ACTION PLAN AND COLLECTIVE AGREEMENTS HELP ENSURE HEALTHCARE EMPLOYEE WELLBEING IN LITHUANIA

Introduction

In Lithuania, healthcare professionals face significant work-related psychosocial risks (PSRs): staff shortages, job pressures, low pay, patient-related violence, harassment and other factors (Ministry of Health, 2020), in addition to excessive workloads, limited autonomy and insufficient managerial support, associated with high levels of burnout, emotional exhaustion and work-related stress (Baranauskas et al., 2020). Total health expenditure in Lithuania reached 7.8% of GDP in 2021 (the EU average was 11% in 2021). At €2,312 per capita, health spending in Lithuania is still far below the EU average (€4,028) (OECD/European Observatory on Health Systems and Policies, 2023). The number of practising nurses and midwives has decreased in recent years, falling from 80.2 per 10,000 people in 2019 to 77.0 in 2023 (Official Statistics Portal, 2024), which is below the EU average. Fewer students choose nursing as a career (Eurostat, 2022a, 2022b), and nursing staff are ageing (in 2022, 38% of nurses were over 55 years old; Eurostat, 2022c). While the number of doctors continues to grow (4.5 per 1,000 population in 2021 — above the EU average of 4.1), the nurse-to-doctor ratio has fallen to 1.7 nurses per doctor in 2019, the lowest since 2000 (Vanckavičienė et al., 2024). Efforts to meet the National Health Strategy 2014-2025 goal of restoring a 2:1 nurse-to-doctor ratio by 2020 (Republic of Lithuania, 2014) have been unsuccessful. There is a predicted shortage of over 3,000 nurses and over 400 general practitioners by 2030 in Lithuania, because growing demand is not being met (National Audit Office, 2023).

This situation is at least partially related to perceptions that public sector medical, and especially nursing, jobs are demanding, underpaid and stressful, and that workers in those jobs are likely to experience patient harassment (Interview 2 data). This leads to overstretched, burned-out staff and the need for stronger incentives to attract new workers and medical students. This is an especially pressing issue, considering that Lithuanian nurses are the lowest paid in the EU-27 (Bakaitė, 2024). Furthermore, medical professionals tend to choose private rather than public healthcare institutions, seeing them as providing better working conditions (Interview 2 data).

The Lithuanian government has introduced a number of initiatives aimed at making medical professions safer and more attractive, focusing on addressing PSRs and improving working and studying conditions. Two types of regulatory frameworks guiding this change are of special importance: the Action Plan for Ensuring the Psychological Well-being of Employees in the Personal Healthcare System (2021-2024), and sectoral collective agreements (which address some of the elements of the Action Plan). This case study focuses on these two types of sectoral regulatory approaches in Lithuania.

This case study is part of a research project[1] carried out with the aim to provide an overview of research on work-related PSRs and mental health-related outcomes in the health and social care sector.

Methodology

The findings presented in this case study are based on two main sources: desk research examining relevant literature, and in-depth interviews. Firstly, sources discussing the situation of the healthcare system and its workers were reviewed to gain a better understanding of the context in which the Action Plan is implemented. Secondly, the current legal framework and regulations relevant to the Action Plan and its implementation were analysed. In addition to the literature review, two interviews were conducted: one with a representative of the Ministry of Health, and a second with a nurse working in one of the largest hospitals in Lithuania.

[1] Further information is available at: https://osha.europa.eu/en/publications/overview-work-related-psychosocial-risks-and-mental-health-outcomes-eu-health-and-social-care-sector

Description of the intervention

The creation and implementation of the Action Plan were driven by mounting evidence of PSRs affecting healthcare professionals and medical students in Lithuania (Interview data 1; Ministry of Health, 2020, 2021). The sectoral analysis conducted prior to the design of the Action Plan showed high levels of burnout, emotional exhaustion and work-related stress among personal healthcare workers, linked to excessive workloads, limited autonomy and insufficient managerial support (e.g. Baranauskas et al., 2020, and public consultations by the Lithuanian Ministry of Health in 2019 and the Ministry of Health in 2021). A 2019 study of Lithuanian personal healthcare professionals' attitudes towards mental health revealed that 63% of healthcare professionals do not seek help for mental health issues (Ministry of Health, 2021). Additionally, structural problems such as poor leadership and hierarchical subordination were identified as key stressors for this group through the same 2019 public consultations (Ministry of Health, 2021). A 2019 Lithuanian Medical Movement survey further showed that mobbing affects over 77% of healthcare staff, with more than half of these cases perpetrated by management and a quarter by peers (Ministry of Health, 2021). Among medical students, 98.5% reported psychosocial stress, primarily due to intense academic demands (Baranauskas et al., 2020), as many as 80% of respondents said that they lacked communication skills, and 40% of people who have completed medical studies said that they do not feel adequately prepared for communication with patients (Kurk Lietuvai, Ministry of Health, 2021).

All of these challenges were recognised by the professional community and an underlying motive to take action was the understanding that PSRs are a significant problem, but there were no means of defining and quantifying them. The complaints raised by the medical community — practitioners and students — pointed to issues related to the organisation of work, inadequate remuneration structures, hierarchies, experiences of psychological and physical violence, including mobbing, insufficient preparation of students and a poor organisational culture within medical schools. The consensus was that there was an urgent need to address these issues in order to reduce burnout, lack of engagement and motivation (Interview 1 data).

The Action Plan's strategic goal was, therefore, focused on addressing PSRs in the healthcare sector — to 'create legal, financial and organisational prerequisites required to improve the psychological wellbeing of students, resident doctors, their lecturers, personal healthcare specialists, managers and employees of health care institutions' (Ministry of Health, 2021, p. 3). Simultaneously, two collective agreements covering healthcare staff, including nurses, doctors and nurse assistants, aimed to address, among other things, the issues of working time and adequate compensation.

What was done and how

While the above-mentioned issues had already been recognised and discussed within the sector, the urgency to adopt the Action Plan was ultimately triggered by the suicide of a hospital doctor. The first version of the Action Plan was approved in 2020. However, a year later, another medical professional committed suicide, which was even more closely related to the psychosocial environment in the hospital. This further intensified discussion and concern related to the psychosocial environment within the medical community, resulting in a more detailed second reiteration of the Action Plan for the period from 2021 to 2024, which was approved in 2021 (Interview 1 data; Ministry of Health, 2020, 2021).

The Ministry of Health established a working group composed of representatives from medical associations, medical student organisations, mental health professionals (including psychologists), major hospitals and key social partners in the sector to support the development of the Action Plan. Many of the stakeholders participating in the working group were already actively engaged in topics related to the psychosocial work environment, having raised their concerns through formal and informal channels. Therefore, communication between the ministry and the key stakeholders was already in place prior to the establishment of the working group (Interview 1 data).

The Mental Health Division of the Ministry of Health led the development of the Action Plan, with contributions from the working group through expert opinions, positions and consolidated suggestions. The ministry representatives collected inputs from the social partners, conducted background research, including reviewing online resources and international documents, particularly from the World Health Organisation on challenges for the health workforce and solutions, and gathered relevant data from registers and national statistics. This evidence served as a background, with practical solutions and proposed measures being identified by and discussed with the working group (Interview 1 data).

Some 12 working group meetings and several parliamentary hearings were held to develop and approve the Action Plan. The Action Plan is organised around six objectives, and operationalised through a number of measures, from changes in legislation to awareness raising, and providing options for professional development and supervision, further operationalised through specific activities, as summarised in Table 1.

Table 1: Summary of the Action Plan (2021)

Number of activities under the objective	Summary of the activities
Objective 1: To strengthen the competencies of medical and other health science students and their lecturers in the field of mental health and to improve psychological wellbeing in higher education institutions.	
6	Integrate topics such as emotional competence, resilience and mental health literacy into the curriculum; provide professional development opportunities for students and teachers on issues of mental health; establish internal procedures for the prevention and management of psychological violence (including mobbing) in higher education institutions; improve awareness and access to psychological support; and promote conflict resolution through mediation.
Objective 2: To reduce stress risk factors and increase the psychological resilience of personal healthcare professionals and other personal healthcare employees.	
10	Raise awareness of mental health, PSRs, crisis management and so on among healthcare professionals; provide opportunities for and establish mandatory professional development in areas of socio-economic competencies; legalise and finance supervision procedures (including the pilot supervision project aimed at improving leadership skills of hospital management teams, mutual learning opportunities particularly when dealing with challenging situations); increase cooperation and support young doctors in applying their skills in workplace, with employment participation recognised as a development activity; develop communication guidelines for healthcare and media; promote appropriate communication between patient and professional; and implement legal measures to protect healthcare workers from inappropriate patient behaviour.
Objective 3: To empower personal healthcare managers to care for the psychological wellbeing of employees and evaluate their performance in this area.	
4	Strengthen leadership in personal healthcare by improving the selection and evaluation of managers, embedding psychological wellbeing into performance criteria (in the Lithuanian National Health System); enhance leadership competencies through mandatory training and long-term development programmes.
Objective 4: To define the factors and principles that create a work environment conducive to the psychological wellbeing of employees and to encourage personal healthcare to apply them in practice.	
8	Promote psychological wellbeing in personal healthcare by defining supportive work environment standards, improving administrative staff skills in conflict resolution; develop tools and procedures for PSR assessment; improve working conditions through analysis of workload, policy reform and monitoring, for example, prepare a government decision on developing documents regulating the working conditions (salary, workload and so on).

Number of activities under the objective	Summary of the activities
Objective 5: To reduce and properly manage psychological violence (including mobbing) in personal healthcare.	
6	Establish a model procedure for the prevention and recognition of and response to psychological violence in personal healthcare; provide training and methodological support; monitor effectiveness; strengthen confidentiality mechanisms and institutional cooperation if violence is reported; implement standards of performance for specialists serving the Ministry of Health's hotline for reporting psychological violence.
Objective 6: To ensure crisis management and psychological support for personal healthcare professionals.	
4	Strengthen crisis preparedness and response in personal healthcare by establishing national procedures, training crisis teams and providing access to psychological support for healthcare professionals through pilot support services.

The Ministry of Health was responsible for the coordination and monitoring of the implementation of the Action Plan. The other institutions responsible for its implementation were:

- Ministry of Education, Science and Sports;
- State Labour Inspectorate;
- Institute of Hygiene (Higienos institutas);
- State Mental Health Centre (Valstybinis psichikos sveikatos centras, no longer operating);
- Centre of Competence for Healthcare and Pharmaceutical Specialists (Sveikatos priežiūros ir farmacijos specialistų kompetencijų centras, no longer operating);[2]
- Higher education institutions training healthcare professionals; and
- Municipal public health offices (Ministry of Health, 2021).

The Action Plan was funded by EU and national funds, with €1.27 million dedicated to its implementation from the EU structural funds and €187,000 from the Lithuanian government (Ministry of Health, 2021; Interview 1 data). Overall, the funding was limited, as most of the measures were regulatory or focused on awareness-raising and communication and did not require extensive financial resources (Interview 1 data). Therefore, only 15 activities had dedicated funding, while 18 activities were not allocated funding for their implementation in the Action Plan.

What was achieved?

The Action Plan was concluded in 2024, with some activities exceeding initial expectations and others remaining unimplemented (Interview 1 data). The final report has not yet been finalised, although several key achievements in relation to medical and other health education, workers' competencies and work environment, violence prevention and crisis preparedness can be mentioned (Interview 1 data). These achievements are presented in this section.

Changes in higher medical and health education provision

The Description of the Public Health Studies (effective from 14 September 2022) and the Description of the Medical Studies (effective from 1 January 2023) were updated to include requirements to develop social-emotional skills, positive communication, conflict resolution, stress management and other related competencies at all stages of study (Ministry of Education, Science and Sports, 2022a, 2022b).

[2] After reorganisation, both centres were dissolved, with their functions reallocated to various departments within the Ministry of Health and Institute of Health in particular (https://www.hi.lt/kompetenciju-centras/; https://www.hi.lt/psichikos-sveikatos-centras/).

Universities were required to align their study programmes with these updated provisions by 1 September 2023 (Ministry of Health, Internal document, n.d.). This means that medical education programmes now must cover emotional and social competencies, as well as communication with patients (Interview 1 data).

Worker competencies and work environment

In 2021, Applied Suicide Intervention Skills Training (ASIST) sessions were organised to train healthcare workers in recognising suicide risks and providing initial psychological assistance, with a total of 151 medical workers trained. Between 2021 and 2022, ongoing group and team supervision sessions were held for healthcare institution employees. In total, 79 groups (each consisting of six to eight sessions) were conducted, with 811 participants. A total of 212 managers from the three largest hospitals were trained between 2021 and 2022 in conflict management and mediation methods (Ministry of Health, Internal document, n.d.). To date, approximately €100,000 has been spent on training for healthcare workers on topics related to mental health and PSRs. Further, an estimated €1 million is foreseen to be invested in similar training initiatives by 2028, as they are included in the implementation plan for the Programme of the Nineteenth Government of the Republic of Lithuania[3] (see section 'Success factors' below; Interview 1 data).

In 2023, amendments to the 'Procedure for Improving the Professional Qualification of Healthcare and Pharmacy Specialists and its Financing' introduced new professional development forms. Also in 2023, the 'Concept of Creating a Favourable Work Environment in Personal Health Care Institutions' was adopted, defining the principles and directions for creating a supportive work environment, with the aim of reducing psychological violence and mobbing and decreasing the prevalence of occupational PSR factors (Ministry of Health, Internal document, n.d.; Interview 1 data).

Furthermore, recent collective agreements (see Table 2) have tackled — or will tackle — issues relating to healthcare workers' physical and mental health and wellbeing, including low pay and overwork in the sector. The collective agreements are renewed annually and are considered to be very important for the sector (Interview 2 data). Since the adoption of the Action Plan, it has been possible to align the collective bargaining process with the objectives of the Action Plan and add statements covering PSRs and their prevention (Interview 1 data).

Table 2: Overview of collective agreements

Updated collective agreements were recently signed by the Lithuanian National Health System (Minister of Health) and social partners.[4] The agreements, one effective since January 2022 and another since January 2025 (Collective Agreement, 2024), guarantee salary increases for healthcare staff, including nurses, doctors and nurse assistants. Additionally, these agreements provide extended paid leave and more than standard entitlements for most workers, including medical students working in hospitals (Interview 2 data; Collective Agreement, 2024). Currently, the nurses can take up to 39 days of paid leave and additional days for mental health (they can use them as they see fit, without providing any reason for doing so). Furthermore, active union members are eligible for additional benefits, including organised trips and travel vouchers — all of these aim to help them relax and regenerate (Interview 2 data).

[3] The Programme of the Nineteenth Government of the Republic of Lithuania is a strategic document outlining the government's policy priorities and objectives for its term, approved in December 2024, and covering years up until end-2028. The main directions of activity of the Nineteenth Government of the Republic of Lithuania set out a broad agenda focused on sustainable development, social welfare, national security and good governance. One of the direction focuses on healthcare and education reform to increase accessibility and quality, reduce administrative burdens, expand mental health services, and invest in higher education and scientific research (Republic of Lithuania, 2024). This translates into more tangible actions — such as provision of trainings discussed above, which are included in the implementation plan (Republic of Lithuania, 2025b).

[4] Lithuanian Medical Association, Lithuanian Nursing Professionals Organisation, Lithuanian Health Care Workers' Trade Union, Lithuanian Pharmaceutical Workers' Trade Union, Lithuanian Ambulance Workers' Trade Union 'Solidarumas', Medical Institution Workers' Trade Union 'Solidarumas', Lithuanian Trade Union Federation 'Sandrauga', Lithuanian Federation of Health Care Trade Unions, Trade Union Organisation 'Lithuanian Doctors' Forum'. To a degree, the social partners included in the collective bargaining process were the same as in the working group for the Action Plan, as both include the largest organisations in the sector (Interview 1 data).

Importantly, Point 7.5 in the chapter on Worker Safety and Health states that institutional leaders must create a working environment that ensures psychological wellbeing in all institutions, following the Psychological Wellbeing Action Plan and implementing the planned measures (Collective Agreement, 2024).

Violence prevention

In 2021, a response procedure for preventing and addressing violence and harassment in healthcare institutions was developed and tested by doctors and healthcare workers at one of the major hospitals. Based on its results, in 2023, the ministry approved recommendations for developing and implementing a 'Violence and Harassment Prevention Policy' in healthcare institutions. These included a suggested process for the development of policies on institutional violence prevention and required all healthcare institutions under the authority of the Ministry of Health to review and, if necessary, update their violence and harassment prevention policies (Ministry of Health, 2023c). Between 2023 and 2024, indicators related to ensuring a safe psychosocial work environment were included in the performance evaluation criteria of Lithuanian National Health System institutions (Interview 1 data). As part of the supervisory performance evaluation of public and budgetary institutions, public healthcare institutions are now required to meet targets in the area of violence and harassment prevention. Institutions are assessed on whether they have prepared, approved and published an Action Plan for the Implementation of the Violence and Harassment Prevention Policy for 2024-2027, which outlines how the institution intends to implement the policy. They must also have implemented at least 50% of the recommendations for the development and implementation of the Personal Health Care Institution's Violence and Harassment Prevention Policy[5] by 2024 (Ministry of Health, 2024; Interview 1 data).

The Institute of Hygiene launched a training programme with methodological materials and an e-learning module on psychological violence prevention in 2022. Over 6,300 healthcare workers have completed this training (Ministry of Health, Internal document, n.d.).

The Ministry of Health analysed the relevant laws and found that there was no legal provision allowing healthcare services to be stopped if a patient's behaviour puts a medical professional at risk or if disrespectful or inappropriate actions lead to negative consequences for the health of healthcare workers. Therefore, the ministry proposed amendments to relevant legislation (Ministry of Health, 2023a). One of the most important changes was the amendment to the Law on Patient Rights (Article 12, paragraph 9), which now allows healthcare providers to refuse or terminate services if a patient's actions pose a threat to the health or life of a healthcare worker or another employee of the institution (Republic of Lithuania, 2025a; Interview 1 data).

Crisis preparedness

In 2021 and 2022, training was organised for teams in healthcare institutions to strengthen their knowledge and skills in responding to psychological crisis situations. Each team completed 14 academic hours of training and received individual consultations to support the development and implementation of their own psychological crisis management plans. In total, 21 institutions participated and prepared crisis management plans. From 2021 to 2024, remote psychological assistance was provided to healthcare workers experiencing psychological difficulties related to their professional activities. In 2024, the development and distribution of information materials (leaflets) was prepared, along with the launch of remote training sessions for doctors on how to communicate with patients when reporting adverse events (Ministry of Health, Internal document, n.d.).

Success factors

The main success factors for the development and implementation of the Action Plan included cooperation and support from the social partners and the government, mutual trust, and a clear understanding and identification of the problems and issues to be addressed (Interview 1 data).

Firstly, the Action Plan was designed in cooperation with the social partners, which had a two-way effect. On the one hand, it led to a deeper understanding of the challenges in the sector. For example,

[5] Ministry of Health, 2023b.

psychological support services for medical professionals had been available for some time — anonymous and low-threshold — yet participation remained low. Through collaboration with the working group, it became clear that the core issue was not a lack of measures to cope with existing challenges but rather the need to address underlying systemic barriers that create those challenges in the first place. The recognition of this need to address systemic barriers prompted a shift towards deeper, structural change. This collaboration also made it possible to align elements of the Action Plan with the collective agreements for the sector, making the impact even more significant (Interview 1 data).

Secondly, political support and leadership enabled significant decisions to be made and implemented at the national level. The government and other stakeholders supported the Action Plan throughout its implementation, recognising its value and importance. For example, the proposed supervision processes and mechanisms initially faced strong resistance from the professional community — likely due to mistrust and fears that managerial decisions at institutional level would be scrutinised. However, high-level political leadership, including the minister personally meeting with hospital directors to promote the initiative, helped to allay any such fears. Due to this dedication and support, there is now a strong demand for these supervision sessions (Interview 1 data).

Although not all activities were implemented, parts of the Action Plan will be extended — a testament to its ongoing relevance (Interview 1 data). The current Programme of the Nineteenth Government of the Republic of Lithuania's implementation plan includes a provision for this topic, which enables continued funding for training activities.

Table 3: Overview of government priorities related to the psychosocial work environment in healthcare institutions

Implementation Plan of the Provisions of the Programme of the Nineteenth Government of the Republic of Lithuania, Priority Area: Attracting human resources to the healthcare system.
Action Point 3.1.5. To achieve a steady increase in the salaries of healthcare professionals working in the public sector — review the policy on salaries, workload and bonuses, working conditions and actions to ensure the psychological wellbeing of physicians.
Responsible party: Ministry of Health, to be executed by 2028 (Republic of Lithuania, 2025b).

Challenges

While the measures that have been implemented were considered successful, the implementation of the Action Plan was constrained by limited resources, systemic institutional barriers, resistance from within healthcare leadership and leadership engagement.

These challenges arose because the proposed changes targeted, to varying degrees, how the system functions and required different actors to modify their working practices.

Overtime and overall high workload are, in many ways, at the core of other issues in the Lithuanian healthcare system, yet they are very prevalent. Often, hospitals do not have systems in place to regulate this, and the new measures raise questions about whether the healthcare system can sustain the current level of workload, which is largely undeclared and unofficial (Interview 1 data). The proposed measures for better management and regulation of workload encountered some obstacles. Making improvements in this area, such as properly tracking working hours, means that hospitals need clear, reliable systems (ideally digital) to monitor and manage staff schedules. This, in turn, requires additional resources as well as management openness to change. So, while other proposed measures targeted PSRs in the workplace, this issue of excessive workloads may have been even more critical. It requires a stronger push and motivation to resolve, as it demands significant changes in how the overall system operates.

Another high-level challenge is effectively reaching the majority of healthcare workers through the proposed measures. In practice, healthcare institutions act as early adopters — either led, managed or influenced by those who understand the problem and are motivated to make a change. When such motivated institutions or individuals are lacking, the challenge lies in 'activating' the late adopters. Overall, the broader issue is engaging institutions and their workforce (who, ultimately, are the

beneficiaries of the developed solutions) that are slower to adopt changes, making it difficult to achieve significant, visible improvements across the entire sector.

Some of the measures foreseen in the Action Plan were not implemented due to lack of human and financial resources. Additionally, certain measures proved to be more difficult to implement than others. For example, establishing a hotline was challenging, as it would require a reliable, hierarchical complaint system that is independent of existing structures and healthcare leadership. Since the leadership is often part of the problem, safeguarding such independence is not easy (Interview 1 data).

Key takeaways

Despite a limited implementation timeframe and resources, the Action Plan proved to be successful in initiating a high-level, nationwide dialogue on working conditions and PSRs in healthcare. It led to substantial legal and policy changes, including new staff wellbeing indicators, improved student preparation, collective agreement updates on working conditions, and protections for healthcare professionals, establishing a legal foundation for future improvements.

Its core principles were engaging multiple stakeholders, with a leading role of social partners and government-backing, recognising systemic, underlying challenges specific to the national context, and seeking solutions through close cooperation between the government and social partners. This can serve as a valuable model for addressing PSRs in the healthcare system.

Most importantly for its success, the Action Plan was built on a strong foundation of a collaborative and data-informed approach, identifying core challenges through joint efforts with social partners, so the proposed measures addressed real and systemic issues rather than superficial symptoms. It was only through this well-informed, cooperative approach that the solutions were aligned with the actual challenges and offered systemic changes. The collaboration with the social partners and analysis of the available data proved to be crucial in pinpointing the factors negatively affecting the mental health and wellbeing of this population.

Although not all activities were fully implemented, it should be recognised that the Action Plan itself was highly ambitious, operating under limited resources and within a short timeframe. As such, reaching its ultimate goal — to address the wellbeing of all medical professionals (including students) at the very core of the healthcare system — proved to be complex and demanding. Nevertheless, even considering those challenges, the Action Plan succeeded in placing PSRs firmly on the agenda in the healthcare sector, a focus that was acknowledged and supported by the authorities. Its relevance remains, as the wellbeing of healthcare workers has been recognised as a priority in the current government's strategy.

While successful in the Lithuanian context, designing and implementing an equivalent Action Plan in other EU Member States may prove challenging, as it requires a strong driving force from the government — ultimately responsible for approving, funding and implementing the initiative. Nonetheless, the approach taken in Lithuania demonstrates that meaningful systemic change is possible when policy design is grounded in cooperation and there is shared ownership.

References

Bakaitė, J. (2024, 20 May). *Are Lithuanian nurses worst paid in Europe?* LRT. https://www.lrt.lt/en/news-in-english/19/2275837/are-lithuanian-nurses-worst-paid-in-europe

Baranauskas, M., Jablonskienė, V., Abaravičius, J. A., Arlauskas, R., & Stukas, R. (2020). Biomedicinos mokslų studentų patiriamo psichosocialinio streso ypatumai ir sąsajos su miego kokybe. *Visuomenės sveikata, 3*(90), 59-65. https://www.hi.lt/uploads/Institutas/zurnalo_vs%20info/2020_3/VS%202020%203(90)%20ORIG%20Psichosocialinis%20stresas.pdf

Collective Agreement. (2024). *Lithuanian National Health System. Industry Collective Agreement*. 15 November 2021, consolidated version 1 January 2024, No S-229, Vilnius. https://sam.lrv.lt/public/canonical/1730722587/26258/LNSS%20%C5%A1akos%20kolektyvin%C4%97%20sutartis.pdf

Eurostat. (2022a). *Health graduates - historical data (1980-2021)*. https://ec.europa.eu/eurostat/databrowser/view/hlth_rs_grd/default/table?lang=en

Eurostat. (2022b). *Healthcare personnel statistics - nursing and caring professionals*. https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Healthcare_personnel_statistics_-_nursing_and_caring_professionals

Eurostat. (2022c). *Nurses by age and sex*. https://ec.europa.eu/eurostat/databrowser/view/hlth_rs_nurse__custom_14729428/default/table?lang=en

Kurk Lietuvai, Ministry of Health. (2021). *Asmens sveikatos priežiūros darbuotojų ir pacientų bendravimas: Esamos situacijos Lietuvoje analizė* [Analysis of the current situation between personal healthcare workers and patients in Lithuania]. 2021/12. https://data.kurklt.lt/wp-content/uploads/2023/04/Bendravimas-tarp-ASPD-ir-pacientu-Esamos-Situacijos-Lietuvoje-Analize-GK-ir-AT.pdf

Ministry of Education, Science and Sports. (2022a). *Order 'On Approval of the Description of the Public Health Study Programme'*. 13 September 2022, No V-1426. https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/a14047f2b80011efbb3fe9794b4a33e2?jfwid=-7lzrzg1iz

Ministry of Education, Science and Sports. (2022b). *Order 'On the Approval of the Description of the Study Field of Medicine'*. 19 October 2022, No V-1666 (TAR, 2022-10-19, No 2022-21119). https://www.infolex.lt/ta/802319

Ministry of Health, Internal document. (n.d.). *Realisation of the Action Plan*.

Ministry of Health. (2020). *Order 'On the approval of the action plan for improving the psychoemotional climate and psychological (emotional) well-being in the health care system for 2020–2022'*. 10 March 2020, No V-322, Vilnius. https://e-seimas.lrs.lt/rs/legalact/TAD/b8d51b1062e811eaa02cacf2a861120c/format/ISO_PDF/

Ministry of Health. (2021). *Order 'On ensuring the psychological well-being of employees in the personal health care system. Approval of the 2021–2024 action plan'*. 10 March 2020, No V-322, Vilnius. https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/ecdfc131676b11eaa02cacf2a861120c?jfwid=-v4dgck4jk

Ministry of Health. (2023a). *On information on the progress of the implementation of the Decision No. 111-S-3 of the Health Affairs Committee of the Seimas of the Republic of Lithuania of 15 March 2023 'On the prevention of physical and psychological violence against healthcare professionals and ensuring their safety at the workplace'*. https://www.lrs.lt/sip/getfile?guid=dc16904d-0a14-4d77-82fc-eb95e6bff44e

Ministry of Health. (2023b). *Order On the Amendment of Order No. V-132 'On the Improvement of the Professional Qualification of Health Care and Pharmaceutical Professionals and the Procedure for Its Financing'*. 22 September 2023, No V-1018, https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/0d4a7f91587811ee8e3cc6ee348ebf6d.

Ministry of Health. (2023c). *Order 'On the approval of recommendations for the development of a policy on prevention of violence and harassment in personal health care institutions and its implementation'*. 24 February 2023, No V-257. https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/ed578e41b65f11ed924fd817f8fa798e

Ministry of Health. (2023d). *Order 'On the Approval of the Concept of a Favourable Working Environment in a Personal Health Care Institution'*. 6 December 2023, No V-1264. https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/cf5ceed2947611eea70ce7cabd08f150?jfwid=-v4dgck4jk

Ministry of Health. (2024). *Order 'Public and Budgetary Institutions of the Lithuanian National Health System Providing Personal Health Services. List of Target Values for 2024 of Performance Assessment Indicators for Supervision Services'*. 26 July 2024, No. V-769.

OECD/European Observatory on Health Systems and Policies. (2023). *State of Health in the EU. Lithuania: Country Health Profile 2023*. OECD Publishing, Paris/European Observatory on Health Systems and Policies. https://www.oecd.org/content/dam/oecd/en/publications/reports/2023/12/lithuania-country-health-profile-2023_7ab0a5d9/5ed683c8-en.pdf

Official Statistics Portal. (2024). *Number of practicing physicians, dentists and nurses per 10 000 population*. https://osp.stat.gov.lt/statistiniu-rodikliu-analize?indicator=S3R400#/

Republic of Lithuania. (2014, 26 June). *Resolution no XII-964 of Approval of the Lithuanian Health Strategy 2014–2025*. https://e-seimas.lrs.lt/rs/legalact/TAD/608a896236f811e6a222b0cd86c2adfc/

Republic of Lithuania. (2024). *Decision on the Programme of the Nineteenth Government of the Republic of Lithuania*. 12 December 2024, No XV-54. https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/d4b57910b89711efbb3fe9794b4a33e2

Republic of Lithuania. (2025a). *Law of the Republic of Lithuania on Patients' Rights and Compensation for Damage to Health*. 3 October 1996, No I-1562. https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.31932/asr

Republic of Lithuania. (2025b). *The Plan for Implementing the Provisions of the Nineteenth Programme of the Government of the Republic of Lithuania*. https://lrv.lt/public/canonical/1741779137/439201/VPN%C4%AEP+nutarimo+priedas_LRV+POS%C4%96DIS%20(1).pdf

Vanckavičienė, A., Blaževičienė, A., Zagurskienė, D., & Stašaitis, K. (2024). Health workforce forecast in the university hospital: Evidence from Lithuania. *BMC Nursing, 23*, 663. https://doi.org/10.1186/s12912-024-02326-9

Interview 1: A stakeholder engaged in design and implementation of the Action Plan.

Interview 2: A stakeholder representing the nursing profession in one of Lithuania's largest hospitals.

Author: Anna Chowaniec (Ecorys) with the support of Andrea Broughton, Sophie Buckingham and Neringa Collier (Ecorys)

Project management: Maurizio Curtarelli and Lorenzo Munar (EU-OSHA)

This case study was commissioned by the European Agency for Safety and Health at Work (EU-OSHA). Its contents, including any opinions and/or conclusions expressed, are those of the authors alone and do not necessarily reflect the views of EU-OSHA.