

Research Report: Staff shortage in the NHS

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Introduction

For this report I will be going over the criteria of staff shortages in the NHS, NHS stands for National Health Services it is a service that delivers healthcare services to every person living in the UK. The NHS faces 10 thousands of unfilled roles which impacts the care of patients as well as staff wellbeing and organisational efficiency. This report will be identifying the workforce shortages and will be evaluating the source of the issue so that we can illuminate the issue. The purpose of this research is to investigate the underlying causes to find multiple solutions to the issue. The report will conclude a personal reflection on why this topic is significant for the professional development in the health care and social care system.

Task 1: Selection of a Research Topic

The reason why I have chosen this topic is to focus on the causes and consequences in the workforce in the NHS for hospitals, care homes and communities' settings because of the issue we face currently with the high quality of healthcare services that are needed in the UK.

Staff shortages affect a lot of stakeholders who work with or in the health care system as well as patients due to waiting times, reduce to access of care, and patient safety. The death rate is at high risk due to the shortage of nurses which demonstrates the direct link to workforces and clinical outcomes, the burden of increased workloads, stress, and burnouts effect staff

because they are having to deal with multiple patients, tests, and emergencies within the work place which is a vicious cycle which perpetuates the problem.

Organisations within the healthcare factor face financial consequences due to annual costs by using agencies to fill in gaps for staff, which is rising more than £10 billion and is a problem as it effects with providing and giving care for their staff and patients. Due to this issue the Health and Social Care Committee struggle with workforce, government ambitions for the hospitals and neighbourhoods as they are floundered with work, this highlights the fact that workforce shortages threaten not only the current situation but for the future transformation.

Personal Reflection

I have chosen this topic to represent my concerns about the fundamental challenges within the health and social care sector as it conflicts with my profession interests. Having to research and observe the pressures that healthcare staff must face during work experience brings me to research about why there are many challenges to face for themselves, i am keen on this research to get a understanding about the systemic factor of the skilled professionals that work in the NHS or leave working the NHS. This issue is a direct connection to my future career plans within the health and social care sector as workforce dynamics are essential to my specific role. The issue raises important questions about the modern working practises and digital technologies as it aligns with the challenges and module focus on the digital skills which is why I believe that the shortage of staff is a massive impact within the NHS field.

Task 2: Evaluating Information Sources

For this task I have found 3 sources to support the research report, as it will provide an insight about the staff shortages that the NHS.

Source 1: HealthManagement.org (2025) - The NHS Workforce; A Fragile Foundation for Future Reform

In this article that I have found I will be explaining about the information to relate to this research about the workforce pressure. The most recent vacancy data shows a 6.9% vacancy rate in England in June 2025 this is useful as it contextualised shortages within the workforce trend, the expectations of Millennial and Generation staff which constitute a growing proportion of the workforce. The highlight of this article is about the mental wellbeing of

staff as a lot of nurses and other professions suffer with anxiety, depression and much more which totals up to 28.6% of sickness leaves because of the effect they get from this issue.

The credibility is drawn upon official data from the House of Commons Library which refers to the establishment institutions which includes The Kings Fund. This incorporates the findings within the NHS staff survey as it is providing a robust evidence base. But the publication of the management focus journal is based on a peer reviewed academic report which sums up the limit in authority.

Source 2: The Health Foundation (2026) – "Meeting the NHS Workforce Retention Challenge"

The Health Foundation offers a detailed analysis about the critical component of the workforce crisis as it is particularly valuable to examine vacancy numbers of why staff leave and most importantly about why some stay, this source identifies the impact of patient care, remaining staff and the impact of costs and productivity.

The Health Foundation is a highly credible independent charity which is committed to improving the healthcare in the UK. This analysis the peer reviewed studies across the 148 NHS trusts which examines the relationship the patient's turnovers and outcomes, this is useful because it emphasises the need of the evidence-based interventions that highlights the gaps of the current understanding around the differences between voluntary and involuntary turnovers.

Source 3: British Psychological Society (2025) – "NHS Staff Are Experiencing Unacceptable Levels of Burnout and Discrimination"

In this source I have found out that the professional commentary reflects on the 2024 NHS Staff survey which results in the insights of the psychological impact of the workforce shortage, which reveals that there is only a 34% of staff that feel that there are staff to complete the jobs whereas there is a 14% of physical violence towards patients or the public. This source leads to the author who drew a personal experience of leading staff wellbeing initiatives which adds a practical credibility to the analysis.

In the British Psychological Society, the professional body for psychology in the UK this leads to the authority as it connects to the workforce shortage of staff wellbeing and the access to the staff support services. The research identifies the lack of consistent towards the psychological support across the NHS trusts which suggests that there is in need of further investigating.

Gaps in Current Research

Meanwhile the literature documents scale the shortages factors which lead to burnouts and poor work life balance, several gaps remain in the research. The limited research is effective interventions that improve retention for those tailored to the different positions in their profession groups. The relationship between workforce shortages and health inequalities is under explored which had been shown through evidence that areas deprive from the recruitment difficulties which impacts a digital transformation on the staff workload topic and retention is required for a more rigorous investigation.

Task 3: Research Methodologies

The research methodologies can be categorised into 3 approaches. The first to be Quantitative, second being Qualitative research and third being Mixed methods research.

Quantitative research is about involving the collection and analysing the number data so that your able to identify the patterns, relationships and the cause-and-effect connections which will be in use for statistical relationships between staffing levels and patient mortality rates across multiple NHS trusts.

Qualitative research explores the non-numerical data such as interviews and focuses groups; the qualitative study investigates on why nurses choose to leave their chosen professions by looking into their experiences and decisions made in the process.

Mixed- Method Methodology's about combing the integrating quantitative and qualitative data to provide a more comprehensive understanding.

Task 4: Data Collection

There are 2 types of data collections which are primary data and secondary data, primary data goes into detail about surveys, interviews, and observations whereas secondary data analyses

the information that is collected by others such as; NHS workforce statistics, staff survey results and organisational records.

Using both primary and secondary data within a mixed method methodology frame would combine the sources of the primary and secondary data bases into advantages of the overall process. Secondary data provides the foundation of understanding scales and pattern in problems whereas primary data collection would add a depth and a context which gives a semi structured interview within the current NHS staff, leavers and human resources managers.

The challenges would include time and skills as it will be required for the qualitative data for potential difficulties in recruiting's as well needing to integrate the different types of data coherently, which includes informed consent and confidentiality so that careful attention is required while interviewing staff about sensitive workplace experiences.

Conclusion

The conclusion to this report conducts to the critical issue of staff shortages within the NHS trust, identifying the problems, those who are affected by it, as well as the consequences of patient care, staff's wellbeing's and an organised sustainability. I have evaluated the 3 credibility sources that demonstrates the burnouts, workload pressures and retention challenges. The mixed-method methodology combines the secondary data analysis with the primary qualitative interviews, which is appropriate for the investigation of both scales and underlaying causes of shortages. Fundamentally the support workforce and the NHS cannot deliver a safe, effective and vision able transformation for the future service.

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