

# The Imperative for a Paradigm Shift in India's Healthcare Workforce

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[journals.sagepub.com/home/aon](http://journals.sagepub.com/home/aon)**Sunil Saini<sup>1</sup>**

In the complex landscape of healthcare, the dynamics of supply and demand for medical professionals hold significant implications for the quality and accessibility of care. India, with its burgeoning population and multifaceted health challenges, faces a critical juncture in determining the optimal composition of its healthcare workforce. We must reckon with the unbalanced composition of our workforce and determine the role that not only doctors but also nurses and allied health professionals will play in the making of a new India.<sup>1,2</sup>

Historically, there has been a disproportionate emphasis on producing medical doctors. This editorial argues that to meet current and future healthcare needs effectively, India must shift its focus toward systematically increasing the number as well as improving the quality, education, empowerment of nurses, allied health care providers, and support staff. Rather than concentrating predominantly on expanding the cadre of medical doctors alone.<sup>3,4</sup>

Optimal delivery of healthcare requires the collaborative effort of a diverse team of physicians, nurses, physiotherapists, dieticians, and paramedics. By making healthcare doctor-centric, we make it disease-centric; we fail to leverage each professional's expertise in looking after the overall well-being of an individual and population at large.

## Changing Demographic Profile

Over the next 30 years, India's demographic profile will undergo significant transformations, profoundly impacting its healthcare needs. The nation is expected to experience a substantial increase in its elderly population due to rising life expectancy and declining fertility rates. By 2050, individuals aged 60 and above could constitute over 19% of the population, compared to around 10% today. India's demographic profile is marked by a dual focus on a significant elderly population and a substantial youth cohort, each with

unique characteristics and needs. India has one of the largest youth populations in the world. As of 2021, nearly 30% of the population was aged 15–29.<sup>5</sup>

The youth population, while decreasing in proportion, will remain significant, necessitating robust maternal and child health services to ensure a healthy future workforce. Young Indians are increasingly facing lifestyle-related health issues such as obesity, stress, and mental health problems.<sup>6</sup>

India's development of civic amenities and its demographic profile reveal stark disparities, influenced by factors such as urbanization, regional diversity, and socio-economic status. Access to quality healthcare, including mental health services, is a growing concern, demanding integrated health services.<sup>7</sup>

Moreover, as economic development progresses, urbanization will continue to rise, leading to more lifestyle-related health issues such as diabetes, cardiovascular diseases, obesity, and cancer, requiring a shift from acute care to preventive and chronic disease management. Conversely, rural areas may still grapple with infectious diseases and inadequate healthcare infrastructure.<sup>8</sup>

Traditional joint families are increasingly being replaced by nuclear families, and this shift has profound implications for health care. Geriatric healthcare and long-term care facilities are becoming crucial. India's demographic profile highlights the need for a balanced approach in policy-making that addresses the diverse needs of both its aging population and its youth. Focusing on geriatric care, economic security

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for seniors, and opportunities for the young will be crucial for sustainable development.<sup>9</sup>

In summary, India's healthcare system will need to adapt to an aging population, urban health challenges, persistent rural health disparities, and a rising tide of chronic and mental health conditions.

## **The Disproportionate Emphasis on Medical Doctors**

The traditional view of healthcare in India has been predominantly doctor-centric, with medical doctors seen as the cornerstone of the healthcare system. This perspective, while understandable given the critical roles that doctors play, has inadvertently led to a skewed allocation of resources and educational opportunities and scope for other health care professionals to contribute to their best as per evolving needs. According to the World Health Organization (WHO), India has approximately one doctor for every 1,456 people, slightly lower than the recommended doctor-population ratio of 1:1,000. However, the same cannot be said for nurses and allied health professionals, where the shortages are stark and alarming, compounding with time.<sup>3,4</sup>

Bridging the gaps in the availability of doctors versus nursing and allied health care professionals and support staff for optimal healthcare services in India involves several strategic initiatives. These initiatives should focus on improving training, enhancing recruitment, optimizing resource distribution, and fostering professional development.

## **A More Pragmatic Approach**

Empowering nursing and allied health care professionals to acquire and execute need-based clinical skills and leadership roles, as well as expanding the number of such professionals, is a more practical solution to solving the shortage of healthcare workforce. Since highly specialized nature of medical education makes it impossible to rapidly increase the number of doctors while ensuring quality and pushing them to accept positions and deliver services in areas lacking opportunities for professional and personal growth. On the other hand, the training for nurses and allied health professionals is shorter, less expensive, and less competitive.<sup>3,4,10</sup>

The modern doctor, while working at any level of health care system, is better served when they are aided by medical professionals who can perform tasks that require a moderate level of medical expertise. This system of empowering nursing and allied health professionals reduces the burden of the doctor and allows for a quicker and more sustainable expansion of the healthcare workforce. We will then be able to address not only our immediate healthcare needs but also build a more resilient and robust healthcare system.<sup>3,10,11</sup>

## **Expanding Access to Care**

In many developed countries, nurse practitioners, clinical nurse specialists, and allied health care professionals increasingly perform roles that require higher clinical skills and critical thinking. These roles have traditionally been held by doctors in our country, but their services are often unavailable in remote rural areas. In India too, with appropriate training and support, nursing professionals can deliver high-quality care in underserved areas, providing preventive, promotive, and curative services that are suitable to the needs of rural populations, where doctors are in short supply.<sup>10,12</sup>

## **Making Healthcare Affordable for All**

Healthcare poses a significant economic burden in our country, where most expenditures on healthcare are made out-of-pocket and insurance coverage is scanty. Allowing allied health professionals to take over a portion of health care, which they can be trained to perform reasonably well, can go a long way in reducing healthcare costs. Centering healthcare delivery around highly specialized doctors will, needless to say, exponentially drive up the cost of seeking treatment, even for minor ailments.<sup>13</sup>

## **Improving Patient Outcomes**

Numerous studies have demonstrated that a well-balanced healthcare team, comprising an adequate number of nurses and allied health professionals, leads to better patient outcomes. Nurses and allied professionals are often more accessible to patients. Thus, they are better suited for providing continuous and personalized care necessary for managing chronic conditions that do not always require the supervision of a specialized physician. They are also better positioned to actively participate in patient education, encouraging patients to modify their lifestyles and ensuring patient follow-up and compliance to treatment. Such services are essential to improve the outcomes of ongoing treatments and promote preventive care and overall well-being.<sup>10,12-15</sup>

Expanding their roles and investing in their education and training will further enhance their impact in mitigating healthcare costs and improving the overall health of the population.

## **The Evolving Healthcare Landscape**

India's healthcare needs are evolving rapidly, driven by demographic changes, the rise of non-communicable diseases, and the increasingly unmet care needs of the geriatric population. The COVID-19 pandemic previously underscored the critical role of nurses and allied health professionals, who were at the frontline of patient care, often providing not only medical assistance but also emotional and psychological

support. This shift towards a more holistic, patient-centered approach necessitates a healthcare workforce that is not only larger but also more diverse in its skill set.<sup>12</sup>

## The Way Forward: Policy and Educational Reforms

To realize this vision, India must undertake comprehensive policy and educational reforms. This includes increasing funding for nursing and allied health education, expanding training programs, and providing incentives for these professionals to work in underserved areas. The government should also promote the integration of nurses and allied health professionals into primary care teams, recognizing their roles as integral to the healthcare system.

Nursing and allied healthcare professionals can play a pivotal role in promoting the practice of integrated medicine, a holistic approach that combines conventional medicine with complementary and alternative therapies. Their training in holistic, patient-centered care, combined with their roles in education, advocacy, and interdisciplinary collaboration, makes them ideally suited to promote and implement integrated medicine. By focusing on evidence-based practices, fostering patient trust, and promoting holistic health, they can help create a healthcare system that meets the diverse needs of all patients by providing culturally appropriate care.

In conclusion, the time has come for India to recalibrate its healthcare workforce strategy. By prioritizing the training and deployment of nurses and allied health professionals, the country can build a more effective, equitable, and sustainable healthcare system. This shift is not merely a response to current shortages but a proactive measure to ensure that the healthcare system can meet the demands of a growing and aging population. It is an investment in the future, where the focus is not solely on the number of doctors, but on the overall capacity of the healthcare workforce to deliver high-quality, accessible care to all Indians.

## References

1. Chawla N. Unveiling the ABCs: Identifying India's Healthcare Service Gaps. *Cureus* 2023 Jul 24; 15(7).
2. Mehta V, Ajmera P, Kalra S, et al. Human resource shortage in India's health sector: a scoping review of the current landscape. *BMC Public Health* 2024; 24: 1368.
3. World Health Organization (WHO). Global Strategy on Human Resources for Health: Workforce 2030. 2020.
4. Public Health Foundation of India. The Critical Shortage of Nurses in India: Strategies for Increasing Supply and Quality. 2019.
5. International Institute for Population Sciences & United Nations Population Fund. India Ageing Report 2023, Caring for Our Elders: Institutional Responses. United Nations Population Fund, New Delhi; 2023.
6. Singh S, Gururaj G. Health behaviours & problems among young people in India: Cause for concern & call for action. *Indian J Med Res* 2014 Aug; 140: 185–208.
7. Butsch C, Sakdapolrak P, Saravanan VS. Urban Health in India. *Int Asienforum* 2012; 43(1–2): 13–32.
8. Lunenfeld B, Stratton P. The clinical consequences of an ageing world and preventive strategies. *Best Pract Res Clin Obstet Gynaecol* 2013 Oct; 27(5): 643–59.
9. Thampi K, Mathew LM. Aging in Place for Community-Dwelling Older Adults in India: A Qualitative Exploration of Prospects and Challenges. *Gerontol Geriatr Med* 2024 Jan 6; 10: 23337214231223636.
10. Gottlieb LN, Gottlieb B, Bitzas V. Creating Empowering Conditions for Nurses with Workplace Autonomy and Agency: How Healthcare Leaders Could Be Guided by Strengths-Based Nursing and Healthcare Leadership (SBNH-L). *J Healthc Leadersh* 2021 Jul 27; 13: 169–181.
11. Kumar A. The Transformation of The Indian Healthcare System. *Cureus* 2023 May 16; 15(5).
12. Mann C, Timmons S, Evans C, Pearce R, Overton C, Hinsliff-Smith K, Conway J. Exploring the role of advanced clinical practitioners (ACPs) and their contribution to health services in England: A qualitative exploratory study. *Nurse Educ Pract* 2023 Feb; 67: 103546.
13. Sriram S, Albadrani M. A study of catastrophic health expenditures in India - evidence from nationally representative survey data: 2014–2018. 2022 Feb 3; 11: 141.
14. Sreedharan JK, AlRabeeh SM, et al. Quality improvement in allied healthcare: Key recommendations for educational institutions. *Inform Med Unlocked* 2023; 43: 101412.
15. Morley L, Cashell A. Collaboration in Health Care. *J Med Imaging Radiat Sci* 2017; 48(2): 207–216.