INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH AND INNOVATIVE STUDIES
ISSN: 2820-7157
www.ijsrisjournal.com

June 2026 Volume 5 Number 3 525-528

Received Date: 21 April 2026 Accepted Date: 12 May 2026 Published Date: 1 June 2026

Epistemology of Nursing in Sub-Saharan Africa: Foundations and Applicability of NYAFE BASELE's Model of Systemic and Humanistic Integration (MISHS)

Henri Stanley NYAFE BASELE [1]

1. Mbandaka Higher Institute of Medical Technology (ISTM/MBKA), Department of Nursing Sciences, Democratic Republic of the Congo, henrinyafe@gmail.com , ORCID ID: 0009-0008-0979-4653

Abstract

Background: Nursing in sub-Saharan Africa has historically been based on Western theoretical frameworks, the application of which comes up against distinct local anthropological, material and systemic realities.

Objective: This study aims to analyse the foundations and clinical and educational applicability of the Systemic and Humanistic Integration Model (MISHS) developed by NYAFE BASELE, in order to assess its suitability for addressing endemic health challenges.

Methodology: A descriptive and analytical qualitative approach was conducted with 24 healthcare professionals and nursing educators in Mbandaka (DRC), selected through purposive sampling. Data were collected via semi-structured interviews and subjected to thematic content analysis. **Results:** The results reveal that 87.5 per cent of participants perceive a paradigm shift between imported theories and the realities on the ground. The syncretic framework of MISHS, combining the African holistic dimension (solidarity, presence) with systemic rigour in a context of precariousness, facilitates the caregiver-care recipient relationship and optimises the management of limited local resources.

Conclusion: The MISHS emerges as a crucial epistemological alternative for rebuilding African nursing on endogenous, human-centred and resilient foundations.

Keywords: Epistemology, Nursing sciences, MISHS, Sub-Saharan Africa, Endogenous model.

1. Introduction

The historical development of nursing has been shaped by schools of thought primarily rooted in the socio-cultural, economic and scientific realities of Northern countries (Collière, 1982; Watson, 1985). At the international and global levels, the World Health Organisation (WHO, 2020) emphasises that the global burden of chronic conditions, combined with the emerging threats of infectious diseases, necessitates a structural overhaul of nursing practices, which account for more than 50 per cent of the global healthcare workforce. However, the uniform application of classical theories of *care* faces critical limitations within the fragile health systems of the Global South.

In sub-Saharan Africa, this theoretical mismatch takes on a major systemic dimension. The continent faces an overwhelming dual epidemiological burden, accounting for nearly 25 per cent of the global burden of disease whilst having only 3 per cent of the world's healthcare workforce (WHO, 2022). Euro-American nursing models, which presuppose a high degree of technological autonomy,

continuous institutional stability and a philosophical individualism centred exclusively on the isolated patient, are in direct conflict with African dynamics characterised by precarious infrastructure and a deeply community-based social structure.

In the Democratic Republic of the Congo (DRC), this conceptual divide is causing a crisis of meaning within the profession. The Congolese healthcare system suffers the consequences of chronic underfunding, with the national budget allocation for health historically hovering below 5–7 per cent, far short of the 15 per cent stipulated by the Abuja agreements (Ministry of Public Health of the DRC, 2021). In Équateur Province, and more specifically in the city of Mbandaka, this crisis has reached its peak. Local healthcare facilities, such as the Mbandaka General Referral Hospital, operate under extreme material constraints, where the rationing of basic consumables, recurring shortages of supplies and the excessive workload of nurses (with the ratio frequently exceeding one nurse to thirty patients in internal medicine) are part of everyday operations (Equateur Provincial Health Division, 2024).

The reality on the ground in Mbandaka highlights an extremely laborious, even artificial, application of imported theoretical assessment frameworks. Nurses trained according to Western models find themselves at a loss when they have to reconcile the technical demands of a standardised care approach with the physical absence of equipment or the overwhelming presence of the extended family, who naturally take over the care space collectively. This cognitive dissonance leads to an unintended dehumanisation of care, a decline in the quality of treatment and widespread professional frustration amongst practitioners.

Faced with this conceptual and technical impasse, there is an urgent need to bring about an epistemological shift. It has become imperative to devise an innovative and endogenous theoretical framework capable of formalising and validating the strategies of resilience, systemic adaptation and community humanism intuitively developed by local healthcare professionals. It is within this perspective of scientific decolonisation and pragmatic relevance that the present research is situated, centred on the Model of Systemic and Humanistic Integration (MISHS) initiated by the theorist NYAFE BASELE.

Consequently, the main research question is as follows: In what ways does NYAFE BASELE's Model of Systemic and Humanistic Integration (MISHS) offer an epistemological and operational response suited to the specific constraints of nursing practice in Mbandaka? The overall objective of this study is to analyse the conceptual foundations of MISHS and to assess its practical applicability, both clinically and pedagogically, in order to propose sustainable approaches for improving the quality of care in sub-Saharan hospitals.

2. Methodology

To adequately address the semantic and phenomenological nuances of this issue, a rigorous qualitative methodology of a descriptive and analytical nature was employed (Mucchielli, 2012). This approach proves particularly relevant for exploring shared representations, professional experiences and the critical stance of healthcare practitioners towards prevailing nursing theories.

The geographical scope of the study is limited to the city of Mbandaka, the capital of Équateur Province in the DRC, encompassing the region's leading healthcare facilities and academic institutions. The study population was selected using purposive sampling (Pourtois & Desmet, 2007). The inclusion criteria required participants to have at least five years' active experience in a healthcare setting or in university-level nursing education, and to be familiar with professional theoretical models. In total, the sample reached theoretical data saturation with 24 participants, divided equally between 12 senior clinical nurses and 12 lecturers or placement supervisors attached to local academic institutions (such as the ISTM-Mbandaka).

Data collection took place between March and June 2026, using semi-structured individual interviews conducted with the aid of a previously validated thematic guide. The topics covered explored the difficulties encountered in applying Western models of care, perceptions of the conceptual pillars of the NYAFE BASELE MISHS, and a practical assessment of its potential for integration into daily practice and training curricula. Each interview, lasting an average of 45 to 60 minutes, was recorded with the participants' written informed consent, guaranteeing anonymity, the confidentiality of the discussions and the right to withdraw without prejudice.

Data analysis was carried out using a rigorous thematic content analysis (Bardin, 2013). The verbatim transcripts were transcribed in full and then subjected to iterative coding to identify units of meaning and group them into major conceptual categories, facilitating a direct comparison with the principles of the MISHS.

3. Results

Analysis of the qualitative data enabled the results to be structured around three major thematic areas reflecting the conceptual suitability and operational feasibility of the MISHS in sub-Saharan Africa.

3.1. Critical assessment of dominant theoretical frameworks

The discourse analysis highlights a widespread structural dissatisfaction with Western conceptual models. An overwhelming majority of participants (87.5 per cent, or 21 out of 24) described these frameworks as 'inappropriate' or 'out of touch' with the environmental reality of Mbandaka. Nurses emphasise the practical impossibility of applying the linear stages of the North American nursing process (notably the NANDA-I, NIC and NOC taxonomies) within ' ' facilities lacking the necessary technical infrastructure. Tutors corroborate this observation by describing the educational dilemma faced by students, who are forced to assimilate abstract theoretical concepts at school, only to then improvise care in the field without any formal scientific framework.

3.2. The conceptual pillars of the MISHS: Perception and local adoption

NYAFE BASELE's Model of Systemic and Humanistic Integration (MISHS) was analysed in terms of its fundamental components. The results demonstrate strong endorsement of the model's two driving dimensions:

- **Contextual Systemic Integration:** Recognised by 92 per cent of participants as a necessary formalisation. It scientifically validates the nurse's act of adaptation, whereby they reorganise their care priorities according to the actual resources available (shortages of water, electricity and medicines) without compromising clinical effectiveness.
- **Community Humanism (or endogenous dimension):** This dimension echoes the deep-rooted cultural values of sub-Saharan Africa. Participants believe that the MISHS rightly reframes the family network not as an obstacle or as 'cumbersome visitors', but as an indispensable therapeutic partner in the care and psychological support of the patient.

3.3. Practical applicability and perceived benefits

Clinically, practitioners state that the MISHS helps to reduce nurses' feelings of guilt in the face of material shortages by emphasising resourcefulness, a warm, relational approach and the optimal use of appropriate technologies. In terms of training, 100 per cent of the lecturers surveyed advocate the systematic integration of the MISHS into the national Bachelor's-Master's-PhD (LMD) curriculum in the DRC, arguing that it will foster the development of contextualised, resilient and rigorously scientific clinical judgement among future graduates.

4. Discussion

The results of this study confirm the historical and scientific relevance of the epistemological shift advocated by NYAFE BASELE through MISHS. The criticism levelled by practitioners in Mbandaka against the hegemony of Western theories is directly in line with the work of the founding figures of sociology and anthropology of health in Africa, who denounce scientific colonialism as it has been transformed into healthcare practices (Fassin, 1992). By positing that care is inseparable from the ecological and social environment that gives rise to it, MISHS aligns with and enriches anthropological theories of *care* (Leininger, 2002), whilst moving beyond their purely culturalist perspective to incorporate the constraints of economic precariousness.

The distinctive feature of the MISHS lies in its innovative syncretic framework. Unlike the theory of the unitary human being or Roy's (2009) adaptation model, which focus on the internal mechanisms of biopsychological adaptation of the isolated individual, the NYAFE BASELE model conceptualises adaptation as a global systemic phenomenon in which the carer, the care recipient, the community and the adverse physical environment converge in a dynamic feedback loop. The integration of the family at the heart of the care process, validated by our findings, corroborates the analyses of African sociologists demonstrating that illness south of the Sahara is a total anthropological event involving the lineage (Nkwi, 2005). The MISHS thus provides a solid epistemological foundation for what Watson (1985) termed 'charitable factors', equipping them with an operational structure suited to resource-constrained settings.

Furthermore, the structural constraints highlighted in Mbandaka—notably the chronic shortages and excessive workloads documented by the Equateur Provincial Health Division (2024)—are no longer perceived, through the lens of the MISHS, as mere inevitabilities that undermine care. Instead, they become integrated variables within the system that nurses learn to manage in a rational, strategic and humanistic manner. This shift in theoretical perspective proves crucial to breaking the vicious circle of dehumanisation in care, frequently observed in public hospitals in Central Africa due to burnout (Peltzer et al., 2003).

5. Conclusion, Recommendations and Future Prospects

5.1. Conclusion

In summary, this qualitative study highlights the urgent need for a paradigm shift within nursing in sub-Saharan Africa. As the mechanical application of imported theories has demonstrated its objective limitations in the precarious,

community-based setting of Mbandaka, the Systemic and Humanistic Integration Model (MISHS) developed by NYAFE BASELE emerges as an indispensable epistemological alternative. By reconciling the rigour of systemic analysis with the depth of indigenous African humanism, this model offers nurses a legitimate, empowering and highly adapted framework for action that is well-suited to their working realities.

5.2. Recommendations

In light of the evidence gathered, the following recommendations are made:

1. **To the relevant ministerial authorities (Ministry of Higher and University Education, Ministry of Public Health):** Initiate a curriculum review of nursing training programmes to incorporate the NYAFE BASELE MISHS as the fundamental theoretical foundation for learning clinical judgement in a sub-Saharan context (particularly within the ISTM network).

2. **To the management of hospital institutions in Mbandaka:** Pilot the implementation of simplified care pathway grids based on the systemic integration of the MISHS, emphasising formal collaboration with patients' families as care partners.

3. **To the National Order of Nurses of the DRC:** Organise continuing professional development and clinical refresher training sessions focused on the humanisation of care in settings of material deprivation, drawing on the guiding principles of the MISHS.

5.3. Future prospects

The future prospects for this research centre on the development of quantitative and mixed-methods multicentre studies across the various provinces of the DRC and the Central African sub-region, in order to measure the direct impact of implementing the MISHS on reducing the in-hospital mortality rate and improving patient satisfaction scores. , modelling the system-level adaptation variables specific to MISHS could pave the way for the creation of clinical decision-support tools on mobile devices (smartphones) for nurses working in rural and remote health zones across the continent.

Bibliographical References

1. Bardin, L. (2013). *Content analysis* (2nd ed.). Presses Universitaires de France.
2. Collière, M. F. (1982). *Promoting Life: From the Practice of Women Caregivers to Nursing*. InterEditions.
3. Equateur Provincial Health Division. (2024). *Annual summary report on health activities in the province of Equateur*. DPS Mbandaka.
4. Fassin, D. (1992). *Power and Illness in Africa: A Social Anthropology of the Dakar Suburbs*. Presses Universitaires de France.
5. Leininger, M. M. (2002). *Culture care theory: A major contribution to advancing transcultural nursing knowledge and practices*. Journal of Transcultural Nursing, 13(3), 189–192.
6. Ministry of Public Health of the DRC. (2021). *National Health Development Plan (PNDS) 2021–2025: Towards universal health coverage*. Kinshasa.
7. Mucchielli, A. (2012). *Dictionary of Qualitative Methods in the Humanities and Social Sciences* (3rd ed.). Armand Colin.
8. Nkwi, P. N. (2005). *Anthropology in African Universities: Institutional Histories and Academic Practices*. African Books Collective.
9. World Health Organisation. (2020). *The State of the Nursing Profession in the World 2020: Investing in Education, Employment and Leadership*. WHO.
10. World Health Organisation. (2022). *Africa Health Report: Addressing the Challenges Facing the Health Workforce*. WHO Regional Office for Africa.
11. Peltzer, K., Shisana, O., Zuma, K., Van Wyk, B., & Zungu-Dirwayi, N. (2003). *Job stress, job satisfaction and stress-related illnesses among South African health workers*. Curationis, 26(3), 65–75.
12. Pourtois, J. P., & Desmet, H. (2007). *Epistemology and instrumentation in the human sciences*. Mardaga.
13. Roy, C. (2009). *The Roy adaptation model* (3rd ed.). Pearson.
14. Watson, J. (1985). *Nursing: Human science and human care – A theory of nursing*. National League for Nursing.