

**Keeping our health
workforce!**

**European Hospital &
Healthcare Federation**

Report on the HOPE Agora

Brussels, 7-8 June 2024

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Photographs by Daniela Bustos and HOPE Exchange participants.



Introduction



HOPE President Eamonn Fitzgerald

From 13 May to 5 June 2024, 120 healthcare professionals with diverse backgrounds but all involved in management positions, participated in a 4-week hospital exchange across 19 countries in Europe.

In line with the HOPE Agora theme, ‘Keeping our health workforce!’, participants were asked to observe how hospitals and health care services are working to meet challenges in retaining health and social care staff. They identified good practices, shortlisted three examples, and on 6 and 7 June 2024 shared them at HOPE Agora in Brussels.

HOPE President Eamonn Fitzgerald and Vice-President Francis De Drée moderated days one and two. They welcomed almost 200 participants, speakers, HOPE members, national coordinators, and hosts from across Europe.

Following a video message from Nicolas Schmit, EU Commissioner from the Directorate-General for Employment, Social Affairs, and Inclusion, Pedro Facon on the behalf of the Belgian Presidency of the Council of the European Union spoke about the path to getting EU health ministers to agree on conclusions about Europe’s health workforce.



HOPE Vice-President Francis De Drée

Facon acknowledged that the issue of national competences created barriers to developing and adopting a plan at the EU level. However, the conclusions (adopted on 21 June 2024) represent a first step in recognising the crisis and its root causes (working conditions, safety and mental health issues, and skills mismatch, among others). The discussions and political

commitments to create and implement a plan, as well as the decision to fund it well, must wait until the results of various elections and new governments form.

The policy and political discussions complemented the presentations of three researchers working on EU-funded projects linked to strengthening Europe's health workforce. First, Simon Dello from KU Leuven (Belgium), presented Magnet4Europe, a collaborative project between European and American hospitals studying the wellbeing and mental health of hospital health workers and how these influence turnover and retention.

Sari Laanterä and Pirjo Syväoja from South-Eastern Finland University of Applied Sciences and Wellbeing Services County of South Savo, respectively, presented their efforts to help ensure the availability of the social and health care workers of the future. In a context of demographic change, where the expansion of the ageing population is far outpacing the current birthrate in Finland, Laanterä and Syväoja's project is piloting working life-oriented education paths and models for competence development (e.g., micro-credits, online training modules, and certifications), as well as re-formatting job descriptions based on direct input from practitioners (e.g., nurses are encouraged to keep diary entries of their day-to-day tasks).

These introductory presentations laid the ground for the country-by-country best practice presentations led by HOPE exchange participants and the informal discussions, which took place on Day 2 of the HOPE Agora.

This document summarises the proceedings of the event. The presentations are **[available online here](#)**.

Conference

HOPE President Eamonn Fitzgerald, chair of the day, welcomed nearly 200 participants from across Europe. He was then joined by HOPE Vice-President, Francis De Drée, who moderated the event the following day.



Pedro Facon

Pedro Facon from the Belgian Presidency of the Council of the European Union (EU) spoke about the political and policy situation related to Europe's health workforce. The 6-month Council presidency placed it high on its agenda for public health, as it has been a cause for concern nationally since 2010. COVID-19 made the situation worse, but it wasn't much better beforehand either.

Researchers at the European Observatory on Health System and Policies and KU Leuven submitted an article stating the need to develop an EU-wide plan or strategy for health workforce recruitment and retention.

In Belgium, public health officials have observed that the shortage of nurses is the most acute problem at the moment. This issue extends well beyond the country's borders; however, it is tricky to agree on a concerted EU-wide approach because health and social security are national competences.

Over the course of Belgium's presidency tenure, health ministers were able to agree at least on a set of conclusions that, among other things:

- acknowledge the crisis;
- develop a coordinated approach to boost skills mix, increase safety, and recognises both the mental health of current workers and the need to improve recruitment to ease labour shortages;
- establish a stakeholder network platform.

Yet, there are other challenges that need to be covered in depth. Beyond the Belgian Presidency, health ministers still need to assess existing regulatory frameworks. Some states, for instance, are hampered by EU regulations; e.g., nursing titles reflecting different specializations and competencies are not easily translatable and therefore hinder mobility. Moreover, while on paper clinical training may look the same, the quality varies significantly in practice.

One of the biggest hurdles to overcome involves funding. Rhetorically, ambitions are high, but materially, governments are not committing to funding these ambitions. As elections were set to take place across much of Europe (and the world), and Hungary assumes the 6-month presidency, Facon's concluding remarks were hopeful though touched by a note of uncertainty.

Presentation 1 - Magnet4Europe

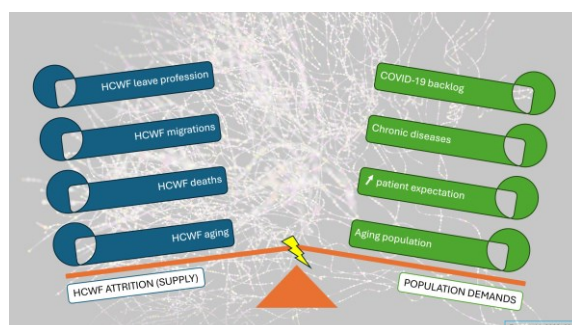
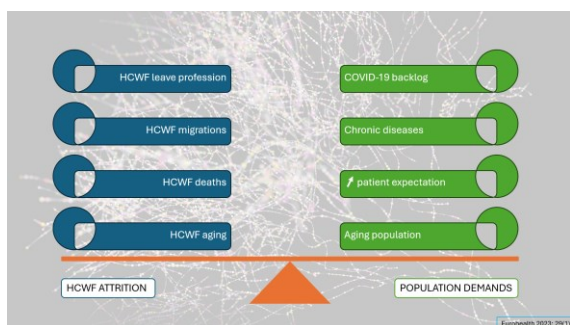
Simon Dello, Project Manager at KU Leuven's Institute for Healthcare Policy



Simon Dello

Simon Dello began with a visual snapshot provided by the Organisation for Economic Cooperation and Development (OECD) and the World Health Organisation (WHO) of changes in the health workforce between 2010 and 2020 according to region. Drawing attention to workforce density in Western Europe and using OECD predictive models of doctor and nurse shortages, Dello painted a worrying picture for the future. Researchers working in Magnet4Europe have identified three main drivers of attrition:

- Death (many health workers died during the COVID-19 pandemic) and retirement;
- Migration;
- Leaving the profession (due to time and working conditions) and chronic absenteeism.



Furthermore, demand is outpacing existing resources, not only because the pandemic caused a backlog, but also because of a rise in chronic diseases, and patient expectations.

Magnet4Europe has developed and piloted retention and recruitment strategies. The approach of 'Magnet hospitals' focuses on mental health and wellbeing at the system level and in its European iteration, targets staff involved in acute care. The blueprint includes a tailored GAP Analysis tool, a one-to-one twinning with 'Magnet hospitals' in the United States, building critical mass, establishing learning collaboratives, and providing actionable feedback reports. It takes the WHO European Region framework for action on the health and care workforce as a guide for improvements.¹

While there is great variability in the implementation of the Magnet blueprint across Europe, the preliminary project results indicate strong evidence that its implementation leads to better job outcomes. This assessment is partly based on surveys conducted amongst those working in acute care (an inclusion criterium during the piloting phase).

¹ See [WHO report on Healthcare workforce](#).

Presentation 2 - How to influence the availability of the social and health care workers of the future?

Sari Laanterä & Pirijo Syväoja

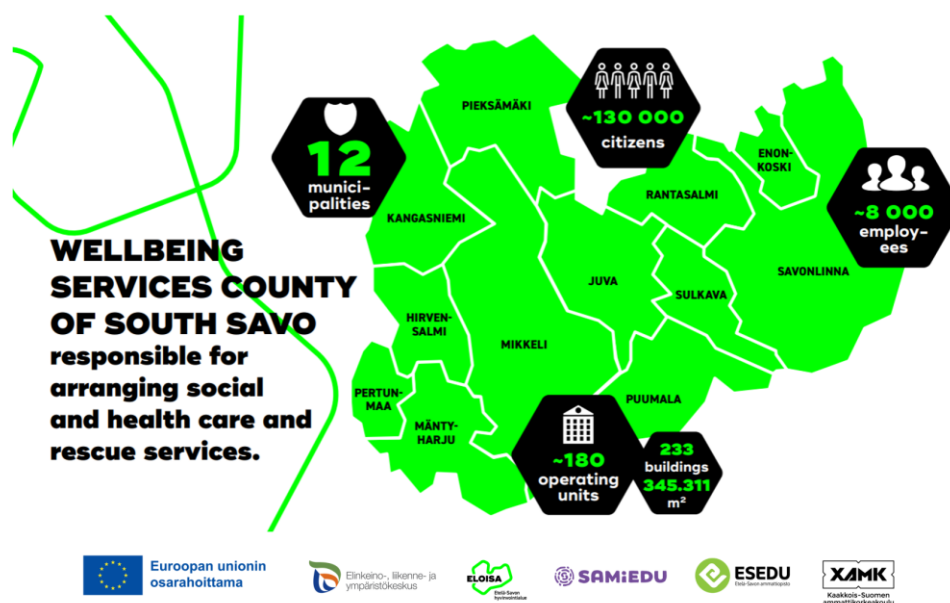


Pirijo Syväoja and Sari Laanterä

Next, Sari Laanterä, Principal Lecturer at South-Eastern Finland University of Applied Sciences (Xamk), and Pirijo Syväoja, Chief Executive Nursing Officer at the Well-being Services County of South Savo (Eloisa), presented their project, which is working to improve the wellbeing of social and health care workers in Finland's South Savo region.

After years of planning, debates, and adjustments, Finland reformed its national health and social services. Starting in 2023, "Finland's restructured health system will [now] deliver health and social services via [21]² Wellbeing Service Counties, which are governed by democratically elected councils and financed from the state budget. Municipalities retain responsibility for public health functions."³ The aim is to centralise responsibility to reduce socioeconomic and geographic inequalities, ensure quality, and improve access to care.

The South Savo region at a glance:



² While there are 22 large-scale organisers in total, which is the number that has been replaced by this bracket, the City of Helsinki will continue to be responsible for organising social welfare, health care, and rescue services and will have a unique role in this new health and social landscape; therefore, the official number of 'Wellbeing Services' counties is 21 not 22.

³ Source: "Finland: health system summary 2023" published 6 April 2023 - <https://eurohealthobservatory.who.int/publications/i/finland-health-system-summary>.

The project seeks to support the availability of health and social care workers through the implementation of the following work package (WP) tasks and programmes:

- **WP1 - Working life-oriented educational paths and models for competence development.** This work package developed six courses to support former employees return to the sector. It offers micro-credentials and trainings, as well as career path coaching.
- **WP2 - Job description formatting.** Nursing staff kept diaries to help reformulate and re-structure job and task descriptions for nurses, nurse practitioners, care assistants, medical secretaries, etc. It helped researchers and hospitals identify gaps in knowledge or skills and create trainings to help address them.
- **WP3 - Cooperation and foresight model for training and competence needs.** This work package has created a benchmarking tool to model potential deficits and reinforce wellbeing service areas, higher education and vocational tools, and implement workshops and foresight fora. The first of these workshops was held in May 2024. A foresight of competence forum will be held in September 2024 and one on knowledge-based management is planned for November 2024. Preliminary results from Eloisa units show that several people are going to retire in the short term.

The systematic analysis of the foresight knowledge fora and conclusions will inform dialogues with health and care professionals, protocols and timelines for potential restructurings, training development, and higher education and health policies.

World Café



HOPE organised the fifth annual *World Café* during this year's Agora. Each year, exchange participants share their opinions regarding the most interesting examples of good practices identified during the HOPE Exchange Programme. Members of each team split into various groups to take part in three rounds of discussions. On this occasion, discussions centred around keeping Europe's health workforce.

The *World Café* methodology is a simple, effective, and flexible format for group dialogue. It aims at harnessing collective wisdom and not at reaching a resolution. The process began with the first of three 20-minute rounds of conversation for the group seated around a table. At the end of each round, all group members moved to different tables. Staying behind on each table was the table host for the next round, who welcomed the following group and briefly filled them in on what happened in the previous round. Each round focused on questions/statements designed for the specific context and desired purpose of the session. Afterwards the individual group members were invited to share the insights of other results from their conversations with the rest of the large group.

In the context of this year's thematic, discussions revolved around four topics:

1. Managing & freeing up time in perpetually busy work environments.
2. Preventing/coping with workplace violence and harassment.
3. Providing opportunities for Continuous Professional Development, training, skills development.
4. Stress reduction/improving mental health.

Presentations by HOPE Exchange Programme participants

Every year, following four weeks abroad, HOPE Exchange Programme participants gather for the Agora conference, where they share a maximum of three examples of good practices they identified during their exchange. This year, participants focused on practices aimed at retaining Europe's health workforce. The following summarises their presentations.

AUSTRIA

National Coordinator:

Ines Vukic

Exchange participants 2024:

Sandra Pick, GERMANY

Catarina Castman, SWEDEN

Caitlin Locker, UNITED KINGDOM

Iris de Vries, THE NETHERLANDS

Mette Krog, DENMARK

Elina Karjul, FINLAND

The HOPE Exchange team in Austria started their presentation with an overview of the current Reform of the Austrian Healthcare System (2024-2028). Key elements include:

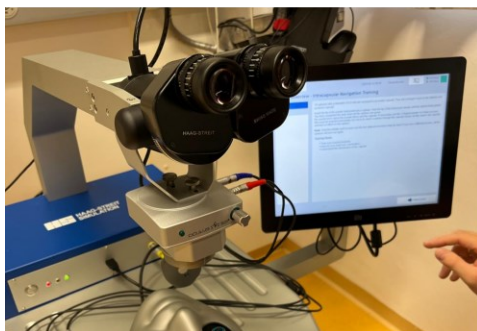
- Strengthening outpatient health care;
- Structural reform of the hospital sector;
- Expansion of digital services;
- Increased health promotion and prevention;
- Expansion of immunization programs;
- Ensuring the supply of pharmaceuticals;
- Increasing the attractiveness of roles within the healthcare sector.



Exchange participants categorised the good practices they observed under: Benefits of working within the Austrian healthcare system, Education and training, and Health and wellbeing.

One of the benefits of working in the Austrian healthcare system is that it can develop and implement long term plans. For instance, the government is expanding primary care, restructuring triage at hospitals, and establishing 'Primary Health Care Centres' to ease the burden on hospital staff. In addition, various institutions have created leadership training programs to, among other things, establish development and education departments, encourage good working environments and leadership, standardise leadership training in the healthcare sector, and give leaders greater autonomy.

Education and training are not reserved for people in leadership roles, however. Exchange participants observed that hospitals offer interdisciplinary courses and work exchanges to develop practical skills, encourage 'Pupils lead a ward' (Schülergeführte Station), etc. On the job training helps expand competences and alleviates pressures on existing staff. Employees at all levels can select from a wide range of training modules and are entitled to two training programmes per year.



To conclude, the team shared good practices in the realm of health and wellbeing. These include:

- Offering psychological support for staff;
- Peer to peer support for 'Second Victim' adverse events;
- Counselling for work and non-work-related concerns;
- Annual healthcare checks;
- Enhanced checks for healthcare staff.

BELGIUM

National Coordinator: Emmanuelle Ceysens
Exchange participants 2024: Ielizza Desideri, ITALY
 Lucia Pinto, PORTUGAL

The HOPE Exchange duo in Belgium kicked off their presentation by providing local data on the various reasons why healthcare staff leave their jobs (see chart below).

Keeping our health workforce

BELGIUM CONTEXT

#	Reasons for why healthcare staff leaves	Data of the context: BELGIUM	ref
1	Lack of work-life balance	<ul style="list-style-type: none"> Care is provided 24/7, 365 days a year Change of life culture in younger people 	4
	Violence or harassment against healthcare staff	<ul style="list-style-type: none"> 74% of caregivers report being insulted at least once during the 12 months 	3
	Stress and burn-out	<ul style="list-style-type: none"> 9,4 hospital patients assigned to one nurse > 8:1 → level unsafe Average 32% of the nurses reporting that they have the intention to leave the hospital in the next year 	1, 2
	Working conditions	<ul style="list-style-type: none"> Ratio nurse/patient core of problem 	1, 2
	Working hours	<ul style="list-style-type: none"> health services and social care amounted to 1327 hours per employed person in Belgium as compared to 1477 hours in the European Union in 2017 Some legal constraints that limited flexibility 	6
2	Retirement	<ul style="list-style-type: none"> Physicians aged ≥ 55 = 43% , in 2021 Hospital patients assigned to one nurse > 8:1 level unsafe 	1, 2, 5
	Lack of professional development/career progression	<ul style="list-style-type: none"> Reform of the nursing profession, DOC 55 3890/011, May 8, 2024 	7
	Salaries	<ul style="list-style-type: none"> Remuneration of hospital nurses, ratio to average wage 1,5 vs 1,3 OECD35, 2021 35 EUR including all income taxes and social security contributions, in 2017. This was 90 percent of the Belgian wage level. Higher growth rates of wages in health services might due to relative scarcity of health professions 	5



Guided by these challenges, the exchange participants selected two overarching themes to organise their selection of good practices observed in their host hospital: *Hôpital de la Citadelle, Liège*.

First, under the header ‘Quality of Life’, the focus lay on addressing chronic shortages (especially of nurses). The culture is changing, there are younger people now and expectations have shifted. To help recruit and retain talent and experience, *Citadelle* has implemented learning activities, e.g., integration programmes for new employees, access to individual and collective coaching and tutoring, training courses for leaders and managers, and IT training among others. Furthermore, the hospital is working to create a sense of belonging within the institution, and beyond its walls by communicating its successes and showcasing its role in the broader community of Liège.

The hospital is also looking inward to support the wellbeing of its staff. To this end, it has created a Health Committee comprising colleagues and hospital management, which proposes activities and brings attention to issues staff may be facing. Hospital workers also

have access to childcare and other inhouse benefits, such as subsidised meals and flexible working hours.

Second, under the header 'Career', the HOPE Exchange duo in Belgium gave examples of good practice in addressing shortages of specialised health workers and trainees. Two reasons why there are shortages in Belgian hospitals like *Citadelle* include demographics (an ageing workforce) and a lack of professional development opportunities.

While the demographic trends cannot be helped, in Liège they are giving nurses access to education, time, and space to specialise. Nurses enrolled in specialisation programmes can work part-time, and more flexibility to their schedule. Staff in general can also enjoy 'benefit days' based on needs and life stages.

These institutional strategies not only recognise and value the contributions of healthcare workers, but they also improve organisational performance, and health and safety at the workplace.

DENMARK

National Coordinator:

Lise Elsberg

Exchange participants 2024:

Reeta Järvinen, FINLAND

Aamer Nisar, IRELAND

Peter Tiefenbacher, AUSTRIA

Joanna Burton, UNITED KINGDOM

Umberto Carioli, ITALY

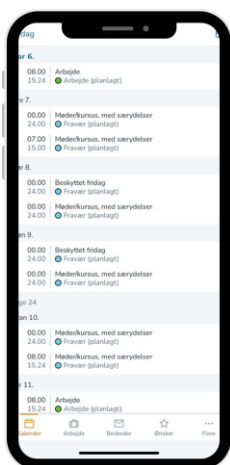
Veronica Lluch, SPAIN

Lisa Van Neerbos, THE NETHERLANDS

In Denmark, the HOPE Exchange team identified three examples of good practices that prioritised ownership of time, participatory models, and the meaningful integration of digital support.



Demographic changes have become a challenge for patient populations, as well as for the health workforce. Diseases associated with ageing are growing and an increasing number of health workers are close to retirement. To help recruit and retain young talent, the host hospitals the exchange team visited are using digital pre-, on-, and offboarding. Via a standardised online app, new employees can consult practical information (e.g., dress codes and lunch options), learn about opportunities to meet their colleagues and participate in community activities, access educational materials, and contact mentors, among other things.



Furthermore, employees can provide feedback and answer surveys via an online platform. This, combined with a bottom-up approach to scheduling, aids retention and helps employees enjoy greater time autonomy. Bottom-up scheduling cannot be completed individually, restrictions apply; for instance, a manager oversees the process to ensure priorities are met and the process is fair.

To conclude, the HOPE Exchange team in Denmark presented the 8-week paid leave scheme hospitals have implemented. The criteria are: the employee must have been employed for four years and working full-time, their annual sick leave must not exceed the rate of 4.5%, and they must have assumed a share of shift work. The aim is to retain experienced staff, allowing at least 4 people to go on leave per year. The leave focuses on encouraging research, writing, etc.

ESTONIA

National Coordinator:

Teele Orgse

Exchange participants 2024:

Alexander Müller, GERMANY

Elena Molea, MOLDOVA

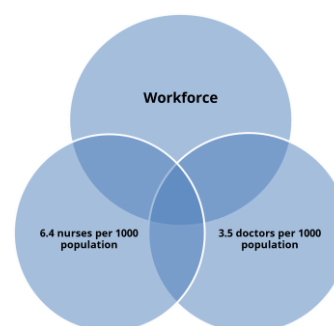
Franco Barosi, ITALY

Laura Cox, UNITED KINGDOM



The HOPE Exchange team in Estonia started the presentation with a snapshot of the health workforce in Estonia.

Within this context, presenters identified good practices guided by three overarching themes: Staff development and training, Keeping the workforce motivated, and Flexible working. They chose the examples because they were consistent across multiple hospitals and were cited by staff as being the most impactful and evidence-based initiatives.



At the national level, the Ministry of social Affairs has developed initiatives to encourage workforce retention. For example, Estonia (like Italy) is part of the EU-wide Joint Action HEROES, which supports partners improve workforce capacity and planning using data collection, forecasting tools, etc. To encourage retention, Estonia's health sector now offers 6-month training programmes through healthcare colleges to re-register as a clinician: 25-30 nurses train per year and receive 30,000 euros in the compensation. Once in the system, development initiatives enable nurses to take on more responsibilities, scheduling freedom. When necessary, nurses can seek input from doctors via video calls.

At Tartu University Hospital, the Human Resources department has developed a new policy, which limits terms for coordinators: a department can only be led by the same person for four years (with one possible extension to eight years). This has been well received by department heads and their teams. Heads can spend more time to practice in their field, staff are motivated by the knowledge that there will be opportunities to progress, and accountability for bad leadership has increased.

The North Estonia Medical Centre distribute training manuals to newly hired operation room nurses. The nurse lead developed the manuals and the approach, thereby reducing the amount of time required to be operational from several years to 6-12 months. Furthermore, within several hospitals in the surgery departments, nursing staff complete simulations, assist in training and testing different scenarios, and partake in activities to help improve leadership skills.

Such initiatives in staff development and training at both sites help improve retention and patient safety and care.

To aid retention, Vijandi Hospital surveys its staff periodically. Based on the responses, managers identified four main areas for improvement. To this end, groups were created to help address each: improving relationships, increasing job security, improving location, and fostering intra-staff recognition. The groups suggested the 'Job swap' initiative where colleagues shadow other colleagues from different departments for four hours. The hospital also purchased pins for staff and instituted a policy granting six extra days for parental leave and subsidised childcare.

At Pärnu Hospital the staff developed various policies including:

- An onboarding strategy (e.g., assigning mentors to new employees);
- Promoting blame free communication culture (e.g., access to information through public and confidential channels);
- A friendly atmosphere (e.g., contractual benefits);
- A communication strategy to showcase institutional achievements and staff (good equipment and up-to-date facilities).

Finally, an important element in maintaining and recruiting staff today includes offering opportunities for flexible working schemes. This is especially important in smaller areas, where they do not need people full time, but need to offer a one-day per week clinic. The hospitals the HOPE Exchange team in Estonia visited have implemented diverse 'flex-work' policies, including:

- Teleworking 1 day per month;
- Having two or more working contracts across different hospitals;
- Working only at weekends;
- Remote consultations.

FINLAND

National Coordinator:

Tarja Tenkula

Exchange participants 2024:

Siobhán Thompson, IRELAND

María Asenjo, SPAIN

Julie Chartier, FRANCE

Carmen Bonifazi, AUSTRIA

Margrethe Sønderskov Christensen, DENMARK

Alessandra Bulleri, ITALY

Ana de Nazaré Albuquerque, PORTUGAL

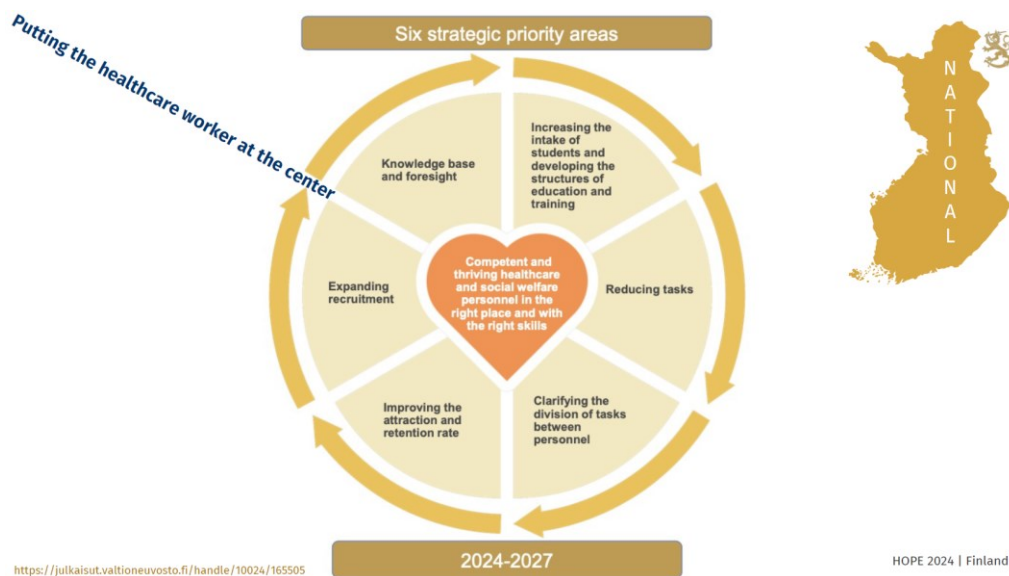
Dimitra Evangelinou, GREECE

Yana Spiteri, MALTA



In Finland, the HOPE Exchange team expanded on the overhaul of the system, providing the health and social context of their visit programme. As mentioned above during Sari Laanterä and Pirjo Syväoja’s presentation, the Ministry of Health now funds 21 ‘Wellbeing Services’ counties that are responsible for operations and finances, and which are governed by democratically-elected councillors.

At national policy level, the government has made it clear that the health workforce is top priority. Indeed, the strategy for 2024-2027 centres around the health worker.



The HOPE Exchange team identified three examples of good practices at regional and local levels.

At regional level, the example comes from their visit to Oulu's 'smart hospital', which has been designed for workers by workers. The hospital involved all professionals from day one: over 5,500 health and care professionals participated in over 400 workshops. The results include the integration of ergonomic solutions, improved connectivity, and time restructuring, giving workers the opportunity to concentrate on their patients and on interesting tasks. Thanks in part to the significant involvement of workers, this hospital community reports a sense of pride and ownership of the changes they have undertaken.

At the local level, hospitals in Kuopio and Mikkeli are promoting an environment for multi-disciplinary collaboration, which includes strengthening communication, showing staff appreciation, and improving team integration.

In Kuopio, health services are reaching out to countries that are not struggling with their health workforce to attract health professionals. Incentives include providing student internships and language reinforcement support, aiding transitions into working life following recruitment, as well as offering career development opportunities, and providing transition support to workers' immediate families.

Finally, in Päijät Häme and Lahti, hospitals have implemented policies to promote wellbeing, good working conditions, and career development. Hospitals focus on creating a family friendly workplace and providing access to gyms, sauna, rooms to relax, etc. Hospitals are also helping ensure good working conditions by providing financial incentives, but also crucially, by allowing a good level of flexibility in scheduling and home working.

FRANCE

National Coordinator: Antoine Malone

Exchange participants 2023: Marcel Melin, BELGIUM
Marta Martín, SPAIN
Milaine Gradel, UNITED KINGDOM
Patricia Frank Svare, DENMARK
Simone Testa, ITALY
Valeria Rambelli, ITALY
Gabriella Pelusi, ITALY



The HOPE Exchange team in France visited various regions and gained a broad perspective of the country's hospital system. Participants noted that France shares many of the same difficulties other countries are experiencing across Europe, central among them, staffing shortages. The latter is due to an inability to fill vacancies for nurses, assistants, and doctors, as well as absenteeism and high turnover rates.

To help address these issues, authorities and institutions in France introduced protocols for people who express dissatisfaction with their job and are thinking about leaving it. In addition to this general awareness, the exchange team identified good practices and classified them under three headings: Financial strategies, Living conditions, and Territorial strategies.

One of the country-wide initiatives seeks to address staffing shortages via financial strategies to recruit and retain nurses and doctors. The initiative provides scholarships for nursing students in their final year if they commit to enter the workforce. Furthermore, the same initiative provides salary maintenance for nurses who are seeking to specialise. For doctors, the initiative provides career engagement bonuses for specialists.

In terms of living conditions, a new Commission for Quality of Work Life has been established. It provides psychosocial support, team training, emergency mental care for professionals who handle adverse events in healthcare settings, as well as professional development paths. Other improvements to living conditions include childcare provision, opportunities for physical activity, mobility discounts, and canteen subsidies.

Finally, territorial strategies seek to distribute the burden of care and reach patients with less access. Healthcare workers are incentivised via bonuses to work 1-2 days per week in a public hospital different to theirs within the same region.

Through their selection, they showed us that effective interventions are multi-faceted.

GERMANY

National Coordinator:

Doris Voit

Exchange participants 2024:

Tom Whyte, IRELAND

Vasiliki Dimitriou, GREECE

Maria Papatheodorou, GREECE

Karin Degen, AUSTRIA

Axana Selzer, AUSTRIA

Katariina Kauppila, FINLAND

Margit Mayerhofer, AUSTRIA

Eva Garcia Suarez, SPAIN

Beatrice Martinez Lozano, SPAIN

Bozena Adamkiewicz, POLAND



The HOPE Exchange team in Germany organised the good practices they observed under Implementation of new technologies, Incentive-driven financial benefits, and Management, leadership, and education.

St. Elisabeth Gruppe in Herne (Marien University Hospital) is using its robotic surgery programme to attract and retain talent. The programme not only optimises surgical procedures and helps improve patient outcomes, but it has also drawn many applicants.

The hospital's approach to technology involves:

- Evaluating the specific context: Is it worth changing?
- Defining a strategy involving the main actors: management, surgeons, nurses, patients, etc.
- Defining objectives, support strategies, and training needs.
- Setting goals: composing a motivated team to implement a change in technology.
- Finally, evaluating benefits and adjust as needed.



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The introduction of the daVinci® robotic system followed the process outlined above. Today, the hospital is measuring its effects, including surgeon retention, using the figures of the urological procedures in the hospital as an indirect indicator. The numbers show that surgeon recruitment and retention expansion correspond to the installation of multiple daVinci® systems. Indeed, all trainees involved in the development of robotic techniques stayed during the entirety of the implementation period. Furthermore, the number of trained doctors in robotic surgery rose from 1 surgeon in 2016 to 8 surgeons in 2023.

“Technology is not a single solution, but an innovation process.”

The second good practice exchange participants identified related to incentive-driven financial benefits. This example comes from LVR-Klinik Bedburg-Hau and LVR-Klinik Langenfeld. To help motivate employees, a process has been instituted to ensure that staff concerns are listened to and addressed. Suggestions for improvement are submitted and implemented to an advisory decision-making panel. LVR-Klinik Langenfeld introduced the ‘Idea Management’ group in 2012. More than 1,000 ideas have been submitted to date (about 70 submitted ideas/year), selected and implemented ideas receive bonus payments; the rest are entered into a raffle prize of €150.

LVR-Klinik Bedburg-Hau introduced the same initiative in 2021. Employees submitted 44 ideas, 10 were implemented and submitters received cash bonuses of 10% toward short-term net savings or income generated (maximum €5,000).

At St. Elisabeth Gruppe, specialised medical professionals receive extra salary incentives. For example, Operating Theatre nurses who complete additional specialised training get an extra 5% on salary as an incentive to stay with this hospital group. At Einbecker Bürgerspital,

nurses receive 'Step-In' bonuses of up to €70 per short-term shift change (maximum three days in advance, depending on weekday vs. weekends, bank holiday, type of shift).

Finally, the third good practice identified by the HOPE Exchange team in Germany falls under the 'Management, Leadership, and Education' theme. One of the hospitals they visited used questionnaires to understand better how staff perceive managers, coordinators, and heads of departments.

Results led to the development of training for employees in leadership positions or hoping to hold leadership positions. The duration of the programme is 4 years, all professional groups can apply, and at least half of the trainees must be women. The programme is carried out in cooperation with a university to offer an extension of the formal academic qualification.

Since its launch in 2013, 49 employees participated and 35 are still in the company. Most of them hold a management position and the programme's success has led to its expansion.

The team concluded with the following observations:

- Staff retention relies on combination of different actions, measures, and events.
- It is very difficult to measure the effect of one single intervention.

Informal occasions can help to create team spirit and loyalty to the employer.

GREECE

National Coordinator:

George Tsimopoulos

Exchange participants 2024:

Pia Maiken Larsen, DENMARK

Beata Józwiak, POLAND

Valentina Sorbello, ITALY

Mica Moore, UNITED KINGDOM

Helder Nunes, PORTUGAL

Beatriz Rueda Camino, SPAIN



The HOPE Exchange team in Greece classified good practices in retention and recruitment of the country's health workforce under the topics: work-life balance, working conditions, and research and education programmes.

Greece faces similar challenges as other countries in Europe, but above all, it faces significant budget restrictions.

To help workers strike a balance with their lives outside the hospital and other healthcare settings, hospitals are aware that they need to promote a culture where workers treat each other and patients the way they want to be treated.

Understanding that many employees rank work-life balance very high, Papageorgiou Hospital has instituted solidarity policies for single parents. They are not required to do shift work and can benefit from additional leave of absence policies adjusted for various positions, from laboratory and radiology employees to those working in the Emergency Department. Furthermore, Papageorgiou Hospital provides psychological support, trainings on mental and physical resilience, access to a gym and swimming pool, and a childcare centre.

The General Hospital of Larissa conducted a staff survey, which revealed that 77% of its employees are over the age of 45. This prompted the need to develop a long-term strategy to curtail the loss of institutional knowledge, skills, and labour. In the meantime, the General Hospital of Larissa strives to ensure a good working environment. The following are some of the practices observed by HOPE Exchange participants:

- Tidy and organised workspaces;
- Health and safety inspectors are available onsite to protect employees;
- Good standards of cleanliness and hygiene;
- Sufficient spaces for social interaction;
- Supportive management (the survey referred to above also revealed that 77% of employees feel supported by their Heads of Departments).

By investing in the work environment, Larissa is not only boosting morale, but also reducing turnover rates.

In the realm of research and education, the government is supporting various hospitals in Greece by paying the fees for scientific publications and attending conferences, strengthening funding for universities, and establishing partnerships with research institutions such as the Foundation for Research and Technology - HELLAS (FORTH), headquartered in Heraklion where exchange participants visited Venizeleio Hospital. Furthermore, all nurses attend educational programmes twice a year in person, and these sessions are organised during the working day to avoid overburdening their time.

The exchange team also shared measures to avoid geographic inequalities in health distribution, which is challenging for a country like Greece because it comprises numerous islands. The government is now providing benefits for workers who are willing to move to rural or remote areas, and to those who are collaborating in screening programmes for people who live in remote areas. Benefits include salary incentives, bonuses, and rental payments.

Finally, the presenters tied their presentation together with an almost untranslatable word, which they believe encapsulates how the health workforce in Greece view their place in society and their responsibility towards it:

Φιλότιμο - Phylotimo

The word 'Phylotimo' describes a complex grid of virtues such as honour, justice, courage, dignity, pride, self-sacrifice, respect, freedom, responsibility, gratitude, and hospitality.

IRELAND

National Coordinator

Siobhán Regan

Exchange participants 2024

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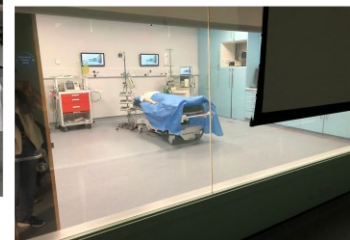
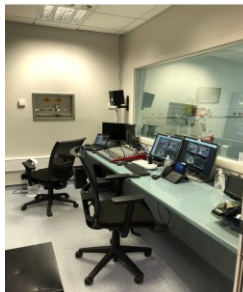
Elki Rutherford, FINLAND

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Viktor Warkentin, GERMANY

The HOPE Exchange team in Ireland identified good practices as local, regional, and national levels.

The University College Cork (UCC) has established a simulation hub to help healthcare workers improve their skills. The hub is an immersive training room that can simulate different health conditions and situations such as acute diseases, bad weather, and olfactory cues.



Regionally speaking, the UCC together with the Cork Health System, have created the Enhanced Community of Care, which oversees the Integrated Care Programme for Older People and the Community Teams and Programme for Chronic Diseases. Their aim is to reduce stress on hospitals by providing pre- and post-hospital care at home, making better use of the primary care system, providing social and health tips to live well at home with specific conditions, and strengthen specialist ambulatory care, among other things. The hope is that through improved communication and structural links, the different networks of care become increasingly co-dependent, which can lead to better decision-making processes, as well as higher levels of comfort and trust.

Finally, at the national level, Ireland has overhauled the credential system for nurse practitioners. The overall purpose of the Registered Advance Nurse Practice (RANP) is to give experienced and skilled nurse practitioners more independence and autonomy. This involves undertaking and documenting complete patient care journeys (assessing, diagnosis, plan-

ning, treating, and discharging patients) in accordance with agreed local policies and protocols.

Initial evaluations conducted by the Minister for Health's office in 2021 found that the benefits of the RANP include:

- Better patient experience;
- Reductions in hospital stays and improved outreach to clinics;
- Reductions in specialist lists (patients per week);

Reductions in overall Patient Experience times for patients seen in emergency areas.

ITALY

National Marco Di Marco

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Elina Linde, LATVIA



In Italy, the HOPE Exchange team gathered good practices at government, local, and institutional levels. Health spending approaches the OECD average; however, inequalities are visible in some areas, for instance, nursing positions are paid less than other OECD countries, compared to the average wage.

From 2023 to 2026, the government is taking part in the EU Joint Action HEROES (JA HEROES) together with 19 other countries and 50 partner associations. JA HEROES aims to meet health workforce challenges. The key objective is to improve Member State capacity to ensure healthcare services are accessible, sustainable, and resilient. To this end, JA HEROES is trying to optimise stakeholder involvement, data and sources, models and tools, as well as developing skills and abilities.

At the intersection of the government and local level, Italy's National Recovery and Resilience Plan revolves around a new approach to primary care. Key aspects of the plan include:

- The territory of each Local Health Authority will be divided into districts of 100,000 residents;
- Within each district, 40-50,000-resident community houses will be established to assist all non-urgent health needs. These community houses will comprise multi-professional teams of GPs, family paediatricians, ambulatory specialists, nurses and other social services;
- Community hospitals will support local and regional hospitals by acting as intermediate structures to serve patients who need monitoring and/or have been diagnosed with a low-intensity disease;

- Each district will be supervised by the Territorial Operative Centres.

At local and institutional levels, people-based and tech-based actions are attracting new generations of healthcare staff. First, the *Contratti di Formazione e Lavoro* (CFL) in Padua is working to increase the numbers of administrative staff at the Padua University Hospital by creating common training paths and offering opportunities to young people aged 32 or less, who possess Italian citizenship. Participants sign onto a work-study contract of 200 hrs. of theoretical and practical training. The initiative seeks candidates with backgrounds in law or the economy. The 24-month contract is non-renewable, but it can transform into a permanent position. So far 40 people have been hired.

In terms of quality of life, Santo Spirito Hospital ASL Pescara and ASST Sette Laghi, Varese, are improving these onboarding and training practices for managers, tutors, and new staff, as well as creating opportunities to build community. The hospitals have also worked to clarify divisions of responsibility to avoid duplication, and at the same time organised ways in which skills mixing benefits everyone involved.

Finally, the tech-based approach has attracted talent across Italy. The USL General Tuscany Grosseto Hospital is a national and international leader in robotic surgery. To date, 1,000+ surgeons have been trained, 28 countries have been involved, 85 professors have participated, and about 500 annual robotic procedures have been performed. It boasts high retention rates.

The HOPE Exchange team in Italy closed its presentation with some take-home ideas:



LATVIA

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Exchange participants 2024:

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Jes Mandal, DENMARK

Lenny St Jean, UNITED KINGDOM



The HOPE Exchange team in Latvia kicked off their presentation by providing a brief summary of the country's demographic and health context. Latvia is a small country population-wise, and this has had an impact on the ratio of doctors and nurses to population, particularly in specialised areas. Furthermore, Latvia has the lowest paid health workforce in Europe. This fact is further complicated by the perception that higher wages will lead automatically to higher retention.

Currently, the sector is not necessarily equipped to meet its challenges. In response, the government has developed a collaboration and policy plan. Four overarching implementation goals include:

- Increasing study places for nurses and medical specializations (targets are 900 and 300 per year respectively);
- Expanding financial incentives for those practicing and entering these profession;
- Increasing remuneration; and
- Supporting professional development.

Having provided context, exchange participants shared good practices they observed, which they classified under three overarching themes: Leadership, Work-Life balance, and Ageing workforce.

Under 'Leadership', participants learned about a framework called the human experience, which recognises the strong link between staff and patient wellbeing. This programme has contacted nurses and midwives who are part of the Latvian diaspora and through them they have learned some important elements that drove them away, including management. The conclusion is that managers must be systematically trained to develop soft skills to promote better work environments. There should also be strategies for leadership changes to either rectify or preserve certain work conditions.

The Work-Life balance theme gathered various practices that promote health and wellbeing, including, staff appreciation, family-friendly policies, opportunities to build community, opportunities to take mental breaks or be active, etc. These practices extended to patients. At

the children's hospital located in a wooded area, staff and patients alike became very involved in the live feed of nesting birds.

Finally, in recognition of shifting demographics, both in the patient population and in hospital staffing, the psychiatric hospital HOPE's Exchange participants visited has developed and implemented a programme for the 50+. One of the flagship elements include older staff who are paid to mentor the younger generations of nurses and doctors. Another core element helps those approaching retirement a chance to retrain; for instance, the exchange team met a nurse who has retrained to become a music therapist.

MALTA

National Coordinator: Michelle Galea
Exchange participants 2024: Karolina Korzeniowska, POLAND
Paraskevi Iordanidou, GREECE



The HOPE Exchange duo in Malta kicked off their presentation by providing a demographic and infrastructural snapshot of the country’s health needs and services. Presenters organised the good practices they observed along three key challenges hospitals in Malta are facing: lack of doctors, nurse and midwife shortages, and lack of help for newcomers in the health profession.

To address the issue of a lack of doctors, the government has established the Malta Postgraduate Medical Centre, which concentrates on specialisation programmes. And to address the shortages of nurses and midwives, hospitals are working on recruiting professionals in both categories from EU and non-EU member countries. To ease this effort, the Maltese government has opened a registration and accreditation process for nurses and midwives, as well as created special trainings for professionals coming from 3rd countries to ensure qualifications align.

Linked to the recruitment efforts listed above, newcomers can now participate in language and system training sessions for six months. This endeavour helps address the third challenge. Within Malta, health authorities are also carrying out school campaigns and fairs to attract young talent to medical school.



To conclude, there is also ongoing work to retain current staff, this includes opportunities to build community, fitness programmes, and psychological support, as well as helping Malta’s health workforce preserve time for their families, personal activities, etc.

MOLDOVA

National Coordinator:

Olga Schiopu

Exchange participants 2024:

Susanne Elze, GERMANY

Laura McIntyre, IRELAND



HOPE Exchange participants in Moldova were first struck by the peaceful environment in the hospitals they visited. As they got to know the context and the institutions better, the exchange duo selected various good practices to share at the HOPE Agora in Brussels.

To foster recognition and community, the public relations team at Medpark launched photo campaigns titled 'Through the Doctors Eyes', 'Dr. Mama', and Nursing, in recognition of those who have worked over 10 years at the hospital. Prints were hung around the hospital and digital versions were shared on social media. Every year, Medpark organises gatherings to mark 'Nurses' Day', 'Doctors' Day', New Year's, etc. These events recognise the hard work staff undertake, but also provide opportunities to form communities.



Open communication is encouraged. A questionnaire on safety is distributed each year to determine whether there are systemic issues that need to be addressed. The Patient Relations Department, for instance, suffered from high turnover. Once they were able to identify why, they not only rebranded the department, but also provided leadership coaching for heads across all departments.

The hospital also provides learning opportunities and stipends to present in conferences. Doctors and midwives participate in simulation trainings, and all teams receive two-weeks paid leave and financial support to study.



MedPark extends access to conferences it organises to the rest of the country's healthcare professionals. These conferences and workshops include in-house Continuous Professional Development and weekly sessions with doctors on clinical cases, pathology, new procedures and protocols, pneumonology, family medicine, etc.

In challenging times, keeping a health workforce involves various elements. People stay due to a multiplicity of factors: vocation ranks high, but interest in and access to learning opportunities are also crucial. This is why networks and collaborations are being built. Caring for colleagues and community represents another core dimension in retention. The hospital provides free medical care to all their healthcare professionals suffering from long-COVID and who have been hospitalised, internships for young doctors, free health check-ups for retired doctors and nurses, and quick response and implementation hotlines for refugees from Ukraine.

Finally, to recruit professionals, Moldova, in partnership with the health sector and hospitals offer scholarships at the Nicolae Testemițanu State University of Medicine and Pharmacy with incentives to travel to and serve rural areas.

THE NETHERLANDS

National Coordinator:

Ton Roelofs

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Jaana Kikas, ESTONIA

Heidi Gleviczky, FINLAND

Helen Stokes, IRELAND

Simon Tonon, BELGIUM

Marcin Mieszkowski, POLAND



The HOPE Exchange team in the Netherlands identified good practices in retention and recruitment within three overarching themes: treatment pathways, human empowerment, and government and policymaking.

Under the header ‘treatment pathways’, hosting hospitals are hoping to lower the workload of staff and decrease the risks of preventable or unnecessary hospitalisations by promoting home care and visits to general practitioners. The motto that drives this initiative is ‘Being in the right place, for the right care, at the right time, and being seen by the right specialist’. Seven hospitals (including three hosting hospitals) work together with mProve using the “Luscii” app, which allows patients to answer questions, upload basic vitals and parameters, and provides tips and help contacting the hospitals.

In terms of human empowerment, exchange participants observed three good practices in Noordwest, Olgv, and Isala, which promote leadership, opportunities to grow, and greater time autonomy. At Noordwest, 70% of employees have chosen to participate in ‘J ouw Moment’ (Your Moment). As a result, absences have decreased to 5.9%, less than the national average of 7.04%.

In Olgv, teams are able to create their own schedules via a self-scheduling app. And in Isala, 8 candidates per year are able to participate in a Future Leaders Programme, which provides opportunities to grow. In fact, the programme enjoys an 85% retention rate and 89% of its participants found a leadership position within the organisation.

In a broader sense, the government and policymakers are also working to contribute to retention. Using tools such as strategic purview and budgetary planning, they are instituting a strict gatekeeping policy at the GP level, supporting hospitals in educating and training their staff, fostering safety at home for the elderly, and connecting GPs to hospitals through IT systems. Furthermore, the government has now clarified the role of nurse practitioners, who are able to assist in primary care provision.

POLAND

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In Poland, state expenditure on health and the number of nurses per population are below the EU average. The challenges in retention and recruitment are both big. However, the HOPE Exchange team in Poland observed policies and practices that Polish health institutions and authorities are implementing to help keep their health workforce.

The team organised the good practices they collected guided by the Maslow pyramid,⁴ which they adjusted to correspond to the issues individuals in the health sector are facing.

- **Physiological needs:** To meet basic needs, salaries and job guarantees are crucial in the current socioeconomic structure. There is a need to catch up in terms of salary, and there are efforts underway to improve nurses' wages. Moreover, some workplaces offer performance and long-term contract bonuses.
- **Safety needs:** Working conditions and the surrounding environment help determine how safe a workplace is. Employers provide healthcare. In addition, a new building at one of the hospitals participants visited, has restructured its Emergency Department to ensure the safety and wellbeing of both patients and hospital staff.
- **Love and belonging:** To help build community, another host institution has implemented support and leadership programmes. The communications team now releases bulletins and organises events. These endeavours aim at instilling a sense of pride and belonging in a big hospital.
- **Esteem:** Nurses and doctors are amongst the integral members of hospital and healthcare communities. Often, they can feel undervalued. It is important to recognise nurses' and doctors' dedication and achievements, as well as to provide them with opportunities to grow professionally. To this end, one hospital has created a competence improvement simulation centre and unrolled a communication strategy to profile its staff on social media.
- **Self-actualisation:** Healthcare staff are like other types of workers, they are not one-dimensional, and they have a desire to grow. Recent policies grant health workers 6-10 additional days per year to dedicate to studies. Career coaching is available, and newcomers (mostly Ukrainian nurses and doctors) can partake in Polish lessons to strengthen their language skills.

⁴ See <https://www.oxfordreference.com/display/10.1093/acref/9780199568758.001.0001/acref-9780199568758-e-1620>.

While hospitals in Poland are working on all levels described in Maslow's pyramid, HOPE Exchange participants observed that the focus now is on meeting physiological and safety needs.

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Sandro Limaj, ITALY

Susana Fontelo Rojano, UNITED KINGDOM

Francesco De Motoli, ITALY

Florian Schupp, SWITZERLAND

Grainne McCann, IRELAND

Charlotte Deasy, UNITED KINGDOM

Sami Sneek, FINLAND

Angela Selivanov, MOLDOVA

Anna Burak, POLAND

Despoina Pachoumi, GREECE



The HOPE Exchange team completed the programme in Portugal at a time when the government discussed a big reform process towards what has been dubbed the ‘Portuguese NHS 2024’. These reforms aim to expand access to quality care by integrating primary healthcare, hospitals, and continued care into Local Healthcare Units. Moreover, the reforms also target health workforce deficits. In collaboration with medical trade unions, the government has agreed to increase wages and benefits for entry-, mid-, and senior-level workers in the sector.

Within this context, the team shortlisted good practices they observed. These fall under several themes related to job satisfaction, ranging from ‘meaningful work’ and ‘empowerment’ to ‘research’ and ‘sustainability’.

Regarding themes of empowerment, recognition, leadership, passion, and interprofessional teamwork, presenters showcased the impact of compassionate leadership at the Centre of Integrated Responsibility (Centro de Responsabilidade Integrada, CRI) in Vila Real. Their approach is to nurture all staff and teams, maintenance, cleaners, doctors, technicians, IT, nurses, etc., and promote accountability.

Under the themes of education and training, teamwork, growth, innovation and technology, etc., the exchange team gave various examples, including how paediatric teams are reaching communities with mobile units and young doctors are leading the way in robotic surgery (starting with urology).

The team concluded with approaches to promoting health and wellbeing amongst the health workforce itself; in other words: ‘Caring for those who care’. Linked to empowerment, recognition, work-life balance, sustainability, etc., such approaches seek to maintain staff welfare through health promotion days, and family support. Additionally, some institutions are piloting new work models where possible, e.g., remote working, 3- or 4-day weeks, as well as promoting a constructive feedback culture.

While they did not focus on one specific project, they showcased an overall approach noting that results are sometimes seen over time and recognising that some initiatives work and other don’t, but the institutions they visited are willing to at least try.

“A sangria of good practices.”



SPAIN

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The HOPE Exchange team in Spain identified good practices and categorised them under three overarching themes: Working in partnership, Working conditions, and Working with purpose.

‘Working in partnership’ in this case involves linking with the National strategy by:

-
- Identifying hard to fill positions in primary care;
- Using minimum criteria across the National Health System;
- Promoting incentives for the individual, professional category, multidisciplinary team, centre and/or region;
- Planning for attracting and retaining staff.

Under header ‘Working with purpose’, the exchange team identified initiatives that link to regional strategies and are led by frontline staff.

To enhance primary care:

- Adults at home with long-term conditions (ARIADNA);
- Older adults in residential care (ARTAI);

- Referrals and waiting times for specialist care (HERMES).

To develop staff into new roles:

- Shared work placements e.g., 2-1-2;
- Fix term contracts for newly qualified doctors;
- Nurse practitioners lead in multidisciplinary work.

The presentation on good practices observed in Spain concluded with the header 'Working conditions'. At the local level, institutions are working to humanise healthcare; their guiding motto is "Take care of the caregiver." To achieve this, hospitals have assigned a point of contact for staff, engage with local communities, promote a safe work environment and wellbeing activities, and foster diversity, inclusion, language, and culture.

SWEDEN

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Erik Svanfeldt

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Kristine Tiltina, LATVIA



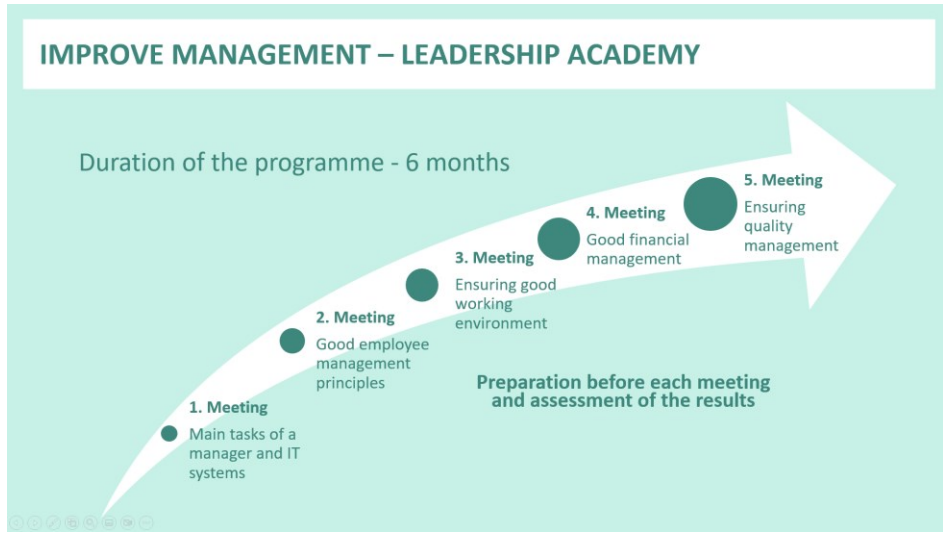
The HOPE Exchange team in Sweden visited Skåne University Hospital in Malmö and Lund, and other healthcare facilities in the Skåne region. In Sweden, the biggest threat to its health workforce is shifting demographics, meaning that despite their high ratio of healthcare personnel per population, there is a deficit as more people in the health workforce retire.

The health system is decentralised and tax funded. About one fifth/one sixth of Sweden's general workforce is employed in health and social care. Those who have left the sector cite the following reasons: salary dissatisfaction, lack of development opportunities, poor management, and lack of work-life balance, among others.

To meet some of these challenges, the Swedish government has partnered with the Swedish Association of Local Authorities and Regions (SALAR) – the biggest employer's organisation in the country. Skills supply and working environment considerations form part of the agreement between the government and SALAR to increase accessibility to healthcare services. SALAR's strategy involves securing the supply of skills, advocating full-time employment, and promoting the implementation gender equal employer policies.

Institutions are also creating opportunities for professional development, improving working conditions including by strengthening hospital leadership, and introducing meaningful technological support.

Via the MAGNET model (see Presentation 1), which was partly introduced in Sweden to recruit and retain health workers, the Skåne region has restructured its hospital organisation to meet personnel needs, foster community, improve how nursing is perceived, and implement professional development programmes, including leadership coaching.



What began in Skåne will now extend to other regions: a reform to discourage and reduce the use of agency nurses. This reform will help address resource-waste, redundancy of talents and skills, and unfair practices (e.g., nurses with permanent contracts have few work-hour and salary benefits compared to agency nurses who take the best shifts).

This reform will take place in different phases, which are aided by development opportunities for nurses to expand their competencies.

It was controversial especially because of the holiday benefits, but the regions are sticking to it. Sometimes, such reforms are needed.

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Kevin Schindler, AUSTRIA
Carina Wahlgren, SWEDEN



The HOPE Exchange team in the UK categorised the good practices they identified under three headings: education, leadership, and culture.

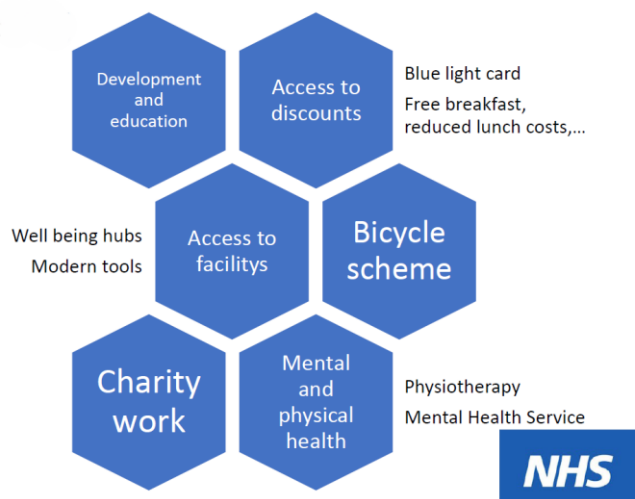
One of the first steps the NHS took to develop its Retention Programme was to gather data: why are things the way they are? What are the different retention strategies being implemented elsewhere?

Annual staff surveys painted a grim picture. In answer to this, the retention programme journey began. While the plan necessarily includes numerous steps, the UK team focused on the three themes outlined above.

In terms of leadership, the NHS has created an academy to develop trainings for leaders at all levels. One of the innovations includes onboarding doctors early on to shift the culture away from competition towards collaboration.

Cultural shifts are important in other spheres. Employers are starting to acknowledge that good working environments offer tangible (menopause assistance, psychosocial services) and intangible support (fostering safe environments, promoting recognition, shared values).

The exchange team concluded by providing two examples of educational practices at University Hospital Birmingham and the Birmingham Women’s and Children’s Hospital. The former introduced in 2015 an apprenticeship levy, which forces employers to spend at least 0.5% of their budgets on education; otherwise, they forfeit this money to the government.



These educational stipends should cover career development; not just clinical trainings, but other types of courses and certifications to help address the issue that a large portion of the workforce is due for retirement. Another way to ease the transition towards retirement has been to create mentorship collaborations between experienced staff and new workers. These apprenticeships have resulted in a 10% improvement in retention.

In the latter institution, the Estates department created a career and academic pathway for young students to achieve masters-level qualifications. This scheme aims to retain young people for at least two decades. The mix of talents and age demographics also contributes to cultural changes in departments that have become stagnant.



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HOPE represents national public and private hospitals and healthcare associations, national federations of local and regional authorities and national health services from 30 European countries.

HOPE mission is to promote improvements in the health of citizens throughout Europe, high standard of hospital care and to foster efficiency with humanity in the organisation and operation of hospital and healthcare services.