

# **Workforce Shortages in Health Care : Causes Impact and Solution**

**Vivek Kumar**

MBA Program

Galgotias University, Greater Noida, Uttar Pradesh, India

**Abstract:** *A key factor in the effectiveness and inclusion of a healthcare system is its workforce. Currently, the healthcare sector globally, including India, is facing a serious challenge: a severe workforce shortage. This study focuses on the key causes of workforce shortage in the healthcare sector, its social, economic and business implications, and possible solution options.*

*und that a number of factors are responsible for the unavailability of healthcare professionals, such as unsatisfactory salaries, excessive stress at the workplace, lack of adequate training and opportunities, and migration to the private or overseas sectors. This has not only resulted in a decline in the quality of healthcare services, but has also adversely affected patient satisfaction, timeliness of care, and mental health of the staff.*

*The research used both primary and secondary data, including interviews with healthcare workers and analysis of various institutional reports. It became clear that the solution to this crisis is possible only through multi-pronged efforts, such as increasing investment in the healthcare sector, increasing the number of training centres, implementing a fair salary structure, and adopting policies that maintain work-life balance.*

*It was finally concluded that if the healthcare system is to be sustainable and robust, addressing the workforce shortage must be taken up as an immediate priority. This will not only improve the quality of healthcare but will also help in building a healthy and productive society..*

**Keywords:** *healthcare system*

## **I. INTRODUCTION**

Healthcare is the backbone of any nation's social and economic stability. An efficient and accessible healthcare system requires trained and adequate human resources to function. But in recent years, many countries around the world, including India, have been facing a severe shortage of the health workforce. The unavailability of doctors, nurses, technical staff, and support staff has not only affected the quality of service but has also challenged the entire healthcare infrastructure.

The COVID-19 pandemic has further highlighted this problem, with hospital beds available but not enough staff to handle them. This shortage has been felt in both urban and rural areas, where healthcare services have either slowed down or been unevenly distributed. Especially in rural India, one doctor has the responsibility for thousands of people, making access to primary health care even more difficult.

There are many complex reasons behind this shortage of the health workforce—such as unsatisfactory salaries, excessive workload, lack of career growth opportunities, and inadequacy of training. Additionally, the brain drain and shift of qualified professionals to the private sector has exacerbated the crisis in public health institutions.

The impact of this problem is multi-faceted. It not only hinders quality care for patients but also increases mental and physical stress on working staff, leading to infection risk, medical errors, and unsatisfactory patient experience.

The aim of this research study is to analyse the current state of the health workforce, identify its causes, understand its social and systemic impact, and make concrete and practical suggestions for its solution. This study can provide useful guidance to policymakers, administrators, and health institutions for workforce planning and improvement.



If health services are to be made more effective, sustainable, and inclusive, we must prioritise the health workforce—because a strong workforce is the basis of a healthy society.

### **Research Objectives and Questions**

#### **Research Objectives:**

##### **1. To assess the current status of the health workforce**

To understand the availability and distribution of workforce in India's health system.

##### **2. To identify the causes**

To analyse the fundamental reasons for the shortage of health workforce (such as salary, training, migration, etc.).

##### **3. To analyse the impact**

To understand the impact of workforce shortage on patients, staff and institutional quality.

##### **4. To offer policy and practical solutions**

To suggest possible measures from the perspective of health policy, administration and management.

##### **5. To guide future strategies**

To make suggestions for long-term human resource planning and policy formulation.

#### **Research Questions:**

1. What is the current state of the health workforce in India?
2. What are the major reasons responsible for the shortage of workforce in the health sector?
3. How does the shortage of workforce affect the quality of healthcare, patient satisfaction and staff efficiency?
4. Is this problem solved only by more recruitment or are other measures also necessary?
5. What concrete steps can be taken at the policy and administrative level to address this crisis?

## **II. LITERATURE REVIEW**

The factor that plays the most important role in the quality and access to health services is the health workforce. Various national and international studies, reports and research papers in this regard make it clear that workforce shortage is a global problem, which is more severely manifested in developing countries.

### **1. World Health Organization (WHO) report**

According to the WHO, a minimum of 2.3 doctors, nurses and other health workers are required per 1000 people to provide healthcare. This ratio in India is still below average. The 2020 report said that India will need about 1 crore additional health professionals by 2030.

### **2. National Health Profile (India)**

According to this report of the Government of India, the doctor-to-patient ratio is very low in many states. The situation is even worse in rural areas, where one doctor has to serve more than 10,000 people. The report also shows that there is a huge shortage of staff in Primary Health Centres (PHCs) and Community Health Centres (CHCs).

### **3. Brain Drain Studies**

Several studies have proved that trained doctors and nurses migrate abroad or to the private sector in search of higher salaries and better opportunities. This “brain drain” problem directly affects the public health system. For example, the “Global Health Workforce

Alliance” report states that thousands of doctors from India migrate to the UK, USA and Gulf countries every year.



#### **4. ILO and UNDP Studies on Human Resource Development**

Both ILO and UNDP in their research emphasized that the shortage in the workforce is not only in numbers but also in quality. Lack of training, insecurity at the workplace and limited opportunities for professional development also affect the workforce.

#### **5. Analysis related to the COVID-19 pandemic**

COVID-19 has put extraordinary pressure on the health workforce. Articles published in journals such as Lancet and BMJ have shown that workforce shortages during the pandemic have increased infection rates and also increased worker fatigue, psychological stress, and attrition. This highlights how important it is to have an adequate workforce during a crisis

### **III. FINDINGS**

This research study on the shortage of health workforce has yielded the following key findings:

#### **1. There is a huge shortage of health workforce**

**The study revealed that most government hospitals and rural health centres in India are facing a huge shortage of doctors, nurses and paramedical staff.** In many primary health centres, a single doctor is serving the entire village or block.

#### **2. Imbalance between urban and rural areas**

Relatively better facilities and staff are available in urban areas, but the situation is extremely pathetic in rural and tribal areas. Doctors and other staff do not want to be posted there, which limits the reach of health services.

#### **3. Brain drain is a serious challenge**

Qualified doctors, nurses and technical staff are migrating abroad or to the private sector for higher salaries and better working conditions, weakening government and rural health institutions.

#### **4. Working conditions are extremely challenging**

Many health workers complain of mental stress, excessive workload, unsafe environment and inadequate resources. This situation affects the productivity of employees and the quality of services.

#### **5. Training and development opportunities are limited**

The health workforce does not get regular training, technical upgradation and career growth opportunities. This demotivates employees and leads to disengagement from the profession.

#### **6. Implementation of policies is weak**

Although the Government of India has mentioned workforce reform in schemes like the National Health Policy 2017 and NHM, its impact on the ground is limited.

#### **7. Pandemic exacerbated the crisis**

During the COVID-19 pandemic it became clear that we do not have an adequately trained health workforce. Absenteeism, burnout and high mortality rates of infected employees shook the health system.

### **IV. METHODOLOGY**

#### **1. Nature of Research:**

This study is based on a descriptive and analytical research, which deeply analyses the status of the health workforce, the reasons behind it and the solution proposals.



## **2. Research Design:**

This research is based on a mixed method approach, in which data was collected and analysed in both quantitative and qualitative methods.

## **3. Data Collection Methods:**

### **(a) Primary Data:**

#### **Survey:**

Data was collected from 100 health professionals (doctors, nurses, technical staff) through questionnaires by Google Form.

#### **Interviews:**

Personal interviews were conducted with 10 senior health officials and management experts to get a practical perspective.

### **(b) Secondary Data:**

Statistics and reports from WHO, ICMR, NITI Aayog, National Health Profile, NHM reports, Health Ministry websites, journal articles and newspapers were used.

## **4. Data Collection Tools:**

Questionnaire: Both closed-ended and open-ended questions were used.

Interview Schedule: In semi-structured format.

## **5. Sampling Technique:**

Convenience Sampling was used in which easily available health professionals were selected.

## **6. Data Analysis Techniques:**

The survey data was presented in graphs and pie charts with the help of Excel and Google Sheets.

Descriptive statistics were analysed using percentage and mean.

Qualitative data was analysed using thematic analysis.

## **7. Ethical Considerations**

All respondents were asked for their consent.

Their identity and answers were kept confidential.

This research is for academic purposes only.

## **8. Limitations within Methodology:**

Limited regional coverage

Small sample size

Opinions of all respondents may be subjective

## **V. KEY RESULTS**

Following are the key findings from this study, which highlight the current workforce status, challenges and potential areas for improvement in the healthcare system:

### **1. Overall staff availability is inadequate**

72% of respondents reported that the number of doctors, nurses or technical staff in their institution is below the required level.

This shortage is particularly severe in rural areas.



## **2. Excessive workload**

About 68% of healthcare workers admitted that they have to work more than 10 hours a day, which affects their mental and physical health.

This is a major cause of burnout.

## **3. Job instability and low pay**

55% of healthcare workers cited temporary contracts and inadequate pay as the main reason for leaving or going abroad.

This is a major factor in brain drain.

## **4. Training and upgradation opportunities are limited**

61% of employees reported that they did not receive any special training in the last one year. This hampers both their efficiency and career growth.

## **5. Challenges increased during the pandemic**

Unavailability of staff, lack of PPE and high infection rate during COVID-19 hampered service delivery.

Many hospitals had staff shortages of up to 50%.

## **VI. RECOMMENDATIONS**

Workforce shortage in the health sector is a complex and multi-dimensional problem that requires strategic, structural and policy interventions to solve it. The following recommendations are presented based on the study:

### **1. Improve human resource planning**

Long-term forecasting of health resources should be done at the central and state levels.

Appointment of doctors, nurses and paramedics should be ensured in proportion to the population.

### **2. Increase investment in education and training**

Nursing colleges, medical colleges and technical training institutes should be opened in rural and backward areas.

Digital platforms should be developed for continuous skill upgradation.

### **3. Improve salaries, benefits and service conditions**

Health workers should be provided attractive salaries, insurance, pension and residential facilities.

Temporary contracts should be reduced and permanent appointments should be made so that job security is maintained.

### **4. Make a special policy for rural and remote areas**

Staff working there should be given additional incentives, such as special allowance, priority in promotion and guarantee of urban posting.

The "Rural Bond Scheme" should be made effective and practical.

### **5. Promote public and private partnership (PPP)**

Adopt a partnership model with private hospitals and NGOs in health services. This will improve both the intensity and quality of service delivery.

### **6. Make extensive use of technology**

Workload can be reduced by implementing technologies such as telemedicine, e-hospital, AI triage system, e-prescription.

Health workers should be trained to increase technical efficiency.



### **7. Strengthen data and monitoring system**

An integrated HRH (Human Resources for Health) portal should be created, where there is a record of appointment, transfer, performance and training of health workers.

This will bring transparency in planning and resource allocation.

### **8. Focus on burnout and mental health**

Shift arrangements, psychological counseling, and leave policies should be implemented to promote work-life balance.

Provide regular counseling to deal with burnout and stress.

## **VII. CONCLUSION**

In a country as large and diverse as India, the need for a robust and equitably accessible healthcare system is of utmost importance. Through this research, it became clear that workforce shortages in the healthcare sector have become a serious and multi-faceted problem that has a direct impact not only at the institutional level but also on the quality of life of ordinary citizens.

This workforce shortage is not limited to the number of doctors but also includes nursing staff, paramedical personnel, lab technicians and community health workers. The government faces huge challenges in recruiting health workers, especially in rural and remote areas. This shortage arises due to a variety of reasons such as minimum wages, uneven workplace facilities, lack of training institutions, imbalance in working hours, and lack of career growth opportunities in rural services.

The impact is widespread. The quality of healthcare services declines, patients do not receive timely treatment, and complex diseases often go undiagnosed. This not only affects health outcomes but also increases social and economic inequality. This workforce crisis is further exacerbated in rural areas where there is already a shortage of resources.

The research also made it clear that this crisis cannot be resolved only by making new appointments, but it requires structural reforms. Creating long-term strategies at the policy level, increasing the quality of training of health workers, providing special allowances and facilities for serving in rural areas, and adopting modern technology (such as telemedicine and digital health) are the needs of the hour.

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