

## 3. HEALTH WORKFORCE

### 3.1. Employment in the health and social sectors

The health and social sectors employ a large and growing number of people in OECD countries. The data reported in this section come from general labour force surveys and include not only people working in the health sector but also those working in the social sector (including long-term care, child care and other types of social work). The data include professionals providing direct services to people together with administrative and other support staff.

On average across OECD countries, employment in the health and social sectors accounted for just over 10% of total employment in 2009, an increase from less than 9% in 1995. The share of people working in the health and social sectors in 2009 was highest in Nordic countries and the Netherlands, accounting for over 15% of total employment. It was the lowest in Turkey and Mexico at about 3% (Figure 3.1.1).

The share of people employed in the health and social sectors has increased in nearly all OECD countries between 1995 and 2009 (Figure 3.1.1). Exceptions were found in Poland, the Slovak Republic, Sweden and Iceland, where the share of health and social sector employment in total employment declined in recent years.

Between 1995 and 2009, the workforce in the health and social sectors grew by 2.8% per year on average across OECD countries, two times faster than the growth rate of 1.3% in total civilian employment (Figure 3.1.2). In Korea, the number of people working in the health and social sectors increased at an average rate of over 8% per year during that period, compared with a growth rate in total employment of 1.1%. Nonetheless, the share of employment in the health and social sectors in Korea remains low compared with most other OECD countries.

In Japan, Germany, the Czech Republic and Turkey, the employment growth rate in the health and social sectors has also exceeded by a wide margin the growth rate in total employment in recent years.

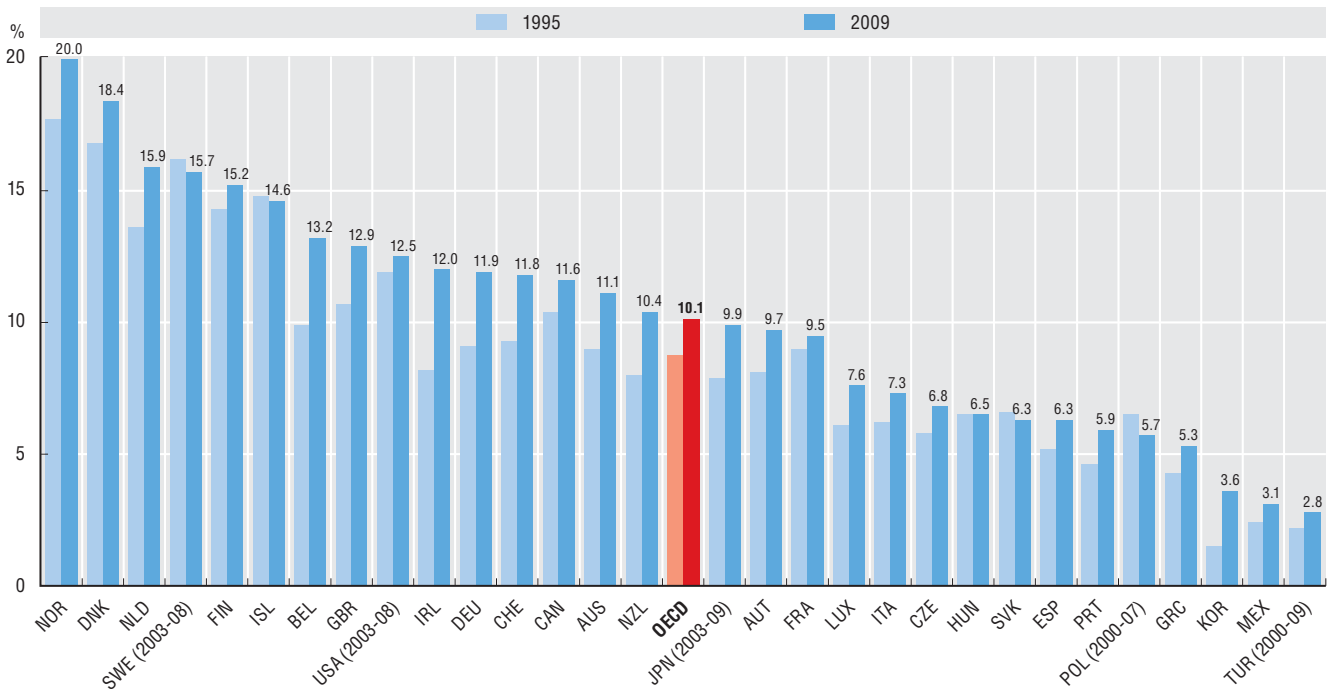
Across the OECD, the recent economic crisis has hit the health and social sectors much less than other parts of the economy. In most countries, employment in the health and social sectors continued to increase in 2008 and 2009, at a time when total civilian employment remained flat or started to decline as economies entered into recession. In Ireland, for instance, employment in the health and social sectors grew by 3% from 2008 to 2009 while total employment fell by 8%. Similarly, in Japan, overall employment fell by 1.6% between 2008 and 2009 whereas employment in the health and social sectors grew by almost 4%.

#### **Definition and comparability**

Employment in the health and social sectors includes people working in the following groups of the International Standard Industrial Classification (ISIC) Rev. 3: 851 (Human health activities), 852 (Veterinary activities) and 853 (Social work activities). The data are based on head counts, not taking into account whether people are working full-time or part-time.

Data for all countries come from labour force surveys, so as to achieve greater comparability. In many countries, more specific surveys of health facilities or health professionals can also provide more specific data on employment in the health sector and for specific occupations. Such data sources are used to provide more detailed information for some of the more specific health occupations presented in the following sections.

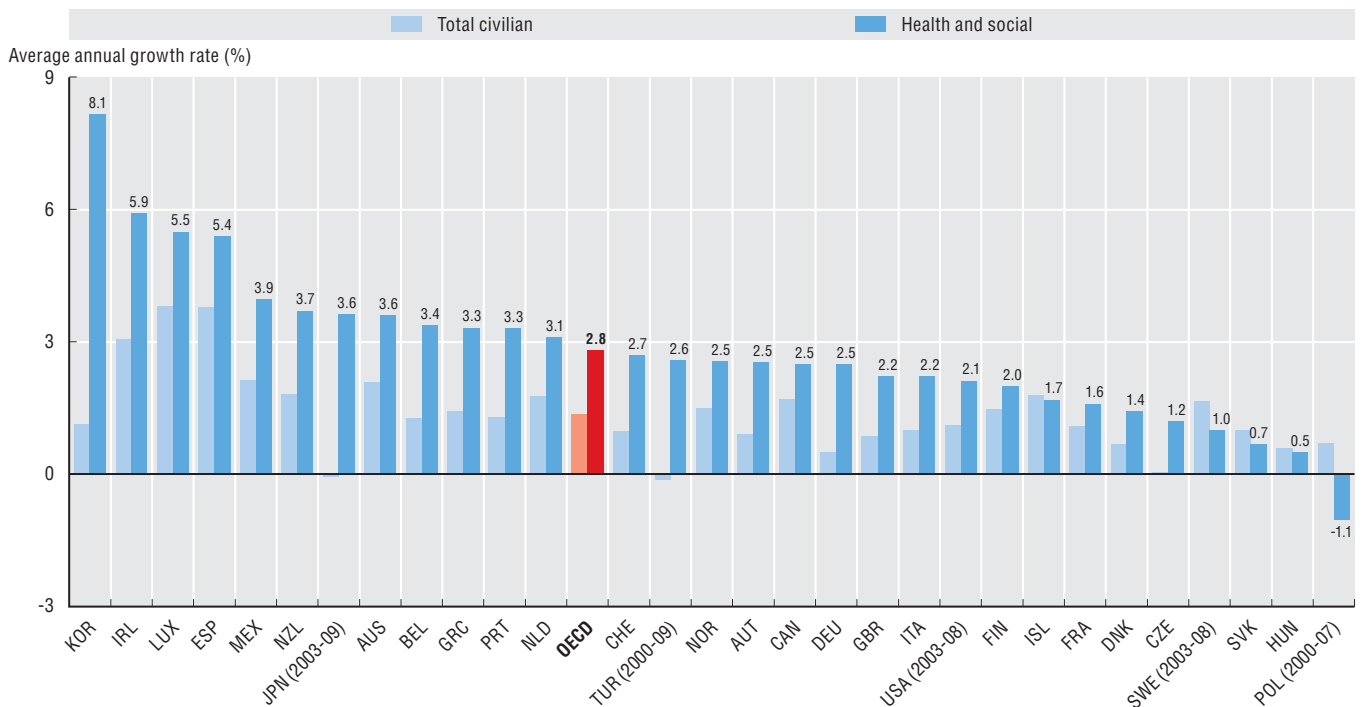
##### 3.1.1 Employment in the health and social sectors as a share of total civilian employment, 1995 and 2009 (or nearest year)



Source: OECD Annual Labour Force Statistics.

StatLink <http://dx.doi.org/10.1787/888932524032>

##### 3.1.2 Employment growth rate in the health and social sectors compared with all sectors in the economy, 1995 to 2009 (or nearest year)



Source: OECD Annual Labour Force Statistics.

StatLink <http://dx.doi.org/10.1787/888932524051>



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