

3. HEALTH WORKFORCE

3.7. 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.

However, there are concerns in many countries about shortages of nurses, and these concerns may well intensify in the future as the demand for nurses continues to increase and the ageing of the “baby-boom” generation precipitates a wave of retirements among nurses. These concerns have prompted actions in many countries to increase the training of new nurses combined with efforts to increase the retention of nurses in the profession, even as the economic crisis has squeezed health budgets.

On average across OECD countries, there were 8.8 nurses per 1 000 population in 2011 (Figure 3.7.1). The number of nurses per capita was highest in Switzerland, Denmark, Belgium and Iceland, with more than 14 nurses per 1 000 population (although the number in Belgium is over-estimated because it refers to all nurses who are licensed to practice). The number of nurses per capita in OECD countries was lowest in Turkey, Mexico and Greece. The number of nurses per capita was also low compared with the OECD average in key emerging countries, such as Indonesia, India, South Africa, Brazil and China where there were fewer than two nurses per 1 000 population in 2011, although numbers have been growing quite rapidly in some of these countries in recent years (Figure 3.7.1).

The number of nurses per capita increased in almost all OECD countries over the past decade. Portugal, Korea, Turkey and Spain saw the largest increase since 2000, although the number of nurses per capita in these four countries remains well below the OECD average. The number of nurses per capita declined between 2000 and 2011 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), although the recent increase in the number of admissions and graduates from nursing education programmes may lead to an increase in the coming years.

In 2011, the nurse-to-doctor ratio ranged from 4.5 nurses per doctor in Japan to half a nurse per doctor in Greece and one nurse per doctor in Turkey (Figure 3.7.2). The number of nurses per doctor was also relatively low in Mexico, Spain, Israel and Portugal, with 1.5 nurses per doctor or

less. The average across OECD countries was just below three nurses per doctor, with most countries reporting between two to four nurses 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. Most 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).

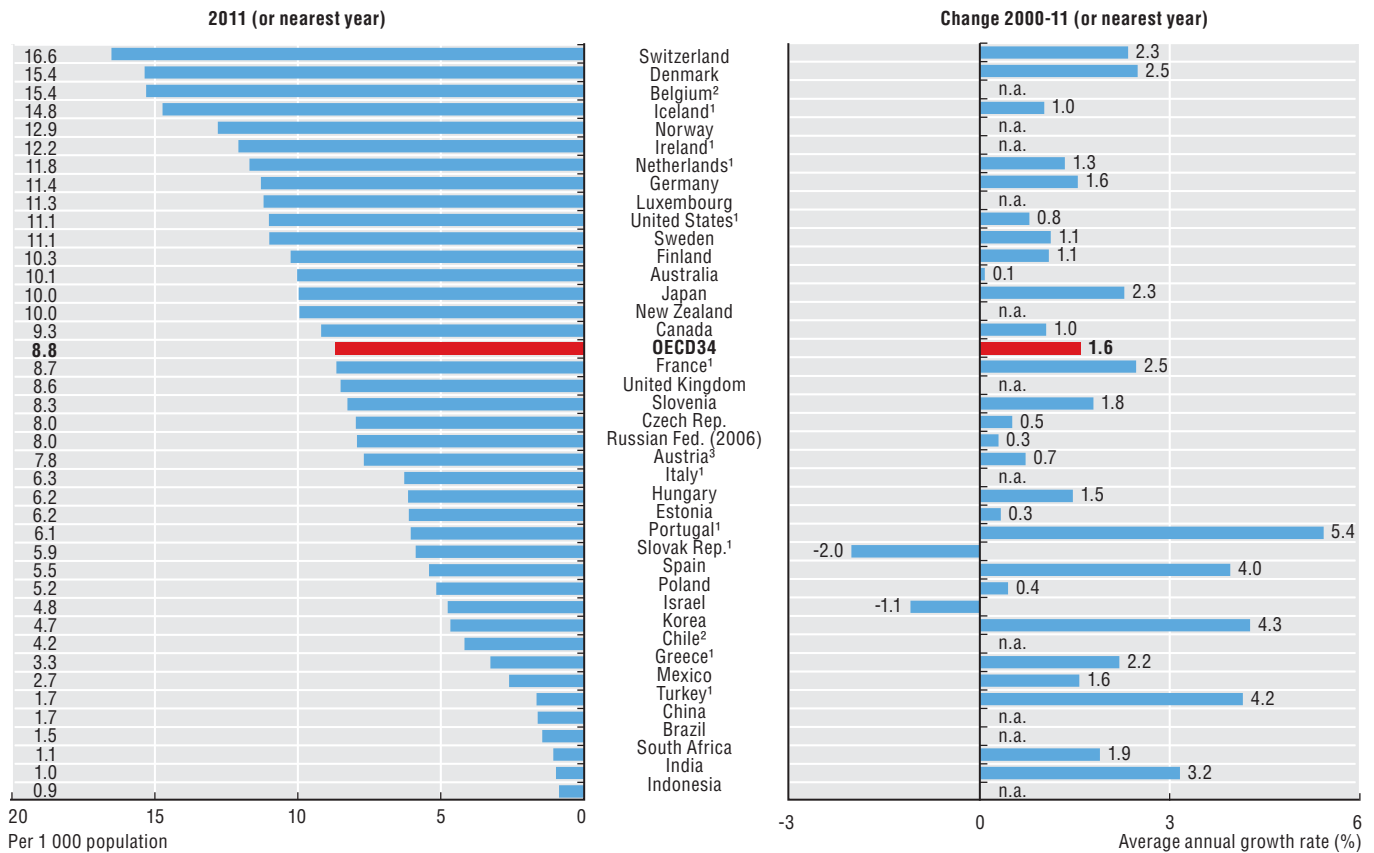
Definition and comparability

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. Belgium reports all nurses licensed to practice (resulting in a large over-estimation).

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 hospitals, resulting in an under-estimation. Data for Germany does not include about 277 500 nurses (representing an additional 30% of nurses) who have three years of education and are providing services for the elderly.

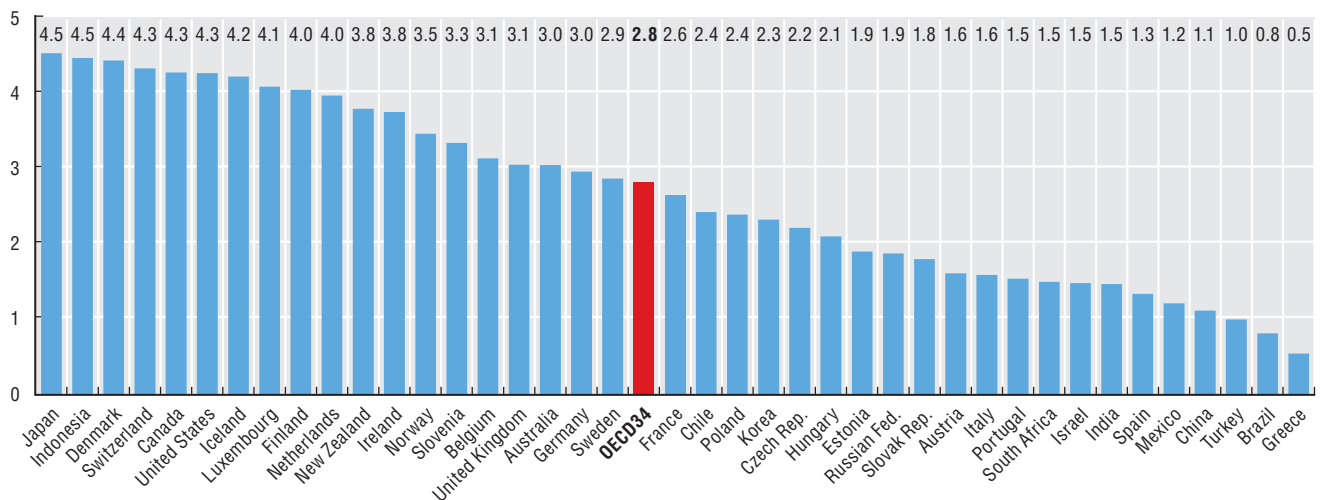
3.7.1. Practising nurses per 1 000 population, 2011 and change between 2000 and 2011



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 refer to all nurses who are licensed to practice.
 3. Austria reports only nurses employed in hospital.
- Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888932917066>

3.7.2. Ratio of nurses to physicians, 2011 (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.

Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888932917085>



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