrich the discourse[17]. Given the diverse contextual landscape, caution is advised by Robinson-Mbato et al. against extrapolating localized findings to national scales without considering geographical and operational variations in primary care environments [18].

## 8 CONCLUSION

Based on the findings of this study, it can be concluded that professional barriers are not the primary cause of midwife shortages in primary health care across the three senatorial districts of Rivers State. Nonetheless, recruitment and retention play a critical role in addressing staffing inadequacies that impact care quality and staff morale. Additionally, existing mentoring programs for midwives are insufficient, necessitating increased investments to enhance skills and overcome practice challenges. Furthermore, there are notable disparities in perspectives between full-time and clinical midwives on staffing and development issues. Integrating objective workload analyses, outcome assessments, and service users' feedback could enrich understanding in addressing these complex challenges. Despite this, midwives collectively agree on the importance of strengthening staff numbers and development opportunities to achieve optimal midwifery practice in primary centers in Rivers State. While targeted, evidence-based workforce interventions are necessary, a comprehensive strategy must also encompass systems-thinking to address underlying motivational, infrastructural, and coordination issues affecting staffing and development initiatives.

## 9 RECOMMENDATIONS

The following recommendations were made based on the findings of the study.

- 1) Rivers State Primary Health Care Management Board should facilitate the development and implementation of a tailored recruitment and retention plan to attract and retain skilled midwives in primary healthcare centers across the three senatorial districts of Rivers State. This strategy should address the identified staffing inadequacies impacting care quality and staff morale, focusing on creating a supportive work environment and offering opportunities for professional growth and development.
- 2) The Rivers State Government through the ministry of health should allocate increased resources and direct investments towards enhancing mentoring programs for midwives and providing additional skills development opportunities. This will help midwives overcome practice challenges, improve their competencies, and contribute to delivering high-quality care.
- 3) Midwives and the associations of midwives should institute collaborative mechanisms with administrators and policymakers to incorporate objective workload data, outcomes, and users' feedback. This will go a long way to enrich understanding of primary care challenges. By tailoring evidence-based workforce initiatives to the specific needs of both full-time and clinical midwives informed by these diverse insights, a holistic approach may be adopted to tackle motivational, infrastructural and coordination issues underlying staffing and development.

## COMPETING INTERESTS

The authors have no relevant financial or non-financial interests to disclose.

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