

## Key findings

- On average, **over half of physicians and nurses working** in hospitals in OECD countries think that the **staffing levels and work pace in their workplaces are not sufficient** for providing safe care. Lack of adequate staffing has wide ranging impacts on health systems abilities to deliver quality care. Widespread shortages in the health sector worsen conditions for current workers, who may be exposed to long hours and inadequate job resources and supports.
- A high quality working environment is essential to attract and retain workers, and of particular importance in the context of staff shortages. Health workers report high levels of mental ill-health, physical harms, and poor well-being. These result in low job satisfaction and can lead to workers leaving the sector. In the United States and the United Kingdom, **burnout affects over a third of healthcare workers**. Data from 10 OECD countries shows that on average, almost 40% of primary care doctors under age 55 report feeling burnt out, and over **10% intend to stop seeing patients** in the near future. **Less than one-in-five** reported high levels of satisfaction with their **work-life-balance**.
- The United Kingdom, the Netherlands, Ireland, Belgium, and the United States have implemented national surveys to assess the experiences and outcomes of health workers, either before, or during and after the pandemic. Each of these surveys finds areas of **poor performance**, identifying areas to be improved to increase retention of health workers in the workforce. Implementation of harmonised modules on key aspects of working conditions would allow greater comparison over time and across countries in achieving better working conditions for health workers.

## Poor working conditions put health workers under stress

The quality of the working environment is a key component of job quality, along with earnings and labour market security (Figure 1).<sup>1</sup> Job demands need to be appropriately balanced with resources workers have at their disposal to accomplish them so as to minimise job strain (Cazes, Hijzen and Saint-Martin, 2015<sup>[1]</sup>). Common indicators to capture the quality of the work environment across sectors relate to health risks and time pressures at work, as well as the availability of support, such as workplace relationships, autonomy, and learning opportunities.

Health workers in OECD countries are routinely exposed to a variety of health and safety challenges as part of their job. Workers in the health and social work sector accounted for 11% of all non-fatal workplace injuries in European Union countries in 2017 (Eurostat, 2020<sup>[2]</sup>). The main types of workplace injury and harm in healthcare include infection, interpersonal violence, physical injury as well as mental ill-health (de Bienassis, Slawomirski and Klazinga, 2021<sup>[3]</sup>).

<sup>1</sup> Health worker remuneration is outside the scope this brief. Data on this topic can be found in (OECD, 2023<sup>[11]</sup>), *Health at a Glance 2023: OECD Indicators*, [Health Workforce](#).

**Figure 1. OECD Job Quality Framework**

Note: The focus of this brief is the quality of the work environment dimension.

Source: Cazes, Hijzen and Saint-Martin (2015<sup>[1]</sup>), Measuring and Assessing Job Quality: The OECD Job Quality Framework, <https://doi.org/10.1787/5jrp02kpw1mr-en>.

Findings reported by the European Commission have showed that health-related professions, such as nurses and other health workers, had far higher than average exposure to physical risks and physical and emotional demands. Data from 2021 shows that nurses were the highest-ranking occupation in terms of reporting health and safety risks at work – 69% on average in the EU compared to 34% across all occupations. The proportion of nurses and midwives experiencing job strain (including moderate to extreme strain), was 61%, double the 30% EU average across all job categories. (ESDE Review, 2023<sup>[4]</sup>).

In most cases, COVID-19 experience has made matters worse. In the United States, healthcare workers experienced a 2.5 times increase in injury and illness rates between 2019 and 2020 (OSHA, 2022<sup>[5]</sup>). Poor mental health outcomes are also prevalent. Data from 10 OECD countries shows that on average, almost 40% of primary care doctors under age 55 report feeling burnt out, and that over 10% intend to stop seeing patients in the near future (Gunja et al., 2022<sup>[6]</sup>).

## Poor working conditions undermines the quality of health systems and is costly

Working conditions, job satisfaction, mental health, and safety, all affect the capacity and capability of health workers to deliver high quality healthcare. Ensuring positive health worker experiences and outcomes is crucial not only for individual health workers but also for the patients they serve. Healthy health workers make for healthier patients, while unhealthy and unsafe health workers decrease patient's health outcomes and safety.

Improving the working environment of health professionals has intrinsic value, but also reduces the expenses associated with occupational damage and helps to minimise harm to patients. Empirically, worker safety and patient safety have been found to be closely linked in numerous studies, meta-analyses and systematic reviews (Loeppke et al., 2017<sup>[7]</sup>). Likewise, better patient outcomes relate to adequate staffing and work environments (Catania et al., 2024<sup>[8]</sup>). Meta-analysis of 84 studies found that increased burnout in health professionals is linked to lower healthcare quality and decreased patient safety (Salyers et al., 2017<sup>[9]</sup>). Analysis from the Commonwealth Fund across 9 countries shows that primary care physicians experiencing stress, emotional distress, or burnout were more likely to report the quality of care they provided declined during the pandemic (36% as compared to 20% who did not indicate stress, emotional distress, or burnout) (Gunja et al., 2022<sup>[6]</sup>).

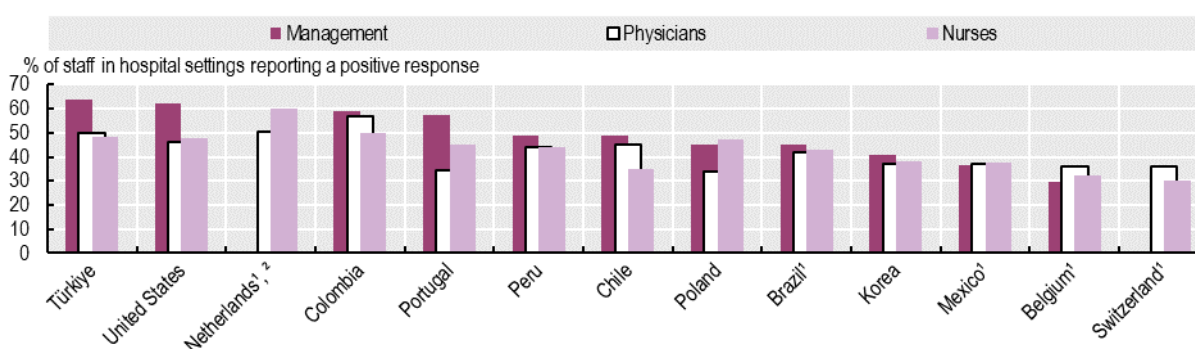
As healthcare employs a considerable and growing proportion of the world's workforce, the health and economic burden of unsafe working conditions and poor experiences and outcomes are considerable – with some national estimates suggesting that the aggregate costs of occupational harm in the health sector are equivalent to approximately 2% of total national health spending (de Bienassis, Slawomirski and Klazinga, 2021<sup>[3]</sup>).

## Poor working conditions reduce job satisfaction and retention

A sufficient and well-trained health workforce is essential to assure universal health coverage and agility in times of crisis (OECD, 2023<sup>[10]</sup>). A key short-term priority is to increase retention rates of health workers to avoid exacerbating shortages. In several OECD countries, about 20% of nurses reported in 2021 that they were considering quitting (OECD, 2023<sup>[10]</sup>).

Available evidence suggests a low perceived safety of staffing levels and work pace by health professionals. Figure 2 displays data collected via a standardised occupational culture survey (the Hospital Survey on Patient Safety Culture (HSPSC)), which asks hospital staff to provide information on aspects of their work environment and whether they are conducive to patient safety. In many countries, there is a disconnect between perceptions among management and frontline staff in regard to the safety in hospitals. On average, 57% of physicians and nurses in hospitals perceived staff levels and work pace to be unsafe, compared to 51% of survey respondents working in hospital management.

**Figure 2. Hospital workers' perceptions of adequate staff levels and work pace, by job category, 2023 (or nearest year)**

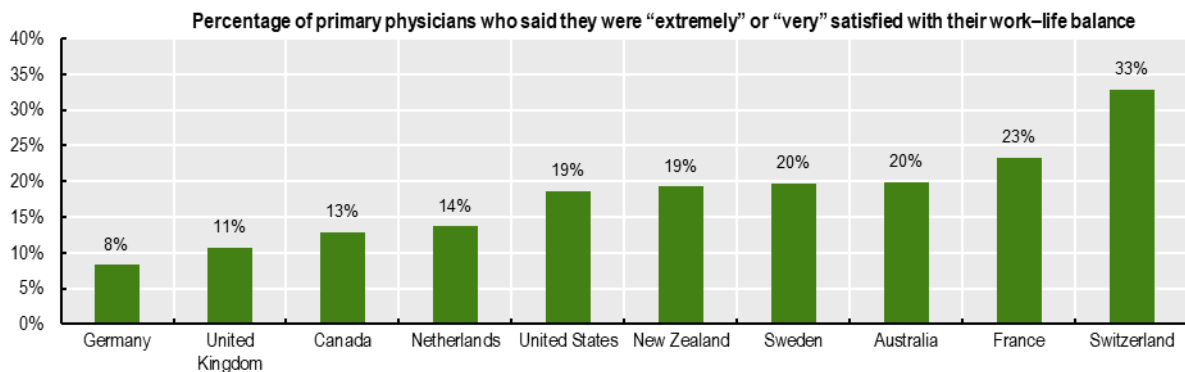


Note: Survey items relate to if there are enough staff to handle the workload, staff work appropriate hours and do not feel rushed, and there is appropriate reliance on temporary, float, or per-diem staff 1. Data from HSPSC 1.0 (data for other countries from HSPSC 2.0); 2. Data from 2019 and 2020.

Source: OECD Patient Safety Culture Pilot Data Collection, 2020-23; OECD (2023<sup>[11]</sup>), *Health at a Glance 2023: OECD Indicators*, <https://doi.org/10.1787/7a7afb35-en>.

International assessments of quality of working conditions in primary care are also concerning. Analysis from the Commonwealth Fund across 10 countries found that, on average, less than half of primary care physicians in most countries were satisfied overall with their job quality, including aspects of income, time spent with each patient, daily workload, time spent on administrative work, or work-life balance in 2022. Findings on provider satisfaction with work-life balance show that, on average, less than 20% of surveyed physicians across 10 OECD countries reported high levels of satisfaction (Figure 3) (Commonwealth Fund, 2023<sup>[12]</sup>).

**Figure 3. Less than one in five primary care physicians across 10 OECD countries reported high satisfaction with their work-life balance in 2022**

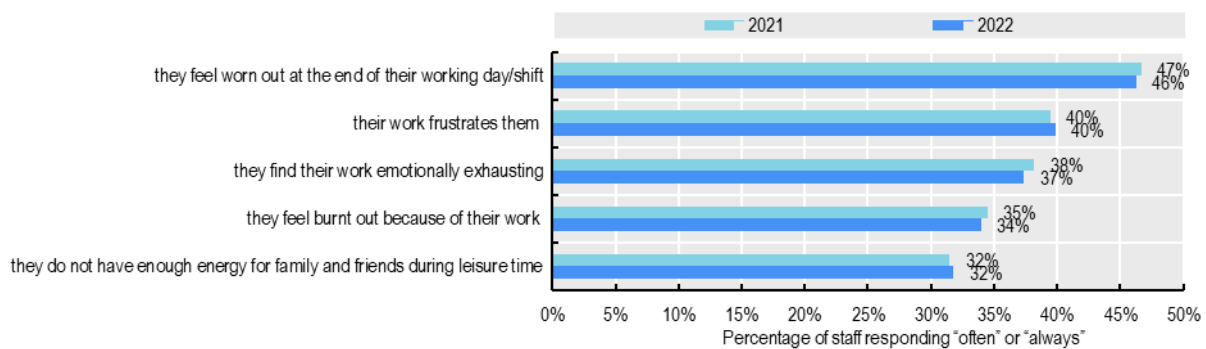


Source: Commonwealth Fund (2023<sup>[12]</sup>), *Overworked and Undervalued: Unmasking Primary Care Physicians' Dissatisfaction in 10 High-Income Countries: Findings from the 2022 International Health Policy Survey*, <https://doi.org/10.26099/t0y2-6k44>.

### Country initiatives to assess the working environment in healthcare settings

Country specific findings demonstrate similar concerns. Data from the NHS staff survey in the **United Kingdom** indicate, for example, that over a third of medical and dental staff reported feeling burnt out in 2021 and 2022 (Figure 4). Only about half of staff surveyed in 2022 indicated that they achieve a good balance between their work and their home life (NHS, 2023<sup>[13]</sup>).

**Figure 4. National Health Service staff in England cite high levels of burnout, 2021 and 2022, percentage**



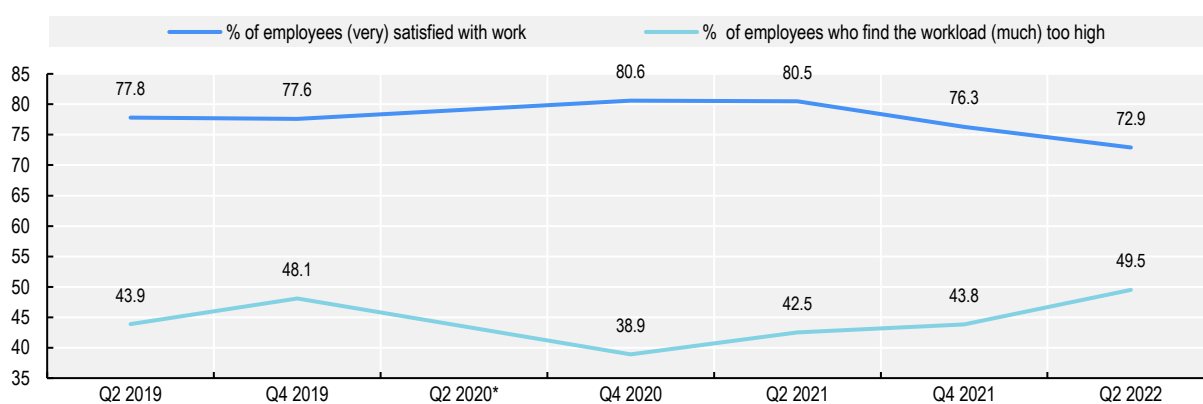
Source: NHS (2023<sup>[13]</sup>), *NHS Staff Survey National Results 2022*, [www.nhsstaffsurveys.com/static/8c6442c8d92624a830e6656baf633c3f/NHS-Staff-Survey-2022-National-briefing.pdf](http://www.nhsstaffsurveys.com/static/8c6442c8d92624a830e6656baf633c3f/NHS-Staff-Survey-2022-National-briefing.pdf).

**Ireland's** 'Your Opinion Counts' staff survey found improvements in Health Service Executive (HSE) staff assessments of work culture (improvement of 13 percentage points) and workload (improvement of 14 percentage points) between 2021 and 2023 (HSE, 2023<sup>[14]</sup>), likely related to increases in employment in across health sector job categories and concerted efforts to drive culture change (HSE, 2023<sup>[15]</sup>; Department of Health, 2024<sup>[16]</sup>). Despite this improvement on many metrics between 2021 and 2023, only one in two HSE staff reported their organisation demonstrates its interest in staff health and well-being and just under 50% of staff agreed that their organisation promoted a healthy work-life balance.

In the **United States**, the Agency for Health Care Research and Quality has developed a module on worker safety addressing issues of staff safety, moral, and burnout. A pilot study was conducted among more than 7 000 staff in 28 hospitals in mid-2021, showing that 34% of hospital workers experienced symptoms of burnout (AHRQ, 2023<sup>[17]</sup>).

The Employee Survey (WNE) in the **Netherlands** measures job demands, autonomy, workload, job satisfaction and other aspects of working conditions of health workers. Statistics Netherlands performed the WNE for the first time in the second quarter of 2019, having received survey responses from approximately 15 000 employees. The survey found that only 35% of respondents felt they had sufficient time to properly care for their patients, and 16% reported feeling burnt out by their work. Survey findings also showed that job satisfaction has declined since 2020, coinciding with an increase in the percentage of workers who found their workload to be too high (Figure 5) (Dirven and Gielen, 2022<sup>[18]</sup>).<sup>2</sup>

**Figure 5. Dutch health workers reported declining work satisfaction between 2020 and 2022**



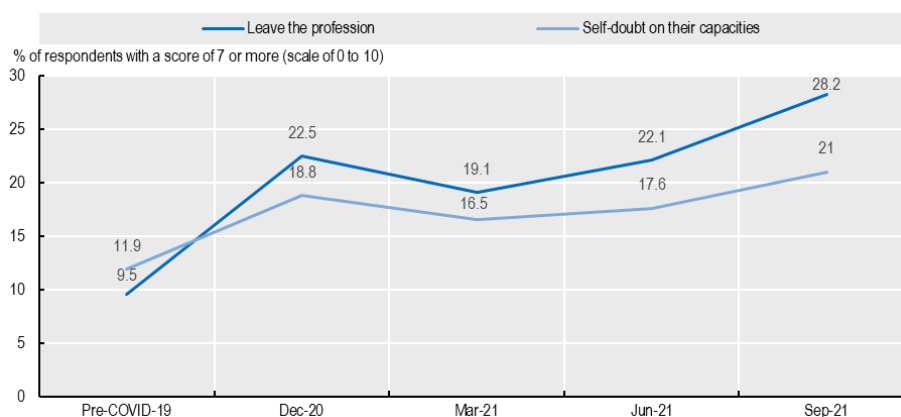
Note: \* No measurement took place in the second quarter of 2020.

Source: Dirven and Gielen (2022<sup>[18]</sup>), *Werkdruk en arbeidstevredenheid in de zorg* [Employee Survey, 2022], [www.cbs.nl/nl-nl/longread/statistische-trends/2022/werkdruk-en-arbeidstevredenheid-in-de-zorg](http://www.cbs.nl/nl-nl/longread/statistische-trends/2022/werkdruk-en-arbeidstevredenheid-in-de-zorg).

In **Belgium**, the Power to Care survey captured information about health workers' physical and mental well-being, and their need for support during the COVID-19 pandemic. Results from September 2021 indicate that 28.2% of health workers had a score of 7 or higher when asked if they want to stop practicing the profession (with 10 meaning "always" and 0 "never"), and that 59% had a score of 7 or higher when asked if they experienced fatigue. The share of health workers with the intention to leave the profession as well as those with self-doubts on their capacities increased as the pandemic went on in 2021 (Figure 6) (Sciensano, 2021<sup>[19]</sup>).

<sup>2</sup> In addition, in the Netherlands, several other surveys exist, including the Nivel monitor 'Quality and Safety of healthcare' (with questions about job satisfaction, experienced safety and quality of care, and control over one's own work), surveys of PGGM (pension fund for people working in healthcare) (with questions about aggression, undesired behaviour, departure of health workers, and workload) and surveys of IZZ (healthcare insurer for people working in healthcare) (with questions about the intention of leaving the job and the health of health workers).

**Figure 6. The share of Belgian health workers indicating that they wanted to leave the profession or had self-doubts on their capacities increased substantially in 2021**



Note: Healthcare workers with a score of 7 or higher (with 10 meaning “always” and 0 “never”).

Source: Sciensano (2021<sup>[19]</sup>), Power to Care: L’enquête sur le bien-être des personnes et professionnels d’aide et de soin Principaux résultats de la quatrième enquête nationale, septembre 2021, [www.sciensano.be/sites/default/files/power\\_to\\_care\\_fr\\_septembre\\_2021\\_vd.pdf](http://www.sciensano.be/sites/default/files/power_to_care_fr_septembre_2021_vd.pdf).

## Better monitoring of health worker working conditions is needed to assess trends and address persisting issues

Improving the working conditions for health workers starts with good data. Currently, OECD countries measure a number of indicators related to healthcare outcomes and health system performance. More systematic efforts to measure aspects of working conditions in the sector could supplement existing efforts (Bodenheimer and Sinsky, 2014<sup>[20]</sup>). Measurement systems are crucial for identifying and monitoring the support and resources necessary to maintain and improve the working conditions of health workers to underpin the delivery of high quality and safe care to patients. A growing number of countries are introducing surveys to regularly assess the health workers’ perceptions of their work environment.

In **the United Kingdom**, every year since 2003, National Health Service (NHS) England has been conducting the NHS Staff Survey, one of the largest health workforce surveys in the world. The survey was initially conducted in hospitals, as well as voluntarily in other NHS organisations, and since 2023 was launched in general practices also. The overall aim is to monitor healthcare employee’s work experience at the national, regional, and local level, with the aim of better understanding and improving staff experiences. In **Belgium**, a *Be.well.pro* monitor survey will be rolled out nationally in 2024 by Sciensano on behalf of the Federal Public Service (FPS), building on the previous Power to Care survey. This survey aims to measure the work-related well-being of professionals in the healthcare sector, monitor its evolution over time, and allow targeted policy actions to be taken.

Existing work provides a foundation for developing shared metrics of the working conditions of health workers for learning across countries. Priorities for moving forward include:

- **Increasing country coverage of surveys assessing health worker working conditions:** While several good examples exist, many OECD countries do not yet have ongoing surveys to measure health worker working conditions. One way to enhance coverage is by sharing best practices via international platforms and collaborations. Similar efforts have been successful in supporting the increasing use and harmonisation of health worker reported metrics on patient safety culture (de Bienassis and Klazinga, 2022<sup>[21]</sup>). International fora hosted by the OECD can facilitate the exchange of knowledge, experiences, and best practices regarding the design and implementation of surveys.

- Measuring common indicators for international benchmarking:** Developing a set of common indicators – or harmonizing already used indicators – to measure key aspects of the working conditions of health workers could enable international benchmarking and comparisons both within and across countries. By aligning measurement approaches, countries can assess their performance, identify areas for improvement, and strive for excellence in providing a safe and supportive environment for health workers. The indicators in Table 1 are already commonly being measured in some countries and could be harmonised in a way that allows for international comparisons, without adding any response burden on health workers in completing survey responses. Survey items related to job satisfaction, work stress/burnout, and intention to leave are common to examined survey tools. Access to standardised data on health workforce working conditions – using metrics comparable to other sectors and countries – would enable policy makers, managers, and health professionals to better understand potential drivers of attrition from the health sector and improve working conditions.

**Table 1. Domains included in surveys used to assess health worker working environment in some OECD countries**

	Intent to leave	Job satisfaction	Work stress/ burnout	Workload	Patient safety	Leadership	Social support	Demographics
<b>SOPS Workforce Safety Supplement</b> United States	✓	✓	✓		✓	✓		*
<b>NHS staff survey</b> United Kingdom	✓	✓	✓	✓	✓	✓	✓	✓
<b>Employee Survey (WNE)</b> Netherlands	✓	✓	✓	✓		✓	✓	✓
<b>Your Opinion Counts</b> Ireland	✓	✓	✓	✓	✓	✓	✓	✓
<b>Be.well.pro</b> Belgium	✓	✓	✓	✓		✓	✓	✓

Source: Expert consultation and published literature: AHRQ (2024<sup>[22]</sup>), Workplace Safety Supplemental Item Set for Hospital SOPS, [www.ahrq.gov/sops/surveys/hospital/supplemental-items/workplace-safety.html](https://www.ahrq.gov/sops/surveys/hospital/supplemental-items/workplace-safety.html); NHS (2023<sup>[23]</sup>), NHS Staff Survey: survey documents related to conducting the survey, [www.nhsstaffsurveys.com/survey-documents/](http://www.nhsstaffsurveys.com/survey-documents/); HSE (2023<sup>[14]</sup>), Your Opinion Counts 2023 results are in, <https://healthservice.hse.ie/staff/news/staff-news-listing-page/your-opinion-counts-2023-results-are-in/>.

\* The SOPS® Workplace Safety Supplemental is designed for use with the core SOPS Hospital Survey. Questions on demographics are asked in the core survey, not in the supplement.

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