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UNDER PRESSURE! THE FUTURE HEALTHCARE WORKFORCE IN EU NEEDS MORE TO BE STRENGTHENED AND SKILLED

RESOLUTION OF CESI'S EXPERT COMMISSION ON HEALTH SERVICES

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 care professionals across Europe. Eurofound's last representativeness studies on the local and regional government sector and social services¹ and on the human health sector² confirmed that CESI fulfils all conditions to be/become a fully recognised European social partner for these sectors.

Whereas according to principle 16 of the European Pillar of Social Rights (EPSR), "everyone has the right to timely access to affordable, preventive and curative health care of good quality"³, the COVID-19 pandemic revealed worldwide huge deficiencies in terms of access to healthcare.

Data presented in the Global Health Workforce Statistics⁴ shows worrying trends: 15 million health workers will be missing by 2030, mostly in low- and lower-middle income countries. Even countries with more developed economies such as in the EU are facing threatening levels of workforce shortages and, to varying degrees, difficulties in the education, employment, deployment, retention, and performance of their health and care workforces.

Against the background of megatrends such as ageing population, immigration, climate change, new forms of pandemics and security threats, the need for recruitment and retention of more healthcare workers becomes higher and higher.

In Europe, predictions about healthcare workforce reflect the worrying global trends. A recent report of the WHO European Regional on 'Health and care workforce in Europe'⁵ highlights the urgent need for policies encouraging a better retention of the healthcare workforce⁶.

¹ https://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef20019en.pdf

² https://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef20020en.pdf

³ https://ec.europa.eu/info/strategy/priorities-2019-2024/economy-works-people/jobs-growth-and-investment/european-pillar-social-rights/european-pillar-social-rights-20-principles_en

⁴ <https://www.who.int/data/gho/data/themes/topics/health-workforce>

⁵ <https://www.who.int/europe/publications/i/item/9789289058339>

⁶ WHO 2022 post states: "In the absence of targeted policy action, there is a risk that the pressures of COVID-19 will exacerbate long-standing shortcomings related to HCW (healthcare workers) shortages and difficulties in attracting and retaining HCWs. The economic climate (and cost-of-living crisis) across Europe in mid-2022 is having an impact on pay, attrition rates and the attractiveness of working in the health and care sectors in many parts of the Region. European countries must now prioritise their HCWs by investing more and investing smarter. They must protect their HCWF by implementing policies that place the interests and well-being of HCWs at the forefront. HCWs inspired everyone during

In relation to the need to strengthen the healthcare workforce EU-wide, CESI highlights that:

- **Demand for health and care is high and increasing.** As the demographic situation in Europe is described by low birth rates and a rapidly ageing population, the strain put on health and care services will be permanently on the rise.
- **The supply of healthcare services does not match increases in demand.** The care sector in many Member States faces considerable shortages in terms of financing, personnel, infrastructure, and equipment. So far, public investment levels are too often inadequate to ensure sufficiently available, accessible, and affordable high-quality care services, and neither domestic workers nor incoming workers with migrant backgrounds can wholly fill personnel gaps. On the contrary, too few young and new colleagues will not replace too many ageing and soon retiring workers. In the health sector alone, data from 2021 showcased a shortfall of care workers estimated at 4.1 million by 2030⁷.
- **Employment and working conditions in the healthcare sector are in many places inadequate.** Staff shortages are not least a result of poor employment and working conditions in the care sector in many Member States, which is too often characterised by low pay, high strain and stress levels, deficient occupational health and safety, and a low recognition of the value of professionals in the sector. In particular, the COVID-19 pandemic had strong impacts on the mental health of care workers, many of which have experienced burnout or other stress-related disorders that were fostered by the strenuous circumstances of the COVID-19 pandemic.
- **The Single Market has led to imbalances between Member States in the availability of care services.** While it is up to the Member States to organise and finance their public care systems, the European Commission rightly noted in a Call for Evidence for its recent EU Care Strategy that in the integrated Single Market, care providers can – and do – move freely to provide services. This leads to a ‘brain drain’ in the sector, whereby increasing numbers of care professionals move away from less advantaged and peripheral regions/countries with relatively low pay to more advantaged regions/countries with higher pay and better working conditions.

In view of this, the EU should, in the frame of its competences, seek to facilitate measures to:

1. **match the supply of high-quality care to increasing levels of demand;** considerable investments, in particular public investments, are needed in many Member States to improve the availability and quality of care and early childhood education; this concerns above all facilities, infrastructure, and equipment; an EU Care Strategy should help ensure that the sector is well prepared and sufficiently resilient to provide quality services also during crises, not least considering the lessons learnt from the COVID-19 pandemic;

the pandemic with their commitment and it is now time to place them not only at the centre of the health policy agenda, but also at the heart of economic and social recovery.” Source: <https://www.who.int/europe/news/item/14-09-2022-ticking-timebomb--without-immediate-action--health-and-care-workforce-gaps-in-the-european-region-could-spell-disaster>

⁷ Michel, J. P. and Ecartnot, F. (2020), ‘The shortage of skilled workers in Europe: Its impact on geriatric medicine’, European Geriatric Medicine, Vol. 11, No. 3, pp. 345–347. As showcased on Eurofound sources <https://www.eurofound.europa.eu/nb/publications/blog/the-pandemic-aggravated-labour-shortages-in-some-sectors-the-problem-is-now-emerging-in-others#footnote-E7bdQ-9>

2. **secure⁸ affordable and accessible high quality health and care services;** this should include adequate funding and investments⁹ as well as staffing levels¹⁰, as well as the improvement of the employment and working conditions in the sector – this relates to pay, the provision of training, strain and stress levels, occupational health and safety, and not least the public recognition and valorisation of care professions, thus contributing to personnel attraction and retention. These measures should be pursued also via the recent new EU Care Strategy, and they should be taken forward in consultation with trade unions and in consideration of social partner autonomy together with all relevant social partners; nor should we forget that it is essential to carry out a study that, takes care needs into account, manages to project the number of personnel needed in the future in order to provide a homogeneous response in the different territories, and it is urgent to address (given the average age) the need to increase the number of university graduates in medicine and nursing.
3. **improve the conditions for staff recruitment attraction and retention;** increasing number of healthcare professionals are leaving the sector due to high levels of workload; the effects of ‘long-Covid’ are also playing a role; stress and fatigue amongst the workers are permanently increasing; this will most notably require measures for better employment and working conditions in the care sector; measures should span from pay levels, to stress and strain exposure, and occupational health and safety standards; an improved public perception of the value of care professionals and the importance of the work they carry out remains key;
4. **address sectoral skills mismatches** to reflect green, digital and other labour-market transitions, above all sufficient lifelong learning programs for the healthcare professionals;
5. **address gender inequalities and lacking pay transparency** in the healthcare workforce, which is more than 75% female according to latest WHO data; more women need to be represented in higher leadership or decision-making positions and in works councils, and work-life balance provisions should be more adequate and gender-sensitive. Likewise, it is necessary that the provisions relating to the reconciliation of personal, family and work life are more appropriate and sensitive to women, hence the importance of the proper application of the gender perspective. For this we understand the commitment to co-responsibility is unavoidable, also from education. Otherwise, it will be impossible for female workers to access high positions, without professional penalties and without having to give up rational use of their time in life.
6. **create a level-playing field to ensure a balance in the provision of accessible and affordable high-quality care services across regions and countries;** healthcare-related disparities, difficulties in attracting professionals to work in less attractive geographical areas (rural, remote or under-privileged urban zones), which are fostered by a borderless Single Market to the detriment of less advantaged countries, need to be mediated and tackled by the EU; the Single Market needs a social dimension which also addresses structural imbalances in labour migration, especially in the care sector.

⁸ <https://ec.europa.eu/social/main.jsp?langId=en&catId=89&furtherNews=yes&newsId=10382#navItem-relatedDocuments>

⁹ <https://www.cesi.org/wp-content/uploads/2017/04/PRESS-RELEASE-The-future-of-Europe-needs-more-social-investment-290317.pdf>

¹⁰ <https://www.cesi.org/wp-content/uploads/2021/08/2021-CESI-position-Understaffing-of-health-professionals-202102-EN.pdf>