



Digital Skills and Research Methods (LCHS4007)

A Research Report

On

The Workforce Crisis in the UK Health Sector

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Introduction

The UK population increased by 3.7 million (5.9%) between 2011-2021, and it is estimated that it will grow from 68 million to 77 million in 2046 (Park, 2022). At the same time, the number of people aged 85 and above in the United Kingdom is expected to grow to 55% by 2037 (NHS England, 2023). This puts unprecedented pressure on the National Health Service to provide better services in health and social care. The purpose of this report is to identify the problem and explore its impact on patients, examine research methodology and data collection, and develop a clear framework to investigate how shortages in the workforce affect the NHS's ability to provide quality care to the population.

1. Problem Identification

The National Health Service (NHS), along with the adult social care service, has long struggled to hire enough doctors, nurses, and auxiliary staff in the UK. According to the NHS Long-Term Workforce Plan, there were over 112,000 vacancies across NHS England alone by the end of 2023, and this is expected to rise to between 260,000 – 360,000 vacancies by 2036/37 (NHS England, 2023). The inability of the NHS to fill these vacancies results negatively in service delivery, patient experience, and productivity of the organization.

1.1 The Impact of the Problem

The workforce shortage affects multiple stakeholders, but most importantly, patients. According to the Care Quality Commission (CQC), the workforce shortages in the NHS lead to longer waiting times, cancellations, and increased safety risks, particularly with mental health patients (CQC, 2023). On the contrary, the workforce shortage puts extra pressure on the current staff when they work for longer periods of time, burnout and reduced job satisfaction. This situation also affects hospitals, GP practices, and care homes by increased financial burden as they resort to agency staff at higher prices to meet the demand. On a broader scale, the workforce shortage in the NHS reduces public confidence in the government's policies because it cannot manage the situation.

1.2 Why this topic merits research

The current workforce shortage in the NHS is not only affecting now, but is expected to worsen in the future. While there have been efforts to implement solutions on the surface but critical issues such as pay, carer options, and limited training opportunities

have been ignored (Hussein, 2021). Therefore, research in this area is crucial to examine qualitative and quantitative data to understand key factors contributing to the workforce shortage in the UK health and social care sector, its impact on care provision, and to suggest policies to improve the situation.

The theoretical framework of this research can be linked to the Human Capital Theory (Becker, 1993), which suggests that investments in skills and training enhance productivity and service quality. This research is also linked to the Two-Factor Motivation Theory by Herzberg (Herzberg, 1968), which states that staff retention, intrinsic factors such as recognition, job satisfaction, and extrinsic factors such as pay and working conditions, play crucial roles in the provision of quality service.

1.3 Relevant Information Sources

There are numerous sources of information and data collection available on this topic that can be used for this research. I have identified the following three sources of information I would use for this research.

1. The State of the adult social care sector and workforce in England (2024-25) Report – Skills for Care.

This report provides official statistics of the workforce, analyses trends, and provides information about the pay. Skills for Care is the official body for workforce development, and its reports are credible.

2. State of Care Report 2022-23 by the Care Quality Commission (CQC).

I selected this report for my research because CQC is the official regulator of health and care provision. Its report presents a regulatory framework and the evidence of the impact of staff shortage on patient safety and care quality. Moreover, this report presents official data and findings from the inspections it carried out, providing a real-world example of understanding the core issue at the organizational level.

3. NHS Workforce Projections 2022 (Real Centre Projections) – A report by The Health Foundation.

This report is relevant for this research because it presents statistical data on the workforce shortage and future projections. I selected this because the data used by the Health Foundation is reliable. This quantitative evidence is useful for the empirical analysis of this research.

4. NHS Long-term Workforce Plan 2023 – A report by the NHS England.

This report is relevant to this research because it provides a framework through which the NHS plans to work locally, regionally, and nationally to address current workforce challenges. I selected this report due to its direct link to this research.

These sources will provide a strong base for this research with reliable data, analysis, and forecasts for the future.

2. Research Methodology

Determining research methodology is the most important factor for any research. It provides a systematic framework for data collection and analysis to answer the research question (Bryman, 2016). Generally, a researcher has the option to use either qualitative or quantitative approaches for the research.

In qualitative research, the primary goal is to explore behaviors and motivations, understand experiences by asking questions, such as 'why' and 'how', and develop theories and models for further examination using quantitative data. The data used in qualitative research is descriptive, such as feelings, opinions, and motivations. The data is collected by conducting interviews, focus groups, observations, and case studies to understand how the healthcare staff describe their working condition, motivation, and morale (Silverman, 2020).

On the contrary, the primary objective of quantitative research in health and social care settings is to collect and analyse numerical data to test hypotheses, identify patterns, make forecasts, and establish causal relationships (Creswell, 2018). As compared to asking 'how' and 'why' questions, it asks 'how many' or 'what extent' types of questions. The data collected under this methodology is numerical, the patient's age, weight, and specific medical condition, for example.

It is envisaged that the workforce shortage in the health and social care sector in the UK is due to both structural reasons and personal experiences. Therefore, this research will use a mixed approach in which the quantitative data will identify the scale and correlation of staff shortages, and the qualitative data will identify the underlying reasons and staff perception of the current situation. Use of a mixed approach will offer a deeper

understanding of the problem, thus providing a better solution. The use of this approach also aligns with the Human Capital Theory (Becker, 1993) and Herzberg's Motivation Theory (1968) by combining quantitative indicators, such as investment and productivity, with qualitative indicators, such as job satisfaction and staff retention.

3. Data Collection

Data collection is the process of collecting the required information to conduct the research. Broadly speaking, the data can be collected through primary or secondary sources. Each source has its own limitations and strengths.

Primary data is collected when the researcher meets a selected group of people to conduct interviews, surveys, or observations. This method allows researchers to have a better understanding of the issue in real time, as the data collected is reliable. On the other hand, the primary data collection method is time-consuming, costly, and bound to some ethical restrictions such as confidentiality, consent, and potential participation bias (Creswell, 2018).

Secondary data, on the other hand, consists of the information gathered, not by the researcher, but by other organizations. This can include official organizations such as the NHS Digital, Skills for Health, CQC, and the Health Foundation. The data collected by these organizations is reliable and easily accessible. Such large-scale statistical data sets provide evidence related to the workforce in the health and care sector (Bryman, 2016).

Keeping in line with the mixed (qualitative and quantitative) approach this research will adopt, the usage of data will also be a mix of primary and secondary data. The reason for this approach is first to establish the patterns and relationships between staffing levels and care provision through the use of secondary data, whereas primary data collection such as interviews regarding job satisfaction and pay, will help understand individual experiences of the staff working in health and social care. A mixed approach, therefore, will support the proposed research effectively.

Conclusion

The shortage of the workforce in the health and social care sector in the United Kingdom is the most important issue under discussion in the government lobbies due to unprecedented pressure on the provision of quality health and care services. The

proposed research will explore the workforce crises using reliable and updated evidence from sources such as the NHS, CQC, and Skills for Care. It will check whether there is a link between the workforce shortage and the quality of care provision and patient safety. The report will further investigate if fewer opportunities, lower pay, and working conditions contribute to staff dissatisfaction. The proposed research will use a mixed approach of combining qualitative and quantitative data, as well as the use of primary and secondary data, for a better understanding. This report will contribute to the existing literature and provide a platform for developing policies to overcome the problem in the future.

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