

## 8. LONG-TERM CARE

### 8.6. Long-term care workers

The provision of long-term care (LTC) is a labour-intensive activity. The data on formal LTC workers presented in this section refer to nurses as well as personal carers (i.e. other LTC workers who do not qualify as nurses) who are paid to provide care and/or assistance with activities of daily living to people requiring long-term care at home or in institutions other than hospitals.

In proportion to the population aged 65 and over, the number of formal LTC workers is highest in Sweden and Norway. Portugal and Italy have the lowest number (Figure 8.6.1). In some countries such as Norway, Denmark, the Netherlands, Switzerland and New Zealand, a majority of LTC workers provide care in institutions, even though most LTC recipients may receive care at home (see Indicator 8.4 “Recipients of long-term care”). This can be explained at least partly by the fact that people receiving LTC in institutions often have more severe diseases and limitations and require more intensive care. In other countries such as Estonia, Israel, Korea and Japan, there are relatively few LTC workers in institutions, and most formal care givers provide care in the patient’s home.

Most LTC workers are women and work part-time. For example, in Canada, Denmark, Korea, New Zealand and Norway, over 90% of LTC workers are women. Foreign-born workers also play an important role in LTC, although their presence is uneven across OECD countries. While Germany has very few foreign-born LTC workers, in the United States nearly one in every four care workers is foreign-born (Colombo et al., 2011). In other countries, foreign-born workers represent an important share of people providing home-based services, including LTC services. This is the case, for instance, in Italy where about 70% of people providing services at home are foreign-born (Colombo et al., 2011). The recruitment of foreign-born workers to provide LTC at home or in institutions can help respond to growing demand, often at a relatively low cost. But the growing inflows of LTC workers from other countries have raised some issues in certain countries, such as the management of irregular migration inflows and paid work which is undeclared for tax and social security purposes.

The mix between nurses and lower-skilled personal care workers providing LTC services vary significantly across OECD countries (Figure 8.6.2). On average, about 25% of formal LTC providers are nurses, while the other 75% are personal care workers (who may be called under different names in different countries, such as nursing aides, health assistants in institutions, home-based care assistants, etc.). In some countries (e.g. the United States and Switzerland), qualified nurses represent the bulk of formal LTC providers, while in others (Estonia and Korea), they represent only a very small proportion of LTC workers. This wide variation may be partly explained by institutional factors, such as public health insurance coverage in certain countries that includes some LTC services (Switzerland) or a relatively high share of LTC services provided in institutions where higher-skilled LTC workers are more likely to work (the United States). Many countries are looking at possibilities to delegate some of the tasks currently provided by nurses to lower-skilled providers to increase the supply of services and reduce costs, while ensuring that minimum standards of quality of care are maintained.

The LTC workforce still represents only a small share of total employment, but this share has increased over the past decade in many countries, along with the broadening of public protections against LTC risks and increased demand stemming from population ageing. In Japan, the number of LTC workers has grown by 9% per year since the implementation of the universal LTC insurance programme in 2000, while there was a slight decrease in total employment in the economy during that period (Figure 8.6.3). In contrast, in Sweden, the average growth rate of LTC workers between 2000 and 2009 was much more modest, at only 0.3% per year.

Given population ageing and the expected decline in the availability of family care givers, the demand for LTC workers as a share of the working population is expected to at least double by 2050. A combination of policies is needed to respond to this growing demand for formal LTC workers, including policies to improve recruitment (e.g. encouraging more unemployed people to consider training and working in the LTC sector); improve retention (e.g. enhancing pay and work conditions); and increase productivity (e.g. through reorganisation of work processes and more effective use of new technologies) (Colombo et al., 2011).

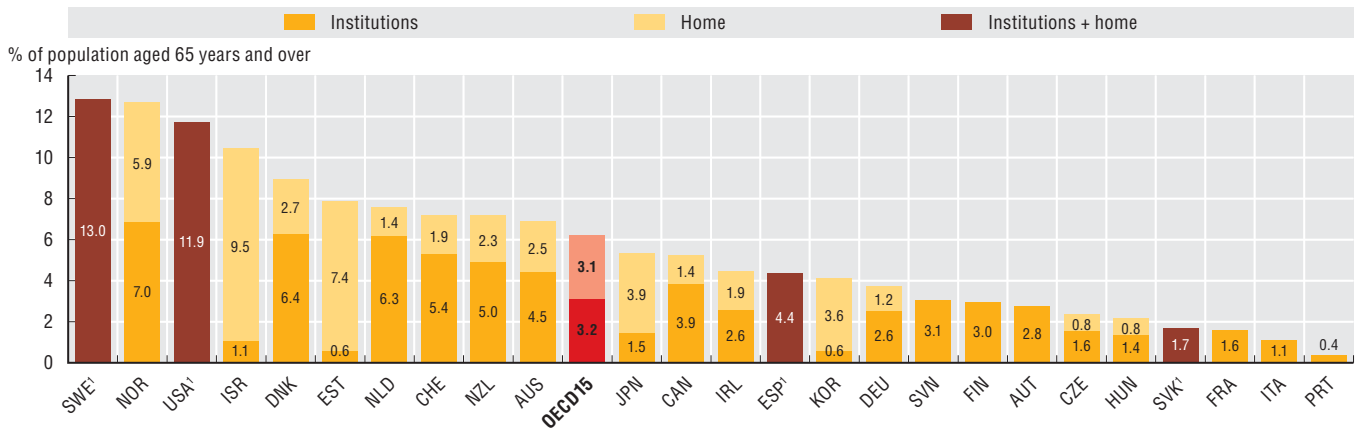
#### Definition and comparability

Long-term care workers are defined as paid workers who provide care at home or in institutions (outside hospitals). They include qualified nurses (see definition under Indicator 3.7 “Nurses”) and personal care workers providing assistance with ADL and other personal support. Personal care workers include different categories of workers who may be called under different names in different countries. They may have some recognised qualification or not. Because personal care workers may not be part of recognised occupations, it is more difficult to collect comparable data for this category of LTC workers. LTC workers also include family members or friends who are employed under a formal contract either by the care recipient, an agency, or public and private care service companies. The numbers are expressed as head counts, not full-time equivalent.

The data for Germany exclude elderly care nurses, formal workers working predominantly in administration, and persons declared to social security systems as care givers, resulting in a substantial under-estimation. The data for Italy exclude workers in semi-residential long-term care facilities. The data for Japan involve double-counting as some workers may work in more than one home. The data for Ireland refer only to the public sector.

Information on data for Israel: <http://dx.doi.org/10.1787/888932315602>.

8.6.1 Long-term care workers as share of population aged 65 and over, 2009 (or nearest year)

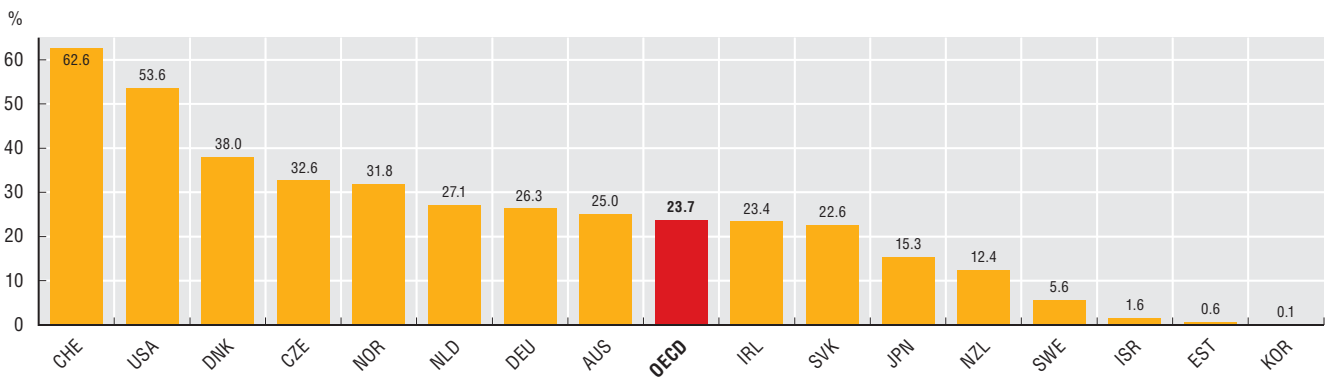


1. In Sweden, the United States, Spain and the Slovak Republic, it is not possible to distinguish LTC workers in institutions and at home.

Source: OECD Health Data 2011.

StatLink <http://dx.doi.org/10.1787/888932526597>

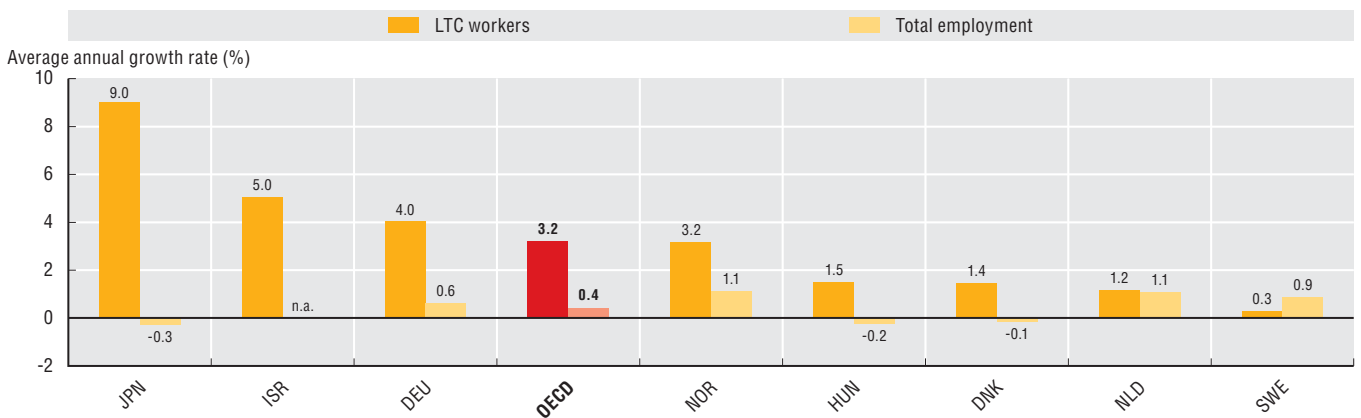
8.6.2 Share of nurses in relation to all long-term care workers (nurses and personal care workers), 2009 (or nearest year)



Source: OECD Health Data 2011.

StatLink <http://dx.doi.org/10.1787/888932526616>

8.6.3 Trends in long-term care employment and total employment, 2000-09 (or nearest year)



Source: OECD Health Data 2011.

StatLink <http://dx.doi.org/10.1787/888932526635>



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