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INTRODUCTION

This report will reflect on shortage of staff in healthcare sector in United Kingdom. The writer will begin by giving an in-depth definitions and explanations about the shortage of staff in the healthcare sector in UK. The writer will then move on to use the fishbone analysis to find out the root and causes for shortage of staff in workplace, how shortage of staff in workplace affected the health professional including nurses, it's impact on the service users and their family on one hand. On the other hand, the writer will discuss how to solve the problem through decision making and how decisions are made, implemented and evaluated in the healthcare sector. Conclusion, reference and appendixes will be also provided.

According to oxford word power, (2000) defined shortage as an insufficient of something or somebody.

Shortage of staff in healthcare in UK has been an over-all major problem within healthcare sector in the UK. Also, the King's Fund in October 2020 report found that the immediate workforce shortfall is so severe that it requires at least 5000 nurses a year to be recruited from overseas as well as NHS hospital, mental health services and community providers reporting shortages of 84000 FTE staff and shortage of 2500 FTE GP's, which might increase to 7000 within the next five years.

Fishbone analysis was invented by Professor Kaoru Ishikawa in (1960) and published his book in (1990) called 'Introduction to Quality control' to help us find the root of the causes of the problem. The diagram of fishbone looks like skeleton of a fish to enable us to know the root and cause of a problem, to aid the breakdown of the situation. Fishbone analysis will absolutely show us the image of exact problem. (American Society for Quality, 2005)

In applying fishbone analysis to this report, the problem will be shortage of staff in workplace. This will focus on the root and causes of the shortage of staff in workplace which include heavy workload, health issues, Brexit, low pay and inflexible management.

The solution to the problem which is shortage of staff is to provide solution to the actual root and causes of the problem as mentioned above.

Solution to problem

Heavy workload/increase responsibility

Delegating roles to staff after recruitment, so that the load of work can be reduce and spread across the board. It should be noted that nurses complained about too much paper work has

been a key issue rises on daily basis, extra paperwork add to already overburdened organisation. (American Hospital, 2001)

Assistant from team leader and management to staff, who might be struggle with their workload. (Kramer, 1974) mentioned that the new student transition to professional should be giving encouragement and support, and environment that was calm and relax in their new role.

Health issues

Organising wellbeing and health promotion for staff to improve their health with the management organising a reflective and away day to support staff who are going through stress and challenging issues. This is imperative as Nurses complained about burnout makes it difficult for them to sustain a work-life balance in healthcare as the demand is high. The burnout takes a strain on their health physically, mentally, emotionally and socially because of heavy demand from work, after a day shift, staff cannot go out with friends and family for night out, they end up on a sofa and dose off.

Brexit

Exodus of European worker leaving to their respective country, there is new opportunity to recruiting healthcare professional from Africa and other third world country like Asian, Latin America etc. The Non-UK applicants from other countries outside European Union/European Economic Area (EU/EEA) are ready to work in UK but they must obtain a work permit, work permit is issued for a period of time but for nurses it was for two years, after expire they are able to renew.

Low pay

To increase salary of workers and enhancement overtime and bonuses for good performance. Raised in staff wages will resolve stable recruitment and retention, also with good pay and entitlement (May et al., 2006) also training more people in nursing and retain them with support.

Inflexible management

Opportunity for working flexible hours to meet those with family, those with children and for further education.

In NHS workforce in England, October (2018) there are all levels of nursing vacancies in healthcare, 41,000 vacancies around UK. Nursing shortages stood centre of a Common Health and Social Care Select Committee stated in early 2018, which recount 'the nursing workforce is overstretched and trying to deal with challenge.

Shortage of staff in healthcare in UK has been an all major problem within healthcare sector in the UK. The NHS Long Term Plan recognised the scale of this problem and promised a Comprehensive workforce implementation plan for 2019. It should be noted that despite the Interim NHS People plan and promises in the Conservative Party Manifesto to deliver 50,000 more nurses, 6,000 more GP's and 6000 other primary care professionals, the full NHS People Plan was only published in August, 2020.

Over the years, decision making had been geared toward the potential for improved retention and reduced turnover to help NHS organisations. In this respect, NHS improvement has been geared toward a programme 'to improve staff retention in trusts across England and bring down the leaver rates in the NHS by 2020'. It reported that 'A large proportion of leavers are for unknown reasons. Initial data presented on NHS Improvement's website show that flexible working ranked below pay, work-life balance and access to continued professional development as reasons for NHS staff leaving voluntarily. (NHS Improvement. Securing a sustainable NHS workforce for future. 29 June 2017).

Shared decision making enable self-care and increasing patient choice are core themes of HEE's Strategic Framework 15, whilst the Five Year Forward View (FYFV) described transforming care through 'a new relationship with patients and communities' by supporting people to better manage their own health; supporting carers to better engage with the NHS; encouraging community volunteering, including developing new roles for volunteers; and building better partnerships with the voluntary sector.

Stakeholder in my workplace, such as service users, carers, families, nurses, doctor, support worker, psychologist, occupational therapist, managers, interpreter, social services, suppliers, employees, administration, receptionist, cleaners, volunteers, housing, benefit etc.

The impact of shortage of staff on service users rated that the bigger the ratio of nurses connected to staff the lower of infection rates. (American Nurses, 1997) The nurses reported that the amount of period nurses spent with each service user is less due to shortage of staff. Large number of nurses consider patient health at risk due to staff shortage and service users have not been looking well and no continuity of care, also patient safety has been a major problem.

The impact of shortage of staff on nurses, lies with the working environment which is no longer conducive for staff, increase stressful nature of work through addition of so many non-nursing tasks leave them with little time for actual nursing roles, as well as increase in medication errors. It should be noted that after examining nurse's tasks to describe their tasks during their shift, it reveals that nurses spent most of their time carrying out other duties such as, picking up food trays, doing housework, transporting patients, ordering, coordinating or performing nursing assistant duties, whereas having to leave there nursing responsibilities tasks. (Aiken et al., 2001)

Analysis – analyse the decision-making process including the relevant legislation.

Clark (1996) emphasised that nurses are able to manage a range of information from diverse source to make professional clinical judgement through decision making process. Case (1994) added that nursing judgement evolving around selecting and organising data to arrive at a conclusion. On the other hand, Tanner et al (1987) explained that Clinical decision making is a complex process whereby practitioners determine the type of information they collect, identified problems according to the cues observed during information collection and decide upon appropriate interventions to manage those problems. This explanation gave a broader and more practical understanding of clinical decision making. However, in another more

comprehensive definition, it was defined that; Clinical decision making is a complex process involving observation, information processing, critical thinking, evaluating evidence, applying relevant knowledge, problem solving skills, reflection and clinical judgement to select the best course of action which optimizes a service user's health and minimizes potential harm.

To large extent, problem solving is a procedure where a person creates amazing thing out of a problem, it is a critical thinking that requires a thoughtful way to collecting more ideas. It is a complicated process that required positive thinking. (Magno, 2015)

Problem solving and decision making are the quality and strength needed in the workplace.

Decision making is a method of creating a selection of different options to accomplish a good outcome. (EisenFuhr, 2011) after through deep thinking you now make a right decision and take a right action.

Capital/budget.

The money allocated for the management to spend rather than recruiting staff on long term, they prefer to recruit temporary nurses' agency on short term.

Bad management

Taking wrong decision affecting everyone. They used 80% of the budget to refurbish the clinic and the remaining 20% for staff and equipment used in the clinic.

Good decision making

Good communication between staff and management, providing services to promote patient and staff safety, patient positive outcome.

Technology IT

Then I will use my PMI: Plus Minus Interesting: recruitment process

Plus, Minus Interesting is defined as a tool that established by Edward de Bono (1982) to help learners to reflect on crucial thinking to use various ways of strategy of a situation or issue and support the learning. The best way in supporting students in decision making, improving critical thinking, problem solving and evaluation.

Plus: To recruit permanent qualified employees with full training, more staff on long term. Internal recruitment will save time and money.

Minus: using agency on short term to cover the shift.

Interesting: if the management did not recruit, it will affect staff health.

PMI is a tool to find the solution also about which decision to make

Swot analysis is a tool about decision we make

Solution

Propose a range of alternative solutions to the problem.

The proposed solution 1 is for the management to gear toward staff recruitment, retention and work satisfaction.

The proposed solution 2 is for the management to recruit agency staff on short term.

I am supporting this propose solution 1 to recruit permanent qualified staff with full training. It is safe solution save money and save time.

The proposed solution 2 is for the management to recruit agency staff on short term, it is not safe also cost lot of money.

Swot analysis tools is an analysis method to evaluate the strengths, weaknesses, opportunities and threats

Strength

Good management and staff dedication to duty and good leadership

Good communication and organisation set up

Core value of trust: respect, dedication, empowerment, partnership and diversity.

Organisation culture: mutual understanding.

Weaknesses

Break in communication and organisation network

Authoritative leadership

Poor salary and remuneration

Bad organisation culture: ignore each other and believe

People not interested in the job anymore

Opportunities

Long term training

Personal Development Plan

Attractive salary

Flexible working and family life balance. Becker et al., (2010) suggested that the professionals are required a flexible work hour to be able to have many aging nursing force and work life balance, so that staff can have time for themselves and their family.

Occupational therapy: mindfulness, yoga.

Half day to reflect

Away day once in 6 months

Improved wages and benefits

Work environment

Threats

Government decision like you cannot recruit from abroad

People are competing against each other at work

Lack of experience and training at work

Workload not covered because of flexible at work.

Implementation Plan: Continuous recruitment, retention and satisfaction

(Ulrich, 2003) specified that to be successful in recruiting and retaining new staff it involves plans that reduces the possibility of repeating the same mistake again.

Start date: 16/08/2021.

Action: responsible by the Manager

End date: on going

Action: with 6 months

Review: I will review the decision I made every 3 months, and I will see if it is working or not I will at it again

Evaluation and monitoring: The decision I made after review, I will check if is working or not.

Getting feedback from colleagues and staff members will make the solution I choose is working.

Conclusion:

In the conclusive view, staff shortages in nursing and primary care has been a significant challenge to the NHS in England despite the government white paper on general migration policy and the NHS Long Term Plan which was geared toward resolving this problem.

The absence of a sustained and nationally focused approach to workforce policy and planning, compounded by the ongoing disconnect between identified staffing needs and funding decisions, prevents effective and coordinated policy interventions.

In the absence of policy coherence, there will be continuation of series of isolated and often reactive responses to the highest profile staffing concern of the moment.

To effectively address the major internal and external challenges facing the NHS workforce in England there needs to be collective action, led by government to sustain a strategic process that can adapt to external shocks, such as Brexit, Covid-19 outbreak and can shape and drive internal policy change.

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Appendix Figure 1 Fishbone Created by: Julie. Funmilola. Nola

