

Gender-Based Earning Analysis of Nurses in Auchi Metropolis

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Abstract

Gender disparities in earnings remain a major concern in healthcare, especially in nursing, where issues of pay equity and career advancement often reflect broader social and institutional inequalities. This study explored gender-based earning patterns among nurses in Auchi Metropolis, Edo State, Nigeria, focusing on differences in salary progression and satisfaction with earning potential. A descriptive survey design was used, involving 51 registered nurses with 1–10 years of post-certification experience working in primary, secondary, and tertiary healthcare facilities. Data were collected using the Questionnaire on Gender-Based Earning Analysis of Nurses (QGEAN) and analyzed with SPSS version 25 using descriptive statistics and the Kruskal–Wallis test at a 0.05 significance level. Findings showed that most respondents were female (82.4%), mainly aged between 34 and 41 years. While both genders earned similar salaries at entry level, females dominated the mid-range income group (₦6–9 million annually), whereas males were more visible in higher income brackets. Overall satisfaction with earnings was below average (mean <3), suggesting widespread dissatisfaction. Significant associations were found between satisfaction, years of experience, and job rank ($K=5.00$, $p<0.001$). The study highlights subtle gender differences in long-term income growth and calls for transparent, equitable, and gender-sensitive policies in nursing career progression.

Introduction

Gender-based disparities in earnings remain a persistent challenge in the global healthcare sector, where women, despite constituting nearly 70% of the workforce, consistently earn less than men even after accounting for occupation and working hours (World Health Organization [WHO], 2019). Globally, female healthcare workers earn 20–25% less than their male counterparts, with gaps widening in lower-income countries due to occupational segregation, slower promotion trajectories, and undervaluation of female-dominated roles such as nursing and community health work (International Labour Organization [ILO], 2022; Boniol et al., 2019). These inequities reflect deeply entrenched structural barriers reinforced by societal norms, unequal access to leadership positions, and discriminatory pay practice. In sub-Saharan Africa, the healthcare pay gap is estimated at 25–35%, driven by weak policy enforcement, limited institutional resources, and women's underrepresentation in leadership (Boniol et al., 2019). The Ministry of Foreign Affairs of Denmark (2018) defines youth as individuals aged 15–35 years. In Nigeria, female healthcare workers earn about 24% less than their male

counterparts, with young professionals facing additional disadvantages from lower starting salaries, fewer promotion opportunities, and limited career advancement (Centre for Global Development [CGD], 2023; African Economic Research Consortium [AERC], 2022). These disparities affect income growth, job satisfaction, and workforce retention.

While national data illustrate the problem, evidence from semi-urban areas such as Auchi Metropolis in Edo State remains scarce. Auchi and its surrounding towns; Jattu, Iyamho, Elele, and Sabo possess distinct demographic and institutional characteristics that may shape wage dynamics differently from national patterns. However, no empirical research has explored gender-based earnings, youth representation, and satisfaction with earnings in this area. This study fills that gap by examining earnings within the first ten years of post-certification employment, determining the proportion of female youth in the nursing workforce, estimating earning potential, and assessing satisfaction levels. The findings are expected to inform equitable pay policies, enhance workforce satisfaction, and support gender equity reforms in Nigeria's health sector. Specifically, the study compared male and female nurses' earnings at entry and current levels, identified female youth representation, estimated earning potential, and assessed satisfaction with earnings. To guide this inquiry, one null hypothesis (H_0) was formulated to test whether there is no significant association between the socio-demographic profile of nurses and their satisfaction with estimated earning potential.

Method

Design

This study design adopted is the descriptive survey. A descriptive survey design allows the use of instruments such as questionnaire to collect data from a representative sample on existing or specific variables at a given time, without manipulating them and to generalize the findings in a population (Omair, 2015).

Study setting

The study took place in selected health facilities in Etsako West Local Government Area (LGA) of Edo State within the South-South geopolitical Zone of Nigeria. The location of Edo State is in the heart of the tropical rain forest and lies between longitude 5^0E and $6^042''\text{E}$ and latitude $5^045''\text{N}$ and $7^035''\text{N}$ of the equator. Healthcare services in Edo State are provided in three levels namely, tertiary, secondary and primary levels of care. At the tertiary healthcare level, facilities are funded by the Federal government and philanthropic organizations. The State government funds facilities in the secondary healthcare level while facilities in the primary healthcare level are funded by the local government. There are also several privately owned secondary and primary healthcare facilities within Etsako West LGA.

Study population

The research population comprised all certified nurses with a period of one (1) to ten (10) years post-certification, currently employed in Etsako West LGA, who expressed willingness to participate in the study. Out of the 62 nurses, 51 were willing to participate in the study.

Data collection

To gather information for this study, the researchers used a detailed questionnaire which was

designed specifically for this study and named the ‘Questionnaire on Gender Based Earning Analysis of Nurses’ (QGEAN). QGEAN contains a total of eleven (11) items in five (5) sections. Section A has six (6) items on sociodemographic profile, section B has two (2) items on comparison of earnings among male and female nurses, section C has one (1) item on the percentage of female youth among the nurses, section D has one (1) item on estimated earning potential of male and female nurses. Sections E has five (5) items on level of satisfaction with earning potential. The responses for sections B-D were designed as multiple choice, while section E was designed into a five-point rating scale: Very satisfied (VS) = 5, Satisfied (S) = 4, Uncertain (U) = 3, Dissatisfied (DS) = 2, Very Dissatisfied (VD) = 1. The researchers request two (2) experts, lecturers in Nursing Administration from Nnamdi Azikiwe University, Nnewi campus and Measurement and Evaluation unit from Nnamdi Azikiwe University, Awka to validate the instrument. The instrument’s reliability was established among 20% of the sample size amounting to thirteen (13) respondents through test-retest method at two (2) weeks interval in Esan Central LGA of Edo State. The Pearson’s Product Moment Correlation coefficient score obtained was 0.74.

Data Analysis

Data analysis was done from a descriptive perspective using Statistical Package for Social Sciences (SPSS) version 25. The analyzed data were reported in the form of frequency, percentages, column-chart, mean and standard deviation. Percentages were used to analyze Sections A, B, C and D because the responses had discrete categories. Section E was analyzed using mean because, it allowed the researchers to adequately summarize the responses while reflecting the central tendency of nurses’ satisfaction. Mean score of 3 and above indicated satisfaction and a mean score below 3 indicated dissatisfaction. Kruskal Wallis test was adopted in testing the null hypotheses at 0.05 level of significance, as an appropriate statistic for determining the association between categorical variables.

Table 1

Respondents’ Sociodemographic profile

S/N	Variable	Classification	Frequency (N=51)	Percentage (%)	
1	Age (years)	18-25	07	13.73	Mean age = 32±5.60 Range = 18- 41 years
		26-33	21	41.18	
		34-41	23	45.1	
2	Gender	Male	9	17.65	
		Female	42	82.35	
3	Duration post certification (years)	1-3	10	19.61	
		4-6	09	17.67	
		7-9	13	25.49	
		10	19	37.25	
4	Healthcare level of employment	Primary	23	45.1	

5	Rank on Employment	Secondary	12	23.53
		Tertiary	16	31.37
		Nursing Officer II	14	27.45
		Nursing Officer I	19	37.25
		Senior Nursing Officer	18	35.29
6	Current Rank	Assistant Chief Nursing Officer	29	56.86
		Senior Nursing Officer	09	17.65
		Nursing Officer I	13	25.49

Table 1 reveals that most 23 (45.1%) of the respondents were between ages 34-41 years. Majority 42 (82.35%) of the respondents were females. A greater number of the nurses surveyed 19 (37.25%) had ten (10) years post certification experience. About half 23 (45.1%) of the nurses were employed at the primary level of healthcare. Most 19 (37.25%) of the participants were ranked as Nursing Officer I on employment and a total of 29 (56.86%) are presently on the rank of Assistant Nursing Officer.

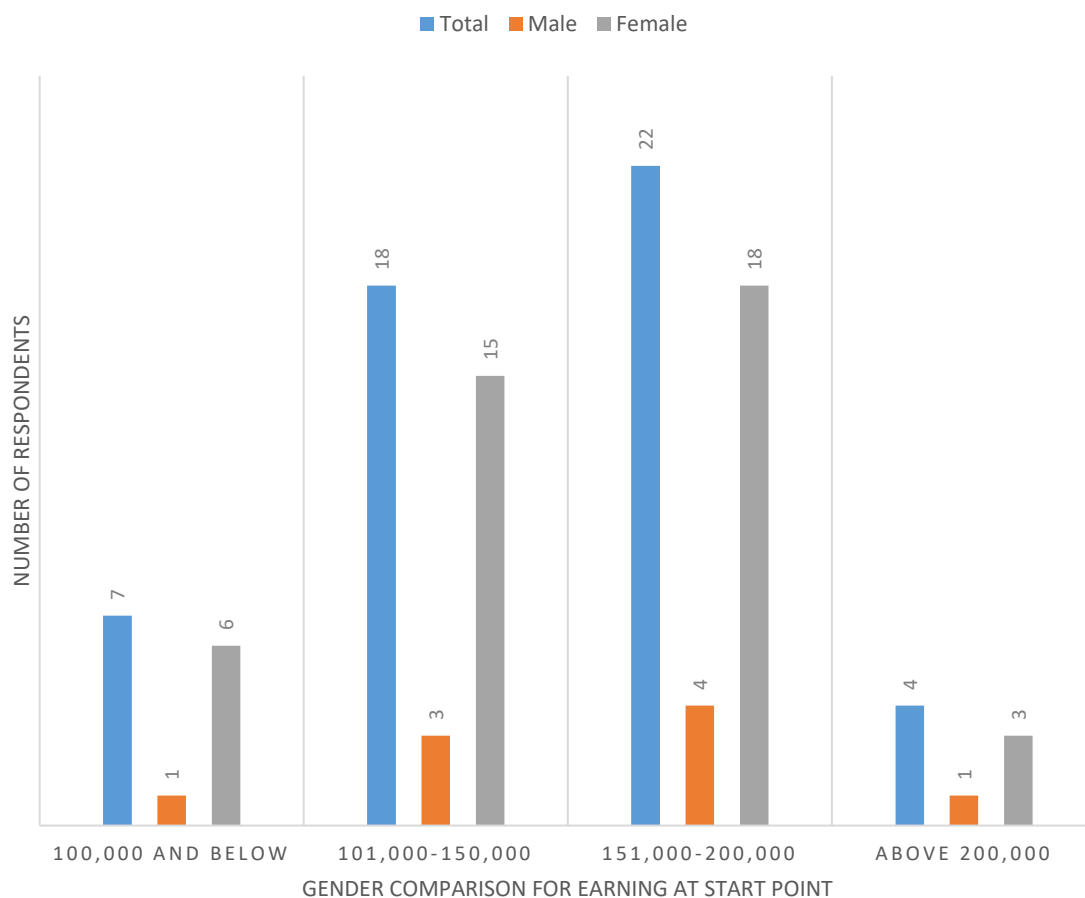


Figure 1: Comparison of earnings among male and female nurses at start point

Figure 1 shows the comparison of earnings among male and female nurses at start point. Majority 22 (43.14%) earned ₦151,000 to ₦200,000 at start point, out of which 4 (7.84%) were males and 18 (35.29%) were females.

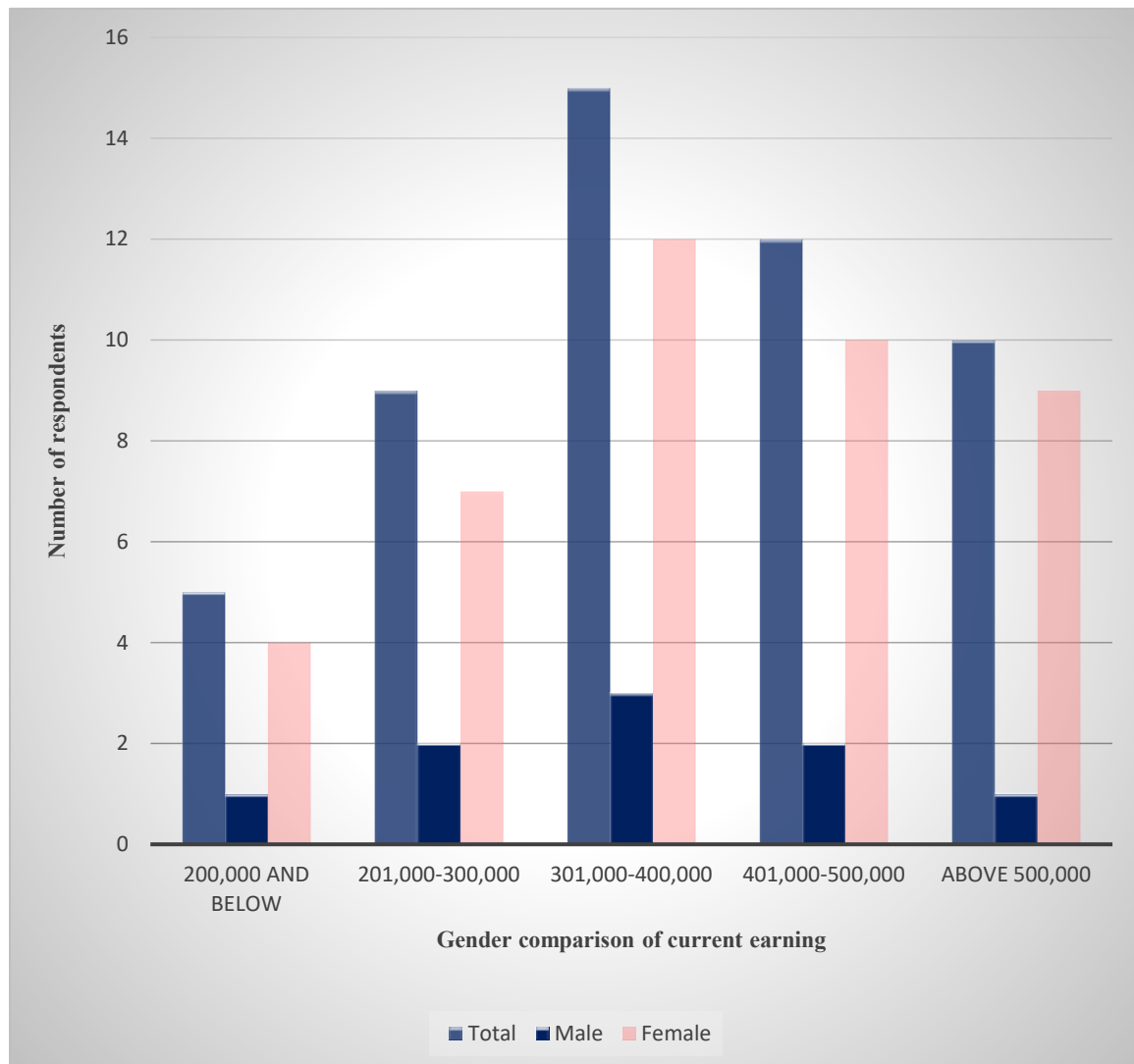


Figure 2: Comparison of respondents' current monthly earning among male and female nurses

Figure 2 shows the comparison of current monthly earning among male and female nurses. Most respondents 15 (29.41%) currently earn between ₦301,000 and ₦400,000, out of which 3 (5.89%) were males and 12 (23.53%) were females.

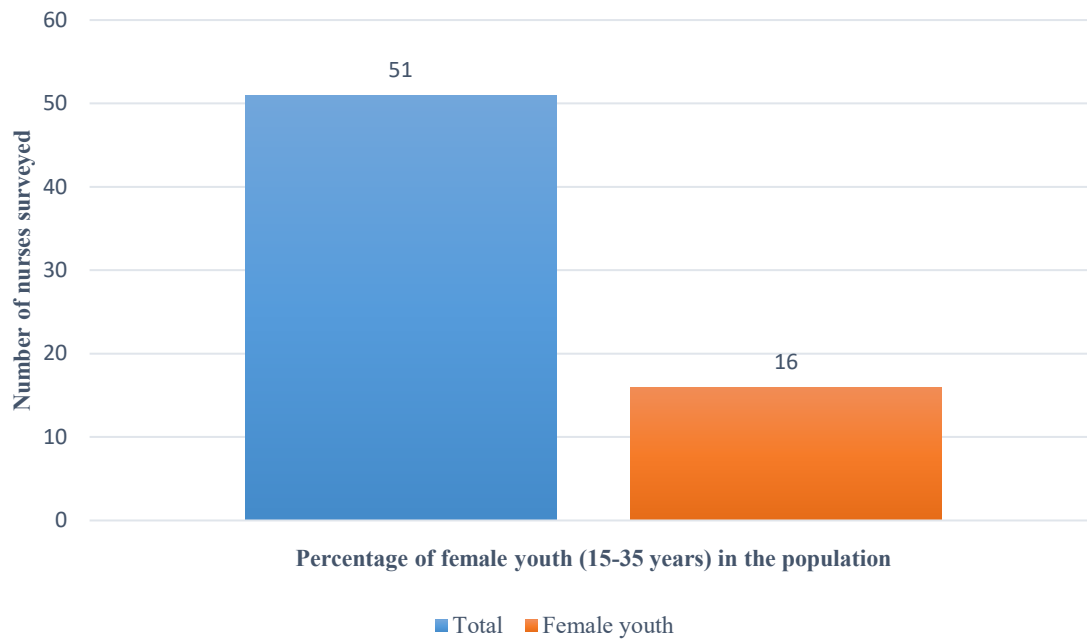


Figure 3: Percentage of female youth among the nurses surveyed

Figure 3 shows the percentage of female youth (15-35 years) among the nurses surveyed. About one-third 16 (31.37%) of the nurses surveyed were females.

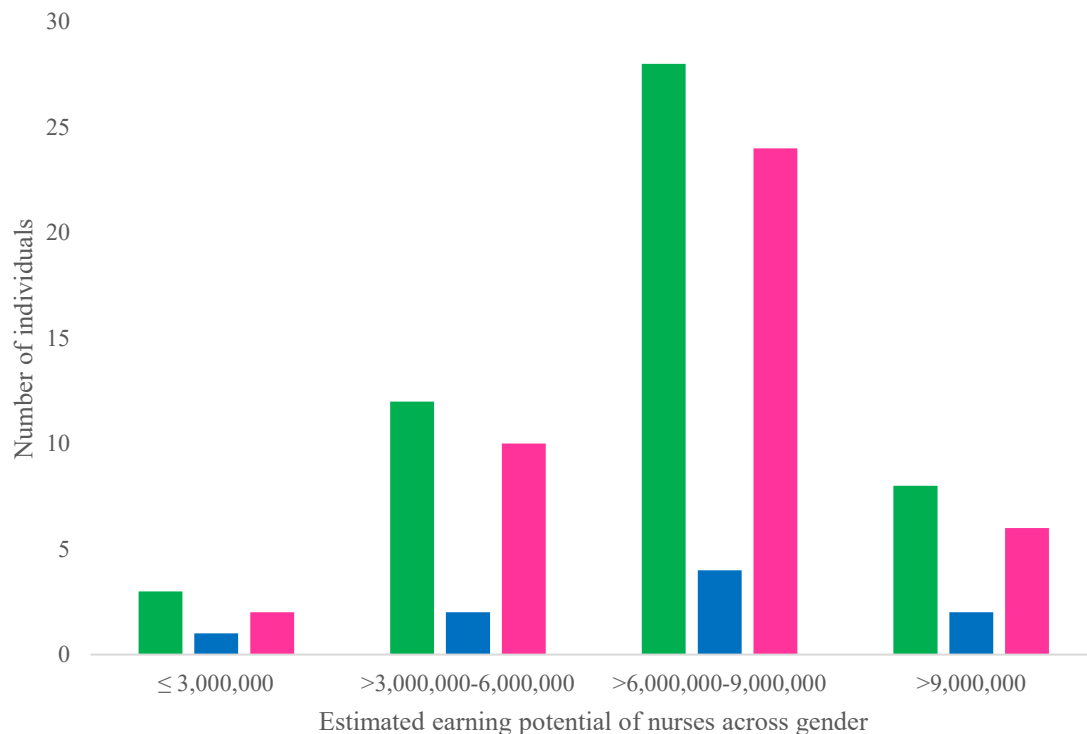


Figure 4: Estimated earning potential of male and female nurses

Figure 4 shows the estimated earning potential of male and female nurses. The earning potential of a greater number of the nurses 28 (54.9%) was above ₦6,000,000 to ₦9,000,000, out of which 4 (7.84%) were males and 24 (47.06%) were females.

Table 2

Level of satisfaction with estimated earning potential of respondents

Satisfaction with estimated earning potential	Mean	SD
Can you describe your satisfaction with earning received for effort expended on your job from start point to date?	2.49	0.42
How satisfied are you with the increase in your earning since start point?	2.47	0.47
How satisfied are you with your after-tax income since start point?	2.31	0.49
How satisfied are you with the allowances and/or bonuses you have received since start point?	2.53	0.47
How satisfied are you with your earning potential when compared to your peers in other settings?	1.96	0.55
Overall average	2.35	0.48

Table 2 shows that the mean score for satisfaction with earning received for effort expended on the job from start point to date was 2.49 with a standard deviation of 0.42. Satisfaction with the increase in earning since start point recorded a mean of 2.47 (SD = 0.47), while satisfaction with after-tax income since start point was slightly lower with a mean of 2.31 (SD = 0.49). The mean score for satisfaction with allowances and/or bonuses received since start point was 2.53 (SD = 0.47). However, the lowest satisfaction was reported in relation to earning potential compared to peers in other settings, which had a mean score of 1.96 (SD = 0.55). The overall average mean score was 2.35 with a standard deviation of 0.48, indicating that the nurses were generally dissatisfied with their estimated earning potential.

Table 3

Kruskal Wallis test of association the sociodemographic profile of respondents and their satisfaction with estimated earning potential

S/N	Variables	K (Kruskal-Wallis)	p-value	Interpretation
1	Age and satisfaction	2.74	0.098	Not Significant
2	Gender and satisfaction	0.00	0.05	Not Significant
3	Duration post certification and satisfaction	5.00	<0.001	Significant
4	Healthcare level and satisfaction	1.8	0.48	Not Significant
5	Rank on employment and satisfaction	5.00	<0.001	Significant
6	Current rank and satisfaction	0.56	0.454	Not Significant

Table 3 presents the Kruskal Wallis test of association between the socio- demographic profile of nurses and their satisfaction with estimated earning potential. Satisfaction was significantly associated with duration post certification and rank on employment ($k=5.00$, $P\text{-value} < 0.001$). Satisfaction was not significantly associated with age ($K=2.74$, $P\text{-value}=0.098$), gender ($K=0.00$, $P\text{-value}=0.05$), healthcare level of employment ($K=5$, $P\text{-value} < 0.001$) and current rank ($K=0.56$, $P\text{-value}=0.454$)

Discussion

The findings of this study revealed that most nurses in Auchi Metropolis were between 34 and 41 years, with a significant proportion being female. Approximately one-third had ten years of post-certification experience, and many were initially employed as Nursing Officer I, with over half currently at the rank of Assistant Chief Nursing Officer. This suggests that the majority of the nursing workforce in Auchi falls within the mid-career category, reflecting both maturity and accumulated professional experience. This trend aligns with the observations of Ghasi and Ogbuabor (2020), who found that Nigeria's nursing workforce is largely made up of individuals in their thirties and forties, signifying stability but also a looming shortage if younger nurses are not adequately recruited. The International Labour Organization and World Health Organization (2022) similarly reported that many low- and middle-income countries are experiencing an aging nursing population, emphasizing the need for proactive workforce planning to maintain sustainability. The current study also reflects the well-documented gender imbalance in nursing, where women constitute the overwhelming majority. Orji and Nwosu (2024) confirmed that nursing in Nigeria remains highly feminized, with men accounting for less than 20% of the workforce. Kolié et al. (2023) similarly noted that in sub-Saharan Africa, nursing continues to be perceived as a female-dominated profession due to entrenched gender norms. In contrast, Whaley et al. (2020) reported that developed countries are witnessing a gradual increase in male participation in nursing, which has the potential to reduce gender disparities in pay and career advancement. These findings collectively indicate that the gender imbalance observed in Auchi is consistent with broader global and regional patterns.

The study's results also indicate that many nurses in Auchi possess considerable professional experience, which contributes to quality healthcare delivery. Olupona et al. (2021) similarly observed that many nurses in Southwestern Nigeria had more than five years of work experience, enhancing institutional knowledge and clinical performance. Ajisegiri et al. (2022) further emphasized that professional experience influences wage negotiations and promotions, especially within public health institutions. Regarding employment distribution, about 45.1% of respondents in this study worked in primary healthcare facilities. This finding corresponds with Fola and Bala (2021), who described nurses as the backbone of Nigeria's primary healthcare system. Ukponahiusi and Ahuru (2025) also noted that this concentration, while beneficial for community-level service delivery, can limit career advancement and remuneration opportunities that are more prevalent in secondary and tertiary facilities. The distribution of initial and current ranks observed in this study reflects the hierarchical structure of nursing employment in Nigeria. Ozumba and Alabere (2021) similarly found that career progression among Nigerian nurses is often slow, with many remaining in lower or mid-level positions for extended periods. Catenaccio et al. (2022) explained that such stagnation contributes to job dissatisfaction and wage disparities, especially when compared to other

health professionals with similar training and years of service. Hence, the patterns observed in Auchi reflect a broader national trend where institutional barriers affect rank progression and overall earning potential.

At entry level, most nurses in Auchi earned between ₦151,000 and ₦200,000, with both male and female nurses represented. Although both genders earned comparably at this stage, a slightly higher proportion of females fell within this salary range, possibly reflecting systemic gender patterns in earnings. Jena, Olenski, and Blumenthal (2016) observed similar disparities in the United States, noting that gender differences in pay persist across health professions even among professionals at equivalent career stages. Likewise, Whaley et al. (2020) found that while male and female healthcare professionals often begin with similar salaries, subtle differences appear early and compound over time, creating wider pay gaps later in their careers. Orji and Nwosu (2024) also found that even when men and women occupy equivalent entry-level positions in Nigeria, men often experience marginal advantages in starting pay or subsequent salary progression due to negotiation patterns and institutional biases. Local evidence supports this trend. Ghasi and Ogbuabor (2020) reported that nurses in Enugu experienced wage disparities not fully explained by rank or workload, suggesting that gendered perceptions of value influence compensation structures. Ukponahiusi and Ahuru (2025) further noted that occupational segregation within nursing, where men are more frequently promoted into administrative or specialized roles reinforces early advantages that women rarely access. Thus, while entry-level earnings in Auchi may appear equitable, these findings suggest underlying gendered disparities that can widen over time if unaddressed.

Approximately one-third of nurses in the current study fell within the youth age range of 15–35 years, indicating a relatively low representation of younger female nurses. This may suggest barriers to entry or retention for younger women in the nursing workforce. Fola and Bala (2021) attributed similar trends to limited recruitment drives, delayed career progression, and migration of younger nurses seeking better opportunities abroad. Ukponahiusi and Ahuru (2025) also observed that gender and age intersect to shape career outcomes, with younger female nurses often stereotyped as inexperienced, which limits their chances for early promotion. Globally, the International Labour Organization and World Health Organization (2022) reported that younger workers, particularly women remain underrepresented in stable health positions, contributing to persistent wage disparities. The low number of young female nurses in Auchi may thus exacerbate future pay inequities, as fewer women advance early into higher career stages. Kolié et al. (2023) similarly argued that addressing both age and gender inequities is vital for sustainable workforce development in sub-Saharan Africa. Without deliberate efforts to recruit and retain young women in nursing, the profession may continue to experience imbalances in pay and leadership representation. Catenaccio et al. (2022) reinforced this view, noting that slower career progression among young female nurses contributes directly to structural gender pay gaps in healthcare. Consequently, the underrepresentation of young women among nurses in Auchi may not only indicate current demographic imbalance but also forecast future inequities in salary and leadership roles.

The study also found that most respondents reported an annual earning potential between ₦6,000,000 and ₦9,000,000, with females (47.06%) dominating this range compared to males (7.84%). This finding suggests that female nurses are more concentrated within mid-range income categories. Jena, Olenski, and Blumenthal (2016) explained that gender disparities in

healthcare earnings often become more pronounced at higher career levels, even when early-career differences are subtle. Thus, while women in this study appear to dominate the mid-range earnings, they may face barriers to advancing into higher income tiers. Whaley et al. (2020) noted that structural inequities often confine women to mid-income brackets, whereas men are more likely to advance into senior or specialized roles with higher pay. A Nigerian study by Orji and Nwosu (2024) found that female nurses tend to maintain consistent mid-level earnings but face obstacles to accessing managerial or specialized positions that would substantially raise their income. The present findings align with this pattern, indicating a potential ceiling effect where female nurses in Auchi may experience limited upward income mobility. Kolié et al. (2023) further emphasized that achieving gender equity in health requires addressing systemic barriers that restrict women's access to high-paying positions and leadership opportunities.

Moreover, Catenaccio et al. (2022) argued that persistent gender wage disparities in healthcare are rarely due to skill differences but rather to the structural undervaluation of women's labor. Thus, the predominance of women in mid-range earning categories in Auchi suggests that despite their significant contribution, the remuneration structure may inadvertently limit their progression to top income brackets. Overall, the findings from this study highlight a complex pattern of gender and age disparities influencing the career trajectories and earning potential of nurses in Auchi Metropolis. While women appear dominant in the workforce and in mid-level earnings, systemic barriers, including slow promotion pathways, limited leadership access, and cultural stereotypes continue to restrict their economic advancement. Similarly, the underrepresentation of younger female nurses suggests that without intentional recruitment and retention strategies, these inequities may persist or worsen over time. These findings highlight the need for targeted policy interventions, including transparent promotion systems, mentorship programs for young female nurses, and institutional reforms that ensure gender-sensitive career progression. Aligning with the recommendations of Kolié et al. (2023) and the International Labour Organization and World Health Organization (2022), addressing these issues will be crucial to building a fair, sustainable, and equitable nursing workforce in Nigeria. The Kruskal–Wallis test revealed that satisfaction with earning potential was significantly associated with duration post-certification and rank on employment, but not with age, gender, healthcare level of employment, or current rank. This implies that nurses' satisfaction with their earnings tends to improve with years of experience and higher employment rank rather than demographic factors such as age or gender. Akinyemi et al. (2022) reported similar findings among 210 registered nurses in Nigeria, where years of experience and job grade significantly predicted pay satisfaction and affective commitment. Likewise, Saliya et al. (2024), in a cross-sectional study of 364 nurses in Ethiopia, found that majority of respondents with over five years of practice reported moderate-to-high job satisfaction, compared with only 41.2% among those with fewer than three years of experience.

Consistent with these observations, Olaniyan et al. (2023) found that rank and work environment accounted for nearly half of the variance in job satisfaction among 185 nurses in Ondo State, while age and gender were not statistically significant ($p > 0.05$). Although gender was not significantly associated with satisfaction in the present study, possibly because the data on gender is skewed, other evidences indicate ongoing global disparities. For instance, Doleman et al. (2024) reported that female nurses in Australia earned on average 9–13% less

than their male counterparts, despite comparable qualifications and experience. This suggests that while objective gender pay gaps persist globally, subjective satisfaction with earnings may not always align with actual income inequalities, especially in settings dominated by one gender. Furthermore, the healthcare level of employment confirmed as significant ($p < 0.001$) aligns with the findings of Ozumba and Alabere (2022), who observed that three-fifth of nurses in tertiary hospitals reported higher pay satisfaction compared to less two-fifth in secondary facilities. Collectively, these findings highlight the central role of experience, employment hierarchy, and institutional context in shaping how nurses perceive their earning potential and satisfaction within the workforce.

Implication of Findings

The findings of this study provide valuable insight into gender-based salary dynamics within the nursing profession. Results indicate that both male and female nurses in Auchi Metropolis earn within similar salary ranges, with females dominating most income brackets, particularly at entry level and within the mid- to long-term earning categories. This pattern contrasts with the typical wage gap seen in other professions, where women are often disadvantaged, and reflects the predominantly female composition of the nursing workforce. However, the presence of male nurses in higher income categories, despite being fewer in number, suggests subtle gender dynamics. It implies that while overt wage discrimination against women may not be evident, men might still benefit from structural advantages, such as faster promotion or access to specialized, higher-paying roles. This aligns with the “glass escalator” concept identified in labor studies, where men in female-dominated fields progress more rapidly into senior positions.

From a policy perspective, these findings emphasize that achieving gender equity in nursing requires more than salary parity at entry level. Efforts should also address fair promotion systems, equal access to leadership roles, and gender-responsive professional development. For researchers, the results highlight the need to explore how institutional culture, perceptions of male nurses, and workload distribution influence career trajectories. Overall, this study underscores that while women in Auchi nursing appear well represented across pay levels, deeper structural factors shaping advancement must be addressed to ensure that nursing serves as a model for equitable workforce policies.

Conclusion

This study explored gender-based earning patterns among nurses in Auchi Metropolis, focusing on possible disparities between male and female nurses. Findings showed that while both genders earned within similar salary structures, differences emerged in their distribution across income levels. Female nurses, who formed the majority of respondents, were more concentrated in middle-income brackets and projected long-term earnings. In contrast, male nurses, though fewer, were more visible in higher income categories, suggesting possible structural or career-related advantages. These results indicate that while nursing, a predominantly female profession, may not exhibit the same level of wage inequality seen in male-dominated sectors, the “glass escalator” effect—where men advance more quickly into senior, better-paid positions—remains relevant. The study highlights that initial pay parity does not always translate into equitable long-term career progression. Continuous evaluation of

gender-based pay structures is therefore essential to ensure fairness and inclusivity. Policies that encourage transparent promotion systems, equal access to leadership roles, and fair recognition of experience and specialization are crucial. Promoting such equity-driven reforms would not only enhance fairness within nursing but could also position the profession as a model for gender equality across the wider healthcare sector

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Conflict of interest

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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Ethical conformity

The respondents were assured that their anonymity, confidentiality and privacy would be maintained during and after data collection. The study procedures followed the ethical standards of the responsible committee on human experimentation (regional) and with the Helsinki Declaration of 1975, as revised in 2000 (available at https://www.wma.net/e/policy/17-c_e.html).

Contributions

PNK and SCM participated in conception, drafting study instrument, data collection, analysis and interpretation of data, drafting original manuscript and revising the manuscript.

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