



**European Foundation for the
Improvement of Living and
Working Conditions**

The tripartite EU agency providing knowledge to assist in the development of better social, employment and work-related policies

Perspectives on healthcare staff shortages in the EU

State of the art, data gaps and policy pointers

Claudia Peroni, Eurofound
claudia.peroni@eurofound.europa.eu

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The workforce is growing, yet gaps persist

- Supply depends on graduate inflow, retirement, sick leave, working hours and flows to and from inactivity, unemployment and abroad.
- These factors **respond to policy**: pension age, incentives to work past retirement, migration and job attractiveness.
- ‘Labour shortage’ is **too narrow**: it captures only demand exceeding supply.
- This presentation covers a framework of **five gap components, the evidence and the limits of current forecasting tools**.
- Part of a **forthcoming Eurofound report (2027)** covering working conditions, job quality and quality of service across care sectors (healthcare, ECEC, LTC)

Five components of human resource gaps

1 Unfilled vacancies

Demand for workers exceeds supply (labour shortages)

2 Insufficient capacity

Waiting lists for care people are entitled to or can afford

3 Inadequate staffing

Low staff–user ratios, inadequate qualifications, worse working conditions and barriers to continued training

4 Hidden unmet needs

People do not seek care: complexity, unawareness, distrust and impact of gaps on overall service quality

5 Uncovered needs, shocks

Needs outside entitlements; shocks like pandemics or crises

The current situation: selected data

-  Based on proposed minimum health worker densities to achieve universal health coverage, in 2022 the EU lacked an estimated 1.2 million doctors, nurses and midwives (OECD/European Union, 2024);
-  Even with current densities and coverage, most MSs report shortages for specialist medical practitioners, nursing professionals, generalist medical practitioners and health care assistants (ELA, 2026)
-  From 2015 to 2025, unmet medical needs due to waiting lists increased for all income quartiles, and even more for households with LTC needs.
-  Reported unmet medical needs overall decreased for all income quartiles: shortages may cause people not seeking care they are entitled to due to system complexity, unawareness or distrust in service quality
-  Shortages as a safety concern for healthcare staff: 9 Member States (of 24 reviewed) lack legislation for safe nursing staffing levels (De Raeve et al, 2025)

Current monitoring and forecasting tools: an imperfect instrument

- Compared to other care sectors, healthcare has the strongest, most regular and most widespread use of monitoring and forecasting tools, with some evidence that it is influencing policy
- However, there are **blind spots in most current tools**:
 - **Monitoring and not forecasting**
 - **Short-term** only
 - **Supply-side** (labour) focus: care needs and ‘invisible vacancies’ often ignored
 - Lack of **future-readiness**: changing utilisation patterns, longer healthier lives, longer working lives, climate change, migration and EU mobility, the impact of demographic transitions, etc. often left out
 - **Narrow coverage**: only public sector, only high-skilled professions, only professions with a narrowly defined shortage, etc.
 - Insufficient focus on **skills and training**
 - **Siloed care sectors**: ignores interactions between sectors e.g. nursing staff moving between healthcare and LTC

The negative impact of shortages on job quality and quality of care

- Understaffing can cause poorer working conditions for workers through different mechanisms, e.g. a lack of reliable rosters, inflexible work arrangements, a lack of opportunities to pursue training that would lead to better pay, etc.
 - Poorer working conditions → poorer physical and mental health → more shortages
 - Shortages → high workload, time pressure and high turnover → compromised stability and continuity of care (Schönherr, 2021), workers forced to compromise on quality and patient safety (PASONOP, 2024), increased likelihood of adverse events (Clemens et al, 2021) → increased stress
- 29% of EU healthcare workers think their work negatively affects their health
 - 37% feel physically exhausted at the end of the working day always or most of the time
 - 34% experience stress at work always or most of the time
 - 38% thinks their health is at risk because of their work
 - 37% works more hours than they would prefer

Promising practice already exists

Netherlands

- Integrated forecasts for all care sectors
- To 2035
- Includes scenarios for different policy options impacting demand

Austria

- 'Nursing dashboard' since 2021
- Tracks staff numbers, age profiles, qualifications, regional distribution, turnover, staffing ratios, training output, foreign professional qualifications and job quality indicators
- Some regions recently introduced ex-ante demand surveys
- Recent research modelling healthcare and LTC staffing needs based on demographic, climate and workload scenarios

Malta

- Health workforce forecasting identifies pathways for upskilling in-demand professions

Key policy and practice implications

- Shortages are broader than just unfilled vacancies and have **complex consequences** on job quality, quality of care and access to care services
- **Better monitoring and forecasting** is the first step towards better workforce policy
- Better staffing requires **better working conditions** as a prerequisite = more investment; critical areas have been critical for decades
- But also a **better understanding** of changing care needs and populations, qualifications and training, external shocks, connections with other care sectors
- Addressing shortages is key to improving job quality in a sector already marked by ageing workforce, worse sustainability, workers' health outcomes and work-life balance. **Low job quality = low care quality**