

ANALYSIS OF MEDICAL PERSONNEL IN THE PRIMARY HEALTH CARE SERVICE IN PUBLIC AND PRIVATE HEALTH SECTORS

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INTRODUCTION & AIM

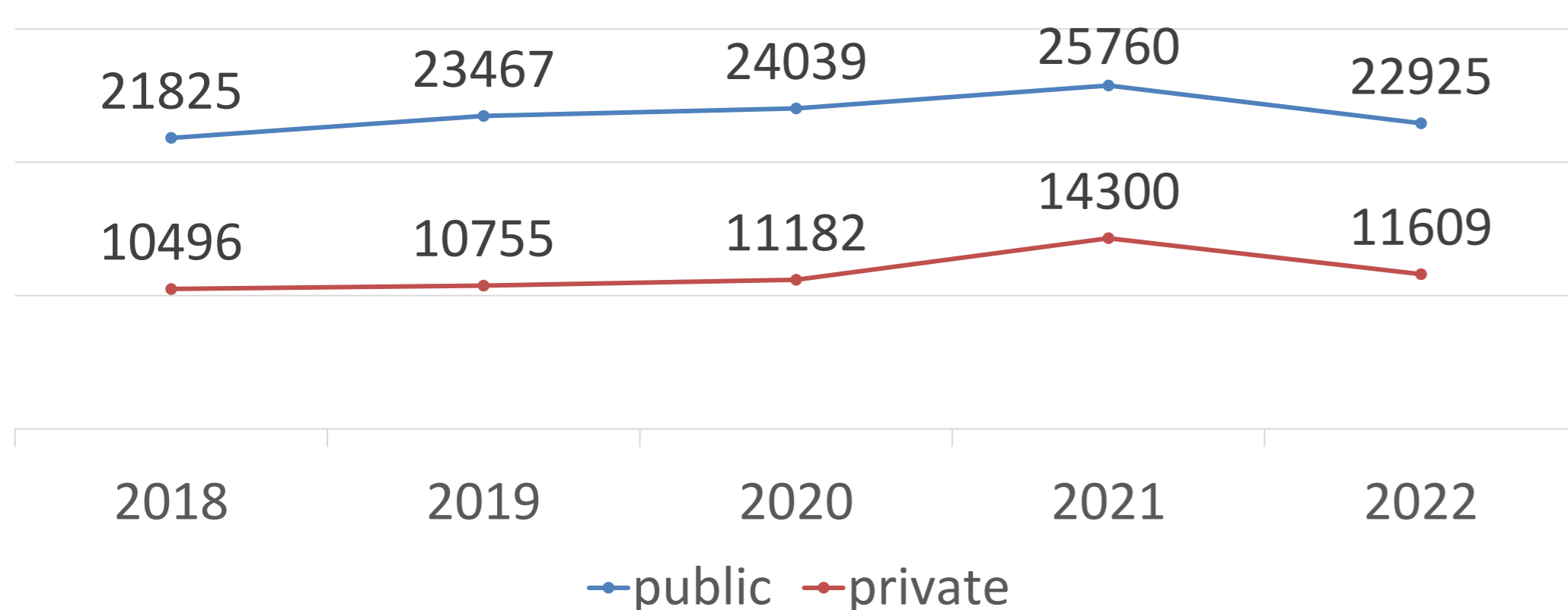
Today, in Kazakhstan, one of the health care sectors in which the problem of personnel needs is felt is the outpatient polyclinic sector, which is the first in providing medical care to the population. The need for medical personnel refers to the absolute number of positions providing all types of medical care. It is in this health sector that queues take place, a heavy burden on doctors, as well as an outflow of personnel to the private sector.

METHOD

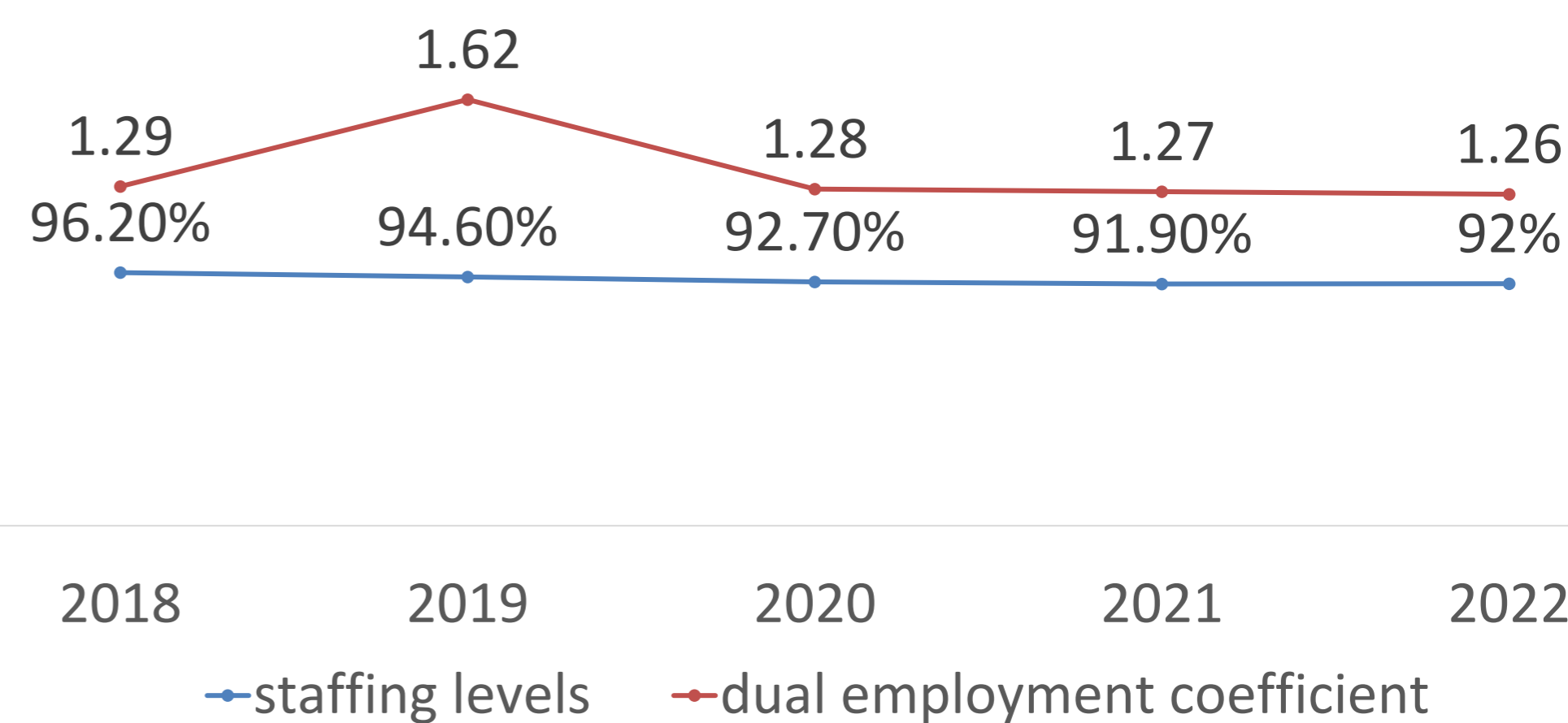
Statistical forms of accounting documentation were used to determine the current situation. The analysis was carried out for outpatient clinics in both the public and private health sectors.

RESULTS & DISCUSSION

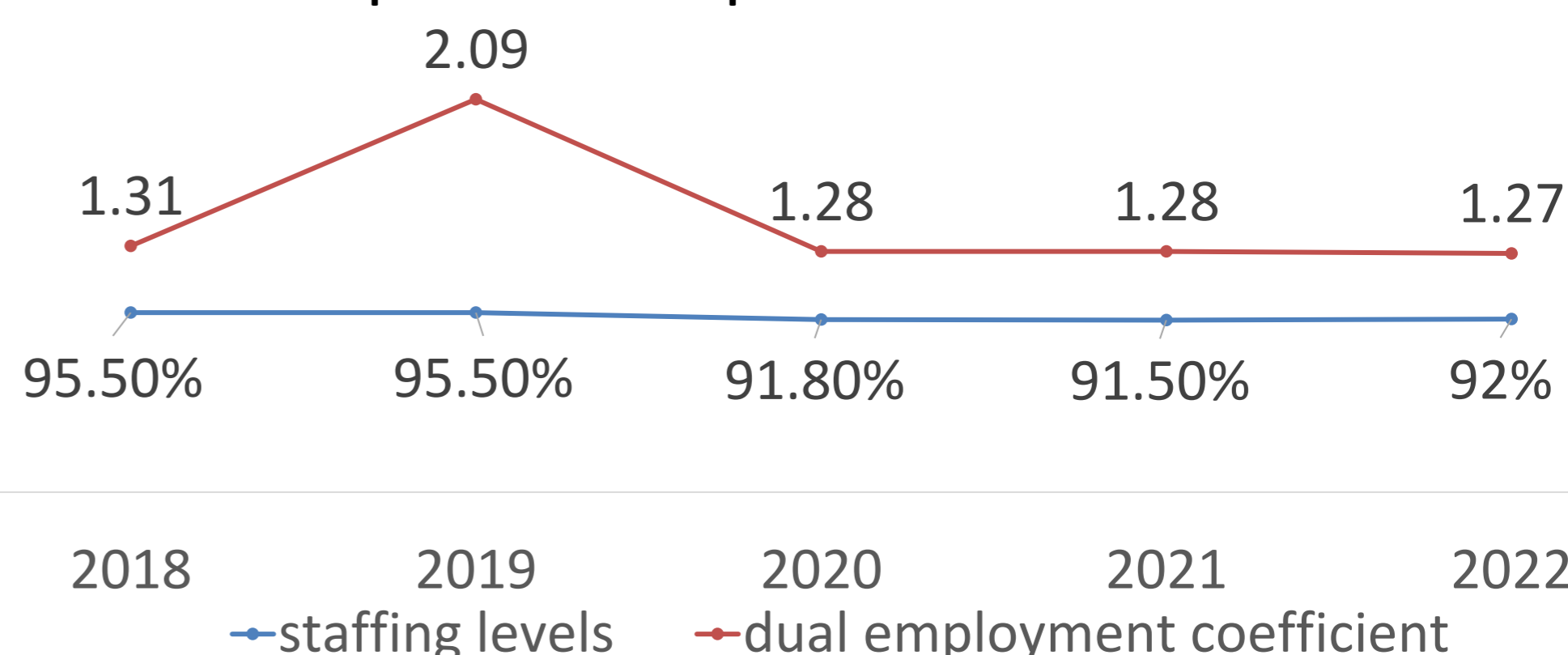
In the public sector, the total number of physicians increased to 5.0%. The trend is moderately positive but unstable: following a gradual rise in 2018–2021 (reaching a peak of 25,760 in 2021), a decline is observed in 2022. This decrease may be associated with the consequences of the COVID-19 pandemic, including professional burnout, increased workload, and partial workforce outflow.



In the private sector representing approximately a 10.6% growth. The trend is also characterized by growth up to 2021 (peak at 14,300), followed by a decline in 2022. Nevertheless, the overall growth rate in the private sector is more than twice that of the public sector.



The need for doctors in the *public sector* in 2018 was met by 96.2%, and in 2022 it has already reached 92%, having decreased by 4 points. According to the results of statistical data, there is a distinct shortage of medical personnel in Kazakhstan. The main reason is the insufficient financing of the industry, as well as the outflow of doctors from public health institutions to other, higher-paying sectors of the economy. In general, as of 2022, the staff was understaffed by 8%. This means that the number of positions actually occupied does not correspond to the volume of services that the state planned to provide.



CONCLUSION

Comparative analysis shows that the private sector is developing more dynamically and demonstrates greater attractiveness for medical personnel. Higher growth rates in the number of physicians, as well as relative workforce stability, may be associated with more competitive working conditions, higher salaries, and greater organizational flexibility. At the same time, the public sector continues to play a key role in ensuring access to healthcare services for the population; however, it faces limited growth in human resources and signs of workforce instability. The identified trends indicate an ongoing migration of physicians from the public to the private sector, which may negatively affect the accessibility and quality of primary healthcare services.