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ANALYSIS OF THE PERCEPTION OF MEDICAL PROFESSIONALISM BY STUDENTS AND RESIDENTS OF FAMILY MEDICINE IN KAZAKHSTAN

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Abstract

Introduction. Professionalism is a core competency that all medical students must achieve throughout their studies. Clinical knowledge, good communication skills and an understanding of ethics form the basis of professionalism. Patients, medical societies and accrediting organizations expect future specialists to be professionals in their field, which in turn leads to the best clinical results. Currently, there are no studies devoted to the study of medical professionalism in the Republic of Kazakhstan. As a result, medical education in the Kazakhstani system has a limited perception of the concept of professionalism compared to many Western medical schools.

The aim of this study is to analyze the perception of medical professionalism among students and residents of family medicine at the West Kazakhstan Marat Ospanov Medical University.

Methods. A qualitative research method was used based on the content analysis methodology. A focus group discussion was held with 30 students and 24 residents of family medicine to gather participants' views and experiences in the field of medical professionalism. The received information was processed using the MAXQDA-2020 software package. Respondents were selected for the study based on their age, gender, and educational level.

Results. The results of the conducted survey confirmed the respondents' acknowledgement of the basic attributes of professionalism, such as medical knowledge and skills (more than 40% of the answers), personal and moral qualities of the doctor (more than 25% of the answers), respect for the interests of the patient (15% of the answers), the relationship between the doctor and the patient and among professionals themselves (15% of responses). Another important discovery of the survey was that students are 5 times more likely to define the relationship between a doctor and a patient in a model “respect for the interests of the patient” in comparison with residents of family medicine, who primarily reported responsibility and collegiality to be the basis for the development of professionalism and traditionally view doctor-patient relationship to be formed on the basis of paternalism defined by high degree of control over patients. This significant difference demonstrates a rift among specialists in the field of family medicine, which causes a lot of problems. For example, nowadays, professional family doctors regularly face the burnout problem due to many reasons and factors that force them to abandon their jobs. In addition to that, elements of professionalism such as reflective skills, time management and feedback collection were presented to the least extent (less than 1%) by both groups, which differs from the perception of the Western medical school and is a significant issue that needs to be solved.

Conclusion. The qualitative nature of our study provides a detailed understanding of medical professionalism in the context of the Central Asian healthcare system, revealing many aspects that are inferior to the Western medical school counterparts and provides a solution, which is to teach the attributes and skills required for medical professionalism at all stages of medical education of family doctors.

Keywords: *Family medicine, family doctors, medical professionalism, medical education.*

Резюме

АНАЛИЗ ВОСПРИЯТИЯ МЕДИЦИНСКОГО ПРОФЕССИОНАЛИЗМА СТУДЕНТАМИ И РЕЗИДЕНТАМИ СЕМЕЙНОЙ МЕДИЦИНЫ В КАЗАХСТАНЕ

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Введение. Профессионализм - это основная компетенция, которую все студенты-медики должны достичь на протяжении всего обучения. Клинические знания, хорошие коммуникативные навыки и понимание этики составляют основу профессионализма. Пациенты, медицинские общества и аккредитующие организации ожидают, что будущие специалисты будут профессионалами своего дела, что, в свою очередь, приведет к наилучшему клиническому результату. В настоящее время в Республике Казахстан отсутствуют исследования, посвященные изучению медицинского профессионализма. В результате медицинское образование в казахстанской системе имеет ограниченное восприятие понятия профессионализма по сравнению со многими западными медицинскими школами.

Цель исследования. Анализ восприятия медицинского профессионализма студентами и резидентами семейной медицины Западно-Казахстанского медицинского университета имени Марата Оспанова.

Методы. Был использован качественный метод исследования, основанный на методологии контент-анализа. Было проведено обсуждение в фокус-группе с 30 студентами и 24 резидентами семейной медицины, чтобы собрать мнения и опыт участников в области медицинского профессионализма. Полученную информацию обрабатывали с помощью программного комплекса MAXQDA-2020. Респондентов для исследования отбирали по возрасту, полу и уровню образования.

Результаты. Результаты проведенного опроса подтвердили признание респондентами основных столпов профессионализма, таких как медицинские знания и навыки (более 40 % ответов), личные и моральные качества врача (более 25 % ответов), уважение интересов пациента (15% ответов), отношения между врачом и пациентом и между специалистами (15% ответов). Еще одним важным открытием опроса стало то, что студенты в 5 раз чаще определяют отношения между врачом и пациентом в модели «уважение интересов пациента» по сравнению с резидентами семейной медицины, которые в первую очередь отмечали ответственность и коллегиальность медицинских специалистов, как основной путь развития профессионализма и традиционно рассматривали отношения врача и пациента как формирующиеся на основе патернализма, определяемого высокой степенью контроля над пациентами. Это существенное отличие свидетельствует о расколе среди специалистов в области семейной медицины, что вызывает массу проблем. Например, в настоящее время профессиональные семейные врачи регулярно сталкиваются с проблемой эмоционального выгорания в силу множества причин и факторов, которые вынуждают их уходить с работы. Кроме того, такие элементы профессионализма, как рефлексивные навыки, тайм-менеджмент и сбор обратной связи, были представлены в наименьшей степени (менее 1%) обеими группами, что отличается от восприятия западной медицинской школы и является существенным вопросом, который необходимо решить.

Выводы. Качественный характер нашего исследования обеспечивает детальное понимание медицинского профессионализма в контексте системы здравоохранения Центральной Азии, раскрывая многие аспекты, которые уступают западным аналогам медицинских школ, и предлагает решение, заключающееся в обучении качествам и навыкам, необходимых для развития медицинского профессионализма на всех этапах медицинского образования семейных врачей.

Ключевые слова: Семейная медицина, семейные врачи, медицинский профессионализм, медицинское образование.

Түйіндеме

ҚАЗАҚСТАНДАҒЫ ОТБАСЫ МЕДИЦИНАСЫНЫҢ РЕЗИДЕНТТЕРІ МЕН СТУДЕНТТЕРІ АРАСЫНДАҒЫ МЕДИЦИНАЛЫҚ КӘСІБИЛІГІН ТАЛДАУ

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Кіріспе. Кәсіби шеберлік – университет студенттерінің барлығы оқу барысында қол жеткізуі тиіс негізгі құзырет. Клиникалық білімдер мен коммуникативті дағдылар және этиканы жақсы түсіну - кәсібиліктің негізін құрайды. Пациенттер, медициналық қоғамдар мен аккредиттеу ұйымдары болашақ мамандардан өз саласының кәсіби маманы болуын күтеді. Сонымен қатар, медициналық кәсібилік жақсы клиникалық нәтижелермен байланысты. Қазіргі уақытта Қазақстан Республикасында медициналық кәсібилікті талдайтын зерттеулер жоқ.

Зерттеудің мақсаты. Марат Оспанов атындағы Батыс Қазақстан медицина университетінің студенттері мен отбасылық медицина резиденттерінің медициналық кәсібилік туралы түсінігін анықтау.

Әдістер. Мазмұнды-талдау әдістемесіне негізделген сапалы зерттеу әдісі қолданылды. Медициналық кәсібилік саласындағы қатысушылардың пікірлері мен тәжірибелерін жинақтау мақсатында отбасылық медицина

кафедрасының 30 студенттері мен 24 резиденттері фокус-топтық пікірталасқа қатысты. Алынған ақпарат МАХQDA-2020 бағдарламалық пакетінің көмегімен өңделді. Зерттеуге респонденттер жасы, жынысы және білім деңгейі бойынша таңдалды.

Нәтижелер. Респонденттер сауалнама нәтижесінде медициналық кәсібиліктің негізгі тіректерін растады, олар: медициналық біліктілік пен дағдылар (жауаптардың 40%), дәрігердің жеке және моральдық қасиеттер (жауаптардың 25%), пациенттің мүдделерін құрметтеу (жауаптардың 15%), дәрігер мен пациенттің және мамандар арасындағы қарым-қатынас (жауаптардың 15%). Сауалнаманың тағы бір маңызды қорытындысы, студенттердің кәсібилік негізінде дәрігер мен пациент арасындағы қарым-қатынасты «пациенттің мүддесін құрметтеу» үлгісінде анықтау мүмкіндігі, отбасылық медицина резиденттеріне қарағанда 5 есе жоғары атап кетті. Сонымен қатар, резиденттер кәсібилік негізінде бірінші кезекте дәрігерлердің жауапкершілігі мен алқалылығын атап өтті. Олар медицина мамандарының кәсібилігінің дамыту жолында дәрігер мен пациенттің қарым-қатынасын пациенттерді жоғары дәрежесімен бақылау, патернализмге негізделген қарым-қатынас ретінде қарастырды. Бұл айтарлықтай айырмашылық отбасылық медицина саласындағы мамандардың бөлінуін көрсетеді, бұл көптеген мәселелерді тудырады. Мысалы, қазіргі уақытта кәсіби отбасылық дәрігерлер жұмыстан кетуге мәжбүрлейтін көптеген себептер мен факторларға байланысты эмоционалдық күйзеліс проблемасымен үнемі бетпе-бет келеді. Сонымен қатар, рефлексиялық дағдылар, уақытты басқару және кері байланыс жинау сияқты кәсіби элементтері екі топта да ең аз дәрежеде (1%-дан аз) аталынған, бұл Батыс медициналық мектебінің қабылдауынан ерекшеленеді және маңызды мәселе болып табылады.

Тұжырымдар. Біздің зерттеуіміздің сапалық сипаты Орталық Азияның денсаулық сақтау жүйесі контекстіндегі медициналық кәсібилікті егжей-тегжейлі түсінуге мүмкіндік береді. Медициналық жоғары оқу орындарының отбасылық дәрігерлердің медициналық білім берудің барлық кезеңдеріндегі кәсібилігі Батыстық аналогтарынан төмен көптеген аспектілерді ашады және медицинаны дамытуға қажетті қасиеттер мен дағдыларды үйрету шешімін ұсынады.

Түйін сөздер: *Отбасылық медицина, отбасылық дәрігерлер, медициналық кәсібилік, медициналық білім.*

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Relevance

Each profession includes a specialized body of knowledge and skills and the medical specialty is distinguished from other professions by a high code of conduct that insists on responsibility and service to the

public [12]. There are numerous treatises and publications on the elements of professionalism and how they should be displayed and evaluated. In 2006, Arnold and Stern proposed a framework for medical professionalism to the medical community (Figure 1).



Figure 1. Attributes of professionalism (Arnold and Stern 2006).

This concept is based on clinical competence, effective communication skills and a good understanding of ethics [5]. The work of a doctor, unlike many other professions, requires a large amount of special knowledge and skills, clinical thinking, good communication skills and continuous work to improve their competencies. On this foundation, key attributes or pillars of professionalism (Figure 1) are built, such as: accountability - the doctor takes responsibility for his behavior and actions; altruism - the behavior and actions of doctors are subordinated to the interests of patients; excellence - the doctor undertakes to constantly maintain his knowledge and skills, continuously learn and introduce new knowledge into his practice; humanism- is compassion, empathy, decency and respect

One of the most important documents on the world stage that can be used to set expectations for professionalism is the article "Medical Professionalism in the New Millennium: A Physician's Charter", originally published in 2002 and hereinafter referred to as the "Physician's Charter" [3]. This document outlines the 3 fundamental principles of professionalism and 10 professional responsibilities. The founding principles of the Charter are: patient welfare, patient autonomy and social justice. This seminal document has been endorsed by 109 organizations around the world and over 100,000 copies have been distributed.

In the Republic of Kazakhstan (RK), the document regulating the professional or non-professional behavior of a medical worker is the Order of the Minister of Health dated December 23, 2020 No. ҚР ДСМ-319/2020 "On Approval of the Code of Honor for Medical and Pharmaceutical Workers of the Republic of Kazakhstan" (registered with the Ministry of Justice of the Republic of Kazakhstan December 24, 2020 No. 21890) [2].

In recent years, systematic work has been carried out in all universities of the country to introduce international standards in the field of medical education and science, and strategic partnerships are being developed with leading medical schools of foreign universities. The purpose of this cooperation is to achieve a high quality of healthcare personnel training based on the implementation of the best principles of international practices and the modernization of higher medical education [2].

As part of the implementation of international standards, medical universities of the RK faced the need to include new competencies of graduates in medical education programs. In particular, in the leading medical schools of the world, "professionalism" is one of the core competencies that all medical students must achieve in the course of their studies [19]. At the same time, under the term "professionalism" the foreign medical community defines a set of views, values, behaviors and relationships that act as the basis for the contract of a medical worker with society [14]. Whereas in our country, clinical knowledge and skills are most often taken as professionalism, while soft skills are not evaluated.

In our country, as well as in many other countries of the post-Soviet space, a lot of time was devoted to the personal and professional education of the future graduate. Elements of professionalism were taught in many disciplines, as well as outside school hours, having a "hidden" format, that is, they were not prescribed in the goals and objectives of

teaching the disciplines taught. Unfortunately, with the implementation of numerous reforms in the field of education, the development of digital technology and distance learning, we have completely lost part of the "hidden" curriculum. Bearing in mind the many warnings that inadequate professional attitudes can be detrimental to the well-being and health of patients, as well as the morale of doctors [14], development and promotion of medical professionalism among medical specialists of the RK is one of the key tasks of medical education and healthcare in general.

The aim of the study was to assess the perception of medical professionalism among students and residents of family medicine at the West Kazakhstan Marat Ospanov Medical University.

Materials and methods of research.

A qualitative research method (focus group discussion) was used to find out the opinions and experiences of survey participants. In order to obtain a variety of views on medical professionalism, the following targeted sampling method was applied: medical students were selected based on age, gender and educational level. The study was conducted on the basis of West Kazakhstan Marat Ospanov Medical University. The study involved 30 5-th year students and 24 residents (10 - 1st year of study, 14 - 2nd year of study) specializing in "Family Medicine". The average age of the respondents was 24 years. The approval of the ethical committee of the university for the study was received (protocol No. 23 dated 06/17/21). Informed consent was obtained from all participants prior to the focus group. The data has not been shared with anyone, apart from the involved researchers. In addition, the information collected from the participants was used only for the purposes of this study. Transcriptions were made anonymously by assigning random numbers to the transcripts. We have excluded identification of personal information from quotes.

Research questions:

1. What does medical professionalism mean to you?
2. What elements, in your opinion, includes medical professionalism?
3. How do you think doctors express their professionalism?

For convenience, we divided the students' direct open answers into blocks. Response blocks contain similar responses. The answers in the main document were slightly edited: we included only the core of the thought, omitting the "water". Data collection was carried out between September and October 2021. Four one and a half hour focus groups were held with each of the groups of participants. One researcher led the focus groups and two others took notes. Facilitation in each group was conducted by the same researcher with experience in conducting focus groups. Each focus group was audio recorded. During the focus groups, the facilitator followed a script of questions to limit differences between groups. Focus groups were held in Russian and Kazakh languages. Audio recordings of focus group discussions were recorded verbatim. Qualitative thematic content analysis of transcribed texts was carried out using a data-driven inductive approach to encode content into topics using the MAXQDA2022 software [8]. The results, codes and topics were constantly discussed with all three researchers until a consensus was reached. Two researchers, one of whom was present

during the focus groups and the other who was not, studied the transcripts of each focus group separately, encoding dominant responses. These codes were then combined into main themes. The two coders collaboratively compared these topics and discussed agreements and disagreements. Initial agreement between coders was about 80%. These encoders then re-evaluated the data until an agreement was reached and no new topics emerged. Qualitative rigor was performed using the Guba and Lincoln criteria (validity, tolerability, reliability, and confirmability) as a guide [16]. Consolidated criteria for reporting qualitative research have been used to guide data collection and reporting [22].

The results of the study.

As mentioned above, the aim of the study is to assess the perception of medical professionalism among students and residents of family medicine. The analysis showed that separate topics arose, which were classified according to the areas of issues for discussion in focus groups: medical knowledge and skills, moral and personal qualities, the interests of patients and society, communication skills, responsibility and collegiality, as well as the principle of the doctor's role model. An overview of 6 main themes and 16 sub-themes, illustrative citations are presented in more detail in Table 1.

Table 1.

List of themes and associated sub-themes, and illustrative quotations

No	Themes	Sub-themes	Illustrative quotations
1	Medical knowledge and skills	<ol style="list-style-type: none"> 1. Availability of basic and clinical knowledge; 2. Possession of all necessary assistance techniques; 3. Knowledge of treatment methods that meet all standards; 4. Timely response to emergency situations; 5. Continuous learning throughout life; 6. Transfer of knowledge; 	<p>"You need to leave the first impression with the patient by providing the right qualified assistance";</p> <p>"Knowledge of the chosen profession" from "and" to ""</p> <p>"To develop every day (since medical technologies do not stand still, new more effective methods of treating diseases appear)";</p> <p>"If a doctor does not cease to improve in his field of activity, explores novelties in the field of medicine, this is a professional in his field";</p> <p>"Possession of treatment skills at the highest level";</p> <p>"Competence in their work";</p> <p>"The ability to make the right quick and at the same time balanced decisions"</p> <p>"Constantly develop, keep up with the times."</p>
2	Moral and personal qualities	<ol style="list-style-type: none"> 1. Morality and ethics 2. Personal qualities: <ol style="list-style-type: none"> 2.1 Humanity 2.2 Reliability 2.3 Patience 2.4 Desire to help 2.5. Emotion control 2.6 Kindness 3. Role model 	<p>"The desire to help another person has always been considered a useful personality trait and should have been brought up from childhood";</p> <p>"Love for work and for patients, respect for them";</p> <p>"Balance between a cold mind and a moral-moral side when making decisions regarding the patient's health";</p> <p>"Knowledge of ethics and deontology, the moral qualities of a doctor";</p> <p>"High moral qualities, such as humanity and fidelity to duty a combination of conscientiousness, love for work and for patients, "The ability to keep emotional calm in urgent situations";</p> <p>"Know how to always keep the bar";</p> <p>"Lead a healthy lifestyle"</p> <p>"First of all, we must start with ourselves, be an example for everyone: for students, for our patients, for others"</p> <p>"We must be an example, a role model".</p>
3	Compliance with the interests of the patient	<ol style="list-style-type: none"> 1. Respect for the rights of the patient 2. Service to the community 3. Admit your mistakes 	<p>"Recognition that the interests of the patient are paramount in relation to the interests of the doctor";</p> <p>"The interests of the patient must come first";</p> <p>"Be able to admit your mistakes so that the patient does not suffer";</p> <p>"The desire to apply all acquired knowledge and skills for the benefit of society."</p>
4	Responsibility and collegiality	<ol style="list-style-type: none"> 1. Responsibility for decisions; 2. Proper performance of duties; 3. Be collegial; 	<p>"The most important thing in our time is to observe collegiality";</p> <p>"Professionalism is manifested in the proper performance of one's functions, the results of treatment, and rehabilitation."</p>
5	Communication skills	<ol style="list-style-type: none"> 1. Possession of all communication and relationship building skills; 	<p>"The ability to work with patients, possess communication skills, enter into the patient's confidence, have a strong opinion";</p> <p>"The ability to gain confidence in both the patient and the family";</p> <p>"Professionalism is manifested in the ability to clearly explain all the appointments and their actions to the patient."</p>
6	Vocation and talent		<p>"Gifted talent - we hope for this, turning to the doctor";</p> <p>"It is important that the future specialist from the student's bench correctly chooses his profession, according to his vocation."</p>

Medical professionalism.

In the view of 40.0% of students, professionalism includes precisely medical knowledge and skills. In their opinion, professionalism requires a high level of knowledge to perform their duties. It is noteworthy that often students note the need for constant updating of knowledge, learning new practices, acquiring new skills.

The next block contained answers about the moral component of medical professionalism. The share of these answers was 25.0%. Students said that it was morality and ethics, humanity and fidelity to duty.

15.0% of the answers relate to focusing on the needs of society and the patient. Respondents say that medical professionalism is the desire to apply their knowledge for the benefit of the patient and society. In addition, they believe that a professional should put the interests of society and patients above his own (altruism and humanism).

Some students (5.0%) spoke about the ability to make informed decisions in urgent situations.

Some of the students surveyed (5.0%) believe that medical professionalism is a vocation. This requires gifted talent.

Residents at the focus of the discussion talked about the same things as the students. In their opinion, medical professionalism is knowledge, good preparation, communication skills, responsibility and collegiality. They also talked about the fact that it is clinical thinking and the ability to solve complex problems.

Elements of professionalism

When asked what elements, in the opinion of students and teachers, medical professionalism includes, we received 215 answers (respondents could give several answers).

We also divided the answers to this question into blocks. Three areas of response were identified. These are professional qualities, personal qualities and answers that relate to morality, ethics.

Professional qualities include 44.7% of answers. Respondents again believe that this is knowledge and updating of knowledge; ability to think, analyze; a responsibility; ethics, morality; communication skills.

27.9% of answers about moral qualities. According to respondents' professionalism includes moral, moral traits of behavior. Such as kindness, honesty, humanity, empathy and so on. The next block of answers, which we defined as "personal qualities", scored 27.4% of the answers. Such qualities as communicativeness, confidence, purposefulness, independence and so on were mentioned here.

To analyze this issue, we used content analysis. From the list of answers, words were singled out (determining the qualities of professionalism). A quantitative analysis determined that the most frequently mentioned words were "knowledge / cognition / literacy / education" (15.1%), "ethics / morality / deontology" (14.7%), "responsibility / duty" (10.5%) , "communication skill / sociability" (8.0%), "conscientiousness / decency / honesty / disinterestedness" (6.3%). Content - analysis of the elements of professionalism according to the survey of respondents is presented in Table 2.

Table 2.

Content - analysis of elements of professionalism according to the survey.

The words	Quantity	%
knowledge / cognition / literacy / education	36	15.1
ethics/morality/deontology	35	14.7
responsibility/duty	25	10.5
communicative / sociability	19	8.0
conscientiousness/decency/honesty/disinterestedness	15	6.3
kindness/humanity/humanity	11	4.6
initiative / purposefulness / perseverance	11	4.6
courtesy/respect/tact	7	2.9
resilience / stress resistance / poise / endurance	7	2.9
empathy/responsiveness/compassion	7	2.9
willingness/decisiveness/courage	6	2.5
confidence	5	2.1
attentiveness / observation	4	1.7
to help	4	1.7
psychology	4	1.7
patience / patience	4	1.7
critical thinking	3	1.3
reliability	3	1.3
autonomy/independence	3	1.3
intelligence	2	0.8
confidentiality	2	0.8
organization/self-organization	2	0.8
adherence to principles	2	0.8
working capacity / working capacity	2	0.8
self improvement	2	0.8
focus/collection	2	0.8
save	2	0.8
saving/save	2	0.8

Continuation of Table No. 2.

The words	Quantity	%
accuracy	1	0.4
law-abiding	1	0.4
intelligence	1	0.4
intuition	1	0.4
masculinity	1	0.4
an experience	1	0.4
orientation	1	0.4
attractiveness	1	0.4
transparency	1	0.4
punctuality	1	0.4
partnership	1	0.4
Total	238	100.0

As for residents, then in their opinion the main element of medical professionalism is continuous learning. They emphasize that medicine is constantly developing and that new knowledge in medicine is emerging.

In addition, they noted responsibility, the ability to think clinically, adherence to collegiality, maintaining a healthy lifestyle.

Expression of professionalism

According to more than half (53.8%) of the students surveyed, professionalism is expressed in cured/healthy patients, in the process of treatment (solving difficult situations, choosing a treatment, making the correct diagnosis).

More than a quarter (46.7%) say that this is expressed in the ability to build communications.

Block "morality, ethics of attitude towards people" has 25.0% of answers.

As well as in question No. 2, students said that this is manifested in knowledge and their constant updating - 15.0%.

The block "Other" (33.3%) contains different answers about such personal qualities as self-confidence, fidelity to duty, reliability, attention, and so on. An analysis of respondents' answers about expressing their professionalism is presented in Table 3.

Table 3.

Content - analysis of of expression professionalism according to the survey.

Answers	Quantity	%
communications	28	46.7
the process of helping, treating, curing	32	53.8
knowledge, updating knowledge	9	15.0
morality, ethics, attitude towards people	15	25.0
other	20	33.3

* Respondents can give several answers, so the sum of percentages is more than 100.

Residents, who participated in the focus group discussion, also agree that professionalism is manifested as a result of treating a patient. They also talk about the ability to find contact with patients, to explain treatment and their activities in an accessible way.

Discussion

The results of our study revealed that all respondents have a clear understanding of the importance and

development of professionalism in the medical profession. A comprehensive discussion of the foundations and elements of professionalism suggests that the medical community, represented by medical students, celebrate almost all the main pillars and elements of professionalism proposed by Arnold and Stern in 2006.[5]. However, our study showed that the main role in the perception of medical professionalism (40-45% of answers) among students is assigned to the availability of professional knowledge and skills for providing medical care. In second place, according to students (about 25-28% of answers), the moral and personal qualities of the doctor, as well as the availability of communication skills, are noted. While the residents in their answers in the second place highlight such qualities as responsibility and collegiality. At the same time, among both groups of respondents, few answers (less than 1% of respondents) were devoted to such elements of professionalism as reflective skills and time management, which, in particular, along with the presence of professional knowledge, are indicated by the Western community. In addition, respondents from both groups noted one of the most important elements of professionalism, such as the "role model" of the clinical mentor himself or the teacher who trains future specialists. Arguing that an important role in developing the skills of medical professionalism among future doctors is played by the teacher's own example, as a standard of professional behavior in mastering the future profession. The least relevant areas chosen by both groups of respondents (less than 1% of responses) were "feedback requested" and "appropriate use of healthcare resources".

The areas of medical professionalism identified in this study are also similar to the components of medical professionalism identified by the UK General Medical Council, namely: "Behave in an ethical and legal manner", "Think, learn and teach others", "Learn and work effectively in a multidisciplinary team", "Protect patients and improve the quality of care" [15]. Also, in our survey, respondents identified knowledge/skills, patient relationship, character traits, value alignment, doctor-patient relationship, demeanor, professional management, personal awareness and motivation as core areas of professionalism, similar to some surveys of Western medical professionals schools [17,24].

In our study, students, unlike residents of medical universities, in the perception of elements of

professionalism more often single out the area of relationship skills between the doctor and the patient - "effective communication with the patient" and "respect for the rights of the patient". This perception of professionalism among trainees illustrates a shift in healthcare towards patient-centered care and the development of patient autonomy [21]. The importance of communication skills in medical professionalism has also been emphasized in other studies [10, 23]. While the residents during the discussion argued that not only doctors should show respect for the opinion of the patient, but also patients should respect the doctors and listen to his recommendations.

In the field of interprofessional relations skills, residents indicated the need for "collegiality" in decision-making, while students' answers about collegiality were in less than 1% of respondents. "Collegiality" demonstrates young professionals' perception of the growing importance of collective care and cooperation between different health professionals whose opinions should be respected [11, 25]. The importance of collegiality was also highlighted in a study by Chandratilake et al. which showed that working with colleagues to achieve common goals is considered important in the countries of Europe and North America [10].

To the best of our knowledge, this is the first study of students' and residents' perceptions of medical professionalism in the Republic of Kazakhstan using qualitative methods, the MAXQDA program. However, there are limitations to the study. This was a single center study and further studies are needed with other available institutions in different cities.

Conclusion

According to the results of our study, in the perception of both students and residents, medical professionalism is primarily professional knowledge that needs to be constantly updated. The professionalism of medical staff, according to the respondents, is still high moral/moral qualities. Doctors must be decent, honest, disinterested, humane.

In addition, medical professionalism, in their opinion, includes elements of communication skills, which involve the ability to communicate and create trusting relationships, the ability to hear the patient's complaints.

The interviewed students also emphasized that medical professionalism is a high responsibility and duty. Students feel responsible for every step taken in diagnosing and prescribing treatment. At the same time, this is a responsibility not only to the patient, but also to his relatives and society.

Professionalism is expressed in the opinion of the majority of respondents in the way the doctor treats the patient, in his actions and cured patients. It is noteworthy that many respondents noted the importance of the doctor's ability to act calmly and keep a cool mind in urgent situations.

Since there is little research on medical professionalism in the Republic of Kazakhstan, this study provides a basis for future research on medical professionalism, especially in Central Asia. However, the qualitative nature of our study provided a detailed understanding of medical professionalism in the context of the Central Asian

healthcare system, revealing a relatively limited perception of the concepts of professionalism in contrast to Western medical schools, which requires the development of research in this direction.

Authors' contribution:

Abenova N.A. – facilitation of a focus group discussion with students, content analysis of the focus group discussion data, article design;

Karimsakova B.K. – critical analysis of the conducted literature search;

Seipenova A.N. – transcription of audiograms of a focus group discussion with students;

Sakhipova G.Zh. - research resource management, statistical processing;

Zhamalieva L.M. – facilitation of a focus group discussion with residents of family medicine;

Koshmaganbetova G.K. - primary data analysis and work in the MAXQODA program;

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