



SURVEY ON STAFFING LEVELS IN THE HEALTHCARE SECTOR

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Survey on Staffing Levels in the Healthcare Sector

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APPLAUSE *IS NOT ENOUGH*

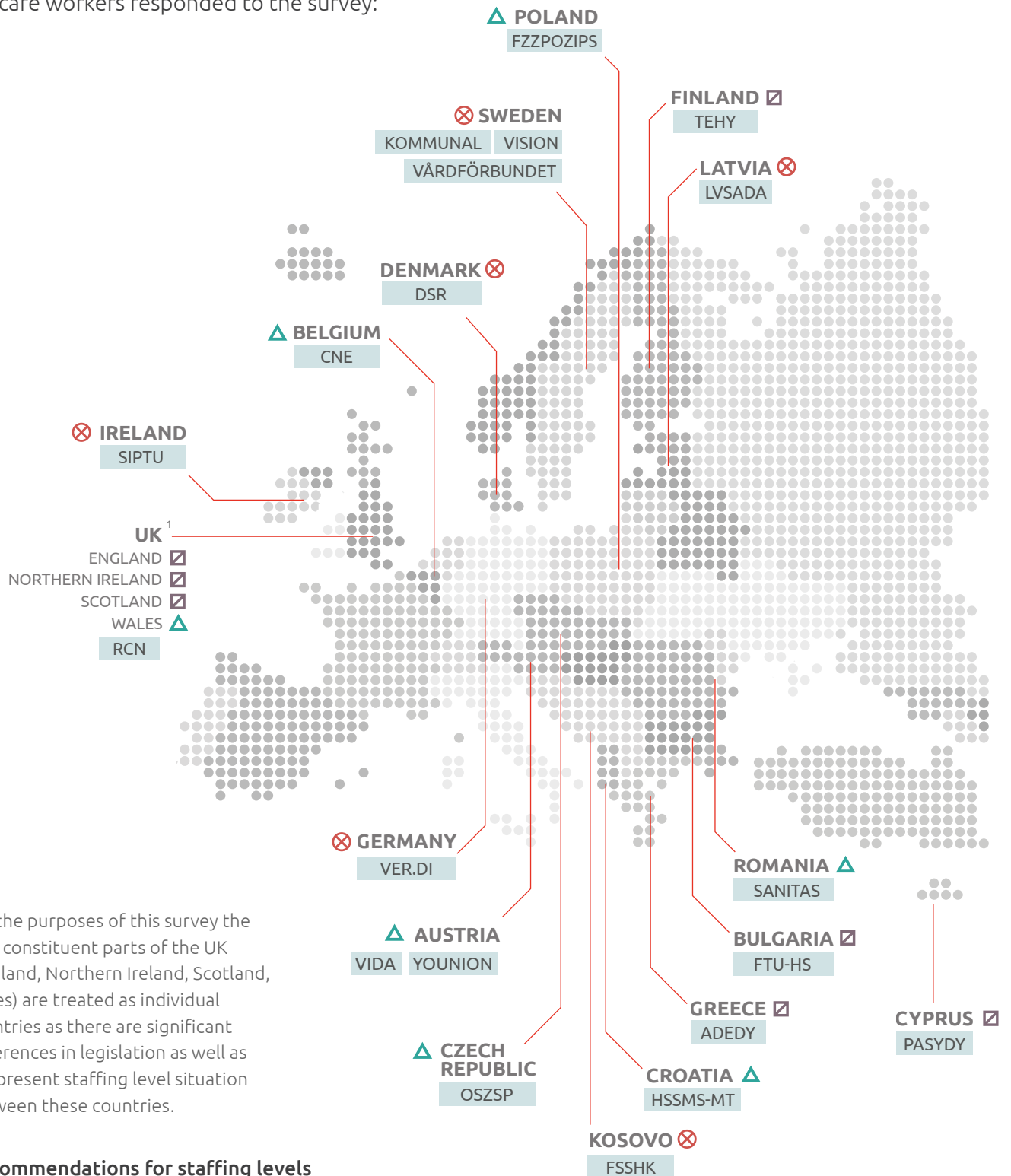
The importance of health and care workers was well recognised at the peak of the Covid-19 pandemic. However, while recognition of their heroism in the early days of the pandemic is appreciated, applause is not enough. Many health workers are considering leaving the occupation due to excessive burnout and stress. This is against a background of existing staff shortages observed in all European countries before the pandemic.

EPSU has repeatedly emphasised the urgent need to do more and support healthcare workers to make our healthcare systems resilient and prepared for future health emergencies. To that end, the EPSU Standing Committee on Health and Social Services [adopted a list of its key demands](#) for the European Union, National Governments and Employers. Many of these demands focus on addressing staff shortages, such as by calling on governments to increase healthcare expenditure and on employers to ensure adequate numbers of well-trained workers in all their workplaces.

This report presents the results from an online survey on staffing levels sent to healthcare trade unions across Europe. The main objective of the survey was to understand the scale of staff shortages across various job profiles in the healthcare sector as well as to collate the available legal provisions across countries that can be leveraged to ensure adequate staffing levels in the healthcare sector. 20 health unions from 20 countries, all of them affiliated to EPSU, responded to the survey.

PROFILE OF RESPONDENTS

The following national trade unions representing healthcare workers responded to the survey:



Recommendations for staffing levels

- △ Binding staffing requirements
- ⊗ No guidelines or requirements
- ☑ Guidelines but no requirements

SECTION 1

RECOMMENDATIONS FOR STAFFING LEVELS

14 out of the 20 surveyed countries have some form of staffing level recommendations in the healthcare sector. Out of these 14 countries, 7 have binding guidelines: namely Austria, Belgium, Czech Republic, Croatia, Poland, Romania and Wales. Sweden, Denmark, Latvia, Kosovo, Ireland and Germany have no recommendations on staff to user ratios. Bulgaria, Finland, Greece, Cyprus, England, Northern Ireland and Scotland have staffing level recommendations, but they are not binding.

In most of the cases where staffing recommendations are present, it is the national health ministry that sets the guidelines. Social partners are involved in the decision-making process in most but not all of the cases.

Each country's staffing recommendations are quite complex and vary based on a number of factors such as site of service delivery, severity of patient conditions and the time of shift. For example, in Bulgaria, the recommendation in the intensive care units is 2 nurses for 1 patient, and in a surgical ward, it is 1 nurse for 4 patients. In Finland, if a public health nurse works in more than two sectors or areas with many immigrants or other families in need of special support, the guidelines prescribe a higher nurse to child ratio.

One concern expressed by almost all affiliates was that even where staffing recommendations are present, the consequences for not meeting the prescribed staffing levels are not clearly defined. This may be the reason that staffing levels have improved in only 2 out of the 14 countries (Wales [UK] and Cyprus) where staffing level recommendations have been introduced in the healthcare sector.

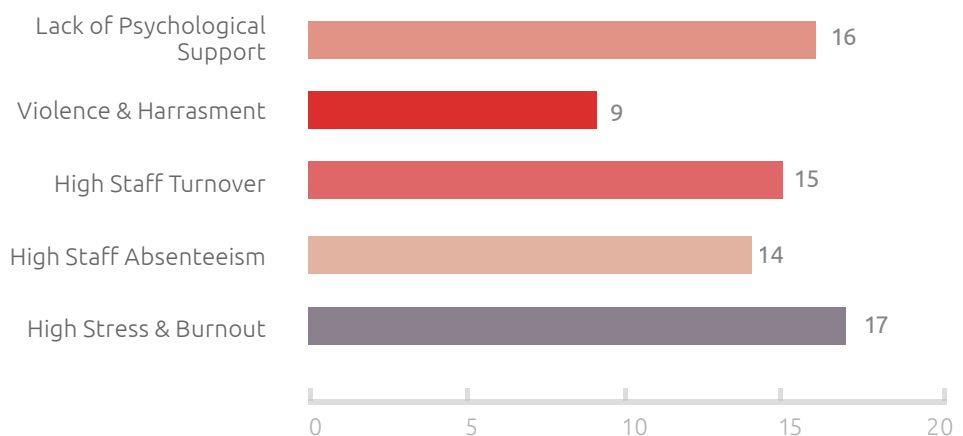
In 10 out of the 14 countries, employers don't face any consequences for failing to meet the guidelines. In Austria, employers failing to meet the staffing level recommendations receive a written notice. In Belgium, such employers can face financial consequences. In Czech Republic employers are required to maintain the recommended staffing levels to qualify for a reimbursement from the health insurance system. In Finland, although the healthcare act does not prescribe a specific healthcare personnel to patient ratio, it requires that "all local authorities and joint municipal authorities for hospital districts have access to a sufficient number of health care professionals to carry out the tasks required for the provision of health care." If a healthcare unit does not provide high-quality care and there are too few personnel, the regional administrative agency intervenes. In the most serious cases, the operation of such a unit can be suspended.

SECTION 2

STATE OF STAFFING LEVELS

All 20 national unions reported a moderate to acute shortage of nurses. 16 of the 20 countries also reported on the state of staffing levels for doctors and healthcare assistants. There is a moderate to acute shortage of healthcare assistants across these 16 countries while the situation looks only slightly better in the case of doctors. One issue reported by most affiliates is the lack of reliable data on staffing levels, which adds to the difficulties of campaigning for adequate healthcare staff.

Which of the following are common issues amongst the healthcare staff in your country?



Healthcare workers in almost all of the surveyed countries report feeling extremely stressed and exhausted, partly because of the acute staff shortages. As a result, the healthcare sectors in countries such as Austria and Germany have entered a vicious cycle where existing staff are leaving or want to leave because the shortages remain unaddressed. In Austria, due to the lack of staff, duty rosters cannot often be maintained, which means that the free time of the personnel is not observed strictly. This, in turn, leads to burnout and other illnesses. In Germany, the trade union *ver.di* reports that there are probably enough trained nurses, but a lot of them are not willing to work under the present conditions. In Kosovo, there is a sufficient talent pool, but many qualified doctors and nurses are not hired despite staff shortages, because of low levels of prescribed nurse to patient ratios. In Denmark, on the other hand, even the talent pool is not big enough and applications for nursing education have been declining for the past few years. Currently, 77% of Danish nursing schools have vacant study places.

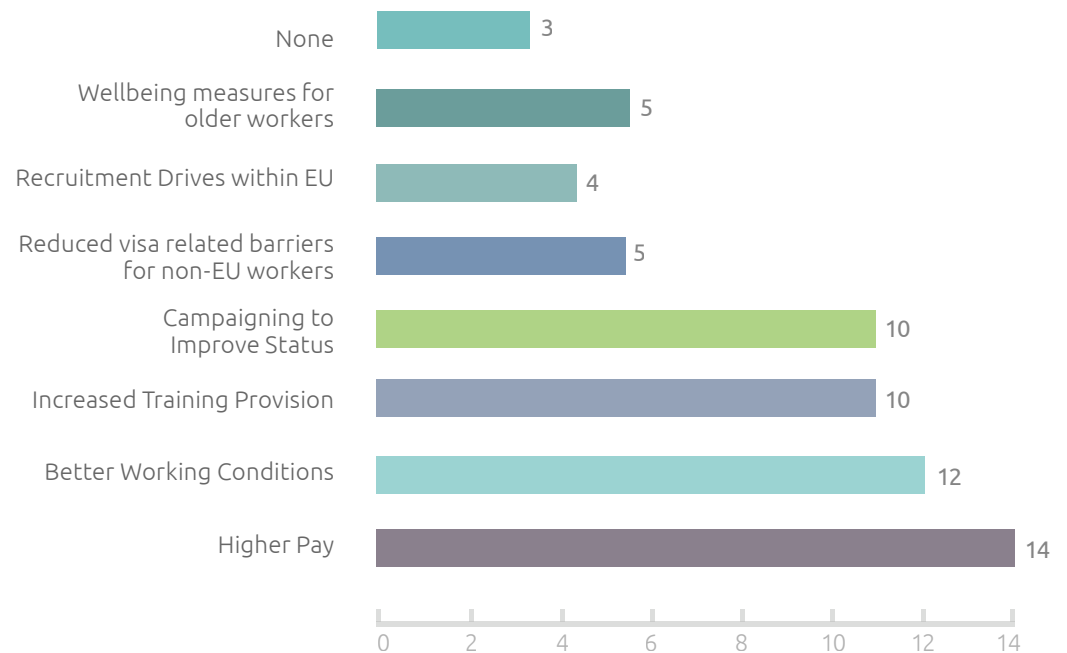
In at least 5 of the 20 countries, there have been collective agreements that address the issue of staff to user ratios in the healthcare sector. Almost all of the responding trade unions are currently lobbying for the introduction or revision of recommendations on healthcare staffing levels in their respective countries. There are some exceptions. In Sweden, some unions have been calling for staff to user ratios in long-term care and childcare but not necessarily in healthcare and the general sentiment is to define broad guidelines, with different regions deciding on the concrete numbers if required. The Danish Nurses Organisation does not focus on nurse to patient ratio but on patients' safety and the nurses' experience of their working environment.

In 7 of the 20 countries, the unions report that public sector employers have higher staff to user ratios while in 5 of the 20 countries, the staffing levels are believed to be better in the private sector. Increasing role of for-profit healthcare providers is seen as a problem in 12 out of the 20 countries.

The steps taken by most governments across Europe to address staff shortages in the healthcare sector have not been enough. Respondents from Greece, Kosovo and Sweden reported that there has been little to no action by the government in the last 5 years to improve the conditions of healthcare workers. In some others,

such as Latvia, there has been a significant increase in pay, primarily because of actions by the trade union and support from the employers' organisation. In Austria, aside from giving employees a COVID bonus, measures were taken to attract more people from outside the EU in the healthcare sector, such as by relaxing the German language requirement.

What measures have been taken in your country in the last 5 years to attract and retain more workers in the healthcare sector?



CONCLUSION

The survey results clearly indicate that staffing levels in health-care sector need to be improved urgently across Europe. Current shortages and lack of legislation on staffing levels are having an adverse impact on the users of healthcare services. [According to Eurofound](#), over a fifth (21%) of EU citizens had missed a medical examination or treatment in 2021 due to backlogs. Almost all survey respondents reported the dissatisfaction of medical professionals at being unable to provide adequate care because of excessive burdens.

The adverse impact of staff shortages on patient outcomes was a recurring theme at the EPSU Health and Social Care Pan European Conference held in October 2022. The conference delegates unanimously adopted a declaration calling on policymakers to move from applause to concrete action to save the health and social care sector. Adequate staff and good working conditions are essential to ensure high quality health care across Europe.

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