

Nursing scholarship Austria

GENERAL INFORMATION	
Name of the organisation	Federal Ministry of Labour, Social Affairs, Health, Care and Consumer Protection
Type of organisation	Ministry
Address	Federal Ministry of Labour, Social Affairs, Health, Care and Consumer Protection Stubenring 1, 1010 Vienna, Austria
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Topic of the good practice	Labour and skills shortages in the health and care sector
Geographical focus	Nation-wide
Duration	1/1/2023 - ongoing
Summary of the good practice	<p>In order to increase the number of trained nursing staff, not only must training places be available, but financial security must also be guaranteed during training. Although training places are often available, there is a lack of people interested in training. The federal government has therefore introduced a nursing scholarship from January 1, 2023, which replaces the existing skilled worker scholarship with a much more attractive subsidy.</p> <p>The nursing scholarship guarantees a minimum financial standard of currently (2025) €1,606 per month, adjusted annually, for training courses in accordance with the Health and Nursing Care Act (GuKG). This means nursing training 'in the narrow sense' such as nursing assistants at different levels, certified nursing and geriatric care. Not included are, for example, X-ray assistants, surgical assistants or midwifery training.</p>

	<p>If the entitlement from unemployment insurance is higher than the minimum amount for the nursing scholarship (i.e., higher than €1,606 per month), this entitlement continues to apply instead of the nursing scholarship.</p> <p>All persons aged 20 or over who have either left school or university for at least two years or who are entitled to unemployment insurance are eligible for support. Furthermore, the requirements for nursing training must be met (e.g., passing the entrance exam) and prior consultation with the AMS must have taken place. The nursing scholarship is also available to persons on parental leave.</p> <p>Until now, funding for tertiary education was excluded under the Labor Market Service Act. However, as from 2024, new diploma courses will only be available at universities of applied sciences, the federal government has decided to make an exception for nursing scholarships.</p> <p>Since the introduction of the nursing scholarship in 2023, a total of 12,800 people have taken advantage of this funding (as of December 31, 2024).</p>
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OBJECTIVES AND ACTIVITIES

<p>Background/c ontext</p> <p>What challenge, need or gap were you trying to solve or respond to?</p> <p>Why was this issue relevant or urgent in your context (sector, region, country)?</p>	<p>Many forecasts indicate that there will be a high demand for additional care workers in the future.</p> <p>For example, the nursing staff demand forecast by ‘Gesundheit Österreich GmbH’</p> <p>(https://jasmin.goeg.at/id/eprint/3378/1/Pflegepersonalbedarfsprognose%20Update%20bis%202050_bf.pdf) predicts that there will be an additional demand for 51,000 nursing and care workers between 2023 and 2030.</p> <p>Improving and promoting nursing training is therefore particularly important in order to attract more staff. It is also essential that beginners do not drop out of training and that graduates actually enter the profession.</p>
<p>Objectives</p> <p>What were the main goals of this practice (e.g. better compliance, faster processing, improved worker protection)? (Please limit to three)</p>	<p>► According to Section 29 of the Labour Market Service Act (Arbeitsmarktservicegesetz AMSG), it is the task of the national public employment service AMS to bring together labour supply and demand, thereby ensuring that the economy is supplied with labour and that all persons are employed (‘full employment policy’).</p>

<p>Who or what were these goals intended to help or change? (Please limit to three)</p>	<p>► The objectives of the care scholarship are therefore:</p> <ul style="list-style-type: none"> • To counteract the shortage of personnel in the care sector • To enable unemployed persons to obtain future-proof training and thereby facilitate their sustainable integration into the labour market • To enable employed persons to obtain higher qualifications. This not only improves individual income, but qualifications also reduce the risk of unemployment
<p>Main activities</p> <p>What were the main steps or actions you carried out to put the practice into effect?</p> <p>Were any tools, materials, partnerships, or processes created?</p>	<p>► In its government programme, the Austrian federal government has committed to key measures to address the need for reform in the care sector. As a result, a care reform package was implemented in September 2022. In addition to improvements for employees, such as better pay and an extra week of holiday, making care training more attractive and thus ensuring a supply of qualified employees in the care sector was also considered essential.</p> <p>► Part of this package was the introduction of the nursing scholarship. In Austria, the implementation of a new subsidy always takes place in consultation with the social partners (discussion in various committees with representatives of employees and employers) on the basis of a proposal by the Federal Ministry of Labour (Funding Department). Finally, a target is formulated for the AMS, which then works out the specific implementation guidelines.</p>
<p>Funding/organisational resources</p>	<p>Financial: The introduction of the care scholarship requires a very high financial investment (approx. €150 million per year). This is ensured by a reservation in the AMS's funding budget and by contributions from unemployment insurance. Since 2024, partial coverage has also been enshrined in law (€50 million per year in accordance with Section 6b of the Labour Market Policy Financing Act (AMPFG)).</p> <p>Organisational: This subsidy is administered by the AMS (IT implementation, drafting of guidelines and training of staff, processing of applications and payment of the subsidy).</p>
<p>PARTICIPATION</p>	
<p>Stakeholders involved</p> <p>Organisations or entities actively contributing to the design, implementation, monitoring, or support of the good practice</p>	<p>► Key stakeholders are</p> <ul style="list-style-type: none"> • AMS (national Public Employment Service) • Several sections of the Federal Ministry of Labour, Social Affairs, Health, Care and Consumer Protection • Informally also the Ministry of Education, which is responsible for training places

<p>(e.g. labour inspectorates, social security institutions, trade unions, employers' associations, or other).</p>	
<p>Target groups</p> <p>Main groups or categories that the practice is directly aimed at, who should receive its services or who engage with it (e.g. employers, mobile or posted workers, labour inspectors and social security officers, or other).</p>	<p>► Key target groups are:</p> <ul style="list-style-type: none"> • Job seekers • Employees on leave of absence who are interested in training or further qualification in the care sector
<p>Final beneficiaries</p> <p>Individuals or groups that ultimately benefit from the outcomes of the practice, even if they are not the direct target or user (e.g. mobile or posted workers, vulnerable workers at risk of exploitation, employers benefiting from clearer rules or reduced admin burdens, or other).</p>	<p>► Final beneficiaries are:</p> <ul style="list-style-type: none"> • Employers in the care sector with high staffing requirements • All persons in need of care and their relatives, as staff shortages in Austria mean that an increasing number of free hospital and nursing places cannot be used
<p>GOOD PRACTICE CRITERIA</p>	
<p>Achievements and outcomes</p> <p>What specific results did the practice achieve? (e.g. How many workers or employers were reached, number of publications created? What processes became faster?)</p> <p>What kind of broader benefits did it bring? (e.g. Did it improve</p>	<p>► In 2024, 11,870 people participating in nursing training received support. In 2025, this figure is expected to rise to between 14,000 and 15,000 (people undergoing training lasting several years are counted each year). This is expected to cost €170 million in 2015.</p> <p>► This means a doubling of participant numbers since 2022, when nursing training courses were still funded by the previous version of the nursing scholarship, the skilled worker scholarship.</p> <p>► Unfortunately, we do not yet have precise data on how many of these individuals successfully complete their training and actually work in</p>

<p>understanding of rights and obligations, enhance cooperation between authorities, or reduce legal uncertainty and inconsistent application of rules?)</p>	<p>their trained profession. A study will be commissioned to investigate this.</p>
<p>Cost effectiveness</p> <p>How did you keep costs low while still achieving results? (e.g. Did you reuse existing tools, automate processes, or share resources across teams?)</p> <p>Can you show that the outcomes were worth the investment? (e.g. Did small changes lead to big improvements, or were expensive tools avoided?)</p>	<p>► Not relevant</p>
<p>Transferability</p> <p>What are the key features that make this practice work well? (e.g. a digital platform, clear guidelines, a joint inspection process, or strong coordination)</p> <p>What would another country or organisation need to make this work for them? (e.g. certain laws, IT systems, or staff training)</p>	<p>► An important success factor is low-threshold access to this subsidy. In short, a minimum age of 20 and a positive admission test for nursing training are sufficient. No insurance or prior service periods are required.</p> <p>Adopting this model in another country naturally depends heavily on securing funding. In addition, a very powerful IT system such as that possessed by the public employment service “AMS” is required.</p>
<p>Sustainability</p> <p>How is the practice sustainable from a social, financial or environmental perspective?</p> <p>What makes this practice able to continue over time?</p>	<p>► The approach is socially and financially sustainable because unemployed people are integrated into the labour market and, at the same time, the nursing crisis that would result from a shortage of nursing staff is counteracted.</p>

<p>(e.g. It is now part of regular work or has been built into law or procedures?) and how are you making sure it lasts beyond the pilot or project phase?</p>	
<p>Innovativeness</p> <p>What makes this practice new or different in your field or country? (e.g. Is it the first of its kind, or does it combine actors who don't usually work together, or activities not performed before?)</p> <p>How does it improve older or less effective approaches? (e.g. By reaching more people, using data better, or simplifying complex procedures)</p>	<p>▶ Although this is not a new practice, existing support instruments have been improved and expanded (in particular by lowering barriers to access and increasing monthly financial support) in order to reach more people.</p>
<p>Digitalisation</p> <p>What kind of digital tools or platforms were used in this practice? (e.g. online portals, automated case tracking, data sharing, digital databases or other)</p> <p>How did these tools help in reaching your goals? (e.g. Did they save time, facilitate access to data in real time, reduce errors, help detect fraud, or improve coordination between authorities?)</p>	<p>▶ No new technical solutions were required; instead, the AMS's existing, highly capable IT systems were adapted.</p>