

Problem solving and decision making

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Introduction

The health and social care within the UK faces uphill challenges which keep evolving with the evolving health and social care needs of the population. This is in addition to socio-political and economic developments such as the Brexit developments and currently the rampaging corona virus pandemic sweeping across the globe. This paper will seek to identify some of these challenges, with a discussion on the shortage of staff as one of the challenges faced by health and social care providers. The impacts of these personnel shortages will be explored in relation to the stakeholders in health and social care provision, and an examination of the decision-making process, theories and relevant legislation. A raft of alternative solutions will be identified, and then one of the discussed decision-making techniques employed in evaluating these solutions with a view to identifying the most appropriate option. This report will then discuss the implementation of the identified solution, including communication to the stakeholders and monitoring and review techniques.

An overview of the problems in health care

An analysis of the problems facing the NHS and the health care within the UK reveals funding as the core of problems. For instance, The Health Foundation (2019) estimated that the NHS will require £3billion above the budgetary pronouncements for the 2023/24 financial period. This deficit becomes significantly higher when the costs of modernising the equipment and services of the NHS are factored in. BBC (2020) observes that the UK spends the lowest proportion on health care as compared to other EU countries, with most hospitals having to content with old buildings, out-dated machines and even leaky structures in some cases.

The funding problem gives rise to a shortage of personnel. This has been referred to by Buchan et al (2017) as the workforce challenge, where the staff under the service of the NHS are not enough to meet patient needs. The result of this workforce challenge is longer waiting hours for patients (Robertson et al., 2017). This becomes another critical area which adds to problems facing the NHS and the general healthcare within the UK.

An analysis of the UK health and social care reveals an increasingly aging population. This has been attributed to advances in medicine, with better handling of chronic illnesses such as cancer. The result has been an increasing number of vulnerable groups who require frequent medical attention. This only adds to the already extreme pressure faced by the NHS and other agencies. BBC (2020) observes that it costs 2.5 times more in administering care for an average 65 year old as compared to a 30 year old. As such, the aging population compounds the funding challenges faced by the health care sector. The outbreak of the novel corona virus

pandemic has only worsened the state of health care across the UK, bringing to sharp focus these and other challenges.

A discussion of personnel shortage in UK health care

While the healthcare sector accounts for a large percentage of national employment in the UK, the latest figures from Kings Fund (2021) report that there is a shortage of over 84,000 FTE (full time equivalent) personnel in healthcare. According to this report, the nursing workforce is by far the most affected, with a shortage of over 34,000, while the GP workforce is also adversely affected, with a shortage of 2,500, which is projected to reach as high as 7000. The Health Foundation (2019) projects that these shortages could reach as high as 250,000 by 2030, with the shortages in the nursing profession estimated to reach as high as 100,000 by 2028/29. These figures paint a grim picture, which has so clearly been highlighted by the devastating effects of the corona virus pandemic. As such, urgent action needs to be instituted to manage this situation and at least attempt to close the gap.

Causes of staff shortage in health care

High attrition

The King's Fund (2021) suggests that the shortage of staff leads to increased pressure on the existing staff. The result is high stress levels, fatigue as well as low job satisfaction. These factors lead to increased number of people leaving the NHS and the healthcare sector in general. The House of Commons (2020) notes that the turnover rates stood at 40% for care workers, with an increasing number of GPs opting for part-time services. This is while the NHS Funding (2021), notes that the number of healthcare workers leaving their profession has increased by over 50% since the 2013/14 period.

Brexit developments

To put the adverse effects of the Brexit vote to leave the EU into context, the House of Commons (2020) reports that 12% of the total workforce in healthcare were non-British. 9% doctors and 6% nurses in the NHS were EU nationals respectively. 65,000 EU nationals were employed in NHS. As a result, the vote to formally leave the EU block by Britain had adverse impacts on the state of healthcare workforce. The King's Fund (2021) reports that the number of EU professionals leaving the UK's Nursing and Midwifery Council has increased, from 1,981 in 2015/16 to 2,838 in 2019/20. This is while the number of those joining has declined by 90% during the same period.

Funding

In order to facilitate staff training and development and improve the general work environment within the healthcare, the NHS and other related agencies require funding. The shortage of funds has meant that the NHS cannot hire enough professionals to help ease the burden on the existing workforce. There are also shortages of funds to finance bursaries for healthcare-related undergraduate education. This affects student application, despite the recent positive increase in applicants interested in pursuing a career in health care sector.

Impacts of the healthcare staff shortage on key stakeholders

According to Freeman (2015), stakeholders are individuals and entities which have an influence or stand to be affected by the operations of the business. In healthcare activities and operations, the people who influence these operations and also stand to be affected are patients mostly, healthcare professionals, the general society and also the government.

Impacts of staff shortage on patients

These are individuals who seek healthcare services. As such, the shortage of service providers stand to affect these service users the most. As noted by NHS Funding (2021) the strain on the existing workforce as a result of staff shortage means that the quality of health services rendered to patients significantly reduces. This is because of the fatigue resulting from excessive work schedules and the minimal patient time as a result of the long waiting ques.

The lengthy waiting time across the UK healthcare also amounts to a great inconvenience on the patients. The shortage of workforce has meant that the duration it takes for a patient to be attended to has increased across the UK. This cuts across the different healthcare segments, from A&E, cancer care to routine healthcare operations. According to statistics reported by BBC (2020), less than 90% of England A&E patients were able to receive medical attention within four hours. This is as compared to 80% in Wales and an even lower 70% in Northern Ireland. The same report also notes that the waiting list for routine medical treatment was over 4.4 million.

The other critical impact of the staff shortage on patients is the late diagnosis of critical health conditions such as cancer and diabetes. In most of these conditions, the time it takes to diagnose could mean the difference between early intervention and possibly cure or death. This problem is as a result of the aforementioned lengthy waiting time. This also results in increased suffering of patients due to delayed medical attention.

Impact of staff shortage on healthcare professionals

The other stakeholders who are hugely impacted by the staff shortages within the healthcare are the professionals working in the sector. This is because these workers are left to shoulder the responsibility of attending to the high number of patients on a largely congested schedule. As mentioned beforehand, the resultant fatigue and burnout significantly compromises the quality of service of these professionals.

Multiple reports including King's Fund (2021) and Health Foundation (2021) have attributed the high number of professionals leaving the healthcare service to the congested work schedule. This is because the healthcare workers left to attend to an increasing number of patients are left without enough time to balance private life and work life. This has led to high stress levels among the NHS staff, which has made healthcare professionals susceptible to mental health issues. Buchan et al (2017) notes that these stress levels have led to staff absenteeism and higher instances of staff illnesses. For instance, Health Business (2021) reports that over 22% of GPs fell ill to stress-related factors in 2020. All these factors contribute to low job satisfaction levels, which negatively affect applications for the thousands of vacancies within the healthcare sector.

Impact of healthcare workers' shortage on the government and its agencies

One of the core mandates of the government is to ensure the provision of quality healthcare services for its citizenry. This has hugely been impacted by the gap between workforce and patient needs. The amounts of sacrifices by healthcare workers during the pandemic, amidst the challenges as highlighted beforehand, has only served to increase the spotlight on the role of the government in facilitating the provision of healthcare. The result has been negative publicity which has influenced public perception about government leadership.

The staff shortage within the UK healthcare has also impacted on the activities of the Care Quality Commission (CQC) and the Monitor, agencies entrusted with ensuring quality services within the healthcare sector. This is because the shortage of manpower has created an imbalance in terms of demand and supply, with the huge number of patients needing healthcare services in comparison to the healthcare providers. To put this into perspective, the King's Fund (2018) noted a ratio of 1 doctor to 365 patients. As such, the regulatory bodies cannot effectively regulate the pricing of healthcare services, or the quality thereof. This is owing to the earlier stated impacts of the scheduling on the quality of healthcare services provided.

Decision making processes and techniques which could be employed in approaching workforce shortages facing the UK healthcare sector

The rational decision-making model

This approach to decision making identifies six main steps which comprise the process of identifying possible solutions to the problems (Mukherjee et al., 2018). The first stage according to this model is definition of the problem and its scope, which in this case would be shortage of workforce. This step is followed by identifying the criteria which will be adopted in assessing the possible solutions to the problem. The third step entails defining the importance attached to each criteria, which is followed by generating possible solutions. After the possible solutions have been identified, it is followed by an evaluation of the possible solution, assessing their pros and cons, which leads to identifying the best alternative. Some versions of this technique include an extra step, which entails testing the hypothesis before implementation.

The flexibility allowed by this approach to the decision-making process means that it can be adopted by a single user or as part of a team. The extensive process involved serves to guarantee against risks and uncertainties, with various alternative solutions assessed. However, the greatest downside to this technique is that it requires a lot of time, which makes it unsuitable in fast-changing problem situations.

The Vroom-Yetton model

Also referred to as Vroom-Yetton-Jago decision-making model, this approach to decision-making process suggests that an ideal decision-making process does is impossible to formulate. This is owing to the fluid nature of the business environment, with fast-evolving problem situations. As such, this approach suggests the use of an amalgamation of processes depending on the situation as opposed to one process (Mukherjee et al., 2018). The first phase involves a series of yes-no questions to identify the scope of the problem and the state of the team or organisation in relation to the problem. The answers then guide the selection of the processes to use in decision making. The flexibility of this approach to decision-making makes it favourable.

The decision tree

This is an approach to the decision-making process which seeks to analyse various courses of action available to the decision-maker with a view to identifying the best possible alternative. In this approach to decision-making process, the alternative courses of action and the best

possible outcomes are represented in a graphical representation, along with the possible risks of each course of action (Mukherjee et al., 2018).

While the decision tree technique to decision-making process does not provide a solution, it is favoured since it allows the decision-makers to assess the best available courses of action and the possible outcomes associated with them. This ensures that the best course of action is selected, with an understanding of the possible risks involved. This understanding is crucial in instituting measures to mitigate the possible downfalls.

An analysis of the decision making process

The first step in the decision making process is identifying the decision. This process will involve an evaluation of the problem situation, in this case being the shortage of personnel in healthcare sector, and the objectives of the decision to be made. There should also be an evaluation of how the decision stands to impact the organisation's operations and its stakeholders, most importantly the service users and the health care professionals. It is equally important to determine the urgency of the decision to be made. This step also involves information gathering (Almahdi et al., 2019).

After identifying the decision and gathering relevant information, the decision-maker identifies the alternative courses of action. These are paths which the decision will take in approaching the problem situation. The process of identifying the alternative courses of action will involve evaluating the alternative paths and the risks and gains associated with them, and also their impacts on the stakeholders. This extensive analysis will lead to the next part of the process, which is deciding upon the best alternative course of action (Almahdi et al., 2019).

The choice of the best alternative out of the available options will be followed by the action stage. This will involve setting the decision in motion in the actual implementation. This step will mostly run alongside the next step, which involves an evaluation of the results associated with the chosen course of action. This will also involve a continuous monitoring process to identify gaps and institute measures to manage the negative outcomes. It is critical to for the monitoring and evaluation to involve all the stakeholders affected by the decisions (Crovini et al., 2020).

A proposal of possible solutions to the workforce shortage in UK healthcare sector and possible impacts on the affected stakeholders

Increase funding for healthcare training and education

As reported in the earlier sections, there is an overreliance on foreign workforce within the UK health care sector. This overreliance has worsened the workforce shortage with the developments in Brexit affecting the number of EU nationals taking up work in UK healthcare. This situation could be addressed by increasing funding for healthcare courses in terms of bursaries and subsidies. This is especially critical considering that most of the applicants for healthcare related courses are middle-age individuals with multiple financial obligations. Subsidising tuition fees for healthcare courses will help increase the number of those enrolling in these programs, which will increase the number of British nationals serving within the healthcare sector. This eases the overreliance on foreign professionals while also easing the burden of work on the existing workforce.

Increase funding for healthcare agencies

Another possible solution will involve increasing funding for the NHS and the ministry of health, which will help in administrative activities such as higher salaries for staff. As has been observed beforehand, a large number of healthcare professionals are leaving the practise or opting for private practise, in the process cutting down on public service hours. This is motivated not only by a congested work schedule in public facilities, but also a comparative lack of monetary incentives. This turnover of personnel could be addressed by increased salaries and remunerations commensurate with the services provided by these professionals. However, this cannot be instituted with the current situation characterised by budgetary deficits. As discussed in earlier sections, one of the biggest problems other than enrolments is staff retention. This course of action seeks to address this by providing enough incentives for the existing workforce to remain.

Increase recruitment of new staff

The over 80,000 vacancies as reported by King's Fund (2021) could be addressed by an extensive recruitment exercise by the NHS and other healthcare agencies. This will help offset the workforce shortage, and in the process alleviate the work-related stress levels among health care professionals. This has been noted to be one of the contributory factors for the high attrition rates within the healthcare sector (Health Foundation, 2021). This means that recruiting more personnel will also aid in staff retention, in the process addressing two of the most critical problems facing the healthcare sector at the same time.

However, for this to be successful there has to be a significant improvement on the public perception about working in the healthcare. A significant number of healthcare professionals are staying away because of the grim picture painted by those working in the sector, with

reports of discrimination and bullying adding to the impossible work schedule. The result of these negative perceptions has been a reluctance to fill up the vacant positions across the sector. These negative perceptions of the work environment have also pushed away students from enrolling into healthcare courses. It is also worth mentioning that staff recruitment will require significant funding on the part of the UK government.

Identification of the most appropriate solution

By use of the decision tree technique, instituting an extensive recruitment exercise presents the best outcomes, as has been outlined in the discussion. Namely, this will alleviate the pressure on the existing staff thereby improve on staff retention, the resultant positive perception and improved work environment is projected to contribute to an increased enrolments in medical courses. And most importantly, this is projected to address the plight of the patients by improving on the waiting time and the quality of services.

This would mean that this course of action stands to benefit the key stakeholders and their needs. However, the possible downfall of this alternative is the financial implications. It will take significant budgetary allocations to facilitate the recruitment of personnel to fill the vacancies, or a significant part of it.

Implementation and communication of the solution

To address the possible financial implications of the recommended solution, it would be suggested that the management adopts a phased implementation depending on priority areas and availability of funds. For instance, the current corona virus pandemic has created an even more urgent need for additional nurses, while there is also a need for more general practitioners (GPs). As such, the 1st phase of the recruitment would involve recruiting a third of the required nurses and GPs to help offset the gap. This phased implementation will also allow for monitoring and evaluation of the progress and allow for corrective measures to be instituted in event of problem areas.

While these vacancies have proved difficult to fill before, the current goodwill towards the NHS and the general healthcare practise owing to their efforts in combating the pandemic could be leveraged upon to aid in this endeavour. The success of this course of action will hinge on the experiences of this first batch of new recruits to the service. As such, it will be essential to ensure the other problem areas such as staff discrimination and a toxic work environment across the NHS and the general healthcare are comprehensively dealt with in advance.

It is projected that this 1st phase of implementation will create a foundation for the success of the entire process. Therefore, it is critical that all the stakeholders are on board with this decision, and more so the government, seeing as the success of this solution will depend on government budgetary allocation. It is therefore crucial to present the projected benefits and the scope of this process to the political authorities to convince them of the need for further allocations. This could be in form of inter-departmental workshops between the ministry of health representatives, the NHS as well as representatives from the treasury. These workshops will also be organised within the healthcare practice to create an awareness of the need for an inclusive work environment.

Monitoring and evaluation

In ensuring a successful implementation of this solution, it will prudent to institute a continuous impact evaluation as a monitoring and review technique. This will evaluate the impacts of the implemented solution on the stakeholders. In this approach, changes in waiting time and backlogs patient care will be assessed. Changes in worker morale and performance as a result of the decongested work schedule is also a critical aspect in the monitoring and evaluation. The impact evaluation will seek to record the impacts of the process at different stages of implementation in relation to the state before the implementation.

Process evaluation is also an important monitoring and evaluation technique which will be employed in this process. This will seek to measure the implementation process against the schedule and targets which had been set out. As such, the envisioned changes in terms of performance will also be a key criteria. Additionally, how the process is carried in relation to the various stakeholders will also be key in this process of monitoring and evaluation.

Conclusion

This report has sought to discuss the problems facing the UK healthcare system, especially in the face of the current corona virus pandemic. Of special attention has been the problem of workforce shortage, which has been extensively covered in this report, basing on multiple sources. In discussing this problem, this report highlighted how it impacts on the key stakeholders, while also identifying alternative solution to the problems. This was done in relation to the discussed techniques in decision-making process, which guided the identification of the suggested solution to the problem. This report discussed the implementation of the suggested solution and the appropriate monitoring techniques which will be used in evaluating its progress and performance.

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