Tackling Staff Shortages & Future-Proofing Skills in Health (TaSSEFSH joint EPSU HOSPEEM project)
Workshop 1: Work-Life Balance and Mental Health
25–26 September 2025, Copenhagen - Denmark

Workshop report

Introduction

This report summarises the key points and aspects discussed in the first project workshop, intended to address the topics of work life balance and mental health as solutions to tackling staff shortages and future proofing skills in the health sector.[1] The workshop was attended in person and online by around 30 participants from 14 European countries amongst the EPSU and HOSPEEM affiliates and other social partners, as well as representatives from the European Commission, the World Health Organisation WHO and European Agency for Safety and Health at work EU-OSHA.

The joint EPSU HOSPEEM TaSSEFSH[2] aims to strengthen health services by empowering frontline healthcare workers across Europe. Its main objectives include enhancing professional capacity, improving working conditions, and fostering participatory service design through co-creation with users and stakeholders. The project emphasises the importance of transnational learning, digital transformation, and social dialogue, aiming to build more resilient and responsive health service systems. It also seeks to reinforce social dialogue and collective bargaining as key mechanisms for sustainable reform to address staff shortages and ensuring future proof skills in healthcare.

To achieve these goals, the project will organise a series of international workshops in Denmark, the Netherlands, Italy, Czechia and Germany, aiming showcasing innovative practices such as tailored training programs, digital tools for service delivery, and mechanisms for peer exchange. The project aims to exchange good practices from the diversity of national contexts and adaptable strategies, concluding with reflections on lessons learned and recommendations for future action. The overarching message is tackling shortages and developing skills of healthcare workers is essential for building inclusive, high-quality health services.

Joint Policy Orientation on Creating a Resilient Hospital and Health Sector after the COVID-19 Pandemic from 2025[3] and the updated Framework of Action on Recruitment and Retention agreed between EPSU and HOSPEEM[4] encourages national social partners to develop supporting infrastructures to facilitate work- life balance in a 24/7 service delivery context. To facilitate the full participation of men and women in the labour market,

[1] The report was drafted by project consultant Inga Pavlovaite, ipavlovaite@hotmail.com
[2] HOSPEEM-EPSU Joint Project on Tackling Staff Shortages and Ensuring Future-Proofing Skills in Health - HOSPEEM Search | EPSU
[3] FINAL DRAFT Joint Policy orientation on creating a resilient hospital and health sector after the COVID-19 Pandemic (2).pdf
[4] 2022.06.01 EPSU-HOSPEEM agreement Framework on Actions on Recruitment and Retention.pdf

healthcare employers and social partners should take measures and develop policies that will improve workers' work-life balance. The pandemic put more stress on health workers, with many of them reporting burnouts or considering leaving the sector. The sector is not resilient with a health workforce reporting stress overload.

At the European policy level, the issues of the workshop remain at the core of the policy focus. The recent Porto Social Summit with the social partners reaffirmed that the European Pillar of Social Rights remains a social compass for the EU, with its new Action Plan expected in 2026.[5] The Quality Jobs Roadmap emphasising also the importance of healthy working conditions and promoting physical and mental health at work has been adopted in 2025.[6] The State of Union address also announced that the Quality Jobs Act will be forthcoming in 2026, including the two stage social partner consultation.[7]

1. Framing the Discussion: Entering the Work-Life Balance & Mental Health Space

The challenges faced by healthcare workers in accessing the right work-life balance and adequate mental health have been subject of extensive research, including by the WHO and EU-OSHA.

In research, work–life balance typically refers to the level of prioritisation between an individual's work and personal life, with a good work–life balance being achieved 'when an individual's right to a fulfilled life inside and outside paid work is accepted and respected as the norm – to the mutual benefit of the individual, business and society'.[8]

WHO research has shown that resilient health systems must include health workers which are healthy and productive, highlighting the importance of mental health and appropriate work-life balance.[9] WHO identifies a sector workforce shortage crisis, with around 1 million health workers missing by 2030 in the European region.[10] Latest research shows that healthcare workers suffer from high rates of depression, few feel they have the right work-life balance and many experience bullying, harassment and high stress work environments. This is also reflecting the gender dimension of the sector's workforce, with a high prevalence of women, as well as the presence of migrant and ethnic minority groups, raising issues with the gender pay gap and career progression. Addressing such challenges requires a multifaceted systematic approach, and WHO is developing standards to this effect. With its annual Mental Health Day on 10th October, WHO works to highlight the implications of this topic.[11] The most recent report from the WHO also provides important insights into the mental health and work life balance issues faced by health workers.[12]

[5] Fórum Social Porto

[6] Commission sets out roadmap for future-proof quality jobs in a competitive EU - Employment, Social Affairs and Inclusion

[7] speech-25-2053_ov.pdf

[8] Work-life balance | Eurofound

[9] Our duty of care: A global call to action to protect the mental health of health and care workers

[10] Health workforce

[11] World Mental Health Day 2025

[12] https://www.who.int/europe/news/item/10-10-2025-healing-hands---hurting-minds

EU-OSHA research also shows the extent of poor work-life balance in the sector. The share of health and social care employees reporting difficulties in managing their work-life balance was higher in 2021 (23%) than the EU-27 all sector average (19%). 25% health and social care workers were reporting a "not very well/not at all well" work-life balance in 2021. 31% of health care establishments indicated psychosocial risks in 2019. The percentage of workers in the health and social care sector working at night (28%) is higher than the EU average across all sectors (21%).

Evidence shows that work–life conflict is associated with numerous indicators of poor health and impaired wellbeing, including 'poorer mental and physical health, less life satisfaction, higher levels of stress, higher levels of emotional exhaustion, less physical exercise, higher likeliness to engage in problem drinking, increased anxiety, burnout and depression levels, poor appetite, and fatigue'. Evidence also shows that in the healthcare sector, work–life imbalance or conflict is frequently the result of cumulated effects involving other risks such as low influence over shifts, weekend or night shifts, long working hours per week and high work demands. Long working hours is one of the top three risks resulting from the way work is organised in the health and social care sector. This has clear implications for mental well-being, work-life balance and patient safety. Atypical working hours are linked to disruptions to the circadian rhythm, depression, stress, burnout, chronic fatigue. Low levels of control over shift patterns can cause desocialisation and work-life imbalance. There are also links between shift work and stress, reduced sleep quality and muscular skeletal disorders.

2. Challenges and solutions from social partners in improving the Work-Life Balance of healthcare workers

Framing the discussion

EU-OSHA research has demonstrated the importance of involving workers in decisions about their working hours and the organisation of their work schedules. This participatory approach, which includes self-rostering and consultation on working time distribution, can significantly enhance workers' sense of autonomy and control. Additionally, gender training is crucial to address the inequalities women face due to poor work-life balance. Organisations should be encouraged to develop initiatives that give workers more control over their schedules, thereby improving their overall well-being. Furthermore, guidance and tools should be provided to help organisations assess and manage psychosocial risks (PSRs) more effectively. To increase the attractiveness of the sector, it is essential to focus on reducing long working hours and ensuring that pay and working conditions, including work-life balance, are adequate.

There is a range of various prevention measures to address psychosocial risks (PSRs) and improve work-life balance in the health and social care sector. The key measures highlighted in EU-OSHA research include:

- Risk management and risk assessment: Ensuring adequate rest and improving work-life balance.
- Participatory shift scheduling: Allowing workers to have a say in their shift patterns.
- Worker influence and participation in decision-making: Encouraging workers to be involved in decisions that affect their work.
- Awareness-raising and training: Providing education on PSRs and how to manage them.

- Regulatory initiatives: Implementing policies to protect workers.
- Adequate staffing: Ensuring there are enough staff to handle the workload.
- Recognition and remuneration: Acknowledging and rewarding workers for their efforts.
- Promoting job autonomy: Giving workers more control over their tasks.
- Improving social support in the workplace: Creating a supportive work environment.
- Providing mental health support and reducing mental health-related stigma: Offering resources and support for mental health issues.
- Addressing violence and adverse social behaviour: Taking steps to prevent and manage negative behaviours in the workplace.

Addressing the long working hours in the Finnish Healthcare sector: the Traffic Light Model

In Finland, the Traffic Light Model for Working Hours has been developed. This model recommends assessing workload and working hours, ensuring that critical shift characteristics (such as total working hours, shift lengths, consecutive shifts, evening and night shifts, recovery time, predictability, influence over schedules and breaks) are considered during shift planning. According to the Traffic Light Model, shift planners, with the use of the Titania participatory shift scheduling software, are advised to consider five key factors when planning shifts for a period of two to six weeks, including the length of working hours; scheduling of working hours; time for recovery; work–life balance; opportunities to influence working hours.

Additionally, shift planners are encouraged to assess the predictability of working hours on a regular basis, such as once a year. Each criterion is assessed using a scale of four different traffic light indicators of Green: Optimal load; Yellow: Increased load; Orange: Overload; Red: Severe overload

According to the recommendations associated with the model, load estimation should be conducted in accordance with all five criteria, along with other work-related factors, including the physical and emotional workload associated with the specific profession. This approach aimed to provide a participatory shift planning tool, which supports workers to choose healthier working patterns. Overall, studies on the Titania participatory shift scheduling tool and related shift ergonomics recommendations have found several indicators of healthier working shifts. These include a greater sense of control over and more predictability of workers' schedules, reduced excessive sleepiness in connection with evening shifts, and an overall reduced number of unhealthy shifts considering their length and intensity.

Managing shift work through annualised hours in emergency medical care in the UK

University Hospitals Sussex (UHSussex), an NHS Foundation Trust with six hospitals, became a major trauma centre in 2013, requiring constant Accident and Emergency (A&E) consultant coverage. This increased doctors' workload, reduced rota flexibility, and led to staff retention issues, higher stress, and poor work–life balance. To address this, the Trust introduced an annual rostering system, accounting for clinical hours and leave, and allowing consultants more input into their schedules using HealthRota software. The

new system improved shift structures and limited consecutive night shifts, helping to reduce fatigue and improve staff well-being without affecting patient care.

The reactions from the workshop participants highlighted concerns of how the management would address the situations where staff wants to work too much and too long hours (raised by the colleagues from the Swedish association of health professionals and Norway Spekter association of health sector employers), the situation of acute staff shortages where the shifts cannot be reconsidered due to too few staff (France trade union of health professionals), the challenges of ensuring that flexibility in organising working time works for both sides of management and employees (Germany trade union Ver.di), the need for involvement of the works councils (Austrian trade union organising health professionals) and the challenges of ensuring the staff availability in the 24/7 healthcare providers (Latvian Hospitals' Association).

Contributions from workshop participants

The workshop discussed a number of solutions below from different countries participating in the workshop to improving the work life balance of healthcare workers.

Project "Flexible working time" at Næstved, Slagelse, and Ringsted hospitals in Denmark

The project aimed to create a more attractive workplace by implementing flexible working hours at Næstved, Slagelse, and Ringsted hospitals in a remote part of Denmark. The project aligned with overarching strategies such as improving recruitment and retention of hospital staff, patient safety, and overall work environment improvements. It focused on HR and organisational perspectives, emphasising tools to ensure employee attachment, employer branding, and competitiveness in recruitment, ultimately strengthening engagement and ownership of workers in organising their working time at the hospitals.

The project highlights the importance of flexible scheduling, resource utilisation, and operational sustainability, aiming to reduce costs associated with temporary staff and overtime. It showed that hospital management and leadership play a crucial role, transitioning from control to facilitation, with a greater focus on presence and trust, guided by common principles and frameworks. The project began with a needs assessment, the key principle definition, and pilot sections, followed by knowledge sharing, adjustments, and scaling to all professional groups.

The project also addressed work-life balance, employee influence, and leadership presence, with examples from pilot wards showing positive effects such as increased job applicants, smoother scheduling, and positive developments in patient safety and efficiency. The next steps involve cross-organisational knowledge sharing, scaling to the entire organisation, and including all professional groups in the new model.

The workshop participants also shared further reflections on the topic.

In the Czech Republic,[13] legal regulations under the Labour Code support balancing family and work life through flexible employment options and parental leave provisions. However, challenges persist in practice, especially in the healthcare sector where staff

[13] Information provided in writing by the EPSU member the Trade Union of Health and Social Care workers of the Czech Republic.

shortages lead to overwork. For instance, employees can enter part-time employment or reduced working hours, especially when caring for children under 15, during pregnancy, or caring for dependent persons. Employers generally must agree unless operational reasons prevent it. Job sharing and employee-set working hours are also options under the recent legislative amendments to improve the work-life balance. Nonetheless, healthcare workers face high overtime demands, capped at 24-hour shifts with agreements, leading to burnout and sector attrition.

In **Ireland**, mental health is affected severely by the absence of safe staffing levels in the healthcare sector, as well as significant emotional stress, high pressure, long working hours and need to make critical decisions. The safe staffing framework developed with the social partners should help with this and inform the national policy.

In **Romania**, the issues are very new concepts, with the recent collective agreement introducing the topics of mental health. The new legislation in 2024 also introduced the rule of two 12-hour shifts followed by a 24-hour rest period.

In Sweden, the social partners emphasise the need for sustainable working hours over the full working life, with full years of full work capacity. Currently, around 30% of healthcare employees work part time involuntarily because they do not have enough time for rest and recovery. This has a negative economic impact on the nurses and does not help to address a significant shortage of nurses. In the mental health space, healthcare workers are faced with ethical stress working with few colleagues and not enough rest and recovery. There is also a problem of increasing thirdparty violence and digital stress where a significant amount of time is spent on completing digital tools.

3. Challenges and solutions from social partners in improving the Mental Health of healthcare workers

Framing the discussion

EU-OSHA research identified the various mental health outcomes in the health and social care sector, highlighting that stress is most prevalent under conditions with high job demands and low job control, with 68% of health and social care establishments identifying work-related stress compared to the EU average of 46%. Burnout is also a significant issue, with work intensity and high emotional demands being the main predictors, leading to negative personal consequences and affecting patient safety, satisfaction, and the overall quality of care. Anxiety is particularly prevalent in the social work sub-sector, often linked to a lack of autonomy, and can lead to burnout, increased sickness absence, and feelings of isolation. Additionally, sleeping problems and fatigue are common in healthcare jobs with long working hours and irregular shifts, with unsocial working hours and short notice work requests being risk factors. Other mental health outcomes include increased cynicism, loss of commitment to the organisation, intention to leave the profession, decreased morale, compassion fatigue, decreased buy-in to the psychological contract, and increased absence from work.

Contributions from the social partners

The workshop identified a number of solutions from different countries to address the mental health challenges facing the healthcare workers.

Finland: statistics and actions on mental health in the healthcare sector

Recent research in Finland identified a high extent of sickness absence due to poor mental health, as well as other negative outcomes such as muscular skeletal disorders amongst healthcare workers. Anxiety was found to be one of the most frequent reasons for sickness absence for healthcare workers. A number of policy measures and specific tools have been developed at the national level and by social partners. At the national level, a programme on mental health has been implemented since 2021 involving a collaboration of government institution, OSH organisations, mental health organisations and social partners. It showed that effective measures can reduce the sickness absence due to mental health. A tripartite working group also started its work to prepare a report in 2026 on how improve the mental health of workers. Several concrete tools have been developed, including:

- Toolkit to increase the capacity of workplaces to address the mental health issues of workers and respond to change in the workplaces. It includes 13 tools in Finnish and 11 tools in English which are research based and linked to key mental health issues.
- The Recovery Calculator for social and health sector has been developed for health workplaces with the social partners to reflect on safe working environments as part of the annual assessment and OSH assessment processes. The calculator, tailored for the health and social services sector, has now been used over 500 times. The reception has been mostly positive, and the calculator has been welcomed as an addition to the toolkit
- The Doing Important Work portal provides access to real cases for workplaces in the public sector on addressing wellbeing issues. The portal is supported by lunch meetings of the organisations involved, webinars, workshops, networking events to support the development of healthy workplaces. By 2024, the portal contained over 1,300 actions online.

Preventing and handling emotional demands in hospitals through the project "Kobling" in Denmark

A study conducted from 2021-2025 examined a multilevel intervention in a remote Danish hospital aimed at addressing emotional demands among staff. Despite thorough implementation—including individual, group, management, and organisational strategies— and broad acknowledgment that the project was well set up for prevention, the intervention did not affect sickness absence, turnover, or mental health outcomes, likely due to challenges like overcrowding and unfilled roles.

Emotional demands in healthcare are high, often resulting in burnout, depression, and increased sickness leave. The intervention featured personal and digital training, management reflection days, group sessions, prevention-themed events, and support for change leaders. While preventive practices improved, main outcomes remained unchanged because core issues, such as staffing shortages, persisted.

Onboarding new colleagues in HR and Education department, Region Hovedstaden, Denmark

Region Hovedstaden in Denmark serves 1.93 million people, with 44,714 staff managing hospitals, disability services, environmental sustainability, transport, and education. The

Department of HR & Education supports regional and local HR, focusing on recruitment, education, leadership, shift planning, and digitalisation.

Due to high turnover among key health staff—especially post-COVID—the region prioritised improving onboarding since 2022. Efforts now include annual surveys covering culture, compliance, networking, collaboration, competencies, and clarity; defining roles and responsibilities based on shared accountability; and centralising processes to reduce managers' workload.

A new digital onboarding system launched in 2024 delivers training online during the first five months, with an additional session in month seven. Managers are supported to motivate employees, and ongoing training encourages moving away from outdated, information-heavy presentations.

Further resources identified in the workshop

Project website: HOSPEEM-EPSU Joint Project on Tackling Staff Shortages and Ensuring Future-Proofing Skills in Health - HOSPEEM Search | EPSU

EPSU and HOSPEEM (2022) Framework of Action on Recruitment and Retention agreed between EPSU and HOSPEEM 2022.06.01 EPSU-HOSPEEM agreement Framework on Actions on Recruitment and Retention.pdf https://hospeem.org/our-newsletter/epsu-and-hospeem-sign-joint-policy-orientation-to-build-a-resilient-european-hospital-and-health-sector/

EPSU and HOSPEEM (2025) Joint Policy Orientation, EPSU and HOSPEEM sign Joint Policy Orientation to build a resilient European hospital and health sector - HOSPEEM

EPSU: Search | EPSU

HOSPEEM: Social Dialogue Archives - HOSPEEM

EU-OSHA: https://osha.europa.eu/en/themes/health-and-social-care-sector-osh

WHO: Health workforce