

Workforce Planning and Staffing Management Practices in A Healthcare Institution in Gulbarga

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Abstract—This research paper evaluates workforce planning and staffing management practices in a healthcare institution in Gulbarga, focusing on operational continuity and patient care. The study examines employee perceptions across three dimensions: baseline staffing adequacy, operational staffing practices, and human resource support. A quantitative descriptive research design was adopted, using primary data from 82 employees (N = 82) through a structured five-point Likert scale questionnaire. Mean score analysis was used to interpret the data. The findings show favourable perceptions across all dimensions, with Human Resource Support and Employee Development recording the highest mean score (4.03), followed by Operational Staffing Practices (3.89) and Baseline Staffing Adequacy (3.82). The study recommends flexible shift scheduling during peak hours and standardized onboarding to further improve workforce effectiveness.

Index Terms—Workforce Planning, Staffing Management, Healthcare Sector, Human Resource Management Mean score indexing, Employee Allocation.

I. INTRODUCTION

Human resources constitute the foundation of healthcare institutions, where the quality, accessibility, and continuity of services depend heavily on the availability of a competent and well-managed workforce. Workforce planning and staffing management are essential human resource functions that enable healthcare institutions to forecast staffing requirements, allocate employees effectively, and ensure that personnel are deployed efficiently to deliver optimal patient care. The World Health Organization (WHO, 2020) emphasizes that systematic health workforce planning is fundamental

to strengthening health systems and ensuring sustainable healthcare delivery.

II. REVIEW OF LITERATURE

Griffiths et al. (2023) highlighted the importance of adequate staffing levels and appropriate skill mix for effective workforce planning and improved healthcare outcomes.

Bae (2023) found that appropriate nurse staffing and effective work scheduling contribute to workforce stability and employee retention.

Morse et al. (2024) reported that effective staff scheduling improves workforce allocation, productivity, and employee satisfaction in hospitals.

Mehta et al. (2024) identified inadequate availability and unequal distribution of healthcare workers as major challenges in India, emphasizing the need for systematic workforce planning.

Zhu et al. (2024) emphasized strategic manpower management, resource optimization, and effective staffing practices for improving healthcare service delivery.

RESEARCH GAP

Existing studies have examined healthcare staffing, scheduling, workload, and HR practices separately. However, limited research has assessed these dimensions together from employees' perspectives within a single healthcare institution in Gulbarga. This study addresses this gap by examining staffing adequacy, operational staffing practices, and HR support using primary data from 82 respondents. The study also identifies areas of strength and operational challenges in current workforce management

practices. It provides institution-level insights that can support better staffing decisions, workload management, and employee development. Thus, the study contributes to a more integrated understanding of workforce planning and staffing management in healthcare institutions.

III. OBJECTIVES

- To assess staffing adequacy: Evaluate baseline staffing levels and workload during peak hours.
- To examine operational scheduling: Analyze daily shift coordination and task allocation.
- To measure HR support: Assess administrative responsiveness and employee training.
- To propose solutions: Recommend dynamic workforce strategies to reduce employee stress.

Analysis and interpretations

3.1. Demographic Profile of the Respondents

The demographic characteristics of the respondents provide a foundational understanding of the workforce composition within the selected multispecialty healthcare institution. An examination of age, department, work area, and years of experience facilitates a comprehensive interpretation of the employee profile and provides the contextual basis for evaluating workforce planning and staffing management practices.

Table 3.1 Age-wise Distribution of Respondents (N = 82)

Age	Frequency	Percentage (%)
20-30 years	20	24.39%
31-40 years	40	48.78%
41-50 years	20	24.39%
Above 50 years	2	2.44%
Total	82	100%

Source: Primary Data (Structured Questionnaire Survey, 2026).

Results and Discussion

The age-wise distribution indicates that the largest proportion of respondents (48.78%) belongs to the 31–40 years age group, followed by 20–30 years and 41–50 years, each accounting for 24.39% of the total respondents.

Employees aged above 50 years constitute only 2.44% of the study population. The findings reveal that the hospital workforce is predominantly concentrated within the early and middle stages of professional careers, reflecting an appropriate balance between operational experience and workforce productivity. Such an age composition is considered advantageous for healthcare organizations, as it supports workforce continuity, adaptability to dynamic clinical environments, and effective implementation of workforce planning and staffing management practices.

Table 3.2 Department-wise Distribution of Respondents (N = 82)

Department	Frequency	Percentage (%)
Doctor	23	28.05%
Nursing	36	43.90%
Pharmacy	6	7.32%
Laboratory	6	7.32%
Reception/Billing	6	7.32%
Others	5	6.10%
Total	82	100%

Source: Primary Data (Structured Questionnaire Survey, 2026).

Results and Discussion

The department-wise distribution demonstrates that the Nursing Department constitutes the largest proportion of respondents, accounting for 43.90% (36 employees) of the total sample, followed by doctors with 28.05% (23 employees). The Pharmacy, Laboratory, and Reception/Billing departments each contribute 7.32% (6 employees), while the other category represents 6.10% (5 employees) of the respondents.

The findings indicate that the study incorporates participants from diverse clinical and administrative departments, thereby ensuring a representative workforce profile.

Such multidisciplinary representation strengthens the reliability of the study by providing comprehensive insights into workforce planning and staffing management practices across different functional areas of a selected multispecialty hospital.

Table 3.3 Years of Experience of Respondents
(N = 82)

Years of Experience	Frequency	Percentage (%)
Below 1 Year	2	2.44%
1-2 years	34	41.46%
3-5 years	23	28.05%
6-10 years	15	18.29%
Above 10 years	8	9.76%
Total	82	100%

Source: Primary Data (Structured Questionnaire Survey, 2026).

Results and Discussion

The distribution of respondents based on years of professional experience indicates that the largest proportion of employees (41.46%) possess 1–2 years of work experience, followed by 28.05% with 3–5 years of experience. Employees having 6–10 years and above 10 years of experience constitute 18.29% and 9.76%, respectively, while only 2.44% have less than one year of experience. The findings suggest that the workforce is predominantly composed of employees in the early stages of their professional careers, complemented by a reasonable proportion of experienced personnel. This balanced distribution enhances organizational continuity by combining developing talent with experienced employees, thereby supporting effective workforce planning, knowledge sharing, and efficient staffing management within the healthcare organization.

Table 3.4 Work Area-wise Distribution of
Respondents (Multiple Responses) (N = 82)

Work Area	Frequency	Percentage %
OPD (out patient department)	7	6.36%
IPD (Inpatient department)	13	11.82%
ICU (Intensive care unit)	15	13.64%
HDU (High dependency unit)	11	10.00%
Emergency/casualty	11	10.00%
Operation theatre	20	18.18%
General ward	16	14.55%
Laboratory	5	4.55%
Pharmacy	7	6.36%
Reception/ Billing	1	0.91%
Diagnostic service	4	3.64%
Others	110	100%

Source: Primary Data (Structured Questionnaire Survey, 2026).

Note: This was a multiple-response question; therefore, the total number of responses (110) exceeds the total number of respondents (82) because some employees selected more than one work area.

Results and Discussion

The work area-wise distribution indicates that Operation Theatre (18.18%) recorded the highest proportion of responses, followed by the General Ward (14.55%) and the Intensive Care Unit (13.64%). Responses were also obtained from employees working in the IPD, HDU, Emergency/Casualty, OPD, Pharmacy, Laboratory, Diagnostic Services, and Other functional areas. Since respondents were permitted to select multiple work areas, the total number of responses exceeded the total sample size. The findings demonstrate that the study represents employees from diverse clinical and support service units, thereby providing a comprehensive perspective for evaluating workforce planning and staffing management practices within a selected multi-specialty healthcare institution.

3.5 Employees' Perception of Workforce Planning Practices

To assess employees' perceptions regarding workforce planning practices at the selected multi-specialty healthcare institution, four key indicators representing staffing adequacy, workforce utilization, workload management, and workforce planning according to service requirements were examined

Table 3.5.1: Employees' Perception of Workforce
Planning Practices (N = 82)

Statement	Mean score	Interpretation
Adequate staff are available to manage the daily workload	4.27	High Agreement
Available staff are utilized effectively	4.09	High Agreement
Workforce planning helps reduce excessive workload	3.84	High Agreement
The hospital plans its workforce according to service requirements	4.05	High Agreement

Note: Mean score interpretation: 1.00–1.80 = Strongly Disagree; 1.81–2.60 = Disagree; 2.61–3.40 = Neutral; 3.41–4.20 = Agree/High Agreement; 4.21–5.00 = Strongly Agree/Very High Agreement.

Results and discussions

The findings indicate a favorable perception of workforce planning practices among employees of the selected multi-specialty healthcare institution. The highest mean score (4.27) was observed for staffing adequacy in managing daily workload, indicating that employees generally perceive staffing levels as sufficient for routine operations. Effective utilization of available staff (Mean = 4.09) and workforce planning according to service requirements (Mean = 4.05) also received high agreement, reflecting confidence in workforce allocation and planning processes. Workforce planning to reduce excessive workload received a comparatively lower mean (3.84), indicating scope for improved workload balancing. Overall, the findings suggest that workforce planning contributes to efficient staff deployment and effective organizational functioning.

3.6 Employees' Perception of Staffing Management Practices

To evaluate employees' perceptions of staffing management practices at the selected multi-specialty healthcare institution, four key parameters were assessed: fair distribution of work responsibilities, assignment of duties based on skills and experience, effectiveness of shift schedule planning, and availability of sufficient staff during peak workload hours. The summarized mean scores and their corresponding interpretations are presented in the following table.

Table 3.6.1: Employees' Perception of Staffing Management Practices (N = 82)

Statement	Mean score	Interpretation
Shift schedules are planned and communicated effectively	3.99	High Agreement
Work responsibilities are distributed fairly among employees	3.90	High Agreement

Work responsibilities are distributed fairly among employees	3.89	High Agreement
Sufficient staff are available during peak working hours	3.77	High Agreement

Note: Mean score interpretation: 1.00–1.80 = Strongly Disagree; 1.81–2.60 = Disagree; 2.61–3.40 = Neutral; 3.41–4.20 = Agree/High Agreement; 4.21–5.00 = Strongly Agree/Very High Agreement.

Results and Discussion

The empirical results show a highly positive perception of day-to-day staffing practices, with all four indicators falling within the “High Agreement” range. The highest mean score was recorded for shift schedule planning and communication (Mean = 3.99), indicating that the hospital maintains a well-coordinated scheduling system that provides staff with timely clarity regarding their rotations. Positive consensus was also observed regarding the equitable distribution of work responsibilities (Mean = 3.90) and the alignment of duties with individual skills and experience (Mean = 3.89). These findings indicate that human resource deployment effectively considers employee capabilities, supporting overall team efficiency. In contrast, the availability of sufficient staff during peak working hours received the lowest relative rating (Mean = 3.77). While still positive, this lower score highlights that sudden surges in patient volume create noticeable operational pressure on frontline staff. To mitigate this strain, the hospital can optimize real-time staff allocation by implementing flexible, overlapping shifts during high-volume clinical hours.

3.7 Human Resource Support and Employee Development

To understand how organizational support shapes workforce efficiency at multi-specialty healthcare institution, three key elements of human resource development were analyzed: the effectiveness of new employee orientation, the impact of training initiatives on performance, and the responsiveness of HR staff regarding everyday staffing challenges. The quantified results and their corresponding analytical classifications are documented in Table.

Table 3.7.1: Employees' Perception of HR Support and Development (N = 82)

Statement	Mean score	Interpretation
HR provides timely support for staffing-related issues	4.29	Strongly Agree / Very High Agreement
Training programs improve employees' job performance	4.12	Agree / High Agreement
New employees receive proper orientation before starting work	3.68	Agree / High Agreement

Note: Mean score interpretation: 1.00–1.80 = Strongly Disagree; 1.81–2.60 = Disagree; 2.61–3.40 = Neutral; 3.41–4.20 = Agree/High Agreement; 4.21–5.00 = Strongly Agree/Very High Agreement.

Results and Discussion

The results indicate a high level of employee agreement regarding HR support and staffing-related practices. HR's timely support for staffing-related issues received the highest mean score of 4.29, indicating very high agreement among employees.

Training programs improving job performance received a mean score of 4.12, reflecting high agreement.

The statement regarding proper orientation for new employees recorded a mean score of 3.68, also indicating high agreement, although it received the lowest score among the three statements. Overall, the findings suggest that HR support, employee training, and orientation practices are positively perceived by employees.

3.8 Overall Findings and Discussion

This section brings together the findings from the previous three areas: baseline staffing adequacy (Section 3.5), day-to-day staffing practices (Section 3.6), and human resource support (Section 3.7). Combining these results provides an overall view of the practices that are working well at the selected multi-specialty hospital and the areas that can be further improved.

A summary of the average scores for each major area is presented in Table 3.8.1.

Table 3.8.1: Staffing and HR Management Dimensions (N = 82)

Empirical Dimension	Key Focus Areas	Cumulative Mean	Interpretation
Human Resource Support	Administrative responsiveness, training effectiveness, employee orientation	4.03	High Agreement
Operational Staffing Practices	Shift scheduling, duty allocation, workload distribution	3.89	High Agreement
Baseline Staffing Adequacy	Staff availability, workload management, staffing adequacy	3.82	High Agreement

Note: Dimension means are calculated by combining the data sets from Sections 3.5, 3.6, and 3.7.

Overall Assessment of Workforce Management Practices

Overall, the findings indicate that employees have a highly positive perception of workforce management at the selected multi-specialty healthcare institution, with all three dimensions falling within the “High Agreement” range. Human Resource Support and Employee Development received the highest cumulative mean score (4.03), indicating effective administrative responsiveness, training effectiveness, and employee orientation.

Operational Staffing Practices also received a positive rating (3.89), reflecting effective shift scheduling, duty allocation, and workload distribution. Baseline Staffing Adequacy recorded the lowest cumulative mean score (3.82), although it remained within the “High Agreement” range.

The findings suggest that improvements in staff availability and workload management, particularly during periods of increased patient demand, could further strengthen workforce efficiency. Overall, the results demonstrate that the selected multi-specialty healthcare institution has effective workforce management practices, while continued attention to staffing adequacy can support sustainable operational performance.

IV. CONCLUSION

This study evaluated workforce planning and staffing management practices in a selected multi-specialty hospital in Gulbarga using a quantitative descriptive research design based on 82 employee responses (N = 82). The study examined three key dimensions: baseline staffing adequacy, operational staffing practices, and human resource support. All three dimensions received ratings within the “High Agreement” range. Human Resource Support and Employee Development recorded the highest mean score (4.03), followed by Operational Staffing Practices (3.89) and Baseline Staffing Adequacy (3.82). Although the overall findings were positive, lower scores for peak-hour staffing availability (3.77) and workload/stress reduction (3.84) indicate areas requiring further attention. Overall, the findings suggest that effective workforce planning and staffing management contribute to efficient staff deployment and organizational functioning, while improvements in staffing adequacy and workload management can further strengthen workforce effectiveness.

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