REVISTA CONTRIBUCIONES A LAS CIENCIAS SOCIALES

# The impact of healthcare workers' values and perception of organizational culture on hospital performance: a case study

# O impacto dos valores dos profissionais de saúde e da percepção da cultura organizacional no desempenho hospitalar: um estudo de caso

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**ABSTRACT**
The contribution of this article lies in its efforts to describe the relationship between health professionals' work values and perceptions of the perceived organizational culture in a public hospital. The central objective was to promote reflection on personal values by comparing them with the thinking of the general population to understand the organizational culture perceived and desired by all involved in the process. According to the results presented, it was clear that the value domains "work" and "relationships" are predominant in healthcare professionals. The "work" values were also investigated, thinking about the effort, the time, the commitment to finish the task, and the quality of the service, considering the type of activity in the professional environment. With the significance of these findings, it was possible to conclude that the dimensions "work" and "relationships" are scored by health professionals, and the dimensions "control" and "cognitive" presented the lowest scores in both groups.

**Keywords:** health care, organizational culture, nursing, professional values.

**RESUMO**
A contribuição deste artigo reside em seus esforços para descrever a relação entre os valores de trabalho dos profissionais de saúde e as percepções da cultura organizacional percebida em um hospital público. O objetivo central foi promover a reflexão sobre os valores pessoais comparando-os com o pensamento da população em geral para compreender a cultura organizacional percebida e desejada por todos os envolvidos no processo. De acordo com os resultados apresentados, ficou claro que os domínios de valor “trabalho” e “relacionamentos” são predominantes nos profissionais de saúde. Também foram investigados os valores “trabalho”, pensando no esforço, no tempo, no comprometimento para finalizar a tarefa e na qualidade do serviço, considerando o tipo de atividade no ambiente profissional. Com a significância destes achados, foi possível concluir que as dimensões “trabalho” e “relacionamentos” são pontuadas pelos profissionais de saúde, sendo que as dimensões “controle” e “cognitivo” apresentaram os menores escores em ambos os grupos.

**Palavras-chave**: cuidados de saúde, cultura organizacional, enfermagem, valores profissionais.

## 1 INTRODUCTION

Certainly, the environment of the tasks performed in hospitals is one of the most complex and challenging of any type of organization, because it requires the efforts of professionals from various areas, constantly dealing with the maintenance of life and health. In this context, it is worth noting that any carelessness can be fatal for the patient, generating an emotional atmosphere laden with stress, discomfort, and fear. Besides the daily challenges directly related to care, there are still financial, administrative, regulatory, supervisory, and state intervention challenges, among others (AYRES, 2004). As nurses correspond to the largest number of professionals in the systems in all fields, they are responsible for the interfaces between the multi-professional team, the patients, their families, and others involved in health care. Therefore, any effort to improve the quality of patient care will reflect in the best organizational performance and vice versa.

The literature on this topic points out that organizational culture has a profound impact on the organization's processes, workers, and performance. Research shows that if the worker is committed and engaged with the organization's values, it can increase their productivity for goal achievement. Culture is a set of different values and behaviors that can be considered guides to success (HOFSTEDE, 1998). It is worth noting that values are used to characterize cultural groups, societies, and individuals to track changes over time and explain the motivational basis of attitudes and behaviors. Therefore, the central objective of this study is to understand nursing in its organizational and social context, studying the personal values of nurses in comparison with the general assisted population and other healthcare workers, as well as seeking to understand the organizational culture perceived and desired by each of these groups.

This focus, in particular, is justified because it has long been recognized that employees' values are closely linked to several important individual and organizational outcomes, such as job satisfaction, quality of life, turnover, and performance (AMARAL, 2023). These aspects reveal the uniqueness of nursing as a humanistic, yet technically demanding profession, which encourages further study of this subject from an academic point of view. For this reason, the contribution of this article lies in its efforts to relate nurses' work values to perceptions of the existing and desired organizational culture of the hospital in which they work.

1.1 THEORY OF VALUES

Over the years, it has been proven by several studies, that organizational culture interferes with the results of the effectiveness performance of an organization (HOFSTEDE, 1998), and culture is theorized as a main factor in defining organizational procedures (GORDEN, 1984; JARNAGIN & SLOCUM, 2007). In this sense, individual and organizational values have been the subject of study not only in the social sciences but also in other areas such as psychology, anthropology, and related disciplines, which, over the years, have been building theories on the subject. Axiology, for example, has its formal basis in the Kantian interpretation. Kant considers that formal ethics, once rational, removes the inconsistency and errors of emotional life as determinants. Therefore, Scheler's Theory of Values states that the relationship with the subject's state of pleasure tends toward spontaneous pleasure (SCHELER, 2001).

Rokeach's Value Theory (SCHEIN, 1984), on the other hand, describes value as an ongoing belief or attitude about a certain type of behavior or state that is considered desirable. They are standards that define social and professional behavior affecting morals and judgment. The author believes that an individual's value system sets priorities, so a hierarchy of values guides us and leads us to take a specific position in a given situation. People use these standards to make judgments, praise, or blame themselves or others. The Theory of Basic Human Values, on the other hand, operates in the field of cross-cultural research, showing that desirable values and goals are trans-situational, that is, they serve as guiding principles in people's lives. In this sense, the main aspect that distinguishes individuals from their values is the type of motivation and goal (SCHEIN, 1990).

Personal values lie within the individual and it is through them that decision-making is directed. When we talk about "values", we are talking about the deeply rooted principles, ideals, or beliefs that people hold or adhere to when making decisions. Individuals express their values through their behaviors. Values can be positive, or they can be potentially limiting. For example, "trust" is considered a positive value because it supports reciprocity, an (often unconscious) measure that individuals use to determine their degree of commitment and engagement in the social environment in which they interact. On the other hand, an example of a potentially limiting value would be that of "like", which can cause people to compromise their integrity to satisfy their need for connection with another (SCHWARTZ, 1992).

Beliefs are assumptions or beliefs held to be true about people, concepts, or facts. Values represent the degree of importance attributed, subjectively, to people, concepts, or facts. Beliefs and Values are not innate, but learned, varying according to society, culture, and time. They cannot be seen or heard, but they are nevertheless real, consciously or unconsciously influencing behavior and guiding the individual and the group. Beliefs and values are interrelated and are incorporated through a learning process, which occurs in the early stages of life when one learns acceptable or unacceptable models of conduct. Regarding conflicts related to Beliefs and Values, individual changes can interfere with group values and vice versa. In this interaction, if the individual's values and those of the institution in which he works, for example, are opposed, a conflict arises (SHAHZAD, 2012).

The shift from belief-based decision-making to values-based decision-making requires individual effort because most of these beliefs are related to each individual's personal and cultural upbringing, as the process of individual transformation involves examining those beliefs and abandoning those that do not serve us. In this way, as we abandon those beliefs, we develop a new guidance system based on deeply rooted values. It is worth noting that values are the universal guidance system. When an individual shift their behavior to values-based decision-making, every decision will stem from what is deeply meaningful to them (SCHWARTZ, 1992; ROKEACH, 1967)

## 1.2 ORGANIZATIONAL CULTURE AND PERSONAL VALUES

Culture is the answer to social invention, since values and beliefs, when shared, cause each group to direct the way of living, thinking, and acting. Therefore, culture is part of the structure and actions of the actors of a given social group (SCHWARTZ, 1992). In this sense, the organizational culture shows itself as an organizational mechanism that will determine what will be valued by the company, it is a set of beliefs and habits that assist in determining which ideas and values will be accepted or excluded in the organization through the identification of priorities for their employees (NELSON, 2006).

In this way, culture functions as dimensions of universalism, particularism, individualism, and collectivism, in which there is a holistic culture with values, knowledge, and customs of organizations that live in constant motion, with events, interrelationships, and interdependence of systems (BROMBERG-MARTIN & SHAROT, 2020).

There are several methodologies and software to assess culture and personal values, one of them is the Culture and Value Analysis Tool (C-VAT) whose function is to obtain a comprehensive and objective view of organizational culture and Personal Value Profile (PVP) that seeks to raise the profile of the values that are present in the organizations in the perception of workers, as well as the values that need to be present in their due degree of importance (NELSON, 2006; 2014; 2011).

Nelson (2014) evaluated verbal networks and organizational culture, using the C-VAT methodology, joining the Aggregate Value Profile (AVP) questionnaire to understand the relationship with hierarchies in organizations. In this study, we can see that the verbal networks of higher-level workers were only tangentially related to formal hierarchy, and the shape of verbal networks was represented more as an "amoeba" shape (center-periphery configuration) than a pyramid (which is configured as hierarchy). The results proposed that the verbal network groups explained differences in perceptions of organizational culture better than the hierarchical groups. We can then understand that in organizations of similar size and the same technology, the composition of the center-periphery groups was expressive of the history and cultural idiosyncrasies of the organizations. Also, according to Nelson (2006), the Aggregate Values Profile is "[...] a practical way to get people to communicate how they or their organizations choose among dimensions".

## 2 MATERIAL AND METHODS

To describe this research, a quantitative, exploratory, and descriptive study was conducted that uses the Culture and Value Analysis Tool (C-VAT) to associate two value analysis instruments: the Personal Value Profile (PVP), to assess individual values and the Aggregate Value Profile (AVP), to understand organizational values, identifying current and desired values.

The sample size was 237 health professionals: 10 health agents; 02 social assistants; 02 buccal health time; 03 pharmacy time; 29 Register nurses; 157 Licensed nurses; 07 physiotherapists; 07 doctors; 06 nutritionists; 03 physiologists and 11 laboratory auxiliaries, from a public hospital in the State of Sao Paulo. Founded on 12/01/1938, by decree 9566, it was the first government hospital specialized in tuberculosis, installed in the State of São Paulo, starting the entire network of tuberculosis hospitals of the state government. It initially operated

in three pavilions with a capacity of 100 beds for adults, later expanded with the installation of new pavilions until it reached around 450 beds. Its organization allowed the treatment of various forms of tuberculosis at all ages and intercurrent illnesses. Thoracic surgery, performed since the beginning of the hospital and in improvised places, improved as the hospital acquired better equipment and facilities, becoming the largest specialized and reference surgical center in the State of S. Paulo. Data were collected from the Brasil CVAT website, with distribution through the storage of users in a total of 4,000 generation people between the years 2016 and 2018.

Both PVP and the AVP employ four dimensions and each of them is subdivided into four dimensions and 16 sub-dimensions, as shown in the table below:

Table 1: Dimensions and Subdimensions of the Aggregate and Personal Values Profile

| Dimensions | Sub-dimensions |
|---|---|
| **Work** | Hard Work |
| | Time |
| | Finish the task |
| | Quality |
| **Relationship** | Affection |
| | Empathy |
| | Sociability |
| | Loyalty |
| **Control** | Dominance |
| | Status |
| | Politics |
| | Leadership |
| **Thought** | Abstraction |
| | Planning |
| | Exposure |
| | Flexibility |

Source: adapted from Nelson (2006)

We can observe that both the PVP and the AVP consist of twenty sets of four assertive each. The respondent ranks them on a scale from 01 (one) to 04 (four), to more directly express the perceived priority for each of the analyzed values, both personal and organizational. This method was chosen because it allows us to identify the importance of each of the values, in addition to determining the degree or intensity of sharing of values among the members of the organization. In the case of the PVP, the individual's values are related to the dimensions of work, which are observed by "how hard" the work is for him, how much he values finishing the tasks, the quality of accomplishing the tasks, as well as the deadline for completion. These are themes geared toward values linked to constant effort. In the case of the AVP, individuals state how they

feel about the values within the organization, such as the company valuing hard work over quality, that is, how they interpret and how they would like this conduct to be. (NELSON, 2006)

As the Relationship dimension is closely linked to affect, all sub-dimensions are related to voluntary connections with others, but with different emphases (NELSON, 2006). Also, according to the author (NELSON, 2006), "affection brings us closer to others so that we can receive human warmth, and is a relatively primitive emotion", while empathy "places us psychologically in the other's situation so that we can give human warmth". Thus, sociability is focused on interaction and its activity developed in a group, what the author calls "group or team orientation". Loyalty is focused on lasting relationships, with great trust between groups or people.

The third set of values is linked to Control. This is about the individual's power of dominance over others. Some individuals are very attached to the status they have inside the organization, they use strong politicking that involves the individual's degree of manipulation or negotiation with the other members. As we know, some people were born to be leaders or develop the skills for leadership and, as a result, they excel professionally in the organization they belong to. Therefore, we can say that leadership is linked to reference power, while dominance is more focused on the coercive power that governs hierarchical relationships.

The last dimension is focused on Thinking, in which each individual declares his/her most and least important values, as in the other phases of the questionnaire. The data collection from health professionals was done in a public hospital in the city of São Paulo - Brazil. The statistical software r was used to calculate the homogeneity analysis using the correlation matrix. The criterion adopted to validate the information and statements was the Student's T significance test. Of the ethical issues involving research with human beings, this work was approved by the Research Ethics Committee (CEP) of the Nove de Julho University, under CAAE number: 23437213.0.0000.5511, respecting the guidelines of Brazilian Resolution n.466/12.

## 3 RESULTS AND DISCUSSION

A total of 237 health professionals responded to the questionnaire, 47 male and 188 female median 31 years old (SD = 9,38); 110 single, 77 couple, and 33 others; formulated and compared to 4,000 people in the general population who were 1185 male. Table 2 shows the

results of the four dimensions and their sub-dimensions of the Personal Value Profile (PVP) instruments.

Table 2. Mean Personal Value Profile (PVP) Score Health professionals versus the general population

| | Dimension / Sub-dimension | Healthcare Professionals – Mean - (SD*) | Population Mean (SD*) |
|---|---|---|---|
| | **Work** | | |
| A | Hard work | 13.9 (3.1) | 13.8 (4.3) |
| B | Time | 13.1 (4.2) | 12.1 (4.7) |
| C | Finish the task | 12.65 (3.0) | 11.1 (5.1) |
| D | Quality | 14.7 (2.9) | 14.8 (3.4) |
| | **Relationship** | | |
| E | Affection | 12.5 (4.3) | 13.3 (4.06) |
| F | Empathy | 13.8 (4.4) | 14.7 (5.07) |
| G | Sociability | 13.6 (4.5) | 14.1 (3.1) |
| H | Loyalty | 14.2 (2.9) | 15.8 (5.03) |
| | **Control** | | |
| I | Dominance | 12.6 (5.6) | 12,5 (4.02) |
| J | Status | 11.0 (7.01) | 13,8 (8.09) |
| K | Politics | 10.75 (9.03) | 12,1 (10.01) |
| L | Leadership | 11.8 (8.09) | 11,1 (9.03) |
| | **Thought** | | |
| M | Abstraction | 11.1 (3.05) | 14,8 (3.02) |
| N | Planning | 11.8 (8.02) | 13,3 (8.8) |
| O | Exposure | 10.7 (8.05) | 11,2 (3.11) |
| P | Flexibility | 11.45 (7.04) | 10,4 (9.09) |
| | **TOTAL (N)** | **237** | **4000** |

* Standard Deviation
Source: adapted from Nelson (2006)

Observe in Dimension “Work” the “Quality” is the most valuable appoint to professional health and population (Mean 14.7 and 14.08). It is worth noting that professional values can be defined by different names, with different orders of priority according to culture. For American nurses, for example, the priority is competence, high quality of care, responsibility, and loyalty (BARRETT, 2010). A study done in Turkey found that among nurses' professional values, the hierarchy of priority was on human dignity (belief in an individual's uniqueness and values). In the sequence comes truth, freedom, justice, aesthetics, and altruism (active effort for the benefit of others), which go along with personal values in the dimension of relationships such as consideration, empathy, sociability, respect, and trustworthiness (PANG et al., 2009; ALTUN, 2002).

The literature suggests that empathy and altruism are interconnected concepts that relate to our ability to understand and care for others. While they are closely related, they have distinct

meanings and implications. Empathy refers to the capacity to understand and share the feelings, thoughts, and experiences of others. It involves putting oneself in someone else's shoes, perceiving their emotions, and responding appropriately. Empathy allows us to connect emotionally, fostering understanding, compassion, and support. (BATSON, 1981; 2014)

On the other hand, altruism refers to selfless concern and actions for the well-being and happiness of others. It involves acting to benefit others without expecting anything, often at a personal cost or sacrifice. Altruism can take various forms, such as helping someone in need, donating to charity, or volunteering time and resources to support a cause. (BATSON, 2010; MIYAZONO & INARIMORI, 2021).

Empathy serves as a foundation for altruism, enabling us to recognize and understand the needs and suffering of others. When we empathize with someone, we are more likely to feel a sense of responsibility to help and support them, which can lead to generous acts. Both empathy and altruism play important roles in fostering positive relationships, building communities, and promoting social well-being. They create a more compassionate and caring society by fostering mutual understanding, compassion, and collective action to address societal challenges. (MIYAZONO & INARIMORI, 2021)

It is worth noting that while empathy and altruism are innate aspects of human nature, they can also be cultivated and developed through practice, education, and exposure to diverse perspectives and experiences. By nurturing empathy and encouraging altruistic behavior, we can create a more empathetic and compassionate world. (BATSON, 2018; MIYAZONO & INARIMORI, 2021).

In research on the association between personal value configurations and managerial competence among professionals in Brazil, the USA, and Asia, the value of Loyalty for Brazilian managers and their subordinates was higher than for Chinese managers. The implications of these results for a manager who must implement changes in an organization are significant, since when they are perceived, there is loyalty on the part of subordinates, support, unity, and complicity, and they do not pose a challenge to leadership. This means that the subordinates are able to value and perceive loyalty and its rewards, which is contrary when this personal value is low (NELSON, 2014). Therefore, leadership is not something restricted to managers. Regardless of the position held, it is important to note that companies encourage their employees to be leaders.

This contributes positively to the smooth running of the organization's processes, as well as revealing talents and promoting professional growth.

For this reason, having good leaders is one of the pillars of a company's success. However, the supply of professionals ready for management positions in the market is very scarce. Therefore, organizations must have a leadership development program that promotes the personal and professional growth of employees, generating self-knowledge and offering support tools for future leaders, to train their talents to take care of the company's future. If the future leader is engaged with the organizational culture from the beginning, his or her performance will be more effective (SHAHRIARI, 2013; WHO, 2020).

Several studies and organizations worldwide discuss nursing work flexibility as an organizational strategy for worker satisfaction with flexible working hours. There are several controversies on the subject, since for some organizations this positions non-work-related needs as an inconvenient exception to professional ethics, putting personal issues ahead of professional ones. Requesting flexible work can make people feel that they are inconveniencing colleagues or disappointing patients (MICHIE & SHEEHAN, 2005; MERCER, BUCHAN & CHUBB, 2010).

To investigate the variance within the compared categories, we conducted four k-partition mean cluster analyses of the separate nursing and non-nursing subsamples, as shown in Table 3.

Table 3. Cluster nurses versus nonnurses

| | Nurses (N=127) | | | | NonNurses (N=110) | | | |
|---|---|---|---|---|---|---|---|---|
| | Cluster 1 Mean | Cluster 2 Mean | Cluster 3 Mean | Cluster 4 Mean | Cluster 1 Mean | Cluster 2 Mean | Cluster 3 Mean | Cluster 4 Mean |
| **WORK** | | | | | | | | |
| Hard Work | 14 | 13 | 14 | 12 | 14 | 14 | 15 | 11 |
| Time | 13 | 10 | 17 | 14 | 14 | 9 | 15 | 11 |
| Finish the task | 14 | 13 | 14 | 15 | 13 | 14 | 14 | 10 |
| Quality | 14 | 14 | 16 | 11 | 15 | 14 | 16 | 12 |
| **RELATIONSHIP** | | | | | | | | |
| Affection | 12 | 16 | 13 | 11 | 15 | 10 | 9 | 14 |
| Empathy | 13 | 16 | 15 | 12 | 15 | 14 | 11 | 13 |
| Sociability | 14 | 15 | 14 | 10 | 15 | 15 | 12 | 12 |
| Loyalty | 11 | 17 | 14 | 13 | 16 | 13 | 12 | 13 |
| **CONTROL** | | | | | | | | |
| Dominance | 12 | 12 | 12 | 17 | 12 | 12 | 13 | 14 |
| Status | 12 | 10 | 10 | 15 | 11 | 9 | 10 | 14 |
| Politics | 13 | 10 | 10 | 14 | 9 | 11 | 12 | 13 |
| Leadership | 13 | 10 | 10 | 11 | 10 | 10 | 14 | 14 |
| **THOUGHT** | | | | | | | | |
| Abstraction | 11 | 11 | 10 | 10 | 10 | 15 | 11 | 11 |
| Planning | 11 | 11 | 11 | 12 | 11 | 12 | 13 | 12 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Exposure | 12 | 9 | 9 | 10 | 9 | 14 | 11 | 13 |
| Flexibility | 12 | 11 | 11 | 14 | 10 | 13 | 12 | 12 |
| **Total Cases (N)** | **32** | **44** | **43** | **8** | **49** | **14** | **26** | **21** |

Source: adapted from Nelson (2006)

For a better understanding, we performed two different types of analyses to compare the values of the nursing team with other professionals and the general population. We first tested the differences between mean scores for each category on the 16 PVP dimensions. Next, we compared the nursing team and other health professionals in all samples from the general population. The intent was to see how the two categories varied across the general population of PVP respondents. So far, discussions have yet to be found in the literature between the dimensions of personal values between the nursing team and the general population and the personal values between the nursing team and health professionals. Therefore, instead of formulating a hypothesis without substantial guidance from the literature, we chose to carry out the research as an inquiry at the level of empirical exploration (descriptive).

The difference between the clusters in the nursing subsample, despite the significant internal variation, exhibits notable elements of homogeneity. We must consider the two largest clusters in the nursing subsample, which together contain 87 of the 127 responses. The cluster centroids for the last eight dimensions of the PVP (Dominance, Thinking, and Flexibility) for clusters 2 and 3 of the nursing subsample are virtually identical except for rounding errors. This means that a classical algorithm that maximizes the variance between clusters was unable to locate substantial heterogeneity among 68% of the sample on eight of the 16 dimensions of the instrument used.

The substantive interpretation of the scores of these two similar clusters is of considerable interest. It is worth noting that on all of the Control Dimensions - Dominance, Status, Negotiation, and Leadership - and all of the Cognitive Dimensions: Abstraction, Planning, Exposure, and Flexibility, the scores are among the lowest on the instrument. This indicates that there is a dominant subset of nurses whose Work and Relationships are Dominant, while Control and Cognition play a secondary role. It can also be noted that the largest cluster in the non-nursing subdimension in cluster 1 with 49 out of 110 respondents is similar to clusters 2 and 3 in the nursing sub-sample in this regard. Therefore, the implications of this remarkable result are considerable and will be explored in more detail in the topic devoted to discussion.

According to the results presented, it was clear that the value domains "work" and "relationships" are predominant in professionals working in healthcare. Work values were investigated by thinking about effort, time, commitment to work completion, and quality of service, including the type of work activity or individuals in the work environment, causing the respondent to think about the importance of work decision-making. Because work values are fundamental and comprehensive, they are not concerned so much with aspects of individual vocation or organization, but with the nature of work in general (ROS, SCHWARTZ & SURKISS, 1999). Therefore, they have an intrinsic, self-actualizing, and extrinsic nature of material and social values (HELDAL, KONGSVIK & HÅLAND, 2019).

In this context, empathy, honesty, and fairness are the values of the Relationship domain. As we can observe in the results of this study, it was empathy that stood out in the healthcare professional community, if we think about the occupational stereotypes associated with this field of practice, which was already expected. If we further consider that nursing is predominantly female, it can be pointed out that there is a vast literature on gender differences, emphasizing that values related to social relationships and concern for others are more associated with women than men, who end up placing more value on career and external rewards, such as job security and promotion (ROMEM & ANSON, 2005).

In this sense, nursing stays closer to the patient during the twenty-four hours, living with their pain, performing irregular work schedules and shifts, as well as other altruistic behaviors on behalf of the patient, making the analyses performed here confirmed since the value of altruism is more important. The most important values are indeed work and relationships, while the values of cultural identity, creativity, physical ability, control, and risks, are relatively unimportant (ROMEM & ANSON, 2005).

It is worth noting that relationship values include affection, empathy, sociability, and loyalty, characteristics associated with altruism. Nurses who scored high altruistic values indicated that they make personal efforts for patients who need to receive health care. In a study conducted on the same topic, the author describes that nurses who rated altruism as a priority were closely connected to patients in the pursuit of quality care, a value associated with the work domain (ALTUN, 2002). The Code of Nursing Ethics incorporates a set of ideals to be applied in practice (STIEVANO & TSCHUDIN, 2019), which are associated with the "relationships"

dimension. These ideals may be conceptualized as professional values of nurses towards individuals, society, the profession, and other professionals (JORMSRI, 2005).

Of these relationships, human dignity, characterized by the uniqueness of the individual, trust, empathy, kindness, and respect, must still be considered. This indicates that healthcare professionals in general, tend to have an attitude toward patients, taking into consideration the right to privacy and respect, regardless of their social class, race, color, or others (ALTUN, 2002; STIEVANO & TSCHUDIN, 2019). A study conducted by Rassin (2008) with 323 Israeli nurses confirmed that among the most scored professional nursing values were human dignity, equality among patients, prevention of suffering, honesty, and responsibility.

In another study conducted with nurses from China, the values of relationships between nurses and the people around them were predominant. The nursing professional is taught since their training to have a "holistic look" at the patient, providing a service from wellness to safety, focusing on prevention, promotion, recovery, and rehabilitation of health (PANG et al., 2009). It is worth noting that moral competence indicators are identified from eight attributes in a study of Thai nurses. Among the values highlighted are affection, empathy, equanimity, responsibility, discipline, honesty, and human dignity (JORMSRI, 2005).

It was possible to see in the present work that the domains "Control" and "Cognitive" scored less among both nurse and non-nurse subsamples. These values are represented by status, same rights or privileges, abstraction, and planning. Regarding the subdimension status, it is believed that changes in professional identity due to process changes in the conduct of health professionals may be an item that interferes with this value (PANG et al., 2009). Therefore, when there is a change in the organizational process, mainly by imposition, this affects professional priorities, work practices, and what is considered valid knowledge.

In the same way, we can infer that professional identity consists of the awareness of the role and functions that the individual performs or is expected to perform in a social context as a member of a given profession, so when a change occurs, an entire context is modified. We can then cite the identity change that patient safety programs have propitiated over time, involving administrative activities more than just traditional care, implying the alteration of perceived professional status among nurses according to the degree of involvement for certain changes (HELDAL, KONGSVIK & HÅLAND, 2019).

An important aspect that leads to reflection on the low score in the Control domain, is evidence-based practice, which, although it aims to standardize the best conducts for professional practice through guidelines, offers recommendations on the details of patient care and clinical decision making. Because clinical practice guidelines specify how health care should be conducted, they can be considered a threat to clinical and professional autonomy and can shift the focus of professional power from autonomy to accountability (TIMMERMANS, 2005; ERSOY & ALTUN, 1998).

It is also possible to see that, regardless of personal characteristics, nurses provide care based on the needs of individuals, without discrimination of the subject for the allocation of health resources (ALTUN, 2002). In Brazil, the very legislation that governs the principles of the Public Health System (SUS) brings this value of equity (BRAZIL, 1988). therefore, this value is imposed on the health professional, regardless of their value, therefore, this should be considered when analyzing the scores of our study.

## 4 CONCLUSIONS

The initial question that motivated the development of this study was to understand the values of healthcare professionals in their organizational and social context, as well as to understand the perceived and desired organizational culture. Although the data discussed here do not provide definitive answers, they do provide some directions and suggestions for further study. Among the most important issues raised in this work, we can conclude that the "work" and "relationships" dimensions were the most scored by nurses in their values and are close to the health workers in the same institution, and the "control" and "cognitive" dimensions presented the lowest scores in both groups.

This means that affection and empathy for nurses are in line with the values of the general population and slightly higher than those of other colleagues in the same hospital. It is worth noting that these values are reflected in individual attitudes, influencing choices, behaviors, and actions while serving as motivation. Therefore, care is based on a universal humanistic set and altruistic values that bring meaning and personal satisfaction.

A limitation of the analysis presented is in the fact that it evaluated the personal and professional values of a group of workers from the same hospital and it is a public institution, as is known. Among the characteristics of this type of institution are bureaucracy, centralized

authoritarianism, paternalism, and discontinuity. It was also possible to notice that they interfere in the way workers act in these organizations, observing the attachment to rules and routines and the overvaluation of the hierarchy of paternalism in the relationships that govern the organizational structure.

Another point to be considered is the sampling of this study, which encompasses a small and homogeneous group related to only one healthcare institution. Therefore, the usefulness of the results and a possible generalization may be limited to the specific nature of the study. Certainly, further research will be needed to develop more comprehensive and in-depth assessments of the healthcare work environment, to examine the impact of "performance" and "participation" on personal values in clusters to be studied in other research sites, based on the diversified perceptions of all participants involved.

Finally, it is also important to emphasize the impact of this research on practice, highlighting how it is useful and what measures could practitioners take to improve hospital performance as a whole. This implies the adoption of a routine of procedures capable of increasing the services provided to the population based on already proven results, which leads to an ever-increasing improvement of the activities carried out by health professionals in general.

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