

## **Joint Policy orientation on creating a resilient hospital and health sector after the COVID-19 Pandemic**

### **Introduction**

1. HOSPEEM and EPSU, the European sectoral social partners in the hospital sector (hereafter referred to as Social Partners), developed this policy orientation based on the lessons learnt from the COVID-19 Pandemic in order to contribute to the creation of resilient healthcare systems to face future health emergencies - be it a pandemic, damage caused by climate change or other kinds of long-lasting crises - and to deliver quality and universal access to health. This document is based on the commitments of Social Partners made<sup>1</sup>, in particular the Framework of Action on Recruitment and Retention updated in 2022 (FoA R&R). This document aims to contribute to the implementation of the European Pillar of Social Rights (principle 16<sup>2</sup>), Sustainable Development Goals (Good Health and Well- Being) and other relevant EU and WHO documents.
2. While the COVID-19 pandemic put an unprecedented burden on healthcare systems and workers, it demonstrated healthcare workforce's resilience and an impressive ability to adapt to new working realities. It has also highlighted how a well-running hospital and healthcare sector is of vital importance to the well-functioning of society and economy.
3. Social Partners recognise that the pandemic exacerbated the existing problems in the sector, the most crucial being increasing staff shortages, cuts in the health care resources or, in some countries where the sector is paid directly from the budget, general insufficient public expenditure, which in consequence made the public health sector vulnerable and unprepared for the pandemic<sup>3 4</sup>. Social Partners are convinced there is a need for more investment in the sector and a change of perception that healthcare funding is seen as a long term, ongoing investment rather than an expenditure. To that end and to protect the health of the European population healthcare sector should be excluded from any potential austerity measures.

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<sup>1</sup> The documents from the Sectoral Social Dialogue Committee Hospital and Healthcare can be found here: [https://employment-social-affairs.ec.europa.eu/policies-and-activities/european-employment-strategy/social-dialogue/social-dialogue-texts-database\\_en](https://employment-social-affairs.ec.europa.eu/policies-and-activities/european-employment-strategy/social-dialogue/social-dialogue-texts-database_en)

<sup>2</sup> European Pillar of Social Rights, principle 16: "Everyone has the right to timely access to affordable, preventive and curative health care of good quality."

<sup>3</sup> WHO (2021) Drawing light from the pandemic: A new strategy for health and sustainable development (who.int) and WHO (2022) Health and care workforce in Europe: time to act (who.int)

<sup>4</sup> Eurofound (2022) Tackling labour shortages in EU Member States | Eurofound (europa.eu)

4. Society had become used to having access to emergency care because of the enormous efforts of the healthcare workforce. The Pandemic brought the attention of the wider public to the current state and future of the healthcare sector. Having accepted the quality care provided by the healthcare workforce as somewhat obvious is a challenge as the sector risks being easily overlooked. As the population ages, primary care must evolve to meet the growing demands. A stronger primary care system can help alleviate crowded emergency rooms by addressing health concerns early and effectively. Investing in primary care with skilled workers is essential for a sustainable healthcare system.<sup>5</sup> Simultaneously, enhancing special healthcare, such as intensive care, is crucial to ensure preparedness for global health emergencies. Ultimately, it's important to recognise the significance of all levels of healthcare, and ensuring they function efficiently and collaboratively to deliver optimal patient care.
5. Quality healthcare can only be delivered by adequate number of staff with the requisite skills available in the right place at the right time, as stated in the FoA R&R<sup>6</sup>, and with quality working conditions which make the services truly patient centered. To support the sector as an attractive place of employment to both recruit and retain the workforce, regular, structural investments into the sector are needed. The Social Partners emphasise the FoA R&R, as updated in 2022, which amongst others addresses the necessity that the healthcare workforce should “reflect the diversity of the society it cares for. To provide diversity and gender equality in the health care workforce, it is important that existing and future policies offer equal access to work-life balance, career development, and training facilities.”<sup>7</sup> The majority of the health workforce are women. While recognising that both male and female staff have caring responsibilities, it is a reality at present-time this task falls disproportionately on women. “To facilitate the full participation of men and women in the labour market, healthcare employers and social partners should take measures and develop policies that will improve workers' work-life balance. Action is necessary to attract more men to take up employment in the healthcare sector. Social Partners are committed to develop, promote and share policies and good practices to encourage participation and inclusion of under-represented groups such as ethnic minorities, migrants and refugees at all levels of the health sector. To that end, employers with the support of trade unions and national bodies should regularly use existing information on remuneration and working conditions to identify and monitor discrimination based on gender, migration, ethnic background, or other characteristics such as age or disability and, if necessary, take appropriate action.”

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<sup>5</sup> [WHO Declaration on Primary Care \(Declaration of Astana\) from 2022.](#)

<sup>6</sup> see Updated Framework of Action on Recruitment and Retention (2022), 3(3)

<sup>7</sup> see Updated Framework of Actions on Recruitment and Retention (2022), 3(4)

6. Social Partners recognise that health is not a commodity and as a public good, all stakeholders need to work together with national governments and the EU to ensure universal access to quality care.
7. The social partners are committed to work together to keep the focus of decision-makers on the present and future needs of the sector which is an important employer, an indispensable part of the economic motor and a source of social cohesion. The cooperation between social partners is even more important as we notice that the revived attention for the sector during the pandemic is fading away. Health needs to remain a policy priority for the economy to be competitive and prepared.

### **Role of Social Partners in policy-making in crisis situations**

8. Actively engaging with social partners in policy-making processes can facilitate the implementation of decisions affecting how care is provided for in both long-term sustainable planning as well as in crisis situations.<sup>8</sup> The Social Partners re-affirm their commitment as strong, responsive partners who have the experience and knowledge from Europe's work floors in the hospital sector that enable them to provide the most representative expertise, resulting in robust decision-making concerning employment in the sector, including joint demands to authorities, such as emergency stock or financing. To ensure continuous collaboration and support, social partners should maintain regular meetings with organisations such as the European Centre for Disease Prevention and Control (ECDC) and the Health Emergency Response Authority (HERA), focusing on coordinated health emergencies responses efforts.

### **Social Dialogue and Collective Bargaining**

9. The Directive on Adequate Minimum Wages<sup>9</sup> requires Member States to provide for a framework of enabling conditions for collective bargaining and to consult or work with trade unions and employers to develop a national plan to promote collective bargaining where national collective bargaining coverage is less than 80 percent.
10. More and better collective bargaining coverage cannot be achieved without increasing membership and participation in trade unions and employers' organizations. As underlined

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<sup>8</sup> Eurofound (2022), *Social dialogue and collective bargaining in the hospital sector during the COVID-19 pandemic*, Publications Office of the European Union, Luxembourg.

<sup>9</sup> Directive (EU) 2022/2041 of the European Parliament and of the Council of 19 October 2022 on adequate minimum wages in the European Union

by the HOSPEEM and EPSU joint project<sup>10</sup> on strengthening the social dialogue East, South and Central Europe, those regions require special attention to improve social partners capacity. Furthermore, governments must protect and support the autonomy of the social partners and the right to collective bargaining which are challenged in some European countries, but which are essential elements in an effective social dialogue.

### **Resources and Funding**

11. The hospital and healthcare sector needs to be considered and treated a crucial part of the infrastructure of society and economy. The Pandemic showcased the essential role of the health workforce without whose work and dedicated efforts the Covid-19 pandemic and its impact on society and economy would have gone differently. Accessible quality care is furthermore an important socio-economic policy instrument as it allows society to be resilient to financial-economic shocks.
12. The Social Partners highlight the outcomes of studies that showcase the positive relationship between spending in healthcare and improved health outcomes, labour productivity and economic activity.<sup>11</sup> EPSU and HOSPEEM strongly encourage the sector to be seen as an investment and benefit for economy and society.<sup>12</sup> The social partners call for investments in campaigns to strengthen the public image of the sector. Furthermore, the sector is an important employer, employing around 6% of the European workforce, which can provide more local social cohesion.
13. Social Partners are committed to work with the European Commission and the WHO – Europe and relevant bodies to ensure that appropriate resources are dedicated to improving healthcare and working conditions in order to achieve universal access to quality healthcare. To that end, they commit to contribute to the implementation of Principle 16 of the European Pillar of Social Rights and point out that achieving timely access to affordable, preventing and curative healthcare of good quality requires regular, structural investments into the hospital sector.
14. The Social Partners underline the importance of being consulted in and contributing to the European Semester process or processes similar to the Recovery and Resilience Fund. The

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<sup>10</sup> <https://hospeem.org/activities/hospeem-epsu-project-2019-2020-on-strengthening-social-dialogue>

<sup>11</sup> NHS Confederation (2022), From safety net to springboard: putting health at the heart of economic growth. The independent study quantified the positive relationship between increasing NHS spending and improved health outcomes, labour productivity and economic activity.

<sup>12</sup> European Observatory on Health Systems and Policies (2023). Making Health for All Policies: Harnessing the co-benefits of health. ISBN: 1997-8073

EU4Health programme, which was adopted as a response to the COVID-19 pandemic and as means to reinforce the crisis preparedness, has enabled useful investments into the healthcare systems across the EU. The social partners strongly encourage the different stakeholders involved in negotiating the EU's long-term budget to continue this programme within the next EU Multiannual Financial Framework (2028 – 2034).

15. The new budget should allocate money to support members states' public services and services of general interests, in particular the health sector, to be prepared for the future health emergencies. The European Commission should encourage Member States to apply for funding for these purposes. In particular, actions and funding should focus on addressing staff shortages by improving recruitment and retention of workers in the sector, as underlined by the Updated FoA R&R<sup>13</sup>, and to achieve an adequate number of staff with the requisite skills required available in the right place at the right time. All workers in the sector are crucial for making it resilient from the cleaning staff to administrative staff and health care professionals such as Nurses, Doctors, or Health Care Assistants.
16. The Social Partners call for innovative ways to understand the hospital and health sector analytically on European level, acknowledging that this sector like all public services and services of general interests requires different ways to measure than the profit sector. Although the GDP is a valuable indicator, it misses describing the well-being of society<sup>14</sup>. A new understanding of data can guide decisionmakers better in building legislative frameworks for the sector.
17. Finally, the Social Partners encourage Member States to develop their capacities to proactively plan services and organise resources to strengthen and maintain the sustainability, quality and resilience of health systems.

### **Staff Shortages**

18. The Social Partners will be working together with the support of governments to develop measures to reduce staff shortages in the sector. The Updated FoA R&R identified a range of actions to make the total reward package more attractive to workers including but not limiting to wages, work life balance or continuous professional development (CPD).

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<sup>13</sup> [Social Partners in hospital and healthcare sign framework for the future of the sector](#)

<sup>14</sup> cf. OECD, retrieved February 2025 <https://www.oecd.org/en/topics/well-being-and-beyond-gdp.html>

19. The Social Partners commit to contribute to European projects aiming to improve the sustainability, accessibility and resilience of healthcare workforce planning and invite national members and affiliates to connect with them. EPSU and HOSPEEM continue to organise the exchange of best practices identified by the different members and affiliates across Europe. At the same time, the project of EPSU and HOSPEEM “Tackling staff shortages and ensuring future-proofing skills in health” also aims to provide good practices to address staff and skills shortages.

### **Agency employment**

20. In terms of using the agency employment Social Partners reinstate their position from the Updated FoA R&R<sup>15</sup> which states that “a wide range of work patterns will help recruit and retain staff and alleviate staff shortages, for example where the number of permanent staff is inadequate to deliver quality service, agency staff can be used temporarily to ensure the continued maintenance of high quality care.”

### **Mental Health and Psychosocial Risks Factors**

21. The pandemic put more stress, physical, mental, emotional, ethical..., on health workers, with many of them reporting burnouts or considering leaving the sector. The sector is not resilient with health workforce reporting stress overload.
22. Building up on the work done together on psychosocial risks and stress at work, EPSU and HOSPEEM acknowledge the importance of addressing mental health at work together. The presence of Psychosocial Risks affects all levels of the health system and society as a whole. It impacts the health workers and managers such as poor well-being and job satisfaction, lower motivation, the organisation such as increased absenteeism, presenteeism, increased accident and injury rates, as well as society such as costs and burden on individuals and society as a whole. EPSU and HOSPEEM commit to continue contributing to the matter with our knowledge, such as during the EU consultations aiming to address psychosocial risks at work. This joint commitment does not exclude HOSPEEM and EPSU to have different opinions on the necessity of EU legal measures to address this issue.

### **Third Party Violence and Harassment**

23. During the pandemic an increase in third party violence and harassment (TPVH) against healthcare workers was observed. Based on the outcome of the multi-sectoral project on

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<sup>15</sup> See Updated Framework of Actions on Recruitment and Retention (2022), nr. 3(3); [Social Partners in hospital and healthcare sign framework for the future of the sector](#)

TPV, Social Partners have updated the multisectoral guidelines. EPSU members will support HOSPEEM counter parts in implementing measures to protect workers from violence.

### **Long and Post Covid and other conditions aggravated by the pandemic**

24. Social Partners recognised the importance of supporting workers experiencing post and long COVID and other conditions aggravated by the pandemic. There is need for further research on how to support workers.

### **Sickness**

25. During the COVID pandemic it was observed that some workers with COVID had to come to work. The Social Partners learnt from that experience and recognised that this should not happen in the future. To that end, EPSU and HOSPEEM encourage Social Partners at local level to develop policies for this kind of situation.

### **Digitalisation**

26. During the pandemic, digitalisation allowed, amongst other things, to reduce the exposure to the virus and ease the administrative burdens. The Social Partners underline that digitalisation will never replace human care delivery. Instead, it can lighten the workload, which can create more time for effective and quality care. There is need for more research on the impact of digitalisation and artificial intelligence on the workers and care delivery.

### **Implementation**

27. The Social Partners are committed to implementing the actions and to work together to improve the preparedness for the next health crisis. EPSU and HOSPEEM will monitor European legislation related to the resilience of the health systems and preparedness for potential health emergencies. The Social Partners will follow-up on this Joint Policy Orientation on three years basis during the SSDC-HS meetings and will identify the need for updates.

On behalf of HOSPEEM  
Marta Branca  
Secretary General

On behalf of EPSU  
Jan Willem GOUDRIAAN  
General Secretary