



Received: 18-08-2026
Accepted: 28-09-2026

International Journal of Advanced Multidisciplinary Research and Studies

ISSN: 2583-049X

Ethical Practices in Nursing Care in Mbuji-Mayi: Respect for Dignity, Confidentiality, Consent, and Non-Discrimination

¹ Kabeya Lubanda François, ² Ciamala Mukendi Paul, ³ Mbelu Kashala Justine

¹ Section Sciences Infirmières, Institut Supérieur des Techniques Médicales de Mbuji-Mayi, Mbuji-Mayi, République Démocratique du Congo

² Section Sciences Infirmières, Option Enseignement et Administration en Soins Infirmiers, Institut Supérieur des Techniques Médicales de Mbuji-Mayi, Mbuji-Mayi, République Démocratique du Congo

³ Section Santé Communautaire, Institut Supérieur des Techniques Médicales de Mbuji-Mayi, Mbuji-Mayi, République Démocratique du Congo

Corresponding Author: **Kabeya Lubanda François**

Abstract

Introduction: Les normes éthiques sont traduites dans la pratique quotidienne par des comportements observables concernant notamment la dignité, la confidentialité, l'information du patient, le consentement et la non-discrimination. Cette étude décrit les principales pratiques éthiques déclarées par les infirmiers exerçant dans les hôpitaux de Mbuji-Mayi.

Methods: A quantitative cross-sectional study was conducted using a preliminary database of 288 observations. Five indicators of ethical practice were analyzed: respect for confidentiality, respect for dignity, explanation of care, seeking consent, and non-discrimination. Responses were categorized according to the reported frequency of the behavior. An overall indicator of ethical compliance was also available.

Résultats: La confidentialité était déclarée toujours respectée par 66,7 % des participants, la dignité par 77,8 %, l'explication des soins par 66,7 %, la recherche du consentement par 66,7 % et la non-discrimination par 77,8 %. Au total, 88,9 % des participants avaient un niveau global de respect éthique classé satisfaisant.

Conclusion: Les pratiques étudiées étaient majoritairement déclarées comme conformes aux normes éthiques, mais une proportion non négligeable de participants ne rapportait pas un respect constant de la confidentialité, de l'information et du consentement. Ces dimensions constituent des domaines prioritaires pour la formation continue, la supervision et l'amélioration de la qualité des soins.

Keywords: Ethical Practices, Dignity, Confidentiality, Consent, Non-Discrimination, Nursing Care, Mbuji-Mayi

1. Introduction

Nursing care has a relational and normative dimension that goes beyond the correct performance of technical procedures. Respect for the person receiving care includes protecting their dignity, privacy, choices, and health information. The International Council of Nurses Code of Ethics considers these elements fundamental professional responsibilities ^[1].

Dignity is a cross-cutting principle of the care relationship. It requires patients to be treated with respect, without humiliation or discrimination, regardless of their social situation or personal characteristics ^[1]. Confidentiality is likewise an essential professional obligation, because nurses have access to particularly sensitive information in the course of their clinical practice. Consent and information constitute another central dimension of ethical practice. Respectful care requires that patients receive appropriate information, ask questions, understand what is being proposed, and participate in decisions concerning their care. Recent literature on relational autonomy emphasizes the importance of interactions between professionals and patients in decision-making processes ^[2].

Ethical behavior may be influenced by professional values, ethical climate, organizational norms, and working conditions ^[3-5]. It is therefore relevant not to limit the assessment of nursing ethics to theoretical knowledge, but also to examine reported behaviors in care situations.

Recent tools for assessing ethical behavior in nursing demonstrate the value of assessing multiple dimensions of practice in order to identify areas requiring strengthening [6]. Such an approach can help nursing managers target training and supervision programs.

In Mbuji-Mayi, the available data make it possible to examine several ethical behaviors reported by nurses. This article differs from analyses focusing on knowledge and the institutional environment by specifically examining observable ethical practices reported by professionals.

General objective: to describe the main ethical practices reported by nurses in hospitals in Mbuji-Mayi.

Specific objectives: (1) to describe reported respect for confidentiality; (2) to assess respect for dignity; (3) to describe the frequency with which explanations are provided to patients; (4) to assess the seeking of consent; (5) to describe non-discrimination; and (6) to present the overall level of compliance with ethical standards.

2. Methods

2.1 Study design and setting

This was a descriptive quantitative cross-sectional study of ethical nursing practices in the hospital setting of Mbuji-Mayi, Democratic Republic of the Congo. The analysis was based on a preliminary database comprising 288 observations.

2.2 Population

The population of interest consisted of nurses working in hospital facilities in Mbuji-Mayi. Because the hospital variable available in the database was not sufficiently reliable, the article does not present comparisons between facilities.

2.3 Variables studied

The five main dimensions were confidentiality, dignity, explanation of care, seeking consent, and non-discrimination. For each dimension, the reported frequency of the behavior was recorded according to the categories available in the database. An overall indicator classified compliance with ethical standards as satisfactory or insufficient.

2.4 Analysis

Data were analyzed using frequencies and percentages. The analysis was primarily descriptive, in order to characterize the profile of reported ethical practices. This approach distinguishes the present article from the other two manuscripts, which focus respectively on knowledge and on institutional/professional factors.

2.5 Ethical considerations

The information available in the preliminary database does not allow this manuscript to document the ethical approval number, institutional authorization, or the exact consent

procedures. These elements should be completed from the study protocol and field documents before submission.

3. Results

3.1 General characteristics

Table 1: Selected general characteristics of participants (n=288)

Variable	Category	n	%
Sex	Female	196	68,1
	Male	92	31,9
Ethics training	Yes	160	55,6
	No	128	44,4
Ethical dilemma	Yes	224	77,8
	No	64	22,2

Women represented 68.1% of the database. Ethics training was reported by 55.6% of participants, and 77.8% reported having encountered an ethical dilemma.

3.2 Respect for confidentiality and dignity

Table 2: Reported respect for confidentiality and dignity

Practice	Always	Often	Sometimes/Rarely
Confidentiality	192 (66,7 %)	64 (22,2 %)	32 (11,1 %)
Dignity	224 (77,8 %)	64 (22,2 %)	0 (0,0 %)

Dignity was reported as always respected by 77.8% of nurses. For confidentiality, this proportion was 66.7%, while 22.2% reported respecting it often and 11.1% only sometimes.

3.3 Patient information and consent

Table 3: Patient information and seeking consent

Practice	Always	Often	Sometimes/Rarely
Explanation of care	192 (66,7 %)	32 (11,1 %)	64 (22,2 %)
Seeking consent	192 (66,7 %)	32 (11,1 %)	64 (22,2 %)

Care was always explained according to 66.7% of participants, and consent was always sought according to the same proportion. For both dimensions, 22.2% reported a frequency below "often," representing an area requiring attention for practice improvement.

3.4 Non-discrimination

Table 4: Reported respect for non-discrimination

Practice	Always	Often	Sometimes/Rarely
Non-discrimination	224 (77,8 %)	32 (11,1 %)	32 (11,1 %)

The principle of non-discrimination was reported as always respected by 77.8% of participants. A proportion of 11.1% reported respecting it often and 11.1% only sometimes.

3.5 Overall level of compliance with ethical standards

Table 5: Overall level of compliance with ethical standards

Overall level	n	%
Satisfactory	256	88,9
Insufficient	32	11,1
Total	288	100,0

Overall, 88.9% of participants were classified as having satisfactory ethical compliance compared with 11.1% classified as insufficient.

4. Discussion

4.1 Respect for dignity

Respect for dignity was one of the most frequently favorable dimensions, together with non-discrimination: 77.8% of participants reported always respecting patients' dignity. This finding is consistent with the central place of dignity among professional nursing responsibilities [1].

However, dignity should not be understood merely as an attitude of politeness. It also encompasses protection of privacy, recognition of the person's choices, and absence of humiliating behaviors. The fact that 22.2% reported respecting dignity only "often" indicates that there remains room to strengthen the consistency of ethical behaviors.

4.2 Confidentiality: An area requiring particular attention

Confidentiality was reported as always respected by 66.7% of participants, a lower proportion than that observed for dignity and non-discrimination. This finding is important because confidentiality is a daily responsibility involving clinical conversations, records, digital information, and communication among professionals.

The International Code of Ethics for Nurses emphasizes the obligation to protect patients' personal and health information [1]. In hospital environments, compliance with this obligation also depends on institutional procedures and communication practices.

Therefore, the 33.3% who did not report confidentiality as being "always" respected justify targeted actions: reinforcement of professional secrecy rules, securing records, limiting clinical discussions in public spaces, and clarifying which persons are authorized to receive certain information.

4.3 Explanation of care and consent

Deux tiers des infirmiers déclaraient toujours expliquer les soins et rechercher le consentement. La proportion de comportements non constants atteint 33,3 % pour chacune de ces dimensions. Ces résultats sont particulièrement importants car l'information et le consentement constituent des éléments essentiels de l'autonomie du patient.

Studies on relational autonomy show that clinical decision-making does not rely solely on an abstract patient choice, but on an interaction in which the professional must facilitate the person's understanding and participation [2]. From this perspective, explaining care and checking understanding should be considered integrated steps in the consent process rather than administrative formalities.

4.4 Non-discrimination

Respect for non-discrimination was reported as always ensured by 77.8% of participants. This proportion indicates

substantial reported adherence to the principle of equity in care.

The principle of justice implies that access to and quality of care should not be determined by social, economic, or personal characteristics that are irrelevant to care [1]. As with the other dimensions, self-reporting may nevertheless lead to an overestimation of socially desirable behaviors.

4.5 Overall interpretation of ethical practices

The overall level of ethical compliance was satisfactory among 88.9% of participants. This finding should be interpreted together with the five dimensions examined. There is a difference between an overall classification as satisfactory and consistently respecting each individual dimension: a substantial proportion of participants did not report always respecting confidentiality, explaining care, or seeking consent.

This observation highlights the value of using dimensional indicators rather than a single overall score. Recent instruments for assessing ethical behavior in nursing also adopt a multidimensional approach to better identify areas of practice requiring strengthening [6].

4.6 Implications for quality of care

The findings suggest that quality improvement programs should incorporate concrete ethical indicators. Periodic audits could, for example, assess the quality of information provided to patients, documentation of consent, confidentiality of records, and respect for privacy.

This approach would help transform ethics from a set of general principles into observable and assessable behaviors. It could also be combined with simulation sessions and case discussions to strengthen ethical reasoning in realistic situations.

5. Study limitations

La base disponible est préparatoire et comprend 288 observations; les résultats doivent être confirmés par les données de terrain définitives.

Les pratiques sont principalement auto-déclarées et peuvent être influencées par la désirabilité sociale.

Les cinq indicateurs disponibles ne correspondent pas à l'instrument complet de 32 items initialement envisagé.

Les fréquences rapportées ne permettent pas de déterminer directement la qualité réelle des soins observés au lit du patient.

La variable hôpital n'est pas suffisamment fiable pour comparer les établissements.

6. Conclusion

The nurses studied predominantly reported practices consistent with ethical standards, particularly with regard to dignity and non-discrimination. However, consistent respect for confidentiality, explanation of care, and seeking consent were reported less frequently.

These findings support targeted strengthening of continuing education, supervision, and practice audits, particularly concerning professional secrecy, patient information, and consent. Future evaluation should use the complete measurement instrument and, where possible, combine self-reporting with direct observation of practices.

7. Declarations

Funding: This study received no specific funding. It was

conducted using the authors' own resources.

Conflicts of Interest: The authors declare that they have no conflict of interest related to the conduct of this study, its analysis, interpretation of the results, or publication.

Consent: Informed consent was obtained from participants before their participation in the study. Participation was free and voluntary, and the confidentiality of the information collected was ensured.

8. Références

1. International Council of Nurses. The ICN code of ethics for nurses. Revised 2021. Geneva: International Council of Nurses, 2021.
2. Le TD, Lin SC, Huang MC, Fan SY, Kao CY. Factors impacting the demonstration of relational autonomy in medical decision-making: A meta-synthesis. *Nurs Ethics*. 2024; 31(5):714-738. Doi: 10.1177/09697330231200570
3. Ozdoba P, Jurek K, Dobrowolska B. Professional values, ethical climate and job satisfaction of nurses and their selected sociodemographic and occupational characteristics. *Front Public Health*. 2024; 12:1501102. Doi: 10.3389/fpubh.2024.1501102
4. Noh YG, Kim SY. Factors of hospital ethical climate among hospital nurses in Korea: A systematic review and meta-analysis. *Healthcare (Basel)*. 2024; 12(3):372.
5. Bordbar S, Mehralian G, Rezabeigi Davarani F, Yusefi AR. Exploring the relationship between facilitating factors and adherence to nursing ethical standards. *BMC Nurs*. 2025; 24:5. Doi: 10.1186/s12912-024-02676-4
6. Şahin Ş, Alpar Ş. Development of the ethical behavior scale in nursing. *BMC Nurs*. 2024; 23:857. Doi: 10.1186/s12912-024-02529-0
7. Abdollahi R, Ghasemianrad M, Hosseinian-Far A, Rasoulpoor S, Salari N, Mohammadi M. Nurses' moral courage and related factors: A systematic review. *Appl Nurs Res*. 2024; 75:151768. Doi: 10.1016/j.apnr.2024.151768