

Addressing the challenges of the healthcare workforce: Ensuring the future of health in Europe

Danielle Brady
Policy Analyst
European Policy Centre

Elizabeth Kuiper
Associate Director and Head of the
Social Europe & Well-being programme
European Policy Centre

In response to the COVID-19 pandemic, the European Commission unveiled plans for a European Health Union (EHU), which aims to better equip the Union and its member states to protect EU citizens health, address and combat future pandemics and, improve the resilience of Europe's health systems. Arguably central to each of these targets is the healthcare workforce, without whom the aims of the European Health Union would be unattainable. Ensuring a qualified, trained, and skilled health workforce across Europe will be key to the success of several initiatives under the EHU while guaranteeing the functioning of Europe's health systems and the provision of quality healthcare.

To address the diminishing capacity of Europe's health workforce, national investment in the health labour force is necessary. A holistic approach to planning is required in preparation for changing demographics while more needs to be done to address the skills gap and prepare the workforce for the green and digital transitions. Member state action should be complemented with EU-level programmes to upskill and reskill the health workforce. Finally, it is imperative that initiatives to improve the well-being of the health workforce are prioritised and incorporated into the upcoming European Mental Health Strategy.

BACKGROUND: THE ROLE OF COVID-19 IN EXPOSING PRE-EXISTING SHORTAGES

A well-functioning healthcare workforce is central to the resilience of health systems. However, the impact of the

COVID-19 pandemic revealed pre-existing challenges across Europe. Issues related to the hiring and retention of staff, working conditions plus labour and skill shortages, have accumulated in recent years.¹ While highlighting the importance of the healthcare workforce, the pandemic also brought these challenges to the forefront. Those working on the frontline were exposed to threats to their physical and mental well-being as well as violence, leading to increased levels of anxiety among healthcare professionals (HCPs).²

Perhaps most notably, the pandemic laid bare the shortage of doctors and nurses in many countries. According to data, in 2019, there were on average 3.9 doctors and 8.4 nurses per 1000 population in the EU.³ While this signalled an increase of 16% and 14% over ten years, the demand for care has grown at a faster rate due to an ageing population and the increasing burden of chronic diseases.

In 2018, the average life expectancy for men and women at birth was 78 and 84 years. It is predicted that this will rise by seven years for men and five years for women by 2060. According to research, chronic diseases are more common in older populations in the EU, with 75-to-84-year-olds most likely to suffer from them. Given the increasing life expectancy, the demand for care is likely to increase. It is estimated that the number of EU citizens requiring long-term care will grow from 19.5 million in 2016 to 23.6 million in 2030, and to 30.5 million in 2050.⁴ Such an increase in demand for services will inevitably lead to a rise in demand for healthcare workers across EU health services. It is also predicted that between 2021-2031, there will be eight million job openings in

the health and care sector.⁵ Without targeted action to address retention levels and the appeal of occupations within health services, the supply of healthcare workers will be unable to meet the demand.

Workforce shortages tend to be more prevalent in Southern and Eastern European countries. These countries are impacted by high labour mobility of health professionals, which can be attributed to differences in working conditions between countries in the North and West of Europe and those in the East and South. High levels of mobility can often be further explained by budgetary constraints resulting in a lack of investment in health services and their workforce.

The pandemic also underscored other persistent challenges, such as poor working conditions, a lack of flexibility in working hours, limited career opportunities and growing work pressures.⁶ Skills gaps are an additional problem derived from a mismatch between basic education and lifelong learning with the practice requirements to meet population health needs. A further additional mismatch exists in many member states between national and regional education and employment strategies, health systems and the population's needs. Other challenges include inefficient organisation of work, underdevelopment of multi-professional teamwork, underuse of digital health tools and limited integration of services.⁷

Gender and the health workforce

The gendered dimension of these challenges must not be forgotten or ignored. In 2020, 78% of health workers in the EU were women.⁸ However, at the same time, women are underrepresented in decision-making positions within European health systems. The World Health Organization (WHO) has reported an absence of gender-responsive policies aimed at improving gender balance across health services to increase recruitment in services and geographical areas most in need, and decreasing attrition rates of women, who are often confronted with poor working conditions.⁹ This is particularly true in relation to the care workforce, which is dominated by women. The European Care Strategy endeavours to improve the working conditions and work-life balance of carers and address gender inequalities attributed to care work. However, the absence of tangible targets on long-term care is a missed opportunity to address the challenges confronted by those working in the care sector.¹⁰

Worker dissatisfaction

These challenges have led to growing dissatisfaction among the healthcare labour force. Such dissatisfaction, combined with the impact of the pandemic on the well-being of healthcare workers, has resulted in evidence highlighting increasing numbers of healthcare workers who are considering leaving the profession. In the context of Europe's changing demographics and ageing population this is a concerning finding. As we move beyond the pandemic and attempt to build healthcare systems equipped for the future, attention must be given to addressing the challenges faced by the

healthcare workforce across the EU. Otherwise, our health systems will not be fit for purpose. Not only will they be unprepared for future shocks but will also be unable to provide quality care to citizens, thus making the goals of the EHU impossible.

STATE OF PLAY: FACING THE CHALLENGE OF THE PERMACRISIS

Evidently, EU member states face several challenges in relation to the healthcare workforce. The majority of these are not new but have been exacerbated by the COVID-19 pandemic. The current era of permacrisis¹¹ presents further difficulties for the healthcare workforce and governments alike. According to WHO, the cost-of-living crisis is having an effect on wages, attrition rates and the appeal of some healthcare sectors to potential recruits across Europe.¹²

Overcrowded and under-resourced hospitals have placed immense pressure on an already overburdened healthcare workforce. Spikes in cases of COVID-19 combined with increased levels of influenza and respiratory syncytial virus have increased patient numbers in hospitals across Europe, many of which are overwhelmed. This demonstrates the fragility of many health systems and raises serious concerns about the well-being of the healthcare workforce, especially considering the high levels of burnout, poor health and overall dissatisfaction. This does not bode well for the appeal of the professions or their retainment rates. Rural and remote regions are confronted with greater difficulties when it comes to the recruitment and retention of healthcare workers, which has implications for the access and availability of health services in these areas. While there may be variation in the extent of the challenges faced by European regions and countries in relation to their healthcare workforce, no member state is void of these issues.

The green and digital transition

Resilient health systems should be able to cope with the pressures and shocks, and counter some of the challenges currently facing health systems. The digitalisation of healthcare offers an opportunity to improve the efficiency, accessibility and quality of care, easing a transition to new care models centred on people's needs.¹³ Additionally, digital tools could decrease the bureaucratic burden on health workers, reducing their workload by streamlining cumbersome and repetitive administrative tasks. However, despite the existence of digital tools in health systems, many are not used due to the digital skills gap.

The European Health Data Space (EHDS) aims to promote the exchange of patient data to improve healthcare delivery across the EU. The EHDS should ideally alleviate the workload of healthcare workers by reducing the bureaucratic burden. Doing so has the potential to address some of the challenges faced by HCPs and improve working conditions. However, this will only be achieved if healthcare workers are equipped with the competencies and skills to use digital tools.

There is an acknowledgement within the EU of the need to improve the digital skills of the population. Various initiatives are in place including the European Skills Agenda, the Digital Education Action Plan, and the Pact for Skills. The latter aims to support public and private organisations with upskilling and reskilling, so they can thrive through the twin transitions. To prepare for the future and in the quest towards resilient and sustainable healthcare systems, healthcare workers will not only need to be equipped with digital skills but also with green skills and knowledge. However, in a similar manner to digital competencies, healthcare workers have reported knowledge gaps in relation to green skills.¹⁴

One notable EU-funded research programme working within the area of green and digital skills is the BEWELL project which aims to establish a Blueprint Alliance for the health ecosystem and create a skills strategy to be implemented at a local, regional, national and, ultimately, at a European level through the Pact for Skills. The outcome of the project could act as a roadmap for the EU27 to address the current skills gap and prepare the health labour force for the green and digital transitions.

In addition, the Commission, under DG REFORM, has put forward a proposal to member states to work on digital skills for the health workforce. While it is too early to know the impact of the proposal, it offers a positive indication of the Commission's commitment to supporting member states in the transition towards health digitalisation. Furthermore, many member states have, with their National Recovery and Resilience Plans, set out intentions to invest in the digitalisation of health. While health remains a member state responsibility, the Commission can still play a role.

EU mobility of healthcare professionals

The EU has played a significant role regarding the healthcare workforce, particularly in relation to the freedom of movement of healthcare professionals. The directive on the recognition of professional qualifications was adopted to foster the recognition of professional qualifications acquired in other countries and grant mobility to several 'regulated' professions. Six out of the seven professions outlined in the directive are in the healthcare sector: general care nurses, dental practitioners, veterinary surgeons, midwives, pharmacists, and doctors. While this has offered many HCPs great career opportunities and the ability to live and work across the EU, the benefits are limited to those professions included in the directive, and therefore many other healthcare workers are excluded. Owing predominately to the variation in working conditions across the EU, some member states have benefitted from the directive more than others. Perhaps the main challenge with mobility is balancing opportunity with efficiency to ensure that the demand and supply of HCPs are in equilibrium across the EU. However, at present, this is not the case. Accurate reporting is required to fully assess the needs of EU health systems. As it stands, there are large inconsistencies between member states in terms of reporting, which results in a lack of comparable data.

Building a European Health Union: The importance of the healthcare workforce

Although the pandemic had an enormous impact on the lives of citizens with grave consequences, it also presented an opportunity to rethink approaches to public health policy at the European level. In her 2020 State of the Union speech, Ursula von der Leyen offered hope for increased EU coordination and cooperation within health via the EHU. Fast forward two and a half years, most of the building blocks of the EHU have been laid. However, they are merely the foundation. The healthcare workforce will be instrumental in the operationalisation of initiatives such as the EU's Beating Cancer Plan and the European Health Data Space. However, to ensure the realisation of the EHU, the challenges facing the healthcare workforce must be addressed.

PROSPECTS: ESTABLISHING EU TRAINING AND COMPETENCY FRAMEWORK

The EHU and the future of health depends on the people who work in healthcare. Conversely, the EHU offers an opportunity to address some of the challenges related to the healthcare workforce. In line with the EHU manifesto, the EU, with the member states, should work together to address the unequal distribution of health workforce capacity.¹⁵

Attracting and retaining talent

As a first step, accurate, timely and comparable data is required to get a better overview of the numbers of healthcare workers by category across the EU. This would require common definitions of healthcare workers in all member states. Such reporting should help identify where the largest shortages are and the implications they might have in terms of labour mobility and provision of healthcare. Member states with the greatest shortages must improve the working conditions of healthcare workers to encourage lower attrition rates and attract further talent. Mixed policy interventions will be required, including financial incentives such as salary increases. This must be accompanied by measures to invest in skills, improve working conditions and promote work-life balance, flexibility and access to training.

The sharing of best practices between member states should be promoted in relation to the attraction and retention of healthcare workers. To truly tackle the issue of shortages, a more coordinated approach is needed between the Ministries of Education and Employment, ensuring the needs of health systems and populations are met and avoiding a mismatch between education and employment strategies and the needs of health services. Changing demographics means an older population, which requires higher levels of care. Therefore, forecasting and planning will be essential to prepare health systems and ensure a sustainable health labour market for future populations. In a similar manner to addressing the current workforce shortage, efforts at the member state level to prepare for the impact of changing demographics should occur in a cross-policy manner.

A holistic approach is required

A holistic approach including health, social, labour, education, migration, and finance policymakers is required to prepare for the inevitable increase in the old-age to working-age demographic ratio. Some member states will likely need to seek healthcare workers from outside the EU to meet the increasing demand. While this could offer opportunities for healthcare workers from third countries, it would not be without challenges. Caution must be exercised to avoid structural costs to third countries, such as brain drain.

Investing in well-being

Member states must also invest in increasing retention rates and improving the overall appeal of healthcare professions. The benefit of further investment, such as hospital bed capacity, can only occur with adequate staffing levels. To achieve this, attention must be given to the working and pay conditions of healthcare workers across health systems. Additionally, efforts must be made to improve the well-being of healthcare workers. Actions to address healthcare workers' mental health should be incorporated in the upcoming EU Mental Health Strategy. Adhering to the recommendations of the Commission's Expert Panel on effective ways of investing in health, an EU-level norm, a Charter of Rights to Well-being at the Workplace, should be developed. This charter should include a set of principles that could be used as indicators to measure workers well-being. Reporting on the indicators within member states would allow for transparency and promote accountability in caring for workers' well-being.

Addressing the skills gap

Investment in the healthcare workforce is essential to ensure they are equipped with the skills required for the evolution of health digitalisation. Digital tools not only offer the potential for increased resilience and better care for citizens, but they also offers an opportunity to reduce the workload of the healthcare workforce. The European Year of Skills should also be utilised by member states to upskill and reskill the healthcare workforce with a focus on green and digital skills. Digital and green skills should be incorporated into the education and degree programmes for future HCPs. Additionally, member states must invest in training programmes to upskill the current workforce to ensure they can adapt to the green and digital transitions.

An EU-level skills programme dedicated to digital skills in healthcare should be established under the EHU. The inter-speciality cancer training programme included in Europe's Beating Cancer Plan could be used as a

blueprint for a broader cross-border training programme for digital skills. Doing so would not only address the digital skills gap but also help reduce and prevent inequalities in healthcare across the EU.

The healthcare workforce is an essential tool for the operation of health systems. The challenges with skills and labour shortages and the attainment and retention of staff across the EU must be addressed to ensure access and affordability of care for EU populations. Failure to do so will render the goals of the EHU unachievable, to the detriment of health systems across the EU.

This Policy Brief builds on the Coalition for Health, Ethics and Society (CHES) activities of the past year. CHES is kindly supported by a non-restricted education grant from Johnson & Johnson and the EPC's Social Europe & Well-being programme.

The support the European Policy Centre receives for its ongoing operations, or specifically for its publications, does not constitute an endorsement of their contents, which reflect the views of the authors only. Supporters and partners cannot be held responsible for any use that may be made of the information contained therein.

- 1 Organisation for Economic Co-operation and Development (2022), "[Investing in health systems to protect society and boost the economy: Priority investments and order-of-magnitude cost estimates](#)", Paris.
- 2 Wismar, Matthias, Gemma A. Williams, Tomas Zapata, Natasha Azzopardi Muscat (2022), "[THE EUROPEAN HEALTH WORKFORCE: BUILDING A TRUE LABOUR MARKET FOR HEALTH WORKERS](#)", Brussels: European Observatory on Health Systems and Policies.
- 3 European Commission, Directorate-General for Health and Food Safety (2022), "[State of health in the EU : companion report 2021](#)", Publications Office of the European Union.
- 4 Joint Research Centre, Belmonte, Martina, et al. (2021), "[Healthcare and long-term care workforce : demographic challenges and the potential contribution of migration and digital technology](#)", Luxembourg: Publications Office of the European Union.
- 5 European Commission (2021), "[GREEN PAPER ON AGEING Fostering solidarity and responsibility between generations](#)", Luxembourg: Publications Office of the European Union.
- 6 Wismar, Matthias, Gemma A. Williams, Tomas Zapata, Natasha Azzopardi Muscat (2022), *op. cit.*
- 7 WHO Regional Office for Europe (2022), "[Health and care workforce in Europe: time to act](#)", Copenhagen.
- 8 Eurostat (2021), "[Majority of health jobs held by women](#)", (accessed 5 January 2023).
- 9 WHO Regional Office for Europe (2022), *op. cit.*
- 10 Brady, Danielle, Elizabeth Kuiper (2022), "[Failing to invest in care will render ageing Europe ill-prepared for looming workforce woes](#)", Brussels: European Policy Centre.
- 11 Zuleeg, Fabian, Janis A. Emmanouilidis and Ricardo Borges de Castro (2021), "[Europe in the age of permacrisis](#)", Brussels: European Policy Centre.
- 12 WHO Regional Office for Europe (2022), *op. cit.*
- 13 Brady, Danielle (2021), "[Building public trust to successfully deploy AI in EU healthcare](#)", Brussels: European Policy Centre.
- 14 Economist Impact (2022), "[Do no harm: Healthcare professionals address sustainability and climate change](#)".
- 15 European Health Union, "[Manifesto for a European Health Union](#)", (accessed 6 January 2023).

With the strategic
support of



King Baudouin
Foundation

Working together for a better society