

# Immigration as the solution to the issue of workforce shortage in long-term care

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# IPF NOTES

## Immigration as the solution to the issue of workforce shortage in long-term care

**Marijana Bađun**

*The coronavirus pandemic revealed numerous vulnerabilities in the sector of long-term care for the elderly, the most prominent problem being the shortage of workers – nurses and caregivers. In September 2022, the European Commission presented the [European Care Strategy](#), which proposes migration as one of the potential key solutions to the issue of personnel shortages. Even though Croatia's [National Recovery and Resilience Plan](#) refers to migration as the means for securing the required workforce in long-term care, there has been no sign of specific measures yet. In order to attract foreign workers, the system of recognising their international qualifications needs to be improved, they need to be provided with adequate professional training and quality language education as well as proper integration.*



The shortage of workers, especially of nurses, is a growing issue in the sector of long-term care for the elderly. [The Organisation for Economic Co-operation and Development](#) has been alerting the public about this problem for a long time, with the [World Health Organization](#) and the [International Labour Organization](#) both joining in to solve this issue. The coronavirus pandemic caused long-term care to move further up on the list of priorities of international organizations with the European Commission publishing the [Long-term Care Report](#) in 2021 and presenting the [European Care Strategy](#) in September 2022. The objective of the strategy is to secure more affordable and more accessible care services of higher quality in EU Member States and improve the conditions of both caregivers and care recipients, in both formal and informal care. The European Foundation for the Improvement of Living and Working Conditions (Eurofound) published a detailed [report](#) on long-term care workforce.

### **Attracting and retaining workers**

The European Commission estimates that the EU will require more than 1.6 million additional workers by 2050 in order to retain the same number of personnel per 100 long-term care beneficiaries. Recommendations for attracting and retaining workers in long-term care always point to the same conclusion: they need higher salaries, better work conditions, professional training and stronger social dialogue. For further recommendations, apart from the documents referred to above, also see an earlier issue of [IPF Notes](#). However, nurses and care providers for the elderly are not in a position to wait for the recommendations to be implemented and have decided to take matters in their own hands in the form of [strikes or demonstrations](#), which have spread across Europe. Many

workers left the long-term care sector during the pandemic period, leaving those remaining under more intense pressure.

The European Care Strategy highlights migration as one of the potential key solutions to the issue of workforce shortage. The European Commission is expected to publish a study which would analyse the criteria for accepting workers from non-EU countries in each EU Member State and their rights in the long-term care system. The Commission will also consider the possibility of developing an EU-wide plan for attracting nurses and caregivers, taking into account negative effects as well, such as “care drain” from the non-EU countries in which the workers would be recruited. This proposal is based on the document by the European Commission [Legal migration: Attracting skills and talent to the EU](#).

### **Employing foreign workers in Croatia**

Croatia is one of the EU countries experiencing “care drain”, similar to Bulgaria, Romania, Hungary and Slovenia. Workers from these countries emigrate to richer countries primarily for higher salaries and better work conditions. This further aggravates the issue of workforce shortage in lower-income countries, which are, at the same time, faced with the issue of population ageing. In addition, when nurses find work abroad, their home countries, which provided their education and training, lose their return on investment. Data provided by the Croatian Chamber of Nurses (HKMS) show that 2,400 qualified nurses left Croatia between 2013 and now. The healthcare system currently needs 4,000 additional nurses, while the number of required long-term care staff is unknown. The [Ombudsman's Report for 2021](#) found that the majority of nursing homes have an insufficient number of nurses,

caregivers and social workers and that they often hire undeclared medical personnel from neighbouring countries.

Hungary is trying to compensate for the “export” of nurses and caregivers by “importing” them, primarily from Hungarian communities in Romania and Ukraine. The [National Recovery and Resilience Plan](#) (p. 970) states that Croatia is aware of the long-term care sector’s potential for creating new jobs. The following measures will be used in order to secure the required workforce: “measures for improving work conditions, professional training, higher salaries, employing immigrants and improving the system for recognising international qualifications.” Specific measures have not been proposed or their execution period. In 2020, the Croatian Employers’ Association (CEA) launched the [initiative](#) for simplifying and speeding up the process of recognising professional qualifications of medical personnel acquired in third countries, but the initiative is yet to deliver results.<sup>1</sup> This process usually takes a number of years and can be quite expensive.<sup>2</sup> The fact that future nurses in Croatia attend secondary school for five years makes it hard for nurses from for example Bosnia and Herzegovina to have their qualification recognised in Croatia as their secondary school education lasts four years.

The legal basis for employing third-country nationals in Croatia is the [Foreigners Act](#). A new model for employing foreign workers has been in force since 2021, which requires the implementation of a

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<sup>1</sup> Third countries include countries that are not members of the European Economic Area (EU Member States, Iceland, Lichtenstein and Norway) or Swiss Confederation.

<sup>2</sup> The regulation and price list are available at the [HKMS website](#).

labour market test at the competent employment bureau (except in specific cases). In other words, an employer who wishes to recruit a foreign worker must check whether there are any Croatian workers available at the market before applying for a residence and work permit for a foreigner. The previous system, based on annual quotas, has been abandoned. Nurses and caregivers are not exempt from the labour market test, unlike for instance, construction workers, cooks, butchers, mechanics, programmers, etc. A potential problem may occur when there are unemployed nurses with health issues that may significantly impair their work performance or are unable to do their job properly for any other reason but still have precedence over foreign nurses. The quota for nurses/medical technicians in 2020 (for the social welfare system) was 55, with 31 positions remaining vacant. The quota for caregivers was 90, with 12 positions remaining unfilled.<sup>3</sup>

### International experiences

According to the Eurofound Report, which used data from the Workforce Survey, 7.9% of EU's workforce in the long-term care sector was comprised of foreign workers, which is almost equal to the share of foreign workers in the overall workforce (8.0%). Malta (43%), Luxembourg (21%), Ireland (19%) and Austria (14%) recorded the highest shares of foreign workers in the long-term care sector, followed by Great Britain (13%), Cyprus, Germany, Italy (12% each), Sweden (11%), Belgium (10%) and Spain (9%). On the other hand, other Member States had virtually no foreign workers in long-term care, e.g. in Bulgaria, Croatia, Lithuania, Hungary, Poland, Portugal,

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<sup>3</sup> See [Annual Report on Migration and Asylum in Croatia for 2020](#).

Romania and Slovakia the share of foreign workers was below 1%. The majority of these foreign workers in Austria and Luxembourg were still EU nationals, whereas in Ireland and Malta, around half of them were from non-EU countries. The data presented above is probably an under-estimation of the real number of foreign workers due to substantial amounts of undeclared work or short-term work (e.g. Polish workers in Germany). **Research** has shown that foreign workers in long-term care usually work longer hours than native workers, stay longer in the sector and are willing to accept lower salaries and less favourable work conditions.

Austria, Cyprus, Greece, Italy, Malta, Germany and Spain have a special form of long-term care in which the caregiver shares the household with the person receiving the care (so-called live-in care). The work conditions of such caregivers are especially severe, and they are often part of the informal economy, with immigrants constituting a large share of such workers. Croatian women make a substantial portion of such caregivers in Italy, while their number in Slovenia is also on the rise. There is a small number of caregivers from Bosnia and Herzegovina in Croatia that share the household with the person they are providing care for.

Germany implements the so-called “**Triple Win Programme**” for recruiting nurses, which currently extends to Bosnia and Herzegovina, India, Indonesia, Tunisia and the Philippines. Around 75% of immigrant medical personnel in Germany has been recruited through private agencies. In 2013, Germany introduced a ban for employing doctors and nurses from countries with medical personnel shortages; if private agencies violate this ban, they can be fined with up to 30,000 €. Business ethics of such agencies is being scrutinised to a greater extent, more specifically costs covered by

the immigrants. The Netherlands signed a cooperation agreement with Indonesia regulating training and internships of Indonesian nurses in the Netherlands. In France, Spain, Portugal, Italy and Finland, long-term care is exempt from the labour market test if there is a labour market shortage. In sum, there are several models for attracting foreign workforce.<sup>4</sup>

## Conclusion

Methods and opportunities for attracting foreign workers to the long-term care system has been a topic of public debate in countries where the share of foreign workers in long-term care is already high (e.g. Austria) or countries which resort to immigration due to the drain of their own nationals (e.g. Portugal). CEA is the only body in Croatia that has taken some initiative aimed at enabling easier recruitment of foreign workers in long-term care; however, now is the time for the Government to come forward with concrete proposals – not only for potential foreign workers but also for native nurses/technicians and caregivers, who have an exceedingly difficult and underpaid job. One of the first topics to consider and discuss should probably be the fact that nurses in long-term care are paid less than their healthcare counterparts.

Even if Croatia ends up taking all necessary measures for making this job more attractive to native workers and the number of long-term care personnel increases, all of this may still not be sufficient due to population ageing and gradually smaller numbers of informal (family) care providers. It is crucial to provide foreign

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<sup>4</sup> Additional information is available in the [study](#) commissioned by the European Parliament in December 2022.



workers with proper professional training and quality language education as well as to develop integration programmes. Countries should also abide by the World Health Organization's [Code of Practice](#) on the International Recruitment of Health Personnel. The European Commission will try to adjust the criteria for recognising qualifications of workers from non-EU countries, which would open up more mobility opportunities for them.<sup>5</sup>

Migration is motivated by economic well-being, work conditions, geographical position, language, culture and other factors. In other words, this means that Croatia will find it challenging to “compete” for foreign workforce in any labour market segment, long-term care being no exception. However, even short-term stays of foreign workers on their way to richer countries could benefit the long-term care system in Croatia, which has been ignored for far too long; naturally, we should make an effort to encourage them to stay for as long as possible. Put simply, care beneficiaries cannot receive high-quality service without a sufficient number of people providing the care.

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<sup>5</sup> As announced in the [Commission Work Programme 2023](#).