Tackling Staff Shortages & Future-Proofing Skills in Health (TaSSEFSH joint EPSU HOSPEEM project)
Workshop 2: Temporary agency work
3-4 December 2025, Hilversum- Netherlands

Workshop report

Introduction

This report summarises the key points and aspects discussed in the second 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 by 15 participants from seven European countries (Belgium, Croatia, Finland, Ireland, Norway, Netherlands, Romania) amongst the EPSU affiliates and HOSPEEM members and other social partners.

The joint EPSU HOSPEEM TaSSEFSH[2] project aims to strengthen health services by empowering (supporting) 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-proofskills in healthcare.

To achieve these goals, the project will organise a series of international workshops in Denmark, the Netherlands, Italy, Czechia and Germany, aiming to showcase innovative practices in addressing labour and skills shortages. 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 that tackling shortages and developing skills of healthcare workers are essential for building inclusive, high-quality health services.

Framing the Discussion: the situation in the Netherlands

The scene in the Netherlands was set by the colleagues from the AZW programme. The AZW (Arbeidsmarkt zorg en welzijn) programme[3] serves as the central knowledge platform for reliable labour market information in the healthcare and welfare sector in the Netherlands. Established in 1995, AZW is designed to support managers and decision-makers with accurate data for social dialogue, national agreements, subsidy applications, and labour market policy. The programme is managed jointly by social partners, with implementation involving Statistics Netherlands (CBS) for data collection and 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] AZW Info - Betrouwbare informatie over de arbeidsmarkt van zorg en welzijn

parties for in-depth research. AZW is funded by the Ministry of Health, Welfare and Sports and Labour market funds (in which employers and trade unions cooperate) and is governed by employer and employee representatives together with a representative of the Ministry. The programme focuses on improving the labour market through data and knowledge development and sharing best practices. There are a commitment and financing for programme over the four-year period 2023 – 2027. The annual budget is approx. € 1.8 million (including data, research, and dialogue activities).

AZW's activities cover a wide range of themes, including sustainable employability, health and safety, labour relations, staff planning and scheduling, and the impact of technology. The programme positions itself as an unbiased source of information, aiming to inform without taking sides. Based on data and output of the programme, labour market funds and social partners develop products as health and safety catalogues, training on third-party violence and social security, staff planning tools (such as an app for night workers), webinars on hormonal complaints, and support for informal care and work/life balance.

The AZW data highlights the scale and challenges facing the health sector: there are 1.5 million employees in healthcare, with a projected shortage of 300,000 by 2034. The AZW programme helps social partners to develop future vision for the health sector through different scenario analyses, aiming to address these workforce challenges and support sector-wide planning. The forecasts demonstrate that the highest reductions in staff shortages in health sector can be achieved if the measures in all scenarios are implemented.

Employment in the hospital sector in 2023 consisted of self-employed (13,000) and employees (224,000). Amongst the employees, 77% were in permanent positions and 23% in flexible roles. Among flexible employees, 6% have temporary contracts with prospects for permanence, 11% have no such prospects of a permanent contract, 5% are on-call/temporary, and 1% are temporary agency workers. Self-employed professionals work an average of 32 hours per week, with flexibility being the main motivation for their career choice. A number of self-employed can also be considered to be undertaking temporary work, and this is a growing phenomenon in the country.

Social partner experiences of deploying temporary workers

Experiences with using temporary workers were shared by the workshop participants from Belgium (from Zorgnet Icuro), Croatia (HUP), Ireland (SIPTU), the Netherlands (Groene Hart Ziekenhuis (GHZ) hospital and Zorg voor het Noorden) and Norway (Spekter).

The presentation from **Zorgnet Icuro Belgium** shed light on the increasing reliance on temporary external workers in Belgian healthcare, categorising them into three main types: temporary agency workers, project sourcing, and self-employed professionals. This trend is driven by a structural shortage of permanent staff, leading hospitals and care institutions to seek flexible staffing solutions. Notably, the number of self-employed nurses has more than doubled over the past decade, reflecting a significant shift in the workforce composition (26,672 self-employed nurses in 2025, compared to 10,324 in 2015).

However, the use of temporary workers is presented as an inadequate and costly solution. The financial burden on healthcare organisations is substantial, with temporary agency workers, self-employed professionals (both direct and via platforms), and project sourcing costing significantly more than permanent employees. For example, the cost of a self-

employed nurse via a platform can be up to 247% of the cost of a regular employee. Additionally, the presentation highlights perverse effects such as disproportionate non-solicitation clauses and unequal salary and working conditions, which can further destabilise the sector.

To address these challenges, several strategies for improving inflow and retention in the healthcare sector have been adopted in Belgium. These include training projects for career changers, such as "project 600" and the "#kiesvoordezorg" campaign, which are designed to attract people from both within and outside the sector to become healthcare assistants or nurses later in life. These initiatives are very successful in attracting the intake and are complementary to the regular nursing training pathways, aiming to address workforce shortages by encouraging career changers and supporting their transition into healthcare roles.

Further actions are taken after the recent legislative changes in Belgium. One action has developed more flexible staffing models that allow non-healthcare staff to assist with essential daily activities and support structured care teams that include caregivers. Here, non-healthcare professionals may now perform activities of daily living, which belong to the domain of healthcare. These tasks include non-complex tasks such as measuring the body temperature or providing hygiene care and can now be carried out by non-care staff. The structured team concept is a predefined team composed of healthcare professionals who jointly and in a coordinated manner provide care for a specific group of patients. The concept of structured team enables the individuals outside the traditional nursing career path to perform certain nursing tasks within the existing legal framework applicable to all parties involved.

Another action taken is to develop staff sharing arrangements between health institutions to enhance job variety and security. There are also benefits for both employees and organisations: employees gain job variety, job security, and maintain the same salary conditions, while organisations benefit from increased job time, shared expertise, and enhanced attractiveness of the sector. This approach aims to create a more flexible and appealing work environment, supporting both workforce stability and sector growth. Whilst the trade unions have been initially sceptical of new flexible models and changes to the professional roles, the experience in Belgium has been that over time they have more prepared to accept the changes.

The importance of informing employers about legal and financial aspects, standardising contracts, and benchmarking costs is also emphasised. Finally, there is also the political debate surrounding the regulation of temporary work in healthcare in Belgium. Zorgnet Icuro advocates for a focus on mobility towards permanent positions, and a balanced approach between market freedom and necessary regulations. The overall message is that while temporary external workers provide short-term relief, sustainable solutions require systemic changes to attract and retain permanent staff in the sector.

Similarly in Norway, colleagues from Spekter (Norwegian employer association) have shared the experiences that the use of hiring temporary nurses over the past several years has been reduced significantly in Norway. This development followed the political debate and strategic decisions to prioritise full employment and improve working conditions as key strategies for workforce recruitment and retention. Measures included regional action plans and mandatory reporting system on the use of agency staff. This

reduction is also linked to stricter regulations on the use of staffing agencies, which entered into force on 1 April 2023, establishing permanent employment as the main rule. For individual hospitals, this reduction has represented major savings as the costs of agency nurses can exceed the cost of regular nurses by 2-3 times.

The experience in Croatia with the use of third country temporary workers was provided by the HUP. The Croatian Employers' Association (HUP) is a voluntary, non-profit organisation representing the interests of employers across Croatia. Founded in 1993, it acts as a key advocate for private sector rights, engaging with state institutions, trade unions, and international bodies such as the International Labour Organisation and BUSINESSEUROPE. HUP's membership spans over 6,500 companies from all industries, employing around 650,000 workers, and is organised into 30 sectoral associations, including those for healthcare, pharmaceuticals, and private hospitals.

Focusing on the context of temporary work agencies, Croatia's labour market is currently facing severe shortages across key sectors like construction, health, tourism, and manufacturing. Croatia has rapidly shifted from being a country of net emigration to a significant importer of non-EU labour, with over 200,000 work and residence permits issued in 2024 (across all sectors). The main source countries for health workers include Bosnia & Herzegovina, Nepal, Serbia, India, and the Philippines. Recruitment agencies have become crucial intermediaries, connecting employers with distant labour markets and managing the complexities of recruitment, documentation, and logistics. However, the sector's rapid growth has outpaced regulation, resulting in inconsistent standards and mixed quality among agencies.

The health sector in Croatia is facing a significant shortage of around 4,000 nurses and long-term care staff. This gap is driven by demographic pressures, an ageing population and workforce, ongoing emigration of medical staff, and rising care needs. Domestic labour markets are no longer able to supply enough nurses, caregivers, physiotherapists, and support staff, making the import of foreign labour a strategic necessity rather than a temporary solution. Without these workforce imports, the healthcare system risks serious operational problems, such as poor-quality care, overcrowding, and staff exhaustion. However, many foreign workers are employed in health sector roles requiring minimal education, and without robust screening and selection processes, simply importing labour does not guarantee that the healthcare staff deficit will be addressed with quality.

Recent legislative reforms, such as the new Law on Foreigner Workers, have introduced stricter controls, mandatory labour-market tests, and enhanced oversight of agencies. Despite these measures, employers face significant administrative challenges, including long and unpredictable processing times, frequent rule changes, and high administrative burdens. Quality and ethical concerns persist, with issues like "paper agencies," double charging of fees, inadequate skills verification, and risks of social dumping. Operational challenges include high recruitment costs, worker turnover, skills mismatches, and reputational risks linked to the political sensitivity of large-scale labour imports.

The HUP advocates for a well-regulated, transparent, and professional agency sector, calling for licensing, digital permit systems, stable legislation, and support for worker integration. In the healthcare sector, the need for foreign labour is particularly acute due to demographic pressures and persistent workforce gaps. The HUP stresses that importing foreign workers is now a strategic necessity, not a temporary fix, and urges policies that

balance necessary controls with the urgent need for timely staffing in critical services. The ultimate goal is to ensure fair standards for workers and a reliable workforce supply for employers.

The experience of using agency workers in Ireland was presented by the trade union SIPTU. Setting the historical context of Irish labour movements, this referenced the key figures such as James Connolly and Jim Larkin, and events like the 1916 Easter Rising. This background highlighted the longstanding tradition of union activism and societal engagement by SIPTU as a central actor for promoting workers' rights in Ireland.

SIPTU, with over 180,000 members across public and private sectors, includes 43,500 members specifically in its Health Division. The division covers both public and private healthcare and is organised into six sectors: Care, Support, Intellectual Disability Care, Health Professionals, Nursing, and the National Ambulance Service. Additionally, the SIPTU Health Division is a member of the Staff Panel of Healthcare Trade Unions, emphasising its role in collective bargaining and advocacy for healthcare workers.

In Ireland, the use and cost of agency workers have grown in the public healthcare system. Agency spend has tripled over the past decade, reaching approximately €900 million in 2025, with €80 million per month. The highest expenditure is in healthcare assistants, nursing, medical, health and social care professional, and administrative grades. The reliance on agency staff is attributed to a range of factors, recruitment embargoes, persistent vacancies, ineffective workforce planning, long hiring processes and competition from the private sector and abroad. Notably, many healthcare graduates are not offered employment within the public health system, exacerbating staffing challenges. Similar to Croatian experience, an increasing number of third-country nationals are also recruited as temporary workers, raising challenges in terms of pay and working conditions.

The challenges with using agency staff in the Irish public health system include increased costs due to agency fees and payment of VAT. There are concerns about the temporary staff commitment and loyalty, as agency staff can choose their shifts and are not tied to long-term positions. Safe staffing agreements are only in place for nurses and healthcare assistants, and even then, there are questions about their implementation. Not all health and social care professional graduates are offered employment, leading to losses to the private sector, emigration, or people leaving the profession altogether. Morale is affected, with permanent staff feeling under-resourced and burdened with heavy workloads, and there is limited flexibility with rosters. Finally, understaffing becomes a critical issue if agency workers are unavailable, which can further impact healthcare services.

The consequences of this agency dependence include increased costs, issues with staff commitment and loyalty, and risks to safe staffing levels. Unions express concerns about the inadequacy of the Ireland’s Pay & Numbers Strategy, lack of safe staffing agreements for most grades, insufficient maternity leave coverage, and the need for more responsive recruitment and expanded training. The employer’s approach aims to reduce agency reliance by €250 million in 2025 through conversion processes, devolved recruitment, and ongoing campaigns. The unions argue that the current Pay & Numbers Strategy is inadequate and not fit for purpose. They highlight the absence of safe staffing agreements for most grades, insufficient coverage for maternity leave, and a high reliance on agency staff who value their own flexibility in working patterns. The unions also stress the need for more responsive recruitment processes, expansion in training and specialist education,

and effective strategic workforce planning as central to service provision. Additionally, they criticise the system's primary focus on budget control over service provision and safe staffing levels, the use of agency workers to fill long-term vacancies, and the limited ability to address staffing shortages due to Department of Public Expenditure and Reform (DPER) restrictions.

Experiences from the Netherlands were shared from a hospital in the Gouda region of the Netherlands.

In Gouda region, the hospital has established a FIER, a unit acting as the internal flex agency of Groene Hart Ziekenhuis (GHZ). FIER has been operating in its current form since 2017. FIER provides flexible staffing solutions by employing nurses and care administration staff directly in and by the hospital. It is offering a range of contract types and hours to suit both the hospital's needs and the preferences of its employees. The unit is structured to accommodate a variety of roles, including general nurses, experienced outsourced nurses, and student assistants, with a strong emphasis on adaptability and cross-departmental deployment.

Especially for FIER nurses, there are different types of nurses within FIER and their deployment. FIER distinguishes between general nurses, who have broad knowledge and can work across multiple wards after onboarding, and outsourced nurses, who possess department-specific expertise and are fully deployable alongside permanent staff. General nurses are often young graduates assigned for several months as they explore what suits them best, while outsourced nurses are more experienced and can cover three wards.

FIER manages the deployment and scheduling of its nursing staff at Groene Hart Ziekenhuis in a structured way. Schedules are published three months in advance in accordance with the collective labour agreement, with the aim of covering all shifts. However, shifts can still be assigned up to the day itself, allowing flexibility to respond to changing needs. Occasionally, extra shifts are allocated to departments with high care intensity or to give permanent staff members time off, ensuring both optimal patient care and staff well-being.

A key focus in the FIER agency is on Generation Z nurses, who value flexibility and diverse experience before committing to specialised wards or advanced training. FIER leverages this trend by providing opportunities for these young professionals to work across multiple departments, travel, and explore different career paths. This approach benefits both the nurses, who enjoy lower contract hours, fewer night and weekend shifts, and the ability to choose assignments, and the hospital, which gains motivated staff ready to step in where needed, maintaining high employee satisfaction and cost efficiency.

FIER experiences highlights some of the operational advantages of FIER for GHZ, such as improved scheduling flexibility, consistent training standards, and the absence of external agencies, which reduces costs. FIER's model ensures that the hospital can respond quickly to changing care demands while supporting the professional development and well-being of its staff. There are also the benefits for nurses working within FIER at Groene Hart Ziekenhuis. Nurses in FIER can have lower contract hours compared to those on regular wards, and they are required to participate less (or not at all) in department-specific working groups. Additionally, they typically have fewer night and weekend shifts. FIER nurses also have the flexibility to choose among different groups within the organisation, allowing them to select what suits them best.

Colleagues from the Dutch **network "Zorg voor het Noorden"** introduced a collaboration of 11 organisations—eight hospitals and three ambulance services—across the Northern Netherlands (Groningen, Friesland, Drenthe). The initiative, known as "Zorg voor het Noorden," aims to create a unified approach to healthcare by establishing a single point of entry for professionals and patients. The mission is to retain top healthcare professionals in the region, ensuring the quality, capacity, and continuity of both hospital and ambulance care. The collaboration is visually represented through logos and a regional map, highlighting the comprehensive coverage and joint effort of all participating organisations.

The network focusses on three main themes of supporting sustainable and sufficient regional employment, learning and development, and innovative ways of working together. Key projects include the development and implementation of new education for laboratory technicians, simulation-based learning, and initiatives to address declining student intake in nursing programmes. The partnership also focuses on regional career centres, recruitment, and exchange programmes, which allow healthcare professionals to gain experience across different institutions. Special attention is given to supporting newcomers to the Netherlands and fostering leadership that adapts to the evolving needs of healthcare teams.

Strategic workforce planning and regional cooperation are central to the approach, with an emphasis on sharing best practices, securing funding, and promoting a mindset where local staffing challenges are viewed as regional issues. The governance structure includes executive boards, HR directors, project managers, and advisory councils, ensuring that both strategic decisions and practical needs are addressed. The network experiences show the importance of ongoing collaboration, communication, and advocacy to sustain and enhance healthcare delivery in the region.

In the Netherlands, the regular collective bargaining agreements in health also apply to the agency workers. Often agencies adopt prices on the basis of demand resulting in the ability for agency workers to attract higher wages. Coupled with the flexibility in choosing the work schedules, this makes the agency work an attractive option.

In relation to flexible staffing models, **colleagues from Norway (The Employers' Association Spekter) () also shared their experiences** where internal resources pools for nurses and health professionals are established inside the hospitals. These are permanently employed staff who are assigned to different wards depending on the needs in the hospitals. This has been found to help to ensure safe staffing levels, reduce administrative burden and agency costs. Hospital employees are deployed in a more flexible way across the hospital departments, with the aim to ensure workforce flexibility and stability.

Conclusions from the workshop discussions

Across Europe, the health sector is experiencing acute staff shortages, prompting a growing reliance on temporary (agency) workers, self-employed professionals, and the use of flexible staffing models. The workshop discussions showed that the use of temporary workers is more widespread in some countries (such as Belgium, Ireland or Croatia) than others (less so in Romania, for example).

The use of temporary workers is driven by demographic pressures, an ageing workforce, and persistent vacancies. Workshop participants shared experiences of increased costs, operational challenges, and the need for more adaptable workforce solutions. The use of temporary staff, while providing short-term relief, is often seen as costly and insufficient for long-term sustainability of health systems and health providers. There are also concerns about unequal working conditions, high turnover, and the destabilising effects on permanent staff morale. In response, countries are adopting strategies such as targeted training programmes for career changers, flexible staffing arrangements, and regional collaborations to attract and retain healthcare professionals and ensure quality health services. The discussions also highlighted the trend where the possibility of having flexibility over the working time and working conditions is very important for all - permanent and temporary - health workers.

At the same time, when properly managed, workshop discussions also showed examples of well-targeted use of temporary workers, especially when it is done through internal hospital structures. Such use can support the health staff preferences for flexibility and diversity, improve scheduling, reduce external agency costs, and enhance staff satisfaction.

Another major trend discussed in the workshop is the emphasis on systemic reform and strategic workforce planning. The workshop discussions also highlighted the importance of transnational learning, digital transformation, and social dialogue to build resilient health service systems. Across countries, efforts emphasise sustainable employment, learning and development, and innovative cross-institutional cooperation to address declining student intake and workforce shortages, supporting newcomers and adapting leadership to evolving healthcare needs.

In this context, initiatives like the AZW programme and regional networks such as "Zorg voor het Noorden" in the Netherlands showcase innovative practices, including data-driven labour market analysis, simulation-based learning, and staff sharing across institutions. The overarching message is that sustainable solutions require involvement of social partners, support for skills development and and integration of both domestic and foreign workers to ensure high-quality, inclusive healthcare services for the future.**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: Search | EPSU

HOSPEEM: Social Dialogue Archives - HOSPEEM