

Shortages of nursing personnel in the healthcare sector in Europe

- Tackling understaffing for ensuring a more sustainable healthcare provision -

General trends

The core foundation of every functioning society is rooted in its health and educational systems. In recent years, the provision of health care has become increasingly challenging for many European countries. An ageing population, coupled with increasingly complex care needs (wide spread chronic diseases, changes in lifestyle patterns) and fiscal constraints have impacts on the sustainability of the healthcare sector on the long term. Healthcare in Europe has largely changed from a prevention-based model to one in which most of the expenditure is allocated to curing chronic diseases¹. This has tremendous impact on health expenditure. According to the European 'Health at a Glance' report², the EU as a whole has spent 9.6% of its gross domestic product (GDP) on health care in 2017. Evidence-based foresight shows that changes are needed in order to better adapt the current European healthcare systems to the needs of citizens: Europe needs more and better care on the long run. CESI pledges for more investment in the healthcare sector. Through its member organizations it wants to bring attention to the importance of the human factor in the delivery of healthcare.

CESI brings forward the claims made by the nursing workforce in 4 countries (Spain, Germany, France and the Netherlands), represented by their workers' organisation.

The realities of the nursing profession

In the European Union trends show a reduction in the spending for inpatient and outpatient care, whereas long-term care has been rising from 3.0% to 4.3% after the crisis.³ The World Health Organisation (WHO) in its Feb. 2018⁴ fact sheet highlights the following: 'There is a global shortage of health workers, in particular nurses and midwives, who represent more than 50% of the current shortage in health workers.' Testimonies by CESI member organisations in Europe confirm the global trend and emphasise the same need to address the shortages in the medical professions. While research shows that shortages of doctors could be contained⁵, the understaffing of the nursing profession is a very serious issue affecting health indicators such as mortality, morbidity and safety. For each 10% increase in the number of nurses, the mortality rate of a

¹ European Observatory on Health Systems and Policies, Assessing chronic disease, WHO 2014

http://www.euro.who.int/_data/assets/pdf_file/0009/270729/Assessing-chronic-disease-management-in-European-health-systems.pdf

² Health at a Glance: Europe 2018 © OECD/EUROPEAN UNION 2018

https://ec.europa.eu/health/sites/health/files/state/docs/2018_healthatglance_rep_en.pdf

³ Idem

⁴ <https://www.who.int/mediacentre/factsheets/nursing-midwifery/en/> accessed on May 8th 2019

⁵ <https://www.who.int/bulletin/volumes/86/7/07-046474/en/>

hospitalised patient decreases by 10%⁶. In terms of morbidity, studies show that more nurses could potentially bring associated savings to the health system through a better prevention of adverse effects. For example, in the case of critical care nurses (intensive –care units) a 1 to 1 rapport of nurse to patient saves more money than a 1 to 2 rapport⁷. This is why it is important to develop such a patient-nurse quota with a lot of attention to the different situation, pathologies, age of patient etc.

Studies show that there are wide-spread nurse shortages in all but a few European countries. An even more worrying trend is the ageing of the nursing workforce⁸ which combined with an increased need will lead to a major shortage on the labour market. Action needs to be taken to increase employment in the healthcare sector and, as highlighted in a few countries⁹, retention, good and attractive working conditions/ environment, valorisation and prevention of outflows of such workforce need to be improved.

CESI believes that an average nurse-patient quota should be established through country-specific recommendations, Council recommendations and other political means. Such quota will have a positive impact, contributing to lower mortality/ morbidity rates, more safety in the provision of services, better prevention and overall in savings in the delivery of the healthcare sector. It would also impact the quality of the employment relation for the workforce which in turn would impact the standards of care for everyone. WHO concluded that “Investing in nurses and midwives is good value for money”.

The report¹⁰ of the UN High Level Commission on Health Employment and Economic Growth concluded that investments and job creation in the health and social sectors (care) may ‘result in a triple return of improved health outcomes, global health security, and inclusive economic growth’.

At European level the policy recommendations have been to follow a life-course approach to implementing the European social dimension through social investments¹¹. If Europe wants more and better care, if it wants to invest in its people, it needs to start by investing in its workforce, by hiring more staff in the health care sector. Furthermore the deliberations of the High-Level Task Force on Social Infrastructure Investment have resulted in a report with firm conclusions: “Long-term, flexible and efficient investment in [] health [] is considered essential for the economic growth of the European Union (EU), the well-being of its people and a successful move towards upward convergence in the EU. [] We can and must reverse the trend that has seen investment in human capital, especially in health, [] stall in many regions and countries.”¹²

In this context - in line with the UN Sustainable Development Goal 3 (good health and well-being), the European goal of active and healthy ageing and the European Pillar of Social Rights - CESI pledges for a European initiative to solve the problem of understaffing in the nursing profession.

As a result of the aforementioned reflections, CESI proposes:

1. A Europe-wide patient-to-nurse ratio;
2. A European initiative to tackle understaffing in the nursing profession;
3. Long-term investments in the health workforce;
4. Proper consultation of interest representation.

⁶ Aiken LH, Sloane DM, Bruyneel L, et al. Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study. *Lancet*, 2014.

⁷ Rothchild JM, Bates DW, Franz C, Soukup JR, Kaushal R., The costs and savings associated with prevention of adverse events by critical care nurses.

⁸ In Spain SATSE reported that 50% of the nursing personnel is older than 50 years old and it will retire soon, without having the right replacement prepared.

⁹ NL, ES, DE – internal reports from CESI member organisations

¹⁰ https://www.who.int/hrh/com-heeg/digital-APPG_triple-impact.pdf

¹¹ Dheret Claire, Fransen Lieve, Social investment first! A precondition for a modern Social Europe, March 2017 http://www.epc.eu/pub_details.php?cat_id=2&pub_id=7468 Social investment, a concept championed at EU level since the Dutch presidency of 1997 is a corner stone of both the Lisbon Strategy and the Europe 2020 Strategy, relies on three very clear and distinct justifications: 1. social investment leads to economic growth and a stronger resilience in times of crises; 2. it is cost-effective due to its preventive nature (it is more cost effective to invest at early stages of development than to intervene later with corrective measures to tackle the systemic problems).; 3. it generates not only social, but also economic (and fiscal) returns.

¹² https://ec.europa.eu/info/sites/info/files/economy-finance/dp074_en.pdf