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Crucial priorities of obstetricians and gynecologists in the formation of work behavior and needs they are being satisfied in the course of professional activity

Berikuly D.
https://orcid.org/0000-0002-9738-7453
Email: dumik1983@mail.ru

Bulegenov T. A.
https://orcid.org/0000-0001-6145-9649
Email: tolkynbul@mail.ru

Zhunusov E. T.
https://orcid.org/0000-0002-1182-5257

Omarov N. B.
https://orcid.org/0000-0003-3262-1410
Email: omarov.n83@mail.ru

Abdrakhmanov S. T.
https://orcid.org/0000-0002-4270-3498

Akhmetzhanova D. O.
https://orcid.org/0000-0003-0000-2535
Email: dina.0483@mail.ru

Abstract---The article is devoted to the study of the results of a sociological study of the priorities of obstetricians and gynecologists in the formation of labor behavior and the basic needs they meet in the course of professional activity. Medical workers and doctors themselves are the most significant and most valuable part of the internal resources of medical institutions, they ensure the effectiveness of the activities of a medical organization. However, this is possible only in the conditions of a scientifically based system of motivation for their work, which in our country has a rather insufficient level of development. The main essence of labor motivation for most medical workers is reduced to their awareness of the social significance of their work. At the same time, the desire to have a

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guaranteed salary that provides a decent standard of living is not supported by the desire for high efficiency and quality of work performed. In this regard, the problem of motivation of professional activity of medical workers is an extremely relevant area in healthcare. The purpose of the study: determination of obstetricians and gynecologists life priorities in the formation of labor behavior and the needs they meet in the course of professional activity. Materials and methods: We have developed a questionnaire “Aspects of stimulating the professional activity of obstetricians and gynecologists” based on the analysis of literature data, which allows us to determine the main life priorities of obstetricians and gynecologists in the formation of labor behavior and the basic needs they meet in the course of professional activity. Closed questions were included in the questionnaire, the surveys were conducted individually. All personal data was encoded, confidentiality was respected. The design of the study is single-stage transverse. The sample for the survey was calculated using an online calculator https://socioline.ru/rv.php.224 obstetricians and gynecologists from different regions of Kazakhstan took part in the survey. Inclusion criteria: voluntary consent to participate in the study, medical workers specializing in obstetrics and gynecology. Exclusion criteria: refusal to participate in the study, medical workers of another specialty. Research methods - sociological, analytical, statistical. Results and discussion: The intensity of the work performed sometimes exceeds the capabilities of survey participants with work experience of 4-10 years, 11-19 years. For medical workers with work experience of 4-10 years, 11-19 years, 20 years or more, the salary size slightly depends on qualifications. The majority of the survey participants answered that the amount of wages does not depend on the results of the work of the department, the entire institution, on the relationship with the management and on the amount of work performed. Almost half of the respondents consider pay unfair. Most of the survey participants have enough money only for the most necessary things, and a third of the respondents have incomes that allow them to eat and dress normally, but do not allow them to buy household appliances. Significant factors contributing to a good job are a good relationship with colleagues, a sense of being useful to people, society, while less significant factors for the respondents were public recognition and respect for representatives of the profession, career prospects, a reliable place of work. Motivating factors in the work of a doctor are the opportunity to earn money for a living, professional interest. The stimulating factors are a fair differentiated remuneration, an allowance for all categories of doctors. The least important stimulating factors are caring for employees and praise from management, public recognition of merit (titles, awards, media coverage). Conclusion: Significant factors contributing to good work are a good relationship with colleagues (28.6%), a sense of being useful to people, society (23.7%). Motivating factors in work are the opportunity to earn money for a living (56.3%), professional interest (35.7%). The main stimulating factors are fair differentiated

remuneration (66.1%), an allowance for all categories of doctors (35.7%).

Keywords---priorities, obstetrician - gynecologist, work behavior, professional activity.

Introduction

Motivation to work can be defined as energy or force that arises in an individual or comes from his environment and causes behavior that promotes employment, as well as forms the form, intensity and duration of this behavior [1]. The higher the motivation of employees to work, the higher the efficiency of the organization [2].

In the context of human resource management in the healthcare system, incentives for healthcare professionals are necessary to achieve system-wide goals, such as the right balance of workforce skills and appropriate geographical distribution [3]. Incentives are also important for internal efficiency and productivity – examples include the experience and skill level of staff, the ability to work in a team and motivation to determine personal achievements in accordance with the goals of the organization [4].

Human resource management is fundamentally different from the management of financial or physical resources [5]. Firstly, medical personnel and, in particular, doctors are key players in any healthcare system and the efficiency of the entire system directly depends on them. Secondly, current working conditions, income levels and trust in management are not the only factors that have a motivating effect on human resources. An important factor is how doctors see these conditions in the future, based on their previous experience, opinions expressed by authoritative persons for them, as well as current trends [6]. If qualified personnel believe that incomes and working conditions will worsen in the future, this will reduce the motivation for effective work in the present. This “shadow of the future” can lead to a spiral of negative expectations, reduced motivation and productivity [7].

The cornerstone of effective human resource management is the creation of an individual incentive system based on investments in human capital, which can be expressed in the form of material incentives, creating career opportunities and improving working conditions [8-11].

Medical workers and, above all, doctors are the most significant and most valuable part of the internal resources of medical institutions, they ensure the effectiveness of the activities of a medical organization. However, this is possible only in the conditions of a scientifically based system of motivation for their work, which has an insufficient level of development. The main essence of labor motivation for most medical workers is reduced to their awareness of the social significance of their work. At the same time, the desire to have a guaranteed salary that provides a decent standard of living is not supported by the desire for high efficiency and quality of work performed. In this regard, the problem of

motivation of professional activity of medical workers is an extremely relevant area in healthcare [12].

The purpose of the study. Determining the life priorities of obstetricians and gynecologists in the formation of work behavior and the needs they meet in the course of professional activity.

Materials and methods of research

We have developed a questionnaire “Aspects of stimulating the professional activity of obstetricians and gynecologists” based on the analysis of literature data, which allows us to determine the main life priorities of obstetricians and gynecologists in the formation of labor behavior and the basic needs they meet in the course of professional activity.

Written informed consent was obtained from every medical professional who participated in the study. Before the study was started, the approval of the Ethics Committee of the Semey State Medical University was obtained (Protocol No. 7 of 30.05.2017). The questionnaire included closed questions in Kazakh or Russian, the surveys were conducted individually. All personal data was encoded, confidentiality was respected. In general, filling out the questionnaire took 10 - 15 minutes. The identified ambiguities and shortcomings in the respondents' answers were corrected on the spot by checking the answers to the questions. Verification of the questionnaire for validity and internal reliability was previously checked for 20 people.

The design of the study is single-stage transverse.

The sample for the survey was calculated using an online calculator https://socioline.ru/rv.php.224 obstetricians and gynecologists from different regions of Kazakhstan took part in the survey.

Inclusion criteria: voluntary consent to participate in the study, medical workers specializing in obstetrics and gynecology.

Exclusion criteria: refusal to participate in the study, medical workers of another specialty.

Qualitative variables were recoded into quantitative ones. The data from the questionnaires were entered into a spreadsheet.

Research methods - sociological, analytical, statistical.

The source of information is the Questionnaire “Aspects of stimulating the professional activity of obstetricians and gynecologists”.

Figure 1 shows the proportion of study participants by regions of Kazakhstan

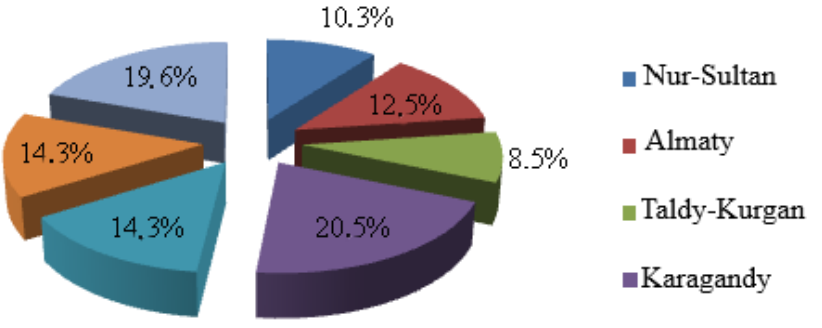

Figure 1 - The proportion of study participants by regions of Kazakhstan

From Nur - Sultan participated 23 (10.3%), Almaty - 28 (12.5%), Taldy - Kurgan - 19 (8.5%), Karaganda - 46 (20.5%), Aktobe - 32 (14.3%), Pavlodar - 32 (14.3%), East Kazakhstan Region - 44 (19.6%) respondents.

Figure 2 shows the characteristics of the survey participants.

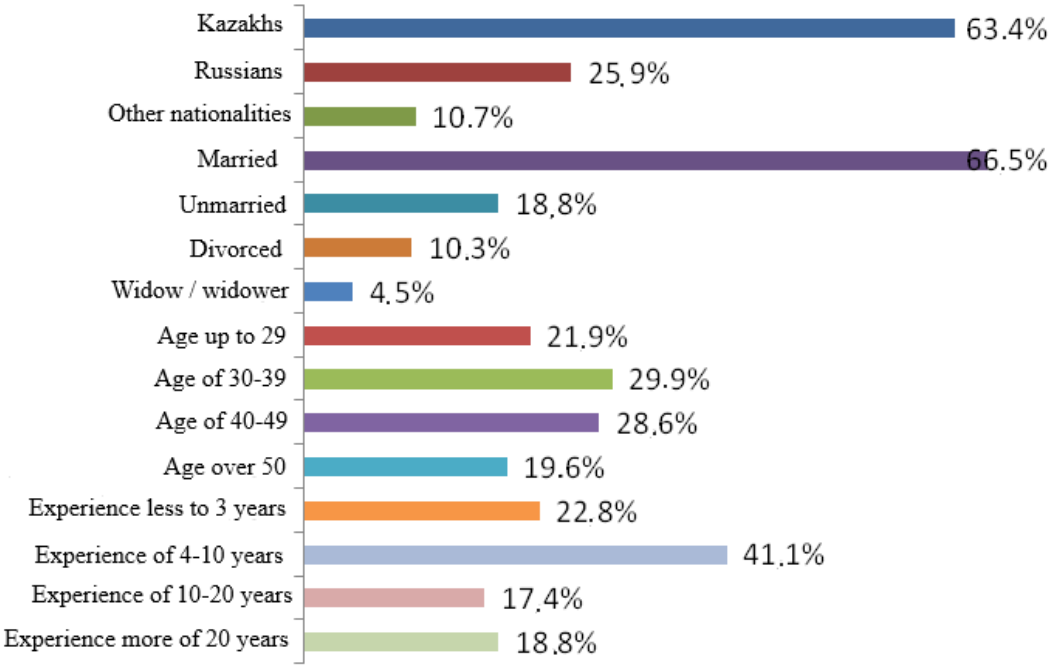

Figure 2 - Characteristics of survey participants

The majority of respondents were medical workers of Kazakh nationality 63.4% (n=142), Russians - 25.9% (n=58), representatives of other nationalities were 10.7% (n=24). The main part of the respondents were married, 66.5% were married (n=149), unmarried, unmarried were 18.8% (n=42), divorced were 10.3% (n=23), widowers and widows were 4.5% (n=10) of the respondents.

The age category under 29 years was 21.9% (n=49), from 30-39 years was 29.9% (n=67), from 40-49 years was 28.6% (n=64), the age group over 50 years was 19.6% (n=44) of respondents. The average age of the respondents was 39.9 (95% CI:38.5-41.4) years with =11.15, the youngest participant of the survey was 22 years old, the oldest 75 years old. At the same time, 22.8% had up to 3 years of work experience (n=51), 41.1% (n=92) were from 4 to 10 years, 17.4% (n=39) had 11 to 19 years of work experience, 18.8% had more than 20 years of work experience (n=42) interviewed medical workers.

Before describing quantitative data, we checked the type of distribution for the general population using the Shapiro-Wilk criterion for samples with a number of observations of 50 or less and the Kolmogorov-Smirnov criterion for large samples. The hypothesis that the studied distribution does not differ from the normal one was taken as zero. If the achieved significance level (p) was less than 0.05, then the null hypothesis was rejected. When studying two or more groups, the type of data distribution was determined for each group. The distribution was also determined graphically using quantile diagrams. To describe quantitative data with a normal distribution, the arithmetic mean (Cp.) and standard deviation (CO) were used. A 95% confidence interval (CI) for the population mean was also presented. If the quantitative data did not obey the law of normal distribution, the median (Md) and the 25th (P25) and 75th (P75) percentiles, which are also called quantiles (Q1 and Q3, respectively), were used to describe them. 95% CI was also calculated for interval median estimation.

Frequencies and percentages were used to describe qualitative data. For the sample mean, for the sample fraction, the DI were also calculated. Parametric criteria were used for normal data distribution, and nonparametric criteria were used for asymmetric distribution.

To compare the mean values in two independent groups, if the data obeyed the law of normal distribution, the Student's unpaired criterion was used. Comparison of averages in three or more independent groups, if the data obeyed the law of normal distribution, was carried out using one-factor analysis of variance.

If the distribution of data in both groups or at least in one group was asymmetric, then the Mann-Whitney criteria or the two-sample Wilcoxon were used to compare the mean values. To compare the mean values in three or more independent groups, if the distribution of data in at least one group was asymmetric, then the Kraskel-Wallace criterion was used to compare the mean values.

Comparison of two independent groups of nominal data was carried out using Pearson Chi-square.

Pearson Chi-squared was also used when comparing qualitative data from three or more groups.

To compare the averages in two related groups, with a quantitative data type, a normal distribution of the difference between the values of the studied trait, the Student's paired criterion was used.

Statistical processing of the results was carried out using the statistical package of the program SPSS (Statistical Package for the Social Sciences) version 20.0 for Windows (NAO “MUS”).

Research results

The majority of respondents (56.7%) noted that the duration of the working week is 42 hours or more, the duration of the working week up to 35 hours was 34.4%, within 36-41 hours was 4.5%, up to 24 hours was 4.5% of respondents.

Table 1 shows the respondents' answers about the intensity of the work performed, depending on the length of service.

Table 1 - The intensity of the work performed, depending on the length of service

Work experience, years	In norm	Sometimes exceeds possibilities	Often exceeds possibilities	Low Intensity	p	χ^2, df,
Up to 3	22 (43.1%)	20 (39.2%)	9 (17.6%)	0 (0%)		
4-10	21 (22.8%)	37 (40.2%)	34 (37.0%)	0 (0%)		
11-19	11 (28.2%)	19 (48.7%)	9 (23.1%)	0 (0%)		
20+	21 (50.0%)	14 (33.3%)	7 (16.7%)	0 (0%)		
					.546. p=0.011	χ^2=16 df=6.

Medical workers with work experience of up to 3 years and with work experience of 20 or more years in the majority answered that the intensity of work is normal. While medical workers with 4-10 years of work experience, 11-19 years, mostly answered that the intensity of the work performed sometimes exceeds the possibilities (p=0.011).

Table 2 shows the respondents' answers about the amount of work performed, depending on the length of service.

Table 2 – The amount of work performed depending on the length of service

Work experience, years	In norm	Sometimes exceeds possibilities	Often exceeds possibilities	Low Intensity	p	χ^2, df,
up to	24	22	5	0 (0%)		χ^2=30.

3	(47.1%)	(43.1%)	(9.8%)		988. df=9
4-10	21 (22.8%)	33 (35.9%)	38 (41.3%)	0 (0%)	p=0.000
11-19	10 (25.6%)	21 (53.8%)	7 (17.9%)	1 (2.6%)	
20+	19 (45.2%)	15 (35.7%)	8 (19.0%)	0 (0%)	

Medical workers with work experience of up to 3 years and with work experience of more than 20 years in the majority answered that the amount of work performed is normal. Medical workers with 11-19 years of work experience are more inclined to answer that the amount of work performed sometimes exceeds the possibilities. Medical workers with 4-10 years of work experience, for the most part, replied that the amount of work performed often exceeds the possibilities (p=0.000).

The activities of healthcare workers around the world are associated with a high level of creativity, an individual approach, a huge, diverse, ambiguous flow of information, a high level of responsibility, pronounced psycho-emotional stress. Currently, the remuneration of a medical worker does not correspond to responsibility, tension and other specific features of the medical profession. At the same time, remuneration in healthcare should motivate medical workers to improve the quality of medical care, rational use of resources, and take into account the complexity and intensity of their labor costs.

Table 3 presents the answers to the question “Does the salary amount depend on the results of the department's work?”

Table 3 – The dependence of the salary amount on the results of the department's work

Work experience, years	Is not depending	Insignificantly	Significantly	It is difficult to answer	p	χ^2, df,
up to 3 years	29 (56.9%)	4 (7.8%)	6 (11.8%)	12 (23.5%)		
4-10	63 (68.5%)	10 (10.9%)	5 (5.4%)	14 (15.2%)		χ^2=14.
11-19	20 (51.3%)	10 (25.6%)	3 (7.7%)	6 (15.4%)	467. df=9. p=0.107	
20+	30 (71.4%)	7 (16.7%)	1 (2.4%)	4 (9.5%)		

The majority of the survey participants answered that the salary does not depend on the results of the department's work (p=0.107).

Table 4 presents the answers to the question “Does the amount of wages depend on the results of the work of the entire institution?”

Table 4 – The dependence of the amount of wages on the results of the work of the entire institution

Work experience, years	Is not depending	Insignificantly	Significantly	It is difficult to answer	p	χ^2, df,
up to 3 years	22 (43.1%)	3 (5.9%)	12 (23.5%)	14 (27.5%)		
4-10	46 (50.0%)	9 (9.8%)	13 (14.1%)	24 (26.1%)		χ^2=11.666. df=9. p=0.233
11-19	18 (46.2%)	8 (20.5%)	4 (10.3%)	9 (23.1%)		
20+	26 (61.9%)	5 (11.9%)	4 (9.5%)	7 (16.7%)		

The majority of medical workers answered that the salary does not depend on the results of the work of the entire institution (p=0.233).

Table 5 shows the answers to the question “Does the salary amount depend on the relationship with management?”

Table 5 – The dependence of the salary amount on the relationship with management

Work experience, years	Is not depending	Insignificantly	Significantly	It is difficult to answer	p	χ^2, df,
up to 3 years	40 (78.4%)	3 (5.9%)	2 (3.9%)	6 (11.8%)		
4-10	70 (76.1%)	4 (4.3%)	2 (2.2%)	16 (17.4%)		χ^2=3.228. df=9. p=0.955
11-19	29 (74.4%)	1 (2.6%)	2 (5.1%)	7 (17.9%)		
20+	34 (81.0%)	1 (2.4%)	2 (4.8%)	5 (11.9%)		

The majority of medical workers answered that the salary does not depend on the relationship with management (p=0.955).

Table 6 presents the answers to the question “Does the amount of wages depend on the quality of the work performed?”

Table 6 – The dependence of the amount of wages on the quality of work performed

Work experience, years	Is not depending	Insignificantly	Significantly	It is difficult to answer	p	χ^2, df,

up to 3 years	28 (54.9%)	4 (7.8%)	6 (11.8%)	13 (25.5%)	
4-10	60 (65.2%)	10 (10.9%)	12 (13.0%)	10 (10.9%)	χ^2=12.720. df=9. p=0.176
11-19	26 (66.7%)	6 (15.4%)	4 (10.3%)	3 (7.7%)	
20+	28 (66.7%)	7 (16.7%)	5 (11.9%)	2 (4.8%)	

The survey participants answered that the amount of wages does not depend on the quality of the work performed (p=0.176).

Table 7 shows the results of the responses on the dependence of the salary amount on the qualification of a medical worker.

Table 7 – Dependence of salary on qualifications

Work experience, years	Is not depending	Insignificantly	Significantly	Difficult to answer	χ^2, df, p
up to 3 years	8 (15.7%)	7 (13.7%)	15 (29.4%)	21 (41.2%)	
of 4-10	17 (18.5%)	41 (44.6%)	17 (18.5%)	17 (18.5%)	χ^2=36.091. df=9. p=0.000
of 11-19	7 (17.9%)	23 (59.0%)	3 (7.7%)	6 (15.4%)	
20 and more	8 (19.0%)	25 (59.5%)	2 (4.8%)	7 (16.7%)	

When asked about the dependence of the salary amount on the qualifications of a medical worker, the majority of survey participants with up to 3 years of work experience found it difficult to answer. And the survey participants with work experience of 4-10 years, 11-19 years, 20 years or more answered that the amount of wages slightly depends on qualifications (p=0.000).

Table 8 presents the answers to the question “Does the amount of wages depend on the amount of work performed?”

Table 8 – The dependence of the amount of wages on the amount of work performed

Work experience, years	Is not depending	Insignificantly	Significantly	Difficult to answer	χ^2, df, p
up to 3 years	29 (56.9%)	9 (17.6%)	7 (13.7%)	6 (11.8%)	
of 4-10	65 (70.7%)	6 (6.5%)	10 (10.9%)	11 (12.0%)	χ^2=7.175. df=9. p=0.619
of 11-	28	4	3 (7.7%)	4	

19	(71.8%)	(10.3%)		(10.3%)
20 and more	31 (73.8%)	3 (7.1%)	3 (7.1%)	5 (11.9%)

The survey participants replied that the amount of wages does not depend on the amount of work performed (p=0.619).

Figure 3 shows the respondents' answers about the fairness of their salary.

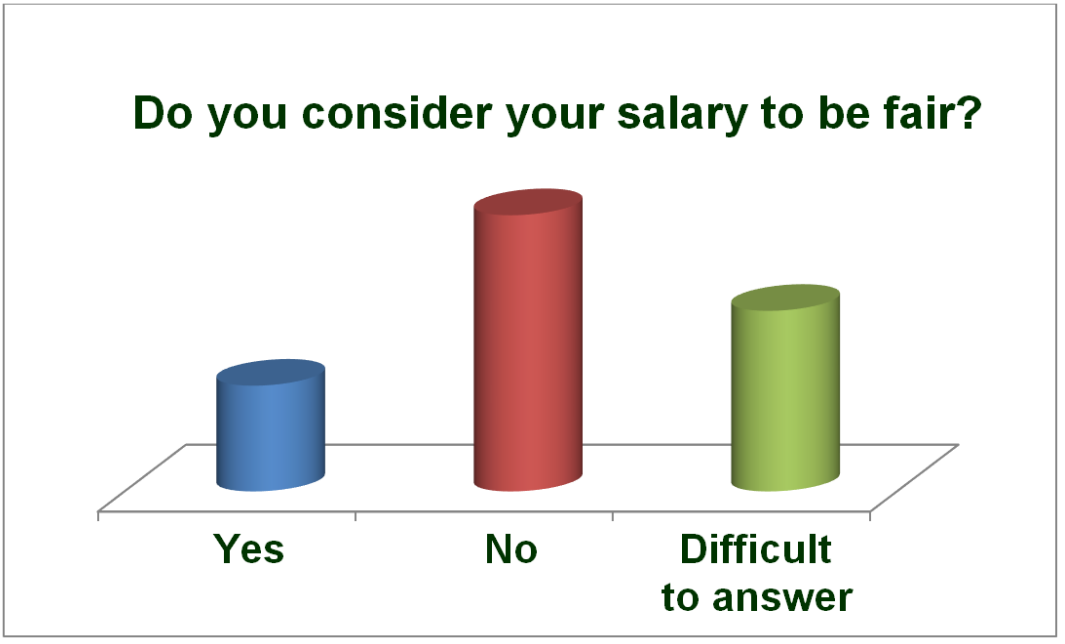

Figure 3 - Respondents' answers about salaries.

Among the survey participants, 49.1% (n=110) consider salaries unfair, while 32.1% (n=72) found it difficult to answer. Only 18.8% (n=42) of respondents consider their remuneration to be fair.

Figure 4 shows the responses of the survey participants on family income.

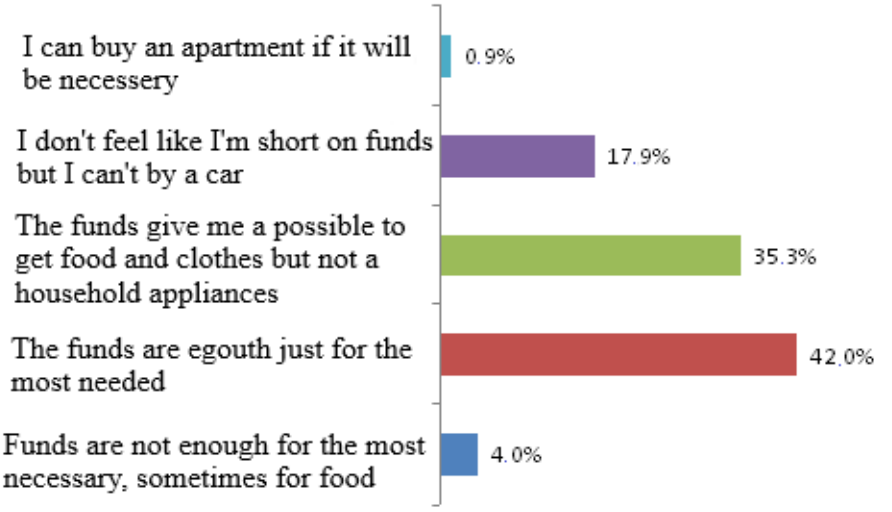

Figure 4 - Answers about family income

42.0% (n=94) of respondents have enough money only for the most necessary, and 35.3% (n=79) of respondents have incomes that allow them to eat and dress normally, but do not allow them to buy household appliances. Only 17.9% (n=40) of people answered that they do not feel a lack of funds, but income does not allow them to buy a new car, and 0.9% (n=2) of respondents can buy a new apartment if necessary. A small part of the respondents 4.0% (n=9) answered that there is not enough money for the most necessary things, sometimes even for food.

We asked the survey participants to note the importance of the factor of good work. Table 9 shows the respondents' answers to this question.

Table 9 - The significance of the factors of good work, according to the study participants

Good Work Factor	**% (abs.)**
Good relations with colleagues	28.6% (n=64)
Feeling of making good contribution to people, society	23.7% (n=53)
Salary, adequate to the profession	17.9 % (n=40)
Opportunity of professional development	12.9% (n=29)
Interesting, meaningful work	9.8% (n=22)
Availability of convenient schedule	9.4% (n=21)
Good attitude from the Chief Physician	8.5% (n=19)
Payment equity	8.5% (n=19)

Proximity to home	7.1 % (n=16)
Absence of one-size-fits-all policy	7.1% (n=16)
Opportunities for self-realization and creativity	6.3% (n=14)
Public recognition and respect to my profession	4.5% (n=10)
Career opportunities	4.5% (n=10)
Reliable place of work	4.0% (n=9)

Many survey participants most often chose such factors as “a good relationship with colleagues” (28.6%), “a sense of being useful to people, society” (23.7%), less significant factors for respondents were “public recognition and respect for representatives of my profession” (4.5%), “career prospects” (4.5%), “reliable place of work” (4.0%).

One of the ways to increase the efficiency of the organization is the motivation of employees. Table 10 shows the answers of our survey participants about the determining motives in the work of a doctor.

Table 10 - Determining motives in the work of a doctor

Motivating Factors	**% (abs.)**
Opportunity to earn money for living	56.3% (n=126)
Professional interest	35.7% (n=80)
Compassion and help	22.3 (n=50)
Enhancing opportunities for communication with people	10.7% (n=24)
Opportunity, if necessary to help loved ones, friends, themselves in healthcare	10.3% (n=23)
Job security	8.9% (n=20)
Opportunity to win the respect of colleagues	8.5% (n=19)
Professional growth	7.6 % (n=17)
Respect, support of family and close friends	6.7% (n=15)
Opportunity to make career	6.7% (n=15)
Inability to get other well paid work of medical specialty in region	6.3% (n=14)

The determining motivating factors in the work of a doctor are “the opportunity to earn money for a living” (56.3%), “professional interest” (35.7%). The least selected factors were “respect, support of family and close friends” (6.7%), “the opportunity to make a career”, “the inability to get another paid job in the region in a medical specialty” (6.3%).

Table 11 shows the results of respondents' answers to the question: “What do you think what could more effectively encourage doctors to do a better job?”

Table 11 - Stimulating factors in the work of a doctor

Stimulating Factors	% (abs.)
Fair differential payment for labor	66.1% (n=148)
Extra payment for all categories of doctors	35.7% (n=80)
Availability of good, modern medical equipment	28.1% (n=63)
Creation of comfortable working conditions	25.0% (n=56)
Fair use of different forms of incentivations (for example, compensatory leaves, free of charge trip vouchers, free of charge additional trainings)	23.2% (n=52)
Providing social benefits to doctors (preferential loans for the purchase of housing, settling-in allowances for young specialists, assistance in the employment of family members, organization of children in preschool and school institutions)	16.1% (n=36)
Provision of psychologist, sociologist, lawyer services if required	14.7% (n=33)
Creation of opportunities for professional development, raising of qualification	13.4% (n=30)
Increase of opportunities for additional earnings	13.4% (n=30)
Expanding the medical services list which medical institution can provide on paid basis	9.8% (n=22)
Active activity of professional associations to protect the rights and interests of doctors.	9.4% (n=21)
Care about employees and praise from management	8.9% (n=20)
Public recognition of achievements (titles, awards, Media coverage)	8.5%(n=19)

The main stimulating factors for respondents are “fair differentiated remuneration” (66.1%), “allowance for all categories of doctors” (35.7%). The least important stimulating factors are “caring for employees and praise from management” (8.9%), “public recognition of merit (titles, awards, media coverage)” (8.5%).

Discussion

The work of medical workers in the specialty “Obstetrics and Gynecology” is characterized by high psycho - emotional stress, physical exertion, frequent night shifts. An obstetrician - gynecologist should be able to make independent

decisions quickly, have a sense of personal responsibility for the life and health of the patient. Fatigue after a working day is noted by all obstetricians and gynecologists, regardless of the length of service and type of medical institution.

The greatest fatigue occurs after daily shifts.

The duration of the working week for the majority of respondents is 42 hours. Survey participants with work experience of up to 3 years and with work experience of 20 or more years in the majority answered that the intensity of work is normal. For medical workers with work experience of 4-10 years, 11-19 years, the intensity of the work performed sometimes exceeds the possibilities. Most medical professionals with up to 3 years of work experience and more than 20 years of work experience consider the amount of work performed to be normal. For most medical professionals with 11-19 years of work experience, the amount of work performed sometimes exceeds the possibilities. While medical workers with 4-10 years of work experience, most of them answered that the amount of work performed often exceeds the possibilities. Survey participants with up to 3 years of work experience found it difficult to answer the question about the impact of qualifications on wages. Survey participants with work experience of 4-10 years, 11-19 years, 20 years or more answered that the amount of wages slightly depends on qualifications. The majority of the survey participants answered that the salary does not depend on the results of the department's work, on the results of the work of the entire institution, on the relationship with the management, on the amount of work performed.

Among the survey participants, 49.1% consider wages unfair, 32.1% - found it difficult to answer about the fairness of wages, only 18.8% consider their pay fair. The majority of respondents have enough money only for the most necessary things, and a third of the survey participants have incomes that allow them to eat and dress normally, but do not allow them to buy household appliances. Significant factors contributing to a good job are a good relationship with colleagues, a sense of being useful to people, society, while less significant factors for respondents were public recognition and respect for representatives of the profession, career prospects, a reliable place of work. Motivating factors in the work of a doctor, according to the survey participants, are the opportunity to earn money for a living, professional interest. Less significant motivating factors for the respondents are respect, support of family and close friends, the opportunity to make a career, the inability to get another paid job in the region in a medical specialty. The main stimulating factors for the respondents are fair differentiated remuneration, an allowance for all categories of doctors. The least important stimulating factors are caring for employees and praise from management, public recognition of merit (titles, awards, media coverage).

The choice of payment mechanism for medical services has a significant impact on medical practice and the doctor's code of conduct, creating tension between financial incentives and professional values [13]. The method of remuneration (per capita financing, piecework payment or salary) has a different stimulating effect on the activities of doctors. The most common method of remuneration in the healthcare system is the payment of wages, despite its obvious disadvantages [14]. Mixed methods of remuneration are becoming increasingly common in the

management of health systems in a number of countries around the world, in particular, in the United States of America [15]. In essence, they are a combination of several payment methods, depending on the type of medical care provided. Practice shows that this method of remuneration has more advantages than any other of the individual methods, since it provides targeted financing of preferred models of medical practice, from the point of view of the payment agency [16].

It should also be noted that the changes that have arisen in response to financial incentives are due to economic factors, not professional motivation; therefore, they may not be effective as the only incentive method. Financial incentives should not be structured in such a way as to create a conflict of interest between income generation and the quality of service [17]. However, adjusting financial incentives to improve the quality of medical care is a very difficult task in practical conditions [18].

To date, the world medical science has accumulated a sufficient amount of knowledge on the impact of various non-financial mechanisms on the labor motivation of medical personnel. In general, all external non-financial motivational measures fit into one of the following categories: the creation of career opportunities, the possibility of continuous professional development, a comfortable working environment, the availability of material medical resources, positive relationships with managers and colleagues, recognition of personal contribution, the presence of a sufficient degree of autonomy [19].

So, Mathauer I. a study was conducted with the co-authors in order to establish the contribution of non-financial stimulation methods to the formation of motivation of medical workers. According to the results of the study, it was found that professional conscience and all aspects related to professional ethics are the most significant factors for work motivation, and the inability to meet these needs leads to frustration and demotivation. Also, public sector employees were often demotivated by limited real prospects for professional growth and a relatively slow and cumbersome process of promotion [20].

Janus K. and co-authors conducted a comparative analysis of the work motivation of doctors in university clinics in the USA and Germany. According to the results of the study, it was revealed that for doctors in Germany, the possibility of continuous professional development is the second most important motivational factor, after the possibility of participating in decision-making regarding the activities of clinics. However, doctors in the USA were more motivated by job security and financial remuneration for their work, and the issues of professional development receded into the background [21].

In a study carried out in Pakistan by Malik A.A. and co-authors, financial incentives had a less pronounced effect on the work motivation of doctors and were inferior to factors such as the possibility of obtaining high qualifications and good working conditions [22].

Shishkin S.V. with co-authors in a study carried out on a sample of 620 doctors, devoted to the study of the characteristics of their work motivation, showed that

the priority motives for doctors are professional interest and a sense of compassion, as well as the opportunity to earn money [23].

In general, professional interest and the possibility of continuous professional development are fundamental motivating factors inherent in representatives of all intellectual professions, including medical specialties, and, in ideal conditions, meeting these needs becomes the core of work motivation. Labor activity provides a person not only with means for existence, but also creates a wide field of other opportunities: creativity, self-realization and self-actualization, which are most fully manifested in people of intellectual professions. However, the need for self-actualization is formed from the inside and it cannot be stimulated from the outside, only it is necessary to create conditions for its occurrence [24].

Applicable to the profession of a doctor, self-actualization manifests itself as "professional interest", "willingness to serve people", "following the Hippocratic oath" [23]. In a study of the motivation of Russian doctors, it was found that the most pronounced motives for doctors, along with obtaining material benefits, are commitment to their profession, altruism and compassion [25]. N.F. Prokhorenko showed that the need for "stability" is characteristic of 51%-63% of medical personnel, "energy" – for 24%-28%, and the need for "creativity" – for 9%-16%, which corresponds to self-actualization according to A. Maslow [26].

Thus, the motivation of the professional activity of medical workers, including obstetricians and gynecologists, is versatile, including both financial and non–financial incentives, adherence to ethical principles and social values.

Conclusions

For most of the survey participants, the amount of salary slightly depends on qualifications, on the results of the work of the department, the entire institution, on relations with management, on the amount of work performed. Almost half of the survey participants consider wages unfair, only 18.8% of respondents consider their pay fair. For the survey participants, significant factors contributing to good work are a good relationship with colleagues (28.6%), a sense of being useful to people and society (23.7%). Motivating factors in work are the opportunity to earn money for a living (56.3%), professional interest (35.7%). The main stimulating factors are fair differentiated remuneration (66.1%), an allowance for all categories of doctors (35.7%).

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