



Germany: Improving staffing and workforce availability in healthcare and long-term care

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In Germany, previous efforts to tackle the severe staff shortages in healthcare and long-term care have been enhanced by a new Care Staff Strengthening Act, aimed at increasing the attractiveness of care professions and at improving staffing for care facilities. The new legal provisions are worth supporting, but will not be sufficient to achieve adequate staffing levels.

Description

For many years, the provision of healthcare (HC) and long-term care (LTC) in Germany has suffered from a severe shortage of professionals, predominantly affecting LTC. Understaffing in hospitals and residential homes is widespread, and the number of graduates completing vocational training falls far short of those leaving the job (due to retirement or dissatisfaction) and those which are additionally needed (due to the rising number of people in need of care). At the same time, working conditions for carers are poor, particularly in LTC: wages are low, the work is demanding and working hours are unattractive. Given the falling unemployment levels, HC and LTC are under increasing pressure to compete with other economic sectors for employees. Moreover, with regard to nursing, many hospitals suffer from understaffing, due to financial incentives arising from the system of remuneration by diagnosis-related groups (DRGs) – diagnosebezogene Fallpauschalen). Understaffing has led to deteriorating working conditions for carers as well as worsening quality of care.

Experts' projections on the need for additional staff differ, but they agree that it is very high. With regard to LTC, according to Rothgang et al. (2012: 51-55), projections of the number of extra staff needed in 2030 range from around 263,000 full-time equivalents (best

case scenario) to almost 500,000 persons (worst case scenario).

In 2018, improving staffing and workforce availability for HC and LTC turned out to be an issue at the heart of the new government's health policy. Thus, on 9 November 2018, the German Parliament (Deutscher Bundestag) passed the Care Staff Strengthening Act (Pflegepersonal-Stärkungsgesetz) that aims to improve the attractiveness of healthcare and long-term care for employees and care staff in hospitals and residential homes. This Act covers a broad range of measures. In particular, it contains the following provisions:

- The costs for every additional post for nurses in hospitals and tariff increases in hospital care (retroactively effective from 1 January 2018) will be fully borne by Statutory Health Insurance (SHI) funds.
- As from 2020, the current system of hospital remuneration based on DRGs will be replaced by a system based on a combination of DRGs and remuneration of the hospitals' individual costs for nursing.
- With effect from January 2019, 13,000 additional LTC professionals will be able to be employed in residential homes, mainly financed by SHI (and not by LTCI), due to high reserves built up by SHI funds in recent years.

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In addition to these core elements, the reform contains a number of further provisions, inter alia:

- As from 2020, a nursing staff ratio (Pflegepersonalquotient) will be introduced in hospitals, giving the working requirements per nurse.
- Associations representing SHI funds and hospitals will have to agree on minimum standards for the ratio of care professionals to patients (Pflegepersonaluntergrenzen) in certain so-called "care-sensitive" hospital units (e.g. heart surgery).
- The remuneration of care trainees in the first year will be fully borne by SHI funds (and not by the respective hospitals or residential homes), in order to increase incentives to provide vocational training.
- SHI funds will have to provide increased financing of workplace health promotion in hospitals and residential homes, to the tune of more than €70 million per year.

Among experts and health policy actors, there is a broad consensus that the new legal provisions are a move in the right direction. Nevertheless, most emphasise that these points are merely to be regarded as a first step and that much stronger measures will be needed to achieve adequate staffing. Criticisms are directed mainly at the following issues:

- The number of 13,000 additional posts in residential homes is far too low. Some actors consider that 50,000 posts are necessary, others suggest even 100,000 posts.
- The Care Staff Strengthening Act is focused on residential care and neglects ambulatory LTC and care in rehabilitation hospitals.

- There is a widespread fear that competition for employees among care facilities may intensify, and that LTC may become less attractive than HC.

- The nursing staff quotient will not in itself help to improve the quality of care. Instead, a well-founded staff requirement assessment (Personalbemessungsverfahren) should be carried out, assessing the actual need for care.

- Moreover, some actors object that the Government's policy lacks a clear mid-term objective setting out the number of posts to be created over a certain period of time. Experts point out that it remains unclear where those people filling the jobs in HC and TC are meant to come from.

Eventually, some of the financial provisions were and still are a subject of controversy. While hospitals and residential homes agree that the SHI funds should be obliged to finance additional costs as described above (including payment of the hospitals' individual nursing costs), the SHI funds strongly oppose the idea.

Outlook & commentary

The Care Staff Strengthening Act contains a variety of measures that go in the right direction. Nevertheless, in the light of the considerable need for additional staff in HC and LTC, much stronger efforts are needed to achieve adequate staffing. Particularly, the funding for additional posts needs to be increased substantially, to improve vocational training and to adopt a well-founded and mandatory method for assessing staffing needs in care facilities.

Further reading

Deutscher Bundestag (2018a), Gesetzentwurf der Bundesregierung: Entwurf eines Gesetzes zur Stärkung des Pflegepersonals (Pflegepersonal-Stärkungsgesetz – PpSG), Bundestagsdrucksache 19/4453 v. 24.09.2018.

Deutscher Bundestag (2018b), Ausschuss für Gesundheit, Sitzung am 10.10.2018: Pflegepersonal-Stärkungsgesetz – PpSG: Vorliegende Stellungnahmen.

Rothgang, H., Müller, R. and Unger, R. (2012), Themenreport "Pflege 2030": Was ist zu erwarten – was ist zu tun?, Gütersloh: Bertelsmann Stiftung.

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