

EPSU POLICY BRIEF

EUROPE'S HEALTH SYSTEMS ARE RUNNING ON OVERTIME

- Health systems can't function without excessive overtime due to staff shortages.
- Overworked health & care workers face burnout, while patients' safety is put at risk.
- EPSU demands urgent action to tackle staffing shortages to protect both workers and patients.

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Introduction

You clock in at 6:45 a.m., still aching from the shift you just finished hours before. You stayed late to finish documentation - because patient records don't fill themselves. You slept badly. You're already behind.

In the corridor, patients are still lying on stretchers from the night before. They haven't had anything to eat or drink. There are no beds. There are no staff. But there is still care to be delivered.

The call comes: cardiac arrest. You run. You squeeze past beds, wires, frightened patients, screaming relatives. You know: for every minute without a defibrillator, their chances of survival drop by 10%. You reach them - just in time.

And then the manager calls: a colleague's off sick. You're staying for the next shift too.

You text your child: *"I'm sorry. I can't make it to your dance performance."*

This isn't a nightmare. It's [a day in the life of a nurse](#) in Europe's healthcare system - one of thousands of workers stretched to breaking point by chronic staff shortages, excessive overtime, and political choices that have underfunded care for years.

Europe's health systems are running on overtime. And it's the workers - and their patients - who pay the price.

A health crisis is no longer a distant threat. **Staff shortages have made overtime a built-in feature of care delivery.** Without urgent action, healthcare systems across Europe will continue to run on exhaustion instead of investment.

The reality of working time in health and care

Across Europe, healthcare workers are being asked to do more with less. Longstanding understaffing, low pay, and poor workforce planning have created a system increasingly reliant on health and care workers - especially nurses and healthcare assistants - stretching their shifts, cancelling rest time, and making themselves available at short notice to keep services running. There's no improvement in sight: [the WHO](#) projects **a shortage of 4.1 million healthcare workers** (0.6 million physicians, 2.3 million nurses and 1.3 million other healthcare professionals) **in the EU by 2030**. As staff shortages become more acute, the reliance on overtime will increase significantly.

This reliance often runs directly counter to formal working time legislation, such as the 2003 **European Working Time Directive (EWTD)**, which sets a maximum of **48 working hours per week**, including overtime, and guarantees a **minimum of 11 consecutive hours of rest within any 24-hour period**. Designed to protect workers' health and safety, the Directive is clear in its intent - but implementation remains patchy, particularly in essential sectors like healthcare.

Evidence from the 2021 **European Working Conditions Telephone Survey (EWCTS)**¹ highlights how far the reality falls short of these protections:

- **30% of healthcare workers exceed the hours stated in their contract.**
- **32% report regularly feeling too exhausted after work to carry out basic household tasks**, one of the highest rates in any sector.
- **23% say their working hours fit poorly or very poorly with family and social commitments.**
- **27.7% of health workers regularly work at night** - second only to transport and agriculture.
- **22% are asked to come into work at short notice several times a month or more often** - again, among the highest of any sector.
- **One in three work in their free time to meet job demands.**
- **Presenteeism is common:** 30–35% of healthcare workers report working while sick.
- **Over half of full-time staff say they would prefer to work fewer hours** if they could meet their needs.

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These indicators reflect a widespread pattern of unscheduled, excessive, and irregular working time. In many cases, the lines between **regular duties and informal overwork are blurred** - leaving workers vulnerable and unsupported.

The gendered nature of the workforce only deepens these challenges. With **78% of the health and care workforce [made up of women](#)**, often working part-time or in lower-paid roles, the burden of extended and unpredictable working hours disproportionately affects those already facing significant caring responsibilities outside the workplace.

The underlying issue is clear: **without adequate investment in staffing, Europe's health systems have come to rely on the availability and sacrifice of workers**. Overtime, in its many forms, has become a built-in feature of service delivery - not a temporary solution.

COVID-19 didn't create this – it exposed it

The COVID-19 pandemic placed extraordinary demands on Europe's health systems, but it didn't cause

¹ The EWCTS was conducted in 2021 during the COVID-19 pandemic. Respondents were selected by using random direct dialling to mobile (cell) telephone numbers. Sample sizes for each country range from 1,000 to 4,200 interviews which allows for high-quality European-level estimates which are beneficial for the analysis of the thematic modules and the development of in-depth secondary analyses while also enabling reporting and analysis of job quality at national level. Eurofound kindly provided EPSU with detailed statistics on the health sector. Contact EPSU for more information.

problems that health and care workers are experiencing. For years, [EPSU and its affiliates warned](#) of mounting pressures on the healthcare workforce: **staff shortages, inadequate funding, poor working time quality, and a steady erosion of public provision through liberalisation and privatisation**. The pandemic did not create these issues - it revealed just how deep the problem went.

An [EPSU study](#) shows that, as the pandemic was at its peak, **almost half a million workers left long-term care sector**. During the peak of the crisis, hospitals and care facilities were forced to rely heavily on extended shifts, emergency staffing arrangements, redeployment and cancellation of leave. Intensive care units, in particular, faced an unprecedented surge in demand. But many of these coping mechanisms - like cancelling rest periods or requesting last-minute shift changes - were already routine in many health systems before the pandemic.

Overburdened by extended shifts and heightened responsibilities, over **80% of nurses reported experiencing negative psychological impacts** during the pandemic, [according to national-level surveys](#). Workers were pushed to their physical and mental limits, often without adequate protective equipment or support.

Though the acute phase of the pandemic has passed, its impact is still felt by workers. Burnout, mental health concerns, and persistent workforce shortages continue to affect the sector. And many of the emergency practices used during the pandemic have quietly become permanent features in some settings, reinforcing a cycle of overwork and short-term crisis response.

The pandemic did not invent the reliance on overtime - but **it made visible how deep that reliance runs**.

Sweden: Industrial action against overtime

In 2024, Sweden's healthcare sector faced deepening strain. Staff shortages, escalating demand, and years of underinvestment had pushed many healthcare professionals - especially nurses and [midwives](#) - beyond the limits of sustainable working time. One of the most visible consequences was the routine overuse of overtime, which had become the default response to systemic understaffing.

Against this backdrop, the **Swedish Association of Health Professionals (Vårdförbundet)**, representing more than 117,000 nurses and midwives, launched a large-scale industrial action aimed at restoring safe and fair working conditions. The union [began with](#) a **78-day boycott of voluntary overtime**, followed by a **three-week national strike** - the longest in the sector in 16 years.

Their demands were clear:

- A reduction in working hours, especially for night shift workers.
- Higher salaries that reflect the complexity and responsibility of the profession.
- Scheduled time for rest, study, and professional development.
- Full compliance with working time regulations—without exceptions.

The union reported that in 2023 alone, its members had [worked over 3 million hours of overtime](#) - a volume that underscored how overtime had become embedded into routine service delivery.

Through strike action, overtime boycott and collective bargaining, Vårdförbundet secured [several key outcomes](#):

- A **3.05% salary increase**.
- A **reduction in working hours for 10% of members**, particularly those working nights.
- A commitment from employers to fund **specialist nurse training**, strengthening long-term workforce capacity.

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This all shows that change is possible - and that **trade unions can and should be the ones driving it**. By mobilising members and using the tools of industrial action and collective bargaining, Vårdförbundet was able to make progress on some of the core structural issues affecting working time quality – progress that can now be built upon.

For EPSU and its affiliates, the Swedish experience reinforces a broader lesson: **reducing reliance on overtime and poor working time practices can't be left to policymakers**. Union-led action is one of the most powerful ways to defend workers' rights, improve staffing conditions, and push for sustainable solutions to long-standing problems.

Overtime is a psychosocial risk factor

Protecting healthcare workers' mental health is not a luxury. It is a necessity - for the safety of patients, the sustainability of health systems, and the workers who keep them running.

During the COVID-19 crisis, health and care workers across the continent experienced extreme emotional stress - managing high patient volumes, coping with death and trauma, and working long hours under resource-constrained conditions.

Healthcare workers face long or unpredictable hours, short-notice scheduling, lack of recovery time, and the expectation to continue working even when unwell. These are not isolated challenges - they are **clear indicators of poor psychosocial working conditions**, and they have direct consequences for worker wellbeing, service quality, and workforce retention.

EPSU is calling for a [dedicated EU Directive on Psychosocial Risk \(PSR\) Factors](#), which would require employers to prevent work-related mental health risks and provide a framework for enforcement. This Directive is urgently needed to ensure that measures to protect workers' psychological wellbeing are not optional or ad hoc, but legally binding and systematically applied across Member States.

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Conclusions and recommendations

Europe's healthcare systems are operating under unsustainable pressure. Chronic staff shortages, an ageing population, and long-standing underinvestment have created unsustainable working conditions. Workers are paying the price - through exhaustion, stress, and missed time with family. Patients, too, [feel the consequences](#) when workers are stretched thin.

While temporary fixes may keep systems afloat in the short term, the long-term consequences are clear: burnout, absenteeism, high turnover, and a growing crisis in recruitment and retention. These challenges are particularly acute in a sector where **78% of workers are women**, where rigid schedules and poor work-life balance make it increasingly difficult to stay.

There are solutions - but they require political will and a commitment to respecting the voice of workers and their trade unions.

EPSU calls on European institutions and national governments to:

- **Exclude health systems from any austerity measures** and ensure more public funds.
- Apply **safe staffing levels** on national levels to prevent excessive workloads.
- Address **staff shortages** by providing **higher salaries** and **better conditions** to retain existing staff and attract new workers.
- **Strengthen the role of collective bargaining and social dialogue** in improving working conditions.
- **Enforce the Working Time Directive and work-life balance policies** across Member States, ending routine violations and exceptions.

- **Introduce a dedicated EU Directive on Psychosocial Risks** to protect workers' mental health.
- **Support social partners** to improve workplace conditions via EU and national social dialogue.
- **Increase investment in the healthcare workforce**, particularly through the *EU4Health* programme.
- **Recognise collective bargaining rights** in the revision of *Public Procurement Directive*.

Healthcare systems should not depend on exhausted workers making impossible choices. Every shift extended, every break skipped, every family moment missed is a symptom of political failure. For Europe's health services to be truly resilient, we need to value the people who keep them running. That means safe staffing, decent working time, and investment.

Because behind every statistic is a person:

A nurse who worked an extra shift instead of attending their child's school performance.

A care worker who stayed late to sit with a patient dying without family.

A team who pushed through one more night shift - not because they were asked to, but because no one else could.

Europe's health systems are running on overtime. But its workers can't run on empty.

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