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Socio-Demographic and Academic Characteristics Of Nurses Applying for Authorization To Open And Operate Private Healthcare Practices In Benin

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ABSTRACT

The health reforms initiated in Benin in 2016 have allowed the reorganization of the practice of health professions in private clients, including nursing. To describe the socio-demographic and academic characteristics of nurses applying for authorization to open and operate Private Nursing Practices (CSIP) in Benin. A review of the applications for opening and operating CSIPs, submitted from 2021 to 2024 and selected by exhaustive probability sampling, was carried out. Linear relationships between certain variables were identified using the Pearson correlation test with the Stata/IC 16.0 statistical analysis software. 306 Beninese applicants, 72.55% of whom were men, were registered. Their average age was 38 years and 31 (10.1307%) were aged 60 and over. 53.9213% of the requested installation sites were located in Alibori, Atacora, Borgou and Donga. 76.4705% of the nursing diplomas presented were obtained between 2017 and 2022. 68.6274% of these diplomas came from abroad, including 55.2287% from Burkina Faso. In addition, 69.60% of the diplomas presented were the State Nursing Diploma, 73.70% of which were issued in Burkina Faso. Authorization was granted to 87.11% of the applicants. Applicants of retirement age in Benin raise the issue of sponsorship, the legal contours of which deserve to be clarified. The unequal distribution of installation sites requires the development of a private health map with the objective of Universal Health Coverage. The predominance of foreign diplomas implies the assessment of the skills of their holders.

Keywords: Nurses; Private nursing practices; Authorization to open and operate; Socio-demographic and academic characteristics; Benin.

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INTRODUCTION

In an effort to provide quality health care to the Beninese population and achieve the goal of Universal Health Coverage (UHC), the government of Benin, by decree No. 2016-514 of August 24, 2016¹, initiated several major reforms in the health sector. A national technical commission was tasked with analyzing the health system, proposing the basis for a mechanism for expanded and equitable access to health services, and ensuring the monitoring and implementation of reforms for a more effective and efficient health system². Among these reforms is the reorganization of the private practice of medical and paramedical professions in a dynamic of strengthening universal access to quality health care. The private practice of the nursing profession has not remained on the sidelines of these reforms.

Long regulated by Law No. 97-020 of June 17, 1997 establishing the conditions for the private practice of medical and paramedical professions in the Republic of Benin³ and Decree No. 2000-409 of August 17, 2000 implementing Law No. 97-020 of June 17, 1997 establishing the conditions for the private practice of nursing care⁴, the practice of the nursing profession in private practice in Benin, like other health professions, has undergone structural reforms leading to the adoption of Law No. 2025-01 of January 16, 2025 organizing the private practice of medical and paramedical human health professions in Benin⁵. In this new legal framework⁵, the private nursing practice, while remaining a care center provided by a qualified nurse within the limits of his or her skills, is now considered a private health establishment integrated into national planning, freely established, legally regulated, subject to control and quality requirements. It is designed as an autonomous framework in which the nurse fully assumes civil and criminal responsibility, without the obligation to be attached to another medical structure.

Indeed, "as a profession, nursing is dedicated to upholding the right of every person to the highest attainable standard of health through a shared commitment to providing collaborative, culturally safe, human-centered care and services. Nursing acts and advocates for equitable access to health and health care, as well as safe and sustainable environments. Nursing practice embodies the philosophy and values of the profession by providing professional care in the most personal aspects of people's lives. Nursing promotes health, protects safety and continuity of care, and manages and leads health organizations and systems. Nursing practice is based on a unique combination of scientifically based disciplinary knowledge, technical abilities, ethical standards, and therapeutic relationships. Nursing is committed to compassion, social justice, and a better future for humanity"⁶. All this shows the place that nursing occupies in health systems because, nursing personnel, front-line agents of any health system⁷, form the largest

professional group in the health sector, representing approximately 59% of health professions⁸; better, it constitutes the cornerstone of the reconstruction of health systems in the world⁹.

While the role of private practice of health professions is no longer in doubt, given that the State alone cannot cover all geographical areas of a country with health care structures, private practice of the nursing profession appears more particularly as a complementary lever for national Universal Health Coverage strategies while ensuring the quality of the services offered. The World Health Organization (WHO)⁸ also believes that nursing staff play a central role in establishing universal health coverage and achieving sustainable development goals.

The reforms initiated in the health sector in Benin¹, in an effort to preserve the quality of health care and more particularly nursing care in the context of private practice of the nursing profession, have made it possible to take several major decisions, including the start of issuing new authorizations for the opening and operation of private health establishments in a joint ministerial decree instead of individual decrees in order to avoid or limit fraud. To support and strengthen this quality approach implemented since 2018 with the aim of having an increasingly healthy private health sub-sector in which the actors are more aware of their mission and more committed to ensuring quality care for the population¹, It seems important to take stock of the situation, hence the interest of this study, the aim of which is to analyze the socio-demographic and academic characteristics of nurses applying for authorization to open and operate private healthcare practices in the Republic of Benin.

MATERIALS AND METHOD

To achieve the aim of the study, a retrospective quantitative descriptive research design was used. The documentary analysis method was adopted by examining the files of applications for the opening and operation of private nursing practices, submitted by applicants to the health regulations department of the National Directorate of Public Health (DNPS) of the Ministry of Health of Benin from 2021 to 2024, selected through exhaustive probability sampling.

A documentary analysis grid made it possible to study the main variables under study presented in the following table (Table 1).

Table 1: List of main variables under study

Variables	Terms and Conditions	Variable Types
Socio-demographic and geographic characteristics		
Sex	○ Male ○ Female	Qualitative binary
Age	Exact age of applicant	Discontinuous quantitative
Nationality	Applicant's country of origin	Nominal qualitative
Department requested for the installation of the private nursing practice	○ Alibori ○ Donga ○ Atacora ○ Coastline ○ Atlantic ○ Mono ○ Borgou ○ Ouémé ○ Hills ○ Plateau ○ Couffo ○ Zou	Nominal qualitative
Academic characteristics		
Types of Nursing Degrees Presented	○ Bachelor of Nursing (General Secondary Education Baccalaureate + 3 years of training) ○ State Nursing Diploma (First cycle study certificate + 3 years of training) ○ Medical and Health Technician Certificate (First cycle study certificate + 3 years of training) ○ Certified Nursing Diploma (Primary Studies Certificate + 3 years of training) ○ Other nursing diploma (please specify)	Nominal qualitative
Year of obtaining the nursing diploma presented	Year of obtaining the nursing diploma presented	Quantitative time
Country of nursing degree presented	Country of nursing degree presented	Nominal qualitative

The collected data were categorized and the occurrences of the variable modalities were presented in tables using descriptive statistics by calculating absolute frequencies, relative frequencies and arithmetic mean.

Significant linear relationships between the following five variables : age, gender, country of nursing degree; type of nursing degree and department requested for the installation of the private nursing practice; were sought by the Pearson correlation test carried out using Stata/IC 16.0 software. Indeed, the Pearson coefficient (r) being a normalization of the covariance, therefore mathematically bounded, a linear relationship exists between two variables if $-1 \leq r \leq 1$. Specifically, the results of the statistical test were analyzed according to the following scale (Table 2)

Table 2 : Scale for assessing the quality of the correlation between the five variables studied

No.	Coefficient r	Interpretation
01	$r = 1$	Perfectly positive correlation
02	$0.7 \leq r < 1$	Strong positive correlation
03	$0.5 \leq r < 0.7$	Moderate positive correlation
04	$0.3 \leq r < 0.5$	Weak positive correlation
05	$-0.3 < r < 0.3$	Very low or no correlation
06	$-0.5 < r \leq -0.3$	Weak negative correlation
07	$-0.7 < r \leq -0.5$	Moderate negative correlation
08	$-1 < r \leq -0.7$	Strong negative correlation
09	$r = -1$	Perfectly negative correlation

Furthermore, it should be noted that in compliance with ethical standards in scientific research, the study was authorized by the Ministry of Health of Benin by data collection authorization No. 3648/MS/DC/SGM/DFRS/SRS/SA dated July 10, 2025.

RESULTS

318 applications for authorization to open and operate private nursing practices were recorded from 2021 to 2024, including 12 duplicate applications due to the rejection of the first application due to incompleteness of the required administrative documents. 306 applications were therefore retained for analysis and the applicants are all of Beninese nationality. The majority of applications (267/306 or 87.25%) had received a favorable opinion from the *technical commission for the exercise in private clients* of health professionals in Benin.

Socio-demographic characteristics of applicants for authorization to open and operate practices private nursing care in the Republic of Benin

Table 3: Distribution of nurses applying for authorization to open and operate private nursing practices by age and gender (n=306)

Age class intervals	Sex		Total	Relative frequency (%)
	Male	Female		
[20-30[	57	18	75	24,50980392
[30-40[	109	41	150	49,01960784
[40-50[	20	10	30	9,803921569
[50-60[	10	10	20	6,535947712
[60-70[	22	05	27	8,823529412
[70-80[	3	00	03	0,980392157
[80-90[	1	00	01	0,326797386
Total	222	84	306	100
Relative frequency (%)	72.55	27.45	100	

The analysis of Table 3 shows that the male sex is predominant among the respondents (72.55%) and the modal age group is [30-40[(n=150 or 49%). Furthermore, the average age

of the respondents was 38.0392 years \approx 38 years with extremes of 20 years and 90 years. There are 31 respondents aged 60 years and over (10.1307%).

Table 4: Distribution of applications for authorization to open and operate private nursing practices by year of submission (n=306)

Years of filing the application	Number of applications for authorization to open and operate a private nursing practice registered	Frequency relative (%)
2021	78	25.49
2022	77	25.16
2023	81	26.47
2024	70	22.88
Total	306	100

Reading Table 4, it appears that the largest number of applications for authorization to open and operate private nursing practices was recorded from 2021 to 2023 with a slight decrease in 2024. Furthermore, the average annual number of applications recorded was 76.5.

Table 5: Geographical distribution of the sites where nursing practices were set up, chosen by the respondents for the practice of the nursing profession in private practice (n=306)

Departments	Number of private nursing practice installation sites identified	Frequency relative (%)
Alibori	18	5,882352941
Atacora	40	13,07189542
Atlantic	54	17,64705882
Borgou	93	30,39215686
Collines	13	4,248366013
Couffo	06	1,960784314
Donga	14	4,575163399
Littoral	07	2,287581699
Mono	05	1,633986928
Ouémé	23	7,516339869
Plateau	10	3,267973856
Zou	23	7,516339869
Total	306	100

Of the 306 files analyzed, all 12 departments of Benin were represented with numbers of private nursing practice installation sites that vary from one location to another. The Borgou department had recorded the largest number of installation sites (n = 93 files, or 30.3921%), followed by the Atlantic (n = 54 files or 17.6470%) and Atacora (40 files, or 13.0718%). It should be noted that the four northern departments of Benin (Alibori, Atacora, Borgou and Donga) alone account for more than half (165/306 or 53.9213%) of the private nursing practice installation sites requested by applicants.

Academic characteristics of applicants for authorization to open and operate healthcare practices nurses in private practice in the Republic of Benin

Table 6: Distribution of types of nursing diploma presented according to applicants for authorization to open and operate private nursing practices (n=306)

Types of Nursing Degrees Presented	Number of applicants for authorization to open and operate a private nursing practice	Frequency relative (%)
Bachelor of Nursing (Baccalaureate + 3 years of training)	91	29.74%
State Nursing Diploma (First Cycle Studies Certificate + 3 years of training)	207	67.64%
First degree qualification certificate	1	0.33%
Medical and Social Technician Certificate (First Cycle Studies Certificate + 3 years of training)	6	1.96%
Certified Nursing Diploma (Primary School Certificate + 3 years of training)	1	0.33%
Total	306	100

The majority (69.60%) of nurses applying for authorization to open and operate nursing practices for private clients in the Republic of Benin hold either the State Nursing Diploma (First Cycle Study Certificate + 3 years of training): 67.64% or the Medical-Social Technician Certificate (First Cycle Study Certificate + 3 years of training) : 1.96%; both types of diploma having the same academic levels.

Table 7: Distribution of nurses applying for authorization to open and operate private nursing practices by country and year of obtaining nursing diploma (n=306)

Year of nursing graduation	Country of nursing graduation				Total	Frequency relative (%)
	Benin	Burkina Faso	Niger	Togo		
1974	1	0	0	0	1	0.326797386
1978	1	0	0	0	1	0.326797386
1984	1	0	0	0	1	0.326797386
1985	1	0	0	0	1	0.326797386
1986	1	0	0	0	1	0.326797386
1987	3	0	0	0	3	0.980392157
1988	1	0	0	0	1	0.326797386
1989	2	0	0	0	2	0.653594771
1993	2	0	0	0	2	0.653594771
1996	2	0	0	0	2	0.653594771
1997	1	0	0	0	1	0.326797386
1999	1	0	0	0	1	0.326797386
2001	1	0	0	0	1	0.326797386
2002	2	0	0	0	2	0.653594771
2003	4	0	0	0	4	1,307189542
2004	6	0	0	0	6	1,960784314
2005	7	0	1	1	9	2,941176471
2006	5	0	0	0	5	1,633986928
2007	3	0	0	0	3	0.980392157
2008	1	0	0	0	1	0.326797386
2009	1	0	0	0	1	0.326797386
2011	0	2	0	0	2	0.653594771
2012	0	1	0	0	1	0.326797386
2013	1	0	0	0	1	0.326797386
2014	1	0	0	0	1	0.326797386
2015	0	0	1	1	2	0.653594771
2016	2	1	1	2	6	1,960784314
2017	2	6	3	0	11	3,594771242
2018	7	29	1	0	37	12,09150327
2019	8	43	1	2	54	17,64705882
2020	6	57	16	1	80	26,14379085
2021	12	22	3	0	37	12,09150327
2022	6	6	3	0	15	4,901960784
2023	3	1	1	2	7	2,287581699
2024	1	1	1	0	3	0.980392157
Total	96	169	32	9	306	100
Relative frequency (%)	31,37	55,23	10,46	2,94	100	

The majority (210/306 or 68.6274%) of nursing diplomas presented by applicants for authorization to open and operate nursing practices for private clients had been obtained outside Benin (abroad) with a predominance in Burkina Faso which alone accounts for more than half (169/306 or 55.2287%) of registered nursing diplomas. It is also noted that more than 3/4

(234/306 or 76.4705%) of nursing diplomas presented by respondents were obtained between 2017 and 2022 with a predominance in 2020 (n = 80).

Table 8: Distribution by country of obtaining the types of nursing diploma presented by applicants for authorization to open and operate private nursing practices (n=306)

Types of Nursing Degrees presented	Country of nursing graduation				Total	Frequency relative (%)
	Benin	Burkina Faso	Niger	Togo		
Bachelor of Nursing (Baccalaureate + 3 years of training)	43	12	29	07	91	29.74%
State Nursing Diploma (First Cycle Studies Certificate + 3 years of training)	45	157	03	02	207	67.64%
First degree qualification certificate	01	00	00	00	01	0.33%
Medical-Social Technician Certificate (First Cycle Studies Certificate + 3 years of training)	06	00	00	00	06	1.96%
Certified Nursing Diploma (Primary Studies Certificate + 3 years of training)	01	00	00	00	01	0.33%
Total	96	169	32	09	306	100
Relative frequency (%)	31,37	55,23	10,46	2,94	100	

Analysis of the data in Table 8 shows us that although the majority (n=213/306 or 69.60%) of the diplomas presented by the respondents were the State Nursing Diploma (First Cycle Studies Certificate + 3 years of training) or equivalent, a little less than 3/4 (n= 157/213 or 73.70%) of this type of diploma were issued in Burkina Faso.

Table 9: Correlations between some socio-demographic and academic variables studied (n=306)

	Age	Sex	Country of nursing degree presented	Department requested for the installation of the private nursing practice	Type of nursing degree presented
Age	1.0000				
Sex	0.0053	1.0000			
Country of nursing degree presented	-0.2308	-0.1495	1.0000		
Department requested for the installation of the private nursing practice	0.0927	0.0269	-0.1044	1.0000	
Type of nursing degree presented	-0.3729	0.0312	0.1603	-0.1129	1.0000

In the analysis of Table 9, a linear relationship is noted between the following variables: age, sex, country of obtaining the nursing diploma; type of nursing diploma and department requested for the installation of the private nursing practice, but the strongest is between the age of the respondent and the type of nursing diploma presented ($r = -0.3729$) showing a moderate negative correlation ($-0.7 < r \leq -0.5$). Also, a weak negative correlation ($-0.5 < r \leq -0.3$) is noted between the age of the respondent and the country of obtaining the nursing diploma presented ($r = -0.2308$) and, the type of nursing diploma presented and the department requested for the installation of the private nursing practice ($r = -0.1129$).

DISCUSSION

The private practice of health professions appears to be an essential lever to be used by States to achieve the objective of Universal Health Coverage (UHC), which is an essential element of the Sustainable Development Goals (SDGs), particularly the one relating to health: "Ensure healthy lives and promote well-being for all at all ages" (SDG 3)¹⁰. Indeed, UHC means that all people, wherever they are, can access the quality health services they need, without suffering financial difficulties; it is therefore not only a question of financing health care, but also a question of equity, accessibility and quality of services for all¹¹. The nursing profession is called upon to play a decisive role in achieving the objective of UHC because it constitutes the backbone of all health systems¹². According to the World Health Organization⁸, nurses play a central role in achieving Universal Health Coverage and the SDGs. Moreover, no global health agenda (such as UHC) can be successfully achieved without concerted and sustained efforts to

maximize the use of nurses and their contribution to interprofessional medical teams. Also, nurses are at the heart of care delivery, whether in public or private health facilities; they are indeed essential pillars of health care, playing a crucial role in the continuity, quality and safety of care provided to patients.

Although the practice of nursing in private practice has been a reality in Benin for decades and is currently regulated by a new legal framework⁵, the unequal geographical distribution of the sites where private nursing practices are set up across the country could be a factor limiting the achievement of the CSU objective, particularly in its key dimension of "population coverage"¹¹. Indeed, the study revealed that the four departments of northern Benin (Alibori, Atacora, Borgou and Donga) alone account for more than half (165/306 or 53.9213%) of the sites where private nursing practices are set up requested by applicants. Better still, a weak negative correlation ($-0.5 < r \leq -0.3$) is noted between the department requested for the installation of the private nursing practice and the type of nursing diploma presented ($r = -0.1129$), but the type of nursing diploma most presented by the respondents was the state nursing diploma (DEI) or equivalent (First Cycle Studies Certificate + 3 years of training + 3 years of training) ($n=213/306$ or 69.60%), of which a little less than 3/4 ($n= 157/213$ or 73.70%) were issued in Burkina Faso. This observation could be linked to the fact that these four departments in the north of Benin are close to Burkina Faso. Moreover, a weak positive correlation ($0.3 \leq r < 0.5$) was noted (Table 9) between the type of nursing diploma presented and the country of obtaining it ($r = 0.1603$).

The need to strengthen regulations by providing nurses promoting private care practices with a private sector health map is essential. Indeed, a health map, in the context of health care planning and organization, is a document that provides a detailed inventory of the hospital sector. It includes an inventory of structural and human resources, as well as the organization and activities of these structures. It serves as a basis for estimating national health needs and evaluating the existing health care offering, thus helping to guide political decisions and improve access to care¹³. The high concentration of private nursing practice sites in the northern departments of Benin requires in-depth investigation in terms of the promoters' motivations, but this situation could be explained by several factors including: better economic opportunities, the distance from public health care structures to the population, easier access to financing or a larger and more solvent population.

The average age of the respondents was 38 years with extremes of 20 years and 90 years and the most presented type of nursing diploma was the DEI or equivalent (BEPC + 3 years of training) ($n = 213/306$ or 69.60%) of which 73.70% were issued in Burkina Faso, but a moderate negative correlation was noted ($-0.7 < r \leq -0.5$) between the age of the respondent

and the type of nursing diploma presented ($r = -0.3729$). This seems to show that older nurses generally hold the oldest or lower-level diplomas (DEI or Medical-Social Technician Certificate), which reflects a qualitative evolution of training over time and also of the training system, due to the reforms initiated in the system of training in Nursing and Obstetric Sciences in Benin in 2005¹⁴. Similarly, a weak negative correlation ($-0.5 < r \leq -0.3$) between the age of the respondent and the country of obtaining the nursing diploma presented was noted ($r = -0.2308$), which could mean that the youngest are training more abroad and in particular in Burkina-Faso, thus reflecting a transformation of academic mobility preferences or probably due to the evolution of training preferences and the very limited admission conditions of Benin. The modal age group of nurses promoting private care practices was [30-40[(n=159 or 49%). This age group interval could correspond to a phase of maturity where nurses would have already acquired professional experience, as well as a certain social and financial stability. These elements could favor their transition to an autonomous professional practice in order to better value their skills, improve their living and working conditions or seek greater individual recognition in liberal practice. However, it has been noted that a less negligible number (n=31) of nurses promoting private care practices are aged 60 and over, the legal reference age for retirement in Benin¹⁵. Even if it is admitted that these nurses seem to show the desire to share with the Beninese population their professional experiences acquired during several years of practice and in several work contexts, this situation seems to reveal a phenomenon of late intersectoral mobility where experienced professionals seek to promote their acquired expertise, particularly in the public sector, towards private opportunities despite reaching the regulatory retirement age. This corroborates the results of the study by Antoine¹⁶ carried out in seven West African capitals including Benin and which reports that the later presence of older people at work is an issue that currently occupies the social scene in West Africa and that the transition to a later retirement age is also one of the major demands of the unions in the sub-region. The author¹⁶ informs us that beyond the age of 60, a significant proportion of individuals are still working and are increasingly confined to the informal sector because retirement pensions paid in West Africa are relatively low, particularly for those who worked outside the public sector and are not sufficient to cover the family responsibilities that weigh on these people until a relatively advanced age. Despite all these reasons, it would be appropriate to question the real motivations for practicing nursing in private practice after retirement. Indeed, some retired nurses, by applying for authorization to open and operate private care practices, seem to simply offer sponsorship to non-health professionals, which indirectly leads to the illegal practice of the nursing profession, contrary to the new legal framework⁵ established by the reforms in the health sector in Benin¹. In reality, sponsorship in

the context of private nursing practices refers to a strategy where an existing healthcare professional (the sponsor) recommends the services of his or her practice to other healthcare professionals (the godchildren) who may be interested in a new practice. If the practice is to be accepted, it is essential to consider finding the necessary legal contours in order to preserve the quality of nursing care provided in these private nursing practices whose promoters are not fully active in order to ensure their civil and criminal responsibilities.

In this study, the male gender is predominant among the nurses promoting private care practices surveyed (72.55%), which shows the existence of a disparity in access to nursing entrepreneurship according to gender, while the majority of nursing staff in the world are women, representing nearly 90% of the workforce⁸. This observation also seems to go in the opposite direction of the dynamics of the Ministry of Health of Benin, which had adopted a Strategic Plan for the Institutionalization of Gender, the vision of which is worded as follows : "By 2025, the Ministry of Health provides health care services and benefits in which equality and equity between men and women are respected in order to meet all the health needs of the population"^{17,18}. This plan aims to sustainably integrate the gender dimension into all policies, programs and projects in the health sector, which involves transforming social relations between men and women by ensuring that the needs and priorities of each sex are taken into account in the design, implementation and evaluation of health interventions. In fact, the predominance of the male sex among promoters of private nursing practices could be explained by a greater ability of men to create their own nursing practices, without forgetting the potential influences of socio-cultural and economic determinants. It should be recalled that disparities in access to the nursing profession due to sex where men are sidelined was not a reality in Benin according to a study carried out by Otte *et al*¹⁹ on the motivations for training in the nursing profession in Benin and which reported to us that more than half (54.96%) of the nursing students surveyed were male. For Cohen²⁰, only the valorization of the nursing profession by the whole of society as a non-gendered value could bring nursing sciences out of the impasse. The majority (210/306 or 68.6274%) of nursing diplomas presented by applicants for authorization to open and operate private nursing practices in the Republic of Benin were obtained outside the country and Burkina Faso alone accounts for more than half (169/306 or 55.2287%) of these registered nursing diplomas, the holders of which were trained for the most part in private health schools in the said country. Indeed, according to a publication on the website " Lefaso.net" (<https://lefaso.net/>)²¹, "nursing training in private health schools in Burkina Faso faced several challenges, particularly in terms of the quality of teaching, recognition of diplomas and professional integration. There are disparities between public and private schools with concerns about the adequacy of teaching practices in certain private

structures. In addition, clinical supervision, which is crucial for practical training, is often considered insufficient by students." The same source²¹ tells us that the problem of nursing training in Burkina Faso, particularly in private schools, requires a comprehensive and concerted approach to guarantee quality training and successful professional integration for future health professionals. It is in this perspective that the Ministry of Higher Education, Research and Innovation of Burkina Faso, by Order No. 2024/344/MESRI/SG/ DGESup dated 11/09/2024²², had suspended recruitment in the Bachelor's and Master's programs in Nursing and Midwifery in Private Higher Education Institutions (IPES) of the said country.

It is therefore necessary and essential to question the level of development of the professional and technical skills of the holders of these nursing diplomas obtained in Burkina Faso (and in other foreign countries) and more specifically in private health training establishments in order to ensure the quality of the nursing care that they are called upon to provide to the Beninese population independently according to the requirements of the new legal framework for regulating the practice of human health professions in private practice in Benin⁵. It is with this vision that in 2023, the government of Benin, by Decree No. 2023-517 of October 18, 2023 on the attributions, organization and functioning of the National Commission for the Study of Equivalences of Diplomas²³, took, in its article 6, the decision to restrict the obtaining of equivalence of medical diplomas and paramedical training issued by private establishments to a derogation list fixed by decree taken in the Council of Ministers. Also, it was decided in the Council of Ministers at its meeting of Wednesday, February 19, 2025²⁴, with the aim of protecting the population against medical errors with irreversible consequences observed in places, to set up a special system for evaluating and strengthening the skills of the graduates concerned in accordance with the provisions of article 6 of decree No. 2023-517 of October 18, 2023²³ in order to authorize them to practice in Benin. This system will consist of organizing capacity building sessions for those whose eligibility is clear, in the form of theoretical course modules and practical training over a period of one year in health establishments and ultimately leading to a certificate of aptitude.

The study also revealed that more than $\frac{3}{4}$ (234/306 or 76.4705%) of the nursing diplomas presented by promoters of private care practices were obtained between 2017 and 2022 with a predominance in 2020 (n = 80). This confirms the strong attractiveness that the nursing profession currently enjoys and the motivational factors behind nursing training among Beninese students were, among others, the good employment prospects offered by the nursing profession¹⁹, including the possibility of working in private practice. Furthermore, the majority (n=213/306 or 69.60%) of these registered nursing diplomas were the State Nursing Diploma or equivalent (First Cycle Studies Certificate + 3 years of training) of which a little less than

3/4 (n= 157/213 or 73.70%) were issued in Burkina Faso while the reforms initiated in the Nursing and Obstetrics training system in Benin¹⁴ had ended the awarding of this academic level of diploma and the first class of Bachelor of Nursing Sciences graduated in 2013. This influx of students seeking nursing training abroad and more particularly in this neighboring country could be explained by the limited conditions of access to the said university training in force in Benin since 2010, which even pushes Beninese holders of the Baccalaureate of general secondary education to register for training for the State Diploma of Nursing in three years, which is only a professional baccalaureate. It is therefore appropriate to question the capacity of the Beninese education system to train enough students to cover the nursing staff needs of the health system.

CONCLUSION

The results of this study showed a positive dynamic in the choice of private practice of the nursing profession, which supports the public sector in achieving the goal of universal health coverage. The analyzed data could serve as a basis for proposals for the direction of the regulatory policy of private practice of the nursing profession in the Republic of Benin.

Indeed, the study highlighted, among other things, the need for a private health card for a better distribution of private nursing practices throughout Benin. The presence of people of retirement age in the promoters' workforce could raise the question of sponsorship of young graduates or sometimes, non-graduates in nursing by the latter, which merits that the legal contours of this practice be clarified in light of the requirements of the new legal framework regulating the private practice of medical and paramedical professions in human health in Benin⁵. The predominance of nursing diplomas obtained abroad requires the rapid implementation of the government measure contained in the report of the Council of Ministers at its meeting of Wednesday, February 19, 2025²⁴ in order to authorize these nurses promoting private care practices to practice in Benin, which will not only increase the rate of health coverage of the population, but will guarantee quality and secure care. Finally, the study opens up new perspectives for scientific research, in particular on: the motivations for practicing the nursing profession in private clients in the Republic of Benin; the quality of the inspection visit within the framework of the authorization to open and operate private nursing practices; the continuing education needs of nurses promoting private care practices and; the difficulties encountered by promoters in the management of private nursing practices.

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