

ADDRESSING CRITICAL STAFF SHORTAGES IN THE HEALTH CARE SECTORS

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.

As the COVID-19 pandemic revealed, Europe needs to invest in strong public health systems and an effective, empowered, well trained and fit-for-purpose health care workforce³. Labour shortages in the health care sectors in the EU can rank amongst the highest⁴ compared to other sectors amounting to over 2 million workers needed.

Recommendations from all fora have showcased the need for long-term investments to address health care professionals understaffing⁵. As these sectors play a crucial role in providing essential, vital services to the population, ensuring an adequate and skilled workforce is essential for the overall well-being of citizens.

The shortage of skilled professionals in the health and care sectors is a multifaceted challenge arising from factors such as an aging population and increased demand for health care services to difficult, unsatisfying working conditions.

The European Union (EU) has started to on address the critical issue of staff shortages within the health and care sectors. It has started to implement a number of investment initiatives aimed at better recruiting, training, and retaining professionals in the health and care fields. These focus in particular on:

- A holistic EU approach to the matter: The EU adopted a Care Strategy in 2022 to ensure quality, affordable and accessible care services across the European Union and improve the situation for both care receivers and the people caring for them, professionally or informally.⁶

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 World Health Organisation. Regional Office for Europe. (2022). The European Health Report 2021. Taking stock of the health-related Sustainable Development Goals in the COVID-19 era with a focus on leaving no one behind. World Health Organization. Regional Office for Europe. <https://apps.who.int/iris/handle/10665/352137>. License: CC BY-NC-SA 3.0 IGO

⁴ Eurofound (2021), Tackling labor shortages in EU Member States, Publications Office of the European Union, Luxembourg.

⁵ OECD, 'Ready for the Next Crisis? Investing in Health System Resilience', [https://www.oecd-ilibrary.org/sites/1e53cf80-en](https://www.oecd-ilibrary.org/sites/1e53cf80-en/index.html?itemId=/content/publication/1e53cf80-en) consulted on August 30th 2023

⁶ CESI position: <https://www.cesi.org/posts/updated-cesi-position-on-an-eu-care-strategy/>

- Funding for training and education: The EU has allocated funds through the [EU4Health](#) programme to support the training and education of health care professionals.
- Cross-border mobility programmes: To address regional imbalances in staffing, the EU has introduced initiatives that facilitate the mobility of health care workers across Member States. This not only helps to address shortages in certain areas but also promotes knowledge sharing and best practices.
- Investment in technology and innovation: The EU has been investing in research and innovation aimed at improving the efficiency of health care delivery. This includes initiatives related to telemedicine, digital health solutions, and robotics, which can help alleviate the workload on health care professionals. The [BeWell project](#) is an example.⁷
- Improved working conditions: Recognising that working conditions play a crucial role in retaining or recruiting new health care professionals, the EU has been advocating by specific directives for improvements in work-life balance and fair remuneration in the health and care sectors.
- Support for migrant workers: To fill immediate gaps in the workforce, the EU has introduced measures to facilitate the recruitment of health care professionals from non-EU countries. This includes streamlined visa procedures and support for professional recognition also via a newly launched EU Talent Pool.⁸

While the EU's investment initiatives are a step in the right direction, challenges still remain. Coordinating efforts across diverse Member States, ensuring an equitable distribution of resources, and adapting to evolving health care needs are ongoing challenges. Additionally, the long-term impact of initiatives on staffing shortages requires continuous evaluation and adjustment.

In relation to the need to further strengthen the health care workforce EU-wide, CESI demands the EU and the Member States to:

- **improve the current levels of staffing in the health care sector. There should be minimum European guidelines on quotas of health care professionals per patient to ensure better patient care and reduce patient mortality, and to diminish workload related stress for health care workers, in line with the World Health Organisation(WHO) recommendations.** Between 2014-2018 data shows that the density of doctors, nurses and midwives increased but the WHO report⁹ mentions that "the right skills-mix of health workers is indispensable for effective and efficient health-care delivery. Although there is no standard for the optimal composition of a health workforce, the physician to nurse ratio varies considerably across the [EU] Region." The average ratio of nurses to medical doctors in the EU was 1.8, compared with 2.8 in the Organization for Economic Co-operation and Development (OECD) countries¹⁰. In the health sector alone, data from 2021¹¹ showcased a shortfall of care workers estimated at 4.1 million by 2030 in Europe¹² (0.6 million doctors, 2.3 million nurses and 1.3 million other health professionals), given these results, a strategy aimed at improving these data, especially that of registered nurses, seems to be a priority.

⁷ CESI is a partner in the consortium of this project.

⁸ https://eures.ec.europa.eu/eu-talent-pool-pilot_en

⁹ Idem 5

¹⁰ Idem 3, page 48

¹¹ Idem 5

¹² Michel, J. P. and Ecarnot, 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>

- **increase the public spending and the investments for public health care to ensure overall adequate working conditions for health care personnel** - in terms of access to protective equipment, training, technology and all the resources and means needed to perform their job to the highest standard possible. The health care sectors in many Member States do not only face considerable shortages in terms of personnel but also in terms of infrastructure and equipment. So far, public investment levels are too often inadequate to ensure sufficiently available, accessible, and affordable high-quality care services.
- **ensure measures to reduce the psychosocial risks of the professionals working in the health care sector**, in line with the EU's newly adopted Comprehensive Approach to Mental Health¹³ and EU-OSHA standards.¹⁴ Deficient occupational health and safety standards, work overload and a low recognition of the value of professionals in the sector especially after the COVID-19 pandemic have had adverse impacts on the mental health of care workers, many of which have experienced burnout, long-COVID or other stress-related disorders. Access to effective remedies for such conditions should be made available at the national level in all Member States, including recognition of long-COVID effects.
- **the EU Talent Pool to bring new health care workforce to Member States, but avoid this to lead to brain-drain in countries of origin.** Europe already witnessed large numbers of health care professionals moving away from less advantaged and peripheral regions and countries with relatively low pay to more advantaged regions and countries with higher pay and better working conditions. Medical deserts are becoming a growing reality in many EU regions and neighbouring third countries, impacting the life of EU citizens and the economic sustainability of entire geographical areas. Attracting skilled workers from the EU periphery, accession candidate countries and third countries to the EU labour market should not become an end-solution to the multi-faceted problem of understaffing of the EU health care sector but should be used to put in place more sustainable solutions such as circular migratory movements of professionals, similar to the models developed by the United States and Canada.
- **improve the conditions for staff recruitment attraction and retention.** Increasing numbers of health care professionals are leaving the sector due to unattractive working conditions, low pay, little valorisation and no work flexibility from their employers. T the current shortages will only increase if the issues laid out above are not addressed properly in a serious matter at all levels of governance.
- **enhance access to relevant data and oversight.** Member States should be able to take decisions regarding the current levels of staffing in the health care sectors based on up to date information and oversight. The collection of such data together with information about other crises and threats should become mandatory for Member States, together with their reporting obligations to EUROSTAT, the EU Medicines Agency (EMA) and other relevant stakeholders.
- **address gender inequalities and lacking pay transparency** in the health care workforce, which is more than 75% female according to latest WHO data (80% in the nursing and care professions). 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.

¹³ https://commission.europa.eu/strategy-and-policy/priorities-2019-2024/promoting-our-european-way-life/european-health-union/comprehensive-approach-mental-health_en

¹⁴ European Union information agency for occupational safety and health and its relevant protocols