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## **1. Introduction to Human Resource Management in NHS**

Human resource management is central to the management of services in the healthcare sector. This report includes a study focusing on an assessment of how personnel are managed or in the process of being managed in a specific healthcare setting, in the UK's National Health Service (NHS). Delivering healthcare is a labor-intensive industry; adequate numbers of personnel with the right skills are essential to meeting healthcare objectives and delivering meaningful care to the patient. In healthcare settings, human resources (HR) is mainly concerned with the need to achieve and maintain a balanced workforce to address the dynamic peaks and troughs in demand. Personnel working in a care setting, such as the NHS, should have the 'right' skills; this does not just encompass a basic qualification, such as a registered practitioner, but also the ability to empathize, exhibit the desired values, 'hearts and minds,' and competencies. A motivated, skilled workforce is a fundamental determinant in meeting the objectives of the healthcare organization. Furthermore, it is also clear that effective HR practices can indeed improve the delivery and quality of service offered. (Rachet-Jacquet et al., 2023)

## **2. Understanding Internal Supply of Nurses in the NHS UK**

Understanding the existing stock of nurses within the internal supply of nurses could be broadly divided into: (a) new recruits being included through recruitment activity and having yet to complete a period of pre and post-registration nurse training, (b) existing trained staff, often referred to as qualified or registered nurses seeking a permanent post or to work on a temporary basis. The internal supply of nurses could also be impacted by the number that leave the profession altogether, whether or not they have plans to re-enter. At the point the research is undertaken, the demographic profile, together with additional information about those wishing to enter the profession, can also be good indicators of the likely future supply of nurses.

The incumbent stock of nurses workforce cannot necessarily be changed overnight. Financial condition improvements in retention may also be necessary to provide more significant changes in the retained workforce, possibly to compensate for low levels of new recruitment. Additionally, given the need for new staff to undertake training, it is not possible just to quickly lower the number that are in training. The planning of nurses and indeed other health professions is an inexact science and can never provide a precise number and precise mix of staff to meet future healthcare needs. The internal supply is, however, one of the critical steps in ensuring sufficiency in the workforce; that is, it will have already been invested in, it has the necessary in-work skills required, and the internal supply forms a foundation by which to calculate the remaining requirement to meet an organization's healthcare provision. (Efendi et al. 2022)

## **3. Exploring External Supply of Nurses in the NHS UK**

While earlier sections examined internal and external factors impacting NHS HR, they have done so within the context of the NHS workforce or healthcare professionals generally. This analysis now extends to focus upon the external supply of those working in a nursing capacity, including those holding Named Nurse roles. The below sections review various potential sources of supply for nursing staff, looking across potential sources of those with nursing qualifications, as well as an assessment of non-band staff employed within an NHS nursing capacity. Understandably, the majority of nursing staff with professional qualifications requiring registration are chartered.



However, the potential supply of non-registered students and support staff complements the overall NHS workforce supply. (Wheeler et al.2022)

Despite attendant challenges, especially in real terms given the long-time lag in effect, the potential of recruiting nurses via migration remains. External recruitment of nurses from beyond the UK is both a legitimate response to potential nursing shortages over the long term, while this pathway is a key part of the pathway to registration. Indeed, external reward to the potential for using international relocation in order to engage staff who are experienced and qualified in systems with active international healthcare agreements. Nursing and other healthcare recruitment from abroad has been a long-standing strategy for some high-income countries, including Australia, Canada, New Zealand, and Ireland, while this approach has expanded globally. Recruitment from abroad can involve interactions, partnerships, or employees – e.g. international medical graduates – to join the NHS. Why would overseas staff want to come to the UK when they are already qualified? Why would UK students want to ballot for funding? (Buchan et al., 2022)

#### **4. Factors Contributing to the Shortage of Nurses in the NHS UK**

Delineating the exact nature and volume of this shortage of nurses in the United Kingdom (UK) health systems needs to be handled and addressed from an analytical perspective. The evaluation of the actual supply of nurses in the UK needs to be explored from a number of differing perspectives. This paper intends to classify and debate the internal and external elements which have a direct and prevailing influence upon the supply of nurses to the National Health Service (NHS) in the UK. The extent and underlying motives as well as the implications that this shortage has for the UK NHS are considered. An examination of the outside influences such as an influx of immigration from eastern European states following accession to the European Union and further afield will assist in the development of the paper. In the investigation of the internal and external supply of nurses to the NHS, it is worth acknowledging some of the numerous influences which give rise to the current situation. (Michaeli et al.2022)

Firstly, it would be negligent not to recognize that NHS hospitals and Primary Care Teams have identified for nearly a decade that there is a shortage of nurses. This body of textual evidence suggests that not only can retaining nurses be a problem in a system such as the NHS, but also successfully recruiting from both internal and external pools is a challenge. Given that the investment in the training and development of the workforce in such an industry can take up to 3 to 4 years to develop and at a high cost, the ability to forecast and plan effectively is important. Just as important is a spate of equal policy decisions, which surround the creation of an optimum workplace to enable dual strategies of increasing internal recruitment coupled with decreasing external costs in the face of the 'short competition with the private sector's labour market. It has been argued that this atmosphere has not been characteristic of NHS hospitals and Primary Care facilities for a number of years.

#### **5. Strategies and Solutions to Address the Nursing Shortage in the NHS UK**

Pudzer, J. (2013) says, "An organization that doesn't have enough human resources of the kind it needs, nor the prospect of getting them when required, must limit its purposes and objectives, or find ways of getting past the problem, or both." The analysis of the internal and external supply of human resources generated this paper's findings for the NHS.



In the NHS, the current shortage of 20,000 nurses and a predicted workforce failure of 40,000 unfilled posts by 2015/2016 necessitated an early review of the intra- and extra-human resource supply and shortage analysis. This paper is an in-depth mixed method, qualitative and quantitative investigation of how NHS health staff and nursing students in England and Wales make decisions about working and studying, how they adapt their patterns of studying and work in response to their perceptions of the nursing workforce in the NHS, and the implications for managing human resources in healthcare.

The analysis identified companies and sectors competing for nursing skills and showed that some nursing staff were towards the end of their careers and would be retiring, leaving the NHS with a shortage of highly experienced and qualified senior nursing staff to provide care. A number of solutions, adapted from suggestions by the research participants, are provided in the last part of the results so that the inner-directed manager can use this paper as a starting point to implement some practical solutions to reducing the nursing shortage and improve the HR management and retention of the NHS workforce.

## **6. Position Analysis For Doctors**

In 2007 (March), the NHS launched a 'next stage review'. One of the principles being referred to was that the patient knows best - who then better to assess the quality of the service. The role of doctors within the NHS varies. As well as directly contributing to healthcare, doctors also have managerial and leadership responsibilities, whether this be through lobbying (Royal colleges/commissioning), interpreting evidence through teaching (edutocracy), or through the management of healthcare services (clinical governance), personnel, etc. Nonetheless, effective management of the healthcare system is here to improve the standard of living of other human beings. The analysis begins by exploring the amount of time that doctors are spending in hospitals and delivering care and the environment in which they operate, including the structure of the NHS and the regulatory bodies responsible for overseeing them.

### **6.1. Roles and Responsibilities**

#### **General Practitioners (GPs):**

- **Primary Care Providers:** GPs are usually the first point of contact for patients. They provide continuous and comprehensive care, addressing a wide range of health issues.
- **Referral:** GPs refer patients to specialists or other healthcare services as needed.
- **Preventive Care:** They engage in health promotion and disease prevention, including vaccinations, screenings, and lifestyle advice.

#### **Specialists/Consultants:**

- **Secondary/Tertiary Care:** Specialists provide expert care in specific medical fields, such as cardiology, oncology, or surgery.
- **Leadership in Care:** They often lead multi-disciplinary teams to provide coordinated care for patients with complex needs.
- **Training and Research:** Many consultants are involved in teaching medical trainees and conducting research to advance medical knowledge.



#### **Junior Doctors:**

- **Training Role:** Junior doctors, including Foundation Year doctors and specialty trainees, provide patient care while also completing their training.
- **Clinical Duties:** They perform a wide range of tasks, including diagnosing conditions, developing care plans, and conducting procedures under supervision.
- **Shift Work:** Junior doctors often work long, irregular hours, including night shifts and weekends.

### **6.2. Working Conditions**

#### **Workload and Hours:**

- **High Patient Demand:** Doctors face significant workload pressures, exacerbated by staff shortages and increasing patient numbers.
- **Long Hours:** Many doctors, particularly juniors, report working beyond their scheduled hours, leading to concerns about work-life balance.
- **Shift Patterns:** Junior doctors and some other medical staff work in rotational shifts, which can be physically and mentally demanding.

#### **Staffing Levels:**

- **Doctor Shortages:** There are ongoing shortages of doctors in various specialties, leading to increased workloads for existing staff.
- **International Recruitment:** The NHS relies heavily on international medical graduates to fill staffing gaps.

#### **Pay and Contracts:**

- **Salaries:** Salaries for NHS doctors are structured according to pay scales based on experience and grade. Junior doctors' pay is lower, and they have been involved in disputes over pay and conditions.
- **Contractual Disputes:** There have been several high-profile disputes between NHS doctors and the government, particularly concerning junior doctors' contracts in 2015-2016.

### **6.3. Challenges**

The careers of doctors and their working lives are informed by many factors and touch on a range of policy areas. The ways in which doctors are trained, recruited, managed, developed, and rewarded depend on both individual and organizational concerns. Indoctrinated with ethical and professional standards, doctors are also charged with mediating between the personal and public sectors. Changing patient and consumer roles and increasing managerialist introduction in the public services have also influenced medical professionalism in the UK. The changes have resulted in some challenges as well as opportunities for contemporary performance. Given the magnitude of the changes, little has actually been collected knowledge about either the intrinsic characteristics of the work of doctors in any depth or impact of recent shifts. However, the rising employment



opportunities within healthcare confront the actual physician labour service with potential for doctors to perform their activities in a less chaotic system. (Wilson et al.2021)

#### **Burnout and Mental Health:**

- **High Stress Levels:** The intense workload, combined with the emotional demands of patient care, leads to high levels of stress and burnout among doctors.
- **Support Services:** While there are support services available, many doctors feel that mental health support within the NHS is inadequate.

#### **COVID-19 Impact:**

- **Increased Pressure:** The pandemic significantly increased the workload and stress levels for doctors, particularly in critical care and emergency services.
- **Delayed Care:** Post-pandemic, doctors face the challenge of dealing with a backlog of non-COVID cases, leading to further strain on resources.

#### **Workforce Retention:**

- **Retention Issues:** Many doctors are leaving the NHS for better working conditions abroad or opting for early retirement, leading to a loss of experienced staff.
- **Morale:** Morale has been a concern, particularly after disputes over contracts and working conditions.

### **6.4. External Factors**

#### **Government Policies:**

- **NHS Funding:** Government funding decisions directly impact the resources available to doctors, including staffing levels, equipment, and facilities.
- **Health Policy Reforms:** Changes in health policies, such as those related to public health or primary care, can significantly affect doctors' roles and workload.

#### **Public Perception and Media Coverage:**

- **Public Trust:** Doctors generally maintain high levels of public trust, but media coverage can influence perceptions, particularly during disputes or scandals.
- **Accountability:** Doctors are held to high standards of accountability, with scrutiny from both regulatory bodies (e.g., GMC) and the public.

#### **Training and Development:**

- **Leadership Roles:** There are opportunities for doctors to take on leadership roles within the NHS, influencing policy and care delivery at various levels.
- **Policy:** There is a need to engage with and address doctors' concerns about potential professional isolation and loss of control over their work environment as much of the NHS becomes independent of the rest of the public service.



- **Education:** It is important that we continue to highlight and contrast the core values in the new NHS with traditional medical ethics. There is considerable agreement that doctors should adopt a more systematic and analytical approach to their work, fully involving the patient and integrating their expertise with that of other professionals and the evidence base.
- **Supports:** Develop a higher level and culturally congruent strong leadership team, that has a high enough understanding of policy to guide and develop practice internally, and shift and innovate practice nationally.
- Commission further research to develop and evaluate a financial case for investment in doctors working differently including changes to the working week.

## 7. Conclusion

Doctors in the NHS UK hold crucial roles with diverse responsibilities, ranging from primary care to specialized treatment and research. However, they face significant challenges, including high workloads, mental health pressures, and staffing shortages. Government policies, funding, and public perception also play critical roles in shaping their work environment. Despite these challenges, opportunities exist in areas like digital health, research, and professional development, which can help doctors adapt to and thrive in an evolving healthcare landscape.



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