

EURES

EURES Report on Labour Shortages and Surpluses
2025

Analysis of nursing professionals

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Executive summary

- This occupational fiche on nursing professionals (International Standard Classification of Occupations 2221) accompanies the 2025 European employment services (EURES) report on labour shortages and surpluses, and synthesises evidence on the causes of labour market imbalances affecting nursing professionals across EURES countries.
- Nursing professionals are consistently reported as a shortage occupation across EURES countries. In the 2025 EURES national coordination offices survey, 20 countries reported shortages of nursing professionals and only 1 country (Finland) reported a surplus, consistent with earlier evidence of widespread and persistent gaps.
- Demand pressures are structural and rising, driven primarily by population ageing and multi-morbidity, with additional strain from seasonal peaks and the post-COVID-19 backlog. In the future, climate-related shocks (notably heatwaves) may become a growing stress amplifier for health systems, with the potential to increase demand for emergency, residential and home care nursing.
- The supply side is constrained by workforce ageing and uneven geographical distribution. Over one third of nursing professionals were aged 50+ in 2024, implying sizeable retirement outflows in the next decade. Nursing remains highly gender segregated (women exceed 60 % of nursing professionals in all EURES countries and exceed 80 % in around half of the countries with data).
- Cross-border mobility is central to how shortages are managed but creates distributional risks. Inflows of foreign-trained nurses increased greatly between 2019 and 2022, with pronounced east–west and south–north patterns. Some destination countries rely heavily on overseas recruitment (e.g. Ireland), while sending countries risk intensified shortages, raising ‘brain drain’ and ethical concerns.
- Skills and qualification friction limit responsiveness. While EU minimum training standards under Directive 2005/36/EC support automatic recognition for general care nurses, variations in curricula, specialist role definitions and practical training persist. Recognition pathways among countries are often slow, and specialist and advanced roles are frequently not fully transferable, leading to skill underuse after migration. Digitalisation is also changing skills needs (not reducing demand), but digital training and continuous professional development remain uneven.
- Working conditions drive exits and constrain retention through workload intensity, unsocial hours, burnout, and health and safety risks. Across sources, high stress, poor work environments and uneven access to continuous professional development are associated with intentions to leave. Around 32 % of nurses screen positive for depression and 24 % for anxiety.
- Measures to tackle imbalances cluster around (1) expansion and better targeting of supply (education capacity, fast-track routes and return to practice), (2) improved integration of foreign-trained nurses (bridging/adaptation programmes and clearer recognition), (3) retention and attractiveness (pay reform, safe staffing, predictable scheduling and career pathways) and (4) skills mix and task redesign (advanced practice roles, delegation and stronger multidisciplinary models). Expanding the supply of nursing professionals may have only a limited effect without credible retention and working condition reforms across settings, especially residential and home care.

1. Introduction

This occupational fiche provides an overview of the labour market imbalances affecting nursing professionals in European employment services (EURES) countries, focusing on the determinants and drivers of these imbalances. It accompanies the 2025 EURES report on labour shortages and surpluses, which includes a dedicated analysis of the health and care sector. The fiche covers nursing professionals as defined under International Standard Classification of Occupations 2221.

An overview of the occupation's employment size and demographic characteristics is provided in Chapter 2. The drivers of labour market imbalances in this occupation were analysed in relation to the following topics:

- demand for nursing professionals (Chapter 3),
- labour migration and mobility (Chapter 4),
- skills and qualification gaps (Chapter 5),
- working conditions and occupation attractiveness (Chapter 6),
- recruitment practices and retention trends (Chapter 7),
- measures to tackle labour market imbalances (Chapter 8).

This occupational fiche draws on a comprehensive review of the peer-reviewed and grey literature published between 2019 and 2025 across the 31 EURES countries, alongside secondary descriptive data and microdata or special data extractions. Each chapter presents EURES-level findings and, wherever possible, highlights sectoral and country-specific differences.

This fiche also includes key points from a stakeholder focus group and one expert interview. The focus group brought together six participants, each representing a key stakeholder group of nursing professionals. The stakeholders included one social partner, one health and care provider and professional, two labour market intermediaries and two representatives from education, training and research institutions. Insights from these consultations are presented in boxes throughout the fiche. Given the limited scope of the consultations, the insights presented reflect the comments made during the focus group and interview and should not be interpreted as representing the views of all stakeholders relevant to this occupation.

2. Overview of the occupation

Occupation definition and scope

Nursing professionals play a central role in delivering safe, continuous and person-centred care across health and social care systems. They provide and coordinate clinical care, monitor patient needs, and support recovery and long-term condition management, often working as part of multidisciplinary teams. Nursing professionals also contribute to health promotion and prevention, including through education and support for patients and carers.

Based on the International Standard of Classification of Occupations 2221 definition, the scope of nursing professionals' activity encompasses five principal health and care employment settings, namely:

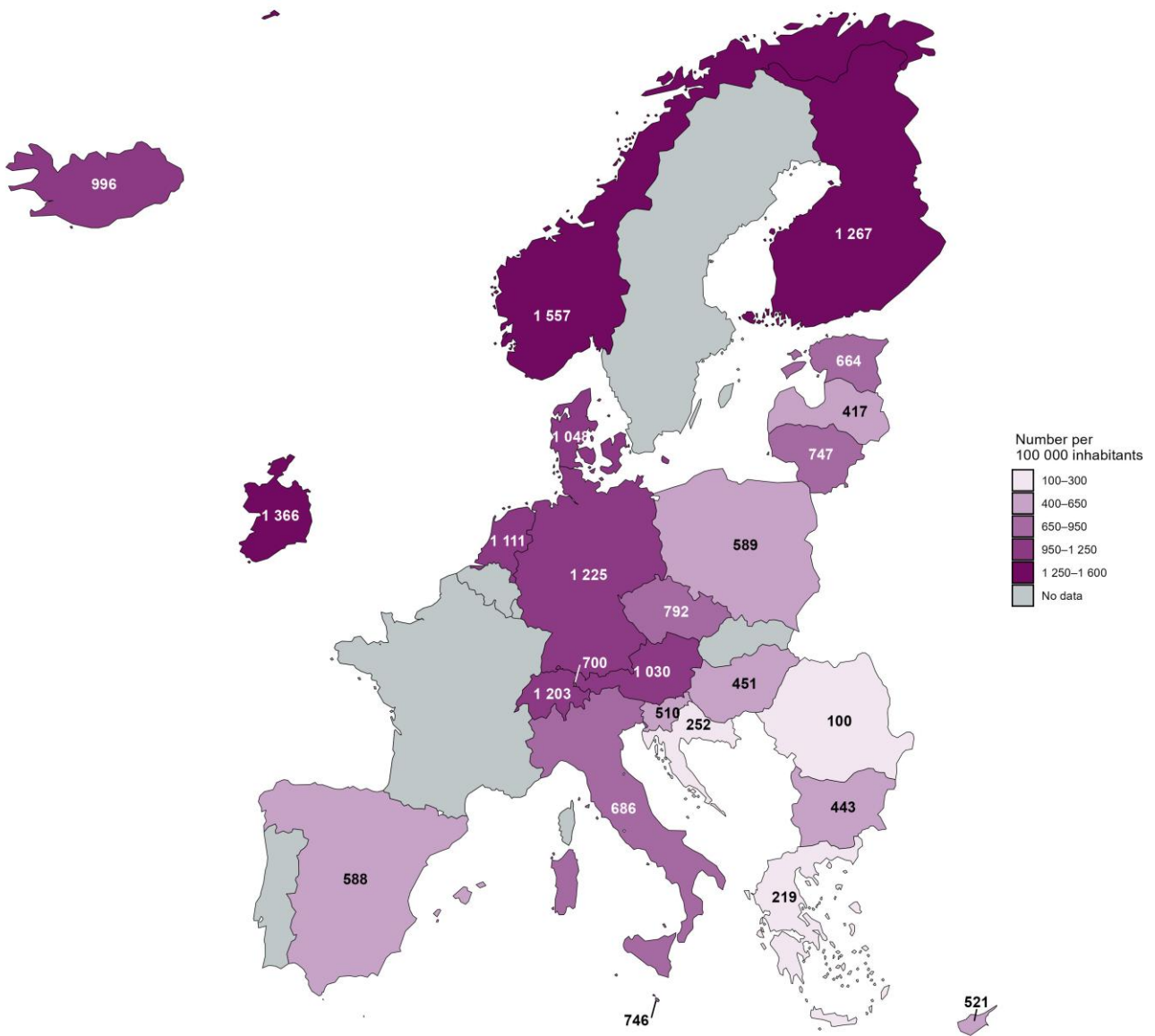
- hospital care, where most nursing professionals are employed in acute and intensive care settings;
- specialist medical activity, covering outpatient clinics, diagnostic services and specialist practices,
- primary care, where nursing professionals increasingly take on extended roles in health promotion, chronic disease management and community outreach;
- residential long-term care (LTC), where nursing professionals provide essential support to individuals with disabilities or age-related conditions, administering treatments, monitoring health status, assisting with daily living activities and coordinating care plans;
- home and social care, where nursing professionals coordinate teams of aides and deliver community-based services.

Size of the occupation as an employment category

Across the 31 EURES countries, nursing professionals constitute one of the largest occupational groups in the health and care sector. In 2022, there were almost 4 million practising nurses in the EU (European Commission: Directorate-General for Internal Market, Industry, Entrepreneurship and SMEs, 2024). Germany, France and Italy account for the largest nursing workforces in Europe, each with several hundred thousand practising nurses (WHO, 2020; European Newsroom, 2025).

The average nurse-to-population ratio across EU Member States is approximately 8 or 9 nurses per 1 000 people (OECD et al., 2024). However, there are wide variations among countries. As shown in Figure 1, the density of nursing professionals is as high as 1 250–1 600 nurses per 100 000 inhabitants in countries like Norway, Ireland and Finland. In contrast, Romania, Greece and Croatia have 100–300 nursing professionals per 100 000 inhabitants. In seven other EURES countries (Poland, Spain, Cyprus, Slovenia, Hungary, Bulgaria and Latvia) with available data, the number ranges between 400 and 650 nursing professionals per 100 000 inhabitants.

Figure 1: Number of nurses per 100 000 inhabitants by country, EURES, 2023

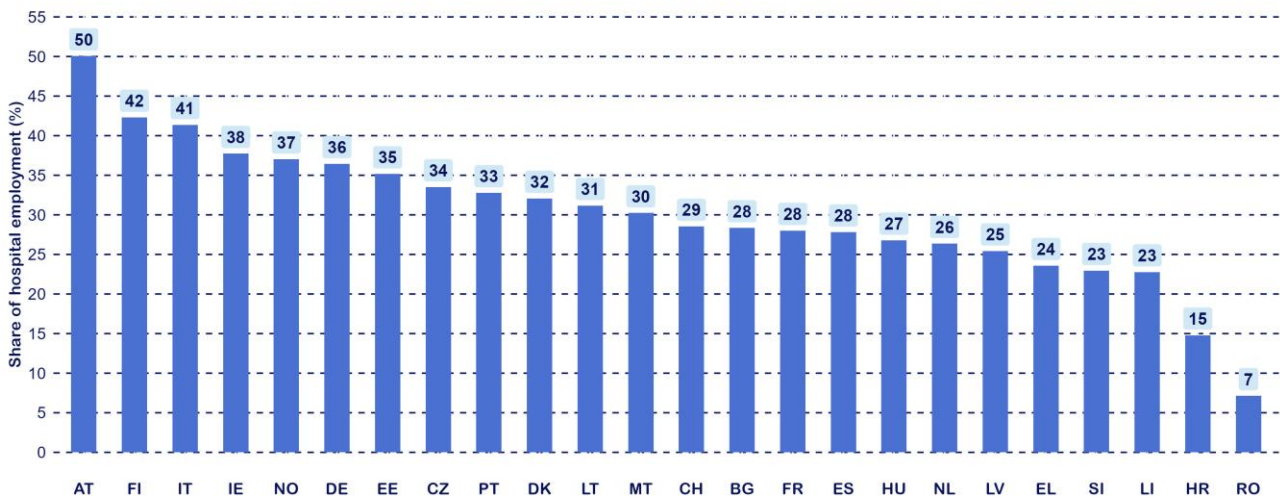


NB: Legend excludes share range between 51 and 59 % because no country values fell inside this range.

Source: Eurostat dataset (hlth_rs_prs2) (15 July 2025).

The distribution of nursing professionals tends to be concentrated in hospital settings: in 2022, Germany had 547 000 hospital nurses, France had 384 000 and Italy had 281 000 (Eurostat, 2024). As shown in Figure 2, nursing and midwifery professionals account for a substantial share of hospital employment, although the share varies considerably across EURES countries.

Figure 2: Share of nursing and midwifery professionals in hospital employment, EURES, 2024



NB: Only for countries with available data.

Source: Eurostat dataset (hlth_rs_prshp2) (15 July 2025).

Beyond hospitals, nursing professionals also play an important role in residential LTC and home and community settings. LTC employs a large number of health workers overall, about 6.3 million across the EU, including care assistants and other roles in addition to nursing professionals (Eurofound, 2020). The exact share of nurses within LTC is unclear, but estimates suggest that it remains smaller than that in hospital care in most countries.

In home and social care, nursing remains underdeveloped in many countries. Home and community nursing is particularly weak in eastern and southern Europe, where informal family care still dominates (Eurofound, 2020; WHO Regional Office for Europe, 2022). By contrast, western European systems tend to have more formalised home nursing roles, and recruitment shortages are acute across all sectors (Eurofound, 2023). Specialist nurses, such as those working in intensive care units (ICUs) or operating theatres, are harder to quantify due to coding overlaps, but national sources highlight their increasing role in high-acuity settings (European Newsroom, 2025).

Countries reporting labour shortages and surpluses

Nursing professionals are consistently identified as a shortage occupation across EURES countries. Based on a 2025 survey distributed to the EURES national coordination offices, 20 EURES countries reported labour shortages of nursing professionals, while 1 country (Finland) reported a surplus (Table 1).

This situation is consistent with previous analyses, which identified shortages of nursing professionals in many Member States as early as 2019–2020 (European Federation of Public Service Unions, 2020a). In 2022–2023, 15 Member States formally reported shortages of nurses (OECD et al., 2024). Earlier surpluses in countries such as Spain and Italy, which occurred during austerity, have since reversed, largely due to outmigration and rising demand (European Labour Authority et al., 2024; European Newsroom, 2025)

Table 1: Countries reporting labour market imbalances for nursing professionals, 2025

	Countries
Labour shortage	20 countries (Austria, Belgium, Bulgaria, Cyprus, Denmark, Estonia, Germany, Greece, Ireland, Lithuania, Luxembourg, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden)
Labour surplus	1 country (Finland)

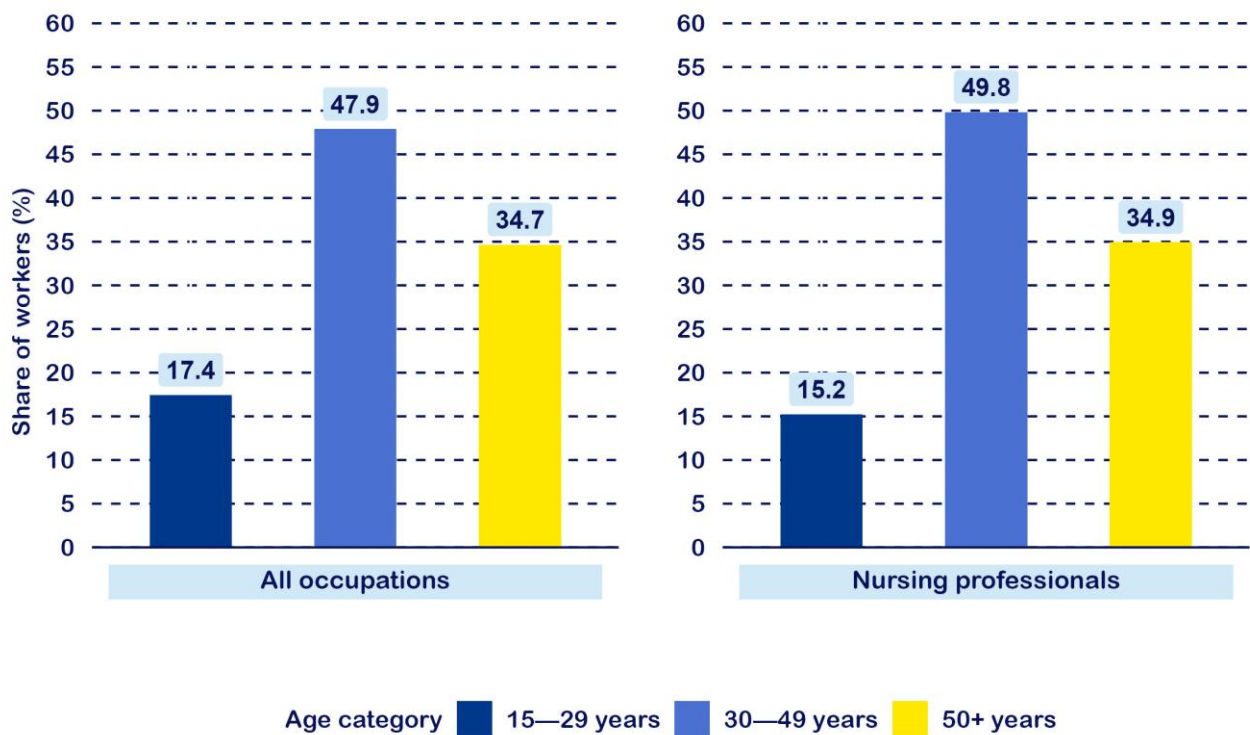
NB: NCOs from Iceland, Liechtenstein and Switzerland have not provided data on imbalances.

Source: Data submitted by EURES NCOs.

Occupation's demographics

The nursing workforce in EURES countries is ageing. Over a third of nursing professionals in EURES countries were aged 50 or older in 2024 (Figure 3). A wave of retirement is expected within the next decade, which has the potential to aggravate existing shortages (WHO Regional Office for Europe, 2022). Half of nursing professionals were aged between 30 and 49 years in 2024, while around 15 % were under the age of 30. Overall, the age distribution of nursing professionals is aligned with that of occupations across all economic sectors.

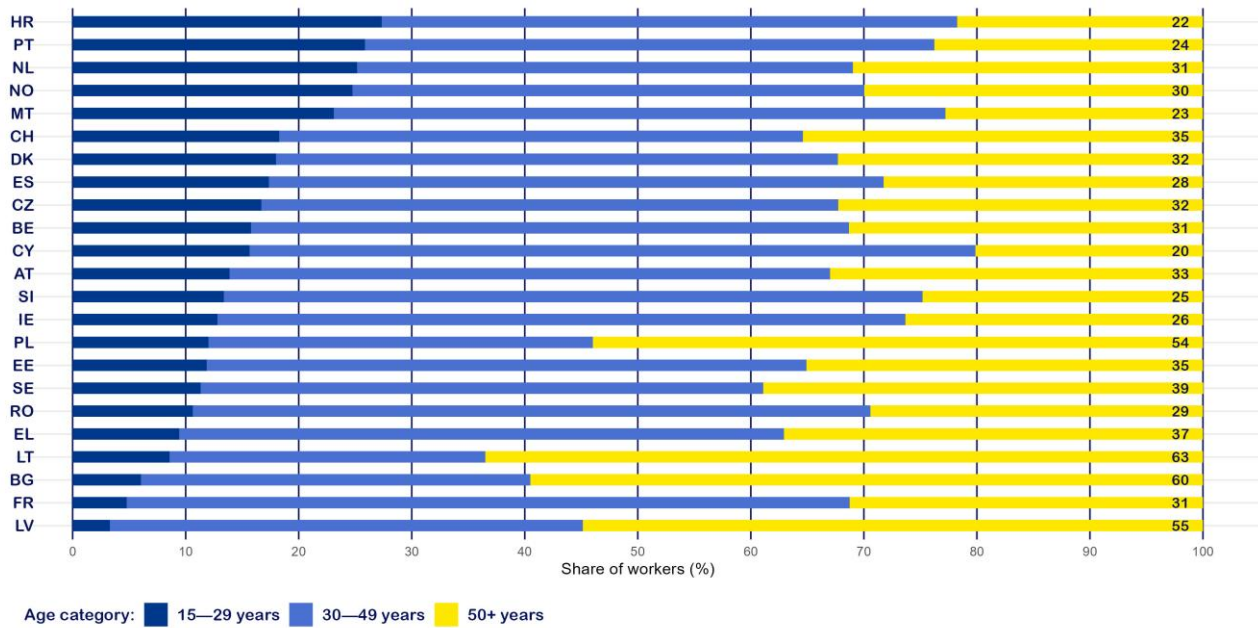
Figure 3: Nursing professionals by age category, EURES, 2024



Source: EU Labour Force Survey special data extraction.

However, there are notable differences in the age distribution of nursing professionals across countries. As shown in Figure 4, Latvia and Poland have a relatively old nursing workforce, with over half of their professionals aged 50 or older. In countries like Bulgaria and Lithuania, the share of nursing professionals in this age group is at least 60%. Conversely, Croatia, Portugal, the Netherlands, Norway and Malta have some of the youngest nursing workforces, with about one quarter of their professionals being under the age of 30.

Figure 4: Nursing professionals by age category and country, EURES, 2024

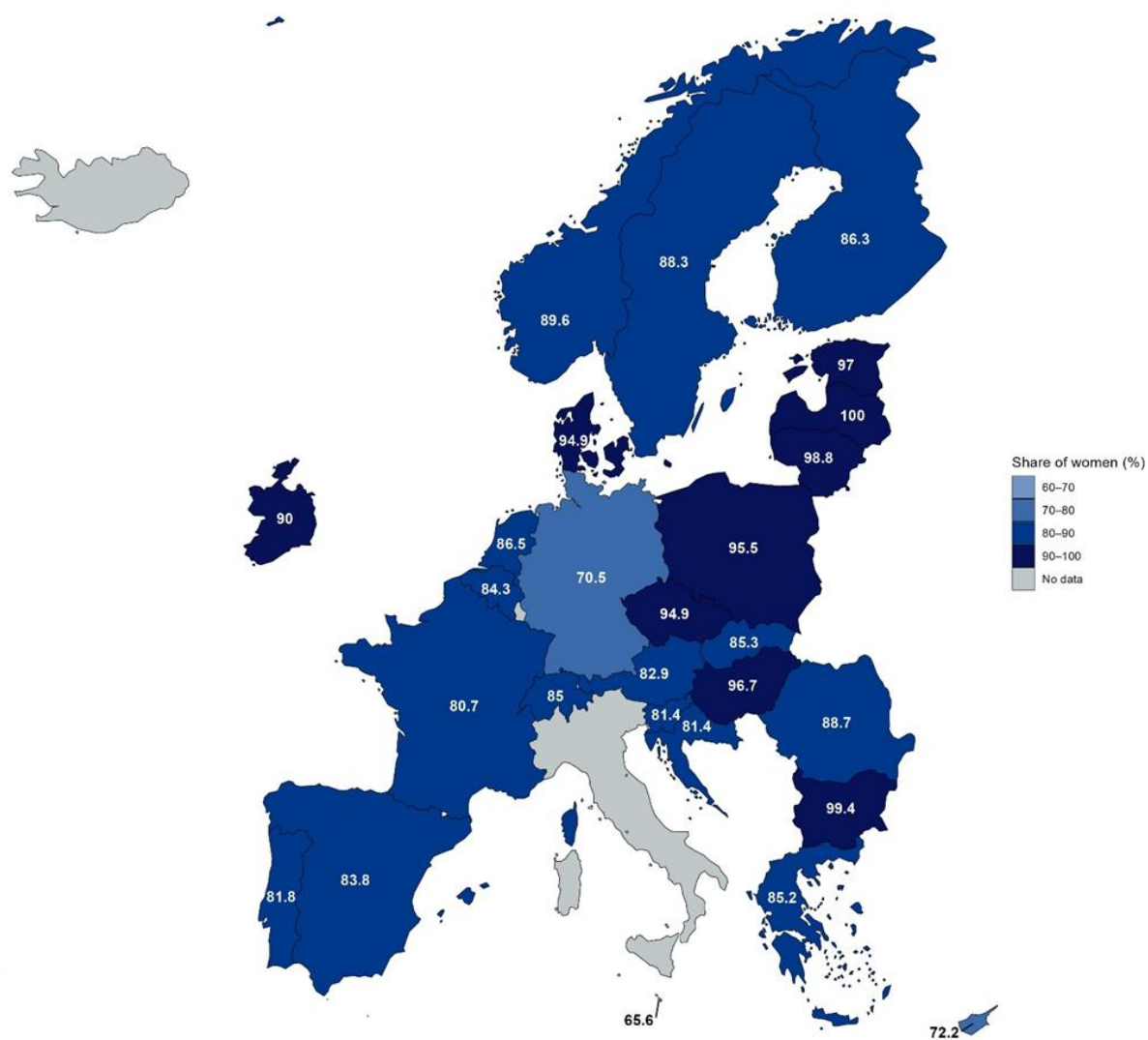


NB: Only for countries with available data.

Source: EU Labour Force Survey special data extraction.

Nursing is also a highly gender-segregated occupation. Women make up more than 60 % of nursing professionals in all EURES countries, with over 80 % being female in half the countries with available data (Figure 5). Malta reports the lowest share of female nursing professionals among the EURES countries, with the proportion reaching between 60 % and 70 %.

Figure 5: Share of women among nursing professionals by country, EURES, 2024



Source: EU Labour Force Survey special data extraction.

3. Demand for nursing professionals

Impact of demographic trends

The ageing of EU's population continues to drive structural increases in the demand for nursing professionals. According to Eurostat projections, the proportion of EU nationals aged 65 or older will rise from 21 % in 2022 to nearly 30 % by 2050 (OECD et al., 2024). As older adults are more likely to suffer from multiple chronic conditions and require long-term assistance, this trend is expected to raise care needs across all health and care settings. For example, research using Survey of Health, Ageing and Retirement in Europe data shows that multi-morbidity affects tens of millions of Europeans over 50, with prevalence rising steadily across countries (Souza et al., 2021). Demand pressures are not uniform and vary across hospital care, specialist services, primary care, residential LTC, and home and social care settings.

Nurses are central to managing these conditions across various settings, including in residential, hospital and primary care. In residential care, ageing affects both the patient base and the staff. The European Foundation for the Improvement of Living and Working Conditions (Eurofound, 2020) reported a growing mismatch between the care dependency levels of nursing home residents and the available nursing staff capacity. In home care, the rise in complex chronic conditions has led to longer visits and more demanding interventions per patient. In specialist medical care, nurses increasingly deal with comorbid patients requiring complex medication management, post-operative recovery and continuous monitoring (Buchan et al., 2022). In primary care, nurses play a preventive role, monitoring early signs of deterioration and supporting lifestyle interventions. In this context, the increasing shift from hospital- to community-based chronic care increases the demand for skilled nurses across both community and home care settings.

Forecasts from national agencies underscore the magnitude of these changes in the demand for nursing professionals. France's national institute, OPCO Santé, projects that the demand for nurses will rise significantly by 2040 if current care models persist (OPCO Santé, 2020). Likewise, projections in Germany point to significant additional demand for health and LTC workers by 2035, with registered nurses representing a substantial share of those needed (OECD et al., 2024).

Box 1: Stakeholder consultations: demand drivers and the COVID-19 legacy in nursing

In the stakeholder focus group on nursing professionals, four participants emphasised that the demand for nurses is rising, particularly in elderly care. They linked this to demographic ageing, longer survival with chronic illness, and bottlenecks due to the differences between hospital discharge numbers and LTC capacity. Participants also stressed that while efficiency reforms and technology can support delivery, shortages remain constrained by training capacity and workforce ageing.

In the same focus group, three participants described COVID-19 as both a catalyst for reform and a turning point for morale. They highlighted policy responses (e.g. changes to training and pay) alongside longer-lasting effects on well-being, including burnout and exits from the profession.

In a separate expert interview, it was noted that the ageing population is the strongest driver of rising care demand across all parts of the health system. Lifestyle-related chronic disease was indicated as an additional source of increasing care needs.

Impact of seasonal peaks and health system pressure

European healthcare systems experience cyclical surges in demand due to seasonal illnesses and increased strain on the health system. These peaks primarily impact hospital, emergency and intensive care nursing roles. During the winter months, cases of respiratory infections such as influenza, respiratory syncytial virus and pneumonia dramatically increase. In the Netherlands, during early 2025, the incidence of influenza-like illness peaked at 106 cases per 100 000 inhabitants in week 7, well above the seasonal threshold for high intensity (Hooiveld, 2025). This can lead to staffing shortfalls and overtime demands in emergency and ward nursing (Buchan et al., 2022).

The COVID-19 pandemic exacerbated these pressures. Across the EU, millions of surgeries and outpatient appointments were postponed in 2020–2021, creating long-term structural backlogs (WHO Regional Office for Europe, 2022). This has had a cascading effect: hospital nurses are now involved in extended recovery care, while primary and community care nurses have taken on greater responsibility in post-COVID-19 rehabilitation, vaccine deployment and health education (OECD et al., 2024).

Health system strain also affects recruitment and retention. Nurses in specialist settings (e.g. operating theatres, ICUs) report unsustainable workloads and psychological stress during periods of system saturation (Buchan et al., 2022). Residential care nurses often face additional tasks when hospitals discharge patients prematurely to create capacity. Home care teams report increasing case complexity without commensurate staffing increases (OECD et al., 2024).

Expected impact of climate crisis

Climate change is a growing but still under-researched driver of health system demand. In 2022, Europe experienced one of its deadliest heatwaves on record, with over 61 000 excess deaths, disproportionately affecting older adults and people with chronic illnesses (European Environment Agency, 2024). These events increase short-term demand for emergency, residential and home care nursing. For instance, during the 2022 heatwaves in France, emergency department visits doubled, and SOS Médecins consultations tripled (Santé publique France, 2022).

In home and community care, nurses must adapt their routines during extreme heat by modifying visit schedules, monitoring hydration and identifying heat stress early. The World Health Organization (WHO) Regional Office for Europe (2022) notes that climate events also disrupt access to services in rural areas, increasing the need for mobile or decentralised nursing services.

Beyond the effects of heat, the health consequences of floods, air pollution and emerging vector-borne diseases (e.g. West Nile virus) may also contribute to a gradual rise in demand for preventive and acute care in the future. While long-term demand shifts remain uncertain, climate change is clearly a stress amplifier, especially for frontline nursing roles (Buchan et al., 2022).

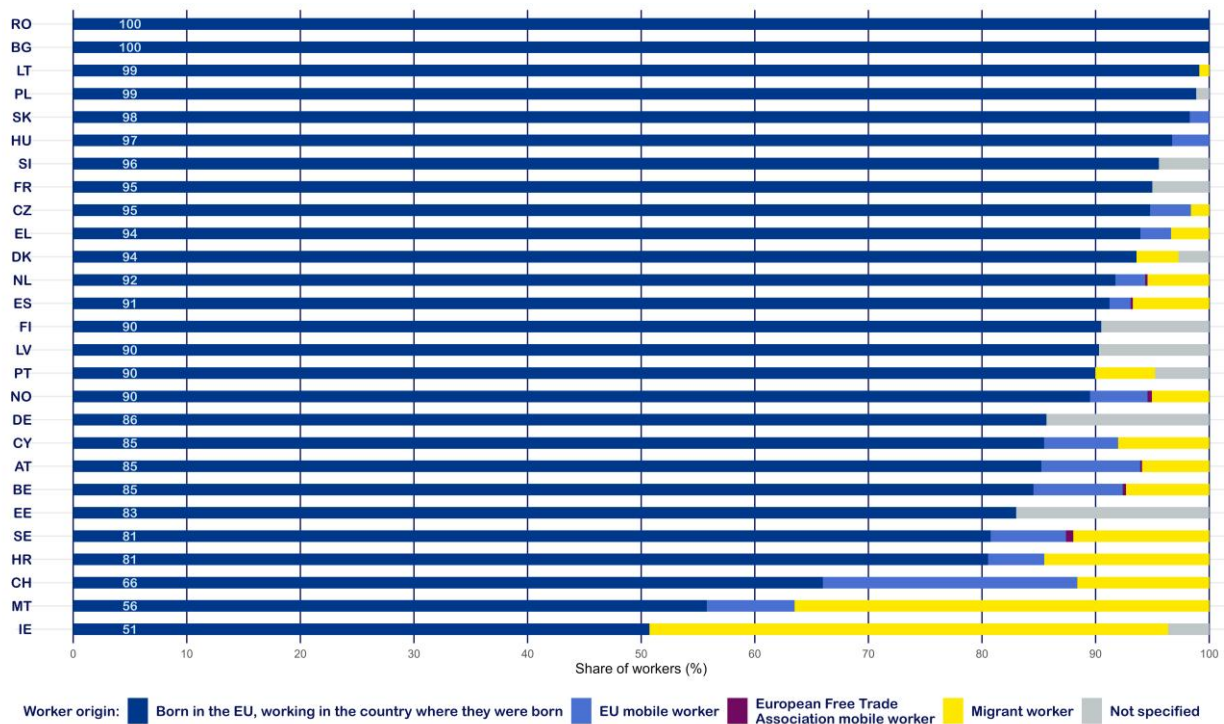
4. Labour migration and mobility

Patterns in intra-EU migration and migration from non-EURES countries

Nurse mobility has become a defining feature of the European labour market, marked by significant flows both within the EU and from non-EURES countries. From 2019 to 2022, the inflow of foreign-trained nurses rose by 72 % (OECD et al., 2024).

Figure 6 shows that, in most EURES countries, the nursing workforce is predominantly composed of people born in the country where they work. In a smaller number of countries, EU mobility and migration from outside the EU / European Free Trade Association account for a larger share of the nursing workforce.

Figure 6: Country of origin of nursing professionals, EURES, 2024



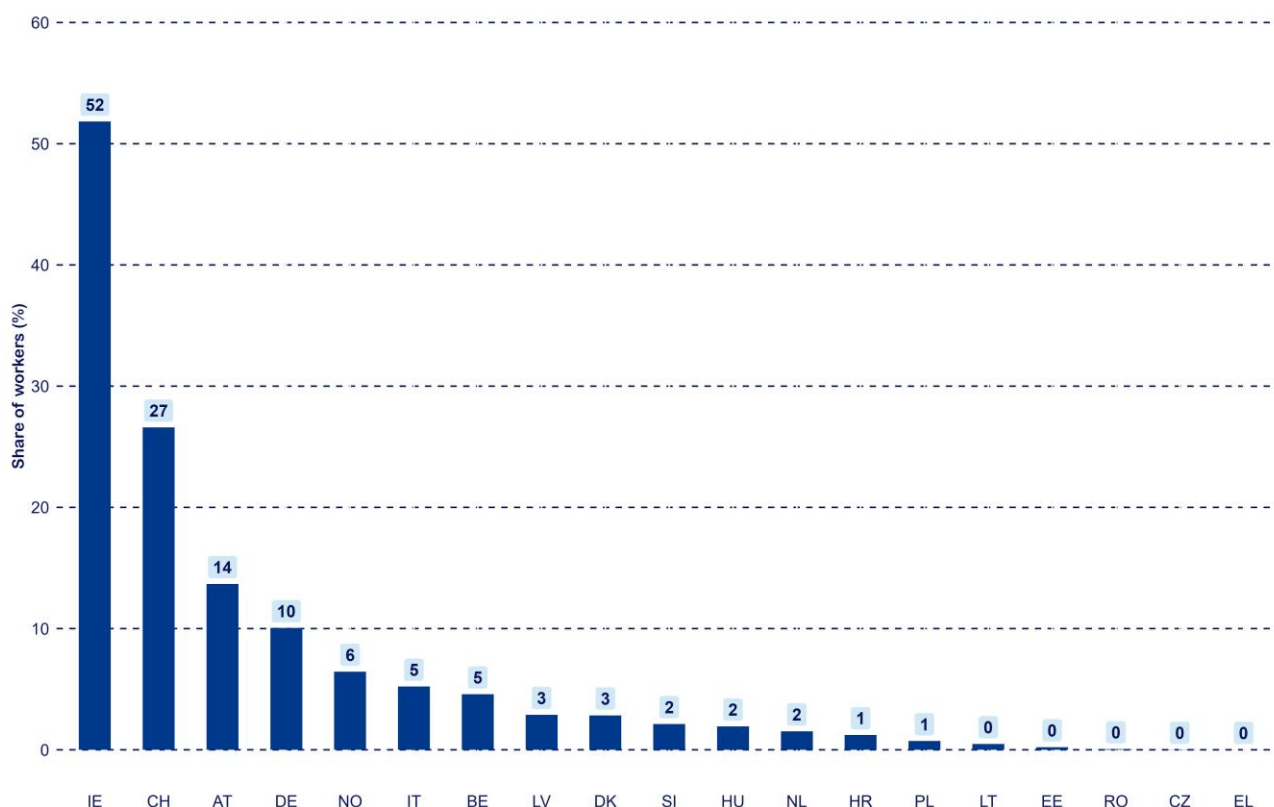
NB: Only for countries with available data.

Source: EU Labour Force Survey special data extraction.

Third-country-national recruitment has become an important policy lever for countries relying on foreign-trained nursing professionals. As shown in Figure 7, the share of (third-country) migrant nursing professionals is particularly marked in Ireland and Malta (35–45 %). Ireland, for instance, reports India and the Philippines as major source countries for nursing professionals (Department of Health, 2025). Croatia and Sweden also report a notable presence of migrant nursing professionals (between 10 % and 15 %). Switzerland is the only country with a much higher share of EU mobile workers (20 % of the overall nursing professionals' workforce) than migrant workers (slightly above 10%).

Reliance on foreign-trained nursing professionals varies widely across countries. Notably, Ireland relies heavily on overseas recruitment, with over 50 % of new nurses being foreign-trained professionals (Figure 7). Other countries with a non-negligible share of foreign-trained nurses include Switzerland (27 %), Austria (14 %) and Germany (10 %). However, in the remaining countries with available data, this share falls at or below 5 %.

Figure 7: Share of foreign-trained nursing professionals by country, EURES, 2023



NB: Only for countries with available data.

Source: Eurostat dataset (hlth_rs_wkmg2) (15 July 2025).

Overall, health worker mobility in Europe follows marked east–west and south–north patterns. Nurses from countries such as Bulgaria, Estonia, Latvia, Lithuania and Romania, frequently migrate to higher-income systems like France, Germany, Ireland and Sweden, (WHO Regional Office for Europe, 2022; OECD et al., 2024).

These flows alleviate shortages in destination countries but exacerbate staffing pressures in the countries of origin. Efforts have been made to address this issue. For instance, the Romanian government curtailed emigration after a 2018 pay reform under Law No 153/2017. Only 585 nurses emigrated between 2016 and 2021, down from over 8000 in 2011–2016. Despite this, over 23 000 Romanian nurses were working abroad in 2021, with Italy and the United Kingdom as the top destinations. (Deliu et al., 2022; Zapata et al., 2025). Other countries continue to face significant outflows; for example, in Bulgaria, the number of nurses has fallen by 30 % since 2015 (European Newsroom, 2025). Retention efforts include wage adjustments, improved career prospects and targeted domestic recruitment strategies.

There is also an ethical dimension. The WHO's Global Code of Practice on the International Recruitment of Health Personnel warns against draining talent from countries with their own shortages (WHO, 2020) (WHO, 2010). The European Federation of Nurses Associations (2022) similarly cautions against Europe's over-reliance on imported talent, instead urging investment in domestic education and retention systems. Migration remains a double-edged sword: it eases gaps in receiving countries but risks weakening health systems in origin countries. Still, remittances for and the return migration of upskilled professionals may provide benefits, highlighting a nuanced 'brain drain versus gain' dilemma (European Parliament, 2024).

Box 2: Stakeholder and expert consultation: drivers of and barriers to nurse mobility

Some participants in the focus group described nurse mobility as shaped by a combination of pay and the day-to-day work environment, including staffing ratios and workload. It was noted that working in countries with higher earning levels, such as Switzerland, can coincide with better staffing levels and therefore better working conditions. Some participants also emphasised limited career progression and professional recognition at home as push factors, particularly in parts of southern Europe.

The focus group highlighted barriers and frictions. Some participants described language as a sorting mechanism for where nurses move (including 'linguistic movement', which indicates how language skills dictate where and how easily workers can relocate) and noted that language thresholds can affect both entry and later progression. Some participants also raised the topic of recognition barriers, especially for third-country-trained professionals, describing long or complex recognition pathways and instances of skills underutilisation. Similarly, in the expert interview, it was stressed that mobility is driven by whether nurses can practise their profession with adequate support and manageable workloads, and described recognition procedures for nurses trained outside the EU as lengthy and unpredictable.

National mobility trends and distribution of nursing professionals within countries

Nursing shortages within countries are often not just about absolute numbers but also about uneven distribution. Many rural, peripheral or economically disadvantaged regions face persistent 'medical deserts', while urban centres attract most nursing professionals. For example, nurse distribution in France is highly uneven, with areas like Île-de-France presenting the lowest nurse density in metropolitan France (Agence régionale de santé Île-de-France, n.d.). Similar disparities exist in Bulgaria, where Sofia hosts a disproportionate share of the nursing workforce (European Newsroom, 2025).

Several drivers shape internal imbalances. Rural or isolated regions often offer fewer career development opportunities, weaker professional networks and more difficult working conditions. As a result, nurses tend to prefer urban hospitals or emigrate abroad. The problem is particularly acute in LTC, primary care and home-based services. For example, Germany's LTC sector has experienced such recruitment difficulties that it launched a multi-year action plan with wage increases and expanded posts (Federal Ministry of Health, 2023). Yet, in 2021, the average time to fill a vacancy in a nursing home remained 195 days (Dynamic Health Staff, 2024).

Quality-of-life considerations also shape internal mobility. Nurses weigh factors such as school access, partner employment and local amenities. Innovative models, such as the multidisciplinary health centres in Germany and France, provide supportive work environments that attract younger nurses to non-urban areas.

5. Skills and qualification gaps

Fragmentation in training standards

Despite harmonisation efforts, significant variation persists in how nurses are educated and trained across the 31 EURES countries. The Bologna Process (European ministers of education, 1999) and Directive 2005/36/EC on the recognition of professional qualifications (Professional Qualifications Directive) (European Parliament et al., 2005) established minimum training standards for general care nurses training in the EU (3 years of training consisting of at least 4 600 hours, with at least half being clinical practice). However, differences in the length, content and structure of programmes persist. In some countries, basic nursing education is a three-year bachelor's programme, while in others it extends to four years (increasing from 180 to 240 European credit transfer system credits). Clinical placement hours also vary widely, with implications for the practical readiness of graduates (Antão et al., 2023).

Fragmentation is particularly acute in specialist and advanced roles. Definitions of 'specialist nurse' differ between and even within countries, with variation in the scope of practice, autonomy, education length and recognition (Decock et al., 2022). For example, paediatric or geriatric nursing may be a university-accredited master's pathway in one country and an informal certification in another. This heterogeneity undermines mobility and may create uneven competencies across sectors. Studies show that fragmented curricula lead to differences in preparedness across care settings. For example, hospital-centred programmes often leave graduates less prepared for community or LTC roles (Antão et al., 2023). In contrast, specialist medical activities such as anaesthesia or intensive care often have rigorous post-basic programmes, but these are nationally specific and not standardised at the EU level. A stronger common framework for competencies, beyond the directive's minimum, has been recommended to ensure that all nurses graduate with core skills across hospital, community, residential and home care settings (De Raeve et al., 2023).

Box 3: Stakeholder and expert consultation: training fragmentation, recognition barriers and new skills needs

Some of the stakeholders and experts consulted stressed that EU minimum training standards for general care nurses set a baseline, but large national differences remain in education level, curricula and clinical training, thus complicating cross-border adaptation. They highlighted that specialist nursing is not recognised in an EU-wide way: nurses specialised in areas such as intensive care or mental health typically move abroad as general nurses, which can mean a loss of professional status and underuse of advanced competencies.

They also pointed to persistent recognition barriers for nurses trained outside the EU, describing procedures as lengthy and unpredictable in terms of outcome, alongside greater language and documentation requirements. In their view, these frictions discourage qualified candidates from entering the EU labour market. Finally, they emphasised that digitalisation may reduce some administrative burden but will not replace core nursing work; instead, it will increase the importance of continuous training, because skills and knowledge can become outdated more quickly than in the past.

Recognition of qualifications and related barriers

The EU's automatic recognition system facilitates mobility for 'general care nurses' trained to the Professional Qualifications Directive's standards (European Parliament et al., 2005). In practice, however, recognition is often slow, bureaucratic and underused. In 2024, the European Court of Auditors found that the system is 'essential but inconsistently applied'. The 2013 revision of the Professional Qualifications Directive introduced the European professional card, an electronic procedure aiming to simplify and streamline the recognition of professional qualifications across Member States. However, only a fraction of eligible professionals have used the European professional card so far (European Court of Auditors, 2024).

Under Directive 2005/36/EC, 'general care nurses' benefit from automatic recognition across Member States when minimum training standards are met. However, language checks may be carried out as part of the recognition process or as a subsequent requirement. Language skills are necessary to ensure appropriate access to care, ensure patient satisfaction and avoid patient safety risks (miscommunication, medication errors, missed symptoms). At the same time, the directive states that language checks must be proportionate to the language skills that are necessary for the role (European Parliament et al., 2005). Yet, in practice, Member States vary in how and when they assess language skills (e.g. timing of tests, level expected, whether recognition is withheld pending formal certification), producing delays and additional costs for migrating nursing professionals (European Court of Auditors, 2024).

Specialist and advanced roles fall outside automatic recognition. A nurse specialist or advanced practice nurse often has to re-register as a general nurse abroad, effectively downgrading their qualifications. De Raeve et al. (2023) showed that advanced practice nurses face particularly large barriers in community and home care roles, which are poorly recognised in many national systems. By contrast, some hospital-based specialisms (e.g. anaesthesia nurses) may have clearer, although still nationally bound, pathways. The lack of recognition of advanced competencies limits career development and cross-border labour market flexibility.

Nurses from non-EU countries seeking to work in a Member State must have their foreign qualifications evaluated under the host Member State's national regime, which often involves assessing the comparability of training, curricula, clinical hours and licensing exams. If there are substantial differences, applicants may be required to undertake compensation measures (e.g. additional coursework, supervised practice or exams). In such cases, recognition challenges include long processing times, fees for translation, certification or equivalency assessment, language proficiency requirements and sometimes legal or regulatory uncertainty about which parts of training will be accepted or substituted (Kurup et al., 2024).

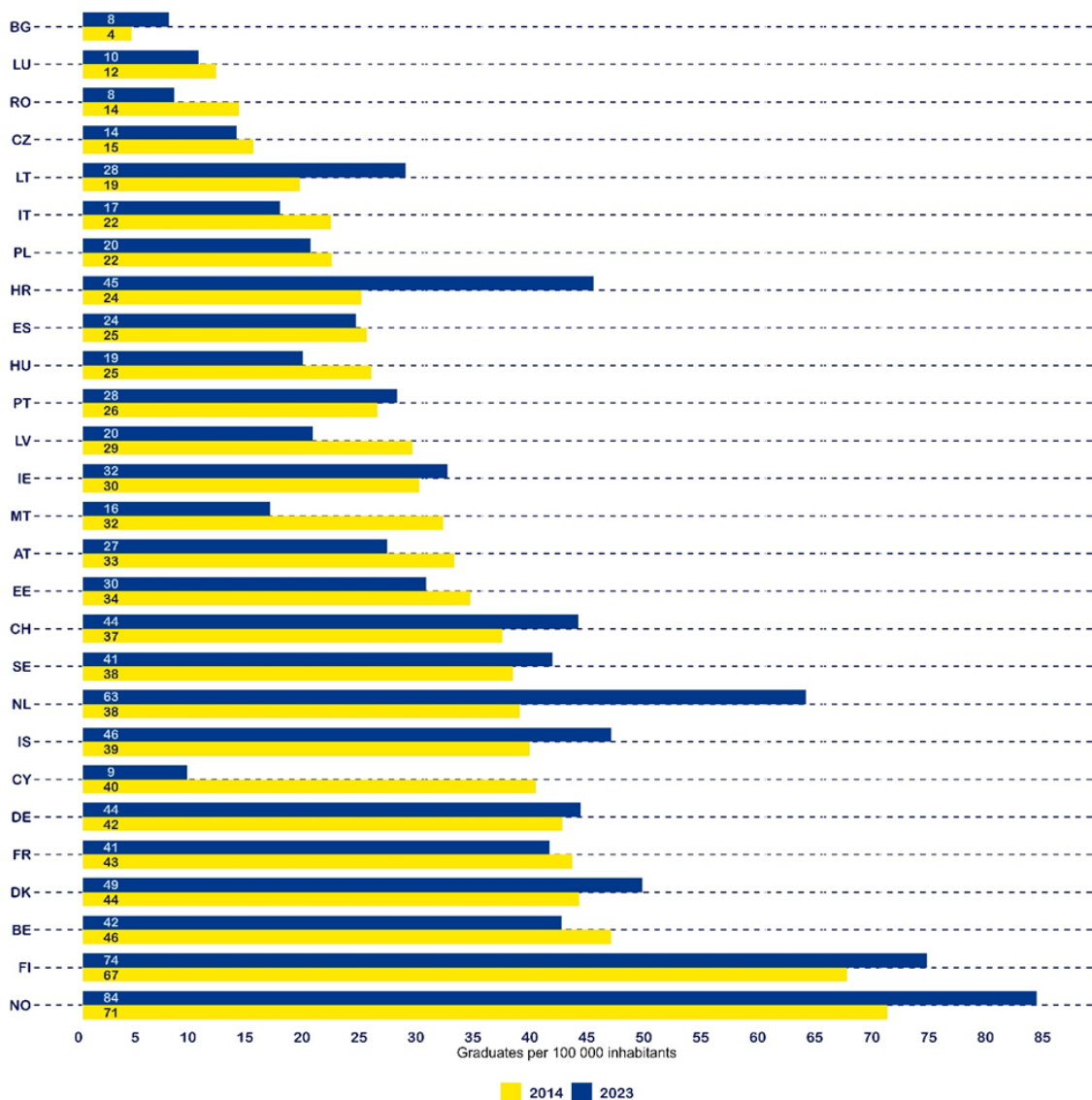
Role of healthcare workforce planning

Health workforce planning is critical to address shortages. Yet planning approaches vary greatly across Europe. Several Member States have expanded student intake, but many still train too few nurses relative to demand. The WHO Regional Office for Europe (2022) has warned of a 'ticking time bomb' of retirements combined with rising care needs. Eurofound (2023) highlights that shortages are especially acute in residential long-term and home care, where planning has historically been weaker. Germany, France and the Netherlands have introduced national forecasts linking education intake with projected need, but many others lack such mechanisms. Limited data on age profiles, attrition and sectoral distribution hamper planning (WHO, 2022).

Suitability of medical education systems to meet job market needs

Nursing education systems often struggle to align with healthcare needs. On the quantitative side, graduate output is rather uneven across EURES countries (Figure 8). In 2023, Norway, Finland and the Netherlands reported the highest rates of nursing graduates: between 60 and 85 per 100 000 people. In contrast, Bulgaria, Romania, Cyprus and Luxembourg had the lowest rates: 10 or fewer per 100 000 inhabitants. Furthermore, while some countries have seen a notable increase since 2014 (e.g. Croatia, Lithuania, the Netherlands, Norway), many others have experienced a substantial decline in nursing graduate rates. Overall, low rates are partly attributable to limited faculty and placement capacity (WHO Regional Office for Europe, 2022).

Figure 8: Number of nursing graduates per 100 000 inhabitants by country, European Free Trade Association, 2014 and 2023



NB: Only for countries with available data.

Source: Eurostat dataset (hlth_rs_grd2) (15 July 2025).

On the qualitative side, curricula remain overly hospital focused. With healthcare delivery shifting towards community care and LTC, graduates often feel unprepared for these roles. Geriatrics, chronic disease management and palliative care remain under-represented in some national curricula (Eurofound, 2020). Similarly, digital health training is uneven: a WHO Regional Office for Europe review in 2024 found that 1 in 5 countries offered no digital health courses for health science students, and one third had no in-service digital training (Williams et al., 2025).

continuous professional development is patchy across the region. While some countries mandate CPD, others leave it voluntary, leading to uneven uptake (Kaihlanen et al., 2024). This hampers the ability of nurses to adapt to changing roles. Hospital nurses often have better access to structured CPD than those in home and community care, where training is frequently ad hoc. New reforms, such as Germany's generalist nursing programme (introduced in 2020), aim to better prepare graduates for diverse settings, but evaluations remain mixed (WHO Regional Office for Europe, 2022). EU initiatives such as the pact for skills and Erasmus+ have promoted curriculum updates, but implementation is uneven across Member States.

Demand for new skills

Digitalisation and automation are transforming the tasks nurses perform. The COVID-19 pandemic rapidly accelerated the roll-out of telehealth across Europe. By 2021, 58 % of Member States had permanent reimbursement frameworks for telemedicine (OECD et al., 2024). Nurses increasingly conducted triage calls and virtual visits, with remote patient monitoring becoming a common practice during COVID-19 (Joo, 2022). Nurses still regularly perform these tasks and also deliver virtual health education sessions..

New tools such as wearables, smartphones and home sensors have expanded the scope of home nursing. For example, patients using glucose monitors or cardiac wearables often transmit real-time data to digital platforms monitored by community or home care nurses (Eurofound, 2023). This requires enhanced digital literacy and cross-platform data interpretation skills. Yet training remains inconsistent, and many systems rely on ad hoc in-service courses (Williams et al., 2025).

Digital care coordination is also expanding in primary care, where nurses access electronic health records, schedule follow-ups and communicate with multidisciplinary teams via integrated platforms (OECD et al., 2024). These roles are increasingly formalised in national skills frameworks, with evidence from the WHO (2022) and pan-European surveys (De Raeve et al., 2023) confirming progress in countries such as Denmark and Finland.

Critically, the rise in technology does not displace nursing labour but shifts its focus. Countries with high levels of digital adoption still report rising nurse demand, due to greater patient volumes, increased use of health services and higher public expectations (OECD et al., 2024). As such, digitalisation is better viewed as a driver of skills transformation rather than a suppressor of demand. Nurses across all sectors, especially those in community, home and hospital care, are increasingly expected to master digital coordination, patient technology support and data-informed clinical judgement.

Advanced clinical skills are also in demand, with tasks shifting from doctors to nurse practitioners or advanced practice nurses in primary care and chronic disease management (De Raeve et al., 2023). These roles require diagnostic reasoning, pharmacological knowledge and independent decision-making. Employers increasingly demand soft skills, like communication, teamwork and adaptability, which are central to care delivery (Cedefop, 2025).

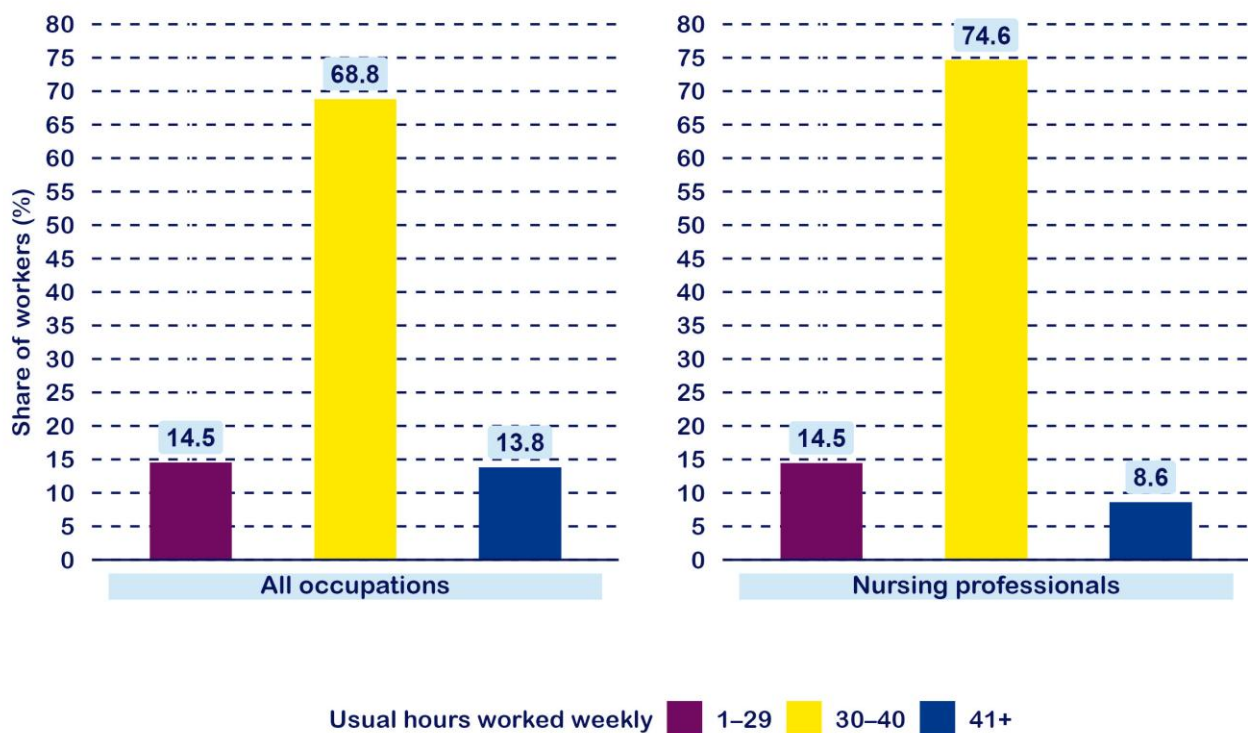
Other emerging competencies include gerontology, dementia and end-of-life care, infection prevention and control, leadership and intercultural communication. In residential and home care, independent decision-making, dementia care and geriatrics-related skills are particularly needed. Primary care settings increasingly demand skills in health promotion, patient education and chronic disease management. Nurses are also expected to engage in public health functions, highlighted by their central role in vaccination campaigns and the pandemic response (Buchan et al., 2022). The European care strategy and related EU skills policies emphasise the need to strengthen and update the skills of the care workforce, including digital competencies, to support quality and resilience in care delivery (European Commission, 2022).

6. Working conditions and occupation attractiveness

Working hours and patterns

Figure 9 shows weekly working hour patterns among nursing professionals. The trends are broadly aligned with those of all occupations, with nearly 75 % of nursing professionals working between 30 and 40 hours per week, and almost 9 % working 41 hours or more.

Figure 9: Usual weekly hours worked by nursing professionals, EURES, 2024



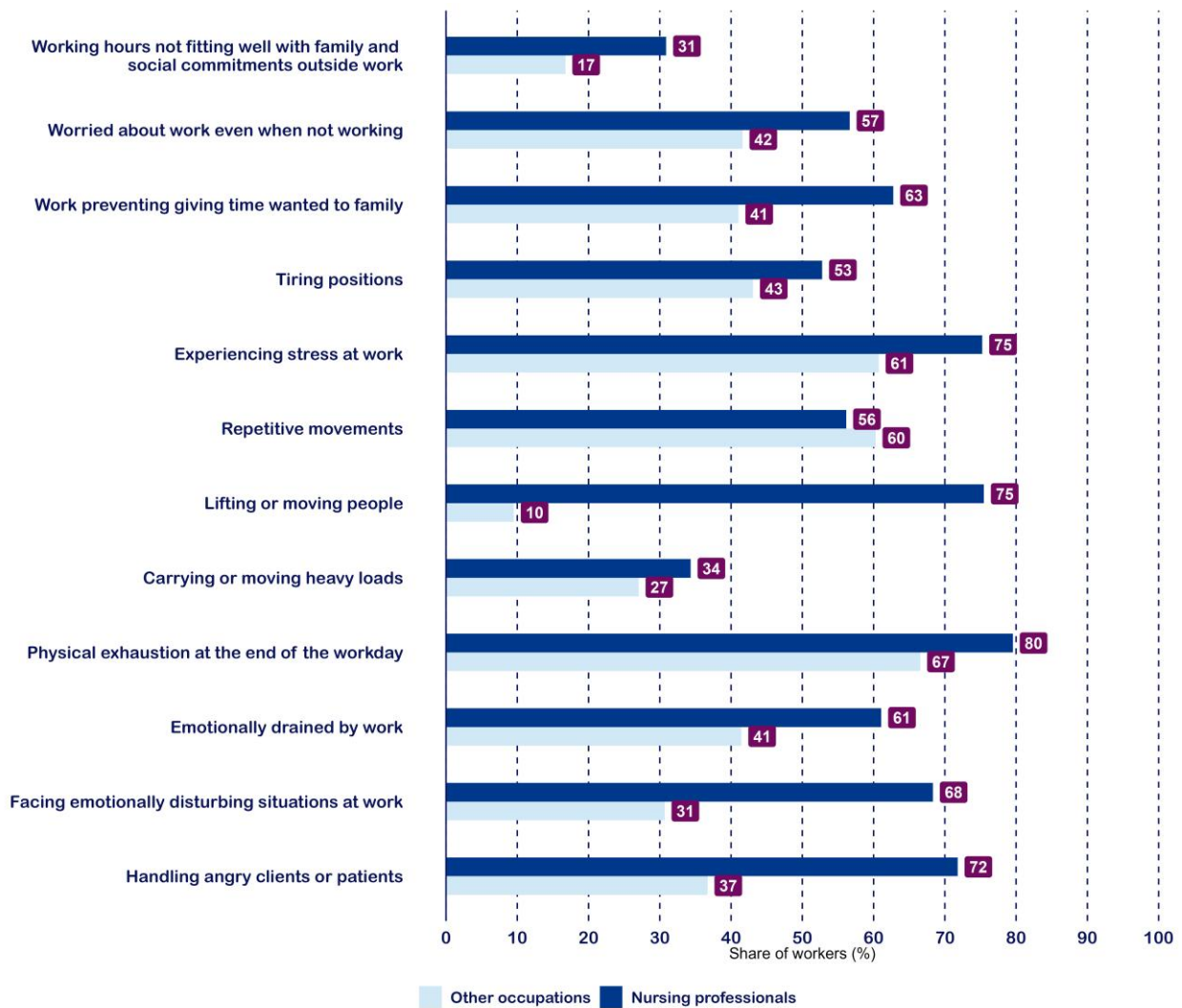
NB: For readability purposes, not all categories are displayed on the graph and the shares may not add up to 100 %.

Source: EU Labour Force Survey special data extractions.

Nonetheless, nursing professionals often face irregular hours and high levels of stress. Hospitals operate 24 hours, requiring evening, night and weekend work. Eurofound (2020) reported that more than half of hospital nurses regularly work unsocial hours, with limited influence over shift allocation. Intensive care and emergency nurses often work 12-hour shifts with high patient acuity. Specialist medical nurses (e.g. in operating theatres) face unpredictable on-call duties and long hours during surgical peaks. In primary care, task shifting from physicians to nurses has increased workload and patient volumes (OECD et al., 2024). Home and community nurses face irregular hours, unpaid travel time and lone working, adding to stress (International Labour Organization, 2018).

Compared with all other occupations, nursing professionals more frequently report physically demanding work, emotional strain and exposure to stressful working environments (Figure 10).

Figure 10: Working conditions for nursing professionals and all other occupations, EURES, 2024



NB: Figure shows combined share for workers reporting facing the listed situations always, often or sometimes.

Source: European Working Conditions Survey, 2024.

COVID-19 sharply worsened these pressures. Approximately 61 % of nurses and midwives reported moderate to extreme job strain, double the average across all occupations (OECD, 2024a). Country-level evidence shows these pressures through high reported levels of worry and psychological strain among hospital staff during the first wave (Salopek-Žiha et al., 2020). Sector analyses involving European Federation of Nurses Associations experts similarly document elevated burnout and intentions to leave (Racoviță et al., 2023).

Stress is linked to adverse outcomes. International evidence shows that higher nurse burnout correlates with higher mortality, failure to rescue and longer lengths of stay, while better work environments mitigate these effects (Schlak et al., 2021). The WHO Regional Office for Europe's Mental Health of Nurses and Doctors Survey reports substantial mental health strain among nurses, with 32 % screening positive for depression and 24 % for anxiety, and 13 % reporting suicidal thoughts (WHO Regional Office for Europe, 2025). These outcomes are strongly associated with non-standard working time: nurses working extended hours, frequent night shifts or rotating shifts report higher rates of depression and anxiety than those with more stable schedules. In line with this, 56 % of nurses report regular rotating shift work and 39 % report frequent night shifts. At the same time, the survey indicates that many nurses remain positive about their work, with 64 % reporting job satisfaction and 65 % reporting a sense of purpose.

Box 4: Stakeholder and expert consultation: workload, stress and health and safety

In the stakeholder focus group, participants described how shortages translate directly into heavier workloads and more demanding day-to-day work. One participant explained that higher patient loads make shifts more intense, while others described role blurring and task overload, with nurses increasingly taking on tasks that could be performed by other professionals. This was seen as reducing time for core clinical work and adding to stress. One participant also pointed to the growing use of interim staff and argued that visible pay differences between temporary and permanent nurses can create resentment and encourage exits into agency work, a dynamic that the group agreed can fuel turnover.

Beyond workload, participants highlighted broader pressures on well-being. Two participants explicitly linked the post-COVID-19 period to lasting mental health strain and burnout, which they described as continuing to affect retention. Housing and commuting costs were also raised as an additional burden, particularly in large cities, where affordability constraints effectively add time and stress to the working week. The expert interviewed reinforced that burnout and health and safety risks are closely tied to organisational culture and staffing adequacy, and highlighted risks such as workplace violence in hospital settings, especially emergency departments, and the wider impact of tolerated misconduct on team stability.

Health and safety concerns

Nurses are exposed to infectious, physical and psychosocial hazards, with profiles differing by setting. During the COVID-19 pandemic, the risk of infection among nursing professionals was high in both hospitals and residential long-term facilities (WHO Regional Office for Europe, 2022). Home nurses face exposure in uncontrolled environments and often lack immediate institutional support (International Labour Organization, 2018).

Physical strain is substantial, especially in residential LTC, where two fifths of workers report lifting or moving people most of the time. This rate is almost double that in healthcare overall and eight times the average for EU workers (Eurofound, 2020). In home care, ergonomic risks may be compounded by the absence of lifting equipment in private dwellings.

Violence and harassment are another concern: Eurofound (2020) reports higher exposure to adverse social behaviour in LTC than the EU workforce average, while emergency and psychiatric units in hospitals are frequent hotspots. Lone working in home care can increase risk and under-reporting (International Labour Organization, 2018). The WHO Regional Office for Europe (2025) reports that 78 % have experienced at least one form of violence, with common exposures including managing patient or relative anger (71 %), violent threats (35 %), bullying (32 %), physical violence (15 %) and sexual harassment (12 %). Exposure to workplace violence is linked to higher rates of mental health problems, and there are particularly poor outcomes among those exposed to bullying and sexual harassment.

Psychosocial risks are pervasive. The WHO Regional Office for Europe highlights high emotional demands and moral distress among health workers during and after COVID-19, with consequences for mental health and retention (WHO Regional Office for Europe, 2022). These health and safety risks are closely linked to workload and staffing.

Career prospects

Career development opportunities remain uneven across Europe. Hospital nurses usually have clearer pathways to advanced roles (e.g. intensive care, anaesthesia, advanced practice nursing), but residential, home and primary care nurses often face flatter trajectories. De Raeve et al. (2023) showed that advanced practice nursing roles are recognised in only part of Europe, limiting career growth.

Pay disparities also undermine the occupation's attractiveness. Nurses in Nordic countries and Switzerland earn above the national averages, while those in eastern and southern Europe earn at or below the national averages (OECD et al., 2024). Residential and home care nurses are typically paid less than their hospital counterparts (Eurofound, 2020), discouraging mobility into these sectors.

The COVID-19 pandemic prompted pay reforms in some countries. France's 2020 *Ségur de la santé* (Health Reform Plan) raised salaries by EUR 183 per month. In Germany, under the 2020 collective bargaining process, health and care workers received COVID-19-specific bonuses and allowances: EUR 70 per month in 2021, rising to EUR 120 per month in 2022 (European Federation of Public Service Unions, 2020b). Still, pay compression and limited wage progression persist, reducing long-term retention incentives. Overall, insufficient career prospects, low pay and weak professional development opportunities are strongly associated with intentions to leave the profession (Racoviță et al., 2023).

Generational shifts pose further challenges. Between 2018 and 2022, the proportion of 15-year-olds intending to pursue nursing fell in 19 of 25 countries surveyed, underlining the growing difficulty of attracting young people into the profession (OECD, 2024b).

Box 5: Stakeholder and expert consultation: career progression, autonomy and professional recognition

In the focus group, participants discussed the central role of career development in shaping the attractiveness of the nursing occupation. One participant stressed the need for more dynamic careers throughout working life, while another highlighted that broader clinical autonomy and expanded roles can make the profession more appealing, citing examples in which nurses take on responsibilities traditionally held by doctors. At the same time, one participant cautioned that the implementation of such expanded roles can meet resistance from professional hierarchies, slowing down reforms and limiting their retention impact.

Participants also discussed how the profession is perceived and supported locally. One participant referred to joint employer–union initiatives aiming to improve work–life balance, citing flexible scheduling as a concrete measure to help retain staff. Another participant linked the profession’s declining attractiveness to education outcomes, describing the non-completion of nursing training as an early warning sign of deeper problems. Across these points, participants agreed that systems offering clearer career paths, greater autonomy and visible recognition of nursing expertise are more successful in retaining staff. The expert interviewed echoed this view, emphasising that professional autonomy, participation in decision-making and supportive leadership are key levers for improving job satisfaction and reducing burnout.

Role of social dialogue in protecting and improving working conditions

Social dialogue was central to improving nursing jobs from 2019 to 2025. At the EU level, the European Federation of Public Service Unions and the European Hospital and Healthcare Employers’ Association agreed on a joint policy orientation in June 2025, calling for sustained investment in workforce resilience, safer staffing, better total reward packages and systematic follow-up with EU institutions (European Federation of Public Service Unions et al., 2025). This provides a common framework for Member States and employers.

At the national level, collective bargaining delivered concrete gains. In Germany’s public sector, 2020 agreements included salary increases, a specific monthly bonus for nurses, higher ICU and inconvenient hours allowances, and one-off COVID-19 payments (European Federation of Public Service Unions, 2020b). In Ireland and Spain, unions secured temporary bonuses and commitments to expand staffing levels (Racoviță et al., 2023). Where bargaining coverage is weaker, particularly in parts of private residential long-term and home care, conditions tend to be worse and vacancies harder to fill (Eurofound, 2020).

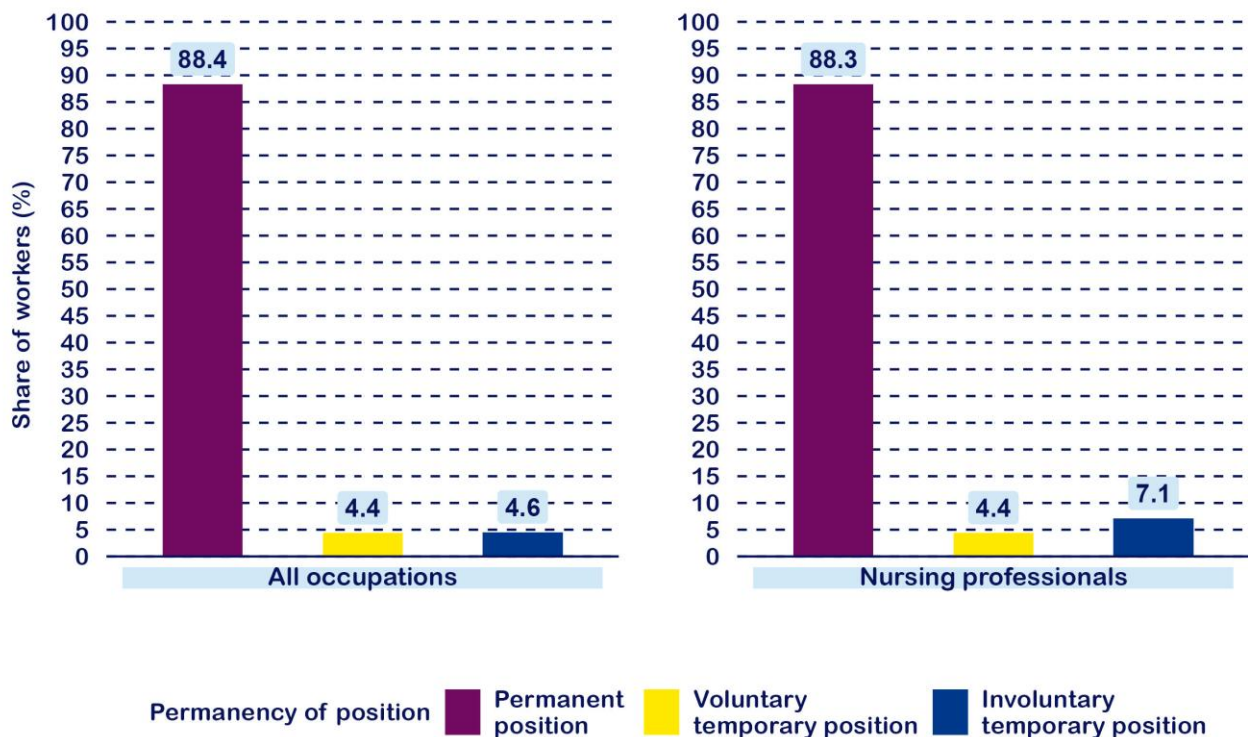
Evidence links stronger social dialogue and better work environments to improved retention and patient outcomes, supporting continued investment in bargaining and partnership structures (Schlak et al., 2021).

7. Recruitment practices and retention trends

Employment forms and contracts

Permanent contracts are the dominant form of employment among nursing professionals, applying to nearly 90 % of all nursing positions (Figure 11). Voluntary and involuntary temporary employment among nurses is relatively uncommon, accounting for approximately 4 % and 7 % of nursing positions, respectively. Although such temporary roles are less prevalent than permanent roles within the nursing workforce overall, their incidence is higher than for occupations across all economic sectors.

Figure 11: Share of temporary positions among nursing professionals, EURES 2023

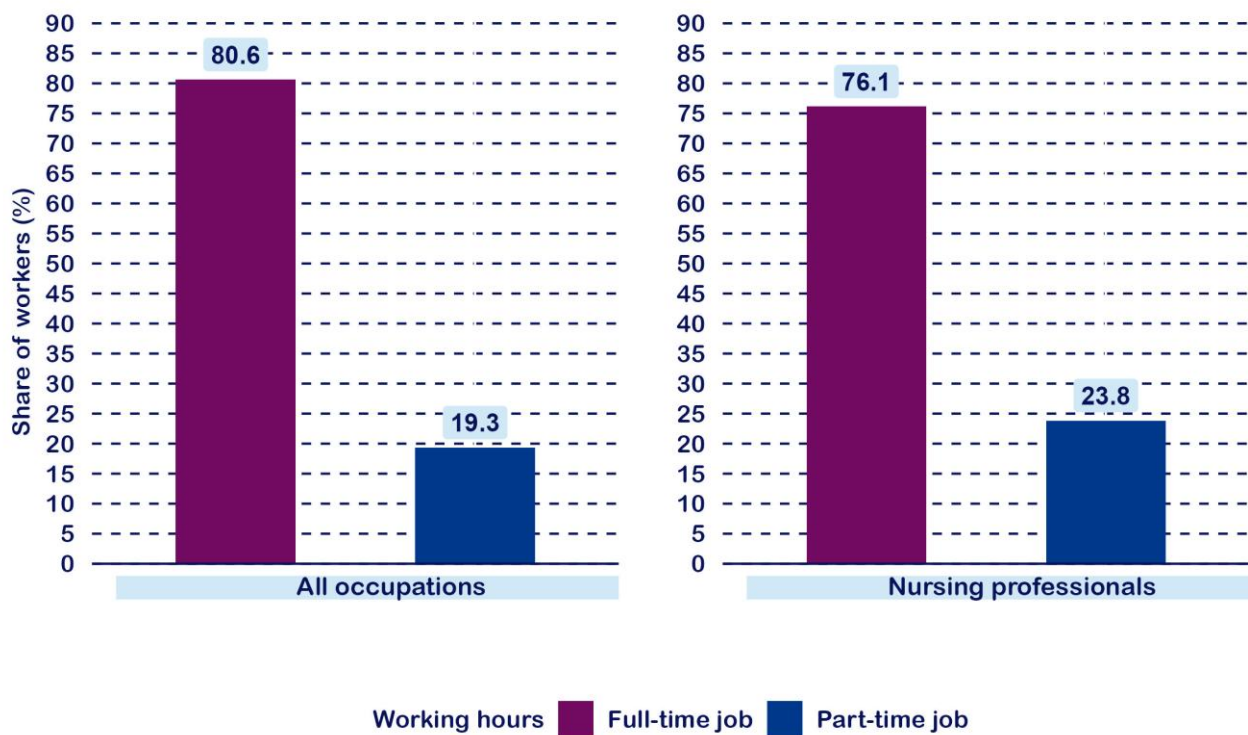


NB: For readability purposes, not all categories are displayed on the graph and the shares may not add up to 100 %.

Source: EU Labour Force Survey special data extractions.

Alongside the prevalence of permanent employment, part-time work is common in the nursing workforce (Figure 12), with important variation across settings and countries.

Figure 12: Share of part-time positions among nursing professionals, EURES, 2024



NB: For readability purposes, not all categories are displayed on the graph and the shares may not add up to 100 %.

Source: EU Labour Force Survey special data extractions.

Nonetheless, this aggregate picture in nursing employment patterns across EURES countries masks a number of sectoral differences. In residential LTC and home care, part-time work is widespread. Eurofound (2020) reports that 42 % of LTC workers are employed part-time, often involuntarily. In contrast, hospital nurses are more likely to hold full-time and permanent contracts. However, temporary staff are still utilised to address peaks and shortages. Fixed-term contracts remain more common in southern Europe, particularly in Spain: in 2020, around 42 % of health sector employees in Spain were temporary, a situation prompting stabilisation reforms (OECD et al., 2021).

Temporary agency staffing is regulated at the EU level through Directive 2008/104/EC on temporary agency work (Temporary Agency Work Directive) (European Parliament et al., 2008). For nursing employers, this matters because agency nurses should, in principle, receive equal treatment to directly employed nurses in terms of key working and employment conditions. The directive frames agency work as a short-term flexibility tool, for example to cover absences and demand peaks. However, it operates reactively by regulating conditions once temporary agency work is already in use. It does not seek to limit employers' reliance on non-standard employment in the first place, nor does it address other non-agency forms of non-standard work, such as the fixed-term contracts reflected in Figure 11.

Agency and on-call work is more common in residential and home care, where providers rely on zero-hour or hourly contracts to cover demand fluctuations. In Sweden, a quarter of staff involved in elderly care were employed on on-call contracts in 2015, with a higher prevalence among private providers (Eurofound, 2020). Such practices undermine retention by fragmenting working hours and incomes. Recent evidence from Sweden highlights that around one third of municipal staff involved in elderly care were still on temporary or hourly contracts in 2022, demonstrating the persistence of precarious arrangements (Pelling, 2023). Hospitals used agency staff to fill critical gaps, particularly during COVID-19 surges, but several systems have since sought to reduce this reliance through pay reforms and hiring campaigns (Eurofound, 2023).

Dual employment is also observed. Nurses in some countries combine permanent hospital positions with agency or private shifts, mainly to supplement income or gain flexibility. While this can temporarily retain nurses in the sector, research shows that it increases fatigue and accelerates intentions to exit when workloads are unsustainable (Bahlman-van Ooijen et al., 2023; Mogomotsi et al., 2024). In Spain, secondary employment in the public sector is tightly regulated, requiring authorisation.

Sectoral contrasts are marked. Hospital and specialist settings offer relatively stable contracts, although unsociable hours and workload pressures still prompt some nurses to consider agency roles. Primary care has created new, permanent posts through task shifting, but some remain project-funded posts. Residential and home care have the highest rates of part-time, temporary and zero-hour contracts, which weaken recruitment and retention. Where reforms have converted temporary contracts into permanent ones and improved pay, turnover has eased (Eurofound, 2023).

Early retirement rates and dropouts of incumbent staff

The ageing profile of Europe's nursing workforce means retirement is a major outflow driver. In 2022, about one quarter of EU nurses were aged 55 or older (OECD et al., 2024). COVID-19 accelerated exits, with older nurses retiring earlier than planned to avoid infection risks and stress (WHO Regional Office for Europe, 2022; De Raeve and Bergs, 2023). Scoping reviews also confirm increased intentions to leave during and after the pandemic (Mogomotsi et al., 2024).

Burnout and workload pressures are key determinants of early retirement and nursing professionals' intentions to resign (Bahlman-van Ooijen et al., 2023). A report by Aiken et al. (2024) indicates that, in six Member States, one third of hospital nurses expressed an intention to leave, with poor work environments and stress being the primary factors.

Box 6: Stakeholder and expert consultation: recruitment and retention pressures affecting nursing professionals

In the stakeholder focus group, several participants linked recruitment and retention difficulties directly to pay differentials and employment stability, noting that better wages and conditions in western and northern Europe attract nurses away from sending countries. Some participants emphasised that retention is also shaped by workplace organisation, highlighting limited career progression, weak mentoring structures and insufficient managerial support as factors pushing nurses to change employers or leave the sector.

A smaller number of participants pointed to the growing reliance on temporary, agency or part-time arrangements. While these were seen as offering short-term flexibility, participants cautioned that such contracts can increase instability if not combined with clear pathways to permanent employment, training or progression. Overall, participants agreed that retention depends not only on pay but also on predictable contracts, supportive leadership and visible career prospects.

Early career exits are also visible. The European Federation of Nurses Associations (2024) highlights that many newly registered nurses leave within the first few years of practice due to workload, poor support and insecure contracts. In France, national surveys show rising dropout rates among nursing students and strong intentions to leave among early-career nurses (National Order of Nurses, 2022; Directorate for Research, Studies, Evaluation and Statistics, 2023). Recent EU-level evidence indicates that 9 % of nurses report intentions to leave the profession, while 7 % report sick leave due to mental health problems (WHO Regional Office for Europe, 2025).

Mobility to non-clinical or private roles adds to attrition. Some hospital nurses shift to specialist outpatient clinics or administrative roles offering more predictable schedules and pay (Eurofound, 2023). Attrition is especially acute in residential LTC, where physically demanding work and low pay result in high turnover (Eurofound, 2020). Home care faces similar pressures, with irregular hours and lone working driving nurses into hospital posts (Eurofound, 2023).

There is also evidence of a 'hidden reserve'. In the Netherlands, spatial analysis identified thousands of qualified nurses not practising but potentially able to return if conditions, pay and hours improved (van Merode et al., 2024).

Retention strategies remain crucial to mitigate shortages. Training more nurses is ineffective if high turnover persists due to stress, low pay or poor working conditions. Secure contracts, fair pay, safe staffing and CPD support can all contribute to improved retention across all sectors. The Bucharest Declaration by health ministers called for improving recruitment and retention through measures such as pay rises, clearer career pathways and safer work environments (WHO Regional Office for Europe, 2023). Workforce plans increasingly include incentives for rural or underserved areas, such as bonuses, housing support or bonded scholarships (OECD et al., 2024). Post-COVID-19 stabilisation measures, such as France's *Ségur de la santé*, which increased salaries by EUR 183 per month (Ministry of Solidarity and Health, 2020), show how policy interventions can reduce outflows. However, sector-specific challenges persist. While hospital staffing shortages get the most political attention, the steepest recruitment difficulties are in residential and home care, where vacancy rates remain high (Eurofound, 2023).

8. Measures to tackle labour market imbalances

Skills mix and role substitution

Expanding and adjusting the skills mix of the nursing workforce has been a key strategy to address shortages. Evidence shows significant differences across countries in the introduction of advanced practice nursing roles. By 2021, over half of European countries reported having advanced practice nurses or nurse practitioners in some form, but only a minority had national legislation defining the scope and competencies of the role (De Raeve et al., 2023). Hospitals have introduced advanced nurse roles in critical care, anaesthesia and chronic disease management, helping to reduce physician workload and sustain access to specialised care. Specialist settings such as oncology and dialysis increasingly rely on clinical nurse specialists to run nurse-led clinics (De Raeve and Bergs, 2023).

In primary care, task shifting is widespread. A 34-country survey confirmed substantial delegation from general practitioners to practice nurses and assistants, with the highest levels occurring where nurses have prescribing rights and strong team integration (WHO, 2020; OECD et al., 2024). Nurses in community health centres take on responsibilities for preventive care, chronic disease management, health promotion and, in some countries, prescribing for a limited range of medications (OECD et al., 2024). Task shifting is also strongly associated with greater access in underserved regions and has shown comparable quality-of-care outcomes.

Residential LTC has shown it has the scope for both upward substitution, with pilots introducing gerontological advanced practice nurses, and downward delegation of basic nursing tasks to care assistants (Eurofound, 2020). This dual dynamic reflects the tension between improving clinical coverage and coping with chronic shortages of qualified nurses. In home and social care, skills mix adjustments include nurse coordinators overseeing teams of aides and the expansion of telehealth, allowing nurses to monitor patients and guide lower-qualified staff remotely. This has been crucial for maximising reach where recruitment is most difficult.

Support measures for labour market entry

In addition to measures focused on skills mix and task redesign, several Member States have introduced policies aiming to expand the pipeline of entrants into nursing and accelerate their integration into the workforce, particularly in contexts of persistent shortages (Eurofound, 2023; OECD et al., 2024).

Nursing has been recognised as a critical shortage occupation in most EURES countries. Eurofound (2023) confirms that 'nursing professionals' are scarce in half of the Member States, prompting active recruitment and training policies. Ireland includes registered nurses on its critical skills occupations list, granting expedited permits for foreign recruitment. Denmark, Germany and Portugal have similar shortage designations, facilitating targeted inflows.

Fast-track and reskilling pathways have been introduced in several countries. France allows experienced healthcare assistants to enter nursing education at an advanced stage, while Spain and Italy accelerated the graduation of nursing students during the COVID-19 crisis (Eurofound, 2023). Graduate-entry nursing programmes have also emerged to attract individuals with prior university qualifications.

Bridging and adaptation programmes for internationally educated nurses have expanded. Sweden operates one-year bridging courses combining theoretical and clinical modules, with five universities offering places for non-EU nurses (Marekovic et al., 2025). Norway has developed digital bridging modules to facilitate decentralised participation, including for refugee nurses (Lillekroken et al., 2024). Germany and Switzerland also operate structured adaptation courses. These programmes have become central to integrating foreign-trained nurses into the hospital and LTC sectors.

Governments have introduced a range of incentives to address this issue, including financial measures tailored to support specific sectors and geographical areas. Latvia offers one-off payments of EUR 11 000 for nurses and EUR 9 500 for nurse assistants to work in the public sector for three years, alongside other retention measures (Health Systems and Policy Monitor, 2023). France uses 'bonded' scholarships, requiring graduates to serve in shortage areas after receiving financial support (OECD et al., 2024). Several other countries offer bursaries and stipends for nursing students, particularly if they commit to working in shortage areas such as LTC. Rural regions in Spain and Italy offer housing support or bonuses for recruits willing to relocate. Moreover, decentralising education, such as by opening satellite nursing schools in rural areas, can foster local retention (WHO Regional Office for Europe, 2022). Overall, these measures aim to lower entry barriers and signal that nursing is a secure career.

Strategies to improve the attractiveness of the occupation

Enhancing job attractiveness is crucial for both recruitment and retention. Pay reforms have been widespread. France's *Ségur de la santé* agreement increased salaries by EUR 183 per month (Ministry of Solidarity and Health, 2020). Germany's 2020 collective agreement introduced salary supplements of EUR 70–120 per month for nurses, plus increased allowances for intensive care and shift work (Eurofound, 2023). Belgium's 2020 health sector agreement restructured nursing pay scales with a 5–6 % raise and created new full-time posts (Eurofound, 2023). These interventions were specifically designed to bridge the gap between nursing and other occupations.

Staffing ratios and safe staffing frameworks have been piloted to improve working conditions. Ireland's safe staffing framework sets recommended nurse-to-patient ratios on medical and surgical wards, funded by the government for wider roll-out (Eurofound, 2023). Alongside staffing measures, several countries have strengthened the prevention of and response to bullying, harassment and workplace violence, given the documented impact of these incidents on nurse well-being and retention (WHO Regional Office for Europe, 2025). Spain and Portugal have debated legislation on minimum staffing ratios. Work-life balance initiatives include flexible scheduling, limits on night work for older staff and expanded psychosocial support (WHO Regional Office for Europe, 2025). Hospitals in Germany, for instance, reduced working hours in the east by 1 hour in 2022, and again by 0.5 hours in 2023 (Eurofound, 2023; WHO Regional Office for Europe, 2025).

Sectoral contrasts remain clear. Hospitals benefited most directly from large pay reforms, while residential and home care lagged behind but are catching up. Germany and France extended reforms to cover nursing home staff, and Germany set binding minimum wages in elderly care (Eurofound, 2023). Primary care strategies focus on expanding advanced roles and strengthening multidisciplinary teams. Specialist care interventions aim to recognise and reward nurses with specialised skills, particularly to retain them against competition from hospitals and private clinics. In the border areas of France, bonuses were introduced to offset higher pay in Luxembourg and Switzerland (Eurofound, 2023).

Retention strategies across the career cycle

Retention measures aim to keep nurses engaged throughout their careers. At entry, structured transition programmes and mentorship reduce the risk of early exits. The European Federation of Nurses Associations (2024) highlights that many newly registered nurses in Europe leave within the first few years if support is lacking. Portugal employs tutor nurses to support graduates, and Ireland has piloted a national residency scheme (European Federation of Nurses Associations, 2024).

Mid-career retention is closely tied to continuous professional development. De Raeve and Bergs (2023) emphasise the importance of investing in continuous professional development to maintain motivation. Lithuania and Poland have utilised EU funds for specialised courses, while advanced practice roles offer mid-career nursing professionals opportunities for career progression. Burnout prevention measures, including additional leave and access to counselling after COVID-19, have also been introduced in several systems (Mogomotsi et al., 2024).

Return-to-practice schemes for inactive qualified nurses are used in several EURES countries, typically combining refresher courses with supervised practice and financial support. These schemes aim to tap the pool of trained but inactive nurses evidenced in national studies, for example the Netherlands' 'hidden reserve' (van Merode et al., 2024), and are reported alongside wider retention packages (Eurofound, 2023).

Late-career measures include phased retirement, reduced night shifts and mentor roles. Finland's partial pension scheme enables senior nurses to reduce their working hours while still receiving pension benefits, thereby extending their careers (Eurofound, 2023). Hospitals in Denmark and Sweden exempt older nurses from night shifts, improving retention (Eurofound, 2020). France's Ségur de la santé reform also funded the creation of clinical mentor roles for senior staff (Ministry of Solidarity and Health, 2020). These strategies retain experienced staff and facilitate knowledge transfer.

Retention interventions differ by sector. Hospitals prioritise safe staffing and mentoring; specialist clinics recognise advanced skills; primary care offers career development; LTC raises pay and formalises career ladders; and home care emphasises safety, guaranteed hours and integration into primary care teams. Across Europe, policy emphasis since the COVID-19 pandemic has been on making nursing not only attractive to enter but also sustainable throughout a full working life.

Box 7: Stakeholder and expert consultation: measures to address nursing shortages and retention

In the stakeholder focus group, several participants emphasised that measures to address nursing shortages need to extend beyond increasing training places and focus on retention across the full career cycle. Participants highlighted that improving working conditions is a prerequisite for the effectiveness of any recruitment or skills mix reforms. The concrete measures mentioned included safer staffing levels, more predictable scheduling and reduced administrative burden to allow nurses to focus on clinical work.

Several participants stressed the importance of clearer and more flexible career pathways as a retention tool. These included structured progression routes, opportunities to specialise without leaving bedside care, and the recognition of advanced competencies through formal roles and pay progression. Participants noted that, where such pathways are absent, nurses are more likely to exit the profession or seek employment abroad.

Participants also referred to the role of leadership and organisational culture. Some highlighted that supportive management, nurse involvement in decision-making and visible recognition of professional expertise can significantly improve job satisfaction and reduce turnover, even in high-pressure settings. In contrast, weak leadership and a lack of voice were seen as undermining the impact of financial or contractual incentives.

The expert interviewed reinforced these points, arguing that policy measures focused solely on expanding supply will have limited impact unless combined with reforms that strengthen professional autonomy, improve workplace organisation and support nurses throughout their careers. The expert stressed that sustainable solutions require aligning training, regulation and working conditions so that nurses can remain in the profession in the long term rather than cycling through short-term fixes.

9. References

- Agence régionale de santé Île-de-France (n.d.), *Etude démographique relative aux Infirmiers Diplômés d'Etat (IDE) en Île-de-France*, Paris, <https://www.iledefrance.ars.sante.fr/media/99798/download?inline>.
- Aiken, L. H., Sermeus, W., McKee, M., Lasater, K. B., Sloane, D. et al. (2024), 'Physician and nurse well-being, patient safety and recommendations for interventions: Cross-sectional survey in hospitals in six European countries', *BMJ Open*, Vol. 14, e079931, <https://doi.org/10.1136/bmjopen-2023-079931>.
- Antão, C., Antoli-Forner, A., Fernandes, H., Alves, S. B. and Pimentel, H. (2023), 'Current nursing education considering southern Europe's reality and legal framework: A two-phased research approach', *Nursing Reports*, Vol. 13, No 4, pp. 1342–1353, <https://doi.org/10.3390/nursrep13040113>.
- Bahlman-van Ooijen, W., Malfait, S., Huisman-de Waal, G. and Hafsteinsdóttir, T. B. (2023), 'Nurses' motivations to leave the nursing profession: A qualitative meta-aggregation', *Journal of Advanced Nursing*, Vol. 79, No 12, pp. 4455–4471, <https://doi.org/10.1111/jan.15696>.
- Buchan, J., Catton, H. and Shaffer, F. (2022), *Sustain and Retain in 2022 and Beyond: The global nursing workforce and the COVID-19 pandemic*, International Centre on Nurse Migration, Philadelphia, <https://www.intlnursemigration.org/wp-content/uploads/2022/01/Sustain-and-Retain-in-2022-and-Beyond-The-global-nursing-workforce-and-the-COVID-19-pandemic.pdf>.
- Cedefop (European Centre for the Development of Vocational Training) (2025), 'Skills forecast', Cedefop website, <https://www.cedefop.europa.eu/en/tools/skills-forecast>.
- De Raeve, P. and Bergs, J. (2023), 'Keeping nurses in their job', *Health Management*, Vol. 23, No 5, <https://efn.eu/wp-content/uploads/2023/11/Keeping-Nurses-into-their-Job-Nov.-2023.pdf>.
- De Raeve, P., Davidson, P. M., Bergs, J., Patch, M, Jack, S. M. et al. (2023), 'Advanced practice nursing in Europe – Results from a pan-European survey of 35 countries', *Journal of Advanced Nursing*, Vol. 80, No 1, pp. 377–386, <https://doi.org/10.1111/jan.15775>.
- Decock, N., Friganovic, A., Kurtovic, B., Oomen, B., Crombez, P. et al. (2022), 'Temper the specialist nurses heterogeneity in the interest of quality practice and mobility – 18 EU countries study', *Healthcare*, Vol. 10, No 3, 435, <https://doi.org/10.3390/healthcare10030435>.
- Deliu, A., Farcasanu, D., Mihail, L., Mustata, M., Visinescu, I. et al. (2022), *Country Report on Health Worker Migration and Mobility – Romania*, Pillars of Health, https://www.wemos.org/wp-content/uploads/2023/05/Country-report-on-health-worker-migration-and-mobility_Romania.pdf.
- Department of Health (2025), 'National healthcare statistics 2025 – Midwives and nurses', 16 March 2025, <https://www.gov.ie/en/department-of-health/collections/national-healthcare-statistics-2025/>.
- Directorate for Research, Studies, Evaluation and Statistics (2023), 'Les étudiantes en formation d'infirmière sont trois fois plus nombreuses à abandonner en première année en 2021 qu'en 2011', *Études et Résultats*, No 1266, French government, Paris, <https://drees.solidarites-sante.gouv.fr/sites/default/files/2023-05/ER1266.pdf>.
- Dynamic Health Staff (2024), 'The lack of nursing personnel in Germany continues to worsen', Dynamic Health Staff website, 13 July 2024, <https://dynamichealthstaff.com/blog/the-lack-of-nursing-personnel-in-germany-continues-to-worsen/>.

Eurofound (European Foundation for the Improvement of Living and Working Conditions) (2020), *Long-term Care Workforce: Employment and working conditions*, Publications Office of the European Union, Luxembourg, <https://doi.org/10.2806/36712>.

Eurofound (2023), *Measures to Tackle Labour Shortages: Lessons for future policy*, Publications Office of the European Union, Luxembourg, <https://doi.org/10.2806/216577>.

European Commission (2022), Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on the European care strategy, COM(2022) 440 final of 7 September 2022, <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52022DC0440>.

European Commission: Directorate-General for Internal Market, Industry, Entrepreneurship and SMEs (2024), 'Modernising minimum training requirements for nurses, dental practitioners, and pharmacists across the EU', European Commission website, 4 March 2024, https://single-market-economy.ec.europa.eu/news/modernising-minimum-training-requirements-nurses-dental-practitioners-and-pharmacists-across-eu-2024-03-04_en.

European Court of Auditors (2024), *The Recognition of Professional Qualifications in the EU: An essential mechanism, but used sparsely and inconsistently – Special report 10/2024*, Publications Office of the European Union, Luxembourg, <https://doi.org/10.2865/543068>.

European Environment Agency (2024), 'The impacts of heat on health: surveillance and preparedness in Europe', *Web Reports*, No 20/2024, Copenhagen, <https://doi.org/10.2800/8167140>.

European Federation of Nurses Associations (2022), *EFN policy statement on building and sustaining a resilient nursing workforce in the EU and Europe*, Brussels, <https://efn.eu/wp-content/uploads/2022/04/EFN-Policy-Statement-on-Building-and-Sustaining-a-Resilient-EU-Nursing-Workforce-in-the-EU-and-Europe-April-2022.pdf>.

European Federation of Nurses Associations (2024), *EFN report on newly registered nurses leaving the nursing profession or not practicing nursing after graduation*, Brussels, <https://efn.eu/wp-content/uploads/2024/12/EFN-Report-on-Newly-Registered-Nurses-leaving-the-profession-June-2024.pdf>.

European Federation of Public Service Unions (2020a), 'EPSU analysis confirmed: Europe has a severe shortage of health care professionals', European Federation of Public Service Unions website, 17 December 2020, <https://www.epsu.org/article/epsu-analysis-confirmed-europe-has-severe-shortage-health-care-professionals>.

European Federation of Public Service Unions (2020b), 'Germany: Latest agreement to boost pay in health and care', European Federation of Public Service Unions website, 27 October 2020, <https://www.epsu.org/article/germany-latest-agreement-boost-pay-health-and-care>.

European Federation of Public Service Unions and European Hospital and Healthcare Employers' Association (2025), *Joint policy orientation on creating a resilient hospital and health sector after the COVID-19 pandemic*, Brussels, <https://www.epsu.org/article/epsu-and-hospeem-sign-joint-policy-orientation-build-resilient-european-hospital-and-health>.

European Labour Authority and Fondazione Giacomo Brodolini Srl SB (2024), *Report on Labour Shortages and Surpluses 2023*, Publications Office of the European Union, Luxembourg, <https://doi.org/10.2883/973861>.

European ministers of education (1999), The Bologna Declaration of 19 June 1999 – Joint declaration of the European ministers of education, Bologna, https://eha.info/Upload/document/ministerial_declarations/1999_Bologna_Declaration_English_553028.pdf.

- European Newsroom (2025), 'Where have all the nurses gone? EU tackles healthcare labour shortage', European Newsroom website, 28 May 2025, <https://europeannewsroom.com/where-have-all-the-nurses-gone-eu-tackles-healthcare-labour-shortage/>.
- European Parliament (2024), 'Shortage of health and social care workers in Europe: Need to bolster national health services and staff training', E-001566/2024, 29 August 2024, https://www.europarl.europa.eu/doceo/document/E-10-2024-001566_EN.html.
- European Parliament and Council (2005), Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications (OJ L 255, 30.9.2005, p. 22, ELI: <http://data.europa.eu/eli/dir/2005/36/2025-10-29>).
- European Parliament and Council (2008), Directive 2008/104/EC of the European Parliament and of the Council of 19 November 2008 on temporary agency work (OJ L 327, 5.12.2008, p. 9, ELI: <http://data.europa.eu/eli/dir/2008/104/oj>).
- Eurostat (2024), 'Healthcare personnel statistics – Nursing and caring professionals', December 2024, https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Healthcare_personnel_statistics_-_nursing_and_caring_professionals.
- Federal Ministry of Health (2023), *Pflegearbeitsplatz mit Zukunft!*, Berlin, https://www.bundesgesundheitsministerium.de/fileadmin/Dateien/3_Downloads/K/Konzertierte_Aktion_Pflege/BMG_Ergebnisse_der_zweiteiligen_Studie_Arbeitsplatzsituation_bf.pdf.
- Health Systems and Policy Monitor (2023), 'A new initiative (2024–2029) aims to attract health professionals to work in the public sector', European Observatory on Health Systems and Policies website, 1 December 2023, <https://eurohealthobservatory.who.int/monitors/health-systems-monitor/analyses/hspm/latvia-2019/a-new-initiative-%282024-2029%29-aims-to-attract-health-professionals-to-work-in-the-public-sector>.
- Hooiveld, M. (2025), 'Griep centraal: griepcijfers, griep epidemie, griepvaccinatie en meer', NIVEL website, 30 July 2025, <https://www.nivel.nl/nl/zorg-en-ziekte-in-cijfers/griep-centraal>.
- International Labour Organization (2018), *Care work and care jobs for the future of decent work*, Geneva, https://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40dgreports/%40dcomm/%40publ/documents/publication/wcms_633135.pdf.
- Joo, J. Y. (2022), 'Nurse-led telehealth interventions during COVID-19: A scoping review', *CIN: Computers, Informatics, Nursing*, Vol. 40, No 12, pp. 804–813, <https://doi.org/10.1097/CIN.0000000000000962>.
- Kaihlanen, A.-M., Virtanen, L., Kainiemi, E., Sulosaari, V. and Heponiemi, T. (2024), 'Continuing education in digital skills for healthcare professionals – Mapping of the current situation in EU Member States', *International Journal of Health Policy and Management*, Vol. 13, No 1, pp. 1–7, <https://doi.org/10.34172/ijhpm.8309>.
- Kurup, C., Burston, A. S., Betihavas, V. and Jacob, E. V. (2024), 'Transfer of internationally qualified nurses' specialty skills to developed countries after immigration: A multicentre policy review', *International Nursing Review*, Vol. 71, No 4, pp. 706–715, <https://doi.org/10.1111/inr.13029>.
- Lillekroken, D. and Nortvedt, L. (2024), 'Hope, passion and perseverance: Experiences of internationally educated nurses pursuing nursing authorisation in Norway – A qualitative study', *BMC Nursing*, Vol. 23, 637, <https://doi.org/10.1186/s12912-024-02297-x>.
- Marekovic, A.-M. S., Hadziabdic, E., Juuso, P. and Heikkilä, K. (2025), 'Professional educators' experiences teaching internationally educated nurses attending bridging programs: A qualitative interview study', *BMC Nursing*, Vol. 24, 672, <https://doi.org/10.1186/s12912-025-03414-0>.

- Ministry of Solidarity and Health (2020), *Ségur de la santé – Les conclusions*, French government, Paris, <https://sante.gouv.fr/systeme-de-sante/segur-de-la-sante/article/segur-de-la-sante-les-conclusions>.
- Mogomotsi, G. and Creese, J. (2024), 'European nurses' burnout before and during the COVID-19 pandemic and its impact on patient safety: A scoping review', *Hospitals*, Vol. 1, No 2, pp. 151–171, <https://doi.org/10.3390/hospitals1020013>.
- OECD (Organisation for Economic Co-operation and Development) (2024a), *Are Working Environments for Healthcare Workers Improving?*, OECD Publishing, Paris, <https://doi.org/10.1787/2e227e65-en>.
- OECD (2024b), *Fewer young people want to become nurses in half of OECD countries*, OECD Publishing, Paris, <https://doi.org/10.1787/e6612040-en>.
- OECD and European Observatory on Health Systems and Policies (2021), *State of Health in the EU – Spain: Country health profile 2021*, OECD Publishing, Paris, <https://doi.org/10.1787/7ed63dd4-en>.
- OECD and European Commission (2024), *Health at a Glance: Europe 2024 – State of health in the EU cycle*, OECD Publishing, Paris, <https://doi.org/10.1787/b3704e14-en>.
- OPCO Santé (2020), *Prospective des métiers de la santé à l'horizon 2040*, <https://www.opco-sante.fr/nos-outils/prospective-des-metiers-de-la-sante-a-l-horizon-2040/>.
- National Order of Nurses (2022), *L'Ordre National des Infirmiers alerte de nouveau sur la situation de la profession et appelle à l'organisation d'États-généraux de l'attractivité des professions de santé*, Paris, <https://www.ordre-infirmiers.fr/sites/default/files/CP%20Consultation%20infirmi%C3%A8re%20ONI%2005%2001%202022.pdf>.
- Pelling, L. (2023), *Post-pandemic Hopes and Disappointments – Perspectives of care workers unions in seven European countries*, Friedrich-Ebert-Stiftung, Berlin, <https://collections.fes.de/publikationen/ident/fes/20159>.
- Racoviță, M., Tate, J., Wait, S. and Adams, E. (2023), 'Overcoming the nursing workforce crisis in Europe to improve care for people with non-communicable diseases', *British Journal of Nursing*, Vol. 32, No 14, <https://doi.org/10.12968/bjon.2023.32.14.698>.
- Salopek-Žiha, D., Hlavati, M., Gvozdanović, Z., Gašić, M., Placento, H. et al. (2020), 'Differences in distress and coping with the COVID-19 stressor in nurses and physicians', *Psychiatria Danubina*, Vol. 32, No 2, pp. 287–293, <https://doi.org/10.24869/psyd.2020.287>.
- Santé publique France (2022), *Bulletin de santé publique – Grand Est: Été 2022*, <https://www.santepubliquefrance.fr/regions-et-territoires/grand-est/bulletin-regional/bulletin-de-sante-publique-canicule-dans-le-grand-est-bilan-ete-2022>.
- Schlak, A. E., Aiken, L. H., Chittams, J., Poghosyan, L. and McHugh, M. (2021), 'Leveraging the work environment to minimize the negative impact of nurse burnout on patient outcomes', *International Journal of Environmental Research and Public Health*, Vol. 18, No 2, 610, <https://doi.org/10.3390/ijerph18020610>.
- Souza, D. L., Oliveras-Fabregas, A., Minobes-Molina, E., de Camargo Cancela, M., Galbany-Estragués, P. et al. (2021), 'Trends of multimorbidity in 15 European countries: A population-based study in community-dwelling adults aged 50 and over', *BMC Public Health*, Vol. 21, 76. <https://doi.org/10.1186/s12889-020-10084-x>.
- van Merode, F., Groot, W., van Oostveen, C. and Somers, M. (2024), 'The hidden reserve of nurses in the Netherlands: A spatial analysis', *Nursing Reports*, Vol. 14, No 2, pp. 1353–1369, <https://doi.org/10.3390/nursrep14020102>.
- WHO (World Health Organization) (2010), WHO Global Code of Practice on the International Recruitment of Health Personnel, <https://iris.who.int/server/api/core/bitstreams/4cea41eb-2488-4ce4-a5a8-6d51402e939d/content>

WHO (2020), *State of the World's Nursing 2020 – Investing in education, jobs and leadership*, Geneva, <https://www.who.int/publications/i/item/9789240003279>.

WHO (2022), 'Ticking timebomb: Without immediate action, health and care workforce gaps in the European region could spell disaster', WHO website, 14 September 2022, <https://www.who.int/europe/news/item/14-09-2022-ticking-timebomb--without-immediate-action--health-and-care-workforce-gaps-in-the-european-region-could-spell-disaster>.

WHO Regional Office for Europe (2022), *Health and Care Workforce in Europe: Time to act*, Copenhagen, <https://www.who.int/europe/publications/i/item/9789289058339>.

WHO Regional Office for Europe (2023), *Bucharest Declaration on the Health and Care Workforce*, Copenhagen, <https://iris.who.int/server/api/core/bitstreams/774c4f8a-6b91-4662-bf6b-e155d0107350/content>.

WHO Regional Office for Europe (2025), *Mental Health of Nurses and Doctors Survey in the European Union, Iceland and Norway*, Copenhagen, <https://iris.who.int/handle/10665/383077>.

Williams, G. A., Falkenbach, M., van Schaaijk, A., Batenburg, R. and Wismar, M. (2025), 'Closing the digital skills gap in health care: Identifying core digital skills and competencies and education and training opportunities for health professionals in the European Union', *Health Systems and Policy Analysis*, No 71, European Observatory on Health Systems and Policies, WHO Regional Office for Europe, Copenhagen, <https://iris.who.int/handle/10665/382323>.

Zapata, T., Blidaru, T. C., Rafila, A., Comsa, R., Muscat, N. A. et al. (2025), 'Mitigating health workforce migration in Romania: Policy lessons for Europe', *Human Resources for Health*, Vol. 23, 31, <https://doi.org/10.1186/s12960-025-01003-5>.