

# Causes of Inadequate Supervision of Nursing Staff by Their Superiors in Medical and Surgical Facilities in the City of Bunia, Ituri Province, Northeast Democratic Republic of Congo

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**Abstract:** The supervision of nursing staff is a major determinant of the quality of care and the performance of health services. This study aimed to determine the reasons for the lack of supervision of nursing staff by their superiors in medical and surgical facilities in the city of Bunia.

This was a descriptive cross-sectional study conducted with 155 nurses, including 62 women. Two-stage sampling was performed using the Slovin and Kothari formulas. Data were collected using a structured questionnaire and analyzed using SPSS version 20.

The protocol received approval from the Higher Institute of Medical Technology ISTM Nyankunde Ethics Committee. Informed consent, anonymity, and confidentiality of participants were respected.

The results show that 51.86% of nurses cited a lack of motivation and 48.4% cited managerial neglect as the main reasons for inadequate supervision. Furthermore, 51.61% of nurse managers demonstrated insufficient knowledge of supervisory practices.

The study concludes that there is a need to strengthen managerial skills and nursing supervision in order to improve the quality of care.

**Keywords:** *Causes of Lack of Supervision, Nursing Staff, Head Nurse, Medical-Surgical Structures, Bunia.*

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## I. INTRODUCTION

The supervision of nursing staff is an essential function of health service management. It aims to support professionals in the performance of their duties, to ensure compliance with standards and procedures, and to promote

the continuous improvement of the quality of care (Guilbert, 1998).

The results of the study by Delima et al., (2024) showed a significant relationship was observed between nurse motivation and performance ( $p = 0.009$ ;  $r = 0.368$ ), as well as between supervision and nursing performance ( $p < 0.001$ ;  $r =$

0.499), confirming that the performance of health services depends heavily on a motivated and effectively supervised nursing staff.

According to the World Health Organization (WHO) (2000), the quality of care provided to the population is closely linked to the management of human resources in health, particularly through effective management and supervision mechanisms. However, many low- and middle-income countries, especially in sub-Saharan Africa, face a persistent human resource governance crisis characterized by insufficient supervision of nursing staff (World Health Organization (WHO), 2006).

The professional activity of nurses is based on technical rigor, grounded in solid scientific principles, and on attentive care for the patient. Supervision ensures consistency between theory and practice, while promoting the continuing professional development of nursing staff (Guilbert, 1998). In this regard, several studies have shown that the training and supervision of healthcare personnel significantly improve the quality of care and reduce preventable hospital mortality by approximately 15,000 deaths (Bitwe et al., 2009).

In the Democratic Republic of Congo, despite the adoption of the primary health care strategy and the strengthening of the health system, major shortcomings persist in the supervision of nursing staff (Ministry of Health, DRC, 2016).

According to the USAID ASSIST/URC Effective Leadership for Quality Improvement in Health Care guide, leadership goes beyond technical skills and relies on the ability to motivate teams, establish a supportive work environment and promote continuous skills development, the inadequacy of which compromises effective management of health personnel (Boguslavsky et al., 2019).

In the city of Bunia, empirical observations conducted in medical and surgical facilities, particularly at the General Referral Hospital, reveal a significant lack of nursing supervision. Frequent delays, failure to adhere to treatment schedules, and inadequate patient follow-up are rarely penalized, reflecting weak management practices. This situation is likely to negatively impact the quality of care and patient safety.

It is in this context that the present study is situated, the objective of which is to determine the causes of the lack of supervision of nursing staff by their superiors in the medical-surgical structures of the city of Bunia.

## II. MATERIALS AND METHODS

The study was conducted in the city of Bunia, capital of Ituri province, in the northeast of the Democratic Republic of Congo. It is a descriptive cross-sectional study.

The study population consisted of nursing staff working in medical and surgical facilities in the city of Bunia. A two-stage sampling method was used. The sample size was determined using Slovin's formula for facilities and Kothari's formula for nurses. The final sample comprised 155 nurses, 62 of whom were female.

The data were collected using a structured questionnaire, then entered and sorted in Microsoft Excel. They were then analyzed using SPSS version 20 software, based on the calculation of frequencies and percentages.

The research protocol was approved by the Ethics Committee of the Higher Institute of Medical Technology ISTM Nyankunde. Informed consent was obtained from the participants, and anonymity and confidentiality were guaranteed.

## III. RESULTS

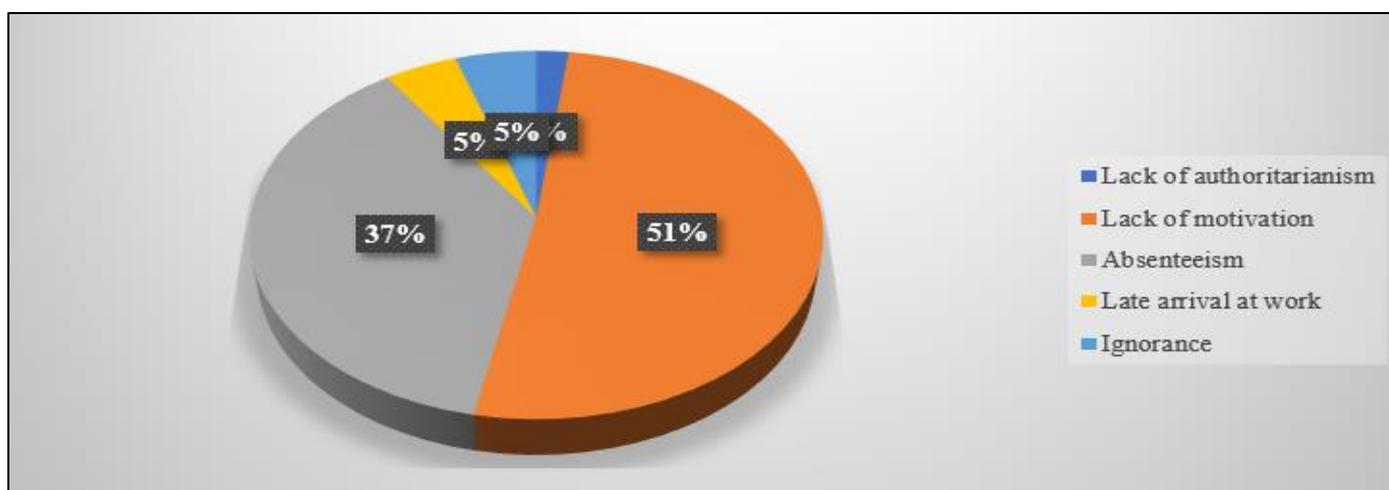


Fig 1 Causes of Lack of Supervision of Nursing Staff by the Manager

Figure 1 shows that 51.86% of the nurses surveyed identified the lack of motivation of managers as the main cause of the lack of supervision of nursing staff.

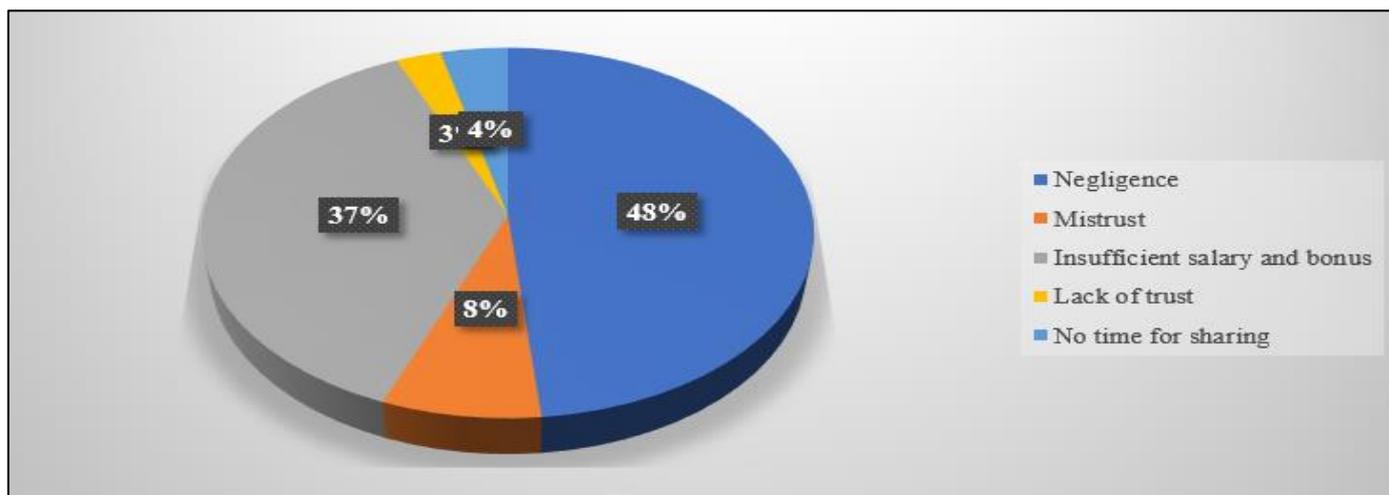


Fig 2 Reasons for the Manager’s Failure to Supervise Nursing Staff

According to Figure 2, managerial negligence was cited by 48.4% of respondents as a reason for inadequate supervision. Insufficient salaries and bonuses (37.7%) and mistrust (7.7%) were also reported.

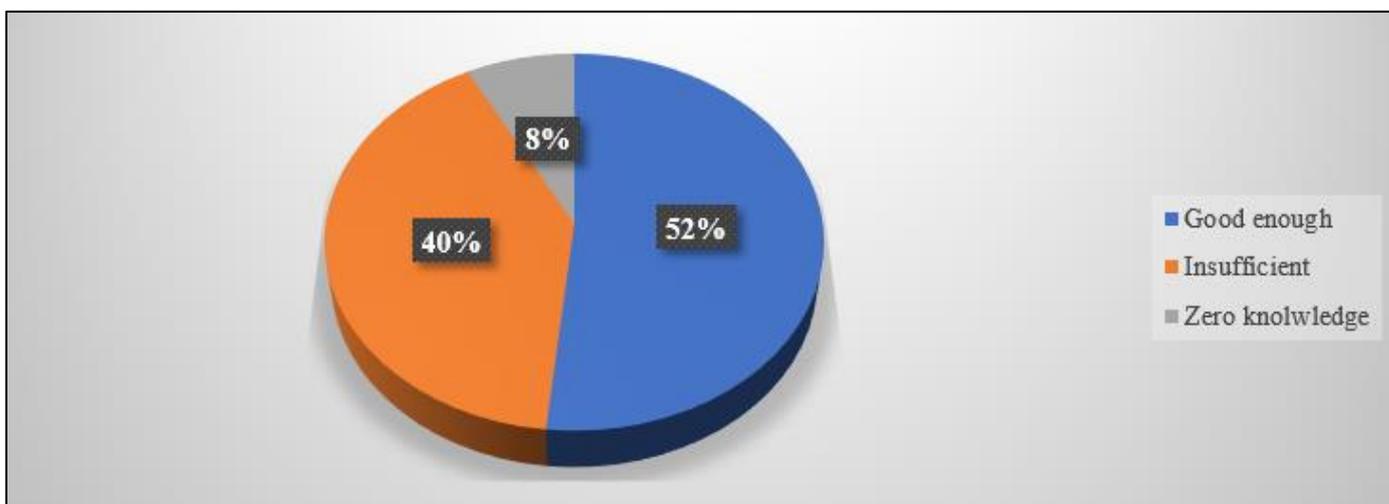


Fig 3 Manager’s Level of Knowledge Regarding Management Rules

Figure 3 indicates that 51.61% of nurse managers have an insufficient level of knowledge regarding the supervision of nursing staff.

#### IV. DISCUSSION

##### ➤ Causes of Lack of Supervision of Nursing Staff by the Responsible Nurse (Figure 1.)

The results of this study show that 51.86% of the nurses surveyed consider the lack of motivation of nursing managers as the main cause of the lack of supervision of nursing staff in the medical-surgical structures of the city of Bunia.

These results are consistent with those of Smama'h et al., (2023 ), who demonstrated that the leadership styles of nursing managers significantly influence staff motivation and professional commitment.

These findings align with those of Coulibaly (2019) , who demonstrated that low motivation and a lack of professional authority among nursing managers constitute

major obstacles to effective supervision. Furthermore, Bitwe et al. (2009) report that demotivation among healthcare managers is associated with a significant decrease in the quality of supervision and the overall performance of hospital services.

On the other hand, some studies, notably that of Nurmeksela et al., (2021) , place more emphasis on organizational factors such as workload, multiplicity of tasks and administrative constraints, which may limit staff supervision independently of the individual motivation of managers.

In the context of Bunia, the lack of motivation among nursing supervisors could be explained by several structural factors: the uniformity of salaries and bonuses between supervisors and their teams, the absence of mechanisms for recognizing nursing leadership, and weak institutional support. This situation tends to demotivate supervisors, thus reducing their involvement in the daily supervision of nursing staff.

➤ *Reasons for Non-Supervision of Nursing Staff by the Responsible Nurse (Figure 2.)*

According to the study results, 48.4% of nurses identified managerial negligence as the main reason for the lack of supervision of nursing staff.

These results are consistent with those of Choi et al. (2022), who showed that insufficient managerial skills and low engagement among nursing managers are associated with inadequate staff supervision. Similarly, Atashi et al. (2023) report that a lack of follow-up, insufficient managerial support, and organizational deficiencies are major obstacles to effective clinical supervision.

Bitwe et al., (2009) also argues that negligence by health managers contributes to the decline in the quality of care and the increase in non-compliant professional practices.

However, other studies highlight that factors such as professional communication, work environment and leadership style also influence the quality of nursing supervision (Ystaas et al., 2023).

The negligence observed among nursing supervisors in Bunia could be linked to insufficient hierarchical control, weak accountability among managers, and the absence of sanctions for failure to perform supervisory duties. This situation fosters an organizational culture that tolerates managerial laxity, to the detriment of the quality of care.

➤ *Level of Knowledge of Nurses in Charge Regarding the Supervision of Nursing Staff (Figure 3.)*

The results indicate that 51.61% of nurse managers have an insufficient level of knowledge regarding the management and supervision of nursing staff.

These results are consistent with the observations of Karsikas et al. (2022), who report a deficit in managerial skills among a significant proportion of healthcare managers. They also corroborate the findings of Atashi et al. (2024), who identify insufficient training and organizational support as major barriers to effective clinical supervision, as well as the work of Ghasemi et al. (2017), which shows that the lack of guidance and knowledge management tools limits the alignment between training received and the demands of hospital management.

Conversely, some studies conducted in better structured organizational contexts show that when managers receive ongoing management training, the quality of nursing supervision improves significantly (Aqtash et al., 2022).

The lack of knowledge observed in Bunia is primarily linked to the absence of specific nursing management modules in initial training, limited access to continuing education, and the appointment of managers based on seniority rather than managerial skills. This situation underscores the urgent need to strengthen the leadership and supervisory capacities of nursing managers.

➤ *Limitations of the Study*

The cross-sectional nature of the study does not allow for an analysis of the evolution of supervisory practices over time. A longitudinal and qualitative approach would have allowed for a more in-depth analysis of the identified causes.

## V. CONCLUSION

The lack of supervision of nursing staff in medical and surgical facilities in the city of Bunia is primarily due to a lack of motivation, negligence on the part of managers, and insufficient knowledge of supervisory practices. Strengthening managerial capacity, establishing regular supervision mechanisms, and valuing the role of nursing supervisors are essential to improving the quality of care.

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