

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 include people working in the health sector along with 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 nearly 10% of total employment in 2008, up from less than 9% in 1995. The share of people working in the health and social sectors in 2008 is highest in Nordic countries and the Netherlands, accounting for 15% or more of total employment. It is 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 2008, with the exception of Poland where it declined between 2000 and 2003 at a time of slow growth in health spending. In Iceland, Sweden and the Slovak Republic, the share has remained stable.

Between 1995 and 2008, 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 1.4% 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, 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.

In most countries, employment in the health and social sectors continued to increase between 2007 and 2008, at a time when total civilian employment started to

decline in some countries as their economy entered into recession. This was the case, for instance, in Japan, Spain and the United States, indicating that employment in the health and social sector was less affected by the economic downturn in these countries. However, in other countries such as the Czech Republic, Hungary and the Slovak Republic, employment in the health and social sectors fell between 2007 and 2008.

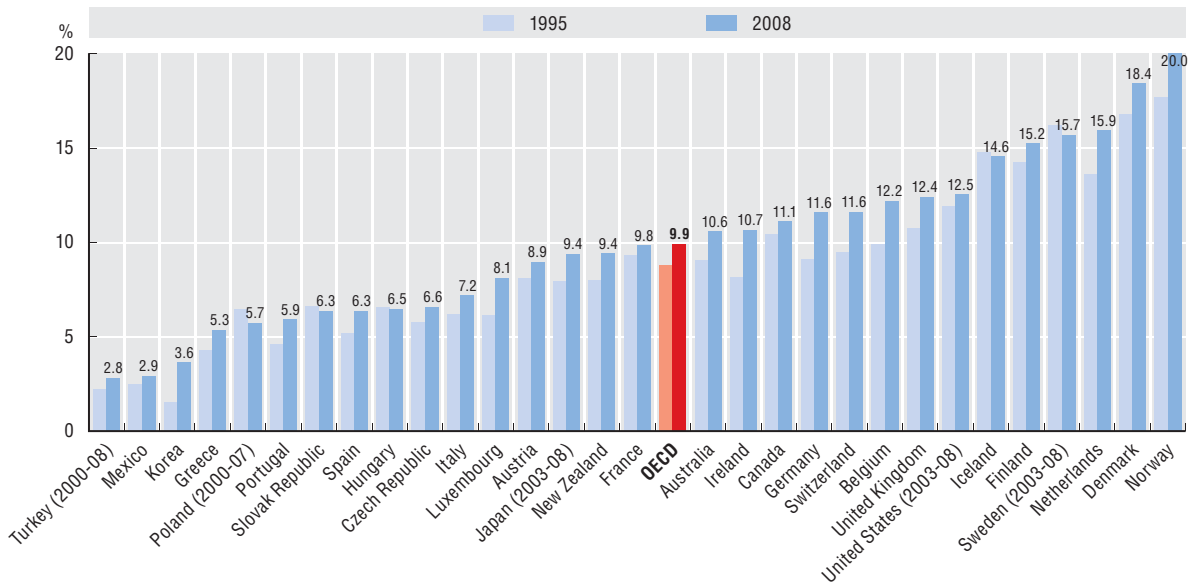
The majority of workers in the health sector are health professionals providing direct services to patients. The following indicators provide more detailed information on key health professions, including different categories of doctors and nurses, dentists and pharmacists.

Definition and deviations

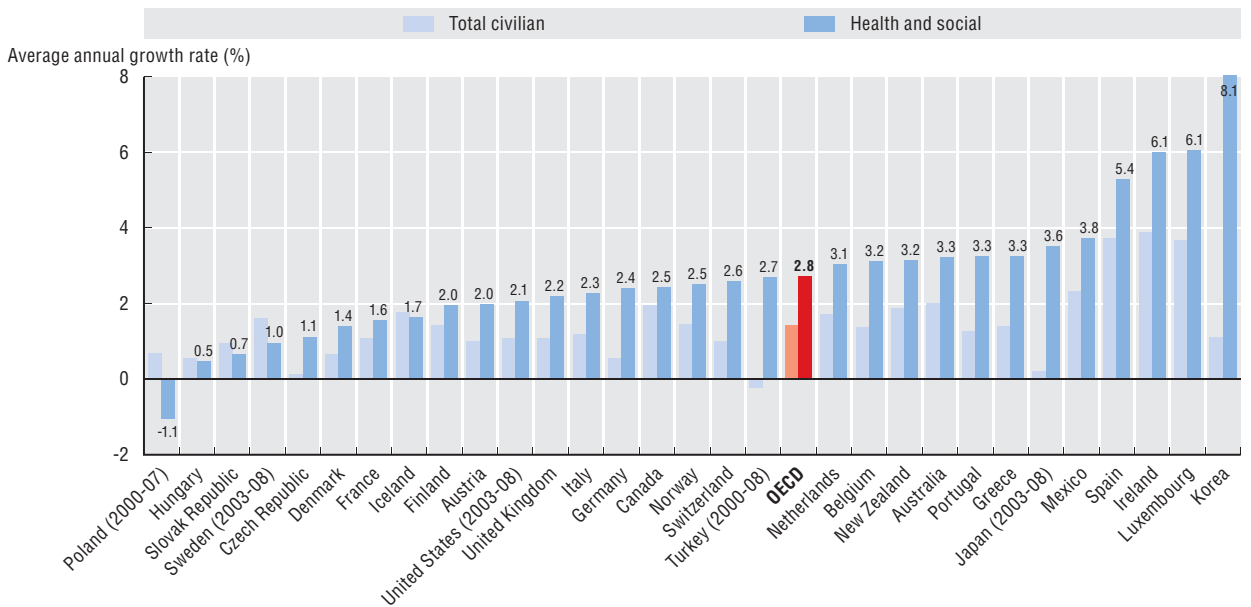
Employment in the health and social sectors includes people working in the following groups of the International Standard Industrial Classification (ISIC) Rev. 3: 851 (Human health activities), 852 (Veterinary activities) and 853 (Social work activities). The data are based on head counts, not taking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

The data for all countries come from Labour Force Surveys 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 next sections.

3.1.1 Employment in the health and social sectors as a share of total civilian employment, 1995 and 2008 (or nearest year available)



3.1.2 Employment growth rate in the health and social sectors compared with all sectors in the economy, 1995 to 2008 (or nearest year available)



Source: OECD Annual Labour Force Statistics; US Bureau of Labor Statistics.

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