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ADDRESSING UNDERSTAFFING OF NURSES IN THE HEALTH SECTORS ACROSS EUROPE: WHAT ROLE FOR THE EU?

POSITION PAPER

The European Confederation of Independent Trade Unions (CESI) is a confederation of more than 40 national and European trade union organisations from over 20 European countries, with a total of more than 5 million individual members. Founded in 1990, CESI advocates improved employment conditions for workers in Europe and a strong social dimension in the EU. Most of CESI's affiliates are employed in the different fields of the European, national, regional and local public services, as well as in privatised services of general interest. As such, CESI represents numerous unions of nurses, physicians and healthcare professionals across Europe.

Key Messages

In the EU-28, the shortfall of health workers in the overall sector was estimated at 1.6 million in 2013 and is predicted to grow to 4.1 million by 2030.

The most important factors that condition nurse shortages relate to inadequate employment and working conditions which nurses face as well as to an ageing of the nursing workforce and of the general population.

Understaffing among nurses poses risks and real consequences for both nurses (in terms of stress, illness, absenteeism), patients (in terms of morbidity and mortality) and the sustainability of public finance and public health systems (in terms of long-term economic costs).

To address the causes of understaffing of nurses and mitigate its adverse consequences, CESI puts forward the following demands for investment towards to policy makers:

1. the establishment of a target of a common average nurse-patient quota in the EU Member States.
2. more sensitivity in the EU's financial and economic governance system to allow Member States to finance this without being penalised by the Stability and Growth Pact.
3. a review of the EU social legislation to allow for better and safer employment and working conditions for nurses, with a view to better staff attraction and retention in the sector.
4. EU funding for social partners and trade unions for awareness-raising campaigns to raise the public appreciation of the profession of the nurse.
5. a new of focus on EU cohesion policy, pre-accession assistance and neighbourhood policy to reduce push factors for nurses to seek employment in richer areas of the EU.

In this paper:

1. Understaffing of nurses in Europe: Facts and figures

Understaffing in the healthcare sector is a phenomenon common to many countries around the globe, and a phenomenon which continues to become increasingly acute. The World Health Organisation's (WHO) 'Global Strategy on Human Resources for Health: Workforce 2030'[1] predicts a global shortage of physicians, nurses and midwives of 9.9 million by 2030.

Within the sector, **nurses and midwives** are in particular shortage. The WHO highlighted in its January 2020 'Factsheet on nursing and midwifery'[2] "*a global shortage of health workers, in particular nurses and midwives, who represent more than 50% of the current shortage in health workers*."

In the EU-28, the shortfall of health workers in the overall sector was estimated at 1.6 million in 2013 and is predicted to grow to 4.1 million by 2030, according to J.P. Michel and F. Ecarnot[3].

As is the case on the global level, also in the EU nurses are among the sectoral professions that are in the most severe shortage, according to J McGrath's 'Analysis of shortage and surplus occupations'[4] from 2020. Within the Europe, the number of nurses is not adequate to meet current and projected future needs. wide-spread nurse shortages persist in all but a few countries[5].

Reports from member health trade unions from CESI confirm this general global trend of understaffing in the health sector and among nurses in particular.

2. Understaffing of nurses in Europe: Causes

A number of causes have contributed to the widespread emergence of understaffing in the health sector in Europe, and among nurses in particular. **The most important factors than condition nurse shortages relate to inadequate employment and working conditions which nurses face as well as to an ageing of the nursing workforce and of the general population**.

[1] World Health Organisation (WHO), Nursing and midwifery: Data and statistics. https://www.who.int/hrh/resources/pub_globstrathrh-2030/en/, accessed on February 17 2021.
[2] https://www.who.int/mediacentre/factsheets/nursing-midwifery/en/, accessed on May 8th 2019.
[3] Michel, JP., Ecarnot, F., The shortage of skilled workers in Europe: its impact on geriatric medicine. *Eur Geriatr Med* 11, 345–347 (2020). https://doi.org/10.1007/s41999-020-00323-0
[4] McGrath, John, Analysis of shortage and surplus occupations 2020, p.26.
[5] https://www.euro.who.int/en/health-topics/Health-systems/nursing-and-midwifery/data-and-statistics accessed on 17th of February 2021.

a. Employment and working conditions

Relative wages and working conditions are low and insufficient in many all countries across Europe, both in richer and in less developed regions[6]. In countries such as the Netherlands, nurses often work part-time because of further domestic caring responsibilities

A common answer especially by European policy makers to attempt to address the shortage of nurses in the EU has, however, been to encourage higher levels of intra-EU labour migration of nurses or by attracting additional nurses from outside Europe.

This has not been functioning in a satisfactory manner for any national health system. On the one side, at worrying levels, less developed countries have been losing nurses in a 'brain drain' process to richer EU Member States that can pay higher wages and better working conditions. On the other side, even with significant inflows of nurses, richer countries have still not been able to satisfy their staff needs because the relative wage levels and working conditions are still not good enough to attract sufficient numbers of domestic workers to match all needs. Understaffing is further aggravated due to the fact that nurses disproportionally reduce working time due to domestic care of family members, while employers tend to abstain from hiring new personnel to make up for the lost working time.[7]

b. Ageing of the workforce – and of the population

Reflecting the general demographic trends of ageing populations, in many countries, the nursing workforce is ageing; many nurses that were born in baby-booming years will retire during the next years. For example, in Spain 50% of the nursing workforce is aged 50 and older, and that 38% of Spanish nurses are even older than 55 years of age.[8] Further countries that face precarious situations include Bulgaria, Estonia, Latvia and Italy, where almost half of the nursing workforce is over the age of 50[9]. Wherever the numbers of retiring nurses are not (at least) replaced instantly and on a rolling basis, nurse shortages will further increase.

Importantly, as populations age across Europe, the demand for health care services grows.

Healthcare systems are thus double-trapped: The demand of health services increases while the supply of services (conditioned by the availability of nurses) decreases.

[6] OECD, Health at a glance 2019: OECD indicators, https://www.oecd-ilibrary.org/docserver/4dd50c09-en.pdf?expires=1613557411&id=id&accname=guest&checksum=8EDE28B7C25FC79684BCEF88048B62C1, page 180, accessed on February 17 2021

[7] A finding of the Dutch CNV-Connectief trade union organisation.

[8] According to an investigation of the Spanish trade union 'Sindicato de Enfermería' (SATSE)

[9] Eurostat 2019 data https://ec.europa.eu/eurostat/web/products-eurostat-news/-/DDN-20200409-2 accessed on 15 January 2021.

3. Understaffing of nurses in Europe: Action fields

The result of insufficient employment and working conditions for nurses across Europe, coupled, in the case of less developed countries and regions, with a brain drain of nurses, is a serious shortage of nurses in richer countries and a very serious shortage of nurses in less developed countries.

Understaffing among nurses poses risks and real consequences for both nurses, patients and the sustainability of public finance and public health systems.

For nurses, it means higher workloads and work intensification. For them, it translates into lacking work-life balance and higher levels of stress, frustration, illness and absenteeism. For patients, it inevitably translates into errors in care provision, accidents in treatment, and, in the worst case, elevated levels of morbidity and mortality. Research by Andrew Noblet shows that workers with good physical and mental health achieve better results at work[10].

The ongoing COVID-19 pandemic has highlighted in a stark and dramatic manner what happens if nurses and healthcare personnel is overwhelmed and lacking.

In the end, everyone is a loser: nurses, patients – and employers and the public purse too, because, in financial terms, the economic costs of an absent worker or an invalid or dead citizen is enormous. In sum, to ensure all actors' interests, it is essential to move away from a health model based on reaction to one focused more on prevention.

Generally speaking, investing in prevention is cheaper than paying to repair damages once they have occurred[11] – a notion that has been supported recently also by the European Commission's advisory High-level Taskforce on Investing in Social Infrastructure in Europe.[12]

Very concretely speaking, more nurses could potentially bring associated savings to health systems through a better prevention of adverse effects. For example, in the case of critical care nurses (intensive care units), a 1:1 nurse-to-patient ratio can save more money than a 1:2 ratio[13] - and for each 10% increase in the number of nurses, the mortality rate of a hospitalised patient decreases by 10%.[14]

[10] Noblet, Andrew & LaMontagne, Anthony. (2007). The role of workplace health promotion in addressing job stress. Health promotion international. 21. 346-53. 10.1093/heapro/dal029.

[11] CESI, Eurodiaconia and Social Platform, Towards more public social investment in EU economic governance: Which way forward?, February 2017 https://www.eurodiaconia.org/wordpress/wp-content/uploads/2017/03/Discussion-paper-on-public-social-investment.pdf
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

[12] European Commission's advisory High-level Taskforce on Investing in Social Infrastructure in Europe, Boosting Investment in Social Infrastructure in Europe, January 2018, page iv: '*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*' https://ec.europa.eu/info/sites/info/files/economy-finance/dp074_en.pdf

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

[14] 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.

4. Understaffing of nurses in Europe: Trade union demands towards policy makers

To address the causes of understaffing of nurses and mitigate its adverse consequences, CESI puts forward the following demands for investment towards to policy makers:

1. The European Commission should encourage Member States to introduce the target of a common nurse-patient quota, for instance in the framework of country-specific recommendations as part of the European Semester or a proposal for a Council recommendations on the topic. This would serve as an effective quality benchmark and hiring target to attain by hard regulatory and complementary soft measures.
2. The EU's financial and economic governance system must be rendered more sensitive to allow Member States to invest to finance the attainment of the nurse-patient ratio without being penalised for breaking public budgetary deficit rules under the Stability and Growth Pact (SGP).
3. In order help increase staff attraction and retention of nurses in the sector, especially young persons that are about to enter the labour market, the EU must review its legislative framework and policy actions with a view to improving wages and employment and working conditions. This relates in particular to EU rules on adequate (minimum) wage levels, predictable and fair working hours, and safe working environments based on strict hygienic standards and exposure limits to mutagens and carcinogens and state-of-the-art personal protective equipment (PPE) and high quality medical facilities for nurses. Rightly, the Third EU Health Programme 2014-2020 includes a specific objective to "*foster efficient recruitment and retention.*"[15]
4. Equally important, the European Commission should make funding available to social partners and trade unions for awareness-raising campaigns targeted at a more positive and appreciative recognition of the profession of the nurse.
5. The European social, cohesion, structural and investments funds should put a particular emphasis to improve the employment and working conditions in less developed regions of the EU, in order to prevent brain drains of nurses and reduce push factors of labour migration towards the more well-off Member States and regions and prevent.
6. Likewise, EU pre-accession assistance and neighbourhood policies should be geared specifically in this direction. In addition, bilateral or multilateral intergovernmental agreements could be envisaged to establish frames for ethical, sustainable and fair migration (and return) of the health sector workforce.

[15] Official Journal of the EU, Regulation (EU) No 282/2014 of the European Parliament and of the Council of March 11 2014 on the establishment on a third Programme for the Union's action in the field of health (2014-2020) and repealing Decision No 1350/2007/EC, https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32014R0282&from=EN