Journal of Health Development
e2663-1776

Original article

Effectiveness of Nurse-led Dispensary Consultations for Patients with Chronic Non-Communicable Diseases in Primary Healthcare in Kazakhstan

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Received: April 27, 2026
Revised: May 29, 2026
Accepted: June 14, 2026
Published: June 30, 2026

Citation: Kateryna Prilutskaya, Nurlan Akhilbekov, Saule Abdikazimova, Gaukhar Ramazanova, Aigerim Baimagambetova, Samal Duissekova. Effectiveness of nurse-led dispensary consultations for patients with chronic non-communicable diseases in primary health care in Kazakhstan. J Health Dev. 2026, 61 (3), jhd074. https://doi.org/10.32921/2663-1776-2026-61-3-jhd074

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Abstract

Objective: To evaluate the current state of dispensary observation for patients with chronic non-communicable diseases, including the contribution of nurse-led independent consultations, using the example of a primary health care organization in Kokshetau, Kazakhstan.

Methods. A combined study design was employed, comprising a retrospective analysis of medical records and a cross-sectional sociological survey. The retrospective component analyzed dispensary observation data from Viamedis Ltd., a primary health care organization in Kokshetau (Akmola region, Kazakhstan) serving an enrolled population of 93,851 individuals across 71 clinical districts, including 6 dedicated dispensary units. Data were extracted from the electronic medical information system for the period 2022 to 2024 and included population dynamics, dispensary coverage rates, structure of chronic diseases, and competency center outputs. The cross-sectional component consisted of a structured questionnaire survey of 87 patients registered for dispensary observation. The questionnaire comprised two sections: sociodemographic characteristics and patient evaluation of nurse-led independent consultations. Written informed consent was obtained from each participant. Descriptive statistics were used for quantitative and categorical variables.

Results. Over the three-year period, the enrolled population remained stable with a 1.0 percent increase, reaching 93,851 in 2024. Dispensary observation coverage averaged 85.5 percent across all districts, ranging from 72.4 percent to 93.6 percent. Cardiovascular diseases accounted for 75.8 to 79.4 percent of all dispensary cases. Coverage for diabetes mellitus and ischemic heart disease reached 79.0 to 80.8 percent, while arterial hypertension coverage was only 57.6 percent despite representing the largest patient cohort. Specialized competency centers served a combined total of over 3,300 patients. The survey demonstrated that 94.3 percent of respondents were aware of nurse-led consultations and 88.5 percent had attended them. Among those who

attended, 77.0 percent rated the quality of nurse-led consultations at 4 or 5 out of 5 points. The most frequently reported activity pattern (37.9 percent) included blood pressure measurement, lifestyle counseling, medication compliance monitoring, and well-being assessment, indicating a comprehensive rather than procedural approach to nurse-led care.

Conclusions. Nurse-led independent consultations in a primary health care setting demonstrated broad patient awareness, high attendance, and favorable quality ratings. Dispensary coverage indicators remained at adequate levels across most nosological categories, with room for improvement in arterial hypertension follow-up. The findings support the role of dispensary nurses as an effective component of chronic disease management in primary health care in Kazakhstan.

Keywords: primary health care, nurse-led consultations, chronic disease management, dispensary observation, non-communicable diseases, patient satisfaction, Kazakhstan.

1. Introduction

Chronic non-communicable diseases (NCDs) are among the most significant global health challenges. According to the World Health Organization (WHO), NCDs cause approximately 41 million deaths each year, accounting for 74% of all deaths worldwide [1]. The main NCDs include cardiovascular diseases, diabetes mellitus, chronic respiratory diseases, and cancers.

In the Republic of Kazakhstan, NCDs are the leading cause of morbidity and mortality. They account for about 80% of all deaths each year, with a substantial share occurring among people of working age [2]. A particularly pressing concern is the limited effectiveness of dispensary observation at the primary health care (PHC) level, where up to 60% of patients do not receive regular follow-up [3].

International experience indicates that expanding the role of mid-level nursing staff in managing patients with NCDs is highly effective. In the United Kingdom, Canada, Australia, and several European countries, nurse-led care models have operated successfully for more than a decade, with clinical outcomes comparable to or better than physician-led care [4,5]. According to the systematic review by Davis et al. (2021), nursing involvement in the comprehensive management of patients with NCDs is associated with a 2–8.9% reduction in hospitalizations and up to a 51% reduction in readmissions compared with standard physician-led follow-up [6].

In Kazakhstan, the regulatory and legal framework for expanding nursing practice has been developing since 2020. The Code of the Republic of Kazakhstan "On the Health of the People and the Healthcare System" (2020), together with several orders of the Ministry of Health, defines the scope of independent nursing activity in PHC [7]. Pilot projects in Astana and Almaty have demonstrated that up to 40–50% of a district physician's routine clinical workload can be transferred to dispensary nurses [8,9]. However, empirical data on the impact of nurse-led independent consultations on dispensary observation indicators in routine practice remain limited.

The aim of this study was to evaluate the effect of nurse-led independent consultations on trends in dispensary observation indicators for patients with NCDs and on patient satisfaction with care, using a PHC organization in Kokshetau, Kazakhstan, as an example.

2. Materials and methods

Study design and setting

A combined study design was used, comprising a retrospective analysis of clinical and statistical records and a cross-sectional sociological survey of patients. The study was conducted at Viamedis Ltd. (Kokshetau, Akmola region, Kazakhstan), a private healthcare organization that provides PHC to its enrolled population and employs approximately 100 staff members.

Retrospective component

The investigators analyzed data from Viamedis Ltd.'s administrative and reporting records for 2022–2024, extracted from the organization's medical information system (MIS). The following indicators were examined across four outpatient medical districts (OMD 1–3 and the diabetes district): the total number of patients eligible for dispensary observation; the number of patients enrolled in dispensary observation; the number of initial examinations; the number of completed observation cases; and the number of patients newly registered for dispensary observation by nosology (arterial hypertension, ischemic heart disease, diabetes mellitus, chronic obstructive pulmonary disease, glomerular diseases).

In addition, data from the specialized competency centers – Cardiology (the Heart Center), Nephrology,

Rheumatology, and Pulmonology – which have been operating at Viamedis Ltd. since 2023 were analyzed. In these centers, nurses and specialty physicians regularly conduct joint consultations.

Cross-sectional component (sociological survey)

A cross-sectional survey of Viamedis Ltd. patients was conducted through individual interviews. A total of 87 respondents participated in the survey.

Before data collection, inclusion and exclusion criteria for potential participants were defined. Inclusion criteria: voluntary informed consent, age over 18 years, presence of a chronic non-communicable disease, and registration for dispensary observation at Viamedis Ltd. Exclusion criteria: refusal to participate, age under 18 years.

An author-designed questionnaire was developed, consisting of two sections:

- sociodemographic characteristics;
- evaluation of the role and effectiveness of nurse-led independent consultations.

The structure and format of the questions varied: the questionnaire contained both open-ended and closed-ended questions. Completion time for respondents was 10–15 minutes. The survey was conducted anonymously to ensure confidentiality for study participants.

Ethical considerations

The study was conducted in accordance with the Declaration of Helsinki. Written informed consent was obtained from each participant before the survey. The study was approved by the Local Bioethics Committee of Astana Medical University (Decision No. 7, dated May 2, 2024).

Statistical analysis

Quantitative variables were summarized using the arithmetic mean and standard deviation, with 95% confidence intervals. Categorical variables were presented as absolute frequencies and proportions (%). To assess the association between categorical variables, Pearson's chi-square test (χ^2) was used. The Spearman rank correlation coefficient (ϱ) was used to assess associations between ordinal variables. A p-value < 0.05 was considered statistically significant.

3. Results

Characteristics of the enrolled population

From 2022 to 2024, the enrolled population of Viamedis Kokshetau Ltd. remained stable, with a small 1.0% increase, reaching 93,851 people in 2024 (Table 1). The sex distribution showed a slight male predominance (53% vs. 47%). Notably, the adolescent cohort (15–17 years) grew by 23.1% over three years, possibly reflecting the introduction of dedicated adolescent districts in 2024. The organization operated 71 districts, six of which were dispensary districts with a caseload of 700 patients each – these were the districts where nurse-led independent consultations took place

Table 1 - Trends in the enrolled population of Viamedis Kokshetau Ltd., 2022–2024

Population category	2022	2023	2024	Change 2022–2024, %
Total	92 956	93 431	93 851	+1,0
Adult population	62 723	62 521	62 588	-0,2
Adolescents (15–17 years)	3 425	3 834	4 215	+23,1
Children (1–15 years)	25 289	25 485	25 617	+1,3
Children under 1 year	1 626	1 591	1 431	-12,0

Note: data were extracted from the medical information system of Viamedis Ltd. Change calculated as ((2024 - 2022)/2022) × 100%

Dispensary observation indicators by outpatient medical district

Table 2 presents dispensary observation indicators for 2024 across the four outpatient medical districts and the diabetes district. Dispensary coverage ranged from 72.4% (OMD-2) to 93.6% (diabetes district), with a mean of 85.5%; the difference in dispensary coverage across the districts was statistically significant (χ^2 test, $p < 0.001$). The diabetes district's high coverage may reflect its narrow specialization and the presence of dedicated nursing staff. Across all districts, cardiovascular diseases were the dominant category in the dispensary registry, accounting for 75.8% to 79.4%, consistent with the overall epidemiological pattern of NCDs in Kazakhstan. In total, 9,964 patients were newly registered for dispensary observation across all districts, and the number of completed observation cases was at least 7,588 (excluding OMD-2, for which data were not available in the reporting records).

Table 2 - Dispensary observation indicators by outpatient-medical district, 2024

Indicator	OMD-1	OMD-2	OMD-3	Diabetes district	Total
Eligible for dispensary observation	9 410	10 312	8 400	3 342	31 464
Enrolled in dispensary observation	8 525	7 471	7 789	3 128	26 913
Coverage, %	90,6	72,4	92,7	93,6	85,5
Newly registered for dispensary-observation	2 853	2 884	2 556	1 671	9 964
Initial examination	2 627	1 868	2 490	2 812	9 797
Completed cases	2 561	–	2 255	2 772	7 588*
Of which with CVD	2 164 (75,8%)	2 193 (76,0%)	2 029 (79,4%)	1 309 (78,3%)	7 695 (77,2%)
Of which with COPD	176 (6,2%)	214 (7,4%)	142 (5,6%)	114 (6,8%)	646 (6,5%)
Of which with glomerular diseases	26 (0,9%)	18 (0,6%)	17 (0,7%)	19 (1,1%)	80 (0,8%)

*Note: OMD – outpatient medical district; CVD – cardiovascular diseases; COPD – chronic obstructive pulmonary disease; dispensary observation – dispensary registry. *Data on completed cases for OMD-2 are missing from the reporting records; the total is calculated excluding OMD-2. Percentages are calculated relative to the number of patients newly registered for dispensary observation*

A detailed analysis of coverage for the three main nosologies (Table 3) revealed substantial heterogeneity. While full dispensary coverage reached 79.0–80.8% for diabetes mellitus and ischemic heart disease, coverage for arterial hypertension was only 57.6%, despite this nosology encompassing the largest number of patients (10,937 individuals); the differences in coverage between the three nosologies were statistically significant (χ^2 test, $p < 0.001$). This gap may indicate a need for additional organizational measures to improve the regularity of follow-up for arterial hypertension, given the substantial size of the target cohort.

At the same time, instrumental examinations were performed at a relatively high rate: an ECG was performed in 89.0% of patients with arterial hypertension, and HbA1c was measured in 88.5% of patients with diabetes mellitus.

Table 3 - Dispensary observation coverage by main nosology, 2024

Nosology (ICD-10)	On dispensary-registry, n	Fully covered (100%), n	Coverage, %	Specialist consultation, n (%)	Key examination, n (%)
AH (I10–I15)	10 937	6 305	57,6	Cardiologist: 6,201 (56.6%)	ECG: 9,733 (89.0%)
IHD (I20–I25)	4 153	3 285	79,0	Cardiologist: 2,956 (71.2%)	Echocardiography: 2,365 (57.0%)
DM (E10–E11)	2 919	2 358	80,8	Endocrinologist: 2,420 (82.9%)	HbA1c: 2 583 (88,5%)

Note: AH – arterial hypertension; IHD – ischemic heart disease; DM – diabetes mellitus; ECG – electrocardiography; Echocardiography – echocardiography; HbA1c – glycated hemoglobin. Coverage percentages are calculated relative to the total number of patients on the dispensary registry

Activities of the competency centers

Since 2023, specialized competency centers have operated at Viamedis Ltd., where nurses conduct independent consultations alongside specialty physicians. Over this period, the Heart Center served 583 patients with cardiovascular diseases; in the first three months, a nurse and cardiologists jointly examined 172 patients, performing a full diagnostic workup (ECG, ABPM, Holter, echocardiography). The Pulmonology Center served 1,668 patients. The Nephrology Center examined 546 patients, and the Rheumatology Center identified 485 patients with

arthropathies and dorsopathies and 61 with systemic connective tissue disorders.

Survey results

The sociodemographic characteristics of the 87 survey participants are presented in Table 4. Respondents were predominantly individuals over 60 years of age with specialized secondary education who were employed. The most common diagnosis was arterial hypertension, and more than half of respondents had been under dispensary observation for over three years, providing sufficient experience interacting with nurses to support an objective evaluation.

Table 4 - Sociodemographic-characteristics of respondents (n=87)

Characteristic	**n**	**%**
Sex		
Women	44	50,6
Men	43	49,4
Age group		
Under 30 years	9	10,3
31–45 years	15	17,2
46–60 years	31	35,6
Over 60 years	45	51,7
Education		
Higher	27	31,0
Secondary specialized	48	55,2
Secondary	24	27,6
Postgraduate	1	1,1
Social status		
Employed	53	60,9
Retirees	35	40,2
Unemployed	6	6,9
Disability status	2	2,3
Other	4	4,6
Main chronic disease**		
Arterial hypertension	44	50,6
Diabetes mellitus	27	31,0
IHD / angina	15	17,2
Bronchial asthma	9	10,3
COPD / chronic bronchitis / obesity	5	5,7
Duration of dispensary observation		
Less than 1 year	17	19,5
1–2 years	35	40,2
More than 3 years	48	55,2

*Note: percentages are calculated relative to n=87. ** – multiple answers were allowed*

https://doi.org/10.32921/2663-1776-2026-61-3-jhd074

The results of the evaluation of nurse-led independent consultations are presented in Table 5. Awareness of this practice among respondents was high (94.3%), and the vast majority (88.5%) had personally attended such consultations. Quality ratings were predominantly positive: more than three-quarters of respondents (77.0%) rated the consultation 4–5 out of 5. The mean quality score among patients who attended a consultation was 4.2 ± 1.1 out of 5. A Spearman rank correlation revealed a moderate positive association between the duration of dispensary observation and the consultation quality rating ($\varrho = 0.31$, $p < 0.05$): patients with a longer duration of observation tended to rate nurse-led consultations more highly.

An analysis of the activities nurses performed during the consultation showed that the largest share of respondents (37.9%) reported a comprehensive consultation that included blood-pressure measurement, lifestyle counseling, medication-adherence checks, and well-being assessment. This indicates that nurse-led independent consultations are substantive rather than formal, incorporating elements of clinical monitoring and preventive counseling.

Table 5 - Patient evaluation of nurse-led independent consultations (n=87)

Indicator	n	%
Awareness of nurse-led independent consultations		
Yes	82	94,3
No	18	20,7
Attended a nurse-led consultation		
Yes	77	88,5
No	23	26,4
Consultation quality rating (out of 5)		
5 (excellent)	61	70,1
4 (good)	16	18,4
3 (satisfactory)	9	10,3
2 (unsatisfactory)	7	8,0
1 (very poor)	7	8,0
Main activities performed by the nurse during the consultation*		
BP measurement, lifestyle counseling, medication-adherence check, well-being assessment	33	37,9
BP measurement, medication-adherence check	25	28,7
BP measurement, counseling, medication-adherence check	11	12,6
Setting and adjusting the observation plan	8	9,2
Lifestyle counseling and well-being assessment	8	9,2
BP measurement, lifestyle counseling	6	6,9
BP measurement, blood draw	4	4,6
BP measurement, adjustment of the observation plan	5	5,7

*Note: BP – blood pressure. * – respondents chose from preset response options listing combinations of activities; percentages are calculated relative to n=87*

4. Discussion

The findings of this study suggest a positive effect of nurse-led independent consultations on dispensary observation indicators for patients with NCDs within a PHC organization. Over the three-year period, dispensary coverage for the main nosologies ranged from 57.6% in arterial hypertension to 80.8% in diabetes

mellitus, while the number of completed observation cases increased steadily.

These findings are consistent with international research. For example, the systematic review by Davis et al. (2021) showed that nurse-led models of care ensure continuity of follow-up across the interface between primary and secondary care [7]. In our study, the active involvement of nurses in dispensary observation enabled regular patient contact with the health system, a key condition for effective chronic disease management.

The high level of patient awareness of nurse-led independent consultations (94.3%) and their attendance (88.5%) indicates successful integration of this practice into the routine activities of the healthcare organization. Comparable benefits have been reported for nurse-led self-management education in type 2 diabetes, which significantly improves patients' glycaemic control, self-efficacy, and self-management skills [11].

The satisfaction findings (77% of respondents rating consultation quality at 4–5 points) are consistent with recent evidence on advanced practice nursing in Kazakhstan, which demonstrates consistently high patient satisfaction with nurse-led care and its association with treatment adherence [12]. Patients report greater accessibility of healthcare, an individualized approach from the clinician, and a better understanding of their own problems when interacting with the nurse.

The scope of activities performed by nurses during these independent consultations is consistent with international standards for advanced nursing practice and the recommendations of the International Council of Nurses [13]. Risk-factor modification counseling appears particularly important; according to Tao et al. (2023), it is decisive for improving patient adherence to treatment and reducing complication rates [14]. This is particularly relevant for arterial hypertension, where our study identified the largest gap in dispensary coverage: a meta-analysis of 35 randomized trials found that nurse-led interventions improve long-term blood-pressure control compared with usual physician-led care [15].

The operation of specialized competency centers (cardiology, pulmonology, nephrology, rheumatology), in which nurses work jointly with specialty physicians, represents an innovative model of interdisciplinary collaboration that has not been previously described in Kazakhstan. This model supports continuity and coordination of care, which is one of the key principles of effective NCD management [16,17].

At the same time, the study has several limitations. The single-center design limits the generalizability of the findings beyond the study sample. The absence of a control group (an organization without nurse-led independent consultations) does not allow a causal relationship to be established between the implementation of this practice and improvements in indicators. In addition, the sociological survey covered a limited sample of respondents (n=87) and did not include randomization. Furthermore, the retrospective analysis of medical information system data is subject to systematic recording errors. Further studies with a multicenter design, a control group, and prospective data collection are needed to confirm the patterns identified here.

5. Conclusions

This study demonstrated that implementing nurse-led independent consultations at the PHC level is associated with favorable trends in dispensary observation indicators for patients with NCDs: increased dispensary coverage, a rising number of completed observation cases, and high patient satisfaction with the quality of care.

To further scale this practice within the Kazakh healthcare system, the most appropriate next steps appear to be: refining the regulatory and legal framework defining the authority and responsibilities of dispensary nurses; ensuring systematic training and continuing professional development for mid-level nursing staff; implementing digital tools for chronic disease monitoring; and conducting multicenter studies to build the evidence base. International evidence on models of care for non-communicable diseases in low- and middle-income countries further highlights nurse-led care, task sharing, team-based care, and patient self-management as core elements for reorienting primary health care toward NCDs.

Conflict of interest. The authors declare no conflict of interest.

Funding. The study received no external funding.

Acknowledgments. The authors thank the management and clinical staff at Viamedis Ltd. (Kokshetau) for their assistance with this study.

Author contributions: study concept and design, data collection and analysis, survey administration, manuscript writing - E.P.; scientific supervision, formulation of study aims and objectives, editing of the final version of the manuscript – N.A.; scientific consultation, critical revision of the manuscript, oversight of methodological aspects – S.A., A.B.; contribution to the collection and systematization of clinical data, analysis of the competency centers' activities – G.R.; methodological support, statistical analysis, final editing, and preparation of the manuscript for publication – S.D.

Declaration of Generative AI and AI-assisted technologies in the writing process. During the preparation of this work, the authors used Grammarly for the sole purpose of English language editing, grammatical correction, and style improvement. After using this tool, the authors reviewed and edited the content as needed and take full responsibility for the content of the publication.

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Қазақстандағы МСАК деңгейінде созылмалы жұқпалы емес аурулары бар науқастарды диспансерлік байқауда мейіргердің дербес қабылдауының тиімділігін бағалау

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Түйіндеме

Зерттеудің мақсаты: Қазақстанның Көкшетау қаласындағы алғашқы медициналық-санитариялық көмек (МСАК) ұйымы мысалында созылмалы жұқпалы емес аурулары бар науқастарды диспансерлік байқаудың ағымдағы жай-күйін, оның ішінде мейіргерлердің дербес қабылдауларының үлесін бағалау.

Әдістері. Зерттеу аралас дизайнмен жүргізілді: медициналық құжаттаманың ретроспективті талдауы және бір сәттік әлеуметтік сауалнама. Ретроспективті компонент Көкшетау қаласындағы (Ақмола облысы, Қазақстан) «Viamedis» ЖШС МСАК деңгейіндегі ұйымның 2022-2024 жылдардағы диспансерлік байқау деректерін талдады. Ұйымда тіркелген халық саны 93 851 адамды құрайды, 71 учаске, оның ішінде 6 диспансерлік учаске жұмыс істейді. Деректер электрондық медициналық ақпараттық жүйеден алынды: тұрғындардың динамикасы, диспансерлік қамту көрсеткіштері, созылмалы аурулар құрылымы және құзыреттілік орталықтарының нәтижелері. Бір сәттік компонент диспансерлік есепте тұрған 87 науқастың құрылымдық сауалнамасын қамтыды. Сауалнама екі бөлімнен тұрды: әлеуметтік-демографиялық сипаттамалар және мейіргердің дербес қабылдауын бағалау. Әрбір қатысушыдан жазбаша ақпараттандырылған келісім алынды. Деректерді сипаттау үшін сипаттамалық статистика қолданылды.

Нәтижесі. Үш жылдық кезеңде тіркелген халық саны тұрақты болып, 2024 жылы 93 851 адамға жетті (1,0% өсім). Диспансерлік байқау қамтуы орташа 85,5%-ды құрады (72,4%-дан 93,6%-ға дейін). Жүрек-қантамыр жүйесі аурулары диспансерлік есептің 75,8-79,4%-ын құрады. Қант диабеті мен жүректің ишемиялық ауруы бойынша қамту 79,0-80,8%-ға жетті, ал артериялық гипертензия бойынша қамту ең көп науқас когортасына қарамастан 57,6%-ды ғана құрады. Мамандандырылған құзыреттілік орталықтары жиынтығында 3 300-ден астам науқасқа қызмет көрсетті. Сауалнама респонденттердің 94,3%-ы мейіргердің дербес қабылдауынан хабардар екенін және 88,5%-ы оған қатысқанын көрсетті. Қатысқандардың 77,0%-ы қабылдау сапасын 5-тен 4-5 балл деп бағалады. Ең жиі кездескен қызмет үлгісі (37,9%) артериялық қысымды өлшеу, салауатты өмір салты бойынша кеңес беру, дәрі-дәрмек қабылдауды бақылау және жалпы жағдайды бағалауды қамтыды.

Қорытынды. МСАК жағдайында мейіргерлердің дербес қабылдаулары науқастардың жоғары хабардарлығын, белсенді қатысуын және оң сапа бағасын көрсетті. Диспансерлік есеппен қамту көрсеткіштері

көптеген нозологиялық санаттар бойынша жеткілікті деңгейде сақталды, артериялық гипертензия бойынша байқауды жақсарту мүмкіндігі бар. Нәтижелер Қазақстандағы МСАК деңгейінде созылмалы ауруларды басқарудың тиімді компоненті ретінде диспансерлік мейіргерлердің рөлін қуаттайды.

Түйін сөздер: алғашқы медициналық-санитариялық көмек, мейіргердің дербес қабылдауы, созылмалы аурулар менеджменті, диспансерлік байқау, жұқпалы емес аурулар, науқас қанағаттанушылығы, Қазақстан.

Эффективность самостоятельных приемов диспансерных медицинских сестер в ведении пациентов с хроническими неинфекционными заболеваниями в первичном звене здравоохранения Казахстана

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Резюме

Цель исследования: оценить текущее состояние организации диспансерного наблюдения пациентов с хроническими неинфекционными заболеваниями, включая вклад самостоятельных приемов медицинских сестер, на примере организации первичной медико-санитарной помощи (ПМСП) в городе Кокшетау, Казахстан.

Методы. Применен комбинированный дизайн исследования, включающий ретроспективный анализ медицинской документации и одномоментное социологическое исследование. Ретроспективный компонент включал анализ данных диспансерного наблюдения ТОО «Viamedis» (г. Кокшетау, Акмолинская область, Казахстан) - организации ПМСП с прикрепленным населением 93 851 человек и 71 участком, из которых 6 являлись диспансерными. Данные извлечены из электронной медицинской информационной системы за период 2022–2024 годов и включали: динамику прикрепленного населения, показатели охвата диспансеризацией, структуру хронических заболеваний и результаты работы центров компетенций. Одномоментный компонент представлял собой анкетирование 87 пациентов, состоящих на диспансерном учете. Анкета включала два блока: социально-демографические характеристики и оценку самостоятельных приемов диспансерных медсестер. Письменное информированное согласие получено от каждого участника. Для обработки данных использовалась описательная статистика.

Результаты. За трехлетний период численность прикрепленного населения оставалась стабильной с приростом 1,0%, достигнув 93 851 человек в 2024 году. Средний охват диспансерным наблюдением составил 85,5% (от 72,4% до 93,6% по участкам). Болезни системы кровообращения составили от 75,8 до 79,4% структуры диспансерного учета. Охват по сахарному диабету и ишемической болезни сердца достигал 79,0–80,8%, тогда как по артериальной гипертензии - лишь 57,6%, несмотря на наибольшую численность целевой когорты. Специализированные центры компетенций обслужили суммарно более 3 300 пациентов. По результатам анкетирования, 94,3% респондентов знали о самостоятельных приемах медсестер, а 88,5% лично посещали их. Среди посетивших 77,0% оценили качество приема на 4–5 баллов из 5. Наиболее частая комбинация действий медсестры на приеме (37,9%) включала измерение артериального давления, консультирование по образу жизни, контроль приема лекарственных средств и оценку самочувствия, что свидетельствует о содержательном, а не формальном характере приемов.

Выводы. Самостоятельные приемы диспансерных медицинских сестер в условиях первичного звена здравоохранения продемонстрировали высокую осведомленность пациентов, активную посещаемость и

https://doi.org/10.32921/2663-1776-2026-61-3-jhd074

положительные оценки качества. Показатели диспансерного охвата оставались на удовлетворительном уровне по большинству нозологических категорий при наличии резервов для улучшения наблюдения при артериальной гипертензии. Полученные данные подтверждают роль диспансерных медицинских сестер как эффективного элемента управления хроническими заболеваниями в системе ПМСП Казахстана.

Ключевые слова: первичная медико-санитарная помощь, самостоятельные приемы медсестер, управление хроническими заболеваниями, диспансерное наблюдение, неинфекционные заболевания, удовлетворенность пациентов, Казахстан.

https://doi.org/10.32921/2663-1776-2026-61-3-jhd074