

Determinants of the poor quality of professional life among nurses in six hospitals within the Kongo-Central province of the DRC

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ARTICLE INFO

Received: 10 February 2025

Accepted: 10 March 2025

Published: 22 April 2025

Keywords:

Determinants, quality of life at work, nurses, hospitals, Kongo Central

Peer-Review: Externally peer-reviewed

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To cite:

Nsimba, D. N., Ngoma, O. M., Ngbolua, K. N., Imani, B. E. R., Katuasi, D., Mabakutuvangila, S. N., & Mukandu, F. B. B. (2025). Determinants of the poor quality of professional life among nurses in six hospitals within the Kongo-Central province of the Democratic Republic of the Congo. *Orapuh Journal*, 6(3), e1230 <https://dx.doi.org/10.4314/orapj.v6i3.30>

ISSN: 2644-3740

Published by Orapuh, Inc. (info@orapuh.org)

Editor-in-Chief: Prof. V. E. Adamu
Orapuh, Inc., UMTG PMB 405, Serrekunda,
The Gambia, editor@orapuh.org.

ABSTRACT

Introduction

The quality of life at work for nurses, which is essential for their well-being and the provision of quality care, is adversely affected by challenging conditions. These professionals often face difficult working environments and a variety of negative factors.

Purpose

This study investigates the determinants of the poor quality of professional life among nurses in six hospitals within the Kongo-Central province of the DRC.

Methods

A cross-sectional, descriptive study of a correlational nature was conducted among 300 nurses across six hospitals in Kongo Central. Data were collected using an electronic questionnaire administered via the Kobocollect platform in the Democratic Republic of the Congo.

Results

Among the 300 nurses surveyed, 95.7% reported a poor quality of work life. Bivariate analyses revealed that task variety (CI: 1.03–2.11; $p = 0.048$), workplace accidents (CI: 3.59–219; $p < 0.001$), mentorship or professional support (CI: 1.09–6.83; $p = 0.015$), and the absence of parental leave (CI: 1.2–11.35; $p = 0.015$) were significantly associated with poor quality of work life. Following logistic regression analysis, only institutional mentorship remained strongly associated with poor quality of life at work (adjusted OR: 10.891; CI: 1.181–100.409; $p = 0.035$).

Conclusion

The findings of this research underscore the urgent need to improve the professional quality of life for nurses in Kongo Central. Policymakers and hospital administrators must work collaboratively to implement structural and organisational reforms, with particular emphasis on mentorship, prevention of occupational risks, work–life balance, and the recognition of nurses. These measures will positively impact not only the well-being of nurses but also the quality of care and overall performance of hospitals in Kongo Central. Further qualitative studies are recommended to explore these issues in greater depth.

INTRODUCTION

The quality of life at work (QVT) for nurses represents a fundamental issue for the effectiveness of healthcare services on a global scale (Bengaly & Lachance, 2025). It reflects a nurse's perception of their role and capacity for action within the cultural, organisational, and relational domains of the hospital environment (Ghemmalı & Azouaou, 2023). Conversely, poor quality of life at work, or in professional settings, signifies a situation where an individual perceives significant deterioration across various aspects of their existence, adversely affecting overall well-being (Xu et al., 2023).

In Europe, nurses play a vital role in the patient care pathway, significantly contributing to patient well-being and, by extension, the quality of care delivered (Tillier, 2024). Numerous studies investigating the quality of life among nurses in this context reveal frequent exposure to chronic stress, sexual or moral harassment, burnout, and addictions—conditions collectively referred to as "psychosocial risks" (Bachmann et al., 2024). In recent years, poor quality of life at work has received increasing attention from nursing researchers (Mendy et al., 2020; Mansoury et al., 2023). Moreover, institutional support in the form of continuing education, professional recognition, and wellness initiatives has shown positive effects on nurses' overall well-being and work-life balance, enhancing their resilience to daily challenges (Iraïn & Gobert, 2022).

In Africa, numerous studies have examined healthcare workers' professional quality of life. However, poor management of nursing staff remains a serious concern (Kamdem et al., 2021). In Cameroon, Bandibeno and Bilounga (2024) report that nurses' working conditions exacerbate chronic stress and negatively impact both their professional and personal lives. In Benin, a low nurse-to-patient ratio and inadequate equipment increase workload and may affect the quality of care (Otti et al., 2023). Similarly, in Senegal, most health facilities are experiencing a genuine deterioration in both quality of life and working conditions (Dème, 2024). In Togo, Bigah (2024) identifies a significant disconnect between nurses' personal lives and their professional environments.

In the Democratic Republic of the Congo (DRC), data show that approximately 60% of nurses experience work overload and operate under chronic stress without sufficient support (Benago & Widobana, 2022). However, most studies on Congolese nurses focus on issues such as staff shortages or general working conditions in major cities like Kinshasa, often overlooking the specific determinants of professional quality of life among nurses in provincial settings (Bolan et al., 2021).

The Kongo-Central province is not exempt from this troubling reality. Hospitals and health facilities in the province face significant structural and organisational challenges, mainly due to underfunding in the health sector (Kena et al., 2023). Nurses often contend with heavy workloads and precarious conditions, such as long working hours and insufficient equipment (Karam et al., 2021). Despite providing approximately 80% of primary care services, they are exposed to hostile professional environments (Ntela et al., 2020). This results in persistent stress and job dissatisfaction, disrupting the balance between professional duties and personal life, ultimately undermining their quality of life. Although these challenges are critical, there is still a lack of data specific to the professional quality of life of nurses in Kongo-Central—a region with distinct socio-economic and organisational characteristics. Local factors such as inadequate infrastructure, poor remuneration, and excessive workloads remain underexplored, limiting understanding of root causes and possible solutions (Ntela et al., 2020). Working conditions in Kongo-Central may differ significantly from those in other national or continental contexts due to unique economic, infrastructural, and institutional challenges (Estry-Béhar, 2008). Research in this area is essential to fill these knowledge gaps and guide regional policy development aimed at improving both care delivery and the working conditions of nursing staff.

This study aims to analyse the determinants contributing to poor professional quality of life among nurses working in regional hospitals in Kongo-Central. For this purpose, the theoretical model of workplace quality developed by the Anact-Anact network was adopted as the reference framework (Piermattéo et al., 2022). This model examines QVT through several interrelated dimensions that

influence individual well-being within professional environments. These include professional relationships, work organisation, workplace health and safety, equality and professionalism, skills development, and participatory management (Brillet et al., 2017). Three variables were used to construct the dependent variable (poor workplace QVT: yes/no): job dissatisfaction, presence of job-related stress, and absence of work-life balance. A score was computed, and a nurse was considered to have a satisfactory level of workplace QVT if their score was equal to or greater than 70% (Dupuis et al., 2019).

Therefore, the central research question guiding this study is: *'What are the key determinants contributing to poor quality of life at work among nurses in hospitals located in Kongo-Central Province?'*

METHODS

Study Framework and Period

This study was conducted across six reference general hospitals – Nsona-Nkulu, IME-Kimpese, Saint-Luc, Ngidinga, Sona-Bata, and Masa – located in Kongo-Central Province of the Democratic Republic of Congo, over a three-month period from May to July 2024. The selection of these institutions was based on their accessibility and capacity, but primarily on their status as reference general hospitals for surrounding health zones. Additionally, prior approval from local authorities to conduct research within their facilities was a decisive criterion.

Research Design

The study adopted a cross-sectional descriptive quantitative design with correlational aims, conducted from May to July 2024. This design was chosen for its rapidity, cost-effectiveness, and ease of implementation. It was also selected for its ability to reveal associations between unsatisfactory quality of life and other variables (Güngör & Sönmez, 2025). However, this approach presents a key limitation—it does not allow for the establishment of causal relationships or the analysis of changes over time.

Population and Sampling Technique

The target population comprised nurses employed in the six selected hospitals, who are impacted by working conditions affecting their quality of life. A reasoned exhaustive sampling technique was used to obtain a

comprehensive dataset (Togan et al., 2023). This approach allowed for the inclusion of all nurses meeting the selection criteria in each hospital (Korsaga/Somé et al., 2018). Eligibility criteria included registration with the National Order of Nurses of Congo (ONIC), employment in a reference general hospital, a minimum of one year of service, voluntary consent, and availability for participation. Although comprehensive sampling can reduce some forms of bias, it does not eliminate them entirely – particularly if errors occur during data collection, analysis, or interpretation. Measurement bias, particularly from poorly worded questions, was controlled by assessing reliability through Cronbach's alpha testing. Non-response bias was mitigated by requiring mandatory responses for all questions in the data collection platform.

Data Collection Techniques and Tools

Data were collected using an electronic questionnaire administered to the target population. The instrument was based on a validated model developed by the Anact-Aract network, using the six-petal daisy framework (Bachelard, 2017). The questionnaire was adapted to suit the research context and implemented using KoboCollect software pre-installed on mobile devices such as smartphones. Responses were synchronized daily with a web server, enabling real-time data collection and secure entry.

Kobo Toolbox/Collect was selected for its precision, convenience, and accessibility, particularly in settings with limited internet connectivity (Algarni & Ghazali, 2021; Poloju et al., 2022). Its use minimized data entry errors and streamlined the cleaning process. Access to the KoboCollect server was restricted to the principal investigator and study coordinator to ensure data security (Ghazali, 2021). The reliability of the questionnaire was verified, with Cronbach's alpha reaching 0.91, indicating excellent internal consistency. Any limitations of the tool were mitigated through comprehensive planning and training of the enumerators.

Definition of Variables

Poor Quality of Life at Work (Dependent Variable)

The dependent variable – poor quality of life at work (QWL) – was constructed from three criteria: job dissatisfaction, workplace stress, and lack of work-life balance. A score was computed based on these dimensions.

Nurses with a score equal to or above 70% were considered to have a satisfactory QWL, while those scoring below 70% were categorised as having an unsatisfactory QWL (Dupuis et al., 2019).

Independent Variables

Independent variables included sociodemographic factors and elements from multiple dimensions of the six-petal daisy framework:

- *Workplace relationships* (e.g., employee engagement, communication, conflict management, recognition, and managerial support)
- *Job content and organisation* (e.g., autonomy, skill use, role clarity, meaningful work)
- *Health and working conditions* (e.g., general health, occupational injuries, sick leave, access to health measures)
- *Skills and career paths* (e.g., training, mobility, mentoring, teamwork)
- *Professional equality* (e.g., equal pay, promotion access, workplace discrimination, diversity)
- *Participatory management* (e.g., involvement in decision-making, recognition, shared goals, employee feedback)

Data Collection Process

The study began with a clear definition of research objectives and identification of variables. A structured, closed-ended questionnaire was developed and pre-tested with 20 nurses from Kasangulu Hospital to ensure clarity and contextual relevance.

Five enumerators underwent a three-day training session covering the study's conceptual framework, the use of KoboCollect, data administration, and adherence to ethical protocols (Rotimbo Mbourou, 2023). The KoboCollect form was created and deployed, and QR codes were downloaded to each enumerator's device (Labrousse & March, 2021). Data collection commenced across the selected hospitals, with responses verified and submitted daily. Each evening, collected data were synchronized with the Kobo Toolbox server to ensure backup and integrity (Dizon et al., 2022).

Statistical Analyses

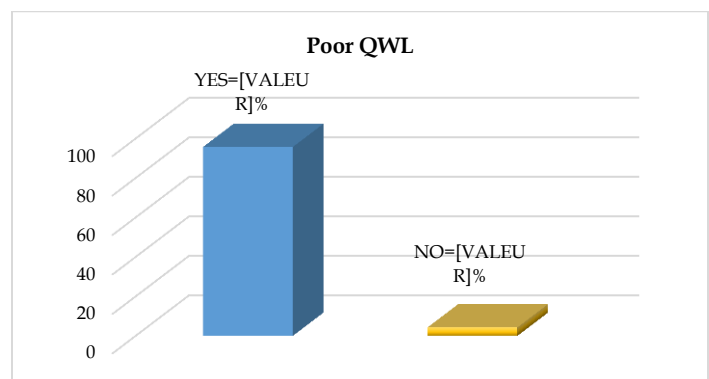
Data collected via KoboCollect were exported to Excel and analysed using STATA version 64.0. Descriptive statistics (means, standard deviations, frequencies, and proportions) were computed for both categorical and continuous variables. Chi-square tests were used to assess associations between the dependent variable (QWL: satisfactory/unsatisfactory) and independent variables. Prevalence ratios (PRs) and 95% confidence intervals were calculated to assess risk levels. Correlation coefficients and odds ratios were computed to explore further relationships. Logistic regression was used to model the relationship between the dependent variable and explanatory variables, using a logistic probability distribution.

Ethical Considerations

Before the study commenced, ethical approval was obtained from the National Health Ethics Committee of the Democratic Republic of Congo (CNES), under opinion No. 505/CNES/BN/PMMF/2024, dated February 6, 2024. Data collection and processing adhered to strict confidentiality and privacy standards. Informed consent was obtained from each participant. Measures were implemented to protect vulnerable groups. Access to departments and services was granted by respective heads. Database credentials were secured by the principal investigator. Data were stored safely, analysed rigorously, and destroyed once no longer needed. During dissemination, confidentiality was maintained, and results were shared with transparency and integrity.

RESULTS

Figure 1:
Prevalence of Poor Quality of Life in the Workplace (Poor QWL)



This **Figure** illustrates that the poor quality of work life experienced by nurses signifies a prevalence rate of 75.7%.

Table 1:
Analysis of Poor Quality of Work Life Based on Sociodemographic Characteristics

Socio-Demographic Factors (N = 300)	Poor Quality of Life at Work			
	Yes (%)	No (%)	OR	CI
Age				
Under 25 years	19 (19.3%)	1 (0.3%)	1.43	(0.14-14.6)
26 to 35 years	85 (28.3%)	2 (0.7%)	3.19	(0.51-19)
36 to 45 years	86 (28.7%)	2 (0.7%)	3.23	(0.52-20.1)
46 to 55 years	57 (19%)	6 (2%)	0.71	(0.17-3.01)
56 years and older	40 (13.3%)	2 (1%)	1	
Gender			OR	CI
Male	107 (35.7%)	7 (2.3%)	0.51	(0.17-1.56)
Female	180 (60%)	6 (2%)	1	
Marital Status			OR	CI
Married	160 (53.3%)	9 (3%)	1.43	(0.17-12.27)
Single	103 (34.3%)	3 (1%)	2.45	(0.24-25.2)
Divorced	10 (3.3%)	1 (0.3%)	0.71	(0.04-12.75)
Widowed	14 (4.7%)	0 (0%)	1	
Employment Status			OR	CI
Full-time	206 (68.7%)	11 (3.7%)	0.46	(0.1-2.12)
Part-time	81 (27%)	2 (0.7%)	1	
Type of Organization			OR	CI
Public	109 (36.3%)	4 (1.3%)	1.38	(0.41-4.59)
Contracted	178 (59.3%)	9 (3%)	1	
Level of Education			OR	CI
A2 Diploma	107 (35.7%)	4 (1.3%)	2.14	(0.37-12.34)
Associate Degree	155 (51.7%)	7 (2.3%)	1.77	(0.35-9.01)
Bachelor's Degree	25 (8.3%)	2 (0.7%)	1	
Tenure			OR	CI
Less than 1 year	23 (9.7%)	1 (0.3%)	1.8	(0.22-14.9)
1 to 5 years	80 (26.7%)	2 (0.7%)	3.13	(0.66-14.8)
5 to 10 years	69 (23%)	1 (0.3%)	5.4	(0.67-43.5)
More than 10 years	115 (38.3%)	9 (3%)	1	

The **Table** above presents that no sociodemographic variable is associated with poor quality of life at work.

Table 2:
Analysis of Poor Quality of Work Life in Relation to Work Relationships, Social Climate, and Job Content

VARIABLES (N=300)	Poor Quality of Life at Work				
	YES (%)	NO (%)	OR	CI	P
Work-related relationships, social climate					
Employee engagement					0,853
Yes	162(54)	7(2)	1,11	(0,36-3,39)	
No	125(42)	6(2)		1	
Workplace conflicts					0,496
Yes	127(42)	7(2)	0,68	(0,22-0,07)	
No	160(53)	6(2)		1	
Effective communication					0,099
Yes	205(68)	12(4)	0,21	(0,03-1,64)	
No	82(27)	1(0,3)		1	
Sense of recognition					0,541
Yes	279(93)	12(4)	2,94	(0,34-25,2)	
No	8(3)	1(0,3)		1	
Work atmosphere					0,434
Yes	242(81)	12(4)	0,45	(0,06-3,55)	
No	45(15)	1(0,3)		1	
Positive hierarchical relations					0,065
Yes	227(76)	12(4)	0,32	(0,04-2,51)	
No	60(20)	1(0,3)		1	
Job content					
Autonomy in the workplace					0,541
Yes	279(93)	12(4)	2,91	(0,34-25,18)	
No	8(3)	1(0,3)		1	
Task variety					0,048
Yes	220(73)	12(4)	0,27	(0,03-2,11)	
No	67(22,3)	1(0,3)		1	
Utilization of skills					0,648
Yes	273(91)	12(4)	1,63	(0,2-13,44)	
No	14(5)	1(0,3)		1	
Role clarity					0,541
Yes	279(93)	12(4)	2,68	(0,31-23)	
No	8(3)	1(0,3)		1	
Work responsibility					0,137
Yes	243(81)	9(3)	2,45	(0,72-8,31)	
No	44(15)	4(1,3)		1	
Meaningfulness of work					0,841
Yes	191(64)	9(3)	0,88	(0,26-2,93)	
No	96(32)	4(1,3)		1	
Social interactions					0,201
Yes	162(54)	5(2)	2,07	(0,66-6,48)	
No	125(42)	8(3)		1	

The findings indicate that the lack of variety in tasks is the sole factor directly correlated with a diminished quality of

work life (OR = 2.68; CI = 0.31–23; P = 0.048). This relationship underscores the detrimental impact of occupational monotony on employee well-being.

Table 3: Analysis of Poor Quality of Work Life in Relation to Occupational Health, Skills, and Professional Trajectory

Variables (N= 300)	Poor Quality of Life at Work				
	Yes (%)	NO(%)	OR	CI	P
Occupational Health					
<i>General Health Status</i>					0,835
Yes	260(87)	12(4)	0,8	(0,1-6,39)	
No	27(9)	1(0,3)		1	
<i>Presence of Musculoskeletal Disorders</i>					0,077
Yes	149(50)	10(3,3)	0,32	(0,09-1,19)	
No	138(46)	3(1)		1	
<i>Workplace Accidents</i>					0,000
Yes	201(67)	1(0,3)	28,05	(3,59-219)	
No	86(29)	12(4)		1	
<i>Satisfaction Regarding Health Measures</i>					0,236
Yes	259(86)	12(4)	0,77	(0,1-6,14)	
No	28(9,3)	1(0,3)		1	
<i>Access to Wellness Resources</i>					0,126
Yes	243(81)	12(4)	0,46	(0,06-3,63)	
No	44(15)	1(0,3)		1	
<i>Experiences in the Sector</i>					0,123
Yes	115(38)	8(3)	0,42	(0,13-1,32)	
No	172(57)	5(2)		1	
Skills and Professional Background					
<i>Participation in Training</i>					0,943
Yes	196(65)	9(3)	0,96	(0,29-3,2)	
No	91(30)	4(1,3)		1	
<i>Specific Technical Skills</i>					0,277
Yes	230(77)	12(4)	0,34	(0,04-2,67)	
No	57(19)	1(0,3)		1	
<i>Professional Mobility</i>					0,213
Yes	91(30)	2(7)	2,55	(0,55-11,74)	
No	196(65)	11(4)		1	
<i>Ability to Work in a Team</i>					0,397
Yes	272(91)	12(4)	1,51	(0,18-12,4)	
No	15(5)	1(0,3)		1	

The results indicate that workplace accidents significantly impact the poor quality of life at work (OR = 28.05; CI = 3.59–219; p = 0.000). Similarly, a significant association also exists between mentorship or professional support and poor quality of life at work (OR = 0.27; CI = 0.09–0.83; p = 0.015).

Table 4: Analysis of Poor Quality of Work Life in Relation to Professional Equality for All, Participatory Management, and Engagement

Variables(N=300)	Poor Quality of Life at Work				
	Yes(%)	NO(%)	OR	CI	P
Professional equality for all					
<i>Equal pay</i>					0,841
Yes	191(64)	9(3)	0,88	(0,26-2,93)	
No	96(32)	4(1,3)		1	
<i>Equality of access to promotions</i>					0,375
Yes	163(54)	9(3)	0,58	(0,32-2,96)	
No	124(41)	4(1,3)		1	
<i>Discrimination in the workplace</i>					0,950
Yes	152(51)	7(2,3)	0,97	(0,32-2,96)	
No	135(45)	6(2)		1	
<i>Flexibility of working hours</i>					0,362
Yes	169(56)	6(2)	1,67	(0,55-5,1)	
No	118(39)	7(2,3)		1	
<i>Awareness of professional equality</i>					0,972
Yes	178(59)	8(3)	1,02	(0,33-3,2)	
No	109(36)	5(2)		1	
<i>Access to parental leave</i>					0,015
Yes	218(73)	6(2)	3,69	(1,2-11,35)	
No	69(23)	7(2,3)		1	
<i>Representation of diversity within teams</i>					0,648
Yes	204(68)	10(3,3)	0,74	(0,2-2,76)	
No	83(28)	3(1)		1	
Participative management					
<i>Involvement in decision-making</i>					0,247
Yes	175(58)	10(3,3)	0,47	(0,13-1,75)	
No	112(37)	3(1)		1	
<i>Satisfaction regarding participation</i>					0,210
Yes	256(85)	12(4)	0,69	(0,09-5,49)	
No	31(10,3)	1(0,3)		1	
<i>Employee feedback</i>					0,201
Yes	162(54)	5(2)	2,07	(0,66-6,48)	
No	125(42)	8(3)		1	
<i>Clarity of shared objectives</i>					0,156
Yes	141(47)	9(3)	0,43	(0,13-1,43)	
No	146(49)	4(1,3)		1	
<i>Recognition of contributions</i>					0,376
Yes	168(56)	6(2)	1,65	(0,54-5,03)	
No	119(40)	7(2,3)		1	
<i>Commitment to the organization</i>					0,201
Yes	162(54)	5(2)	2,07	(0,66-6,48)	
No	125(42)	8(3)		1	
<i>Participation in team meetings</i>					0,899
Yes	239(80)	11(4)	0,91	(0,2-4,24)	
No	48(16)	2(1)		1	
<i>Opportunity to express ideas</i>					0,211
Yes	223(74)	12(4)	0,29	(0,04-2,27)	
No	64(21)	1(0,4)		1	

The findings indicate a significant association between the lack of access to parental leave and poor quality of work life. Individuals deprived of this right exhibit an increased risk (OR = 3.69; CI = 1.2–11.35; p = 0.015), underscoring the potential impact of parental leave policies on professional well-being and the necessity to enhance their accessibility in order to promote a better quality of work life.

Table 5:
Investigation of Independent Variables Contributing to Poor Quality of Work Life Logistic Regression

MQVT	ORa	St.Err.	t-value	p-value	[95% Conf	Interval]	Sig
Age	.425	.257	-1.41	.158	.13	1.392	
Sex	3.859	3.846	1.36	.175	.547	27.209	
Duration of involvement	2.424	2.269	0.95	.344	.387	15.173	
Effective communication	4.922	7.257	1.08	.28	.274	88.523	
o	1	.	.	.	.	.
Responsibility towards others	1	.	.	.	.	.
Social interactions	.081	.112	-1.82	.069	.005	1.22	*
Presence of muscular disorders	3.389	3.985	1.04	.299	.338	33.958	
o	3.063	3.138	1.09	.275	.411	22.811	
Experiences in the field	1	.	.	.	.	.
Professional mobility	1	.	.	.	.	.
Mentorship	7.418	13.864	1.07	.284	.19	289.148	
o	10.493	16.765	1.47	.141	.458	240.376	
Involvement in decision-making processes	10.891	12.343	2.11	.035	1.181	100.409	**
o	1	.	.	.	.	.
Clarity of objectives	3.287	5.436	0.72	.472	.129	84.046	
o	1	.	.	.	.	.
Opportunities for expression	5.099	5.655	1.47	.142	.58	44.826	
Age	1	.	.	.	.	.
Sex	3.746	6.805	0.73	.467	.106	131.789	
Constant	0	0	-1.67	.096	0	19.648	*
Mean dependent var			0.797	SD dependent var	0.406		
Pseudo r-squared			0.401	Number of obs	64		
Chi-square			25.909	Prob > chi2	0.017		
Akaike crit. (AIC)			66.693	Bayesian crit. (BIC)	96.918		

*** p<.01, ** p<.05, * p<.1

The **Table** above illustrates that mentorship or institutional support is an independently associated factor with quality of work life (QWL). The logistic regression test conducted to confirm this finding is significant (adjusted OR: 10.891 [1.181-100.409], p = 0.035).

DISCUSSION

This correlational cross-sectional descriptive study aimed to analyze the determinants of quality of work life among nurses in hospitals within the Kongo-Central Province. The results obtained indicate that a staggering 95.7% of the surveyed nurses perceive their professional quality of life as poor. This overwhelming proportion significantly exceeds that reported by Yan et al. (2023), who, in a study conducted in China, estimated it at 52.13%, thereby highlighting a substantial issue within the relevant healthcare institutions. In Cameroon, Bandibeno and Bilounga (2024) reported a prevalence of 31% of MQVT

among nurses. These data suggest that the current working conditions for nurses do not adequately meet the expectations or needs of health professionals. In the context of our study, these findings reflect the reality faced by hospitals in Kongo-Central Province.

The study reveals that most surveyed nurses fall within the age range of 26-45 years, accounting for 58%. These findings align with those of Brousseau (2016), who noted a similar age distribution among nurses, with 51% aged between 26-45 years. An additional study by Iraïn and Gobert (2022) found that 60% of survey participants were aged between 25-45 years. Such results may be attributed to high professional activity and diverse personal responsibilities among these young nurses, suggesting that this age group could serve as a target for future interventions.

Furthermore, the study demonstrates that 56% of respondents are married, compared to 35% who are single. These findings diverge from those reported by Belisle et al. (2021), which indicated that 70% of nurses were married. Among our respondents, 72% work full-time, with 64% having over ten years of tenure in their roles. Within our study's framework, these results suggest that despite challenges, nurses uphold their personal commitments.

Regarding educational attainment, our investigation revealed that half of the participants possessed an A1 level (54%). This finding contrasts with the results of a study conducted in a different context in the Democratic Republic of Congo by Hatem et al. (2018), which indicated an increase in the number of nurses with secondary or A2 levels (56%) within the healthcare sector. The fact that most nurses hold a university degree may reflect greater responsibility and an increased workload.

Concerning the analysis of poor quality of work life based on work relationships, social climate, and job content, the results indicate no association with quality of work life (P = 0.853, OR = 1.11, CI = 0.3-3.39). These findings suggest that although this variable is often considered a key factor influencing satisfaction and performance, it does not exhibit a clear relationship with quality of work life in this specific context (Dème, 2024). However, this lack of correlation should prompt further investigation and may elucidate the need to involve other determinants and

reexamine complex interactions among various dimensions.

Workplace conflicts also appear not to be associated with poor quality of work life ($P = 0.496$, $OR = 0.68$, $CI = 0.22-1.07$). Nevertheless, Testori et al. (2022) acknowledge this variable as one of the sources of stress and deterioration in quality of life for health employees such as nurses. In the context of this study, it is worth considering that the absence of a clear association here could result from underreporting conflicts or from an insufficient sample size to detect a statistical effect.

The results indicate a potential protective relationship between effective communication and poor quality of work life ($OR = 0.21$). Effective communication is frequently cited as a cornerstone of healthy and collaborative work environments (Yue et al., 2023), and it is conceivable that a study with a larger sample size may reveal a significant association.

The sense of recognition is not associated with poor quality of work life ($OR = 2.94$, $CI = 0.34-25.2$; $P = 0.541$). Although, in general, workplace recognition is linked to enhanced employee satisfaction and motivation (Urhahne & Wijnia, 2023), the broad confidence interval and non-significant P value here indicate that no solid conclusions can be drawn. This lack of relationship may stem from biases in data collection or unmeasured contextual factors. The lack of task variety emerges as one of the few factors exhibiting a marginally significant association with better quality of work life ($P = 0.048$, $CI = 1.01-2.11$). This finding suggests that the diversity of tasks performed by nurses plays a pivotal role in their poor quality of work life. This aligns with research conducted in China indicating that task variety fosters engagement and mitigates boredom at work (Zhang & Kerdpitak, 2023). Although this diversity appears to reduce boredom for nurses, it seems not to apply in this particular case; thus, effective organization of work becomes imperative in this context.

Regarding the analysis of poor quality of work life concerning occupational health and skills, as well as career paths, the analysis of general health status reveals no significant correlation with perceptions of unsatisfactory work-life quality ($P = 0.835$). These findings are consistent with the work of Marceau (2022), which underscores that

general health status constitutes an essential element for assessing professional quality of life. Such results prompt consideration for increasing sample size in future studies to substantiate the observed lack of effect.

Workplace accidents exhibit a robust and statistically significant association with poor quality of life at work ($CI: 3.59-219$; $P = 0.00$). These findings are corroborated by Otti et al. (2023), who indicate that, in Benin, precarious working conditions elevate the risk of workplace accidents among nurses. Similarly, Déme (2024) highlights that deteriorating working conditions, including occupational hazards, increase workplace accidents, adversely impacting nurses' quality of life. This underscores the necessity for heightened attention to accident prevention within hospitals involved in this study.

Access to well-being resources demonstrates a potentially non-significant relationship ($P = 0.126$). Nonetheless, Tran et al. (2024) establish a correlation between well-being resources and an enhanced quality of work life; however, these findings suggest that their impact may be limited within this context. This necessitates substantial reflection on their design, implementation, and accessibility.

Experience in the sector does not exhibit a significant association with poor quality of work life ($OR = 0.42$). These results could indicate, as emphasized by Giunchi and Vonthron (2023), that professional experience alone is insufficient for improving quality of work life in the absence of other factors, such as organizational support.

Participation in training shows no significant association with poor quality of work life ($P = 0.943$). Although training is often linked to skill enhancement and job satisfaction (Vargas, 2023), these results imply that it does not have a direct impact on quality of work life in this context. These findings highlight the importance of rethinking training and adopting a multidimensional approach to support nurses.

Specific technical skills reveal no potential relationship ($OR = 0.34$) with poor quality of work life among nurses. These results may corroborate Elize (2023), who asserts that technical skills alone are inadequate to influence quality of work life without other factors, such as recognition or support.

Similarly, professional mobility shows no association with poor quality of work life (OR = 2.55). These findings diverge from Elouaer's (2008) perspective, which posits that while professional mobility is often viewed as an opportunity, it can also induce stress and instability.

Mentoring or institutional support exhibits a significant association with improved quality of work life (P = 0.015, OR = 0.27). The confidence interval (1.09-6.83) excludes 1, thus confirming the robustness of this association. These results align with existing literature indicating that mentoring fosters professional development, reduces stress, and enhances job satisfaction (Prince et al., 2023).

In discussing the analysis of poor quality of work life concerning professional equality for all and participatory management engagement, salary equality (P = 0.841), access to promotions (P = 0.375), and workplace discrimination (P = 0.950) show no significant associations with poor quality of work life. These results might reflect a limited perception of the direct impact inequalities have on quality of work life, although studies indicate that wage disparities often serve as sources of frustration and stress (Cloutier & Gascon, 2019). Nevertheless, given the realities encountered in this context, these results may reflect underreporting of discrimination or differing perceptions regarding its impact on quality of work life (Guimond, 2023).

Schedule flexibility does not correlate with poor quality of work life (P = 0.362). While generally regarded as a key element for achieving balance between work and personal life (Munch & Proulhac, 2019), these results could suggest that other contextual factors influence its effectiveness.

The lack of access to parental leave demonstrates a significant association with poor quality of work life (CI: 1.2-11.35; P = 0.015), thereby affirming the robustness of this correlation. Counterintuitively, these findings could indicate that employees without access to parental leave perceive increased pressure to balance their professional and familial responsibilities (Levasseur, 2023).

Employee feedback is not associated with poor quality of work life (P = 0.201). These outcomes may suggest that feedback—if not constructive or followed by action—can

be perceived as ineffective or frustrating (El Haddad, 2023).

The clarity of shared objectives indicates a potential protective relationship (OR = 0.43); however, the p-value remains non-significant at 0.156. The confidence interval (0.13-1.43) includes one, reflecting uncertainty in this relationship. Clarity in objectives is often linked to better coordination and job satisfaction (Kchaou et al., 2016), yet these findings do not substantiate this hypothesis.

The recognition of contributions does not demonstrate a significant association with poor quality of work life (P = 0.376). An odds ratio of 1.65 suggests a weak positive association, yet the confidence interval (0.54-5.03) encompasses 1, reflecting a degree of uncertainty. Although recognition is a key factor in job satisfaction (El Haddad, 2023), these findings do not substantiate this relationship.

Continuing with multivariate analyses consistent with poor quality of work life, logistic regression likely assesses the influence of various predictors on a binary outcome. The results indicate that mentoring or professional support stands out as the foremost independent element related to poor quality of work life.

Indeed, a significant positive effect has been noted (adjusted OR: 10.891; CI = 1.181-100.409; P = 0.035). These results corroborate the findings of Gazaway et al. (2019) and Devey Burry et al. (2020), which underscore the importance of mentorship for professional integration and psychological support. In Cameroon, Bandibeno and Bilounga (2024) also reported that the absence of mentorship or institutional support contributes to a decline in quality of life, although its precise impact remains unquantified. In Togo, Bigah (2024) demonstrated that the lack of mentorship leads to an imbalance between professional and personal life, adversely affecting the quality of life for nurses. It follows that adequate support could enhance nurses' confidence in their practice and assist them in overcoming the challenges encountered in their daily work in the Democratic Republic of Congo.

Overall, this study underscores the urgent need to enhance the working conditions of nurses in the Democratic Republic of Congo, emphasizing the necessity for

institutional mentoring. Comparisons with other low-income contexts reveal similarities in the challenges faced; however, the severity of the issues in Kongo-Central necessitates interventions that are specifically tailored to local realities.

Strengths and Limitations of the Study

This study contributes to the enhancement of care quality within our country's healthcare system. Among the limitations of our research, it is essential to note that it was conducted in a limited number of hospitals within the province. This involved participants with varying qualifications (Nurse A2, Nurse A1, Nurse L2), which restricts the generalizability of the findings. We also find it pertinent to highlight several methodological limitations. Ultimately, the integration of institutional support would lead to added and sustainable value for quality of work life (QWL).

CONCLUSIONS

The quality of life at work for nurses represents a critical issue within the healthcare sector due to its direct impact on the excellence of patient care. This study has illuminated several factors contributing to the deterioration of professional quality of life among nurses practicing in hospitals within the Kongo-Central province. Overall, the findings primarily highlight positive aspects related to professional relationships and the social climate among nurses. However, certain areas require improvement, particularly regarding conflict management and communication optimization.

The data indicate that mentorship or institutional support poses a significant challenge in enhancing workplace quality of life. The implementation of targeted initiatives could bolster engagement and satisfaction within institutions, thereby elevating the quality of care while fostering a more harmonious work environment.

Continuous monitoring of health and well-being needs through contextually adapted mentorship programs and adequate support, along with establishing assistance and communication platforms, strengthening professional skills, as well as recognizing nurses' contributions through collaborative institutional initiatives, are all actions likely to optimize nurses' well-being in their workplace while ensuring an even healthier and more conducive

institutional framework. This study underscores the urgency of improving working conditions for nurses in the Kongo-Central region.

It is therefore imperative that hospital administrators establish structured mentorship programs aimed at instituting reforms and strategies capable of enhancing professional quality of life and well-being for nurses, which would positively impact the quality of care provided to patients as well as the overall performance of hospitals in this region.

Further longitudinal research is deemed essential to observe the evolution of workplace quality from a temporal perspective. Moreover, these findings underscore the significance of undertaking complementary qualitative studies aimed at deepening our understanding of mentorship within these healthcare institutions, with the objective of identifying concrete strategies that could enhance institutional support.

Acknowledgments: We extend our gratitude to all the nurses from the six reference general hospitals who actively participated in this study.

Ethical Approval: The study protocol received ethical approval from the National Ethics Committee (CNES) under reference number 593/CNES/BN/PMMF/2024.

Conflicts of Interest: None declared.

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