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Why are our doctors leaving? Exploring the reasons behind migration of medical personnel in Kyrgyzstan

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1. Introduction

Over the last decade, the health sector reform process led to achievement of significant successes in health financing and health service delivery. However, issues of human resources remain unsolved in many respects. At the moment, low staffing level of health personnel in rural and remote areas continues to persist. According to the Republican Medical Information Center (RMIC), in all oblasts (except Bishkek and Osh cities) the number of doctors per 10,000 inhabitants was lower than the national average (19.9 per 10,000 inhabitants.) in 2006 and ranged from 12.7 up to 16.9 per 10000 inhabitants. In certain areas, (Talas, Jety-Oguz, Tuip, Naryn, Alai, Nookat, Chon-Alai, Kadamzhai, Suzak) the doctor to population ratio is considerably lower and amounting to only 6.8-9.1 per 10,000 inhabitants.

Since 2006, the situation has become aggravated substantially due to external migration from the country. The rapid assessment carried out by the Department of Human Resources Policy, Education and Organizational Work of the Ministry of Health of the Kyrgyz Republic for the period 2004-2006 shows that there is a stable tendency with the annual outflow of medical doctors and nurses exceeding their inflow with a growing number of health specialists leaving Kyrgyzstan (doctors: in 2004 - 3%, in 2005 - 8%; nurses: in 2004 - 2,9%, and in 2005 - 5,6%).

In order to address the shortages of health personnel in the regions and to mitigate the impact of migration, the Ministry of Health has undertaken a number of measures on attraction and retention of health workers. Namely:

- A «Deposit Doctor» Program was developed aimed at staffing of health facilities by doctors along with creation of necessary social conditions to retain doctors in remote areas and small cities;
- Resolution of the Government of the Kyrgyz Republic was issued in 2006 which stipulated labor remuneration of health care workers in the Kyrgyz Republic introducing a 10% allowance of the total salary of medical workers in rural areas;
- An internship program was introduced in practice (one-year specialization) aimed at assignment and retention of young health specialists in the regional health organizations.

However, the undertaken measures failed to produce a significant effect on the outflow of medical workers up to date. Due to the fact that well-trained and skilled specialists migrate, the state incurs economic losses as a result. Further, it is obvious that the ongoing tendency can have an adverse impact on accessibility and quality of the services delivery to the population in remote areas of the country.

This research was undertaken with the purpose of studying the situation related to the outflow of health personnel from remote and rural areas of the country. Specifically, the following research questions were formulated:

1. What factors have the greatest effect on job satisfaction levels and motivation of the medical doctors?

2. What are major causes and scales of the medical doctors outflow from remote and rural areas, including external migration?

The report consists of the following sections: Section 2 contains the information on methodology and data sources; Section 3 presents the research key findings, Section 4 contains the Conclusion, and Section 5 sets forth the recommendations.

2. Methodology and data sources

In the course of the research the combination of data collection quantitative and qualitative methods was used. Initially the RMIC data have been analyzed which formed a basis for selection of oblasts and rayons for conducting of the research (Table 1).

Table 1. Number of doctors in selected oblasts and rayons (per 10 000 people)

	2002	2003	2004	2005	2006	Decrease/growth rate
Kyrgyz Republic	20,8	20,5	20,3	20,6	19,9	-0,8
Bishkek	27,2	24,3	26,7	27,0	26,1	0,2
Osh	-	22,7	22,0	21,9	21,5	-1,6
Chui oblast	16,7	16,7	16,5	16,9	16,5	-0,2
Panfilov rayon	12,7	13,0	13,4	14,0	11,3	-1,4
Talas oblast	17,4	16,5	15,8	15,7	15,0	-3,5
Bakai-Ata rayon	11,9	11,9	11,5	10,7	10,7	-3,1
Kara-Bura rayon	15,5	15,0	14,2	14,1	12,6	-4,6
Manas rayon	11,7	10,6	12,4	11,4	12,0	1,2
Talas rayon	14,4	13,2	11,3	10,8	9,0	-10,8
Issyk-Kul oblast	19,3	18,1	17,4	17,9	16,9	-2,8
Ak-Suu rayon	8,1	9,2	8,9	8,9	9,0	1,7
Jety-Oguz rayon	8,7	8,0	8,0	7,5	7,8	-2,9
Tuip rayon	10,4	10,3	9,5	9,3	6,8	-8,5
Naryn область	18,7	17,5	16,5	16,9	16,8	-2,6
Osh oblast	16,2	14,1	14,3	14,2	14,2	-2,6
Alai rayon	8,5	7,4	8,1	8,2	8,8	1,7
Nookat rayon	8,8	8,0	7,8	7,3	7,1	-5,2
Batken oblast	15,1	14,6	14,0	13,9	12,7	-3,8
Kadamzhai rayon	11,2	10,6	9,6	9,9	9,1	-4,7
Kyzyl-Kiya city	41,8	40,8	37,6	38,9	29,7	-6,7
Jalalabat oblast	14,2	13,8	13,6	13,8	13,7	-0,6

Source: Republican Medical Information Center

With account of such criteria, as low number of doctors per 10 thousand people, fast reduction rates, frontier location and a high level of migration, the sample covered the following areas:

1. Chui oblast - Panfilov rayon;
2. Issyk-Kul oblast - Ak-Suu, Jety-Oguz, Tuip rayons ;
3. Talas oblast - Talas, Bakai-Ata, Kara-Bura, Manas rayons;
4. Osh oblast - Alai, Nookat rayons;
5. Batken oblast - Kadamzhai rayon and Kyzyl - Kiya city.

In addition, the data of the Ministry of Health of the Kyrgyz Republic taken from their health human resources personified database was investigated, and representatives of the State Agency for Migration and Employment, labor exchanges and the Eurasia Foundation in Central Asia were interviewed with the purpose of obtaining the available information on scale of migration in overall throughout the republic, and among medical workers as well.

The medical doctors' opinion survey was carried out at using questionnaires with follow-up discussions of top pressing problems in focus groups. The questionnaire has been developed with account of international expertise and consisted of three sections:

1. identification of the medical doctor satisfaction level;
2. study of the factors impacting on the health workers' outflow from the health system of the Kyrgyz Republic;
3. Finding out of opinion of doctors about effectiveness of the Doctor Deposit Program.

With the object of better understanding of the factors having a greatest impact on external migration rates a separate survey was conducted to find out the opinion of doctors working or used to work outside Kyrgyzstan (mainly in Russia and Kazakhstan).

Out of 243 doctors participating in the survey, 140 people were employees of territorial hospitals, 103 represented the Family Medicine Centers and Family Practitioners' Groups. Sex and age distribution is shown in Table 2.

Table 2. Distribution of doctors by sex and age

Age groups	Prs.	%
23-35 years	29	11,9
36-50 years	112	46,2
51-65 years	72	29,6
66 and elder	11	4,5
Not responded	19	7,8
Total	**243**	**100,0**
From them:		
Males	86	35,4
Females	138	56,8
Not responded	19	7,8

3. Findings of the research

3.1. A level of satisfaction of medical doctors

In the course of surveying of medical doctors and discussions in focus groups various aspects of labor activity were studied (16 criteria, see Table 3). The analysis of the obtained information during the survey research has shown that major determinants effecting the level of satisfaction and motivation of the medical doctors are as follows:

- Salary levels
- Availability of the well-considered incentive scheme
- Entitlement of social benefits
- Working conditions, including legal safeguard

It should be noted that in many aspects high levels of satisfaction have been displayed. For example, mutual relations with colleagues (84%) and the management (77,8%), opportunities for demonstrating zeal (66,7%) and professional development (60,9%), etc.). Notwithstanding the above stated, the health professionals have expressed significant dissatisfaction with such factors of labor activity as the salary levels - 82,7%, the incentive scheme (both material, and moral incentives) - 63,8% (Table 3).

Table 3. Level of satisfaction of medical doctors in relation to various aspects of labor activity, (n - 243)

№		«Satisfied» % /abs.c.	«Dissatisfied» % / abs.c.
1	Salary level	8,6% (21)	82,7% (201)
2	Incentive scheme (allowances, bonuses, awards, labor participation factor)	20,6% (50)	63,8% (155)
3	Opportunities of housing/living conditions improvement (allocation of housing, land)	33,7% (82)	49,4% (120)
4	Available technological level (availability of equipment, equipment)	46,9% (114)	39,1% (95)
5	Working conditions (heating, electric light, water supply, sanitation, premises)	53,5% (130)	37% (90)
6	Scope of work (work load)	55,1% (134)	29,2% (71)
7	Transparency of managerial decision-making	50,2% (122)	22,2% (54)
8	Professional development opportunities	60,9% (148)	20,6% (50)
9	Career advancement opportunities	42,8% (104)	19,8% (48)
10	Occupational prestige	54,3% (132)	19,8% (48)
11	Opportunity to show independence and zeal for your work	66,7% (162)	11,1% (27)
12	Content of job (routine work)	73,7% (179)	10,7% (26)
13	Compliance of your job with your abilities	76,1% (185)	9,1% (22)
14	Interrelations with the management	77,8% (189)	9,1% (22)
15	Work schedule	80,7% (196)	8,2% (20)
16	Interrelations with the colleagues	84,0% (204)	5,3% (13)

Note: the data in the columns «Consider it neutrally» and «No response» is not included In the Table.

Extremely low salaries. 82,7% (201 persons) out of the total number of the respondent medical doctors have expressed their dissatisfaction with their pay levels. Based on the survey findings the salaries of 17,3% (42 persons) respondents made up to 2000 som per month, and 55,6% (135 persons) have salaries varying within the range from 2000 up to 4000 som, thus making on the average 3040 som which is below the minimal consumer basket equaling 3364,66 som per person/month[4]). The doctors noted that the existing salary levels would not allow to provide the family and to defray the continuing rise in prices on food stuffs and public utilities:

« … all of us are indebted for food stuffs to salespeople in the market, shops. We earn salaries and on their receiving we pay back debts, and then again all month long we live on tick… ».

« … two of my children are students, and their studies are on the contract basis. In Bishkek we lack our own housing, therefore, they have to rent the apartment. I need to help them with food, clothes, but how …? »

A smaller part of doctors (15,6% or 38 persons) earn within 5000-7000 som. But in order to maintain such level of earnings the doctors have to work round the clock:

« … I receive 7000 som but to earn that I should take over almost all night duties, 16 days a month I live in hospital … »

A heavy work load in regions with the doctors' staffing shortfall, working outside regular hours and days off, numerous medical duties with the purpose of getting extra earnings, loss of hope that the situation will improve eventually which are typical for the prevailing part of medical

[4] Based on data of the National Statistical Committee for the I quarter of 2008.

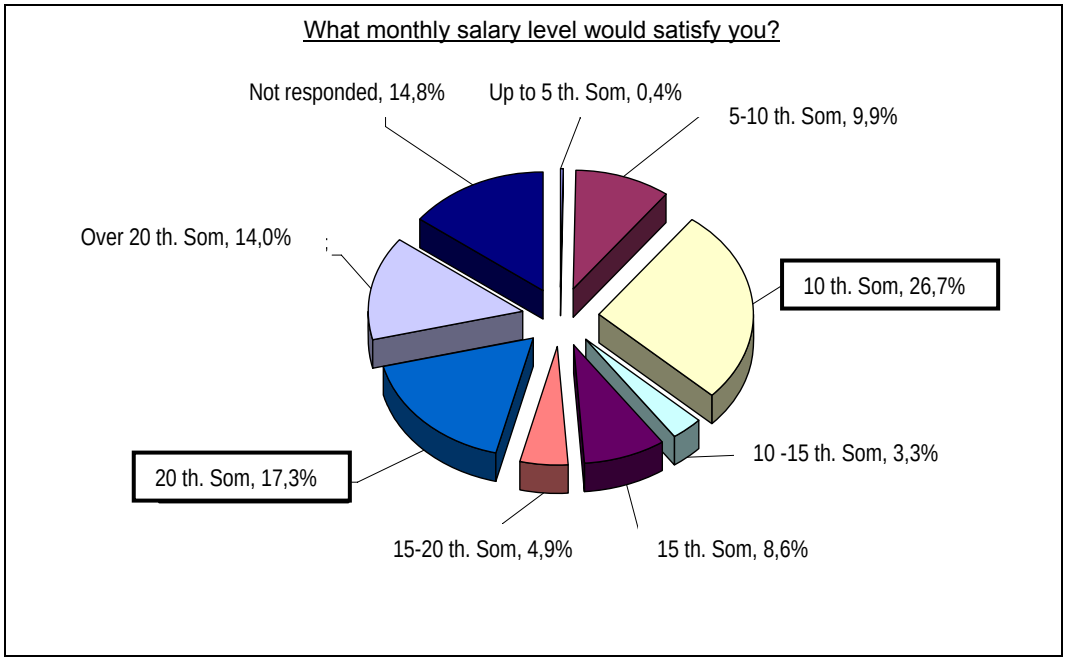
workers set conditions for growth of psychoemotional tension, depression and results in deep resentment, hopelessness, and aggression at times.

In one of health care organizations (a regional territorial hospital) 3 doctors only have been working within 3 years. According to the doctors' own words: "... We live here on conditions of «a written undertaking not to leave the place». It is literally impossible to go out for lunch. We feel complete fatigue despite money received for extra rates and night duties. A very heavy psychological stress load... We are ready to leave the system at any moment. The only thing that keeps us here that if we would leave there will be nobody to treat people. We haven't had a sound sleep over last two years..."

77.0% of doctors (187 persons) have responded that they were hard up and need to look for other sources of income. 35,4% of doctors (86 persons) have to work for extra earnings, from them 61,6% (53 persons) would make some money on the side, but not by delivering medical services. Majority of medical workers try to keep livestock and if they own land they are engaged in agriculture. Land tillage costs have increased considerably over the last two years (payments for benzene, fertilizers, seeds and so on), and many medical workers feel it to become a too costly bread winner.

> *«... The doctor should be engaged in medical treatment rather than working in the fields to support the family... »*

The doctors responded to the question «What monthly salary level would satisfy you?» as follows: 10 thousand som - 26,7% (65 persons),;15 thousand som - 8,6% (21 persons), and 20 thousand som - 17,3% (42 persons). They reasoned the named amounts stating exactly such sums would allow them to cover expenses for necessities and feel comfortable. A part of doctors were guided by the pay level in Kazakhstan and Russia where it makes 25-30 thousand som and 35-40 thousand som per month, respectively.



Imperfection of the material and moral encouragement system. 62,6% (152 persons) of the interviewed doctors have answered that their organizations lack the stimulating remuneration. Thus, it was found out that 33,3% of doctors (81 persons) were not aware of the payroll drawn for them. Majority of the surveyed found it difficult to answer how much they receive from each of the existing funding sources («the system not clear, it needs to revert to the former arrangements, to be paid from the budget and that is all... »). In fact, the problem is that the charged payment by each source (the budget, MHIF, copayment, special means)

varies every month depending on a number of treated cases, amounts received from the copayment, etc. No one among respondents has mentioned the rural coefficient amount or how much exactly he receives for time-urgent work, etc. On the one hand, lack of the payroll-related information in the organization, and on the other hand, a weak concern of doctors in this issue due to the small amount of pay led to the fact that a part of doctors were uncertain at responding to the question «How much do your earn a month?».

On the contrary, the doctors working or having working experience outside the country (particularly, in Russia), could be very precise at listing all extra charges and coefficients which they receive or received abroad.

> *«... We received the advance payment on the 5 day of each month, on the 5 day 7 day - for medical duties, on the 15 day - for the performance indicators, and on the 21 day - salary, in general we practically would not leave the accounting department.... » (a fragment of the doctor's interview working in Russia);*

> *«... We were paid the northern coefficient - 80%, the regional coefficient - 30%..., if you are a resident from other towns - 17%, if you are admitted to the citizenship – you will be added 13 % more... They pay 0,5 of the time-urgent rate separately, and if you helped the patient at this time there is an hourly payment for each case... » (a fragment of the doctor's interview working in Russia);*

In fact, they described a very well-considered, diverse and well-defined pay structure which is clear and predicted for each medical worker. They know and can figure out what, when and what amount they will receive. Certainly, transparency of charged pay would have effects on the satisfaction level and strengthen assurance of medical workers. As this appears to be a management issue it makes sense to devote more attention to the given problem.

Also, the majority of medical doctors have outspoken a great discontent about non-payment of long-service benefits subject to recompense according to Article 85 of the Law on health protection of citizens of the Kyrgyz Republic. Pursuant to the given Article the following long-service increments should be added to the base salary: for 5-year length of service - 10%, for 10 years - 20%, and for 15 years and over - 30%. As it was found out the given bonus payments have not been paid since 2005 for unclear reasons. A similar situation is observed in the system of national education where the long-service bonuses have not been paid to teachers as well. But teachers have created a precedent and through legal proceedings they obtained the judgment on payment effectuation, including payments for the past years. The surveyed doctors' opinion was that the state should take the lead and take actions rather than wait for the doctors' following the teachers' example («we represent a humanitarian profession, and if we shall go on strike who will be treating people? The state should realize this fact... »).

In opinion of some narrow specialists retrained for family doctors there a problem has arisen in respect of payments for categorical grades. Prior to obtaining of the «family doctor» certificate narrow specialists had the highest categorical grades in their major profile (therapy, pediatrics, etc.). However, after retraining for family doctors they would achieve a lower degree in the «family medicine» speciality. In this connection the incremental pay for the categorical grade is lost at charging of the base salary.

> *«... We passed proficiency examinations to fit into the family medicine category in November, 2006, and the corresponding order was issued in February, 2007. They have withheld higher grade payments for that period due to the fact that we became doctors of the I or II category. And those who did not pass the examinations to fit into the family medicine category have been paid as before. Why should be appraised for being assigned the family medicine category for?... ».*

Lack of social privileges in the health care system for health professionals. In the course of nonmaterial incentives-related discussions held in focus groups practically all

doctors have marked the lack of any privileges at medical and sanatorium-and-spa service delivery for health professionals.

> *«... Medical privileges are necessary for families of health workers. Even for treatment in our hospital we have to pay maximum rates... »*

Taking into account the current price inflation the following issues give rise to complaints of medical workers: lack of privileges at payment for utilities, at solution of housing problems, purchase of land parcels, etc. herewith, they would note a limited input of local self-government bodies in problem solution of the public health care system. In this connection wishes were pronounced on the effect of introducing of minimal social privileges, for at least, for the rural health care system at the first stage. It was proposed to solve the land allotment issue by issuing of a decree on a higher, may be governmental level. Also, it needs to solve problems relating to an opportunity of granting of interest-free loans or credits at a low rate of interest for medical workers, and introducing of the minimal tax relief.

The majority of health professionals marked lack of transparency and information with regard to moral incentives for medical workers from the side of the Ministry of Health. Wishes were pronounced on the effect of not restricting, for at least, moral encouragement (award of letters of commendation, honorary titles «Excellence in public health care», «Honored doctor», etc.), including provisions for departmental awards. In opinion of doctors, in some rather large rayons there is no medical worker ranked as the «Honored doctor» notwithstanding the fact that many health professionals actually deserve it.

Lack of legal protection of doctors and the medical profession prestige lowering among the population. Medical doctors have voiced a view that they lacked any legal protection, and the principle «patient is always right» is not always well-reasoned. Many examples were given when, in their opinion, the doctors' rights were infringed.

> *«... The patient was diagnosed as "pyelonephritis" and the corresponding treatment was provided. In the oblast center the diagnosis was set as "nephroptosis". The patient addressed her complaints to the management and the public prosecutor's office with regard to dissimilar diagnoses. The hospital management without going to the root of the case asked me not to inflame it but to bring my apologies and pay to the patient money for the bought medicines. I had to apologize and paid 800 Som following which the patient took back the complaint ... »*

During the discussions in focus groups medical workers have outspoken a great discontent about experts' activities that, in their opinion, began to take up more punitive like functions and prescribe unreasonable punitive measures. Herewith, filing of an appeal should be made within ten days, but the medical personnel is short of time to go deep into each specific case, it is also impossible to leave continually the rayon for the oblast center with object of the case consideration as the commuting expenses are rather costly for doctors. With the purpose of avoiding such situations the doctors suggested to arrange on-site investigations in order to obtain the doctors' explanation in each case.

Medical doctors feel doubts about the level of professionalism of experts: «... young people who graduated recently from higher educational would associate themselves with universalists as 'jack of all trades', and notwithstanding the fact that they have never taken a scalpel in hands they would teach surgeons to treat patients..., prescriptions for concomitant diseases may not correspond to prescriptions for the underlying disease according to clinical protocols, and they do not take the fact into account... ».

The fact of conducting of patients' anonymous surveys in health care organizations without informing of doctors and management of these organizations leads to damage of doctors' prestige. There were cases when in answer to the question about the patients' survey rude remarks were made saying it was not their business. There was an occurrence when the head of the organization rebuked the expert who urged a patient to write the complaint about the

medical personnel just on the windowsill in the corridor, and the expert said that the patient's discontent needs to be documented.

Low living standards of medical workers, prevalence of negative information on activity of doctors in mass media result in loss of the medical profession prestige among the population, thus bringing to increase in a number of unreasonable complaints and criticism made by the population in relation to medical workers.

> *«... In mass-media they would give coverage of negative aspects of health specialists' work though such events make in general 1-2% from all cases, but they would savor the subject in a painstaking manner. And no one cares about the doctors' working 24/7 at earning 1.5 - 2 thousand Som a month and saving lives of thousand patients ... »*

In opinion of doctors in rural areas, adequate financing is required in order to raise the occupational prestige: «... anyway, we keep doing our jobs, be it in a good or bad way. If the pay would be adequate, the performance will improve. Doctors will stop thinking how to earn their living and will care more about work... »

3.2. Migration issues

Identification of migration scales

The issue of in-migration and, particularly, of external migration became topical in the health care system lately. Thus, significant difficulties cause the issue of keeping records and registration of migration scale among medical workers not only inside the republic, but outside the country as well. With the purpose of identification of the potential migration scale a preliminary search of all available information was conducted in the State Committee of the Kyrgyz Republic on Migration and Employment, the Labor Exchange, the Ministry of Health, and international organizations providing support to the International Labor Migration Programs.

Thus, the most complete information was available in the human resources personified database of the Ministry of Health at the beginning of the research (February - March, 2007). But even this database was not helpful in obtaining necessary data on external migration of medical workers. The master form which serves as the database basic primary source has a cell which requires input specifying the main reason of quitting the health care organization. However, this cell was not informative enough, as basically it contains the termination reason as «personal/family circumstances». Moreover, at the central level this database does not allow to define quickly a share of the doctors permanently quitting the national health care system versus a share of the doctors who have simply changed the place of employment, residence, at continuing their employment with the public health care of the Kyrgyz Republic. That means that those who are considered to have quitted the job in one oblast could either move to some other oblast or leave the country or change the field of activity and drop out. In this connection there is a need to keep improving the existing human resources personified database.

Efforts attempting to obtain information on the external migration scale of medical workers in the State Migration and Employment Committee of the Kyrgyz Republic revealed a fact of lacking statistical data by the number and kind of occupations of the left migrants. However, the Labor Exchange being a part of the Committee and responsible for providing support to citizens of the republic in seeking of employment, receives demands from Russia on a regular basis for versatile specialists, including health professionals.

In 2007, the Labor Exchange received the information on availability of 200 medical vacancies to be filled in the remote regions of Russia, including the Penza, Tula, Tambov, Sverdlovsk, Krasnoyarsk and Yekaterinburg oblasts (based on the interview with the Labor Exchange employee held on March, 28, 2008). Thus, not all medical specialists are in demand:

according to the data presented by the Labor Exchange 90% of vacancies fall to pediatricians, family doctors and general-duty surgeons. Besides, only the medical institutes' diplomas issued prior to 1992 are recognized in the Russian Federation. The specialists who have received diplomas after 1992 need to go through longer and detailed procedures, including confirmation of the certificate, personal interviews and a longer probation period. There exist age restrictions as well (the right of priority is granted to specialists under 45 years of age). The existing requirements do not allow finding employment for all wishing to be placed into the health care system in Russia. In 2007 only 97 persons could fill the offered 200 vacancies through the Labor Exchange. Mainly, these are medical staff from the southern regions of our republic (Osh, Jalalabat and Batken oblasts) working in the health care system at the moment of filing of the application.

The Eurasia Foundation located in the Central Asia which assists to implement the International Labor Migration Program provides also the advisory support on registration and obtaining of work permits in the countries where citizens of the Kyrgyz Republic are employed. Within the framework of the given organization activity the network of centers in each oblast has been created. These centers help to seek employment in Russia and Kazakhstan, hold short-term professionalization or retraining courses so that the migrants would meet requirements of employers in the host countries. However, according to the rules established by the State Migration and Employment Committee, these centers have no right to recruit health professionals and teachers (based on the interview with the Eurasia Foundation Program Manager held on November 29, 2007). Therefore, they have no statistical data on a number of vacancies in the health care system of the Russian Federation or Kazakhstan, and on a number of health professionals who have departed from the Kyrgyz Republic.

High degree of readiness for migration from the republic

One of the major findings of the research relating to migration issues turned out to be a high level of readiness for migration from the republic (Table 4). Thus, from the total number of surveyed young and middle-aged doctors (141 persons under 50 years) 48,2% (68 persons) plan to change their place of employment within the nearest 12 months. Herewith, 85,3% (58 persons out of 68) have valid employment offers, mainly from Russia and Kazakhstan.

Table 4. Breakdown by age groups of doctors planning to change their place of employment and having valid employment offers.

	Health professionals under 50 years of age			
	23-35 years	36-50 years	**Total**	**%**
Total	29	112	**141**	**100**
Planning to change the job	18	50	**68**	**48,2**
Valid job offers in other oblasts or abroad	17	41	**58**	**85,3**

In addition, a part of medical workers (54,4%) from among those planning to migrate has responded that if leaving the country for job search by specialty would be impossible then, anyway, all of them will leave the system of public health care services. It should be noted that among respondents of pre-retirement and retirement age (102 persons over 51 year) 28,4% (29 persons) also plan to leave for Russia and Kazakhstan with the purpose of being entitled higher retirement benefits in future.

As it was mentioned above, the salary levels in Kazakhstan and Russia make 25-30 thousand and 35-40 thousand som per month, respectively. An opportunity of being paid such amounts is absolutely realistic for medical workers employed in cross-border areas with Kazakhstan. There are examples when doctors would leave together with their families or leave alone and visit the families on weekends. For example, according to the data of personnel departments

of organizations, over last three years 26 doctors have left the Tiup rayon of the Issyk-Kul oblast, and 10 doctors have left the Panfilov rayon of the Chui oblast. Herewith, some doctors were the unique-profile specialists in the rayon. Thus, **departure of medical doctors has an adverse impact on accessibility of health care services for the Kyrgyz population in rural areas.** There is a noteworthy case exemplifying the situation: one of doctors, a narrow specialist, works in Kazakhstan, and on coming back home to Kyrgyzstan on weekends he carries out additionally a medical examination of patients in the regional Family Medicine Center due to lack of his profile specialist.

Major reasons of migration

The following factors were identified as major reasons (Table 5), conducing to departure of medical workers: low labor remuneration (223 respondents), inadequate social benefits (155 respondents), and an opportunity of higher paid retirement (153 doctors).

Table 5. Major arguments presented by leaving health specialists

Low remuneration of labor	**223**
Inadequate social benefits	**155**
Higher retirement payment opportunities	**153**
Social and economic conditions in the location of their employment	**108**
Job dissatisfaction	**83**
Limited professional growth opportunities	57
Limited career promotion opportunities	25
Other	16

Herewith**,** it should be noted that not all medical workers leave for Russia or Kazakhstan to find employment through intermediary of official state bodies, and the majority of labor migrants from the republic are placed into jobs through personal connections, evading official agencies, such as the Labor Exchange the fact being confirmed by the health care workers' survey findings. Thus, regarding the question about persons having offered them job in their speciality in other regions of the republic and outside the country, 139 respondents have answered that in most cases (28,1 - 54,7%) offers were made by friends, employers, and colleagues.

3.3. Opinion of the medical doctors about the Doctor Deposit Program

The present section contains the information obtained on the basis of the doctors' survey who do not participate in the Doctor Deposit Program. 212 persons (87,2%) from 243 medical workers were aware of the existing Doctor Deposit Program. The Ministry of Health of the Kyrgyz Republic, management of health care organizations and colleagues turned out as sources of the information about the Program. However, many of the interviewed doctors lacked the exact and full information on the Program requirements (selection criteria, terms of payment, etc.). In particular, the Program participants as well as other doctors had no clear idea about age limits stipulated in the Program.

Constrains which were encountered at the initial stage of the Program implementation (inconsistent information about selection criteria for participants, scarce feedback from the doctors who have submitted documents for participation in the selection on a competitive basis, difficulties at receipt of payments, etc.) have led to a low level of credibility to the Program. Besides, the majority of the interviewed is convinced that the Program cannot solve problems assigned to it in respect of attraction and retention of the medical personnel in the remote areas. They named the following as major causes:

- The deposit low level which leaves out the increasing inflation (158 of 243 respondents or 65%);
- Lack of prospects for the housing issue solution for newly recruited specialists;
- Lack of the laboratory and diagnostic equipment and medical toolkits in many regions that limits professional growth opportunities for young specialists.

In opinion of 207 out of 243 interviewed doctors there is the need for offering of additional incentives in order to attract and retain the medical staff in the regions.

111 doctors from the total number of the surveyed had the colleagues who have started to work under the Doctor Deposit Program. From them 95 persons (85,6%) stated that their attitude to "depositor doctors" is positive or their position has not changed. However, very often the opinions were expressed that the situation was not quite equitable in relation to the doctors who have worked in these regions for 25-30 and more years (62% of the interviewed who has indicated their age (n=224) as over 45 years), and it would be more correct to consider opportunities to increase the base rate of salaries for all health workers.

With the purpose of improvement of human resources supply in the regions, in opinion of the surveyed doctors, it is necessary to implement a full package of measures at the government level starting from improvement of the base medical education quality, selection of entrants by vocation, allocation of quotas to regions for state budget financing places, placement of graduates with supply of accommodation, and drawing attention to moral and ethical education and cultivating of patriotism among young specialists.

4. Conclusion

The investigated regions face a severe rural human resource crisis. It is caused, on the one hand, practically by lack of inflow of young specialists during 10 years and more in the rural health care organizations, and on the hand – by a high level of the medical staff outflow. Although no reliable data is available in the country as regards the number of medical workers who left the country (reports are incomplete and fragmented), based on data of the Ministry of Health, the number of the health workers leaving Kyrgyzstan grows (doctors: in 2004 - 3% and in 2005 - 8%; nurses: in 2004 - 2,9%, and in 2005 - 5,6%). Thus, over the last years the external labor migration has assumed primary importance among the outflow reasons of the medical personnel, for the most part, to such countries as Russia and Kazakhstan.

According to the research data, the mean age of the surveyed doctors made 48 years, and percentage of persons of retirement and pre-retirement age is rather high (62%). Currently the on board staff had to work with a higher work load according to the irregular work schedule that leads to development of a high mental stress («a burnout syndrome»).

The survey results have revealed a lower level of satisfaction with various aspects of labor activity among young (23-35 years) and middle-aged (36-50 years) doctors. Low satisfaction was mainly due to three groups of reasons: 1) low salaries, insufficient development of the material and moral incentive system and unsettled housing problems (in fact, the listed factors are personal bare necessities); 2) inadequate working conditions, including lack of medical equipment/instruments, premises with proper heating and settings; and 3) administrative issues in health care organizations including transparency of managerial decision-making, limited professional growth and career promotion opportunities.

Alongside with the above-stated factors the following issues gain currency such as increasing pressure upon medical workers from supervising bodies (the Ministry of Health, the Obligatory Medical Insurance Fund, Department for Economic Crime Control and so on) and the population, lack of legal protection of doctors and absence of any social benefits. Low living standards of health workers finally results in loss of the occupational prestige among the population.

It should be noted that the medical personnel took active participation in discussion of the issue regarding the staff retention in the health care organizations. Despite the stated labor-saving proposals and ideas, the majority of medical workers showed lack of faith in actual improvement of the situation expressing deep disappointment, hopelessness, and aggression at times. The survey of medical workers has shown a high degree of readiness for migration from the republic. 62,1% of doctors of younger age (18 from 29 persons) and 44,6% of middle-aged doctors (50 from 112 persons) have answered that they intended to change the place of employment within the nearest 12 months. From them of 85,3% of doctors have valid offers for employment in Russia and Kazakhstan.

From the point of view of doctors the country faces the serious ongoing rural human resources crisis. In all five investigated regions all without exception doctors had a common opinion that if no practical measures would be taken in the nearest future «in 5 years our population will resort to shamans». The following was identified as top priority measures: 1) base salaries review (77,4% of doctors). Herewith, 26,7% (65 persons) of doctors consider that the monthly salary levels to cover expenses for bare necessities should make 10 thousand som; 8,6% (21 persons) doctors have named the sum as 15 thousand som, and 17,3% (42 persons) indicated 20 thousand som; 2) reassessment of the material and moral incentive system as the insufficient transparency of the incentive system is a rather critical factor impacting on the personnel satisfaction level. In many cases it is the issue of inefficient management in the health care organizations; 3) improvement of working conditions for fuller actualization of the working personnel professional abilities, and 4) review of work load standards for health professionals of various specialization.

The Deposit Doctor Program two-year-old experience has shown imperfection of its implementation arrangements and poor effectiveness both in attraction of young specialists in the regions, and retention of the employed personnel. At the given stage the majority of doctors expressed certain distrust of the Program. It is apparent that the achievement of the set goals in the Program will require its further improvement.

Thus, the research results have revealed availability of the whole complex of the cross-cut issues showing imminence of adverse social implications in the nearest years. The highlighted problems challenge to prompt solutions based on the intersectoral approach.

5. Recommendations

At taking into account the scale and complexity of the existing situation the following step-by-step actions are proposed.

1) To set up a working group in the Ministry of Health to complete a key task on decision-making in a number of areas:

- Review of the statutory and legal documentation on the work load of rural medical workers;
- Development of alternative options/scenarios on the target pay rise to medical workers (contract-based arrangements, etc.);
- Review of the Doctor Deposit Program arrangements and development of additional measures on recruitment of specialists;
- Policy review of enrolment in medical educational institutions to guarantee arrival of young specialists to the place of job placement;
- Review and improvement of the material encouragement system;
- Review and improvement of the moral encouragement system;

- To consider an opportunity of development and training of the health care organizations management in the module «Intra-Organizational Management» and «Human Resource Management»;
- To draw plans on the medical law development (protection of rights of medical workers and patients);
- Consideration of the issue on reinstatement in a part of social benefits for medical workers;
- Development of the action plan on involvement of local authorities for the medical staff related problems solution;

2) For purposes of the human resources monitoring and operational management and relevant policymaking it is necessary to streamline the staff outflow records from the health care organizations (indication of reasons) and registration of the medical workers leaving for work abroad (their number, age, specialization, destination, contact information, etc.).