

## **Towards a resilient Care Workforce: AIM Recommendations**

Health and care workforce shortages currently exist in all EU countries. In addition, the demand for staff is expected to grow due to demographic change and a growing burden of chronic diseases.<sup>1</sup> In the current state of play, another pandemic or health crisis of any type could deeply affect the responsiveness and overall sustainability of the care sector, and even lead to its collapse. Yet, the pandemic has shown just how essential the care staff is.

Reaching sufficient staffing levels and a properly trained care workforce is key to an effective response to future health risks and to changing needs, to a functional care sector, and to progress towards Universal Healthcare Coverage. Guaranteeing that care staff can work in safety and dignity also means a greater protection for women. They make up the majority of carers and often have to look after their families in addition to their professional occupation. Problems of shortages and a lack of protection for the care staff lead to decreased care quality, decrease workforce well-being and increased economic costs.

While low- and middle-income countries are most affected by shortages, high-income countries have not built a sufficient workforce yet and sometimes recruit foreign-trained carers to fill the gaps.<sup>2</sup> However, international recruitment is not a sustainable solution. It creates shortages in origin countries and can negatively impact migrant staff, through de-skilling or the need to requalify in the destination country but also psychosocial suffering caused by the distancing from the carer's family.<sup>3</sup> A resilient care system protects all carers and also recognises the significant physical and emotional burden of their profession.

Tackling workforce challenges requires bold action, acting both on supply and demand, with a cross-sectoral approach. In this paper, AIM, the international organisation of not for profit and solidarity-based healthcare funds and mutuals, shares its recommendations, calling on the European Commission to put forward a comprehensive Care Workforce Strategy, and on Member States to intensify their efforts to “prevent, retain, attract and invest” in order to achieve a resilient care workforce. AIM insists that the quality and resilience of the healthcare system depends on protecting the health of workers and care workers and that the commercialisation of health should be prevented.

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<sup>1</sup> European Commission, Health at a Glance – Synthesis Report, 2023, p. 20.

<sup>2</sup> WHO, *What steps can improve and promote investment in the care workforce?*, 2023, p.7.

<sup>3</sup> EFN, *Overcoming the nursing workforce crisis in Europe to improve care for people with non-communicable diseases*, 2023, p. 6.

## **Towards a resilient Care Workforce: AIM Recommendations**

*We call on the European Commission to put forward a comprehensive Care Workforce Strategy and on Member States to intensify their efforts to “prevent, retain, attract and invest”, taking the following aspects into account:*

### **PREVENT**

- Ensure a better coordination between prevention and care.
- Guarantee the support of informal carers and their recognition as key actors in the care continuum.
- Address the socioeconomic determinants of health and enhance community health.
- Fight against precarious contracts, limit the risks of workers moving involuntarily, and sanction indecent employment conditions.

### **RETAIN**

- Improve employment conditions through social dialogue, sufficient wages and other advantages. (eg discounted housing, education reimbursement, mobility, support for single-parent families, etc.).
- Ensure decent and healthy working conditions by promoting decent work and working environments and supporting the mental and physical health of the care workforce.
- Streamline education and training systems and encourage career pathways for newly qualified personnel.
- Unlock the potential of new digital technologies for better care.
- Promote innovative care models and share best practices.

### **ATTRACT**

- Tackle stigma and raise awareness on the value of all care professions.
- Remove the gender pay gap and tackle gender inequalities.
- Adhere to strict ethical recruitment guidelines so as to ensure a fair and sustainable approach to international recruitment.

### **INVEST**

- Consider care workforce spending as an investment.
- Underline the role of not-for-profit, solidarity-based institutions such as mutuals and public sectors.
- Reform education systems to ensure an appropriate talent pool, facilitating mutual recognition of qualifications and validation of skills based on acquired experience.
- Collect reliable, timely and comparable data.
- Boost cross-sectoral collaboration.

- **Ensure a better coordination between prevention and care.**

Better coordination between prevention and care can reduce the need for care by prioritising early intervention, lifestyle changes, and chronic illness management. Prevention programmes seek to detect health problems at an early stage through periodic screenings and to promote healthy behaviours. By acting early and encouraging patients to take an active part in their health, the chance of developing chronic illnesses is reduced, resulting in less need for care. Furthermore, coordinated care models bridge the gap between preventative and long-term care, ensuring that patients receive complete care across the continuum while reducing dependency on acute care services.

Integrated care models and resource allocation for prevention improve healthcare delivery by lowering demand on acute care services and increasing overall efficiency. Healthcare systems may enhance health outcomes and quality of life by raising levels of health literacy and empowering individuals to control their own well-being. Finally, a proactive approach to healthcare that incorporates prevention and care decreases the strain on the care workforce while simultaneously promoting healthier communities and more sustainable healthcare systems.

AIM encourages the European Commission to take stock on the implementation of the Council Conclusions on LTC and the Care Strategy and to ensure that the integration of social and health care as well as the coordination between prevention and care are included in the implementation reports by Member States.

- **Guarantee the support of informal carers and their recognition as key actors in the care continuum.**

With 80% of LTC provided by informal carers, the question no longer resides in whether informal carers should be providing that bulk of care but on how to properly support them and include them in the care pathway.

Informal carers play a vital role in the care continuum. Their inclusion helps address persistent workforce shortages, bridging the gap by providing essential care and support. Their involvement reduces the burden on formal care services and contributes to ensuring a more holistic and personalized approach to care, given their deep understanding of the care recipient's needs. Recognizing and supporting informal carers positively impacts their own well-being and that of the care recipient, contributing to a more sustainable care system. There should also be enough flexibility for them to adapt their professional careers to care as well as flexible paid leave.

Guaranteeing the support and recognition of carers should be a priority of the above-mentioned Care Workforce Strategy. AIM recommends that the European Commission monitors the situation in Member States via the European Semester and leverages the potential of the semester as a catalyst for change. We also encourage the EC to continue its Strategic Partnership with WHO to enhance training for informal carers and assist Member States in designing national reforms.

- **Address the socioeconomic determinants of health and enhance community health.**

Addressing socioeconomic determinants of health may considerably reduce the need for care by enacting policies and programmes that reduce poverty, offer stable housing, guarantee access to healthy food, encourage education, promote a healthy environment and enhance community support networks. By addressing these underlying factors and creating health promoting environments, individuals are enabled to live better lives, avoiding the emergence of health problems that might otherwise need significant treatment. Investing in socioeconomic determinants of health not only

improves individual well-being but also increases community resilience, resulting in a lower demand for healthcare services and a more sustainable healthcare system.

In this view, AIM believes that the health in all policies approach should be at the centre of an effective Care Workforce Strategy.

- **Fight against precarious contracts, limit the risks of workers moving involuntarily, and sanction indecent employment conditions.**

Prioritizing fair contracts, limiting involuntary mobility, and penalizing unethical employment contracts are vital steps toward a resilient and effective care workforce. Precarious employment conditions have far-reaching implications for both workers and the care sector as a whole.

Precarious contracts, characterized by insecurity, low wages, and lack of rights, adversely affect carers' physical and mental health. Chronic stress and anxiety resulting from job insecurity can compromise their ability to provide quality care. By combating precariousness, an environment where workers feel valued and secure is created, encouraging more individuals to pursue caregiving careers, ultimately contributing to both retain and attract staff.

Involuntary mobility due to precarious contracts disrupts workforce stability as well as the continuity of care. Reducing precarious employment ensures a more stable workforce, enhancing care quality.

The commercialisation of health should be prevented as it leads to unfair and precarious working conditions and poor quality of care. Sanctions should be considered to discourage exploitative practices, ensuring fair treatment and better working conditions. In addition, ethical employers attract and retain skilled workers.

AIM encourages the European Commission to conduct further research to understand the specific challenges faced by live-in carers and other care workers. Fighting against precarious contracts, limiting the risks of workers moving involuntarily, and sanctioning indecent employment conditions should be key elements of the above-mentioned Strategy. They should also be part of the national action plans announced by the European Care Strategy.

## RETAIN

- **Improve employment conditions through social dialogue, sufficient wages and other advantages. (eg discounted housing, education reimbursement, mobility, support for single-parent families, etc.).**

Social dialogue plays a crucial role in enhancing working conditions and well-being for the care workforce. According to Eurofound<sup>4</sup>, social dialogue has proven to improve working conditions in areas such as work-related stress\*\*, musculoskeletal disorders (MSD), and active policies for older workers. By fostering employee involvement, mutual trust, and participation, social dialogue contributes to the design and implementation of initiatives that positively impact working conditions<sup>5</sup>. Additionally,

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<sup>4</sup> <https://www.eurofound.europa.eu/system/files/2021-05/EF11121EN.pdf>

<sup>5</sup> <https://www.socialeurope.eu/healthcare-depends-on-the-health-of-social-dialogue>

inclusive and effective social dialogue between carers, their representatives, and providers can address physical and psychosocial risks, ultimately promoting better workforce health and well-being.<sup>6</sup>

In some countries, low wages lower the retention of workforce. According to the EFN, over the past ten years, the actual pay for nurses in the EU has improved, and their average salary is currently somewhat higher than the average compensation for the care workforce.<sup>7</sup> But in certain countries, the pay for nurses is lower than the average wage for the country. Europe as a whole also exhibits significant disparities in compensation, with some western countries paying up to three times as much as their eastern counterparts.

The Care Workforce Strategy should aim to ensure social dialogue on fair wages that reflect the skills and experience of individuals and that take inflation into account across the EU, to improve employee satisfaction and avoid brain drain.

- **Ensure decent and healthy working conditions, including by promoting decent work and working environments and supporting the mental and physical health of the care workforce.**<sup>8</sup>

The care workforce is at higher risk of stress and burnout caused by high workload, insufficient staffing, inadequate patient care standards in hospitals and nursing homes, and low control over their job (amongst others). Nurses and carers frequently operate in hazardous environments that jeopardise their health and safety. Certain characteristics of a carer's work environment, such as hard physical work and demanding postures, can lead to physical impairment. In addition, in some countries, nurses are frequently victims of sexual harassment.<sup>9</sup>

Work environments that support the well-being and effectiveness of the care workforce can be created, ultimately leading to better health outcomes for patients and communities. The WHO *Global health and care workers compact* provides some insights on measures that can be taken to enable those work environments. These include supporting effective management with trained managers; ensuring supportive supervision and feedback; providing opportunities for professional development; supporting work-life balance; implementing and enforcing occupational safety and health regulations; promoting collective bargaining and ensuring access to social protection schemes.<sup>10</sup>

It is also important to promote the awareness that "taking care of the patient" begins with "taking care of oneself". That improved awareness can be achieved by organising forums for discussion with professionals themselves and working on the societal image and attractiveness of the care professions. Decent and healthy working conditions and environments will thus also depend on action taken on the other recommendations presented in this document.

In addition to the Care Workforce Strategy, we call on the European Commission to ensure the ambitious implementation of the EU Strategic Framework for Health and Safety at Work and to put forward a Proposal of Directive on the prevention of psychosocial risks at work that includes the Care sector.

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<sup>6</sup> <https://www.eurofound.europa.eu/en/blog/2023/healthy-social-dialogue-healthy-healthcare-sector> and <https://betterwork.org/social-dialogue/>

<sup>7</sup> EFN, *Overcoming the nursing workforce crisis in Europe to improve care for people with non-communicable diseases*, 2023, p. 7.

<sup>8</sup> WHO, *What steps can improve and promote investment in the care workforce?*, 2023, p. 30.

<sup>9</sup> EFN, *Overcoming the nursing workforce crisis in Europe to improve care for people with non-communicable diseases*, 2023, p. 8.

<sup>10</sup> WHO, *Global health and care workers compact – Technical guidance compilation*, 2023, p.19.

- **Streamline the education and training system and encourage career pathways for newly qualified personnel.**

Streamlining the education and training system can minimise entrance barriers, allowing new employees to join the workforce more quickly. Individuals are also more likely to perceive the long-term potential of the sector when clear career paths are provided, which increases retention. This approach not only tackles the present shortfall by boosting the intake of new staff, but also contributes to creating a sustainable workforce in the future. Interprofessional mobility within the homecare sector (between different types of professions) should be facilitated to allow staff to finetune their career choices while staying in the sector and not to require them to resume their studies from scratch.

The European Commission should ensure that these aspects are also included in the national action plans established under the European Care Strategy.

- **Unlock the potential of digital technologies for better care.**

Technologies have the potential to improve quality of care, reduce the physical burden of some tasks and make work more pleasant by enabling a greater focus on a better relationship with patients. They can improve working conditions and outcomes and enhance the accessibility, efficacy and quality of care delivery.

Yet, to unlock its full potential, technology should be tailored to the requirements of both the health personnel and the patient. To that end and to ensure that they represent a real added value to end users, tools should be developed in co-creation with the latter. In addition, both time and training should be made available so that the workforce can adapt to new working realities, and to ensure that the use of technologies truly improves care delivery. At the same time, levels of digital literacy should be improved for both patients and carers. Finally, the use of those new technologies should not represent an extra and unmanageable administrative burden.

The European Commission should ensure that its Funding and Research Programs as well as its European Innovation Agenda foster innovation and improve care.

- **Promote innovative care models and share best practices.**

The promotion of new care models can make work environments more efficient, engaging and rewarding for caregivers. Innovative methods, such as team-based care, telemedicine support, or flexible scheduling, may help carers feel more supported and respected in their duties. Furthermore, innovative care models that prioritise employee well-being, professional growth, and work-life balance have the potential to significantly increase job satisfaction and retention.

One concrete innovative model that could be considered a best practice is the "Magnet Hospital" model of hospital governance, where nurses are empowered not just to lead patient care, but also to drive institutional health care transformation and innovation.<sup>11</sup>

The European Commission has a key role to play in ensuring the exchange of best practices between Member States. To that end, AIM would encourage the creation of a Steering Group on Integrated Care, similar to the existing one for Prevention.

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<sup>11</sup> EFN, Overcoming the nursing workforce crisis in Europe to improve care for people with non-communicable diseases, 2023, p. 12

- **Tackle stigma and raise awareness on the value of care professions.**

In order to combat the stigma linked with the healthcare profession, the Care Strategy needs to follow a multifaceted approach. First of all, raising knowledge about the necessity and value of care work in society through education and media will help to change views. Cultivating a culture of gratitude and acknowledgment for informal and formal carers as well as a positive image of carers (through all life stages) helps to reduce stigma and increases social recognition for their essential contribution.

Second, emphasizing the wide range of skills and knowledge necessary in the care sector can help to dispel preconceptions and promote the job as satisfying and respected. Furthermore, offering proper education and training, competitive wages, and career growth possibilities can raise the stature of the care profession and encourage more people to pursue jobs in caring.

- **Remove the gender pay gap and tackle gender inequalities.**

There is a 24% gender pay gap in the health and care sector.<sup>12</sup> In addition, women are underrepresented in the highest paid occupations and in leadership roles, and overrepresented in low- or non-remunerated jobs. They also face other inequalities such as higher health risks and difficulties to striking a work-life balance. It is vital to deliver equal pay and tackle gender inequalities. Not only will it contribute to attracting and retaining the workforce but also to guaranteeing equity in modern societies.

We encourage the European Commission to take those aspects into account in its upcoming work on the next Gender Equality Strategy. The Strategy should contribute to closing the gender gap in the labour market by achieving equal participation, including in the care sector, ensuring the presence of women in higher positions, and addressing gender pay and pension gaps, amongst others.

- **Adhere to strict ethical recruitment guidelines so as to ensure a fair and sustainable approach to international recruitment<sup>13</sup>.**

Ethical recruitment guidelines foster a responsible and equitable approach to addressing workforce shortages, while respecting the rights and dignity of the workforce across the EU.

While European and international mobility of carers is common, large-scale and targeted recruitment efforts can strain the health systems of source countries. Ethical guidelines should promote a balance between domestic and international recruitment, preventing undue strain on countries facing critical shortages of health workers.<sup>14</sup> They also contribute to safeguard the rights and well-being of internationally recruited carers, addressing issues such as fair employment contracts, transparent practices, etc. By adhering to these guidelines, employers ensure that internationally recruited carers are treated justly and ethically.<sup>15</sup>

We encourage the European Commission to develop EU ethical recruitment guidelines for the care sector, which notably include the international dimension, in collaboration with Member States, social partners and other relevant stakeholders.

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<sup>12</sup> [Global monitoring report: key points for health workforce](#)

<sup>13</sup> [https://ec.europa.eu/employment\\_social/social\\_situation/responses/a23605\\_en\\_3.pdf](https://ec.europa.eu/employment_social/social_situation/responses/a23605_en_3.pdf)

<sup>14</sup> [https://health.ec.europa.eu/health-workforce/promoting-reform\\_en](https://health.ec.europa.eu/health-workforce/promoting-reform_en)

<sup>15</sup> <https://www.fnopi.it/wp-content/uploads/2023/10/73wd08e-HealthCareWorkforce-230575.pdf>

*“The cost of failing to invest in the health and care workforce is likely to outweigh the cost of action.”<sup>16</sup>*

- **Consider care workforce spending as an investment.**

As highlighted by WHO, the global undersupply in health and care workforce is largely due to decades of underinvestment in education, employment and retention.<sup>17</sup>

Recognising the contributions that the care workforce makes to the economy, gender rights, decent employment, societal health and well-being, and health security is essential to mobilise resources for the sector and ensure safe staffing levels.<sup>18</sup> Decision makers should consider the cross-cutting benefits of effective education and retention policies for the care workforce in their spending decisions. The European Commission should foster sharing best practices as well as funding education programmes.

- **Underline the role of not-for-profit, solidarity-based institutions such as mutuals and public actors.**

The development of market-based approaches to LTC delivery combined with the will to further empower users have led to the development of a strong consumerism focus. Private for-profit providers are increasingly contracted to deliver public services.

Private for-profit companies prioritise maximising profits, resulting in cost-cutting practices that jeopardise the quality of the care provided. This can lead to understaffing, inadequate education and training, and poor working conditions, deterring talented individuals from entering or remaining in the sector. What is more, it also can lead to less time for the act of caring itself as profit making prevails. In addition, as stressed by WHO, the growing reliance on the private sector to fund education and recruitment contributes to rising out-of-pocket spending<sup>19</sup> and consequently hinders access.

As highlighted by the ILO in its reflections on *Decent Work and the Care Economy*<sup>20</sup>: “Due to its characteristics of a public good, care requires adequate public financing. Where care is an individualized responsibility based upon the ability to pay, the resulting gaps in care provision come at a high cost to individuals, to society and to the economy. The provision of, access to and receipt of care should be based on principles of solidarity, equity and universality [...]”, values on which mutual’s and social economy enterprises’ services are deeply anchored.

Investments and support for the private not-for-profit and public sectors are therefore essential to ensure high quality standards of care and access to all, including in underserved or lower socioeconomic communities. And reliance on the private for-profit sector exacerbates inequalities in access to care and further strains the available workforce in areas with greater need.

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<sup>16</sup> WHO, *What steps can improve and promote investment in the care workforce?*, 2023, p. 7.

<sup>17</sup> *Idem*, p.9.

<sup>18</sup> *Idem*, p.5.

<sup>19</sup> *Idem*, p.7.

<sup>20</sup> [ILO, \*Decent Work and the Care Economy\*, 2024](#), p. 68



The European Commission should ensure the support and recognition of social economy enterprises of the care sector across Member States. We encourage the EC to take stock on their situation in the evaluation of the progress of its Social Economy Action Plan announced for 2025.

- **Reform education systems to ensure an appropriate talent pool, facilitating the recognition and validation of skills based on acquired experience.**

Education systems need to be reformed to answer changing needs and care models, including interprofessional education, programmes on digital literacy, interdisciplinary collaboration, more complex and intense care needs, etc. The shift towards preventive care models also requires redesigning the skill mix and the set of disciplines, the current mix no longer being fit for purpose.

As rightly put by the European Federation of Nurses, technological advancements, a shifting illness load, and new organisational changes are all influencing population health demands. This implies that the care workforce will need to learn new technical skills, such as how to use digital and artificial intelligence technologies, as well as soft skills like person-centred communication, interdisciplinary cooperation, and cultural sensitivity.<sup>21</sup> In this vein, we encourage the European Commission to ensure the proper implementation of its labour shortages action plan, and more specifically of its policy area covering skills, training and education. The EC and social partners should collaborate further on micro-credentials.

- **Collect reliable, timely and comparable data.**

Reliable, timely, and comparable data are necessary to gain a better understanding of the number of healthcare professionals by category throughout the EU. This would enable identifying shortages and help understand and address future needs. That data should also contribute to highlighting the co-benefits of investing in the care workforce for other sectors, better monitoring and assessing how investments in the care workforce contribute to better health, societal and economic outputs as well as attaining the SDGs.<sup>22</sup> Ultimately, it would contribute to build the political support for investments in the sector.

As a first step, The European Commission should facilitate gathering qualitative and comparable data. This requires harmonised definitions of the care workforce across all Member States.<sup>23</sup>

- **Boost cross-sectoral collaboration.**

According to WHO, “health sector leaders, ministries of education and finance reached new undertakings during the pandemic and created new networks”<sup>24</sup>, that collaboration and trust is vital to ensuring the effective and sustained support of the care workforce in overcoming the challenges ahead. Not for profit, solidarity-based health insurers and mutuals should be represented and heard, just as other actors of the health sector.

Effective engagement is necessary across sectors to prioritize investments in the care workforce.<sup>25</sup> To effectively coordinate finance, workforce development, mobilisation, and retention, it is vital for countries to fortify their intersectoral governance frameworks.

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<sup>21</sup> EFN, *Overcoming the nursing workforce crisis in Europe to improve care for people with non-communicable diseases*, 2023, p. 9.

<sup>22</sup> WHO, *What steps can improve and promote investment in the care workforce?*, 2023, p.8.

<sup>23</sup> [https://www.epc.eu/content/PDF/2023/CHES\\_PB.pdf](https://www.epc.eu/content/PDF/2023/CHES_PB.pdf) , p. 3.

<sup>24</sup> WHO, *What can intersectoral governance do to strengthen the health and care workforce?*, 2023, p.5.

<sup>25</sup> WHO, *What steps can improve and promote investment in the care workforce?*, 2023, p.8, 24.

Addressing workforce challenges requires pooling resources, knowledge, and expertise from different sectors. It also demands a better alignment of policies, regulations, and funding mechanisms across sectors to support workforce development goals. This can involve working on the perception of care and carers in the population, advocating for policy changes that promote workforce education and training, career advancement, and equitable access to employment opportunities. AIM encourages the European Commission to continue engaging in policy dialogues and mutual learning seminars with all relevant stakeholders.

In addition, and as already mentioned, encouraging collaboration on data sharing and research initiatives contributes to a better understanding of workforce trends, the identification of gaps, and the assessment of the effectiveness of interventions. This will in turn inform evidence-based decision-making and resource allocation strategies.