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INFLUENCE OF PERSONAL VALUES AND PROFESSIONAL OBLIGATIONS IN MANAGEMENT OF HEALTHCARE ORGANIZATIONS

Personal values play an important role as basic principles that guide people's behavior and decision-making. And professional commitment contributes to the continuation of the profession through active participation in the effectiveness of the organization. Therefore, this study examines the relationship between personal values and professional obligations of employees in the management of healthcare organizations. The purpose of the study is to study the relationship between personal values and professional obligations of employees working in healthcare organizations in Turkestan. The research work was carried out by a descriptive method and survey tools were used. Data were collected from Ahmet Yasawi clinic located in Turkestan city and Talgat clinics for comparative analysis. 384 employees participated in the survey. SPSS 23.0 software was used for data analysis, and reliability indicators were evaluated using Cronbach's Alpha. The research results show that personal values and professional obligations have a direct impact on employee productivity and effective management of the organization. In addition, the importance of human resource management strategies in healthcare organizations was also

determined during the research. Therefore, the results of the research can be the basis for the formation of proposals aimed at improving the personnel management system of medical institutions and increasing efficiency in the field of health care.

Keywords: personal values, professional obligations, healthcare organizations, employee productivity, organization management efficiency, human resources management.

Introduction

The question of why something is valuable has always been a question mark that has troubled humanity. For this reason, values have been embedded in several fields and channels from ancient times to the present day, and have been the basis for many discussions about whether or not they are included in these fields and channels. Values affect people's feelings, thoughts, and attitudes and behaviors through various dimensions [1]. On the other hand, attitudes represent personal characteristics that allow us to evaluate physical objects, and assumptions, beliefs, and values strongly influence these characteristics. According to the value-attitude-behavior model [2], which was founded by Rokeach and developed by Homer and Kahl, values have the strongest influence on behavior. According to this model, values shape attitudes, and attitudes determine the direction of behavior [3]. Professional commitment is the continuation of the profession by taking an active role in all activities of the organization and profession [4]. Professional commitment, or professional commitment, helps people find meaning in their profession and increases their desire to remain in that profession. The strength of professional commitment has a significant impact on the organizational and professional development of individuals. Individuals' commitment to their profession is measured within the framework of three dimensions: participatory, affective, and normative commitment [5]. Professional commitment is determined by the level of importance of these components. The most important type of commitment among these components is the individual's affective commitment. An individual carries out his professional development within the framework of this level of professional commitment and plans and practices his career in this direction [6].

In this regard, the effectiveness of management of health care organizations is determined in most cases by ensuring the harmony of employees. The personal values of employees in healthcare organizations determine their basic behavior and actions and influence the fulfillment of their professional obligations. Large-scale transformation of health care, decentralization of the management system of medical organizations had a significant impact on the dynamics of qualitative

and quantitative indicators of personnel potential, and personnel relations became more complicated, while the redistribution of responsibility for the implementation of regulatory functions is an important task of modern medicine [7]. In addition, it should be noted that it is important to achieve the activity of the management mechanism by providing a set of measures that contribute to the formation, use and development of human resources. That is why issues such as the compatibility of human resources management methods and their correspondence with the corporate business strategy become a very important and relevant topic in solving the set of problems that need theoretical analysis and justification. In order to solve this problem, it is necessary to consider the integration of human resource management methods in the organization and the decisions of the general strategic organization in a new way. This is because the competition in the delivery of medical services is intensifying day by day and the cost of the industry is increasing rapidly, healthcare organizations, which are the core of this industry, are focusing their resources on more efficient and effective use. For these reasons, all hospitals must measure and identify efficiency levels and determine what needs to be done to bring the resources that need to be increased or decreased to a more efficient level. In addition, the most important thing is the personal values of employees and their impact on professional commitment. Values are principles that guide people's attitudes and behavior [8]. On the other hand, professional commitment is the continuation of one's profession by actively participating in the organization's effectiveness and the activity of the profession [9]. Personal values and professional integrity are a topic that is only recently explored in the literature.

The purpose of the work prepared in this context is to study the relationship (socio-demographic features) between the personal values of the employees of health care organizations in the city of Turkestan and the fulfillment of their professional obligations. For this, within the framework of the study, made by Oliver (1985) [10] and Yilmaz (2017) [11] to measure the values of hospital employees, made by Meyer and his friends (1993) to measure the threshold of personal values and professional commitment [12] scale of professional responsibility was used. In this regard, the research work is carried out using the descriptive research method, the research results are comprehensively analyzed and appropriate recommendations are given.

Materials and methods

This study examined the relationship between personal values and professional commitments (socio-demographic characteristics). In this regard, the research was conducted using a descriptive research method. The purpose of the work prepared in this context is to study the relationship (socio-demographic features) between the personal values of the employees of health care organizations in the city of

Turkestan and the fulfillment of their professional obligations. For this, within the scope of the study, the professional responsibility scale developed by Meyer and his friends (1993) was used to measure personal values and professional commitment, developed by Oliver (1985) and developed by Yilmaz (2017) to measure the values of hospital employees.

The main research of service quality is based on the measurement of service quality. Because an element that cannot be measured cannot be evaluated and developed. The presence of certain features that distinguish services from goods and do not allow measuring its quality makes it difficult to conduct research in this area. Similar difficulties arise when measuring the quality of medical services provided in health care organizations.

Some mandatory limitations were made during this study. The research work was conducted on employees of one private and one state clinic in Turkestan. The reason for comparing one public and one private clinic is that the facilities of a private clinic and the facilities of a public clinic are not the same. Such a procedure was used to determine the similarities and differences between the two variables and to make a precise and qualitative comparison. In other words, this research work was also conducted to measure and evaluate the quality of medical services provided in clinics that are health care organizations.

Before starting the study, written permission was obtained from the administration of Akhmet Yassawi Clinic and Talgat Clinic to obtain ethical approval from the management of the clinics. Data were thus collected from the staff of two clinics who voluntarily agreed to participate in the study. Clinic staff were told in advance that the decision on whether to participate in the study was entirely theirs, that their names would not be written in the questionnaire, that the data obtained from this study would be used only within the framework of the study, and that confidentiality would be strictly ensured.

Research work 01.08-30.11.2024. includes employees of Akhmet Yassawi Clinic and Talgat Clinic. Calculation of the sample is according to the following formula ($n = p \cdot q \cdot t^2 / d^2$); ($p = 0.5$; $q = 0.5$; $t = 1.96$; $d = 0.05$) were calculated. The required sample size of the study was calculated to be 384 people.

A survey method was used as a data collection tool. The sample components were selected by simple random sampling, and if the conditions of the study were fulfilled, the questionnaire was used one by one. At the beginning of the questionnaire, there is a brief instruction about the purpose of the study and how to use the questionnaire. The scale used as a data collection tool consists of 3 parts. Oliver's (1985) 20-item PVS (Personal Value Statement) scale was used to determine personal values (political, aesthetic, social, theoretical and economic values) included in the first part of data collection. The PVS contains 20 individual

word groups, each consisting of three words that represent general characteristics of the value systems they represent. This scale was completed by participants rating the importance of 60 words in a group of questions. The second data collection scale, the Vocational Commitment Scale, was developed by Meyer and colleagues (1993). The survey includes 12 questions consisting of 3 sub-dimensions made on a 5-point Likert scale. The third part of data collection consists of questions that collect personal information.

A total of 384 people participated in the study. Data were analyzed with the SPSS 23.0 package program. In the analysis stage, frequency tables were first prepared to identify the variables. A reliability study was conducted for the Vocational Commitments scale prepared in five-point Likert form. Cronbach's Alpha value was calculated and the results of the scales were practically evaluated. After the reliability analysis, descriptive statistics were calculated for the loyalty scale. Since it was not possible to study reliability for the individual value scale, a set of scales was calculated and descriptive statistics were transferred to the table. For both scales, a normative sample was obtained using the Kolmogorov-Smirnov Z test. It was observed that the result of any scale was not suitable for normal distribution ($p < 0.05$). Thus, when using difference tests, non-parametric tests were chosen. The Mann-Whitney U test was used for differences between two categorical variables, and the Kruskal-Wallis H test was used to test more than two categorical variables. Spearman's correlation test was used to determine whether there was a relationship between the professional commitment scale and the personal value scale, and if so, the degree and direction of the relationship. No regression analysis was performed because the subscales of the scales were not significantly correlated with each other. All applied tests were conducted at the 95 % confidence level.

Results and discussion

The data obtained from the measurement tools developed on this occasion will be based on the results of the analysis of socio-demographic features of the participants, 160 of the participants are women (41.67 %), 224 are men (58.33%), 190 of them (49.48 %) 194 employees (50.52 %) work in Talgat clinic and 22 employees (5.73 %) work in one year less, 86 (22.52%) between 1-5 years, 135 (35.16 %) between 6-10 years, 59 (15.36%) between 11-15 years, 40 (10.42 %) have 16-20 years of experience, the remaining 42 (10.94%) have more than 21 years of experience (Table 1).

Table 1 – Socio-demographic characteristics of the participants

The peculiarity	Description	N	%
Gender	Male	224	58,33
	Female	160	41,67
Age	18-23	18	4,69
	24-29	80	20,83
	30-35	99	25,78
	36-41	93	24,22
	42-47	58	15,10
	47+	36	9,38
Marital status	Family	256	66,67
	Single	128	33,33
The clinic	Talgat	190	49,48
	Akhmet Yassawi	194	50,52
The function	Medic	114	29,69
	Administrator	197	51,30
	Technician	73	19,01
Education	Secondary school	16	4,17
	Medium specific	83	21,61
	Professional	92	23,96
	Bachelor	130	33,85
	Master's degree	47	12,24
	Doctorate	16	4,17
Income	< 100 000 tenge	144	37,50
	> 100 000 tenge	240	62,50
Work experience	up to 1 year	22	5,73
	1-5	86	22,40
	6-10	135	35,16
	11-15	59	15,36
	16-20	40	10,42
	Above 21 years	42	10,94

Note – Compiled by the authors

Personal values were evaluated within 5 dimensions, and the value of the minimum and maximum values obtained by the participating clinic employees according to those dimensions is shown in Table 2. The minimum value that participants get from each dimension is 15, and the maximum value is 34.

Table 2 – Measurement of personal values

value/measurement	min	max	average	Stan. dev.	K-S (p)
political	15	33	23,90	3,05	0,035
aesthetic	15	31	24,18	2,84	0,015
social	16	34	24,15	2,91	0,025
theoretically	17	33	24,19	2,76	0,015
economic	16	31	24,07	2,73	0,008

Note – Compiled by the authors

In this regard, in order to determine the dimensions of professional obligations, first, the importance levels of the dimensions of professional obligations are determined. It was then analyzed by comparing some demographic characteristics of the members and measures of their professional commitment (Table 3).

Table 3 – Dimension of professional obligations

Questions <i>L1</i>		Emotional obligation			
		<i>L2</i>	<i>L3</i>	<i>L4</i>	
Definitely disagree	n	29	203	126	38
	%	7,55	52,86	32,81	9,90
Disagree	n	22	85	52	18
	%	5,73	22,14	13,54	4,69
Not know	n	99	38	112	89
	%	25,78	9,90	29,17	23,18
Agree	n	86	28	50	110
	%	22,40	7,29	13,02	28,65
Definitely agree	n	148	30	44	129
	%	38,54	7,81	11,46	33,59
Average		3,79	1,95	2,57	3,71
		3,75			
Standard deviation		1,23	1,27	1,36	1,25
		1,16			
Questions <i>L5</i>		Participational obligation			
		<i>L6</i>	<i>L7</i>	<i>L8</i>	
Definitely disagree	n	65	88	89	40
	%	16,93	22,92	23,18	10,42

Disagree	n	23	47	50	36
	%	5,99	12,24	13,02	9,38
Not know	n	69	86	83	102
	%	17,97	22,40	21,61	26,56
Agree	n	56	61	64	87
	%	14,58	15,89	16,67	22,66
Definitely agree	n	171	102	98	119
	%	44,53	26,56	25,52	30,99
Average		3,64	3,11	3,08	3,54
	3,25				
Standard deviation		1,50	1,50	1,49	1,30
	1,24				
Questions L9		Normative obligation			
		L10	L11	L12	
Definitely disagree	n	16	70	105	84
	%	4,17	18,23	27,34	21,88
Disagree	n	18	32	51	44
	%	4,69	8,33	13,28	11,46
Not know	n	96	70	57	72
	%	25,00	18,23	14,84	18,75
Agree	n	99	84	72	74
	%	25,78	21,88	18,75	19,27
Definitely agree	n	155	128	99	110
	%	40,36	33,33	25,78	28,65
Average		3,93	3,44	3,02	3,21
	3,47				
Standard deviation		1,10	1,48	1,57	1,51
	1,15				

Note – Compiled by the authors

As we can see from Table 3, the average value of the importance levels of professional commitment dimensions is 3.75 for emotional commitment; was 3.47 for normative commitment and 3.25 for participative commitment. When the levels of importance are considered, the professional commitment level of the participants exceeds 3.00. Looking at their ratings, it was observed that the clinic staff gave more importance to emotional commitments.

Relationships between personal values and professional obligations of the clinic employees who participated in the study are shown in Table 4. An analysis conducted to determine the degree and direction of relationship between variables, regardless of whether they are dependent or independent, is called “correlation analysis”. And Pearson’s correlation coefficient is the most widely used coefficient

to determine the degree and direction of linear relationship between variables measured at a certain distance. But this connection is not necessarily causal.

Table 4 – Correlation analysis between personal values and professional commitments

Variables	Statistics	duyb	devb	norb	political	aesthetic	social	theor-y	econ-c	Kd	Bag
Duyb	r	1	0,226	0,471	0,038	0,075	0,052	0,028	0,012	0,044	0,700
	p	.	0,000	0,000	0,028	0,070	0,155	0,293	0,407	0,197	0,000
Devb	r		1	0,528	-0,030	0,060	0,002	-0,009	-0,002	0,005	0,775
	p		.	0,000	0,277	0,122	0,484	0,433	0,488	0,461	0,000
Norb	r			1	-0,039	0,064	0,015	-0,012	0,003	0,005	0,857
	p			.	0,225	0,104	0,383	0,410	0,478	0,465	0,000
Political	r				1	0,584	0,576	0,611	0,613	0,797	-0,014
	p				.	0,000	0,000	0,000	0,000	0,000	0,391
Aesthetic	r					1	0,609	0,628	0,583	0,803	0,086
	p					.	0,000	0,000	0,000	0,000	0,046
Social	r						1	0,586	0,585	0,791	0,027
	p						.	0,000	0,000	0,000	0,299
Theor-cally	r							1	0,590	0,812	0,001
	p							.	0,000	0,000	0,491
Economic	r								1	0,810	0,004
	p								.	0,000	0,470
Kd	r									1	0,022
	p									.	0,335
Bag	r										1
	p										.

Note – Compiled by the authors

As we can see from Table 4 above, there is no relationship between personal values and commitment dimension. There is a correlation between personal values and there is a correlation between the dimension of obligations. According to

the correlation analysis, there is a statistically significant, positive and moderate relationship between the political value measure and the aesthetic value measure of personal values ($r=0.584$, $p<0.05$). It turns out that clinic employees who value the dimension of political value of personal values also value the dimension of aesthetic value.

In conclusion, it was found that health care professionals in clinics (medical), administrative (administrator) and technical (technician) employees give more importance to all political, aesthetic, economic, social and theoretical values, which are sub-dimensions of personal values scale. It was found that participation and normative commitments were higher in men than in women on the professional commitment scale. And in general, no statistically significant relationship was found between personal values and professional obligations.

Conclusions

Based on the results of the research presented in the previous section, the following recommendations were developed. They are:

The study found no correlation between the two surveys. Therefore, replication of this study through multivariate studies or at different institutions may provide more accurate results.

It is important to investigate why services identified as having low levels of emotional commitment performed poorly. Due to the reasons found, the management of the clinic should do the necessary work so that its employees like their profession.

It is necessary to investigate the reason why the level of normative obligations of married employees is lower than that of single employees. It was observed that single employees working in clinics are forced to do their jobs. The reason for this should be investigated and necessary measures should be taken to encourage them to work.

The reason why male employees have higher participation commitment level than female employees should be determined by different works or studies. As a result of the research, it was found that male employees come to their jobs because they have to continue this work. The reasons for this should be investigated and the necessary improvements should be made once the reasons are found.

As a result of the study, the level of emotional and normative commitment of employees at Akhmet Yassawi Clinic was higher than that of employees at Talgat Clinic. In other words, it was found that although the employees at Akhmet Yassawi Clinic love their profession, they feel obliged to continue in this profession. The situation between these two obligations should be examined in detail and necessary work and research should be carried out for improvement.

The reasons for the differences between the levels of emotional, participative and normative commitment found across occupations should be explored. Taking into account the reasons found, the management of the clinic should carry out the necessary improvement and improvement work to increase the love of its employees for their profession.

In summary, it was found that health professionals (doctors) in clinics place more importance on all of the political, aesthetic, economic, social and theoretical values, which are sub-dimensions of the personal values scale, than administrative and technical staff. It was found that participation and normative commitments were higher in men than in women on the professional commitment scale. And in general, no statistically significant relationship was found between personal values and professional obligations.

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ДЕНСАУЛЫҚ САҚТАУ ҰЙЫМДАРЫН БАСҚАРУДАҒЫ ЖЕКЕ ҚҰНДЫЛЫҚТАР МЕН КӘСІБИ МІНДЕТТЕМЕЛЕРДІҢ ЫҚПАЛЫ

Жеке құндылықтар адамдардың мінез-құлқы мен шешім қабылдауына бағыт беретін негізгі принциптер ретінде маңызды

рөл атқарады. Ал кәсіби міндеттеме ұйымның тиімділігіне белсенді қатысу арқылы кәсіпті жалғастыруға ықпал етеді. Сондықтан, бұл зерттеуде денсаулық сақтау ұйымдарын басқаруда қызметкерлердің жеке құндылықтары мен кәсіби міндеттемелерінің арасындағы өзара байланыс қарастырылған. Зерттеудің мақсаты – Түркістан қаласындағы денсаулық сақтау ұйымдарында қызмет атқаратын қызметкерлердің жеке құндылықтары мен кәсіби міндеттемелерінің байланысын зерттеу. Зерттеу жұмысы сипаттамалық әдіспен жүргізілді және сауалнама құралдары қолданылды. Деректер Түркістан қаласында орналасқан Ахмет Ясауи клиникасынан және салыстырмалы талдау үшін Талғат клиникаларынан жиналды. Сауалнамаға 384 қызметкер қатысты. Деректерді талдау үшін SPSS 23.0 бағдарламасы қолданылып, сенімділік көрсеткіштері Cronbach's Alpha арқылы бағаланды. Зерттеу нәтижелері көрсеткендей, жеке құндылықтар мен кәсіби міндеттемелер қызметкерлердің еңбек өнімділігіне және ұйымды тиімді басқаруға тікелей әсер етеді. Сонымен қатар, зерттеу барысында денсаулық сақтау ұйымдарында адам ресурстарын басқару стратегияларының маңыздылығы да анықталды. Сол себепті, зерттеу нәтижелері медициналық мекемелердің кадрлық басқару жүйесін жетілдіруге және денсаулық сақтау саласындағы тиімділікті арттыруға бағытталған ұсыныстарды қалыптастыруға негіз бола алады.

Кілтті сөздер: жеке құндылықтар, кәсіби міндеттемелер, денсаулық сақтау ұйымдары, қызметкерлердің еңбек өнімділігі, ұйымды басқару тиімділігі, адам ресурстарын басқару.

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ВЛИЯНИЕ ЛИЧНЫХ ЦЕННОСТЕЙ И ПРОФЕССИОНАЛЬНЫХ ОБЯЗАННОСТЕЙ В УПРАВЛЕНИИ ЗДРАВООХРАНИТЕЛЬНЫМИ ОРГАНИЗАЦИЯМИ

Личные ценности играют важную роль как основные принципы, которыми руководствуются люди в поведении и принятии решений. А профессиональная приверженность способствует продолжению профессии посредством активного участия в эффективности организации. Поэтому в данном исследовании рассматривается взаимосвязь между личными ценностями и профессиональными обязанностями сотрудников в управлении организациями здравоохранения. Цель исследования - изучить взаимосвязь между личными ценностями и профессиональными обязанностями сотрудников, работающих в организациях здравоохранения Туркестана. Исследовательская работа проводилась описательным методом с использованием опросного инструментария. Для сравнительного анализа данные были собраны в клинике Ахмета Ясави, расположенной в городе Туркестан, и клиниках Талгата. В опросе приняли участие 384 сотрудника. Для анализа данных использовалось программное обеспечение SPSS 23.0, а показатели надежности оценивались с помощью Alpha Кронбаха. Результаты исследования показывают, что личные ценности и профессиональные обязательства оказывают непосредственное влияние на продуктивность сотрудников и эффективное управление организацией. Кроме того, в ходе исследования также была определена важность стратегии управления человеческими ресурсами в организациях здравоохранения. Следовательно, результаты исследования могут стать основой для формирования предложений, направленных на совершенствование системы управления персоналом

медицинских учреждений и повышение эффективности в сфере здравоохранения.

Ключевые слова: личные ценности, профессиональные обязательства, организации здравоохранения, производительность труда сотрудников, эффективность организационного управления, управление человеческими ресурсами.

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