Perception of Nurses on the Organization and Functioning of the Order of Nurses in the City of Kananga

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Abstract

Introduction: Nurses are professionals who fulfill a social mission of general interest, in the sector where the market cannot intervene alone and where the requirement of ethics is essential. By offering care, they contribute significantly to the national economy and are in direct contact with patients in an asymmetrical relationship that requires trust. It is the duty of the professional to honor this trust and it is up to the ordinary institution to guarantee the community the means to safeguard this trust. This study aims to explore the perception of nurses on the organization and functioning of the order of nurses in the city of Kananga. **Methods:** This is a qualitative phenomenological study. We used the survey method and the individual face-to-face interview technique using a semi-structured interview guide and a dictaphone for recording using as data collection instruments. These face-to-face interviews took place from 05/08/2022 to 04/08/2022. Data analysis was carried out using the phenomenological reduction method. **Results:** Nurses in the town of Kananga perceive on the one hand the professional order as a regulatory body for the identification of nursing personnel and a body which arbitrates conflicts in the nursing profession; and on the other hand, at the bottom of this perception, they have a misunderstanding of the order in question. In their experience, nurses show indignation regarding the organization and functioning of the professional order. They say they have no joy and are unhappy with the registration requirements on the register of the order which do not corroborate with their income in the nursing profession. And they want them

to have improved salary conditions and empowerment of their profession. **Conclusion:** This perception does not reflect the reality of the nursing profession and the perceived image of nursing has not changed over the last ten years. That the organizers of the professional order must find strategies that will ensure that the student's passage during his nursing training can be focused on in-depth knowledge of the role of nurse, his profession and the obligations or requirements to be fulfilled before his admission to the nursing profession.

Subject Areas

Public Health

Keywords

Perception, Nurses, Organization Functioning, Order, Kananga

1. Introduction

Globally, health systems have many complex problems and challenges to overcome, in particular they are in the process of restructuring and must "reinvent" themselves to more efficiently exploit the resources at their disposal [1]. Especially since it is a labor-intensive sector, these constraints inevitably affect their employees. Nurses, the most qualified healthcare personnel in regular contact with the patient, are at the heart of any health system [2]. The nursing workforce covers 27.9 million people worldwide, including 19.3 million qualified nurses. These figures correspond to an increase of 4.7 million in the total number over the period of 2013-2018. Nurses form the largest professional group in the healthcare sector, representing 59% of healthcare professionals. Among these 27.9 million people, there are 19.3 million qualified nurses, 6.0 million assistant nurses (22%) and 2.6 million people (9%) who do not belong to any of these categories, therefore the self-employed [3].

This health sector constitutes a privileged field of observation of the changes which currently affect the status of service professions from the point of view of their organization and their recognition by the authorities public [4]. A large number of observations indicate that the problems of these systems have negative repercussions on the professional lives of nurses [5].

Nurses are professionals who fulfill a social mission of general interest, in the sector where the market cannot intervene alone and where the requirement of ethics is essential. By offering care, they contribute significantly to the national economy and are in direct contact with patients in an asymmetrical relationship that requires trust. It is the duty of the professional to honor this trust and it is up to the ordinary institution to guarantee the community the means to safeguard this trust. For that; an ordinal institution is a state regulatory body; it controls access and conditions of practice in a sector, nursing, which is highly tech-

nical and at the heart of human relations. It is a public regulatory service mission aimed at maintaining the balance between the inalienable principles of people's fundamental rights, the Patient's freedom of choice of practitioner, for example, the protection of privacy, general interest or the rules of competition [6].

The order of nurses is a professional order, its precise definition and its missions vary according to each country. In the founding principles, the order of nurses represents the entire profession; it is responsible for maintaining the ethics and professional conduct of the nursing profession, the order ensures the competence of its members. He is also responsible for representing professionals on an administrative and legal level. The legislator added in the law of December 2006, a second obligation of access to the profession by including in article 4311-15 of the public health code that no one can register their diploma with the service competent, if he is not registered on the roll of the order of nurses [7].

Unfortunately, indifference has been observed among nurses since the creation of the professional order in the Democratic Republic of Congo where there are only around 8,000 nurses in the DRC who have registered with the order of nurses in Congo since 2016, and have already obtained their serial numbers to practice the profession, informs the national order of nurses of Congo. These figures were given at the International Nurses Day march celebrated on May 12 each year [8].

For the city province of Kinshasa, more than 15,000 nurses have registered on the roll of the order of nurses of Congo. In the province of Kasai Oriental, currently more than 700 nurses from the city of Mbuji-Mayi have registered on the roll of the order of nurses adds the provincial President of the ONIC. But, we unfortunately note that in the province of Kasai and Kasai Centrale, there is a low rate of registration of nurses on the Order's roll. The central Kasai province has 3000 nurses, only 518 nurses are registered with the national order of nurses. In the province of Kasai, only 26 nurses are registered on the register of nurses, 6 nurses are from the Ilebo territory, and 20 nurses are from the city of Tshikapa, deplorable for a province which has 5 territories plus the city, and therefore Kasai is the last of the country's provinces which has fewer nurses registered on the roll of the order of nurses [9].

Given this observation in this province, it motivated us to understand the image that nurses have of their own profession. Hence the relevance of conducting a study in order to understand nurses' perception of their order and its functioning.

2. Material and Method

2.1. Presentation of the Study Site

Our research took place in the town of Kananga which is located in the province of central Kasai, it covers an area of 84,700 inhabitants, and 847 km^2 the town includes 5 communes: Commune of Kananga; Katoka Municipality; Municipality of Lukonga; Commune of Ndesha; Nganza commune. Kananga, formerly Luluabourg, is a town of almost 2,000,000 inhabitants, located in the center of

the Democratic Republic of Congo (RCD).

2.2. Target Population and Sample

Our target population is made up of nurses from the town of Kananga. For this study we chose theoretical non-probability sampling which consists of delimiting the size of the sample at the time when the researcher notes the saturation of the answers given by the respondents. Based on this principle, our sample size is 20 nurses, including 12 nurses and 8 male nurses.

2.3. Data Collection

To carry out our study, we used the phenomenological survey method, which allowed us to understand nurses' perceptions of the professional order. We also used the individual face-to-face interview technique using a semi-structured interview guide and a dictaphone for recording using as data collection instruments. These face-to-face interviews took place from 05/08/2022 to 04/08/2022. For political reasons, during the interview, the questions were asked in French according to the respondent's preference to express themselves more easily and each interview was recorded.

2.4. Data Analysis Plan

Data analysis was carried out using the phenomenological reduction method. This aims to emerge the hidden meanings inherent in the descriptions made by the subjects of the phenomenon studied. This step consisted of finding meaning or significance in the data collected in verbatim form and demonstrating how they answered our research questions.

The steps followed in this analysis are: Transcribing the materials several times; The choice of units of meaning or meaning units; Identification of general themes; categorization and classification.

2.5. Ethical Consideration

Respondents were informed that they could withdraw from the study at any time if they did not subscribe and finally, we guaranteed them the anonymity and confidentiality of the information collected after data analysis. In addition, we obtained their consent by signing a free and informed consent form made available to them.

3. Results

Our results are presented in two parts, those linked to the socio-demographic characteristics of the respondents, as well as those linked to the themes retained from the central theme.

3.1. Sociodemographic Variables of Respondents

Table 1 indicates that among the respondents there are 12 women compared to

Table 1. Sociodemographic variables of respondents.

No.	Sex	Age	training school	Level of study	Year of experience	Function
Inf 1	F	60 years	ISTM/Kananga	A1	5 years and over	Secretary of the ONI in Kananga
Inf 2	M	50 years	ISTM/Tshikaji	A1	5 years and over	Care Coordinator
Inf 3	F	40 years	ISTM/Katende	A2	5 years and over	Attending nurse
Inf 4	F	30 years	ITM/Bakatushipa	A2	3 to 4 years	Head of maternity department
Inf 5	F	28 years	ISTM/Ndemba	A1	2 years	Nurse
Inf 6	M	50 years	ISTM/Kananga	L2	5 years and over	Head of internal medicine department, male
Inf 7	F	40 years	ISTM/Kananga	L2	3 - 4 years	Attending nurse
Inf 8	M	50 years	ISTM/Kasaï	A1	5 years and over	Attending nurse
Inf 9	M	45 years old	ISTM/Kananga	A1	3 - 4 years	Attending nurse
Inf 10	F	32 years old	ISTM/Tshikaji	L2	5 years and over	Attending nurse
Inf 11	M	37 years	ISTM/Tshimbulu	A1	3 - 4 years	Attending nurse
Inf 12	F	30 years	ITM/Bakatushipa	L2	5 years and over	Attending nurse
Inf 13	M	50 years	ISTM/Ndemba	A1	3 - 4 years	Attending nurse
Inf 14	M	28 years	ISTM/Kananga	A1	5 years and over	Attending nurse
Inf 15	F	29 years	ISTM/Kananga	A1	5 years and over	Attending nurse
Inf 16	F	60 years	ISTM/Kananga	A1	5 years and over	Attending nurse
Inf 17	F	38 years old	ISTM/Tshimbulu	A1	3 - 4 years	Attending nurse
Inf 18	F	35 years	ISTM/Kananga	L2	5 years and over	Attending nurse
Inf 19	F	44 years	ISTM/Kananga	L2	3 - 4 years	Attending nurse
Inf 20	M	50 years	ISTM/Kananga	L2	5 years and over	Attending nurse

Legend: M = Male; F = Feminine; A1 = Graduate nurse; L2 = licensed; Inf = Nurse.

8 men, 11 nurses were in the age group of 39 and over, 5 were in the age group of 28 to 32 compared to 2 for those aged 33 to 38. Year and 12 Nurses have experience of 5 years and more.

3.2. Results Related to Thematic Analysis

After the full reading of our transcriptions of the interviews recorded with 38 participants who used the syntactic analysis unit in a closed coding of the interviews, the central theme retained is: "Perception of nurses on the organization and functioning of the order nurses in the town of Kananga".

From this central theme chosen, two sub-themes arise:
▪ Perception of nurses on the professional order
▪ Expectation of Nurses on the Order of Nursing
▪ Lived facing the order of nurses

Subtheme 1: Perception of nurses on the professional order

For some, the order of nurses is seen as a regulatory body for the identification of nursing personnel. On this subject, two nurses express themselves on this: **Inf1:** "… *A regulatory body for the nursing profession, it ensures respect for professional duties, but also the defense of honor and the independence of the profession…*". **Inf3:** "… *Body which comes to bring order and which identifies nurses within the health structure…*"; a body that identifies nursing professionals. **Inf7:** "… *The task which officially identifies nurses at the provincial and national level…*" For others, the order of nurses remains even unrecognizable. Because, for these people, they learned about this through the waves, something which should not be like this for real nurses who are members of the profession. Some nurses say that: **Inf8:** "… *Yes I have already heard of the order of nurses* (*laughter*) *in the ONIC general assembly in Kinshasa, provincial council of Kasaï central…*". **Inf10:** "… (*Shakes head*) *Indeed, I've already heard about that, especially on radio channels and in local health structures…*". **Inf15:** "… *Often I think I have heard about it from nurses who are supported by the State and on the radio, but I am not interested* (*laughs and moves the pen*)…" Finally, it is a body that arbitrates conflicts in the nursing profession. This nurse expresses herself by saying that: *It is a regularization body which fights against professional abuse and arbitrariness in the medical sector.* "**Inf1**".

Subtheme 2: Experience facing the order of nurses

In their experience, nurses show indignation regarding the organization and functioning of the professional order. They say that they have no joy and are unhappy with the registration requirements on the roll of the order which do not corroborate with their income in the nursing profession. This indignation is visible in the following expressions: Inf 11: "… *No joy in this organization, always the money* (*$100*) *to pay for the registration form, on the ONIC table…*". Inf **12:** "… *Besides, many nurses are not unpaid by the The Congolese state is asking us for money, it's… really complicated…*" Inf **15:** "… *There is no difference between people who are in order and those who are not…*" Inf **16**: "… *the others are paid, the others are not paid* (…) *we are not supported by the hierarchy…*" **In17:** "… *The big difficulty is the poverty that hits, to have $100 to pay, but we can manage one way or another but…*". **Inf10:** "… *For me it's a good initiative that the Congolese state wanted to put in place but, unfortunately, it doesn't follow up and it still conditions us so it's nothing…*"

Subtheme 3: Expectations of Nurses on the Professional Order

As nurses wish, they expect an improvement in salary conditions and the empowerment of their profession. They support themselves in their expressions: Inf1: "… *For me, Obtaining a clean file for the nurse in the DRC, standardized the salary scale in the country…*". Inf4: "… *People must of the order can improve or establish a list of nurses registered with the order and those who are not registered with the order…*". Inf8: "… *That we all be paid in the same way as nurses who are not on the order…*". Inf2: "… *We want through the order to be officially recognized by the State and to have a single, unique union for nurses in*

the country…" The latter calls much more for the intervention of the union to improve the situation of nurses. Inf6: "… Have socio-professional change (advancement) or increase in salaries and bonuses…". Inf10: "… Our wish is that we are also autonomous and be officially recognized by the State, to be employees like everyone else, because we are graduated and licensed like all the others…".

4. Discussion

In the presentation of our results, we noted that among the respondents there were 12 women compared to 8 men, 11 nurses had the age group of 39 years and over, 5 had the age group ranging from 28 to 32 years old and 12 Nurses have experience of 5 years and more. We generally deal with a population of nurses who have already lasted in the career, which assumes a certain high understanding of the facts.

Perception of nurses on the professional order

For some, the order of nurses is seen as a regulatory body for the identification of nursing personnel. It is a body that arbitrates conflicts in the nursing profession. The various professional organizations, such as the French order of nurses, welcome the significant progress that has been recorded in recent days in the recognition of the role that the latter plays in society in the hands of the professionals themselves, and believes that this makes it possible to actively pursue the dynamic of global recognition of the nursing profession [10].

At the same time, for others, the order of nurses even remains unrecognizable. Because, for these people, they learned about this through the waves, something which should not be like this for real nurses who are members of the profession. This lack of recognition can be attributed to the conditions of disinterest among professionals in less developed environments; they often think they are interested in the activities of the profession much more for professionals who live in the country's large cities. For other authors, other important factors can generate this distrust in the profession, when the nature of nursing work is done in poor conditions, shift work and a limited level of autonomy. When the work of a nurse is mainly seen as caring for and helping patients considered inferior to the work of doctors. Lack of enough educational requirements or career paths in nursing and the status of nursing as low in society. Viewing nurses as kind and caring people who worked hard and were less intellectual [11].

COVID period has greatly increased the power of recognition of the nursing profession. Two parallel studies carried out during this period showed that Individuals in the general population have positive opinions toward the nursing profession compared to the pre-pandemic period. Nursing is considered a well-known profession (82.8%), respected (69.8%) and difficult working conditions (88.2%) by individuals in society (p = 0.05). However, the nursing profession is still perceived as a "doctor's assistant" (71.5%) [12]. And for the students, the image perceptions of the students towards the nursing profession were found to be at a good level. This indicates that the image perception towards the nurs-

ing profession has increased during the pandemic. It can be said that where students are in the pandemic process and their thoughts about the nursing profession affect their perceptions of professional images [13].

The perceptions of these nurses in our study do not reflect the reality of the nursing profession and the perceived image of nursing has not changed over the past ten years. Young people and the public need realistic information from the nursing profession and measures to change its image should take place at all levels of society. Further research is needed to understand how young people's perceptions can be influenced and changed to reflect a more realistic image of a contemporary nurse.

In this context, to improve the perception of certain nurses, an author suggests that the organizers of the professional order must find strategies that will ensure that the student's passage during his nursing training can be focused on in-depth knowledge of the role of nurse. Nurse, her profession and the obligations or requirements to be fulfilled before admission to the nursing profession [14].

Lived facing the order of nurses

In their experience, nurses show indignation regarding the organization and functioning of the professional order. They say they have no joy and are unhappy with the registration requirements on the roll of the order which do not corroborate with their income in the nursing profession. This indignation is visible in the expressions. This indignation is a kind of moral distress experienced by Congolese nurses and more particularly those in remote areas such as the town of Kananga. Moreover, a study shows that among the motivations of nurses to leave the profession we have the difficult work environment, emotional distress, disappointment with nursing reality, and the culture of hierarchy and discrimination [15].

Poisson *et al.*, (2014) notes that during their career, nurses in all practice settings are likely to experience moral distress. Despite the numerous short and long term consequences on the health organization, health of nurses, the quality and safety of care provided to patients. [16] The moral distress that nurses experience is a vast problem within this profession since it is found in all care environments. Those experiencing a high intensity of moral distress would be more likely to leave their job. According to studies carried out in the United States, between 15% and 25.5% of nurses have already left their job due to moral distress. In addition, the results of a American study indicates that 33% of nurses surveyed were considering leaving their job in the next year due to moral distress. Although moral distress can have harmful repercussions, it appears that some nurses consider the level of distress normal lived morality. Also, nurses who acknowledge experiencing moral distress may feel uncomfortable talking about it. It is also interesting to observe that some nurses are not familiar with the concept of moral distress, but that they recognize experiencing it in their practice, once the concept is explained. Likewise, some deny that the moral distress experienced can have an impact on the care given to their patients [5].

Expectations of Nurses on the Professional Order

As nurses wish, they expect an improvement in salary conditions and the empowerment of their profession. In Quebec, to resolve this type of dispute, the Order of Nurses of Quebec believes that some recommendations must be taken into account, in particular to review the organization of work so that nurses can fully occupy their field of practice and to create, with stakeholders, a culture of continuous professional development among nurses in order to maintain and develop their skills [17].

In addition, Estryn-Behar *et al.* (2007) find that consultation reduces undesirable events by reducing uncertainties regarding treatments as well as patient support and education. Talking times allow "influence at work", emotional support from colleagues and facilitate the formation of close-knit "work collectives". Appropriate space and organization of schedules are necessary for this circulation of information essential to the quality of care. The ergonomic layout of premises reduces the physical and mental load of work and facilitates the professional practice of nurses of all ages by reducing the risks of harm to their health [18].

5. Conclusions

In terms of the conclusion, this is a reflection of the image that nurses in the province of central Kasai have on the professional order of nurses. The latter perceive on the one hand the professional order as a regulatory body for the identification of nursing personnel and a body which arbitrates conflicts in the nursing profession; and on the other hand, at the bottom of this perception, they have a misunderstanding of the order in question. In their experience, nurses show indignation regarding the organization and functioning of the professional order. They say they have no joy and are unhappy with the registration requirements on the register of the order which do not corroborate with their income in the nursing profession. And they want them to have improved salary conditions and empowerment of their profession.

The perceptions of these nurses in this study do not reflect the reality of the nursing profession and the perceived image of nursing has not changed over the past ten years. Young people and the public need realistic information from the nursing profession and measures to change its image should take place at all levels of society. Further research is needed to understand how young people's perceptions can be influenced and changed to reflect a more realistic image of a contemporary nurse. That the organizers of the professional order must find strategies that will ensure that the student's passage during his nursing training can be focused on in-depth knowledge of the role of nurse, his profession and the obligations or requirements to be fulfilled before his admission to the nursing profession.

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Conflicts of Interest

The authors declare no conflicts of interest.

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