

Dutch healthcare sector set to grow despite staff shortage struggles

The Dutch healthcare sector will continue to grow substantially in 2025 and 2026. Even so, staff shortages are set to persist and are likely to become a greater bottleneck. We do think this will put a bit of a damper on growth – and it also risks making the already lengthy waiting times even longer for patients



Staffing shortages remain the biggest issue for Dutch healthcare providers, and vacancies are still set to continue rising for some time to come

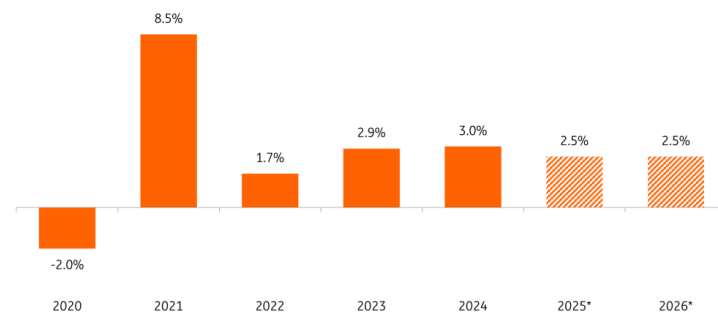
Slightly lower volume growth in 2025 and 2026

The Dutch healthcare sector is set to see more growth this year and into 2026, with collective healthcare expenditure expected to rise by around 7% and 5.5% respectively. Inflation should be around 3.5% this year and 2.5% next year, and this offers room for substantial volume growth. A broader labour market makes the necessary capacity expansion possible.

Still, we expect that staff shortages – and the available capacity left over after self-employed workers retire – are likely to prove more of a squeeze than they did in 2024. The number of healthcare vacancies is still at a record high, as are both the workload and absenteeism. At the same time, the demand for care continues to increase as a result of a growing and ageing population; in turn, waiting times for patients are getting longer rather than shorter.

Dutch healthcare sector is growing at a slightly slower pace

Volume growth in healthcare



Source: Statistics Netherlands

Staff shortages remain the biggest bottleneck

Finding enough staff remains the biggest challenge for healthcare providers. Almost 300,000 more people have started working in the care and welfare sector since 2015 – but the number of vacancies increased from 14,500 to 66,000 in the same period. According to a recent [estimate](#), the staff shortage is set to rise to 240,000 by 2034.

Some newer innovations hold the potential to bridge the gap, such as artificial intelligence (AI) applications and home monitoring. They might alleviate the shortage, but they won't resolve it in the short to medium term.

Stricter supervision of false self-employment increases the staffing challenge...

The announcement of stricter supervision of false self-employment is only intensifying personnel challenges. In December, the number of self-employed persons decreased nationally for the first time in 15 years. According to the Chamber of Commerce, 1,700 self-employed people quit in healthcare out of a total of 161,000, which had already fallen by 5,000 in the second and third quarters.

At the beginning of 2025, about 9.5% of people working in healthcare were still self-employed. In a recent consultation among self-employed healthcare workers, 16% indicated that they intended to leave healthcare – yet another added challenge in the staffing struggle for healthcare providers.

...but also offers an opportunity to reduce workload and absenteeism

A more positive note for healthcare providers, however, is that 40% of those currently self-employed want permanent employment, and only 6% opt for a different, more expensive (flex) arrangement. More permanent employees often means a fairer division of schedules and distribution of administrative tasks. This can reduce the high workload and, as a result, could help ease the high levels of absenteeism.

After a positive turnaround in 2023, the decline in absenteeism in healthcare stagnated in 2024.

This figure remains more than a third higher in healthcare than the national average. If it were to drop by two percentage points (back to a level last seen in 2017), we could see the number of vacancies in the sector being halved.

Reducing the administrative burden could also reduce the workload and absenteeism. Minister of Health, Welfare and Sport, Fleur Agema, sees this as a national policy priority, in which digitisation and AI applications must play an important role. In 2025, the government will allocate €162 million to enable the broad deployment of generative AI, digitisation and data exchange.

2025 to see a slightly less tight labour market

Overall, labour market tightness is expected to ease somewhat this year. Economy-wide, the number of bankruptcies is higher than it was a year ago, and the number of vacancies is declining as a result of the energy crisis and the subsequent economic slowdown. The national number of vacancies has decreased by more than 4% in one year.

We think that healthcare stands to benefit from a wider supply of job seekers and could, in turn, continue to grow despite the partial outflow of self-employed workers.

Government plans will lead to higher healthcare spending in the long term

The Dutch government plans to structurally increase collective healthcare expenditure, which is expected to reach an extra €4.2 billion in 2028. €0.5bn of additional spending will go to long-term care.

The increase in curative care spending is mainly caused by the reduction of the mandatory deductible for healthcare costs. As of 2027, this will decrease from €385 to €165 per year, with a maximum personal contribution of €50 per medical specialist treatment to apply. The extension of the current Integrated Care Agreement (IZA) in an amended form should compensate for the additional collective expenditure to some extent, as it should lead to more effective treatments and savings – although the outcome here remains uncertain. The new healthcare agreement must include the retention of regional hospitals and alternative funding for emergency care, among others.

Spending on medical care still low in international context

Spending on medical care is visible to the public through the mandatory deductible and the rising nominal basic premium. This gives rise to periodically recurring system discussions.

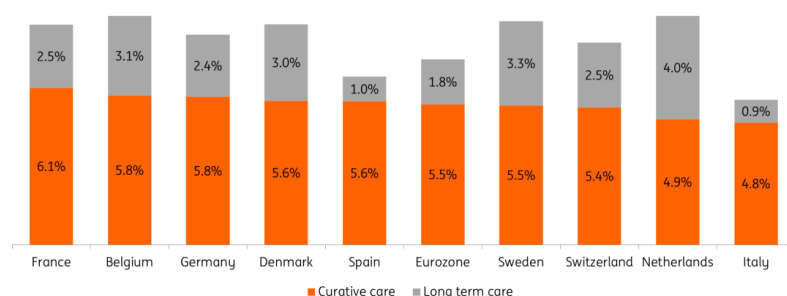
Even so, curative care expenditure in the Netherlands is still relatively low. Compared to the size of the Dutch economy, it's more than half a percentage point lower than the eurozone average and almost a whole percentage point lower than in neighbouring countries like Germany and Belgium. The fact that Dutch healthcare expenditure is among the highest in Europe is due to relatively high spending on long-term care. The GDP share of that expenditure is more than twice as high as the eurozone average.

Despite restrictions, long-term care still has relatively extensive reimbursements for long-term stays in both institutions and support at home. There is no nominal premium for the funding of care under the Long-Term Care Act. The percentage premium withheld from wages is less visible

to the public and is therefore met with less resistance.

Expenditure on curative care is relatively low from an international perspective

Healthcare expenditure in % GDP, 2022



Source: Eurostat

You can find the full version of this article in Dutch [here](#).

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