



## EFN Briefing Note related to the Belgium EU Presidency (III)

### Better working conditions for healthcare professionals in the EU.



From 1<sup>st</sup> January, Belgium took over the [EU Presidency](#) from Spain with priorities to [reinforce the health and social agenda](#). Over the next six months, it will drive progress on the European Health Data Space, take stock of Europe's Beating Cancer Plan and **develop a strategy to boost the EU's health and care workforce**. Building on the [European Pillar of Social Rights](#), the Presidency will strengthen social dialogue, fair labour mobility, mental health at work, and access to sustainable social protection.

The aim of the EU Presidency is to invite the EU institutions to develop a comprehensive EU Health Workforce Strategy that should include initiatives that support national health workforce strategies on recruitment, training, CPD, skill mix, retention, working conditions, etc., and an in-depth assessment of EU legal frameworks that impact national workforce strategies as DIR55, Proportionality Test Directive, and e-commerce Directive, the cross-border healthcare directive.

While the healthcare professionals are the backbone of healthcare systems in the EU and Europe, years of underinvestment in many Member States have strained them. Inadequate employment and working conditions in many places have led to overburdened, poorly equipped and underpaid healthcare professionals - and to a lack of attractiveness to work in the healthcare sector. And as nurse-to-patient ratios are already insufficient, demographic changes across the continent increase the demand for health care services, equally affected by an ageing workforce.

Across the EU, further investments are needed in the sector's facilities and equipment as well as its workforce, and the EU has an important enabling, inducing, and supporting role to help and allow the EU Member States to engage in these investments.

**Today's meeting in the European Parliament contributed to address these challenges in the health care sector and discussed possible opportunities for action by focusing on "Better working conditions for healthcare professionals in the EU".**

**Laura África Villaseñor Roa**, *Spanish Trade Union of Nursing Professionals (SATSE)*, representing the nurses and physiotherapists of Spain, expressed that post-pandemic the situation the EU is confronted with is shortage and exhaustion of the healthcare professionals. Nurses' shortage, that was already an issue before covid-19, is now present in all the EU. In Spain, more than 10.000 nurses have left the country. It is therefore key to collaborate (administrations, employers, unions) to reinforce the health system. For that, adequate working conditions and making the profession more attractive for young people is key. Today's EU policies are focused on prevention and health promotion. But to implement the EU strategies, we need nurses and physiotherapists. Health needs are increasing, namely on long-term care. Nurses and physiotherapists need to lead the change that the traditional health systems need, centred on patients. Therefore, it is key to make change on safe staffing levels, increase salaries, and guarantee good working conditions. This will help in attracting new professionals. Next to that, it is key to look at gender policies that will empower care and those providing care. It is also key to recognise the profession by namely providing opportunities to advance in the profession, bringing autonomy and decision-taking.



**Milena Popović Samardžić**, *Montenegrin Trade Union of Physicians (SDMCG)*, gave the example of Montenegro. She stressed that the increasing of global demand of healthcare professionals, driven by population growth and ageing demographics has led to complex battle for healthcare professionals around the European countries. One of them is mobility of healthcare professionals. Covid-19 has exposed weaknesses of EU health systems, in particular the inadequate supply of healthcare professionals, with more developed EU countries addressing their home shortages by attracting health professionals from less developed regions (notably Balkan countries) – leading to brain drain, shortage, and loss of investments in the training of health professionals in their home countries. All this putting

access to healthcare into strain. It is therefore time to take action and provide better working conditions and better salaries to make sure to make healthcare professionals stay in the professions and in the country and attract new professionals.

**Marco Dons**, Dutch National Federation of Christian Trade Unions (CNV Connectief) provided the example of the Netherlands where one of the solutions found to attract and make the health professionals stay was by finding a balance between work and private life. Healthcare professionals work half-time, and have a self-scheduling system, giving control to the employees on their working hours. Trust employer-employees is therefore key in this. These arrangements cost money to the employer, but it will cost more if the professionals leave the profession.



**Elizabeth Kuipers**, European Policy Centre (EPC) reminded that the workforce discussion goes back to 2010, when some EU initiatives took place, and some EU policies were put in place. Today, it is key to put in place solutions looking at it from an EU perspective, mainly on retention and recruitment, working conditions, wages, well-being, gender. A lot of best practices exist at EU level and should be shared. It is not only about the health sector. Therefore, a more holistic approach should be taken. The coordination between sectors needs to be a key point of the next European Commission. We need to prepare workforce for the future. Worrying in her speech was that she questions the importance of the Directive 2013/55/EU and as the EPC pushes for a revision of the Directive. To be watched!

Furthermore, insights by EU experts were given by:

**Olga Riklikiene**, Lithuanian University of Health Sciences (LSMU) · Nursing Department PhD in Nursing Science, who stressed the need for scientific investigation in the EU region for nurses and allied healthcare professions, including on data on nurses' competences and its influencing factors, and on missed nursing care. She then explained that the main points for action to be taken relate to effective planning of nurse workforce, staff retention policy, and opportunities for professional development, well-being of nurses with a particular emphasis on ensuring the safety on the work environment, including the psychological safety. In some countries the academisation of nurses has become an integral aspect of this multifaceted approach. It is also crucial to offer nurses proper remuneration that reflect their skills and value. This will not only improve the autonomy but also enhance the nurses' empowerment within the healthcare system.



**Tomas Zapata**, World Health Organization European Regional Office (WHO) · Health Workforce and Service Delivery Unit, mentioned the WHO report "[Health and care workforce in Europe: time to act](#)" focusing on identifying effective policy and planning responses to health and care workforce challenges across the EU, and the "[Bucharest Declaration on health and care workforce](#)" advocating for strengthening the healthcare workforce in the European Region, and pushing at political level to position health and workforce agenda at the centre. He stressed that health workforce is a key issue in most EU countries, with many strikes ongoing of different healthcare providers. Over the last 10 years, there has been an increase in the density of doctors (13%) and nurses (8%). If we look at the graduates, there is an increase of 37% for doctors and 26% for nurses. So, today we have more doctors and nurses than ever in the EU region. So, why do we have a health workforce crisis in the European

Region? In the supply side, there are factors that are pushing it down, namely ageing, death of the HCP (during covid-19) – and this has a huge impact on the mental health of the HCP, migration with some countries having a lot of their HCP leaving the country, increase of resignation of the healthcare professionals due to working conditions and burnout (52% of the HCP). On the other side there is an increase of the demand for services (including ageing, comorbidities, chronic diseases, etc.). All this is creating the gap and the crisis we have in Europe.

WHO has developed a **framework for action** in finding solutions for this health workforce crisis. Health and care workers are at the centre of this framework, with a picture of a nurse women (as the majority of the healthcare professionals are nurses and women). The main points are retention and recruitment. Retention being point n°1 to deal with as many health



professionals are leaving. To retain them the main focus must be improving the working conditions – for that it is key to manage the increasing workload (leading to burnout and worse working conditions). Next to that it is key to improve flexibility (work-life balance) and look at the European Directive on working hours – The new generation really value this. Then remuneration is key to look at. With the upcoming EU elections, in June, we can push forward all this to make the difference.



**Paul De Raeve**, *European Federation of Nurses Association (EFN)*, expressed the crucial need for the EU politicians and policymakers to take immediate action to focus on developing EU legislation to **improve recruitment and retention** of domestically educated nurses, **safe staffing levels**, Advanced Practice Nurses (APN), and prioritise the **welfare of nurses and patients** alike. Failing to recruit and retain frontline nurses into the nursing workforce will render the EU and Europe ill-prepared for the years ahead. It is vital the EU and national governments **invest in nursing education**, making sure that the [Directive 2013/55/EU](#) is a safeguarding Directive setting a minimum level of high-quality nurse education; **ensure optimal wages, fair working conditions and health workforce capacity building; secure a sustainable and safe staffing level** of the nursing workforce - All the EU Member States must

take a long-term approach to workforce capacity building, with registered nurses being the integral and integrated element of future health workforce; and **ensure a zero-tolerance approach to violence against nurses** to eradicate all forms of abuse, and to strengthen at EU level the responsibility of the employers to provide safe working environments. Finally, Paul stressed the importance of Social dialogue and collective bargaining. The BE EU Presidency will build a key role in strengthen social dialogue in the EU!

Important EU responses came from the Commission:

**Ines Prainsack**, *Member of Cabinet for Stella Kyriakides, European Commissioner for Health and Food Safety, European Commission*, whose mother is a nurse, stated that she knows very well the nurses' reality, namely on mental health, work-life balance, and violence. She believes that without the healthcare professionals none of the healthcare system would work. In some countries, patients are already experiencing this. The policies proposed at EU level have to be complemented and actions have to be taken by the EU Member States. One of the key points to look at is workforce with the right skills – action on multiple level is required, namely on understanding the impact of covid-19 and what it is meant for the health workforce. Another point is digital innovation and the uptake of digital health tools (not only providing the right tools, but improve efficiency and free up time for healthcare professionals to be at the patients' bedside, and make sure HCP knows how to use it). In terms of mental health and wellbeing of healthcare workforce, the European Commission approved in 2023 a comprehensive approach that provides some concrete actions to be taken forward, supported by available funding ([EU4Health programme](#)). Other key issues that the European Commission is taking seriously are Skill needs, How to attract young people, Digital & green transition. Next to the EU4Health programme, the EU semester is another key tool to look at to make change happen (through the [Recovering and Resilience Facility](#)).



**Vilija Sysaite**, *Cabinet Expert for Nicolas Schmit, Commissioner for Jobs & Social Rights*, stressed that the EU model needs support and efforts. The pandemic exposed huge challenges in the sector linked to working conditions, and shortage. Over the last 4 years the focus was on the [European Pillar of Social Rights](#) with 3 major actions linked to healthcare workforce: 1/ Working conditions, calling for the EU member states to do more - European care strategy that puts a very strong action for people who work in the sector; 2/ Skills; 3/ Retaining and planning (social partners and Finance ministers have a role to play in this).

**Danko Relic**, *Member of the European Economic and Social Committee (rapporteur on the [Health Workforce and Care Strategy for the future of Europe opinion](#))* explained that it is key to work all together hard to put these issues high on the list of priorities of the EU and the Member States. There are a lot of challenges, and we must strive to all what has been said today. It is for all our citizens of the EU that we are here today.





**MEP Dolors Montserrat** closed the meeting, raising that it is key to take the lessons learned from the pandemic and turn them into policies to build a strong and resilient workforce. Healthcare professionals play a key role in the health systems and to ensure the well-being of citizens. It is therefore crucial to invest in healthcare professionals' education, recruitment and retention, mobility (using funds available), digitalisation, better policies for health prevention, Mental health (protect the well-being of HCP), and better working conditions. It is foreseen that by 2030, there will be a shortage of 30 million HCP (in particular nurses)!! It is key to act! The EU can make the difference.

This event brought important insights and inputs for the EU discussion in March on future of the EU health Union. The COVID-19 pandemic reaffirmed the value of well prepared and educated nurses which equate to lower mortality rates and better patient outcomes. The EU Institutions also have a central role to building that [resilient of the nursing workforce](#) in order to be better prepared for the next health crisis in the EU. With the [upcoming EU elections](#), we have a great opportunity to push for our health workforce and health systems to be future proofed to respond to current and future threats to the health and well-being of our citizens and wider sustainability of our society.

## EUROPEAN ELECTIONS 2024 NURSES' CALL FOR ACTION



- 1 **Invest in nursing education, Life-long Learning & Continuous Professional Development** - The EU institutions and national governments need to make sure that this Directive 2013/55/EU is a safeguarding Directive setting a minimum level of high-quality nurse education.
- 2 **Ensure optimal wages, fair working conditions and health workforce capacity building!** Nurses' wages are key central to the delivery of the European Social Pillar. Protect nurses right to take industrial action.
- 3 **Safe staffing levels** - **Securing a sustainable and safe staffing level of the nursing workforce must be a priority for the EU.** All Member States must take a long-term approach to workforce capacity building, with registered nurses being the integral and integrated element of future health workforce.
- 4 **Stop Violence against Nurses** - EU needs to ensure a zero-tolerance approach to violence against nurses to eradicate all forms of abuse, and to strengthen at EU level the responsibility of the employers to provide safe working environments.

**INVEST IN NURSES AND NURSING TO SAVE LIVES!**

SEE EFN WEBSITE FOR MORE INFORMATION: [WWW.EFN.EU](http://WWW.EFN.EU)



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