Nurses

Nurses greatly outnumber physicians in most OECD countries. Nurses play a critical role in providing health care not only in traditional settings such as hospitals and long-term care institutions but increasingly in primary care (especially in offering care to the chronically ill) and in home care settings.

There are concerns in many countries about current and possible future shortages of nurses, given that the demand for nurses is expected to rise in a context of population ageing and the retirement of the current "baby-boom" generation of nurses. These concerns have prompted actions in many countries to increase the training of new nurses (see the indicator on nursing graduates), combined with efforts to increase the retention rate of nurses in the profession. The latter has increased in recent years in many countries either because of the impact of the economic crisis that have prompted more nurses to stay or come back in the profession, or following deliberate efforts to improve their working conditions (OECD, forthcoming).

On average across OECD countries, there were around nine nurses per 1 000 population in 2013, up from less than eight nurses in 2000, so the number of nurses has gone up both in absolute terms and on a per capita basis (Figure 5.13). In 2013, the number of nurses per capita was highest in Switzerland, Norway, Denmark, Iceland and Finland, with more than 14 nurses per 1 000 population. The number of nurses per capita in OECD countries was lowest in Turkey (with less than 2 nurses per 1 000 population), and Mexico and Greece (with between 2 and 4 nurses per 1 000 population). With regards to partner countries, the number of nurses per capita was generally low compared with the OECD average. In 2013, Colombia, Indonesia, South Africa, India and Brazil had fewer than 1.5 nurse per 1 000 population, although numbers have been growing quite rapidly in Brazil in recent years.

The number of nurses per capita increased in almost all OECD countries since 2000. This was the case in countries that already had a high density of nurses in 2000 such as Switzerland, Norway and Denmark, but also in Korea, Portugal and France which used to have a relatively low density of nurses but have converged towards the OECD average (in the case of Korea and Portugal) or have now moved beyond the OECD average (in the case of France). The number of nurses per capita declined between 2000 and 2013 in Israel, as the size of the population grew more rapidly than the number of nurses. It also declined in the Slovak Republic, in both absolute numbers and on a per capita basis.

In 2013, there were about three nurses per doctor on average across OECD countries, with about half of the countries reporting between two to four nurses per doctor (Figure 5.14). The nurse-to-doctor ratio was highest in Finland, Japan, Ireland and Denmark (with at least 4.5 nurses per doctor). It was lowest in Greece (with only about half a nurse per doctor) and in Turkey and Mexico (with only about one nurse per doctor).

In response to shortages of doctors and to ensure proper access to care, some countries have developed more advanced roles for nurses. Evaluations of nurse practitioners from the United States, Canada, and the United Kingdom show that advanced practice nurses can improve access to services and reduce waiting times, while delivering the same quality of care as doctors for a range of patients, including those with minor illnesses and those requiring routine follow-up. Existing evaluations find a high patient satisfaction rate, while the impact on cost is either cost-reducing or cost-neutral. The implementation of new advanced practice nursing roles may require changes to legislation and regulation to remove any barrier to extensions in their scope of practice (Delamaire and Lafortune, 2010).

Definition and comparability

The number of nurses includes those employed in public and private settings providing services directly to patients ("practising") and in some cases also those working as managers, educators or researchers.

In those countries where there are different levels of nurses, the data include both "professional nurses" who have a higher level of education and perform higher level tasks and "associate professional nurses" who have a lower level of education but are nonetheless recognised and registered as nurses. Midwives, as well as nursing aids who are not recognised as nurses, should normally be excluded. However, about half of OECD countries include midwives because they are considered as specialist nurses.

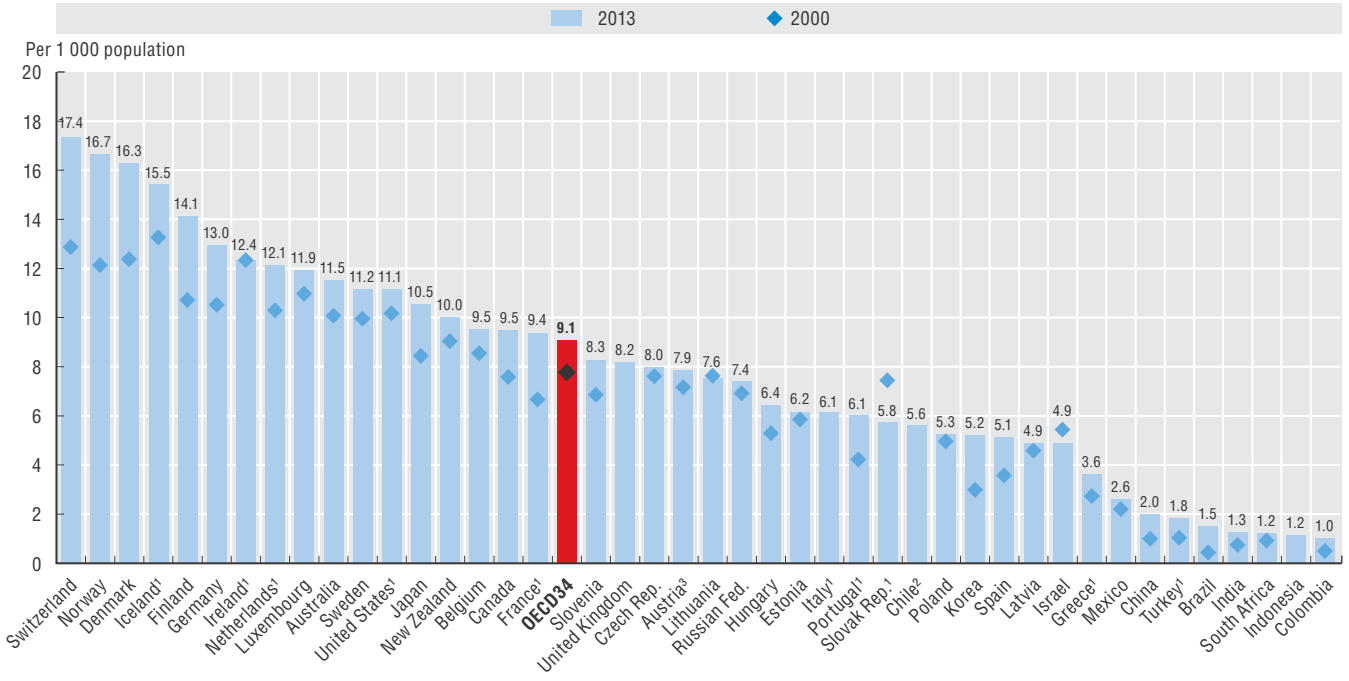
Austria reports only nurses working in hospital, resulting in an under-estimation.

References

Delamaire, M.-L. and G. Lafortune (2010), "Nurses in Advanced Roles: A Description and Evaluation of Experiences in 12 Developed Countries", *OECD Health Working Paper*, No. 54, OECD Publishing, Paris, *http://dx.doi.org/10.1787/5kmbrcfms5g7-en*.

OECD (forthcoming), Health Workforce Policies in OECD Countries: Right Jobs, Right Skills, Right Places (preliminary title), OECD Publishing, Paris.

5.13. Practising nurses per 1 000 population, 2000 and 2013 (or nearest year)

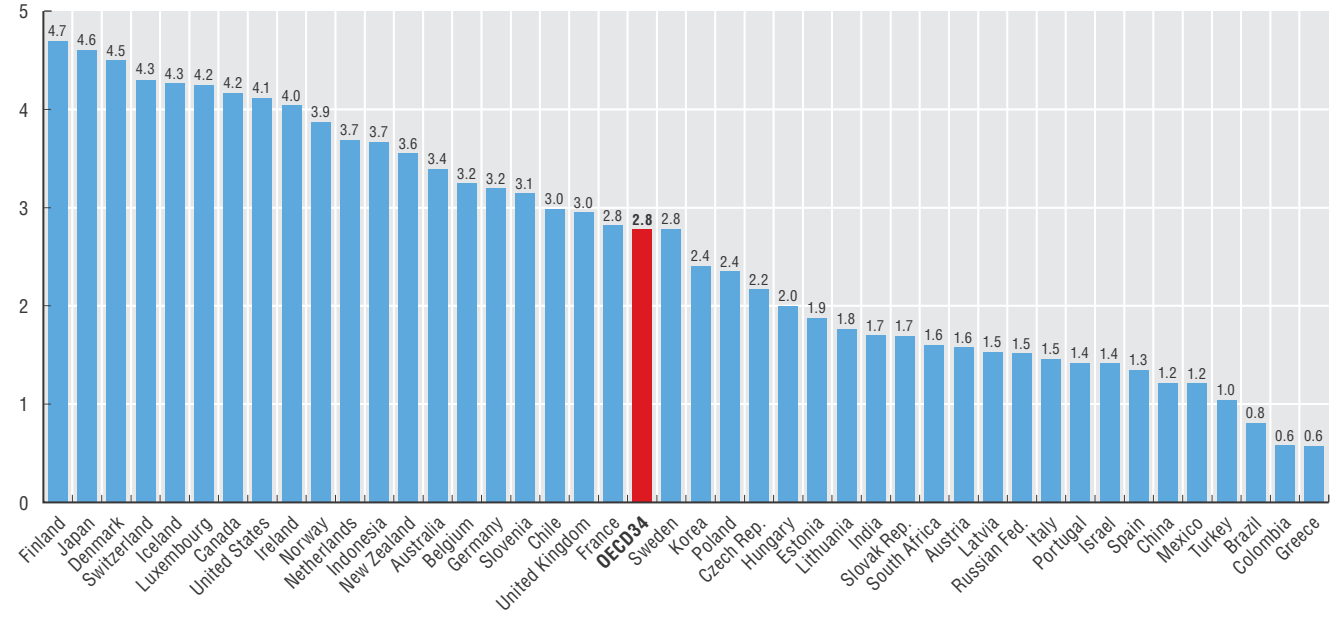


1. Data include not only nurses providing direct care to patients, but also those working in the health sector as managers, educators, researchers, etc.
2. Data in Chile refer to all nurses who are licensed to practice (less than one-third are professional nurses with a university degree).
3. Austria reports only nurses employed in hospital.

Source: OECD Health Statistics 2015, http://dx.doi.org/10.1787/health-data-en.

StatLink http://dx.doi.org/10.1787/888933280929

5.14. Ratio of nurses to physicians, 2013 (or nearest year)



Note: For those countries which have not provided data for practising nurses and/or practising physicians, the numbers relate to the same concept ("professionally active" or "licensed to practice") for both nurses and physicians, for the sake of consistency. The ratio for Portugal is understimated because the number of doctors includes all licensed to practise.

Source: OECD Health Statistics 2015, http://dx.doi.org/10.1787/health-data-en.

Information on data for Israel: *http://oe.cd/israel-disclaimer*

StatLink http://dx.doi.org/10.1787/888933280929