

Do we value task shifting between health workers appropriately?

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Task shifting offers a potential solution to address global health workforce shortages. It involves the reallocation of healthcare tasks among the health workforce, typically reallocating work to those with lower levels of training and who are lower paid.

In order for decision-makers to decide what healthcare to prioritise, they need to know if task shifting is value for money. To measure this, we cannot just look at costs alone but we also need to consider the benefits of task shifting as well as other benefits that may be given up by choosing to spend money on this activity.

Our research looked at how to evaluate task shifting and whether task shifting has been valued appropriately in the past. We first reviewed the existing literature to allow us to describe the potential costs and benefits that may result from task shifting. We then combined these into a logic model which shows all the potential effects of task shifting. We described the possible short-, intermediate- and long-term impacts and classified them according to where they had an effect: on the capacity of the health system to deliver care; on health workers; on patients; and on wider outcomes.

We then identified studies from the last 10 years in which the value for money of task shifting had been estimated. We identified 26 studies which evaluated task shifting to community health workers and lay health workers as well as from doctors to radiographers, non-physician clinicians, and nurse-midwives. We compared each study to the logic model to see to what extent they captured the full range of costs and benefits.

Although staffing costs and health benefits were captured in all of the 26 studies, most studies did not include the broader benefits such as access, waiting times, productivity and patient satisfaction. However, these wider benefits are important factors if we want to know the full value of task shifting.

Our findings have important implications for policymakers and researchers. They suggest that when assessing value for money, the potential costs and benefits included in previous studies have been too narrow and may not reveal the true value of task shifting to a healthcare system. The logic model can be helpful in making explicit which costs and benefits are included and those that have been omitted.

Our future research will explore the impact that broadening the costs and benefits has on the evaluation of the value for money of task shifting in order to help policymakers decide whether or not it is a good use of resources.

[Read the full paper, funding sources and disclaimers in PharmacoEconomics.](#)

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