

Work Force Crisis in Healthcare

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I. Abstract:

1. **Aim:** Facts that are predominant and influencing the workforce crisis in healthcare and the methods to tackle the situation.
2. **Background:** According to one study the Doctor-Patient ration in India is less than the prescribed limit/recommendation of World Health Organization; Recommendations of WHO's Doctor-Patient ratio is 1:1000. With respect to Indian situation and according to the available information a Government doctors attends 11,082 people and is 10 times more than the WHO's recommendations. With the advent of private players entering into the Healthcare Sector and Globalization of Healthcare sector, affected the Government Healthcare System due to the death of Healthcare Professionals and Para Medical Staff because it is not lucrative compared to Private Healthcare Sector. In addition this Healthcare Workforce Crisis is very high in rural and semi urban areas of the country because Healthcare Professionals/Doctors/Paramedical Staff are reluctant to work in Non Urban areas because of many factors. This Healthcare Workforce crisis is more predominant in those areas other than Urban areas. Unfortunately majority of the population especially in rural and semi urban areas are dependent on the Government Healthcare system because private healthcare is prohibitive due to high end cost of healthcare. The recent pandemic of Covid-19 that has shaken the Healthcare System Globally and all the governments faced the wrath of healthcare workforce crisis due to shortage of skilled hands and also the professionals reluctance to work in such odd circumstances.
3. **Methods:** With the help of available material both from Governments, World Tree Organizations and Private Players in healthcare and the statistics that is available, many factors are identified that are responsible for this crisis; as already mentioned Doctor-Patient ratio is far below than a WHO's recommendations and added to that lack of infrastructure, dearth of trained professionals especially para medical staff (Nurses, midwives, technicians, lab assistants, pharmacists etc), lack of opportunities to those who wants to come into healthcare sector, and training facilities to the healthcare workforce and upgrading their knowledge with the latest technological developments, prohibitive cost of healthcare education making it impossible to unaffordable class are the major factors.
4. **Discussions:** The study revealed that by 2030 Global Healthcare Workforce crisis is around 18 million. To augment the supply and demand ration and keep the crisis under control, both Government and Private Players should follow the principle of (a) Retention and (b) Recruitment policy and should follow the theory of service product lifecycle by making retention and recruitment in tandem, by the Human Resources Department under a

pre planned policy of augmenting supply and demand ratio. Since, healthcare is a service product provided by the humans to the humans and is homogenous, case specific, should be consumed by the Consumer (Patient) at the place of provider and cannot be stored. In addition the retention policy includes favorable wages, good working climate, harmonious atmosphere maintaining Patient-Healthcare Professional friendly situation are some of the factors to minimize the exodus. In addition the Private Healthcare Players should not put targets and reduce stress and strain and workload on the healthcare workers and encouraging them with incentives are some of the factors to minimize the exodus.

5. **Conclusion:** By developing suitable methods as mentioned above that suits the particular environment in a particular Healthcare facility with proper planning of human resources and introducing favorable working conditions keeping in mind the workforce who are manning and handling ICUs, Critical Care Units, Neo-Natal Units and those workforce assisting the specialists during procedures in healthcare in Operation Theatres could contain the Health Workforce crisis to the minimum if not eliminated totally.

Key words: Healthcare workforce crisis, Globalization of Healthcare sector, Service Product Lifecycle, Doctor-patient ratio, ICUs, Critical Care Units, Neo-Natal Units.

II. Introduction

Mahatma Gandhi, the father of the nation (India) said,

“Health is wealth but not piece of Gold and Silver”

Health is predominantly an important subject Globally, whether it is a developed, underdeveloped, undeveloped country. The Primary Object of any country is to see the well being (Health) of their own citizens. In this regard, I can emphatically say that,

An healthy population in any country can grow economically, financially and can achieve the targets. Every country in this Universe has been affected in all the walks of life without any exception in one way or other due to,

1. Scarcity of life saving medicines, life saving equipments such as oxygen, oxygen producing plants, PPT kits, Masks, not but not the least burial grounds for the departed souls.
2. Government restrictions on the movement of the personal and equipment, maintaining physical distance, wearing masks have become order of the day, healthcare facilities are unable to cope up with the influx of Covid Patients because they are unable to provide beds, rooms and ICU and Oxygen facilities for emergency patients.

3. Majority of the paramedics and doctors and healthcare professionals are the worst effected section of the society as they are unable to cope up with the influx of Covid patients and the work load making them to work more hours which affected their health and at times became fatal.
4. Taking advantage of this Pandemic situation some of the healthcare providers grabbed the opportunity started collecting huge amounts from the patients making them bankrupt.
5. Restrictions on the logistics effected inflow of emergency medicines and life saving equipments.
6. The Pandemic situation brought out the pit falls in healthcare facilities such as fire safety norms, quality of care, emergency evacuation etc.,
7. Due to influx of Covid-19 Pandemic, affected the procedures to the patients who are already in the facilities, some with life supporting systems.
8. There should be a Global Cooperation and Coordination under the auspice of World Health Organization and with the help and guidance of Accreditation Agencies of all the countries like JAC of USA, NABH of India etc., for a Universal Code for the basic healthcare needs and a time bound implementation of the same. The World Health Organization has to take cognizance of the matter in a speedy manner bring the “**Universal Health System**” to avoid conflicts of interest. In this regard, I presume that World Health Organization the governing body of the health, universally should not discriminate between developed, underdeveloped and undeveloped. On the other hand, the world body’s assistance should be more to the underdeveloped because health has no discrimination in any country.

III. Literature Review:

According to Dr. Mark Britnell,

“By 2030 there will be a Global shortage of approximately 18 million healthcare workers”

According to World Health Organization,

“A Global Workforce crisis in healthcare is on horizon - WHO estimates there will be a Global shortage of approximately 18million health workforce and 20% of the workforce needed to keep healthcare system going – else the entire healthcare will face the crisis”.

Dr. Mark Britnell, KPMG Global Chairman for Healthcare, Garment and Infrastructure and award winning author, uses his unique insights from advising garments, executives and clinicians across 77 countries to present solutions to

this impending crisis through his new book “*human: solving the Global Workforce crisis in Healthcare*’. *Human moves us away from a purely economic and technological approach to healthcare and focuses on the human in rebalancing the whole health debate.*”

Out of his experience in healthcare and having experience in the most advanced systems to revolutionary new approaches across the Globe, Dr. Mark Britnell identifies,

“What workers and what does not to offer the Global perspective in solving the Workforce challenges over the coming decade”.

The greatest threat to Global Health with respect to the shortage of Workforce, International Council of Nurses demand,

“Action on investment, nursing, protection and safety on nurses”.

Dr. Permela Cipriano Present ICN said,

“Nurses have given their all in the fight against Covid-19, Ebola in disaster areas and in War Zones. As they continue to face under-staffing, lack of protection, heavy workloads and low wages. It is time now to take action to workplace safety, protect nurses and safeguard their physical and mental health.”

A study revealed that 70% of the women working Globally in Healthcare, only 25% are having leadership roles. It is also brought out that the burden of low paid, undervalued jobs and unpaid care and domestic work are some of the causes. Recent Research Reports on the subject have shown that,

“Investment in nursing is the need of the hour if we are to meet the healthcare challenges of the future”.

It is also pointed out by many a researchers that,

“To undervalue and under invest in nursing is to be changed to value the nursing force and increase the investment in that particular sector to take corrective measures in this regard is the need of the hour.”

In the words of ICM, Chief Executive Officer, Howard Cotton,

“The value of nurses has never been clearer not only to our healthcare systems but also to Global peace and security”.

A study about India's health Workforce crisis revealed that,

“The Doctor-Patient Ratio in India is less than the WHO prescribed and standardized limit of 1:1000”

The prevailing circumstances in healthcare in India shows that on an average a Govt. Doctor attends to 11,082 Patients, which is more than 10 times of the WHO recommendations.

This is because the shortage of doctors is lack of interest by Medical graduates due to the facilities that are available in the rural areas (Hospitals), the healthcare environment and shortage of supporting staff, shortage of equipments, technology and infrastructure.

One argument against this is, that the infrastructural expenditure in healthcare especially in Rural India is too high and the medical technicians showing no interest to work in rural areas due to lack of facilities and the work load, insufficient staffing are some of the causes.

Compared to Urban area in the country where private participation in Healthcare by the major Corporate Houses and NRIs who have the capacity to invest and bring in qualified experienced healthcare workforce, latest technology and equipment which is the order of the day in healthcare in line with advanced countries at the same time to give the same satisfaction in procedures but at a cost not affordable by a common man because the investors want the returns at the earliest which is their motto.

In rural India, where the primary healthcare centers are predominant, that the heavy shortfall of female health workers, female health assistants, male health assistants and auxiliary nurses, midwives.

It is pathetic to note that there are so many primary healthcare centers in rural India running without a single doctor and the surgeons to attend to minor and immediate healthcare procedures. This is so especially in rural India where the tribal population is more and are living in dense forests inaccessible terrain where the healthcare workforce are reluctant to officiate their duties.

In healthcare, ***“Humans are being attended by humans”***, Human Resources Management is a core building block that has to be streamlined by the Centre and State Governments and the Union Territories because according to Indian Constitution, health is a common subject (Centre and State).

A recent report released by Central Government in a book mentions that,

“Over the next decade we are heading towards a global workforce shortage in healthcare sector that will have greater effect and harm on patients, citizens and society as a whole.”

Watching the crisis, reporting the matters, will not give any solution that is why Mark Britnell emphasizes and believes that,

“It is possible to make good this gap by Orchestrating or Policies and Practice in a more innovative, concerted and collaborative way. In doing so productivity will improve and health being a key section of the economy of any country, national wealth will increase, helping individual prosperity, families, communities and social cohesion”.

In this regard,

“The author Mark Britnell, mentioned a few specific countries has Japan, Brazil and the Netherlands to illustrate how health system will improve Worldwide it will learn from each other. He argues for gender equality for healthcare workers, increase support for them and more sophisticated thinking on the relationship between humans and technology”.

According to American Nurses Foundation,

“75% of acute care nurses in May, 2022 reported feeling stressed, frustrated and exhausted and 60% reported feeling burned out. For physicians/professionals, too the picture is grim. A survey by medscape of 9175 physicians in October, 2022 found that 53% said they were burnt out and 23% reported signs of depression”.

Another detailed study revealed that,

Global Workforce crisis in any country in general is due to

“Work volumes, Staff shortages, and long hours, are testing the limits of healthcare workers and may increase the risk that future workers will avoid the sector”

Another important Aspect in healthcare workforce crisis is, Human Resource plays an important role because in healthcare Human Resources dominate technology and technical development. This Human Resources involved highly skilled Healthcare Professionals who specialized in their respective fields and supporting staff like paramedics, nurses, midwives, technicians are involved and in addition there are non technical people in the administration as well as keep the healthcare facility in hygiene. In an article titled, *“size, composition and distribution of health workforce in India, why and where to invest”*, written by Anoop Karan and others they have revealed some interesting points to be noted, *“The study estimated (from NHWA 2018) a total stock of 576 million workers which included Allopathic Doctors (1.16 million), nurses, midwives (2.34 million), pharmacist (1.20 million), dentists (10.27 million) and traditional medical practitioner (Ayush 0.79 million). However, the active*

Healthworkforce size estimated (NSSO 217-218 is much lower (3.12 million) with allopathic doctors and nurses / midwives estimated as 0.80 million and 1.40 million respectively. Stock density of doctors and nurses, midwives are 8.8 and 17.7 respectively per 10,000 persons as per NHWA. However, active Healthcare Workers density estimated from NSSO of doctors and nurses/midwives are estimated to be 6.1 and 10.6 respectively. The numbers further drop to 5.0 and 6.0, respectively, after accounting for the adequate qualifications. The author also mentions that all these estimates are well below the WHO threshold of 44.5 doctors, nurses and midwives for 10000 population.”

“The research also concludes that India needs to invest HRH for increasing the number of active healthworkers and also improve the skill mix which requires investment in professional qualification and technical education. India also needs encouraging qualified health professionals to join the labour markets and additional training and skill building for already working but inadequately qualified healthworkers. The figures mentioned by the author is an alarming one and clearly shows the inadequacy in healthcare workforce in India which is far below the WHO recommendation especially in the area of human resources where this area cannot be built in a day or two but it should be continuous process and the government and the private players should take initiative in tackling this problem by opening many avenues in medical education (Medical colleges, nurses colleges etc.) with some kind of encouragement so as to attract the people towards healthcare. If not we have to import healthcare professionals from other countries which is cost prohibitive in addition cultural barriers, language problems making the profession not conjusive.” (www.doi.org/10.1186/s12960-021)

Another interesting point raised in another article “*Healthcare Workforce: Building Engagement and Mental Health Wellness – Huron*” reveals that,

“Growing physical, mental and health issues stemming from workplace stressors and toxic conditions – both of which can be prevented – are putting greater stress on an already scrapped healthcare systems” – According to Huron.

He also pointed in his research article that,

“More than 60% of Healthcare workers report feeling burned out more than a few times in a month.” It is also observed,

“Nearly a third are considering leaving their jobs.”

These are the important aspects that are causing healthcare workfore inadequacy which has a bearing on the healthcare sector needs to be addressed.

In an interesting article “***Life Support: How to solve the health workforce crisis***” – According to Philip Matthews (www.stuff.co.nz/national/health/300643325)

He has drawn some important points that needs consideration by all healthcare providers such as

Life Support: How to solve the health workforce crisis: This situation arose during Covid-19 Pandemic recently. Patients with symptoms of Covid-19 infection are thronging in to the healthcare facilities in need of healthcare and majority of the needs lie in life support systems. All the healthcare facilities Globally faced the crisis of insufficient healthcare professionals and paramedics who can handle in such life supporting systems; because every healthcare professional or paramedic can handle such situation where split seconds are needed to save the lives of the patients, relieve them of their discomfort and bring them to normalcy. This requires special attention, care and to attend to the immediate needs of the patients reporting the matter to the concerned healthcare professionals, get their instructions implement them without loss of time. In Pandemic situation, majority of healthcare facilities Globally are not in a position to handle such situation where life threatening Pandemic spreading like a lava. These limited force that is available in every healthcare have to work more than stipulated timings thus exhausted themselves due to the stress and strain are both physical and mental.

The above article has clearly emphasized the need for sufficient healthcare professionals and paramedics to handle such situations and advised all the healthcare providers and facilities to have comprehensive plan in “*recruitment and retention of healthcare professionals*” and paramedics and make it a continuous process for which a well defined human resources and planning is to be drawn and implemented.

In another article titled “**5 ways to address the shortage of healthcare Workers**” –

According to James Herbert wanted out that,

“This healthcare workforce shortage is quiet alarming in rural and tribal areas compared to Urban areas, due to the fact inadequate facilities for the professionals and paramedics to stay there, living conditions are poor, majority of the population are uneducated and lacks in understanding healthcare hygiene. Some are due to their cultural faith etc., are some of the points that makes this imbalance between Urban and Rural.”

He also pointed that,

“Every country encourage by increasing the number of doctors, paramedics and other healthcare professionals which is not that much easy . This involves not only to attract people towards healthcare but the largest drawback is inadequate availability of chemical training experiences in hospitals and clinics. In addition the margins in

healthcare facilities are not lucrative compared to other sectors and no healthcare provider will spend own money for training because it is very difficult to retain the healthcare workforce after training”.

The other important aspect is to train these raw people (just who have finished their education) clinically trained experienced professionals who are otherwise busy with their daily routine work cannot pay more attention in to lack of time nor the healthcare providers cannot exclusively appoint such healthcare professionals to spend their whole time in training the others. In this article, the author has also pointed out one way of the problem that is solved being, to support and expand partnership between Universities and Community Healthcare Settings, to develop additional residencies for graduating medical students as well as clinical training opportunities for nurses, respiratory therapists, radiology technicians and others. This requires an understanding and collaborations at the Government, Government agencies who are healthcare sectors, universities and healthcare facilities.”

A look at the Indian Scenario in healthcare sector, after opening up of the Economy and Globalization of healthcare few decades back and private players entering into the healthcare sector, whose motto is to get returns on their investments in a short spell, does not bring them to this line of thought.

However, there is a slight change in the present environment because majority of multi specialty and super specialty healthcare facilities are having their own nursing schools and medical colleges attached to their healthcare facilities which gives an opportunity for those people who are studying in those respective institutions to spend certain amount of time which is embedded in their curriculum to work in their healthcare facilities as trainees to acquire knowledge. Though it is a welcome gesture it is not making in-roads into the supply and demand scenario.

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“What works and what does not to offer a global perspective in solving the workforce challenge over the coming decades”

World Health Organization while dealing the subjects on *“Health Workforce: The health workforce crisis”* pointed out that

“for populations the impact is a lack of access essential health services; prevention, information, drug distribution, emergencies, clinical care and life saving interventions such as child immunizations, safe pregnancy and deliver services for mothers to treatment for aids, tuberculosis and malaria for health workers the effect is an overwhelming workload and stress, which can lead to a lack of motivation, fatigue, absenteeism, breakdowns, illness, migration or even career change outside the health fields”

A study published an article *“The Global health workforce crisis”* – According to Norwegain (www.tidsskriftet.no/en/2011/10/global-health-workforce-crisis)

“It is observed the shortage of health personnel limits poor country’s ability to give primary healthcare and to achieve economic development. Migration from poor country’s to rich country’s is a contributory cause, while adequate education of health personnel has not been assigned sufficient priority.”

“In 2006 the World Health Organization (WHO) described the approaching shortage of health personnel World Wide. In WHO’s in 2006 report it is mentioned that there is already a shortage of 4.2 million health workers and maintains that this effects the poorest countries in particular, Africa bears 25% of the deceased burden but he has only 1.7% of the World’s health workers. Large number of health workers leave their home country’s to work in more affluent countries. It will always be the case that people migrate to seek a better life for themselves and their families but rich countries should not promote this by actively recruiting healthcare persons from poor countries”

The driving force behind the migration of health workforce,

“The reasons for draining of health personnel from poor countries are,

a. The contrasts between rich and poor countries in themselves promote a flow of health workers from the countries with least resources to those with most.

b. The reasons are often divided into so-called ‘push and pull factors’

c. The push factors are limited to the country of origin (source country) and the conditions there which push healthcare workers from their own country while the pull factors are the qualities of the post country (Destination country) and the opportunities offered to the migrants who move there. A key, pull factor is that foreign healthcare workers are often very attractive for rich destinations countries that cannot satisfy their own need for health workers.

d. Active recruitment of health workers has been taking place for number of years and in many cases the healthcare workers not only migrating on their own initiative but also being recruited by aggressive recruitment

agencies. It means when the source country represents insecurity and unstable working conditions makes the migration more”

IV. DISCUSSIONS:

Review of the Literature and the recent Covid-19 Pandemic environment Globally many shortfalls in healthcare facility's, maintenance and the environment in which healthcare professionals and paramedics are working have come to the floor. In this review article a detailed discussion has been carried out,

- a. regarding these shortfalls,
- b. how to develop a way out to address this problem;
- c. Governmental and other Regulatory Agencies task;
- d. what steps are needed to stop the migration
- e. how the private healthcare sector, a dominant player in healthcare environment in majority of the countries can address this problem for a suitable solution;
- f. is this workforce crisis in healthcare is a temporary situation, or a permanent solution is needed to see that healthcare will not suffer because of dearth of workforce
- g. since this is a Global phenomena how the world healthcare agencies and NGO's are taking part;

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“What workers and what does not to offer the Global perspective in solving the workforce challenges for the coming decade”.

The greatest threat to Global health is the workforce shortage – International council of workforce – International nurses demands action on investment in Nursing, protection and safety on nurses.

In the words of ICN President, Dr. Permela Cipriano,

“Nurses have given their all in the fight against Covid-19, Ebola in disaster areas and in War zones. As they continue to face understaffing, lack of protection, heavy workloads, low wages. It is time now to take action to workplace safety, protect nurses and safeguard their physical and mental health”

In another important, it was observed that, 70% of the women working in global health only 25% are having leadership roles. These nurses will bear the burden of low payment (wages), undervalued jobs and unpaid care and domestic work. All these points together a conclusion can be drawn that,

“Investment in Nursing is needed now in order to be the healthcare challenges of the future. It is also observed that none can no longer continue to undervalue and under-invest in Nursing and it is right time to take corrective measures but not by words but by actions and deeds”.

In the same context the ICM Chief Executive Officer, Howard Cotton mentioned that,

“The value of nurses has never been clear not only to our healthcare systems but also to our Global Peace and Security”.

In general if you take all the healthcare workforce including professionals, paramedics and non professionals who are attending the administrative work to help and run the show are identified as

i. Retention

ii. Recruitment

It was high-time that like in other sectors healthcare sectors should also use and implement the

“Scientific management principles like time study, motion study, work measurements and method study. The other important aspect being in scientific management principles, rescheduling of the work of the healthcare workforce and balance the work among the workforce to reduce if not eradicate totally, the burnout, stress, strain, long working hours, fatigue and mental health. If these principles are applied not casually but in a scientific manner as demonstrated by FW Taylor, the dyon of Scientific Management Theory who introduced the same in around 1920. Thereupon highly talented scientists who studied system of scientific management principles of taylor induced and invented new methods to make the system full proof and also added new dimensions to suit to different sectors. One such sector is healthcare where humans are being treated by humans. Hence, much thought to be given to the human element so that the best out of the humans can be taken without exhausting the human.”

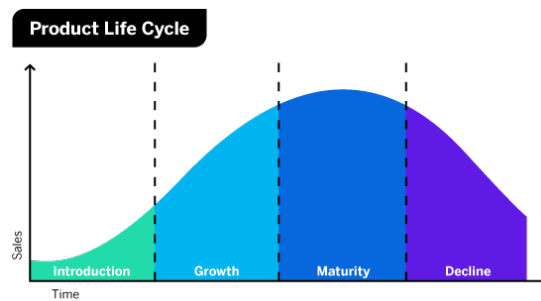
To contain the exodus of healthcare workers/force in my opinion one should adopt the product/lifecycle pattern used normally in production.

Service in healthcare sector by itself is a product (service) not homogenous, because healthcare is *patient-centric* but not homogenous and heterogeneous and differs from consumer to consumer (patient to patient) and the consumer (patient) will come to the provider (healthcare provider/facility) and the service is consumed instantly and cannot be preserved; that means the healthcare professional's skill, ability, experience and expertise is available instantly to meet the customer's (patients) want need and for which retention of such healthcare workforce is needed and at the same time recruitment of freshers who can be trained according to their ability and interest in different sections of the healthcare sector.

As is seen generally in a product/service lifecycle the stages are,

- a. Introductory stage
- b. Growth stage
- c. Maturity stage
- d. Decline stage

Figure No. 1



i. RETENTION:

Especially a sector like healthcare where retention of the healthcare workforce mainly professionals, paramedics and those who are involved directly in healthcare are more important and necessary because such people to bring them up to that level the facility has to spend money, time and experience of others, it is not like the path of the product when is not functioning replace it immediately in the market. Whereas in healthcare facilities the healthcare providers under the guidance of Human Resources Department should give much focus on retaining the people who are directly involved in healthcare procedures else the healthcare will be closed in no time.

A qualified healthcare professional or paramedic or a technician are the backbone of healthcare sector and no healthcare provider will not lose such personnel unless otherwise such situation arises where retention is impossible.

Hence, it is the duty of the human resources department and the head of the organization who control the human resources should always have the details of each and every healthcare workforce in the facility such as, qualification, experience, their contribution to the healthcare and finally their services that are being used in that particular healthcare facility.

When an healthcare professional, paramedic, technician, their service, loyalty towards the facility and their contribution in making the patient cheerful during their sojourn in the facility should be taken into consideration while retaining such professionals in the interest of the organization. However, in private healthcare facilities that are mushrooming in this sector retention plays more important role because the competitors will have an eye to attract such experienced and loyal professionals, paramedics and technicians by giving more incentives and facilities to join their organizations. Hence, it is the duty of the provider and Human Resources Department to keep watch on such people but not forcibly retaining them with such clauses that are embedded in their service agreements but giving them opportunities to grow, to use their talent, to give more service to the patient's in meeting their want needs. However, there may be "*black-sheep*" who does not adhere to the principles but always tries to pollute the environment. Such "*black-sheep*" should be weeded out.

To achieve such peaceful and healthy atmosphere, the human resources department should have a standard plan of action according to the want needs of that particular healthcare facility in different sectoral divisions in terms of technical and non technical and administrative.

The most difficult and important section in an healthcare sector is the Human Resources Department where a specialized training and qualification is needed. In India, it is observed that some of the business schools and universities have started a new course in M.B.A such as MBA Hospitality Management, MBA Healthcare Administration, MBA Hospital Administration etc. this is a welcome gesture because in any healthcare facility as already pointed out over and above, in addition to the healthcare professionals, people with administrative acumen in healthcare are also equally important to make any healthcare facility to put in a top position. There is a saying that an healthcare facility can have 1000 beds without such environment, instead of getting the patients they will lose the patients.

The Human Resources Department will have two causes a. Retention, b. Recruitment and these two tasks have to go in line with each other depending upon the necessity.

ii. RECRUITMENT:

The other important task of a human resource department n healthcare is recruitment process which is continuous because,

- a. depends upon the growth of the organization
- b. addition of specialty services
- c. introducing technology and technological developments that are coming up Globally and to pace with such developments.
- d. It is desirable for any big healthcare facility to have their own nursing schools attached to the facility so that not only imparting education but also in-house training can be given to those students in their facility's there by the facility can achieve two things namely i. a work force (who are within their limits), ii. Recruitment will become easy because these nurses and paramedics who are studied and accustomed to that healthcare environment and their task after appointment will become easier than appointing outsiders;

The Human Resources Department should make such a plan as was mentioned about in the product lifecycle. A service product lifecycle to suit their own healthcare so that the recruitment can be taken up in accordance with the need of the organization as per the charts where the graph will indicate when and how recruitment should take place so that there will not be any shortfall of workforce nor vacuum in the services offered because such vacuum will reflect on the inflow of patients. A word of mouth will make all the difference because any patient or accomplice feels that such healthcare facility or in dearth of experienced hands cannot give better service.

In addition especially in private healthcare facilities where profit dominates the other things because a provider always thinks in terms of “**Returns on Investment**” tries to stretch the services of persons/professionals who are in the verge of retirement by giving lucrative offerings. However this kind of lucrative offerings will not do good but will have adverse impact because such people cannot put their 100%. Hence, Recruitment should be carried out as per schedule and as per need, could not take such above steps to save few dolls.

Work environment:

It is not enough and sufficient that Retention and Recruitment will solve the healthcare workforce crisis but the healthcare providers/facilities should provide better working conditions, facilities, the latest technological development (Robotics and AI) and equipment to reduce the stress and strain of the healthcare workforce mainly professionals, paramedics and technicians. The healthcare providers/facilities should also keep in mind not to impose targets, to achieve their financial goals because healthcare sector is such a sector where in humans are dealing humans for the welfare and safety of the humans who are patient's with ailments/discomforts as such any amount of forced stress or strain will make the healthcare workforce to leave organizations for better environment, working conditions and finally financial gains.

Finally to conclude the healthcare providers / facilities should think about giving importance on Retention, Recruitment and well being of their own healthcare workforce namely professionals, paramedics and technicians; if healthcare providers/facilities can, if they can provide such healthy atmosphere and working conditions these

healthcare workforce can discharge their duties and responsibilities with a smile, but not with a disheartened and one can expect 100% in such environment.

Following are the threats of workforce crisis in healthcare globally:

Though this situation is there previously also but not in alarming stage but things have surfaced during Covid-19 Pandemic that has erupted Globally and shattered the economics of developing under developed countries totally and even developed nations partially.

Let us examine what are the situations that are making healthcare workforce crisis Globally:

- i. A greatest threat to global health is shortage of healthcare work force
- ii. Health is wealth and a healthy nation is a wealthy nation
- iii. In any country normally healthcare is divided between a. Government Organizations such Government hospitals, district hospitals, primary healthcare centers and village health centers, b. Private healthcare facilities such as Multispecialty hospitals, super specialty hospitals, nursing homes, healthcare mother and bay centers, general physicians who are running the hospital
- c. While dealing with the healthcare workforce crisis one has to look who are defined as healthcare workforce
 1. Healthcare professionals are normally doctors, physicians, surgeons, specialists
 2. Paramedical staff
 - i. Nurses (female/male)
 - ii. General duty nurses looking after routine work
 - iii. Specially skilled and trained nurses looking after ICU, CCU
 - iv. Specially trained nurses assisting surgeons and specialists in the operation theatres during procedures.
 - v. Specially skilled nurses attached to anesthests
 - vi. midwives
 - vii. Specially trained midwives and nurses attached to neonatal ICUs
 - viii. Nurses assisting gynecologists in gynecology
 - ix. Normal delivery section
 - x. nurses, technicians who are specially trained to assist surgeons and specialists during emergency
 - xi. Attending nurses of neo natal babies (Prematured born) who are kept in neonatal ICUs for surveillance till they become normal.
 - xii. lab technicians and skilled workforce handling emergency equipment in Operation Theatre (MRI Scan, CT Scan and handling of equipment, cardiology section, dialysis and handling of) chemotherapy equipment, X rays and technicians assisting the specialists
 - xiii. And in addition, equipment maintenance department
 - xiv. Well training technicians to keep the equipment in order (maintenance department)

xv. Nontechnical healthcare workers who are attending general work in the hospitals in the maintenance of hygienic conditions.

d. availability of Interpreters, Translators, Transcribers who are well versed with medical terminology in attending International Patients

e. Administrative staff including managerial, accounts, billing and finally security force who should have 24/7 functioning of healthcare facility.

V. FINDINGS:

A study revealed that some important findings with respect to workforce crisis in healthcare have surfaced. Though these shortfalls are there in the healthcare previously but have surfaced openly during Covid-19 Pandemic because of want need of the patients and the insufficient care given by the healthcare providers and facilities mainly due to dearth of workforce in addition to other factors that are needed to make healthcare move softly.

Following are the important aspects to consider healthcare workforce crisis.

1. The shortage of healthcare workers that includes professionals, paramedics, technician and others with respect to people with right expertise and experience either in the healthcare profession or otherwise reached the crisis in all the developing and under developed countries but there is no exception even in the developed countries.

2. The ability of health services by the healthcare workforce to deliver care is the need, depends on the knowledge, skill and motivation of healthcare workers that means healthcare professionals with required skill should be placed in the right place and their availability at the right time is paramount for any health system to work else, the health system cannot function effectively and there lies the crisis.

3. Stopping the migration of healthcare workforce.

4. Organizational human resources in every healthcare facility for health to overcome the crisis.

5. Filling the gaps in the healthcare facility wherever it is necessary.

6. Decentralizing health workforce management.

7. The workforce needed to support health information and technology

8. Environmental trends in healthcare with respect to technology.

9. Shortage of healthcare workforce challenges and threatens healthcare facility ability with respect to patients.
10. Despite increasing demand for healthcare services, healthcare facility employment data indicates a critical shortage of workforce necessary to meet the demand (The principle of demand and supply).
11. The critical staffing shortage of healthcare workers has forced facilities to incur increased costs during the ongoing Pandemic and the aftermath of Pandemic.

Some of identified problems of the healthcare workforce leaving the facilities:

1. It has become a practice in many of the healthcare facilities to leave the facility's for small gains even. The healthcare professionals are targeted by the patients and the relatives for any mis-shapes though committed by the professionals unintentionally.
2. Healthcare sector is one of the most hazardous sector to work in and healthcare workers are four times more likely than other professionals to be assaulted; mainly Paramedical staff and duty doctors, nurses working in government hospitals, emergency departments and ICUs.
3. Facing a Global shortage of healthcare workforce.
4. Burn-out of the healthcare professionals (Physicians and Surgeons), Paramedics due to workload and due to inappropriate environmental conditionals.

Suggestions to address the shortage of healthcare workforce in general:

- a. Increase in number of professionals, nurses, paramedics and midwives and such other workforce that is essential in the healthcare facility to be educated and trained properly in line with the necessity of such healthcare facility where these workforce is employed.
- b. Recruitment and training of more students from the local communities especially in rural areas to augment shortage of such workforce in primary health centers.
- c. Encouraging the healthcare workforce who are newly recruited and practice in under served areas.
- d. Change of healthcare regulations at State levels in addition to the Central Governments to allow healthcare professionals to practice of their choice.

e. Changing the prevailing healthcare curriculum both at graduation level and post graduation level so as to attract and encourage more students coming into healthcare.

How to tackle healthcare workforce crisis through human innovation:

1. Work volumes – Staff shortage
2. Long working hours testing the limits of healthcare workforce.
3. These situations make the future workforce not willing to join healthcare sector
4. According to American Nursing Foundation 75% of Acute Care Unit Nurses reported stressed, frustrated and exhausted and 60% reported feeling burned out.
5. For the physicians too the picture is grim.
6. A survey by Medscape found that 53% of the physicians are burned and 23% reported depression according to one study.

VI. CONCLUSION:

In India, in fact any country globally in any health system Human Resources for Health (HRH) are core building block that arrests the workforce shortage to some extent. The high level commission on Health Employment and Economic Growth (HEEG) emphasized that a specified and targeted investment in health, workforce promotes economic growth through range of pathways such as enhanced productivity and output, social protection and social justice. It is said by noted researchers that a healthy nation is a wealthy nation. Mahatma Gandhi, the father of nation (India) emphatically said that “*Health is Wealth but not Piece of Gold and Silver*”. One could notice the values hidden in those notes because for a nation to prosper, grow economically should have a healthy manpower who can contribute to the nation’s growth. As far as India is concerned the Indian Government’s Policy of Public and Private Participation even in Healthcare Sector due to Globalization of Health and opening up of economy and many industrial houses are entering into the field of health next to education and added to that an advantage of Alternative System of Medicine (AYUSH) that includes Ayurveda, Unani, Siddha, Naturopathy, Yoga and Meditation are giving suitable answers to the questions with respect to health where Allopathy has no answer. This being an advantage to India when compared to other countries it is high time that the Government should make necessary amendments to the existing Healthcare Laws so as to diversify healthcare not only in Allopathy but also in other branches of the healthcare where we have an edge over other countries including developed countries.

To conclude, to arrest the exodus of healthcare workforce the Government should involve themselves not only in amending in the existing laws but also introducing new Laws that will arrest migration of healthcare workforce, giving incentives and encouraging private players and industrial houses to come forward to invest in healthcare sector liberally to promote healthcare. It is also the responsibility of the respective governments in any country to

encourage youth to come forward and join the healthcare for which they should be given encouragement both financially and job opportunities after the education, that gives in my opinion a reasonable solution for the health workforce exodus.

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