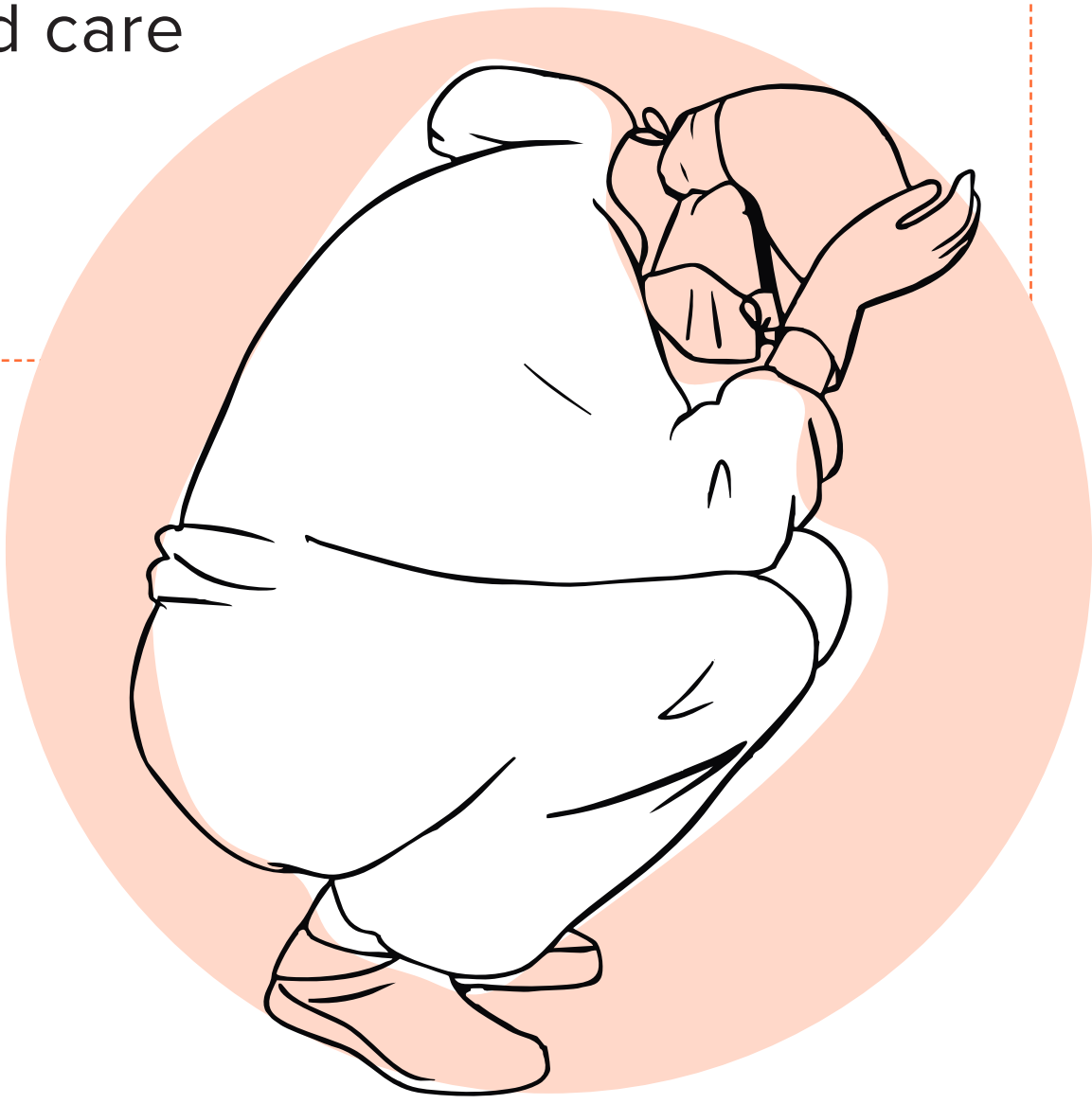
Fixing the care crisis: Stopping the staff exodus, building resilient care systems

A global survey of institutional health and care workers

February 2025



UNI global union

care

Fixing the care crisis: Stopping the staff exodus, building resilient care systems

A global survey of institutional health and care workers

Table of contents

Key points

A global survey of health and care workers

- In early 2025, UNI Global Union launched a survey of health and care workers in order to understand the causes and effects of the staffing crisis in the health and care sectors.
- **11,233 institutional health and care workers from 63 different countries responded to the survey.** Their responses present a deeply concerning picture about the future of these crucial sectors.

Careers in the health and care sector are seen by workers as unsustainable

- Over half of respondents said their career is not sustainable until retirement age. **Among the next generation of care workers – workers aged 18 to 34 – around 65 Percentage said their career is not sustainable until retirement age.**
- A shocking **62.6 per cent of health and care workers surveyed said they are either "unsatisfied" or "very unsatisfied" with their compensation.** Just 1.7 per cent said they were "very satisfied".
- Quality of compensation – both monetary and non-monetary – is deeply linked to employee turnover. Workers who are dissatisfied with their pay are significantly more likely to see their career in the health and care sectors as unsustainable.

Widespread short-staffing drives turnover and reduces quality of care

- Short-staffing is widespread in the health and care sectors, all around the world. **Nearly seven in ten workers regularly experience short-staffing, with 36.4 per cent saying they "always" work short-staffed.**
- Among workers who are "never" short-staffed, 71.5 per cent of surveyed health and care workers said their career was sustainable until retirement. For those who said they "often" or "always" work short-staffed, this number falls to 43.2 per cent.
- **Short-staffing has a direct negative impact on quality of care**. Among workers who said they regularly experience short-staffing, nearly two-thirds (66.1 per cent) said that insufficient staffing causes a decrease in quality of care for patients and residents.

Health and care workers face significant health and safety threats

- **Around a quarter of workers reported having suffered a long-term injury with effects lasting more than one month.** For workers who reported "always" working short-staffed, this rose to one-third.
- 56.3 per cent of respondents reported experiencing anxiety, depression or burnout as a result of their job.
- **86.2 per cent of workers have experienced or witnessed harassment, violence or discrimination on the job,** and more than a third (37.0 per cent) of respondents report experiencing or witnessing violence or harassment at work at least monthly.
- Just two in five workers say they feel "safe" or "very safe" on the job.

Many migrant care workers see their careers as unsustainable

- **57.4 per cent of respondents who self-identified as migrants or immigrants reported having personally experienced discrimination at work,** significantly higher than the 44.9 per cent of non-immigrant respondents who experienced the same.
- **Two out of five (40.5 per cent) self-described immigrant workers said they do not consider their jobs to be sustainable until retirement age,** raising doubts about policies that seek to address the staffing crisis by recruiting workers from abroad rather than dealing with underlying job quality issues.

Union members are more likely to see their careers as sustainable

- Union members were significantly more likely than non-union members to say that their career is sustainable until retirement age (50.2 per cent vs. 39.3 per cent for non-union members).
- This effect may be related to the higher quality of compensation union members enjoy. **Union members reported receiving significantly more non-pay benefits** (e.g. retirement plan, paid time off), **than non-union members.**

The survey's findings highlight the need for urgent action

- **Increase wages and benefits.** When nurses, caregivers and other medical staff are satisfied with their compensation, they are more likely to see their career as sustainable.
- **Reduce short-staffing.** Short-staffing is currently a systemic and global issue, contributing to unsustainable job conditions that drive attrition in the health and care sectors.
- **Prevent violence and harassment** by ensuring safe staffing and implementing minimum prevention policies such as those found in ILO convention 190.
- **Focus on improving conditions for immigrant and non-immigrant workers alike.** The report shows that solutions to the staffing crisis lie not in increased recruitment from abroad, but in addressing the underlying issues of low job quality in the sectors.
- **Protect and expand union membership and collective bargaining.** The survey finds that union members are far more likely to see their career as sustainable until retirement age, serving as a meaningful check on systemic turnover.

Introduction

Around the world, health and care sectors are facing a staffing crisis[1,2,3]. The workforce is not growing fast enough to keep up with demand caused by aging populations and rising life expectancies. A 2023 report from the OECD concluded that staffing levels in the long-term care sector, for example, may reach "socially-unacceptable levels" if immediate action is not taken[4].

The WHO has predicted that by 2030 there will be a global shortage of about 10 million health and care workers, concentrated mostly in lower and middle-income countries. Likewise, the same organization's Regional Director for Europe has said that the workforce crisis is "no longer a looming threat – it is here and now".

A crisis of health and care is a crisis for all of society. First and most immediately, however, the staffing crisis is lived by health and care workers. To reduce turnover and increase retention, it is crucial to understand what workers are experiencing, what they need, and what they want. In January 2025, UNI Global Union, in collaboration with Jarrow Insights, began conducting a global survey of health and care workers for this purpose.

The ongoing survey is aimed at health and care workers in a variety of environments, including hospitals, long-term care facilities, home care and community health. **The present report analyses 11,233 responses gathered from workers who work in an institutional environment (hospitals, long-term care facilities and other institutions), across 63 different countries.**

The findings of this report reveal the unsustainable effects of policies and management practices that undervalue health and care work, and the workers who do it. Most glaringly, **we observe a stark, systematic and global failure to provide adequate staffing for institutional care work. In both acute and long-term care environments, nearly seven in ten workers say they "often" or "always" work short-staffed.** As this report will show, short-staffing imposes grueling physical and mental demands on the workers left to do the work of two or three staff for the price of one. This has a direct impact on the quality of care provided to patients and residents, and exposes workers to physical injury as well as heightened levels of violence, harassment and discrimination. **Is it any surprise that half of workers do not see their career as sustainable until retirement age? This number rises to around 65 per cent for the youngest workers – the future of the sector.**

1 Looi, M. K. The European healthcare workforce crisis: how bad is it?. *bmj*, *384*. (2024). https://www.bmj.com/content/384/bmj.q8 (Retrieved Feb. 25, 2025).
2 Nurse Staffing Crisis. *Nursing World.* (2022). https://www.nursingworld.org/practice-policy/nurse-staffing/nurse-staffing-crisis/ (Retrieved Feb. 25, 2025).
3 Hoover, M., Lucy, I., & Mahoney, K. (2024). Data deep dive: a national nursing crisis. *US Chamber of Commerce, May*, *22*. https://www.uschamber.com/workforce/nursing-workforce-data-center-a-national-nursing-crisis (Retrieved Feb. 25, 2025).
4 OECD (2023), *Beyond Applause? Improving Working Conditions in Long-Term Care*, OECD Publishing, Paris, https://doi.org/10.1787/27d33ab3-en.

Five years have passed since the World Health Organization declared COVID-19 a pandemic. The results of the survey show that, far from continuing to celebrate them as heroes, companies, policy-makers and society as a whole are fundamentally failing health and care workers. **In over 250,000 words of free response testimony, workers share a keen sense of the whiplash of post-pandemic reality.**

> *"I have worked for 38 years in the public health area of the São Paulo State Government. After the pandemic I feel like a different person: anxious, insecure, tired, and discouraged with the way we are devalued financially and personally. It's just demands, demands, and pressure..."* ***- Administrative worker, hospital, Brazil***

> *"We suffered so much during the pandemic that I cannot explain it. We stayed at work for 14 days straight, never leaving the premises... We got sick there and it infected our homes. And in the end, we, the most valuable ones, could not get any rights. We are treated as if we, social service workers, do not exist."*
> ***- Caregiver, mental health care facility, Turkey***

> *"During Covid we were all heroes and respected by all, but now that it is over we have been placed back in our boxes out of sight."*
> ***- Maintenance worker, aged care facility, Canada***

This report will put the voices and experiences of health and care workers like these at the forefront as they explain their reality – *the* reality of the sector. The task facing employers and policy-makers is to listen, and to act.

Methodology and overview of the sample

The survey data analyzed for this report was gathered over a 29 day period from January 6th to February 3rd 2025. Responses were gathered using a mixed-method, non-probability opt-in approach relying on multiple digital distribution channels. UNI Global Union distributed the survey among its trade union affiliates in the health and care sectors around the world. The survey was also distributed through social media advertisements.

The resulting sample analyzed here is composed of 11,233 responses from health and care workers working in institutional environments, including those working in acute care contexts such as hospitals, and long-term care facilities such as nursing homes. For the majority of the analysis conducted, results for acute and long-term health and care workers were remarkably similar. As such, differences between these groups will only be noted in the few cases where they differ significantly. The data analyzed does not include workers working in home care or community health contexts.

A portion of the data (n=2166) was obtained through an abbreviated survey distributed to unionized health and care workers in the United Kingdom. Specifically, it did not ask respondents about the adequacy of any training they may have received from their employer, nor about any specific effects of short-staffing on their work. As such, analysis that discusses these topics does not include any data from the United Kingdom.

The full age distribution of the collected sample is shown in Figure 1. Around 60 per cent of responses came from mid-career workers, ages 35 to 54. About three out of four respondents (77.5 per cent) said they began their career in the health and care sectors before the COVID-19 pandemic, 12.2 per cent said they did so during the pandemic and 10.3 per cent said they joined after the pandemic.

Percentage of responses by age group

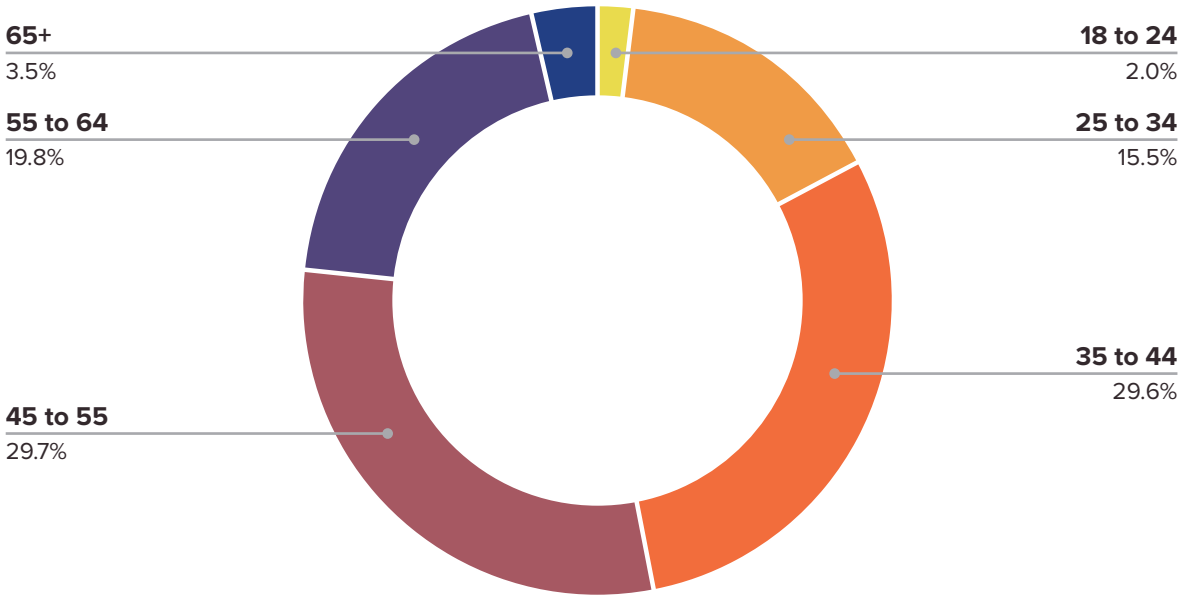


Figure 1.

Health and care is known to be a highly-gendered sector, and the sample reflected that. Around 65 per cent of all respondents identified as women, but this proportion was considerably higher among long-term care workers (74.4 per cent) than workers in acute care environments (62.7 per cent). 7.7 per cent of respondents self-identified as a migrant or immigrant in their country of residence, while an even larger number (12.2 per cent) indicated that they preferred not to share their migration status.

Finally, 86.5 per cent of respondents identified as members of a union: a higher proportion, reflective of the opt-in distribution method of the survey through union networks. Note that, given the large sample size, this still means that 1321 non-union workers responded to the survey.

"I get paid £1 more than minimum wage to be assaulted daily. The level of staff turnover is so high they struggle to replace them."

- Health care assistant, mental health care facility, United Kingdom

Careers in health and care are widely seen as unsustainable

> *"Burnout, and some days I feel like I don't want to work as a nurse anymore. I often think that the nursing job is not worth it."* **- *Nurse, hospital, Philippines***

An increase in turnover during the pandemic has amplified existing concerns about the staffing crisis in the health and care sectors[5]. The results of the survey highlight the magnitude of the problem: **less than half of workers surveyed said that their career is sustainable until retirement age.** Even more alarmingly, this issue is more pronounced for younger workers, as Figure 2 shows. Among the next generation of care workers – respondents aged 18 to 34 – around 65 per cent of respondents said their career is not sustainable until retirement age.

Younger health and care workers' perception that their career is unsustainable until retirement threatens a labour shortage

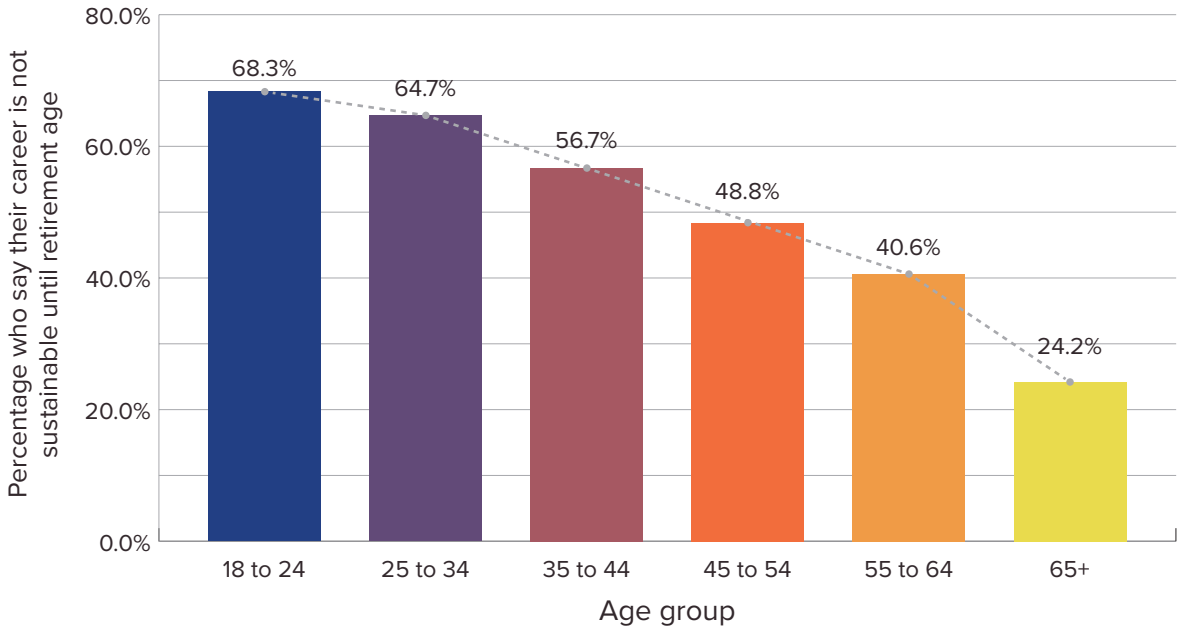


Figure 2. Percentage of respondents who say their career is not sustainable until retirement age, by age group.

In order to understand what is driving turnover, we can look to two key pillars of job quality: compensation and conditions[6]. **A shocking 62.6 per cent of health and care workers surveyed said they are either "unsatisfied" or "very unsatisfied" with their compensation.** 14.8 per cent said they were "satisfied" with their compensation, and just 1.7 per cent said they were "very satisfied".

5 De Vries, N., Lavreysen, O., Boone, A., Bouman, J., Szemik, S., Baranski, K., ... & De Winter, P. (2023, June). Retaining healthcare workers: a systematic review of strategies for sustaining power in the workplace. In *Healthcare* (Vol. 11, No. 13, p. 1887). MDPI. https://doi.org/10.3390/healthcare11131887.

6 For an overview of measures of job quality around the world, see: Cazes, S., Hijzen, A., & Saint-Martin, A. (2015). Measuring and assessing job quality: the OECD job quality framework. https://doi.org/10.1787/5jrp02kjw1mr-en.

Workers who are dissatisfied with their pay are significantly more likely to see their career in the health and care sectors as unsustainable. Among workers who said they were either "unsatisfied" or "very unsatisfied" with their compensation, 59.6 per cent said they do not see their career as sustainable until retirement age. This contrasts clearly with those who reported feeling "satisfied" or "very satisfied" with their compensation, for whom only 31.1 per cent said their career is not sustainable until retirement age.

Pay dissatisfaction is correlated with a negative view of career sustainability

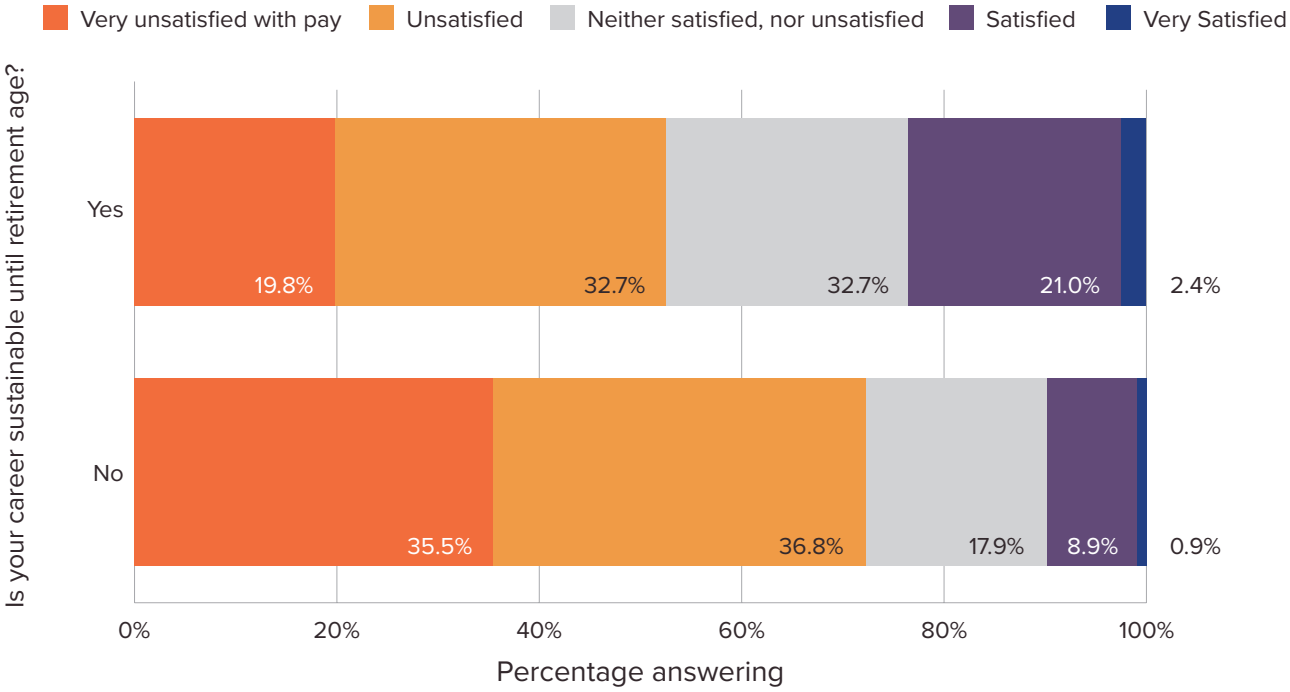


Figure 3. Pay satisfaction by perception of career sustainability until retirement.

In addition to assessing their overall satisfaction with their compensation, respondents were asked whether they received any of seven common non-pay benefits: healthcare; a public or private retirement plan; paid vacation or time off; sick pay; travel pay; a uniform allowance; and/or an education stipend. The frequencies of each reported benefit are shown in Table 1 below.

Type of benefit	Percentage reporting benefit
Retirement plan (public or private)	47.4 per cent
Healthcare	35.4 per cent
Paid vacation, paid time off, or paid leave	57.0 per cent
Paid sick days	45.1 per cent
Travel pay	5.1 per cent
Uniform allowance	26.4 per cent
Education stipend	4.8 per cent
None of the above	14.4 per cent

Table 1.

As can be seen, the most common benefit workers reported was paid time off (57.0 per cent of respondents). Notably for a sector where workers are frequently exposed to disease and health risks, **less than half of respondents (45.1 per cent) reported receiving paid sick days.**

14.4 per cent of workers reported receiving none of the listed benefits. Among these workers, just 31.9 per cent said their career is sustainable until retirement age. Overall, **the more benefits a worker said they received, the more likely they were to say their career was sustainable until retirement age (see Figure 4). This section has shown clearly that quality of compensation has a significant impact on whether health and care workers see their career as sustainable.**

Workers who reported more non-pay benefits were more likely to see their career as sustainable until retirement age

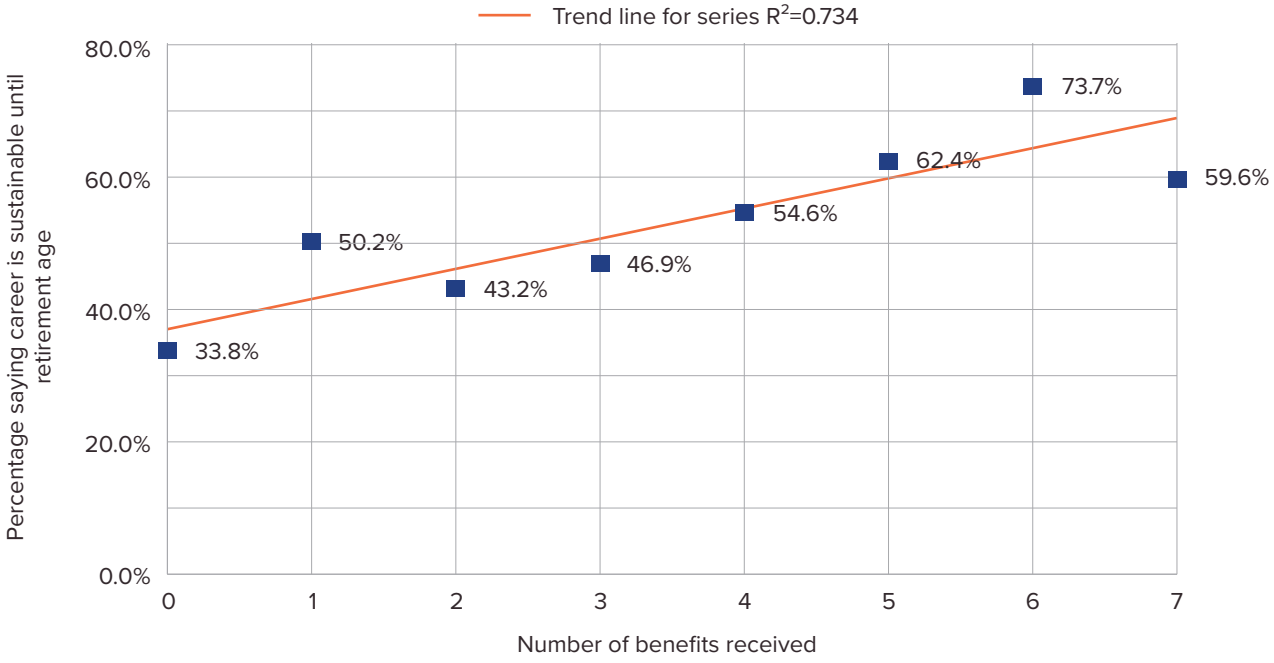


Figure 4. Percentage of respondents who said their career is sustainable until retirement, by number of non-pay benefits receved.

For the remainder of the report, we will turn to another distinct pillar of job quality – working conditions – and their effect on turnover and retention. As we will see, through their responses and testimony, respondents paint a detailed and concerning picture of overall conditions in the sector across a wide variety of dimensions. Often, however, the data and stories point back to the same common cause: insufficient, unsafe staffing levels.

Short-staffing is endemic and contributes to turnover

The results of the survey show that short-staffing is widespread in the health and care sectors, all around the world. Over 67.8 per cent of workers regularly experience short-staffing, with 36.4 per cent saying they "always" work short-staffed. With some variation, this finding held for all of the countries surveyed (see Figure 5 below).

Systemic short-staffing is a global phenomenon

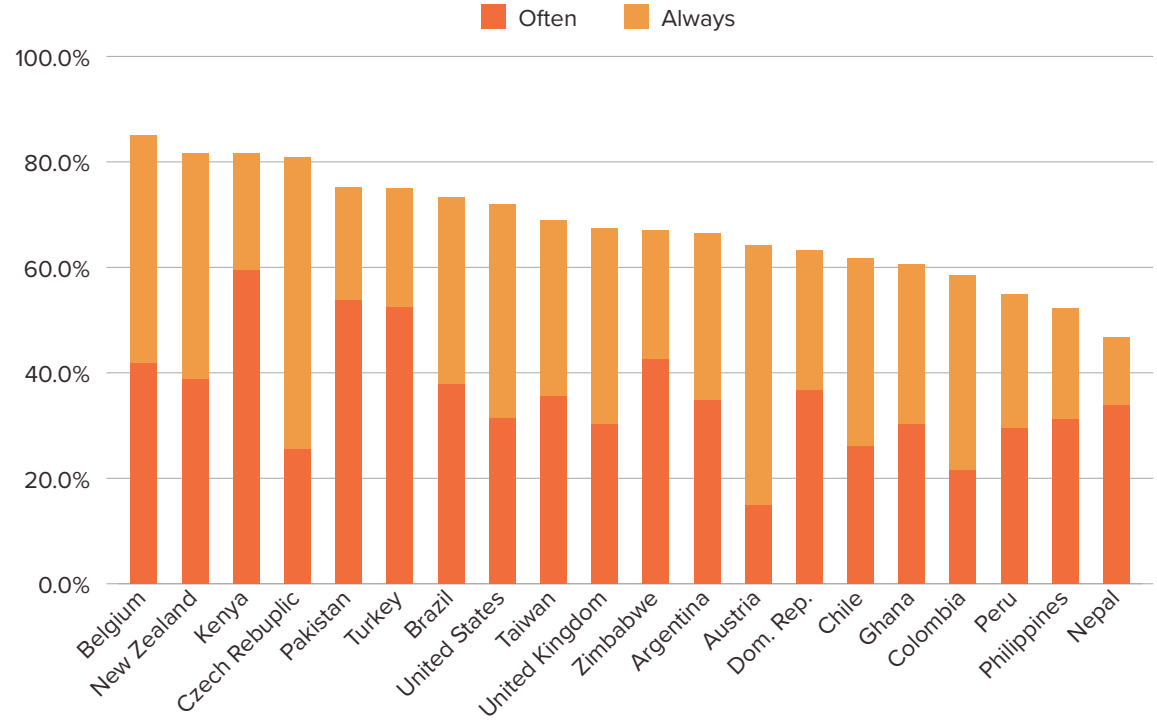


Figure 5. Percentage of respondents working short-staffed "often" or "always", by country.

Short-staffing is part of a vicious cycle in the health and care sectors. It is both a symptom and cause: a symptom of the systematic undervaluing of health and care work, and a prime cause of worker turnover. This section will show how working without sufficient staff results in conditions that are physically and mentally exhausting, and ultimately dangerous for both workers and the patients they treat.

> *"You work twice as hard to provide care to people. Washing is usually not possible due to a shortage of staff."* ***- Nurse, hospital, Belgium***

> *"We have to work hard, for example, because they assign the work of 3 people to 1 person."* ***- Security Worker, hospital, Turkey***

> *"Constant stress and pressure on my person. I try to do my best, but many times I can't because I just can't. Sometimes I would need to clone myself or have 2 extra hands."*
> ***- Caregiver, aged care facility, Czech Republic***

The challenging environment these workers describe, in turn, drives turnover. **Among workers who said they "often" or "always" work short-staffed, just 43.2 per cent say their career is sustainable until retirement age.** Perceived career sustainability jumps quite quickly to 57.5 per cent among those who only experience short-staffing "sometimes", and to 71.5 per cent for those who report "never" working short-staffed.

The testimony of workers can help give context to this finding, by helping us understand what it feels like to work short-staffed. When employers or management fail to provide adequate staff, they can fall back on two basic strategies. The first is to extend the working day with overtime that is often unpaid and unplanned – a mix of coercion together with exploitation of workers' commitment to their patients, all at the cost of workers' autonomy and ability to balance work with life.

> *"It's a hassle. You never know if you will work overtime for that day or not."*
> ***- Nursing orderly, hospital, Philippines***

> *"I do not have enough time to take care of a patient before another patient calls or is brought in. It's very tedious, and your time to clock out will change due to insufficient staff."* ***- Nurse, hospital, Ghana***

> *"The work falls on those present. Clock out time is not respected, so you end up more exhausted than usual"* ***- Kitchen and food prep, hospital, Peru***

> *"Constantly being stressed due to staff shortages, which leads to tiredness and anxiety."*
> ***- Caregiver, care home, United Kingdom***

The second strategy for employers and management who fail to provide adequate staffing is to search for "efficiencies", by imposing rules or applying informal pressure: in essence, placing restrictions on how much care workers can provide, and pushing their bodies to their limits.

> *"9 minutes to take care of a human? That means washing, dressing, styling, brushing or 30 minutes to feed 10 people."* ***- Caregiver, aged care facility, Belgium***

> *"Companies play with lives, they want quantity not quality and we are forced to follow their rules, even risking a mistake. It's demotivating but we do our best to provide good assistance. We are physically and psychologically exhausted."*
> ***- Technician, hospital, Brazil***

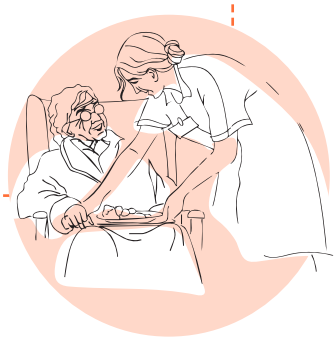
> *"Patients are neglected, not receiving care in a timely manner. Work is so physically demanding that you are exhausted and can not complete it. You're not compensated for doing the work of 2 people."* ***- Caregiver, aged care facility, United States of America***

> *"We tend to stretch ourselves thin. Our care is not adequate, we tend to treat patients like "checklists" that need to be done. It causes staff burnout since hospital work is stressful. We try our best to cater to everyone but our best is not good enough. That's how it feels to work with insufficient staffing."* ***- Nurse, hospital, Philippines***

Pressured into working overtime without warning, unable to plan their lives, doing the work of two (or three) workers for the price of one, health and care workers reveal the myriad ways that their work is devalued. As we will see in the next section, this systematic cutting of corners has an immediate effect not just on health and care workers, but also on the patients and residents they care for.

“In your everyday routine sometimes you have to extend your working hours to help the sickest. However, it goes without any compensation.”

- Nurse, hospital, Kenya



Quality of care: the first casualty

> *"Not even the bare minimum gets accomplished."*
> ***- Nurse, aged care facility, United States of America***

Among workers who said they regularly experience short-staffing, nearly two-thirds (66.1 per cent) said that insufficient staffing causes a decrease in quality of care for patients and residents, echoing findings from previous surveys of health and care workers[7].

In the urgency of acute care environments like hospitals, workers note grimly the contrast between the high stakes of their work, and the insurmountable physical limits.

> *"The patient's life is in danger, and the nursing staff is rushing to treat the patient instead of caring for the patient."* ***- Nurse, hospital, Taiwan***

> *"There are increases in mortality rate which i believe would be lower if there were enough staff."* ***- Nurse, hospital, Kenya***

In long-term care environments, caregivers are forced to strip care to the most basic necessities, and still struggle to find the time. Among workers in long-term care environments who regularly experience short-staffing, 55.2 per cent said they are unable to spend sufficient time with patients or residents. 46.7 per cent of workers in acute care environments said the same.

> *"[When we are short-staffed] our performance is reduced. We are forced to leave elderly people unshowered for several days. We give them "a cat's bath", as they say, and – presto – we have to feed them with a slingshot. It's heartbreaking."*
> ***- Caregiver, aged care facility, France***

> *"I leave feeling like I should have done more. There's very little job satisfaction when I feel like I have not provided a high enough standard of care or given residents the time they deserve. Staff become stressed and the residents notice that and don't want to ask for the help they need. The residents feel like a burden, which is so disheartening."*
> ***- Caregiver, aged care facility, Australia***

> *"The call bells are going off when you are showering a resident, but you can't leave them mid-shower because it's unsafe. The RN then tells you that the call bells are ringing for too long and another resident had a fall because I didn't get to them in time. But if I'd left the resident in the shower, there's a good chance that they would get up and fall too. It feels like everything is your fault, even though there was nothing you could have done. I start at 7am and have to wait an hour for my partner to arrive at 8am, and in that time, so many call bells are going off. The other carers can't help, because they are also showering. If you don't get X amount of showers done before breakfast, you know you are already behind. It's very disheartening."* ***- Caregiver, aged care facility, Australia***

7 UNI Global Union. (2021). Risking Their Lives To Help Others Survive: A Survey of Nursing Home and In-Home Care Workers in 37 Countries. https://uniglobalunion.org/news_media/uploads/2021/03/risking_their_lives_report.pdf (Retrieved Feb. 25, 2025).

> *"I think it is a disgrace that [we] are always short staffed because the client suffers, e.g., lack of activities, baths, often not being allowed to finish meals"*
> ***- Food preparation, aged care facility, United Kingdom***

> *"It is impossible to satisfy the individual needs of each user, and at the same time to exercise proper supervision over all users - this means there is a risk that they will cause themselves harm.* ***- Caregiver, other out-patient care facility, Czech Republic***

> *"Feelings of stress in the body. Feeling like you can't do everything. Unfinished work. Poorly cared for long-term residents. No time for conversations or noticing symptoms. Loss of overview. Feeling like you have to be everywhere. Frustration and resignation."*
> ***- Nurse, aged care facility, Switzerland***

Inadequate staffing leaves workers without the time or resources to provide the care they would like to for their patients. As the following section shows, however, the health effects of short-staffing are not limited to patients. The physical and mental intensity of the job takes its toll on workers as well.

"We try our best to cater to everyone but our best is not good enough. That's how it feels to work with insufficient staffing."

- Nurse, hospital, Philippines

A health crisis for health and care workers

> *"I would say that working in the health system is 'unhealthy'."*
> ***- Administrative worker, hospital, Argentina***

Just 39.4 per cent of workers reported feeling safe or very safe in their job. Around half (44.1 per cent) said their employer does not provide adequate training to handle health and safety issues. Insufficient training combined with intense pace of work leads to unsafe conditions that would be a problem in any workplace. In the context of the health and care sectors, this safety gap is particularly disturbing.

Workers who work short-staffed are more likely to suffer long-term injuries

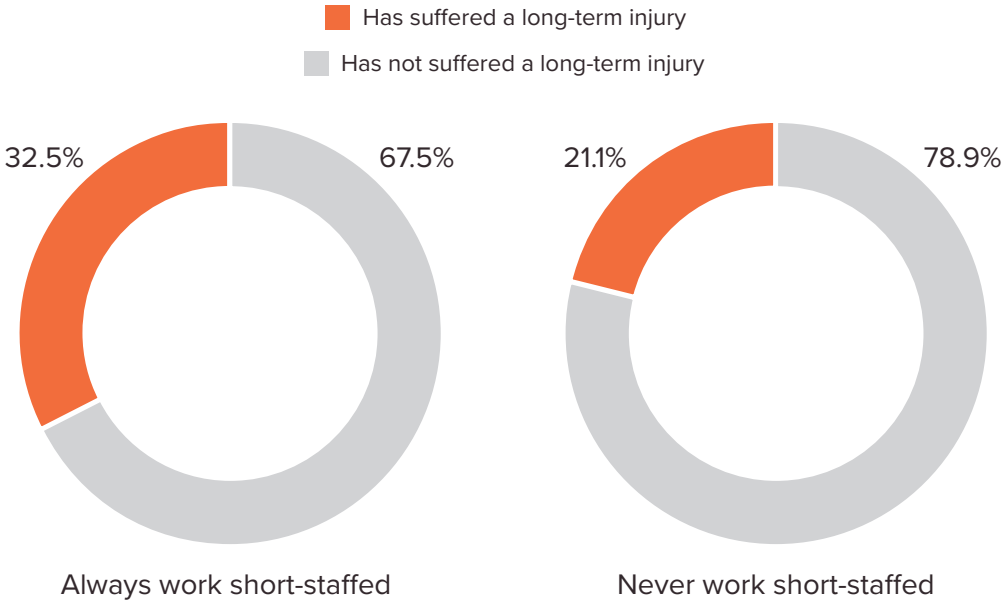


Figure 6. Percentage of workers who experienced an injury with effects lasting one month or longer, by frequency of working short-staffed.

Over a quarter of workers said they have suffered an injury on the job that had effects lasting more than a month (27.1 per cent). Among those who say they "always" work short-staffed, this rises to one third (32.5 per cent). Nearly six out of ten (59.0 per cent) workers reported experiencing muscle pain because of work, and the frequency of muscle pain rises significantly with reported frequency of short-staffing ("Never" short-staffed: 40.5 per cent, "Always" short-staffed: 62.3 per cent).

Physical safety is a bare minimum, but the toll of systemic understaffing is not limited to acute injuries and chronic pain. Again and again, workers note the inability to fulfill basic daily needs, such as taking breaks, getting a bite to eat and even going to the restroom.

> *"Staff cannot take a break to eat. We have to work overtime and are allowed to return to work early the next day, resulting in insufficient sleep."* **- Nurse, hospital, Belgium**

> *"I am so busy that I don't even have time to drink water, eat, or go to the toilet. I keep answering the phone, read all the cases, and can't finish writing the service records. I feel very bad and irritable. I really want to lose my temper."* **- Nurse, hospital, Taiwan**

> *"The reduction in staff even prevents us from being able to go to eat in peace, and even not being able to go to the bathroom in peace."* **- Nurse, hospital, Colombia**

> *"Due to the rush we have on duty, we often don't eat properly or don't even go to the bathroom....the situation is often chaotic!!"* **- Technician, hospital, Brazil**

The stress and sheer physical exhaustion of the shift often follows workers home, impacting family life, eating habits and sleep schedules. 52.2 per cent of workers report experiencing "exhaustion" because of their job, while 44.8 per cent report having troubling sleeping. Taking both conditions together, 66.1 per cent of workers report at least one sleep-related issue.

> *"Because of working too hard, I always want to sleep in bed without eating when I get home. I'm tired all the time. I'm unhappy, I can't do anything of my own."*
> **- Nurse, hospital, Turkey**

> *A lot of stress and fatigue that I brought to my home. I just wanted to get home and sleep all the time."* **- Nurse, hospital, Argentina**

Given the statistics and testimony we have seen over the previous pages, it is unsurprising that the health effects of working in an undervalued care sector go far beyond the physical. 70.7 per cent of respondents reported experiencing stress as a result of their job, **and 56.3 per cent of respondents reported experiencing the more extreme conditions of anxiety, depression or burnout as a result of their job.**

> *"The pay does not reflect the emotional and physical toll on staff. Everyone I know in the care sector is stressed or ill due to work ."* **- Caregiver, aged care facility, United Kingdom**

> *"Greater tiredness, sometimes anger, not wanting to go to work."*
> **- Technician, other in-patient care facility, Chile**

> *"I feel very bad. I feel worse than death every day. When I get up every day, I resist the thought of going to work. Even on the way to work by bike, I think of myself dying, getting into a car accident, or having something bad happen to me."* **- Nurse, hospital, Taiwan**

> *"It's no wonder that health professionals are physically, psychologically ill and even depressed to the point that some commit suicide..."* **- Technician, hospital, Brazil**

In summary, present conditions in the health and care sectors are physically and mentally exhausting, and often dangerous, for workers. However, overwork and its side-effects are not the only risks that health and care workers face on the job. As the following section will show, workers must often endure unacceptable treatment from all sides: patients and their families, other staff members and management.

"Every government has promised to make Healthcare a priority, that definitely has not happened. I had hoped that after the horrible living conditions shown during covid in long term care that things would improve. They have not other than the extra paperwork and political bullshit. I want to see us just take care of these people. We need the staff and support to do that!"

- Caregiver, aged care facility, Canada

Under-resourced, exposed

Work pace is not the source of all physical or psychological injury in institutional health and care environments. Intersocial harms in the form of violence, harassment and discrimination (VHD) are prevalent in institutional care environments. Nearly three quarters (74.2 per cent) of all respondents reported having experienced or witnessed harassment or violence on the job. **More than a third (37.0 per cent) of respondents report experiencing or witnessing violence or harassment at work at least monthly.** For one in five workers (20.6 per cent), this experience is weekly, and one in twenty (5.3 per cent) health and care workers say that experiencing or witnessing violence or harassment is a daily experience. Additionally, an alarming **62.9 per cent of respondents said they have experienced or witnessed discrimination in their workplace.**

Safety and the experience of violence at work has an impact on turnover. **Health and care workers are far more likely to think of their job as sustainable until retirement if they report never having experienced or witnessed harassment or violence (61.6 per cent) or discrimination (60.8 per cent).** For workers who experience or witness harassment at least monthly, this proportion is reversed, with 63.4 per cent reporting that their job is *unsustainable* until retirement.

> *"We are subjected to verbal violence every day. Most of the time, I want to quit my job."*
> ***- Nurse, hospital, Turkey***

For respondents, one of the causes of violence, harassment and discrimination is clear: almost 30 per cent of respondents who regularly work short-staffed said that working with insufficient staff increases risk of VHD.

> *"We are admitting residents that require custodial care 24-7, yet [there are] not enough custodials to cover those residents, putting pressure on CCA'S to not only be responsible for activities of daily living but also act as a custodial. I have been punched, slapped, bitten, choked: the list is endless."* ***- Caregiver, aged care facility, Canada***

> *"A resident demanding for more time when we're short staffed, saying they are the one paying us so do the job as they demand. While giving a demanded leg massage, a resident kicked her shoes when not satisfied, throwing stuff on the floor, calling me names."* ***- Caregiver, aged care facility, New Zealand***

> *"People being bullied and people being racist in our department, and it's always brushed under the carpet, and I believe this is done because we are so short-staffed."*
> ***- Unnamed role, hospital, United Kingdom***

> *"Violence from residents, and by that I mean people with dementia. They cannot control this themselves. Due to a shortage of staff, too much of our structure is missing for these residents, causing them to respond differently to people. This sometimes results in aggression, because non-permanent employees do not know our residents well enough."*
> ***- Caregiver, aged care facility, Belgium***

This testimony is reflected in the data. As can be seen in Figure 7 below, the effect of short-staffing on the frequency that workers experience VHD is clear.

Higher frequencies of short-staffing are associated with an increased prevalence of harassment or violence

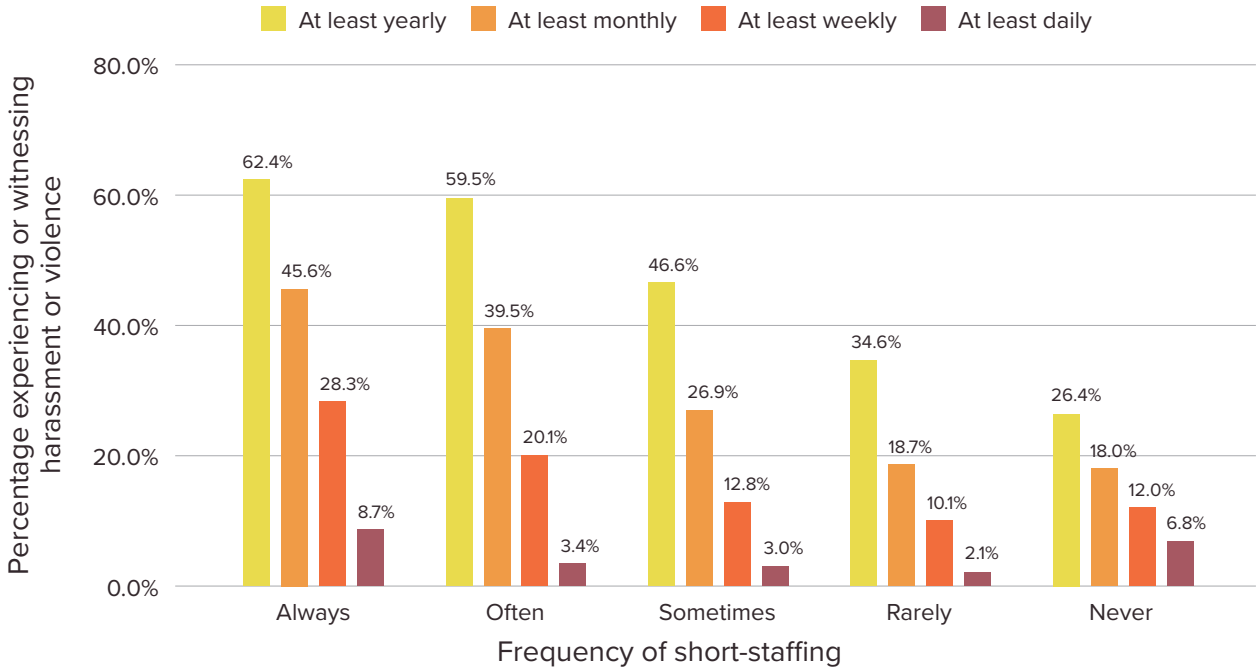


Figure 7. Minimum frequency of experiencing or witnessing harassment or violence on the job, by frequency of working short-staffed.

Compared to workers who said they "rarely" work short-staffed, workers who "always" work short-staffed were almost two-and-a-half times more likely to report experiencing or witnessing harassment or violence at least monthly, almost three times more likely to experience it weekly and four times more likely to experience it daily. The relationship of short-staffing to discrimination follows a similar pattern: three out of four workers (74.2 per cent) who reported "always" working short-staffed say they have experienced or witnessed discrimination at work, as compared to 35.1 per cent who reported "never" being short-staffed.

The shocking prevalence of VHD among short-staffed workers shows that this practice does not end at its demand for workers to do more with less; it also exposes these workers to an array of incidental harms. Free response testimony by workers illustrated the diversity of threats of violence, harassment and discrimination caused by short-staffing, from blow-ups by co-workers stretched too thin, to patients and their families losing patience with overworked staff, to supervisors bullying their subordinates into working harder and then humiliating them when they fail to succeed under impossible conditions.

> *"[Some] staff used to be quite violent towards other staff because they were slow in doing their care work, while [these same] staff used to rush through their care work in less than 5 minutes."* - ***Caregiver, aged care facility, New Zealand***

> *"I was sexually assaulted twice by a resident because I wasn't listened to or protected by my manager or my work colleagues. That occurred because of being short staffed and I ended up having to provide care to the person who sexually assaulted me a year prior."* ***- Caregiver, aged care facility, New Zealand***

> *"Verbal abuse & aggression are more likely when patients or visitors become agitated or frustrated. Myself & a colleague were verbally abused by a drunk patient who proceeded to video us at work. No other patients were filmed so it was dismissed as an unfortunate incident."* ***- Nurse, hospital, United Kingdom***

> *"Patients and family members tend to insult you, saying: 'you eat with my money', 'everything you wear comes from my money' etc."* ***- Nurse, hospital, Peru***

> *"We are seriously physically assaulted on a regular basis. I have had 3 separate assaults in a two-week period. 1st- bitten, 2nd- punched twice in the face, and the 3rd- I was dragged round a room by my hair while she bit my head and punched my face. I suffered massive hair loss, abrasions, puncture wounds and whiplash. I struggle to sleep due to anxiety of knowing I have to return at some point … I get paid £1 more than minimum wage to be assaulted daily. The level of staff turnover is so high they struggle to replace them."* ***- Health care assistant, mental health care facility, United Kingdom***

> *"Violence means that when you are tired they threaten to fire you, or say: if you don't like the working conditions, leave."* ***- Cleaner, hospital, Argentina***

> *"I have witnessed other staff being racially discriminated against. I have witnessed middle management bullying staff, especially less qualified or trained staff."* ***- Caregiver, aged care facility, New Zealand***

> *"Verbal Abuse, no respect to other workers by management, as if they are superior or security workers are like slaves."* ***- Security worker, hospital, Nepal***

Given what we have seen, it is little wonder then that, **among workers who are "never" short-staffed, nearly 70 per cent report feeling safe or very safe, while for those who report being "always" short-staffed this number falls to just over a quarter (26.4 per cent).**

Harassment and discrimination: the experience of immigrant health and care workers

As we consider the concerning prevalence and effects of violence, harassment and discrimination in the health and care sectors, it is worth turning our attention to the experiences of migrant and immigrant care workers. It is notable that self-described migrants or immigrants who responded to the survey were twice as likely as non-immigrants to report having begun work in the sector during (22.5 per cent vs 11.0 per cent) or after (18.7 per cent vs 9.1 per cent) the COVID-19 pandemic.

In their free response testimony, immigrant health and care workers described abuses they are subjected to, from being belittled or attacked over language barriers to being harassed by patients and targeted for discrimination by management.

> *"You're less heard when you have issues at work. You need to ask for time and a half payment if you work overtime rather than being automatically paid. Management can talk rudely to migrants at work but choose their words carefully when they talk to local workers."* ***- Caregiver, aged care facility, Filipino in New Zealand***

> *"You will be pidgeonholed by some customers, colleagues, or friends and family, and reduced to your origins. They expect you to be less capable from the start."*
> ***- Nurse, aged care facility, Bosnian in Austria***

> *"I experienced a lot of xenophobic discrimination, e.g. shitty Paraguayan, starving, go back to your country."*
> ***- Kitchen and food prep, aged care facility, Paraguayan in Argentina***

> *"People don't realize that most of us have had a good upbringing and education in our home country, and sometimes we feel like second class citizens at work, even though they need us very much."* ***- Caregiver, aged care facility, Brazilian in New Zealand***

This testimony is confirmed by the numbers: **57.4 per cent of respondents who self-identified as migrants or immigrants reported having personally experienced discrimination at work,** significantly higher than the 44.9 per cent of non-immigrant respondents who experienced the same. These self-identified immigrants also reported experiencing a higher frequency of violence and harassment than non-immigrants, with 23.7 per cent reporting incidents occurring at least weekly, as opposed to 18.8 per cent for non-immigrant workers.

Immigrant health and care workers also report having suffered an injury on the job which had effects lasting a month or more at a rate of 36.9 per cent, far higher than their non-immigrant co-workers of whom just 25.6 per cent had received such an injury. That these immigrant respondents reported feeling "unsafe" or "very unsafe" at work at a rate almost 6 per cent more than their co-workers (31.8 per cent as compared to 25.9 per cent) is only surprising in that the difference is not greater.

The results shown in this section can help us understand why **two out of five (40.5 per cent) self-described immigrant workers said they do not consider their jobs to be sustainable until retirement age.** Though this is lower than their non-immigrant counterparts, of whom 53.1 per cent see their job as unsustainable, it is still extremely high.

These findings raise serious doubts about policies which attempt to address the staffing crisis in the health and care sectors by simply recruiting workers from abroad[8], without dealing with the underlying job quality issues that drive worker discontent and high turnover. It appears that the systemic issues documented by this survey persist in making health and care work unsustainable in the long-term for immigrant workers and non-immigrant workers alike, acting as a drain on labour supply no matter its source. Furthermore, global solutions are needed to solve the shared global problems identified in this report, which are rooted fundamentally in the systemic undervaluing of health and care work, not in a shortage of workers per se.

8 See the following for discussions of the role of immigrant health and care workers in OECD countries and the United States respectively: World Health Organization. (2024). Bilateral agreements on health worker migration and mobility. https://iris.who.int/bitstream/handle/10665/376280/9789240073050-eng.pdf (Retrieved Mar. 5, 2025). Payan, T., Rodríguez-Sánchez, J.I., and Bhai, M. (2024). Reduce Health Care Labor Shortages by Recruiting Skilled Immigrants. *Rice University's Baker Institute for Public Policy.* https://doi.org/10.25613/F8WT-0P91.

Unions: the embattled solution to turnover

In the face of the physically-exhausting, mentally-straining and overall dangerous working conditions that have been reported over the preceding pages, what recourse do health and care workers have to try and improve their situation? Based on the data, union membership emerges as one promising path.

Union members were significantly more likely than non-union members to say that their career is sustainable until retirement age (50.2 per cent vs. 39.4 per cent for non-union members). This effect can be related to the higher quality of compensation union members enjoy. Specifically, union members reported receiving an average of 2.3 non-pay benefits (e.g. retirement plan, paid time off), versus an average of 1.8 benefits for non-union members. While nearly 25 per cent of non-union members reported receiving no non-pay benefits, just 14.3 per cent of union members said the same.

Non-union members were much more likely to report not receiving any non-pay benefits, when compared to union members

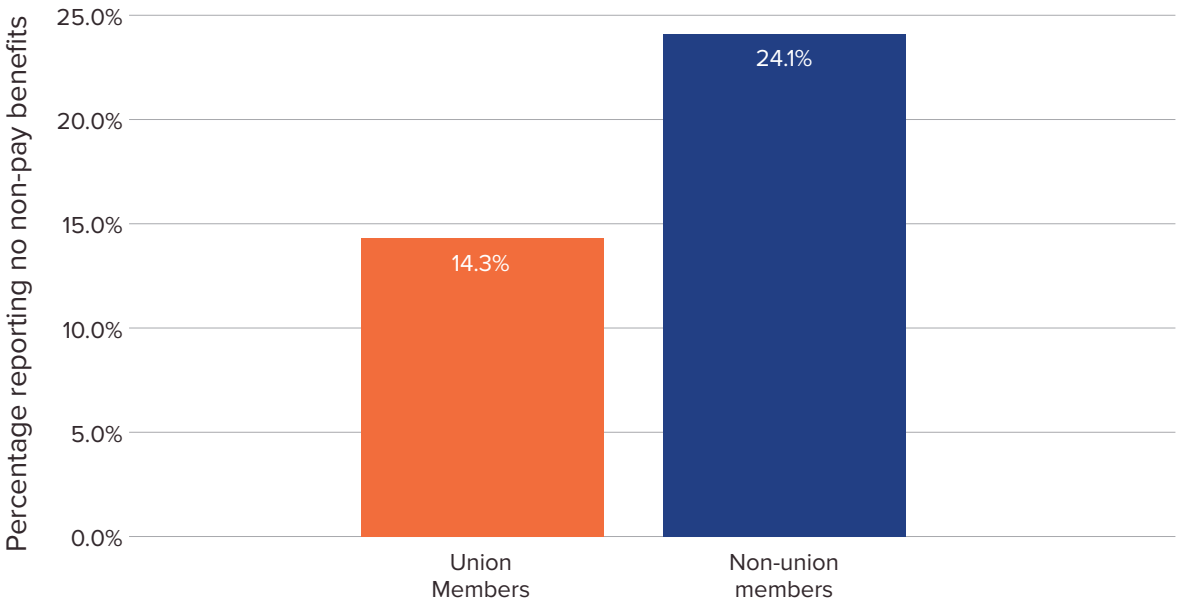


Figure 8. Percentage of workers who receive no non-pay benefits, by union membership.

Despite these observed benefits of unionization, around 40 per cent of workers indicated that they had experienced discrimination based on union activity.

> *"I wanted to start a union in our [facility]. When I approached my colleagues to join I was told: If you want to lose your job, start a union."*
> ***- Caregiver, aged care facility, Czech Republic***

> *"Discrimination of workers on the basis of union membership is real."*
> ***- Unnamed role, other in-patient care facility, Cameroon***

Workers' ability to organize collectively in unions is a fundamental right, and union-busting by employers and management is a clear violation of that right. Companies and organizations engage in union-busting for many diverse, self-interested reasons. In the end however, this behavior is contributing to the long-run instability of the health and care sectors as a whole, and compromising the future of their business.

Whether through union-busting or understaffing, employers in the health and care sectors are often incentivized by profit or policy to make choices that worsen conditions for their workers, generate dangerous work environments and decrease quality of care. Ultimately, as this report has shown, all of these factors contribute to worker turnover and the long-run instability of the sectors. By providing a counterbalance to these toxic incentives that threaten public health, strong and member-driven unions represent a path out of the staffing crisis in their own right.

> *"I am part of the union because I felt that my boss was underestimating my work, that it should be more. I wanted to double my activities and I felt that my word had no weight. Now that I am in the union I feel that I can say things with respect and justification without FEAR."* ***- Technician, hospital, Colombia***

> *"Unions are good at fighting for labour rights and ensuring personal dignity."*
> ***- Technician, hospital, Peru***

> *"All workers should be unionized to fight together for better working conditions, permanent training and better salaries."* ***- Administrative worker, hospital, Argentina***

Conclusion

Throughout this report, we have observed how the systematic undervaluing of health and care work all around the world impacts the daily lives of the workers who make these sectors run, on and off their shifts. Viewed from the hospital or care home, workers express a common sense of disappointment and disillusionment with the policies of their individual governments.

Although many workers understandably aim their disappointment and anger at authorities in their own countries, taken together with the results of the survey, this chorus reveals a systemic, global failure to value health and care work that extends beyond the poor policies of any one government.

For years, as the staffing crisis has loomed, arrived and grown, workers and their unions have clearly stated the steps necessary to address the problems of burnout and turnover. The findings of this report only reinforce these recommendations.

- **Increase wages and benefits.** When nurses, caregivers and other medical staff are satisfied with their compensation, they are more likely to see their career as sustainable.
- **Reduce short-staffing.** Short-staffing is currently a systemic and global issue, contributing to unsustainable job conditions that drive attrition in the health and care sectors. Safe staffing can be achieved directly by setting staff-to-patient ratios, or indirectly by setting a guaranteed number of care hours per patient per day[9]. Either way, achieving safe staffing requires hiring more staff.
- **Prevent violence and harassment.** Violence and harassment drives turnover. This report has shown that providing safe staffing would reduce health and care workers' exposure to violence and harassment. At a more fundamental level, the adoption of basic policies for violence and harassment prevention, such as those found in ILO C190, is also a minimum necessity.[10]
- **Focus on improving conditions for immigrant and non-immigrant workers alike**. With two out of five self-identified migrant health and care workers saying that their career is not sustainable until retirement age, it is clear that solutions to the staffing crisis lie not in increased recruitment from abroad, but in addressing the underlying issues of low job quality in the sectors.
- **Protect and expand union membership and collective bargaining.** This survey found that union members are far more likely to see their career as sustainable until retirement age, serving as a meaningful check on systemic turnover.

Despite the challenges they face, amply described from their own perspective in this report, health and care workers express a keen sense of the importance of their work, a love for what they do and a desire to see conditions improve.

> *"This, more than a profession, is a vocation and I love what I do with 20 years of experience, but every day I become more disillusioned with the conditions that we as health workers have."* ***- Nurse, hospital, Colombia***

> *"It's great, meaningful work. I am very sorry that it is so undervalued, even though it is so important to society. And given demographic trends, more and more will be needed. I am angry that care is not given more attention and political support, therefore not even financial support. The fact that they are caring and do it from the heart is unnecessary talk - you don't eat or pay the rent because of a good feeling..."*
> ***- Social care worker, other out-patient care facility, Czech Republic***

> *"I love this job very much, but when there is insufficient staff and low salary, it gets worn out. I cannot do my job. I cannot be productive. I chose my job ... and it is not an easy thing. Please give us good rights. We are getting worn out. Do what is necessary."*
> ***- Care worker, elderly in-patient care facility, Turkey***

As these workers recognize, care is a basic human need. It can never be too late to take action and value these workers justly in relation to what they provide to society. The costs of inaction could be drastic.

9 UNI Global Union. (2021). Safe Staffing: Ensuring safety and quality in care homes and hospitals. https://uniglobalunion.org/report/safe-staffing/. (Retrieved Feb. 25, 2025)
10 International Labour Organization. "Violence and Harassment Convention, 2019 (No. 190)". https://normlex.ilo.org/dyn/nrmlx_en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C190. (Retrieved Feb. 25, 2025).

Appendices

The following appendices contain tables detailing the total responses for three demographics characteristics referenced throughout the report: job type, work environment and country. Each table includes the total number of responses received from each demographic cohort, as well as the corresponding percentage of all responses.

Appendix 1.

Which of the following best describes your work?	Response Count	Percentage of Total
I am a nurse	2111	19.5 per cent
I am a midwife	133	1.2 per cent
I am a care-giver	1553	14.4 per cent
I am a doctor	237	2.2 per cent
I am a cleaner	805	7.4 per cent
I am a security worker	260	2.4 per cent
I work in a kitchen or in food preparation	215	2.0 per cent
I have an administrative role	1071	9.9 per cent
I am a technician	1765	16.3 per cent
Other	2675	24.7 per cent
Total	**10825**	

Appendix 2.

What type of health or care environment do you mainly work in?	Response Count	Percentage of Total
Hospital (public or private)	6994	66.8 per cent
Elderly in-patient care facility	1191	11.4 per cent
Mental health care facility	650	6.2 per cent
Other in-patient care facility	769	7.3 per cent
Other out-patient care facility (dialysis clinic, primary care clinic, etc)	594	5.7 per cent
Other	276	2.6 per cent
Total	**10474**	

Appendix 3.

Country	Response Count	Percentage of Total
United Kingdom	2132	20.7 per cent
Turkey	1922	18.7 per cent
Argentina	1319	12.8 per cent
Peru	1042	10.1 per cent
Chile	449	4.4 per cent
Brazil	422	4.1 per cent
Colombia	402	3.9 per cent
Czech Republic	324	3.2 per cent
Philippines	255	2.5 per cent
New Zealand	247	2.4 per cent
Austria	230	2.2 per cent
Kenya	200	1.9 per cent
Ghana	176	1.7 per cent
Belgium	155	1.5 per cent
Pakistan	152	1.5 per cent
Taiwan	128	1.2 per cent
United States	107	1.0 per cent
Nepal	98	1.0 per cent
Dominican Republic	87	0.9 per cent
Zimbabwe	83	0.8 per cent
India	69	0.7 per cent
Canada	45	0.4 per cent
Australia	34	0.3 per cent
Serbia	21	0.2 per cent
Mauritius	18	0.2 per cent
South Korea	17	0.2 per cent
Ivory Coast	13	0.1 per cent
Thailand	13	0.1 per cent
France	12	0.1 per cent
Switzerland	12	0.1 per cent
Tunisia	12	0.1 per cent
Cameroon	10	0.1 per cent
Korea	10	0.1 per cent
DR Congo	9	0.1 per cent
Bangladesh	8	0.1 per cent
Armenia	7	0.1 per cent
Croatia	6	0.1 per cent
Spain	6	0.1 per cent
Sri Lanka	5	< 0.1 per cent
Afghanistan	4	< 0.1 per cent
Eritrea	4	< 0.1 per cent

Appendix 3. Cont.

Italy	3	< 0.1 per cent
Antigua & Dept	2	< 0.1 per cent
Ireland	2	< 0.1 per cent
Slovenia	2	< 0.1 per cent
Uruguay	2	< 0.1 per cent
Albania	1	< 0.1 per cent
Andorra	1	< 0.1 per cent
Angola	1	< 0.1 per cent
Bahrain	1	< 0.1 per cent
Dominica	1	< 0.1 per cent
Iceland	1	< 0.1 per cent
Jordan	1	< 0.1 per cent
Lesotho	1	< 0.1 per cent
Liechtenstein	1	< 0.1 per cent
Malaysia	1	< 0.1 per cent
Mexico	1	< 0.1 per cent
Oman	1	< 0.1 per cent
Poland	1	< 0.1 per cent
Slovakia	1	< 0.1 per cent
South Africa	1	< 0.1 per cent
Tanzania	1	< 0.1 per cent
Tuvalu	1	< 0.1 per cent

www.uniglobalunion.org

Representing more than 20 million workers in 150 countries, UNI Global Union is driven by the responsibility to ensure skills and service jobs are decent jobs and that workers' rights are protected, including the right of union representation and collective bargaining.

JARROW–
INSIGHTS

www.jarrow-insights.co

Jarrow–Insights is a Companies House registered workers' co-operative, a member of the Co-Tech digital co-ops federation and of Co-operatives UK.

Jarrow Insights uses fully GDPR-compliant software and is regulated by the UK Information Commissioner's Office.