International Journal of Science and Research (IJSR)
ISSN (Online): 2319-7064
Index Copernicus Value (2016): 79.57 | Impact Factor (2017): 7.296

Sexual Harassment and Professional Stress of Doctors and Nurses in the Health Institutions of the City of Lubumbashi (DRC)

Ngoie Mwenze Honoré[1]*, Mutelo Kona Cathy[2], Kalenga Lungunga Adolphe[3]

[1]Professor at the School of Criminology, University of Lubumbashi (UNILU), P.O. BOX 1825, Lubumbashi, DRC: honoremwenze[at]gmail.com *Corresponding Author

[2]Department of Teaching and Nursing Administration, Higher Institute of Nursing School of Lubumbashi, P.O. BOX 4748, Lubumbashi, DRC.

[3]Department of Teaching and Nursing Administration, Higher Institute of Nursing School of Lubumbashi, P.O. BOX 4748, Lubumbashi, DRC.

Abstract: ***Professional stress is an at the same time multifactorial and complex phenomenon. The objective of this article is to show that the doctors and the nurses of the City of Lubumbashi (in DRC) experiment the professional stress connected to the sexual harassment and to identify the actors of the sexual harassment and their victims of which are the population of our study. Registered in the quantitative approach, this study collected the data by questionnaire on a laminated proportional sample of 562 subjects (n=562), among which 432 nurses and 130 doctors. These data were encoded in Microsoft Excel and analyzed via Epi Info software version 7.2 of 2016 and SPSS 19.0 of 2012. The hypothesis was tested on base of the test of chi-square. Considering the Odds ratio and the confidence interval (CI) of 95 % in the interpretation, the results indicate that, in the sanitary organizations of Lubumbashi, the third party of nursing grapple with this phenomenon of the harassment. And it is the patients (57.76%) that occupy the foreground of the harassers followed by their guides (16.57%), colleagues (13.91%) and heads (11.76 %). Among the victims of the harassment, 56.15 % of the nurses and 16.04 % of the doctors put under stress. In conclusion, the structures of health of the City of Lubumbashi work with a considerable number of doctors and nurses who put under stress because of the sexual harassment and it is the "outsiders" to the institutions of health, the patients and their guides mainly, that constitute the first protagonists of the sexual harassment in medical environment. The scale of put under stress subject's makes that the sexual harassment is perceived as thorny one problem which requires an approach of fight against this phenomenon in health institutions of Lubumbashi.***

Keywords: Professional stress, sexual harassment, colleagues, hierarchy, patients, guides

1. Introduction

More than a stake in public health, the stress, "modern plague, appears as a significant phenomenon, a major explanatory model to give shape and express the ill-being felt in the experience in the work" [1]. Within diverse organizations, the various forms of violence or harassment and ill treatment poison the professional relations and generate stressful situations. Based on the necessity of bringing help and support for the patients, the hospital is an organization where the stress caused by the harassment becomes a problem.

The harassment is very often analyzed under two angles: the psychological angle and the legal angle. These two shutters do not match systematically [2]. But we could widen these two angles by considering the harassment as a shape of victimization because it remains a problem of violation of human rights. Sexual harassment "affects the victim in forms of emotional stress, humiliation, anxiety, depression, to anger, powerlessness, tires and physical illnesses" [3].

However, this article puts a lot into the psychological angle by examining what the sexual harassment causes as stressful situation in the heads of doctors and nurses of the health institutions of the City of Lubumbashi. It turns around this problem formulated in these terms: what are the proportions of doctors and nurses put under stress by the sexual harassment in the health institutions of the City of Lubumbashi and what are the harassers? With regard to this questioning, this study postulates this hypothesis: a large number of caregivers of the sanitary institutions investigated would be victims of the stress due to the sexual harassment.

The hospital or the health center is an environment crossed by several types of relations, "heterarchical" (between professionals of the same category), hierarchical (between categories and the administration) and socio-sanitary with the patients and their guides. In this relational flow, the sources of the stress emerge in diverse circumstances: the multiple conflicts between professionals, relationships with the hierarchy and the administration and the difficult relations with the members of families of the patients. In these three types of problematic interactions, it is the interpersonal contacts which make that certain doctors and nurses of the health institutions of the City of Lubumbashi are victims of the harassments or the loving advances. This behavior that skips into the various relational beams of the nursing is on the basis or not of their stress in occupational environment.

Bringing back outcomes of the investigation realized in certain European countries, Giorgio indicates that facts of harassment are observed at 17 % of the Finnish workers, 12 % of the workers of the Netherlands, at 7 % of workers in France. The rates are the lowest in Italy or Bulgaria, reported by only 2% of workers. And this harassment was mostly reported in the hotel and restaurant sector (reported by 8.6% of workers), education and health (7.8%) and

Licensed Under Creative Commons Attribution CC BY

transportation and communications (6%). 9%) [4].

2. Review of the Literature

The transactional approach of the stress concerns the psychological mechanisms on which the interactions rest. In this approach, the stress does not live either in the situation, or in the person, but in the transaction or the dynamic interaction between the environment and the person. For Lancry [5] and Cox, Griffiths and Rial-Gonzalez [6], the transactional approach emphasizes the interpretation of the situation, the meaning that the person is going to give it. This meaning builds itself through a double evaluative process, which can succeed to consider that the requirements of the situation exceed or do not correspond to the resources which he has or whom he can reach. It is thus good a transaction enters nobody and the situation, a negative psychological state bringing in cognitive and emotional aspects.

Following the Lazarus's theoretical model and Folkman (1984), the transactional models [the model of Mackay and Cooper (on 1987) or "Transactional Model of Occupational Stress", the model of Siegrist (on 1986) says "Effort-Reward Imbalance", the model of Turcotte (on 1982), the model of Kahn and Byosière (on 1992), the model of Ivancevich and Matteson (on 1984)] analyzes the professional stress by integrating very often three components below: the individual, the environment and the work (contents and context). We notice however that "each of these models explains well a part, but never all of the problem of the professional stress" [7].

Ivancevich and Matterson propose a model of the stress inter-related to both extra organizational factors and intra-organizational factors. These concern the physical environment of work and the exchanges which an individual maintains, within the framework of the work, with a diversity of actors: the colleagues and superiors and/or with the organization. This is the way stressors distinguish themselves in the physical environment, at the individual level, at the level of the group, at the level of the organization.

Being a multifactorial complex phenomenon (Légeron [7]; Hellemans and Karnas [8]; Belarif, [9]), the stress results from multiple factors of diverse origin (psychological, social and occupational, organizational, relational, technical). And considering the analysis of the professional stress of the nursing, its stressors result generally from the physical environment, from the psychological environment and/or from the social environment of the service provider. The model which proposes Ivancevich and Matteson [10] comes to the rescue to understand, in the physical working environment of nursing, the problematic interactions with their colleagues, their hierarchical bosses, the patients and their guides. These problematic interactions build themselves around the sexual harassment.

Bilheran [11] defines the harassment in these terms: "the harassment aims at the progressive destruction of an individual or a group by another individual or group, by means of repeated pressures intended to obtain from strength of the individual something unwillingly and, in so doing, to arouse and to maintain at the individual's a state of terror". The harassment implies the notion of duration, repetition and the effect to obtain from somebody something unwillingly and it in an asymmetric, unequal relation.

The harassment is a generic concept which includes the other sorts of harassment (physical, sexual, moral). It is physical when the used ways cross by physical repeated pressures (assault and battery repeated, violence, physical threats), morale by acting on the psychic component of the individual or by using the purely psychological ways (mental torture) and sexual (touch repeated for example), a component of the physical harassment, by maintaining of pressures not physical appearances generally, but sexual in particular [11, 2]. In the hospital context, the sexual harassment can emanate both from the hierarchical leader and from another healthcare professional, from patient as from his guide.

However, sexual harassment should not be confused with workplace flirtation, which is generally based on mutual grant and attraction; behavior becomes harassing when it is coercive yet accompanied by threats, golden betrothed deceive [12].

3. Methodology

Study area

In Democratic Republic of the Congo, DRC, the City of Lubumbashi (in the Province of the Haut-Katanga) count attire of 300 institutions of health: hospitals, medical health centers or center, polyclinics … if we trust the statement made during the investigation from July, 2015 till July, 2016. These structures of health are distributed in eleven Zones of Health. Our study concerned 251 sanitary establishments distributed in nine Zones of health on eleven that counts the city of Lubumbashi [13, 14].

Population and sample size

Two groups establish the population of this study: it is doctors and nurses. In the City of Lubumbashi, the number of doctors amounts to more or less 934 and that of the nurses, in 2382. What makes a total of 3316 subjects if we are held in the statistics collected during our investigation into the nine health zones investigated. All in all, this study built its sample around 562 subjects (n=562) that is 16.9%. It was stratified in this way: 130 doctors that is a 13.9% and 432 nurses, or 18, 1 %. The valuable differences in this diversification of the laminated proportional sample are based on the size of each of stratum [13, 14].

Methods

This study is part of the side of the quantitative approach. The collection of his data was done via a questionnaire directly addressed to nurses (n=432) and doctors (n=130). To encode and process the data, a matrix was designed in

Licensed Under Creative Commons Attribution CC BY

Excel format and in the 2016 Epi Info 7.2 and 2012 SPSS 19.0 software. In the bivariate and multivariate data analysis, the chi-square test was set to contribution and the odds ratio (OR) facilitated the interpretation of independent variables with respect to the dependent variable (work stress) by considering the 95% confidence interval (CI) and the value of p [13, 14].

4. Results and Discussion

Table 1: Stress bound to the sexual harassment

Variables of study Profession	**Profession**						
Undergo or not of the sexual harassment	**Nurses**	**Doctors**	**X^2**	**OR (CI 95%)**	**OR**	**P**	**D**
No	294 (52.31)	81 (14.41)	1.2394	[0.8567], [1.9387]	1.28	0.13	NS
Yes	138 (24.56)	49 (8.72)					
Sexual harassers							
Guides	26 (13.90)	5 (2.67)	5.3501	[], []			NS
Hierarchical leaders	19 (10.16)	3 (1.60)					
Colleagues	18 (9.63)	8 (4.28)					
Guides	75 (40.11)	33 (17.65)					
Stress bound to the sexual harassment							
No	33 (17.65)	19 (10.16)	0.3380	[0.3962], [1.5094]	0.77	0.27	NS
Yes	105 (56.15)	30 (16.04)					

This table shows that 24.56% of nurses and 8.72% of doctors undergo loving advances on the place of their work. The test is not significant, with OR 1.28; borders being [[0.8567, 1.9387]. We notice that 375 caregivers, that is 66.73%, do not undergo loving advances against 187, that is 33.27% which live it. Of the number of those who undergo loving advances (187), we distinguish 138 nurses on 432, or 31.94%, who are concerned and 49 doctors on 130, that is 37.69%, which also experience this reality. There is good reason to observe that the third party of nursing grapple with this phenomenon of the harassment or the loving advances.

Actors of this harassment or loving advances represent in the first one the patients: they make loving advances in 40.11 % to the nurses and 17.65 % to the doctors; the test is not significant. Then it is the guides who make advances in 13.9 % to the nurses and 2.67 % to the doctors. It is the colleagues who follow closely by pursuing in 9.63 % the nurses and in 4.28 % the doctors. After them, it is the hierarchical leaders who devote to the harassment in 10.16 % to the nurses and to 1.6 % to the doctors. Of those who live the stress bound to the sexual harassment, 56.15 % are nurses and 16.04 % are doctors with OR 0.77; the values of borders are [[0.3962, 1.5094] and the value of p=0, 27 ($p > 0.05$); the test not being significant.

About victims of the harassment, the study of Subedi and his collaborators shows that 40.30 % of the male nurses grapple with this phenomenon [12]. And that of Paramita Chaudhuri shows that on 135 women, 77 (57.03%) knew diverse forms of harassment: sexual harassment, intimidations or advances lover, verbal harassment, the exhibitionism … It is 20.74 % of these victims who knew the sexual harassment [15] and in the context of Malawi, in the southern region, Banda and his collaborators indicate 16 % of the nurse victims of the sexual harassment [16]. Spector, Zhou and Che discover that the nurses know the sexual harassment about 25 % and that this proportion, as for the physical violence, vary from a region to another one (English, Asia, Europe and Middle East), but with an accentuation in the Anglo-Saxon context. They increase that « about a quarter of nurses worldwide experienced sexual harassment"[17]. But our research indicates a proportion of 31.94% of the nurses and 37.69 % of the doctors having battling against the phenomenon of sexual harassment.

As regards the actors of the harassment, the study led by Subedi and his collaborators indicate that, in the context, it is the doctors (37.03 %) that are the first harassers. They are followed by the guides (25.93 %), patients (18.52 %), administration staff (11.11 %) [12]. On the other hand, ours shows rather that it is the patients (57.76 %) that occupy this foreground. They are followed by the guides (16.57 %), colleagues (13.91 %) and hierarchical leaders (11.76 %). Our results meet those of Paramita Chaudhuri who brings back that "children's nurses frequently reported harassment, moreover, from patients and their families, non-medical staff and outsiders. In contrast, non-medical and administrative staff rarely reported that doctors harassed them. Much of tea harassment they experienced was perpetrated by other non-medical staff with which they had more contact" [15]. These various results lead us to consider that they are the "outsiders" (Patients, guides) to the health institutions that are more harassers than "insiders" (Doctors, hierarchical leaders or simply the colleagues). The study of Banda and his collaborators led in the southern region of Malawi ends in this conclusion by considering that "perpetrators of violence were: patients (71%); patients' relatives (47%); and work colleagues (43%)" [16].

Licensed Under Creative Commons Attribution CC BY

Table 2: Sex and stress bound to the sexual harassment

Variables of study	Sex						
Sex and stress bound to the sexual harassment	**Female**	**Male**	**X^2**	**OR (CI 95%)**	**OR**	**p**	**D**
No	21 (11.23)	31 (16.58)	3.2730	[0.2476], [0.9945]	0.49	0.03	S
Yes	76 (40.64)	59 (31.55)					

The data of this table indicate that male caregivers as female nursing undergo of the stress bound to the sexual harassment or to the loving advances. But the female sex undergoes more harassment with 40.64 % against the male sex with 31.55 % with OR 0.49 in the lower and superior borders of [[0.2476, 0.9945], value of $p=0.03$ ($p<0.05$) and the test is significant.

Cogin and Fish found that the prevalence of sexual harassment among caregivers is very high with 60% of nurses (female) and 34% of nurses (male) [18]. And in the context of Singapore, women caregivers account for 79% of the work stress related to sexual harassment [19]. In any case, female caregivers are more braided than male caregivers in the context of this study.

Table 3: Stress bound to the sexual harassment of patients and their guides

Variables of study for caregivers	Patients and guides						
Profession	**Guides**	**Patients**	**X2**	**OR (CI 95%)**	**OR**	**P**	**D**
Nurse	20 (20.41)	52 (53.06)	1.9734	[0.7964], [10.9177]	2.94	0.07	NS
Doctor	3 (3.06)	23 (23.47)					
Sex							
Female	11 (11.22)	40 (40.82)	0.0502	[0.3147], [2.0441]	0.80	0.41	NS
Male	12 (12.24)	35 (35.71)					
Marital status							
Single	5 (5.10)	23 (23.47)	2.8424	[], []			NS
Divorced	2 (2.04)	2 (2.04)					
Married	15 (15.31)	49 (50.31)					
Widower	1 (1.02)	1 (1.02)					
Seniority							
≤ 24 years	23 (23.47)	75 (76.53)		[], []			NS
> 24 years	0 (0.00)	0 (0.00)					
Age bracket							
≤ 45 years	20 (20.41)	70 (71.43)	0.2936	[0.4615], [9.5556]	2.10	0.27	NS
> 45 years	3 (3.06)	5 (5.10)					
Institutional belonging							
Private	18 (18.37)	66 (67.35)	0.6841	[0.1219], [1.0246]	0.49	0.20	NS
Public	5 (5.10)	9 (9.18)					

This picture shows that 52 nurses, that is 53.06%, and 23 doctors, that is 23.47%, put under stress because of the harassment caused by the patients, on one hand, and 20 nurses, is 20.41%, and 3 doctors, that is 3.06 %, put under stress because of the harassment caused by the guides, with OR 2.94 with regard to the lower and superior borders of [[0.7964, 10.9177] and the value of $p=0.07$ ($p>0.05$); the test not being significant. Besides, 40 female caregivers, either 40.82%, stress the sexual harassment orchestrated by the patients as 35 male caregivers, that is 35.71%; on the other hand, 11 female nursing, either 11.22%, live the stress because of the harassment of the guides and 12 male nursing, that is 12.24%, because of the guides, with OR 0.80 with regard to the lower and superior borders of [0.3147], [2.0441] and the value of p 0.41 ($p>0.05$); the test not being significant. As regards the marital status, we found that 49 married caregivers, either 50.55%, undergo the sexual harassment of patients, followed by 23 singles, that is 23.47%, of 2 divorcees or 2.04 %, and of 1 widower, that is 1.02 %. And 15 married caregivers, or 15.31 %, experience the sexual harassment of the guides, such as 5 single caregivers, or 5.10 %, 2 divorcees, that is 2.04 % and of 1 widower, or 1.02 % and there is no association.

About the seniority, they are 75 caregivers whose seniority is ≤ 24 years, or 76.53 %, who suffer sexual harassment from patients and 23 of the same edge, or 23.47 %, by the guides; the test is not significant. In addition, we observed the following in relation to the age group: 70 caregivers ≤ 45 years old, that is 71.43%, undergo the sexual harassment of patients like 5 caregivers whose age group is> 45 years, that is to say 5.10%, and 20 caregivers whose age ≤ 45 years, 20.41%, undergo these advances of the accompaniers like 3 caregivers> 45 years with OR 2/10 included in the lower and higher limits of [0.4615], [9.5556]; the test is not significant. Regarding the institutional belonging, we observed that 66 caregivers or 67.35% of the private sector providers report sexual harassment or advances from patients against 9 or 9.18 of the public sector and 18 caregivers of the private sector, accounting for 18.37%, accused the guides in the private sector and 5 caregivers, or 5.10%, in the public sector, with OR 0.49 the lower and upper bounds of [0.1219], [1.0246], and with a value of $p=0.20$; the test is not significant.

In terms of age group, it is observed that it is the caregivers whose age is ≤ 45 years where there are more victims of harassment (91.84%) from the part of the patients and their guides compared to 8, 16% of victims in

Licensed Under Creative Commons Attribution CC BY

the slice >45 year old. The study of Subedi and his collaborators indicate that sexual harassment of nurses is more frequent especially in the age group of 20 to 29 years with 62.96 of cases and concerns mainly the non-wagered with 59.25% [12]. Contrary to these results on marital status, our study indicates that it is the married who are more victims of the harassment of the patients (15.31%) than the guides of patients (50.31). These two groups of actors harass 65.63% of married caregivers.

Table 4: Stress bound to the sexual harassment of colleagues and hierarchical leaders

Variables of study	Colleagues and hierarchical leaders						
Profession	**Hierarchical leaders**	**Colleagues**	**X^2**	**OR (CI 95%)**	**OR**	**P**	**D**
Nurses	16 (43.24)	17 (45.95)	0.7923	[0.2656], [30.0219]	2.82	0.36	NS
Doctor	1 (2.70)	3 (8.11)					
Sexe							
Female	14 (37.84)	11 (29.73)	2.0133	[0.8295], [17.5761]	3.81	0.07	NS
Male	3 (8.11)	9 (24.32)					
Etat matrimonial							
Single	10 (27.03)	10 (27.03)	0.0423	[0.3876], [5.2646]	1.42	0.41	NS
Married	7 (18.92)	10 (27.03)					
Seniority							
≤ 24 ans	17 (45.95)	19 (51.35)	0.0068	[Undefined], [Undefined]	0.00	0.54	NS
> 24 ans	0 (0.00)	1 (2.70)					
Age bracket							
≤ 45 ans	17 (45.95)	19 (51.35)	0.0068	[Undefined], [Undefined]	0.00	0.54	NS
> 45 ans	0 (0.00)	1 (2.70)					
Institutional belonging							
Private	12 (32.43)	15 (40.54)	0.0049	[0.1870], [3.4227]	0.80	0.52	NS
Public	5 (13.51)	5 (13.51)					

This table shows that 17 nurses, that is 45.95%, and 3 doctors, that is 8.11%, put under stress because of the sexual harassment orchestrated by the colleagues; 16 nurses, either 43.24%, and 1 doctor, that is 2.70%, put under stress because of the sexual harassment caused by the hierarchical leaders, with OR 2.82 with regard to the lower and superior borders of [0, 2656], [30, 0219] and the value of p=0.36 (p>0.05); the test not being significant with regard to the value of p. As regards the sex, 14 female caregivers, either 37.84%, female and 3 male caregivers, that is 8.11 %, are harassed by the hierarchical leaders. On the other hand, 11 female caregivers, either 29.73%, and 9 male caregivers, that is 24.32%, are harassed by their colleagues; OR 3.81 with the lower and superior borders of [0.8295], [17.5761] and we found that the test is not significant, the value of p=0.07. With regard to the marital status, we observed that 7 married caregivers, either 18.92%, and 10 single caregivers are harassed by the hierarchical leaders against 10 married, or 27.03%, and 10 singles, that is 27.03%, which are harassed by their colleagues, with OR 1.42, the borders being [0.3876], [5.2646]; the test is not significant with value of p=0.41. As regards the seniority, we found that 17 caregivers, either 45.95%, having the seniority of ≤ 24 years underwent the stress due to the sexual harassment of their hierarchical bosses against 19, that is 51.35%, having the seniority of ≤ 24 years and 1 caregiver (>24 years), or 2.70% living the stress further to colleagues' harassment; the test is not significant, with OR 0.00; value of p 0.54. About the age bracket, 17 caregivers, either 45.95%, being ≤ 45 years old put under stress of the harassment of hierarchical leaders against 19 caregivers, that is 51.35%, having ≤ 45 years and 1 caregiver, that is 2.70 %, being more than 45 years old of age which live the stress bound to colleagues' harassment; the test is not significant, with OR 0.00 and value of p 0.54. With regard to the sector of the institutional belonging in which work the caregivers, we found that, in the private sector, 12 caregivers, either 32.43%, put under stress due to the sexual harassment of hierarchical leaders against 5 only, that is 13.51%, in the public sector and 15 caregivers, or 40.54%, put under stress so due to the sexual harassment of the colleagues in the private sector against 5 caregivers, that is 13.51%, which also live it in the public sector, with OR 0.80; the test is not significant with regard to the lower and superior borders of [0.1870], [3.4227], the value of p=0, 52 (p>0.05). The nursing is much more put under stress by their colleagues and their hierarchical bosses in the private institutions (72.97 %) than in the public institutions (27.02 %).

5. Conclusion

The review of the literature indicates that it is within interpersonal contacts that distinguish themselves in sources of stress bound to the harassment. It was found that, in the sanitary organizations of the City of Lubumbashi, the third party of caregivers investigated grapple with this phenomenon of the harassment. And it is the patients (57.76%) that occupy the foreground of the harassers followed by the guides (16.57%), colleagues (13.91%) and hierarchical leaders (11.76%). Among the victims of the harassment, 56.15 % of the nurses and 16.04% of the doctors put under stress. With regard to the sector of the institutional belonging in which work the doctors and the nurses investigated, the results indicate that the caregivers are much more put under stress by their colleagues and their hierarchical bosses in the private institutions (72.97 %) than in the public institutions (27.02 %). In conclusion, the structures of health of the City of

Licensed Under Creative Commons Attribution CC BY

Lubumbashi work with a considerable number of doctors and male nurses who put under stress because of the sexual harassment and it is, generally, the "outsiders" to the institutions of health, the patients and their guides mainly, that constitute the first protagonists of the sexual harassment in medical environment. The scale of put under stress subject's makes that the sexual harassment is perceived as a thorny problem which requires an approach of fight against this phenomenon in a hospital environment of Lubumbashi and a strengthening of strategies of coping to the victims of the sexual harassment in this working context.

6. Future Scope

The study on the professional stress of doctors and the nurses of the City of Lubumbashi, stress in connection with the sexual harassment, requires a double deepening: examine the measures of coping set up by various put under stress actors and question the approach of the sanitary organizations concerning the coverage of nursing put under stress and the prevention of the stress in a hospital environment. It will be a question, in fact, of analyzing the dynamics of the management of the stress in the health institutions of the City of Lubumbashi and of spreading this research to other parts of the country of the Democratic Republic of the Congo. We can also introduce comparative studies both in the sub-region (in Central Africa, in the SADEC) and in Africa, even in the world, to have macro-sociological data. But the theme of the sexual harassment exceeds the unique domain of nursing. It can require a multidisciplinary study, which would associate, in an all-embracing approach, the sociologists, the jurists, the experts in public health, the psychologists, the criminologists.

References

[1] Lhuilier, D. (2008). *Cliniques du travail*. Toulouse : Erès Editions.
[2] Bilheran, A. & Bouyssou, G. (2010). *Harcèlement en entreprise*. Paris: Armand Colin.
[3] International Labor Organization and Forum for Women Law and Development. Sexual Harassment at Workplace in Nepal. Kathmandu: International Labor Office; 2004. Available from: http://www.ilo.org/wcmsp5/groups/public/@asia/@ro-bangkok/@ilo-kathmandu/documents/publication/wcms_113780.pdf.
[4] Giorgio, M.-T. (2009). Stress au travail : données européennes, http://www.atousante.com/risques-professionnels/sante-mentale/stress-professionnel/stresstravail-donnees-europeennes/
[5] Lancry, A. (2007). Les définitions et les modèles scientifiques du stress. *Les Cahiers*, n° 2 (Stress au travail : du repérage à l'action en Picardie), 20-23.
[6] Cox, T., Griffiths, A. & Rial-Gonzalez, E. (2006), *Recherche sur le stress au travail*, Agence européenne pour la Sécurité et la santé au Travail (Collection Issue, n° 203), Luxembourg.
[7] Légeron, P. (2008). Le stress professionnel. *L'Information psychiatrique*, 84 (9), 809-820.
[8] Hellemans, C. & Karnas, G. (2000). Le stress professionnel : quels liens entre les contraintes au travail et les stratégies de coping ? In GANGLOFF, B. (éd.), *Satisfactions et souffrances au travail*, Paris, L'Harmattan, 77-89. (http://hdl.handle.net/2013/ULB-DIPOT:oai:dipot.ulb.ac.be:2013/64350).
[9] Belarif, E.H. (2004). *Facteurs liés au stress professionnel en milieu hospitalier (Cas des infirmiers du Centre hospitalier provincial de Beni Mellal)*, Mémoire de maîtrise, Institut National d'administration sanitaire.
[10] Ivancevich, J.M. & Matteson, M.T. (1980). *Stress and work : A managerial perspective*, Glenview, IL: Scott Foresman.
[11] Bilheran, A. (2010). *La harcèlement moral*, Paris : Armand Colin.
[12] Subedi S, Hamal M, Kaphle, H.P. (2013). Sexual harassment in the hospital: are nurses safe? *International Journal of Health Sciences and Research.* 3(6), 41-47.
[13] Mutelo, K.C. (2018). Analysis of the Work Stress Bound in the Conditions of Work of Doctors and Nurses in the Health Institutions of the City of Lubumbashi (in DRC). *International Journal of Science and Research (IJSR)*, 7 (2), 1190-1192.
[14] Mutelo, K.C. (2018). Analysis of the Work Stress of Doctors and Nurses Resulting from Organizational Problems in the Health Institutions of the City of Lubumbashi (in DRC). *International Journal of Science and Research (IJSR)*, 7 (3), 380-383.
[15] Chaudhuri, P. (2007). Experiences of Sexual Harassment of Women Health Workers in Four Hospitals in Kolkata, India. An international journal on sexual and reproductive health and rights, 15 (30), 221-229. https://doi.org/10.1016/S0968-8080(07)30319-4
[16] Banda, C.K., Mayers, P. & Duma, S. (2016). Violence against nurses in the southern region of Malawi, *Health SA Gesondheid,* 21, 415-421. https://doi.org/10.1016/j.hsag.2016.01.002
[17] Spector, P.E., Zhou, Z.E., Che, X.X. (2014). Nurse exposure to physical and nonphysical violence, bullying, and sexual harassment: a quantitative review, *International Journal of Nursing Studies*, 51 (1), 72-84. https://doi.org/10.1016/j.ijnurstu.2013.01.010
[18] Cogin, J. & Fish, A. (2009). "Sexual harassment – a touchy subject for nurses", Journal of Health Organization and Management, Vol. 23 Issue: 4, pp.442-462, https://doi.org/10.1108/14777260910979326
[19] Tan, J. & Soin, K. (2013). Sexual Harassment the Medical World, *SMA News*, 15-17.

Author Profile

NGOIE MWENZE Honoré has PhD in Criminology, Master's degree in French Language and Civilization and Under-graduated in English and African culture. Currently, he is Professor at the School of Criminology of the University of Lubumbashi, DRC.

MUTELO KONA CATHY is Master's degree in

Licensed Under Creative Commons Attribution CC BY

Epidemiology and prevention of the diseases and Bachelor of Science Children's nurses of the School of Public Health of the University of Lubumbashi. At present, she is Leading of Medical Works to the Higher Institute of Techniques of Lubumbashi and prepares its doctoral thesis in Public Health in infantile Epidemiology and Maternal and Health.

KALENGA LUNGUNGA Adolphe is a Teaching Assistant at the Department of Teaching and Nursing Administration of the Higher Institute of Nursing School of Lubumbashi. He is has candidate for the master's degree for the next academic year Master in Public Health.

Licensed Under Creative Commons Attribution CC BY