



EPSU-EFN Joint Statement on Safe Staffing Levels as a concrete action in the INI Report on ‘an EU health workforce crisis plan: sustainability of healthcare systems and employment and working conditions in the healthcare sector’.

The SANT and EMPL Committees in the European Parliament are working on a Joint Own Initiative (INI) Report on *an EU health workforce crisis plan: sustainability of healthcare systems and employment and working conditions in the healthcare sector*. With an estimated shortage of 1.2 million healthcare professionals, according to the OECD¹, this report presents a crucial political opportunity to propose concrete measures to tackle growing shortages of nurses in the EU and beyond. We must look beyond recruitment to address this crisis effectively and therefore it is essential to prioritise retention by ensuring that nurses are supported to remain in the profession.

To achieve this, EPSU and EFN, representing over 3 million nurses in the EU, are convinced that the most concrete solution would be the development of EU framework legislation on Safe Staffing Levels for all types of nurses including, e.g., practical nurses, with stipulated nurse-to-patient ratios. Additionally, EPSU representing all workers in healthcare sector is calling for implementing safe staffing levels at the national level for all workers.

Extensive international research^{2 3} supports the notion that legal regulations on Safe Staffing Levels with mandated nurse-to-patient ratios, improve the health and safety outcomes for both patients and nurses, and therefore represent an effective solution to the retention and well-being of nurses.

The following arguments outline why EPSU and EFN are jointly-calling for developing a European legislation framework on Safe Staffing Levels for nurses:

1. It is evident that **understaffing causes dissatisfaction, disenchantment, work related stress and burnout**. In contrast , healthy work environments-with safe staffing levels, higher level of collective bargaining and adequate resources – increase job satisfaction, stress and burnout, and improve retention.

¹ OECD/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>

² See for instance: Paul De Raeve*, Hannes Vanpoecke*, Manuel Ballotta, Andreas Xyrichis, Yannai DeJonghe and Ivana Žilić*. Strengthening Healthcare through Safe Staffing Levels: A European Policy Perspective on Safe Nurse-to-Patient Ratios and Workforce Sustainability. *Iris J of Nur & Car.* 5(4): 2025. IJNC.MS.ID.000616. DOI: 10.33552/IJNC.2025.05.000616

³ See also: McHugh MD, Aiken LH, Sloane DM, Windsor C, Douglas C, Yates P. Effects of nurse-to-patient ratio legislation on nurse staffing and patient mortality, readmissions, and length of stay: a prospective study in a panel of hospitals. *Lancet.* 2021 May 22;397(10288):1905-1913. doi: 10.1016/S0140-6736(21)00768-6. Epub 2021 May 11. PMID: 33989553; PMCID: PMC8408834.



2. Nurse-to-patient ratios are associated with **better patient treatment outcomes, including statistically significant reductions in mortality, readmissions, and length of hospital stays.**⁴
3. **Better patient care leads to cost savings**, which is crucial in times of limited financial resources. Therefore, legislation on safe staffing levels mandating nurse-to-patient ratios frees up financial resources that can be reinvested and used to strengthen healthcare systems.
4. Nurse-to-patient ratios have been found to be **a crucial factor contributing to successful resuscitations in the hospital**. It is a fact that sufficient nurse staffing levels ensures prompt initiation of lifesaving resuscitation, and that the likelihood for patients to survive an in-hospital resuscitation is greatly improved. Furthermore, other health outcomes were also found to be significantly better upon hospital discharge.
5. **Third party violence** tends to be higher in workplaces without safe nursing staffing levels. Long waiting times contribute to increasing agitation and aggression towards nurses from patients and their families. This is key, as the experience of third party violence directly impacts nurses' decision on whether to remain in the profession.
6. Only with safe staffing levels can nurses effectively screen, isolate, and care for patients, thereby **limiting the spread of infectious diseases**. Without safe staffing levels, nurses lack the time to follow essential safety protocols and increase the risk of infection exposure for both themselves and their patients. Research demonstrates that nurses in hospitals with better staffing have 62% lower odds of sustaining a needlestick injury, and are much less prone to blood and body fluid exposures.⁵
7. Safe staffing levels significantly **improve the accessibility of care**, including in remote places with limited access to healthcare. Extensive research has demonstrated that in hospitals with safe staffing levels, patients receive more hours of direct registered nurse care, and waiting times are significantly shorter.⁶
8. Mandated nurse-to-patient ratios, ensure **stronger employers' accountability** through regular reporting, thus protecting the nurses from legal liability in cases of adverse outcomes resulting from unsafe staffing levels.
9. Finally, mandated nurse-to-patient ratios offer **a transparent and easily understood framework**, and they make it easier to hold governments accountable for any political commitments on safe staffing levels.

⁴ Ibidem

⁵ Cho, E., H. Lee, et al., "Factors associated with needlestick and sharp injuries among hospital nurses: A cross-sectional questionnaire survey," Int J Nurs Stud, July 2012.

⁶ <https://www.nursing.upenn.edu/live/files/2787-safe-staffing-protecting-the-health-and-safety-of>



The concept of safe staffing levels is not new and it was implemented successfully in other countries in Europe and beyond⁷. Mandated nurse-to-patient ratios are widely supported by nurses in those countries which successfully implemented them.⁸

EPSU and EFN believe that EU and its member states should strive to be at the forefront in introducing this important tool. Furthermore EPSU and EFN are convinced the EU has relevant competences in this area, such as in relation to working conditions and Occupational Health and Safety, both of which are directly connected to safe staffing levels. These competences are grounded in Article 153 of the Treaty on the Functioning of the European Union.⁹

The EU legislation should not lead to establishing unified Safe Staffing Levels on the EU level but to developing and implementing national safe staffing levels taking into account different regulations and experiences of Member States. If there is no safe staffing levels regulations in the Member States, staffing levels should be developed through social dialogue with participation of social partners and the commission should require from Member States to report on the development and implementation of the national regulations. Legislation could take the form of an Occupational Health and Safety directive recognising unsafe staffing levels as occupational hazard for healthcare professionals and as a general risk for patients safety and health¹⁰. The legislation will also contribute, as do all Occupational Health and Safety regulations, to cost savings and to the overall strengthening of the health sector for everyone.

Calling for establishing Safe Staffing Levels for nurses needs to be the central pillar of the SANT-EMPL Joint INI Report

The European Federation of Nurses Associations (EFN) was established in 1971. The EFN represents over 36 National Nurses Associations and its work has an effect on the daily work of 3 million nurses throughout the European Union and 6 million in Europe. The EFN is the independent voice of the nursing profession, and its mission is to strengthen the status and practice of the profession of nursing for the benefit of the health of the citizens and the interests of nurses in the EU and Europe.

The European Federation of Public Service Unions (EPSU) **is the largest European federation representing** over 260 national trade unions and uniting 8 million members across the Pan-European region. The majority of EPSU's members work in the health and social services sector. EPSU is the recognised European Social Partner in six European Sectoral Social Dialogue Committees, including those for health, hospitals, and social services. At the EU level, EPSU is a member organisation of the European Trade Union Confederation (ETUC), and at the global level, it serves as the regional representative of Public Services International (PSI).

⁷ De Raeve, P. et al. (2025) DOI: 10.33552/IJNC.2025.05.000616

⁸ <https://www.health.org.uk/features-and-opinion/blogs/navigating-nurse-safe-staffing-approaches-in-the-uk>

⁹ <https://www.epsu.org/article/how-can-eu-tackle-staffing-crisis-health-and-social-care>

¹⁰ Ibidem