



Mind the Gap: Tackling Staff Shortages



A shortage of health workers is not just a problem of the developed, wealthy countries which often have to stretch their healthcare resources to meet the demands of growing elderly populations. The problem is prevalent in most countries of the world. In India, for example, there is a shortage of over 3.9 million doctors and nurses.

In addition to ageing populations, the rising incidence of non-communicable diseases (NCDs) across the globe helps to aggravate the situation. As a result, the world will require 40 million additional healthcare workers by 2030 (i.e., double the current global health workforce), according to a study by the [UN High-Level Commission on Health Employment and Economic Growth](#).

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Addressing the shortage of healthcare workforce across the gamut – doctors, nurses, allied health professionals, community outreach workers – will require multi-stakeholder participation, the UN report says. Five key areas for action are suggested:

1. Strengthening governance frameworks

Strong governance frameworks will be useful in guiding medical education, health employment, international exchange of medical services, and migration of health workers. Innovative partnership models (including PPPs) are crucial, and these will require high-quality and accessible cross-sectoral inputs, such as finance, education, training, among others.

2. Making use of technology

Promoting the use of e-health and e-learning techniques, AI, VR simulation and the internet of things is important as this will help in upskilling and empowering healthcare workers. Telemedicine strategies, drone technology, as well as the increasing use of personalised wearable devices, are helping to transform healthcare delivery. Also, big data and analytics are generating more demand for new skills, increasing the potential to employ more in [digital healthcare delivery](#).

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3. Rebalancing healthcare tasks

An OECD global study has found that 79% of nurses and 76% of doctors are performing tasks for which they are over-qualified. Improving distribution of skills is imperative for effective management of high-burden diseases, notably NCDs, which are responsible for 71% of the global mortality and, unless addressed, could cost the world \$30 trillion by 2030. Moreover, GPs and nurses can be trained with the essential skill set that enables them to perform select life-saving procedures, recognise acute conditions in time, and make referrals to relevant specialists. This will reduce high dependency on limited specialists available worldwide.

4. Developing new care models

There's an urgent need to focus on preventive care, and encourage a holistic health approach encompassing all socio-economic determinants of health. New care models should be created, with a “hub and spoke” arrangement of assets to ensure the provision of high-quality, community-based, integrated healthcare that is focused on disease prevention and ambulatory care. This will help avoid unnecessary in-patient and emergency room visits.

5. Creating a sustainable and gender-balanced workforce

[WHO](#) shows that globally only 30% of doctors are females and more than 70% of nurses are females. Data from the ILO meanwhile points to gender gaps when it comes to health workers' wages. Steps must be taken to create a balanced healthcare workforce that addresses the issue of gender inequity and ensure equal pay for work of equal value, a favourable working environment, and targets investments towards training the female workforce. Also, more efforts are needed to facilitate collaborations in [medical education and exchange programmes between countries](#). For instance, Sweden and India have a similar nursing curriculum; however, language barriers limit the potential for exchange of nurses. Such problems can be easily overcome, and more conducive arrangements put in place to promote exchange of healthcare workers.

Source: [The European Sting](#)

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Published on : Tue, 23 Jul 2019