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A STUDY ON HEALTH WORKFORCE IN SRI LANKAN GOVERNMENT SECTOR ALLOPATHIC HEALTH SYSTEM

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Sri Lanka has achieved remarkable high standards in health indices in healthcare service comparing to many countries even to developed countries. In this success story, commitment of the health workforce from policy makers to field workers is unforgettable. Without a dedicated, motivated staff, such achievements are highly impossible. Any leader with a good vision for the success of the organization should engage with proper management of the human resource of the organization initiating with a proper analysis on the organizational workforce. Recent complaints from institutions and other provinces / districts regarding the shortages and maldistribution as well as public complains on media and staff complaints on their grievances and dissatisfaction highlighted the gabs in the organizational objective of providing quality efficient health care services through government health sector by adequate, well developed, dedicated and satisfied health workforce. This cross sectional descriptive study was planned with objectives to study on the current health workforce in the health workforce in Sri Lankan government sector allopathic health system. Methodology- Current health workforce was studied on the available data in relevant documents and accepted norms and cadre under the criteria of availability and distribution, demand and supply, termination and migration, performance and satisfaction, policy and planning as well as development. Focal group discussions were conducted to gather expert opinion. Information gathered through the web based literature survey on worldwide HRM research articles were helpful in view of providing vital, realistic and evidence based recommendations. Results- results shows that 106,298 total number of health workforce in public sector western type health service are deployed in the provincial health service - 48,839 and 57,459 in the line ministry. Comprising as 1% consultants, 11% medical officers, 24% nursing officers and 9% Public Health Midwifs were consisted while 36% was non technical minor staff and 8% was attendants, health workforce has been distributed with remarkable variation in provinces, among institution and sectors -preventive and curative. Having illustrated variation of availability, supply and shortages of selected key health personnel categories the persistent demand and supply mismatch for almost all categories, it highlights unplanned production of almost all the categories of staff during the whole period considered. Lack of proper continuous development mechanism was identified. Conclusion- All the results displayed ineffectiveness of HR planning, management and development in relation with current health workforce of government health service highlighting the failure in the current HR management system in the government health service. Hence, it is concluded with recommendation to develop a proper HR Management and Development system based on properly developed policy and evidence based strategic plan