

## Policy Brief # 21

# Causes of Physicians' Attrition from the Health System of the Kyrgyz Republic

This Policy Brief describes the results of a study, which investigates the factors influencing a degree of satisfaction of health personnel with their work, their motivation, and also the main causes of health personnel attrition from remote and rural areas.

Health reform process has developed a nature of sustainable activities for the recent decade, which resulted in successful achievements in changing provider payment and health services delivery systems. One should however recognize that many different aspects of the human resources management problem remain unresolved. The problem of shortage of physicians in rural and remote areas has been persisted up to the present moment, and since 2006 this situation has substantially aggravated in connection to intensification of external migration process outside of the country.

Ministry of Health has undertaken some measures (such as "Doctor Deposit", introduction of one-year residency program, etc.) in order to improve staffing situation in provinces and to mitigate the impact of the migration. These measures however did not make any considerable difference in the situation with attrition of health personnel.

Results of the study indicated to the existence of a comprehensive set of interdependent problems capable of causing unfavorable social consequences in the nearest years. The outlined problems require immediate interventions to solve them on the basis of intersectoral approach.

### The level of satisfaction of health professionals

Interview of health professionals and focus-group discussions have demonstrated the fact that the following factors, listed below, provide a major impact on the degree of satisfaction and motivation of working health professionals (Table 1):

- Remuneration level;
- Availability of well - designed system of bonuses;
- Provision of social benefits;
- Labor conditions, including legal protection.

**Table 1. Degree of Satisfaction of Health Professionals with Various Aspects of their Jobs (n – 243)**

No.		Not satisfied In % / absolute numbers
1	Level of remuneration	82,7 % (201)
2	System of bonuses	63,8 % (155)
3	Opportunities to solve housing problem	49,4 % (120)
4	Proper equipment at the disposal	39,1 % (95)
5	Working conditions	37 % (90)
6	Workload	29,2 % (71)

### 1. Extremely low remuneration level

**82, 7% (201 people) of the total number of the interviewed health professionals pointed out that they were not satisfied with the size of their salaries.** According to the study, 17, 3% (42 individuals) of respondents had a salary below 2000 Soms a month, and 55,6% (135 individuals) had their salary at the level between 2000 up to 4000 Soms, or 3040 Soms in average. This is lower than the minimal consumer basket level, which is equal to 3364,66 Soms per person per month<sup>1</sup>.

Doctors were pointing out that the existing remuneration level did not allow them supporting their families and catching up with ever growing food prices and utility expenses:

«...we all have arrears for food products in the market and in our shop. We receive money, pay back all our arrearages, and then we lend money again in order to stretch out till the end of the month...»

«...two of my kids are university students; we have to pay for their study. We don't have a house in Bishkek, so they have to rent an apartment. I have to help them with food and clothing, and how to do this?...»

<sup>1</sup> Data from the National Statistic Committee for the 1<sup>st</sup> quarter, 2008 .

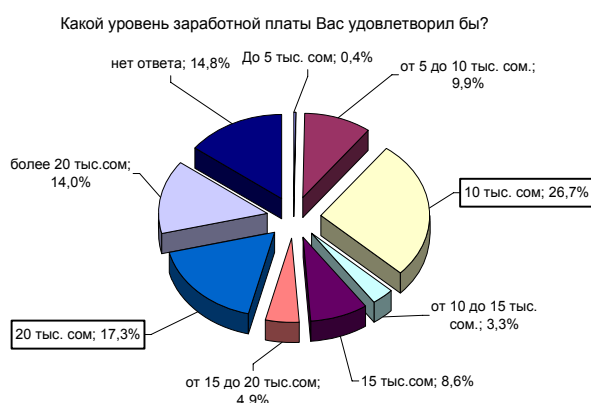
A lesser share of doctors (15,6 % or 38 people) receive from 5000 up to 7000 Soms. However, in order to have such a level of payment the doctors have to work virtually throughout days and nights:

«...I receive 7000 Soms, but in order to earn them I have to take all night shifts, and I have to live in my hospital for about 16 days a month ...»

Intensive workload in provinces with shortage of doctors, work in overtime hours and on weekends, a lot of night time work in order to gain some supplementary payments, lack of the hope for a better life of prevailing part of health professionals become an agent for development of psycho-emotional pressure, heavy disappointment, despair, and even aggression at times.

77.0 % (187 people) doctors responded that they have a need in additional sources of revenues. 35,4 % (86 people) of doctors have additional work, including 61,6 % (53 individuals) do not work on medicine – related jobs.

Physicians gave the following answers to the question: “What level of a monthly salary will be satisfactory for you?”: 10 thousands Som - 26,7% (65 doctors), 15 thous. Som – 8,6% (21 doctors) and 20 thousands Som - 17,3% (42 doctors). In order to substantiate the above mentioned amounts, they said that this particular amount of money would allow them to cover their basic expenses and feel comfortable. Some doctors were having in their minds level of payment in Kazakhstan and Russia, which in average is about 25-30 thousands Soms in Kazakhstan and 35-40 thousands Soms a month in Russia.



## 2. Imperfection of material and moral incentive system.

**62,6% (152) of interviewed doctors responded that their organizations did not have a system of material reward.** And it emerged that 33,3% (81) doctors don't know their accrued level of salary.

On the one hand the shortage of information about how they run payroll calculations in their organizations, and on the other hand low interest of physicians themselves in this issue, which is mainly related to small amounts of accruals, conditioned the fact that on the question “how much do you earn in a month?”, some doctors were not quite sure about the answer.

Also a great deal of dissatisfaction of health professionals was caused by the lack of long service bonuses according to the article 85 of the *Law on Health Protection of Citizens of the Kyrgyz Republic*. According to this article, 10% bonus has to be paid for the length of service of 5 years, 20% for 10 years, and 30% for 15 years and more.

According to some specialty doctors that had been retrained as a family doctor, a new problem of category - based bonuses had emerged. Before they received a certificate of a family physician these specialty doctors used to have the highest category in their main specialty (internal medicine, pediatry, etc.). After retraining in order to become a family doctor, they received a lower category in the “Family Medicine” specialty. In this connection, they loose their bonuses for the category at payroll calculations.

«... On November 2006 we passed an exam to receive a category in family medicine, and MOH decree was issued in February 2007. For this time period they deducted bonuses for the highest category, in connection to the fact that we became doctors of the 1<sup>st</sup> or 2<sup>nd</sup> category. Those doctors that did not obtain the category in family medicine continue to receive the same amount. What's the point of having a category in family medicine...?»

Majority of health professionals pointed out at lack of transparency and information regarding provision of moral incentives to health professionals from the Ministry of Health. People expressed their wishes not to create any limitations in proving at least moral incentives (like certificates of merit, honorary degrees “Outstanding Health Professional”, “Honored Physician”, etc.), and to make provisions for some ministerial awards.

### 3. Lack of social benefits for health professionals in the health system

During a focus – group discussion of non-financial rewards, nearly all physicians specified the lack of any social benefits. Health professionals complained a lot that they do not have any discounts in payment for utility services, any privileges in housing issues or at procurement of land plots, etc. And they point out at low participation of local governments in health problems. In this regard, doctors expressed their wishes to have minimal social benefits introduced for at least rural health care system, to solve an issue of provision of interest-free loans, or low interest loans, and to introduce some minimal tax remissions.

### 4. Insufficiency in legal protection of doctors and reputation of health profession among population

Health professionals expressed said that they don't have any legal protection and the principle "a patient always right" is not always justified. They showed a lot of examples, when, on their opinion, doctors' rights had been undeservingly prejudiced.

Health professionals expressed a great deal of dissatisfaction with work of experts. They believed that the experts started to implement rather punitive functions and often impose non-justified penalty sanctions.

Professionalism of the experts seems to be quite questionable for the health professionals: "... young people that have just recently graduated from a university – they associate themselves with people of universal knowledge in all specialties. They have never touched a lancet, but like to lecture surgeons on how to treat their patients..."

Anonymous interview of patients in health care organizations without informing doctors and hospital management, also undermines prestige of physicians. There were some cases, when doctors asked what those patients interviews were about, they did hear rude replies to mind their own business.

Low living standards of health professionals, predominance of negative information about doctors' activities in mass media ruin the reputation of medical profession. In this connection, a number of groundless complaints from population for health professional has run high.

*«... mass media cover only negative aspects of doctors work, although it composes only a*

*small share 1 - 2 % of all cases, but they enjoy discussing these problems. However the fact that doctors have been working throughout days and nights, saving thousands of people lives for only 1,5 – 2 thousands Soms a month – does not seem to be interesting to anybody...".*

## Migration

The problem of internal and especially external migration has become very pressing in the recent years. And registration and recording of the extent of health professional migration within the country and abroad has become quite a difficult process.

### 1. Great wiliness to go abroad

One of the main results of the survey related to issues of doctors' migration has shown that they have a great willingness to go abroad.

So, 48, 2 % (68 respondents) of all interviewed doctors (young and middle age) have been planning to change their jobs in the nearest 12 months. And 85, 3 % (58 individuals) out of them received real job offers, predominantly in Russia and Kazakhstan.

Besides, some health professionals (54, 4 %), among those that plan to migrate, said that if they don't manage to go abroad to work as doctors, they will then leave the health system anyway. It has to be stated that there are some physicians of pre-retirement and retirement age (older than 51 – 102 individuals), which have been also planning to go to Russia and Kazakhstan 28,4 % (29 individuals) in order to receive higher level of retirement pension later on.

### 2. Main causes of migration

Respondents outlined the main reasons (Table 2) for migration of health professionals, which included: low level of remuneration (223 respondents), inadequate social benefits (155 individuals) and an opportunity to receive higher retirement pension (153 doctors).

**Table 2. Main causes of migration**

Low salary	223
Inadequate social benefits	155
An opportunity to receive higher retirement pension	153
Social and economic conditions in the area, where they used to work	108
Dissatisfaction with the content of their existing job	83

And it ought to be remarked that not all health professionals go to Russia or Kazakhstan with the help of official public agencies. The major part of labor migrants in our country has been getting their jobs through their personal relationships, bypassing formal agencies. These facts have been confirmed by data of the survey of health professionals. So, out of 139 respondents, which answered the question, who had offered them a job on their specialty in other regions of the country or abroad, in most of the cases (from 28,1 to 54,7 %) the respondents said that the jobs have been offered by friends, employers directly or other colleges.

## Recommendations

1) To establish a working group by the Ministry of Health with its main function to develop decisions in several dimensions:

- Revision of regulatory legal documentation related to workload of health professionals in rural areas;
- Development of various scenarios / options on targeted pay rise for health professionals (to develop contractual mechanisms, etc.);
- Revision of the policy of enrolment of students into schools of medical education in order to ensure that graduates will come to work to the areas of their placement;
- Revision and improvement of incentive system;
- Revision and improvement of moral incentives system;
- Elaboration of plans for development of medical law (protection of right of health professionals and patients);
- Addressing the issue of recovering some part of social benefits for health professionals;
- Development of plan of action for attracting local authorities to solve the problem of medical personnel;

2) For monitoring and operative management the records of health professionals' attrition from health care organization (with reasons) have to be kept and health professionals, which leave the country to work abroad, have to be registered.

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**For more detailed information and full version of the report, please contact the consultants of the Health Policy Analysis Center:**

**Kozhokeev Kanat,**  
e-mail: [kanat@hpac.kg](mailto:kanat@hpac.kg)

**Murzalieva Gulgun,**  
e-mail: [gulgun@hpac.kg](mailto:gulgun@hpac.kg)