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PERCEPTIONS OF WORK PROCESSES AND ORGANIZATIONAL DYNAMICS IN HOSPITAL GYNECOLOGY DEPARTMENTS

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Abstract

Introduction. Providing quality care is a priority of the healthcare system. One of the key attributes of quality care is effective teamwork within hospital departments and communication between medical specialists and patients.

Aim: to study the current practice and perceptions of work processes and organizational dynamics in hospital gynecology departments in Almaty city.

Materials and methods. The cross-sectional study was conducted in the first half of 2024. We developed a survey for hospital gynecologists, which was conducted with the support of the Almaty city health department and the heads of medical organizations. Participation in the survey was voluntary and anonymous, and respondents could complete it at any time convenient for them.

Results. The survey showed that the majority of respondents, both doctors and nurses had more than 11 years' of work experience, and most reported job satisfaction. A large portion of respondents, especially nurses (75.6%), believed that medical errors resulted in reprimands, while 46.3% agreed that the administration regularly reviews processes to improve patient safety. Additionally, 47.2% felt that incident reporting often focused on the person rather than the issue, with 42.2% of nurses disagreeing compared to 31.7% of doctors. While 50.8% of doctors and 51.1% of nurses agreed that the department promotes learning from mistakes, 24.4% of nurses were uncertain, and 20.4% expressed fear when raising concerns, with nurses experiencing more fear ($p < 0.001$). Furthermore, 34.3% of respondents, particularly doctors (46%), believed the manager expects faster work under pressure, while 48.9% of nurses were unsure.

Conclusion. Both groups reported high professional experience and job satisfaction, but nurses expressed more uncertainty, particularly regarding error management and communication. The findings highlight the need for better communication, increased support for nurses, and a stronger safety culture that encourages staff to voice concerns without fear.

Keywords: gynecology, women's health, medical care, hospital.

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Резюме

ВОСПРИЯТИЕ РАБОЧИХ ПРОЦЕССОВ И ОРГАНИЗАЦИОННОЙ ДИНАМИКИ В ОТДЕЛЕНИЯХ ГИНЕКОЛОГИИ БОЛЬНИЦ

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Актуальность. Предоставление качественной помощи является приоритетом системы здравоохранения. Одним из ключевых атрибутов качественной помощи является эффективная командная работа в отделениях больницы и коммуникация между врачами-специалистами и пациентами.

Цель: изучить текущую практику и восприятие рабочих процессов и организационной динамики в отделениях гинекологии больницы города Алматы.

Материалы и методы. Поперечное исследование проводилось в первой половине 2024 года. Мы разработали опрос для врачей-гинекологов больницы, который проводился при поддержке Управления здравоохранения города Алматы и руководителей медицинских организаций. Участие в опросе было добровольным и анонимным, и респонденты могли заполнить опросник в любое удобное для них время.

Результаты. Опрос показал, что большинство респондентов, как врачей, так и медсестер, имели стаж работы более 11 лет, и большинство из них сообщили об удовлетворенности работой. Большая часть респондентов, особенно медсестер (75,6%), считали, что врачебные ошибки приводят к выговорам, в то время как 46,3% согласились с тем, что администрация регулярно пересматривает процессы для повышения безопасности пациентов. Кроме того, 47,2% считают, что сообщения об инцидентах часто фокусируются на человеке, а не на проблеме, при этом 42,2% медсестер не согласны с этим по сравнению с 31,7% врачей. В то время как 50,8% врачей и 51,1% медсестер согласились с тем, что отделение поощряет обучение на ошибках, 24,4% медсестер не уверены, а 20,4% выражают страх при выражении опасений, причем медсестры испытывают больший страх ($p < 0,001$). Кроме того, 34,3% респондентов, особенно врачи (46%), считают, что руководитель ожидает более быстрой работы в условиях давления, в то время как 48,9% медсестер не уверены.

Выводы. Обе группы сообщили о высоком профессиональном опыте и удовлетворенности работой, но медсестры выразили большую неуверенность, особенно в отношении управления ошибками и коммуникации. Результаты подчеркивают необходимость лучшей коммуникации, усиления поддержки медсестер и более сильной культуры безопасности, которая побуждает персонал высказывать опасения без страха.

Ключевые слова: гинекология, женское здоровье, медицинская помощь, больница.

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Түйіндеме

ГИНЕКОЛОГИЯЛЫҚ БӨЛІМШЕЛЕРДЕ ЖҰМЫС ҮДЕРІСТЕРІ МЕН ҰЙЫМДЫҚ ДИНАМИКАНЫ ҚАБЫЛДАУ

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Кіріспе. Сапалы көмек көрсету денсаулық сақтау жүйесінің басымдықтарының бірі болып табылады. Сапалы көмектің негізгі атрибуттарының бірі-аурухана бөлімшелеріндегі тиімді топтық жұмыс пен дәрігер-мамандар мен науқастар арасындағы байланыс.

Зерттеудің мақсаты: Алматы қаласы ауруханасының гинекология бөлімшелеріндегі жұмыс үрдістері мен ұйымдастыру динамикасын қабылдау және ағымдағы тәжірибені зерделеу.

Материалдар мен әдістері. Келденең зерттеу 2024 жылдың бірінші жартысында жүргізілді. Біз Алматы қаласы Денсаулық сақтау басқармасының және медициналық ұйымдардың басшыларының қолдауымен жүргізілген аурухананың гинеколог-дәрігерлеріне сауалнама әзірледік. Сауалнамаға қатысу ерікті және анонимді болды, ал респонденттер сауалнаманы өздеріне ыңғайлы кез келген уақытта толтыра алды.

Нәтижесі. Сауалнама нәтижелері көрсеткендей, респонденттердің көпшілігі, соның ішінде дәрігерлер мен медбикелер, 11 жылдан астам еңбек өтілі бар екенін және өз жұмысынан қанағаттанатынын білдірді. Респонденттердің басым бөлігі, әсіресе медбикелер (75,6%), дәрігерлік қателіктер сәгіс алуға әкеледі деп санайды, ал 46,3%-ы әкімшілік науқастардың қауіпсіздігін арттыру үшін процестерді жүйелі түрде қайта қарайды деген пікірге келісті. Сонымен қатар, 47,2% инциденттер туралы есептер мәселенің өзіне емес, жеке адамға бағытталған деп

санайды, бірақ бұл пікірмен медбикелердің 42,2%-ы келіспейді, ал дәрігерлердің арасында бұл көрсеткіш 31,7%-ды құрайды. Дәрігерлердің 50,8%-ы және медбикелердің 51,1%-ы бөлімшенің қателіктерден сабақ алуды ынталандыратынын қолдады, бірақ медбикелердің 24,4%-ы сенімсіз, ал 20,4%-ы алаңдаушылықтарын білдіруден қорқады, бұл қорқыныш әсіресе медбикелер арасында көбірек байқалды ($p < 0,001$). Сонымен қатар, респонденттердің 34,3%-ы, әсіресе дәрігерлер (46%), басшылық қысым жағдайында жұмысты тезірек орындауды талап етеді деп санайды, ал медбикелердің 48,9%-ы бұл пікірге сенімсіз.

Қорытынды. Екі топ та өздерінің кәсіби тәжірибелерінің жоғары екенін және жұмыстарына қанағаттанатынын айтты, бірақ медбикелер, әсіресе қателіктерді басқару мен коммуникацияға қатысты, үлкен сенімсіздік білдірді. Нәтижелер медбикелерге қолдауды күшейтуді, жақсырақ коммуникацияны және қызметкерлерге алаңдаушылықтарын қорықпай айтуға мүмкіндік беретін қауіпсіздік мәдениетін нығайтудың қажеттілігін атап көрсетеді.

Түйінді сөздер: гинекология, әйелдер денсаулығы, медициналық көмек, аурухана.

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Introduction

The problem of preserving and strengthening women's health is the most pressing today, due to the increase in gynecological disease in world. The greatest burden of gynecological pathology in terms of morbidity and mortality is borne by women in middle- and low-income countries, where among women of reproductive age, rates of loss of productive life due to gynecological diseases are higher than for other important global health priorities, such as maternal health, tuberculosis, malaria and cardiovascular diseases [23].

The gynecologic care delivery model revealed age-related differences in women's use of gynecologic care across different care settings [4]. Every organization, regardless of its size, activity, or specificity, at one time or other faces obstacles that can only be overcome by transforming its structures, processes, and resources. The definition of management as a process of readapting an organization to changing internal and external operating conditions by initiating processes of continuous quality improvement seems to be most relevant when taking into account the specifics of a hospital's activities in a dynamic business environment. Hospital-based obstetrics and gynecology medical practices engage in clinical care, teaching, research, or leadership in the field of obstetrics and gynecology. A special role is given to ensuring multidisciplinary teamwork [5], which can be organized in multidisciplinary hospitals with an established process of structural units. In addition, proper leadership and teamwork can improve the team environment and ensure patient safety, which is one of the important aspects in the healthcare system [10,17,20]. Patient safety is also affected by the communication skills of medical staff, in particular the frequent use of medical terms makes it difficult for patients to understand, which can lead to a decrease in patient safety. Also, errors can occur in communications between medical staff when someone misunderstands what is required from another person [12]. Because of this, when studying the activities of a structural unit of a medical organization, it is important to analyze the relationship of the unit manager with other employees, how teamwork is carried out and other aspects.

Recently, providing quality medical care has become an important factor. One of the attributes of quality care is ensuring proper management in a medical organization, where doctors can work in more comfortable conditions. To do this, it is important to collect feedback, provide processes for receiving complaints and suggestions from employees of the organization, and other activities. Training employees of a medical organization can help overcome any difficulties in providing high-quality and safe care to patients, including in gynecological departments [22]. In the Republic of Kazakhstan, institutional development of quality and accreditation of medical organizations began at the end of 2010. Since then, numerous training events have been held. However, there are very few studies on the organization of gynecological care in hospitals in large cities.

Therefore, the **aim** of our research is to study the current practices and perceptions of work processes and organizational dynamics in hospital gynecology departments in Almaty city.

Materials and methods

The cross-sectional study was conducted in the first half of 2024. We developed a survey for gynecologists working in multidisciplinary hospitals in Almaty. The questionnaire consisted of three sections: the work of the unit, the branch manager's role, and communication. The questionnaire was pre-tested with the participation of 10 doctors, and after making minor adjustments, it was distributed to gynecologists in Almaty's multidisciplinary hospitals. The survey was conducted with the support of the Health Department and the heads of medical organizations. It was administered online via Google Forms, and participation was voluntary and anonymous. Respondents could complete the survey at their convenience.

In 2024, in hospital gynecology departments in Almaty city registered 67 gynecologists, 53 nurses. To identify the sample size, we based on the cross-sectional study design formula, hence the sample size calculation formula is:

$$n = deff \times \frac{N \cdot \hat{p}(1 - \hat{p})}{(N - 1) \frac{d^2}{z_{\alpha}^2} + \hat{p}(1 - \hat{p})}$$

According to a 95% confidence level and a 5% margin of error, the minimum sample size required was 57 for gynecologists and 47 for nurses. However, we aimed to

include a larger number of respondents to account for incomplete responses. As a result, the analysis included completed questionnaires from 63 gynecologists and 45 nurses. To compare the two groups (gynecologists and nurses), we used the chi-square (χ^2) test to analyze the relationships between categorical variables. The χ^2 statistic is compared with the critical value to determine the statistical significance of differences between the groups. If χ^2 is greater than the critical value, the null hypothesis is rejected and a conclusion is made about the presence of differences between the groups. All statistical analyses were performed using the MS Excel and SPSS13.

The study design was approved by the Local Committee on Bioethics, Kazakhstan (IRB-A832, 21 May 2024).

Results

The average age of the doctors who took part in the survey was 41.63 years, whereas nurses was 43.18 years. More than half of the respondents in both groups have over 11 years of work experience, which indicates a high level of professional experience of the study participants. About half of the respondents have been working in this organization for more than five years. The largest number of respondents in both groups expressed satisfaction with their work. The answer to the question of whether the hospital administration regularly reviews work processes in the department to identify the need for changes to improve patient safety is statistically significant. 46.3% of

respondents agreed with this statement, and the indicator was more pronounced among nurses. At the same time, 17.6% of survey participants noted uncertainty on this issue ($p < 0.001$). The largest number of respondents in both groups (57.1% of doctors and 75.6% of nurses) noted that in this department, employees feel that medical errors will result in reprimands or other measures ($p < 0.001$). 47.2% of respondents agreed with the statement that in hospital gynecology departments, when reporting an event, it seems that it is not the essence of the problem that is being discussed, but the person who caused the error or incident. About 16.7% of participants noted uncertainty on this issue. The largest number of nurses (42.2%) disagreed with this statement, while among doctors this figure was (31.7%), $p = 0.045$. 50.8% of physicians and 51.1% of nurses agreed with the statement that when employees make mistakes, the unit focuses on learning rather than blaming individuals. However, twice as many nurses (24.4%) were undecided. 38.1% of physicians disagreed with this statement ($p < 0.001$). In both groups, more than half of respondents disagreed with the statement that the pace of work in this department is so fast that it negatively impacts patient safety ($p = 0.02$). Also, 50.0% of survey participants disagreed with the statement that this department lacks support for staff involved in patient safety errors, while 18.5% of respondents expressed uncertainty on this issue ($p = 0.02$), table 1.

Table 1.

Organization of work in the workplace.

Questions		Gynecologists N (%)	Nurse N (%)	Total N (%)	P value
1		2	3	4	5
Work experience	Less than 1 year	2 (3.2%)	3 (6.7%)	5 (4.6%)	0.807
	1 to 5 years	8 (12.7%)	7 (15.6%)	15 (13.9%)	
	6 to 10 years	12 (19.0%)	8 (17.8%)	20 (18.5%)	
	11 or more years	41 (65.1%)	27 (60.0%)	68 (63.0%)	
	Total	63 (100.0%)	45 (100.0%)	108 (100.0%)	
How many years have you been working in this organization?	Less than 1 year	9 (14.3%)	10 (22.2%)	19 (17.6%)	0.432
	1 to 5 years	21 (33.3%)	11 (24.4%)	32 (29.6%)	
	6 to 10 years	17 (27.0%)	9 (20.0%)	26 (24.1%)	
	11 or more years	16 (25.4%)	15 (33.3%)	31 (28.7%)	
Are you satisfied with the hospital's operating hours?	Yes	57 (90.5%)	40 (88.9%)	97 (89.8%)	0.788
	No	6 (9.5%)	5 (11.1%)	11 (10.2%)	
In this unit, we work together as an effective team	Strongly Disagree	4 (6.3%)	3 (6.7%)	7 (6.5%)	0.770
	Disagree	8 (12.7%)	3 (6.7%)	11 (10.2%)	
	Neither Agree nor Disagree	3 (4.8%)	4 (8.9%)	7 (6.5%)	
	Agree	41 (65.1%)	31 (68.9%)	72 (66.7%)	
	Strongly Agree	7 (11.1%)	4 (8.9%)	11 (10.2%)	
We have enough staff in this unit to handle the workload	Strongly Disagree	4 (6.3%)	7 (15.6%)	11 (10.2%)	0.393
	Disagree	8 (12.7%)	4 (8.9%)	12 (11.1%)	
	Neither Agree nor Disagree	3 (4.8%)	3 (6.7%)	6 (5.6%)	
	Agree	37 (58.7%)	27 (60.0%)	64 (59.3%)	
	Strongly Agree	11 (17.5%)	4 (8.9%)	15 (13.9%)	
The staff in this unit work longer hours than necessary to care for patients	Strongly Disagree	12 (19.0%)	3 (6.7%)	15 (13.9%)	0.056
	Disagree	9 (14.3%)	6 (13.3%)	15 (13.9%)	
	Neither Agree nor Disagree	14 (22.2%)	8 (17.8%)	22 (20.4%)	
	Agree	24 (38.1%)	28 (62.2%)	52 (48.1%)	
	Strongly Agree	4 (6.3%)	0 (0.0%)	4 (3.7%)	

Continuation of the Table 1.

Questions		Gynecologists N (%)	Nurse N (%)	Total N (%)	P value
1		2	3	4	5
Hospital administration regularly reviews the work processes in the unit to determine if changes are needed to improve patient safety	Strongly Disagree	9 (14.3%)	11 (24.4%)	20 (18.5%)	0.001*
	Disagree	16 (25.4%)	3 (6.7%)	19 (17.6%)	
	Neither Agree nor Disagree	11 (17.5%)	8 (17.8%)	19 (17.6%)	
	Agree	16 (25.4%)	23 (51.1%)	39 (36.1%)	
	Strongly Agree	11 (17.5%)	0 (0.0%)	11 (10.2%)	
In this unit, staff feel that medical errors will be dealt with in the form of reprimands or other actions	Strongly Disagree	0 (0.0%)	7 (15.6%)	7 (6.5%)	<0.001
	Disagree	21 (33.3%)	4 (8.9%)	25 (23.1%)	
	Neither Agree nor Disagree	6 (9.5%)	0 (0.0%)	6 (5.6%)	
	Agree	28 (44.4%)	27 (60.0%)	55 (50.9%)	
	Strongly Agree	8 (12.7%)	7 (15.6%)	15 (13.9%)	
In this unit, when an event is reported, it seems to be describing the person (discussing the person who caused the error or event) rather than the issue itself	Strongly Disagree	4 (6.3%)	11 (24.4%)	15 (13.9%)	0.045
	Disagree	16 (25.4%)	8 (17.8%)	24 (22.2%)	
	Neither Agree nor Disagree	14 (22.2%)	4 (8.9%)	18 (16.7%)	
	Agree	25 (39.7%)	19 (42.2%)	44 (40.7%)	
	Strongly Agree	4 (6.3%)	3 (6.7%)	7 (6.5%)	
In stressful times, the staff in this unit help each other	Strongly Disagree	8 (12.7%)	7 (15.6%)	15 (13.9%)	0.052
	Disagree	4 (6.3%)	7 (15.6%)	11 (10.2%)	
	Neither Agree nor Disagree	7 (11.1%)	0 (0.0%)	7 (6.5%)	
	Agree	21 (33.3%)	20 (44.4%)	41 (38.0%)	
	Strongly Agree	23 (36.5%)	11 (24.4%)	34 (31.5%)	
There is a problem with disrespectful behavior from staff in this unit	Strongly Disagree	16 (25.4%)	7 (15.6%)	23 (21.3%)	0.218
	Disagree	28 (44.4%)	26 (57.8%)	54 (50.0%)	
	Neither Agree nor Disagree	6 (9.5%)	3 (6.7%)	9 (8.3%)	
	Agree	9 (14.3%)	9 (20.0%)	18 (16.7%)	
	Strongly Agree	4 (6.3%)	0 (0.0%)	4 (3.7%)	
When staff make mistakes, this unit focuses on learning rather than blaming individuals	Strongly Disagree	8 (12.7%)	11 (24.4%)	19 (17.6%)	<0.001
	Disagree	16 (25.4%)	0 (0.0%)	16 (14.8%)	
	Neither Agree nor Disagree	7 (11.1%)	11 (24.4%)	18 (16.7%)	
	Agree	13 (20.6%)	23 (51.1%)	36 (33.3%)	
	Strongly Agree	19 (30.2%)	0 (0.0%)	19 (17.6%)	
The pace of work in this unit is so fast that it negatively impacts patient safety.	Strongly Disagree	12 (19.0%)	7 (15.6%)	19 (17.6%)	0.027
	Disagree	24 (38.1%)	14 (31.1%)	38 (35.2%)	
	Neither Agree nor Disagree	10 (15.9%)	8 (17.8%)	18 (16.7%)	
	Agree	17 (27.0%)	9 (20.0%)	26 (24.1%)	
	Strongly Agree	0 (0.0%)	7 (15.6%)	7 (6.5%)	
This unit is evaluating changes to improve patient safety to see how well they have worked	Strongly Disagree	13 (20.6%)	7 (15.6%)	20 (18.5%)	0.943
	Disagree	4 (6.3%)	4 (8.9%)	8 (7.4%)	
	Neither Agree nor Disagree	11 (17.5%)	8 (17.8%)	19 (17.6%)	
	Agree	24 (38.1%)	19 (42.2%)	43 (39.8%)	
	Strongly Agree	11 (17.5%)	7 (15.6%)	18 (16.7%)	
This unit lacks support for staff involved in patient safety errors.	Strongly Disagree	20 (31.7%)	7 (15.6%)	27 (25.0%)	0.023
	Disagree	16 (25.4%)	11 (24.4%)	27 (25.0%)	
	Neither Agree nor Disagree	6 (9.5%)	14 (31.1%)	20 (18.5%)	
	Agree	21 (33.3%)	13 (28.9%)	34 (31.5%)	
This unit continues to experience the same patient safety issues	Strongly Disagree	20 (31.7%)	11 (24.4%)	31 (28.7%)	0.779
	Disagree	20 (31.7%)	14 (31.1%)	34 (31.5%)	
	Neither Agree nor Disagree	10 (15.9%)	10 (22.2%)	20 (18.5%)	
	Agree	13 (20.6%)	10 (22.2%)	23 (21.3%)	

The largest number of respondents, especially nurses, noted that the department manager takes staff suggestions for improving patient safety seriously ($p = 0.004$). However, only a third of respondents agreed that the department manager expects them to work faster under pressure, even if this means reducing the time to complete tasks. This figure was 34.3%, while among doctors it reached 46%,

which is twice as high as among nurses 17.8%. In addition, the largest number of nurses 48.9% expressed uncertainty in their answers to this question ($p < 0.001$). In our unit, information about changes based on event reports reaches employees as follows: 39.8% say they are always informed, 18.5% say they are informed most of the time, while 25.0% say they are rarely informed ($p = 0.030$). As for employee

statements, 37.0% of respondents said they always speak up if they notice something that could negatively impact patient care. However, this figure is higher among physicians at 42.9%, while among nurses it is only 28.9% ($p = 0.01$). In addition, 42.9% of physicians and 28.9% of nurses always speak up if they see someone with authority doing something unsafe for patients ($p = 0.01$). When department staff speak up, those with more authority are

the ones who mostly express concerns about patient safety, with the figure for doctors being 42.9%, while it is significantly lower among nurses at only 13.3% ($p < 0.001$). As for whether staff are afraid to ask questions when something seems wrong, 20.4% of respondents said this happens most of the time, while 9.3% said it happens sometimes. The feeling of fear is more pronounced among nurses than among other staff ($p < 0.001$), table 2.

Table 2.

Communication in the workplace.

Questions		Gynecologists N (%)	Nurse N (%)	Total N (%)	P value
1		2	3	4	5
The department manager takes seriously staff suggestions for improving patient safety	Strongly Disagree	7(11.1%)	9(20.0%)	16(14.8%)	0.004
	Disagree	12(19.0%)	3(6.7%)	15(13.9%)	
	Neither Agree nor Disagree	8(12.7%)	0 (0.0%)	8(7.4%)	
	Agree	24(38.1%)	29(64.4%)	53(49.1%)	
	Strongly Agree	12(19.0%)	4(8.9%)	16(14.8%)	
The department manager wants us to work faster during busy times. even if that means cutting back on time	Strongly Disagree	11(17.5%)	3(6.7%)	14(13.0%)	<0.001
	Disagree	15(23.8%)	12(26.7%)	27(25.0%)	
	Neither Agree nor Disagree	8(12.7%)	22(48.9%)	30(27.8%)	
	Agree	29(46.0%)	8(17.8%)	37(34.3%)	
The department manager takes action to address patient safety issues that are brought to their attention	Strongly disagree	7(11.1%)	6(13.3%)	13(12.0%)	0.787
	Disagree	4(6.3%)	3(6.7%)	7(6.5%)	
	Neither agree nor disagree	4(6.3%)	4(8.9%)	8(7.4%)	
	Agree	32(50.8%)	24(53.3%)	56(51.9%)	
	Strongly agree	12(19.0%)	4(8.9%)	16(14.8%)	
	Does not apply or don't know	4(6.3%)	4(8.9%)	8(7.4%)	
We are informed of errors that occur in our department	Never	3(4.8%)	7(15.6%)	10(9.3%)	0.134
	Rarely	16(25.4%)	10(22.2%)	26(24.1%)	
	Sometimes	13(20.6%)	12(26.7%)	25(23.1%)	
	Most of the time	4(6.3%)	0 (0.0%)	4(3.7%)	
	Always	27(42.9%)	16(35.6%)	43(39.8%)	
When errors occur in our department. we discuss ways to prevent them from happening again	Never	3(4.8%)	3(6.7%)	6(5.6%)	0.794
	Rarely	17(27.0%)	10(22.2%)	27(25.0%)	
	Sometimes	8(12.7%)	8(17.8%)	16(14.8%)	
	Most of the time	12(19.0%)	11(24.4%)	23(21.3%)	
	Always	23(36.5%)	13(28.9%)	36(33.3%)	
In our department. we are informed of changes that are made based on event reports	Never	7(11.1%)	3(6.7%)	10(9.3%)	0.030
	Rarely	17(27.0%)	10(22.2%)	27(25.0%)	
	Sometimes	4(6.3%)	0 (0.0%)	4(3.7%)	
	Most of the time	8(12.7%)	12(26.7%)	20(18.5%)	
	Always	27(42.9%)	16(35.6%)	43(39.8%)	
	Does not apply or don't know	0 (0.0%)	4(8.9%)	4(3.7%)	
In our department. staff speak up when they see something that could negatively impact patient care	Never	3(4.8%)	3(6.7%)	6(5.6%)	0.012
	Rarely	17(27.0%)	7(15.6%)	24(22.2%)	
	Sometimes	4(6.3%)	3(6.7%)	7(6.5%)	
	Most of the time	12(19.0%)	11(24.4%)	23(21.3%)	
	Always	27(42.9%)	13(28.9%)	40(37.0%)	
	Does not apply or don't know	0 (0.0%)	8(17.8%)	8(7.4%)	
When staff in our department see someone with a lot of authority doing something that is unsafe for patients. they speak up	Never	11(17.5%)	7(15.6%)	18(16.7%)	0.019
	Rarely	9(14.3%)	3(6.7%)	12(11.1%)	
	Sometimes	4(6.3%)	10(22.2%)	14(13.0%)	
	Most of the time	12(19.0%)	8(17.8%)	20(18.5%)	
	Always	27(42.9%)	13(28.9%)	40(37.0%)	
	Does not apply or don't know	0 (0.0%)	4(8.9%)	4(3.7%)	

Continuation of the Table 2.

Questions		Gynecologists N (%)	Nurse N (%)	Total N (%)	P value
1		2	3	4	5
When department staff speak up. those with more authority openly voice concerns about the safety of their patients.	Never	7(11.1%)	3(6.7%)	10(9.3%)	<0.001
	Rarely	13(20.6%)	7(15.6%)	20(18.5%)	
	Sometimes	12(19.0%)	9(20.0%)	21(19.4%)	
	Most of the time	4(6.3%)	12(26.7%)	16(14.8%)	
	Always	27(42.9%)	6(13.3%)	33(30.6%)	
	Does not apply or don't know	0 (0.0%)	8(17.8%)	8(7.4%)	
In our department. staff are afraid to ask questions when something doesn't seem right	Never	26(41.3%)	7(15.6%)	33(30.6%)	0.001
	Rarely	13(20.6%)	18(40.0%)	31(28.7%)	
	Sometimes	4(6.3%)	6(13.3%)	10(9.3%)	
	Most of the time	12(19.0%)	10(22.2%)	22(20.4%)	
	Always	8(12.7%)	0 (0.0%)	8(7.4%)	
	Does not apply or don't know	0 (0.0%)	4(8.9%)	4(3.7%)	

Discussion

In our analysis, respondents indicated that hospital management regularly reviews work processes, a finding that aligns with the study by *Deepak Bhati et al.*, which highlighted the crucial role of data-driven measurement, analysis, and benchmarking in evaluating hospital performance [2]. We found that more than half of the respondents, particularly nurses, believe that medical errors will lead to reprimands or other consequences. Similarly, other research has identified negative perceptions of medication errors among Jordanian nurses or in Uganda it was found that the most medical staff believed that the law does not protect the reporting of medical errors [3,14]. However, in Iranian study highlighted four key barriers to error reporting among nurses [16]. These barriers include concerns about maintaining professional reputation and avoiding stigma, fear of repercussions such as legal issues and organizational challenges, feelings of insecurity due to being blamed, and a lack of administrative support and failure to investigate the root causes of errors. *Désirée Klemann and co-authors* identified several risk factors for medical errors in gynecology departments, including delays in care, poor coordination and management of care, and shortages of supplies, staff, and knowledge [11]. These factors were observed both at the individual healthcare worker level (e.g., non-compliance with protocols, delays in decision-making) and at the system level (e.g., lack of protocols, insufficient staff and equipment). To prevent such errors in the future, healthcare managers must conduct a more thorough examination of these issues. Medical errors are a significant public health issue, with varying estimates of incidence and cost, ranging from 200,000 to 400,000 preventable harms annually in the U.S. While the definition of medical errors varies, they are associated with high morbidity, mortality, and economic burden, impacting patients, healthcare workers, and facilities. Efforts to improve patient safety include identifying error types, promoting error reporting, and creating a culture of safety, where corrective measures and prevention strategies can be implemented across healthcare settings [18]. A positive trend is that more than half of respondents noted the availability of training and management support, especially when medical errors occur. This may be due to the

introduction of an accreditation system, which includes aspects of ongoing employee training and strengthening of work on patient safety issues [1,3,15]. *Thomas E. MacGillivray* highlighted that the U.S. healthcare system is transitioning from a fee-for-service model to value-based care to enhance quality and reduce costs. While transparency can promote quality improvement, it may also lead to unintended consequences, such as risk aversion, which could negatively impact individual patient care and overall population health outcomes [13]. Daily practice shows that the department manager expects them to work faster under pressure, even if this means reducing the time it takes to complete tasks, which can also affect the quality of work and lead to errors. *Berihun Alemayehu Addis and co-authors* found that the prevalence of time management practices among healthcare professionals was 66.1%. A qualitative study revealed that factors such as increased age, satisfaction with compensation and benefits, adequate staffing levels, task planning, being efficient with time, and a high level of work responsibility were significant contributors to effective time management practices [3]. Another study also highlighted that one of the primary stressors experienced by nurses is the perception of time constraints. Given the potential adverse effects of perceived time pressure on nurses, it seems reasonable that nurse managers' ability to guide nurses in reducing this pressure, thereby facilitating more informed decisions, could enhance nurses' well-being and performance. Similar research in nursing suggests that, to improve patients' perceptions of the care they receive, nurse managers should implement strategies to alleviate nurses' perceived time pressure [6,7,19]. Healthcare organizations could enhance time management by offering training on planning, providing orientation for newly hired staff, promoting efficiency, encouraging responsibility at work, and designing attractive compensation and benefits packages [3]. *Also Marja Silén-Lipponen et al.* [21] identified that factors such as fear of errors, team turnover, and emotional strain contribute to mistakes, while familiarity, safety controls, and error documentation help prevent medical errors and fear of the medical specialist. At the organizational level, error prevention requires proper scheduling, management, competency, and a conducive environment.

Limitations of this study include limited sample size and geographic scope, as it was conducted in a specific region and within a select group of hospitals in Almaty, which may impact the generalizability of the findings to other regions or health systems. Additionally, the use of a self-administered online questionnaire may introduce response biases such as social desirability bias or under-reporting of negative perceptions, particularly regarding sensitive topics such as errors and reprimands. The cross-sectional study design provides only a snapshot of the data at one point in time, limiting the ability to establish causal relationships between management practices, error reporting, and patient safety outcomes. Additionally, reliance on self-reported perceptions by healthcare workers may not accurately reflect actual practice or documented errors, and the inclusion of objective data such as incident reports, performance reviews, or patient outcomes would have strengthened the findings.

Future research should focus on longitudinal studies to examine how changes in organizational practices, error reporting, and safety culture impact patient outcomes and health care worker well-being over time. To increase the generalizability of findings, studies could be expanded to include a larger, more diverse sample that includes hospitals from different regions, countries, and health care settings. Additionally, future research should examine how institutional policies, such as accreditation systems and safety protocols, impact health care worker behavior, error reporting, and overall safety culture in health care settings.

Conclusion

Both groups reported high levels of professional experience and expressed general satisfaction with their work, though nurses exhibited more uncertainty in some areas. A significant number of respondents, particularly nurses, feel that medical errors result in reprimands, indicating a potential issue with the department's approach to error management. While many agreed that the focus should be on learning from mistakes, nurses were more likely to remain undecided on this matter. There were notable gaps in communication, with many staff reporting being infrequently informed about changes based on event reports. Overall, the findings suggest a need for improved communication, support for nurses, and a stronger culture of safety that encourages staff to speak up without fear.

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