

Nursing graduates

Many OECD countries have taken steps over the past decade or so to increase the number of students admitted in nursing schools in response to concerns about current or possible future shortages of nurses (OECD, 2016). Nonetheless, there are wide variations across countries in training efforts of new nurses, which may be explained by: differences in the current number and age structure of the nursing workforce (and hence the replacement needs); in the capacity of nursing schools to take on more students; and the future employment prospects of nurses.

In 2015, there were on average around 46 new nurse graduates per 100 000 population across OECD countries, up from less than 40 in 2003. Korea, Switzerland and Denmark had the highest number of new nurse graduates relative to their population, with these three countries graduating more than 90 new nurses per 100 000 population in 2015. Mexico, Luxembourg and the Czech Republic had the lowest number, with less than 16 nurse graduates per 100 000 population (Figure 8.14).

Over the past decade, the number of nursing graduates has increased in all OECD countries, but at different rates (Figure 8.15). The number has increased strongly in many of the countries which had relatively low number of graduates per capita. Mexico has among the lowest number of nursing graduates, but between 2000 and 2015 there was an eight-fold increase in the number of nursing graduates per capita. Over the same period, Italy has also shown a four-fold increase in the number of nursing graduates per capita.

Among the countries already with above average number of nursing graduates per capita, the increase has been more modest. Germany has shown an increase in the number of nurse graduates since 2012 through the expansion of registered nurse training programmes in several universities, in addition to the programmes traditionally offered in vocational nursing schools (Cassier-Woidasky, 2013). Norway has also shown a modest increase in the last few years. Japan and Finland showed a decline in the

number of nursing graduates in the earlier part of the decade, but has shown some modest increase in recent years.

In France, the number of graduates from nursing schools increased by 87% between 2000 and 2015. The *numerus clausus* set by the French Ministry of Health to control entry in nursing education programmes was expanded substantially since 1999. Most of the growth occurred in the academic year of 2000/01 when the annual quota was increased by 43%, driven by a projected reduction in the supply of nurses resulting from the reduction of working time to 35 hours per week, as well as a more general concern about the anticipated retirement of a large number of nurses.

Definition and comparability

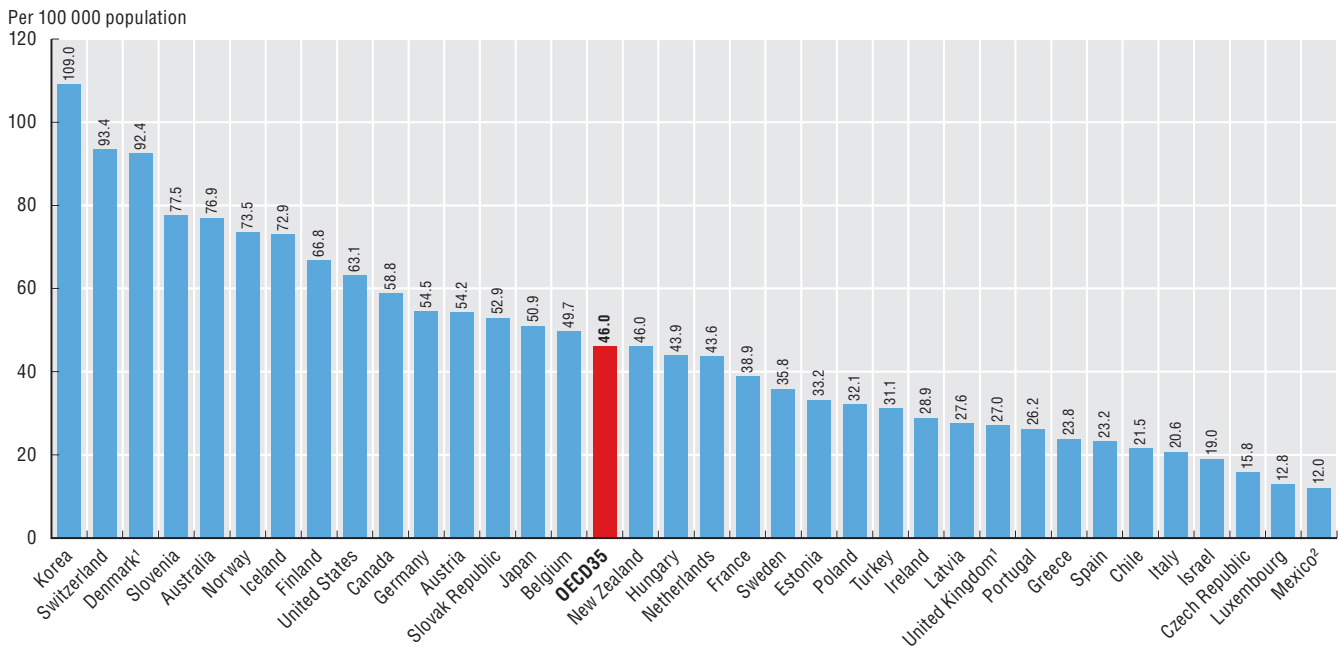
Nursing graduates refer to the number of students who have obtained a recognised qualification required to become a licensed or registered nurse. They include graduates from both higher level and lower level nursing programmes. They exclude graduates from Masters or PhD degrees in nursing to avoid double-counting nurses acquiring further qualifications.

The data for Denmark and the United Kingdom are based on the number of new nurses receiving an authorisation to practice.

References

- Cassier-Woidasky, A.-K. (2013), *Nursing Education in Germany – Challenges and Obstacles in Professionalisation*, DHBW, Stuttgart.
- OECD (2016), *Health Workforce Policies in OECD Countries: Right Jobs, Right Skills, Right Places*, OECD Publishing, Paris, <http://dx.doi.org/10.1787/9789264239517-en>.

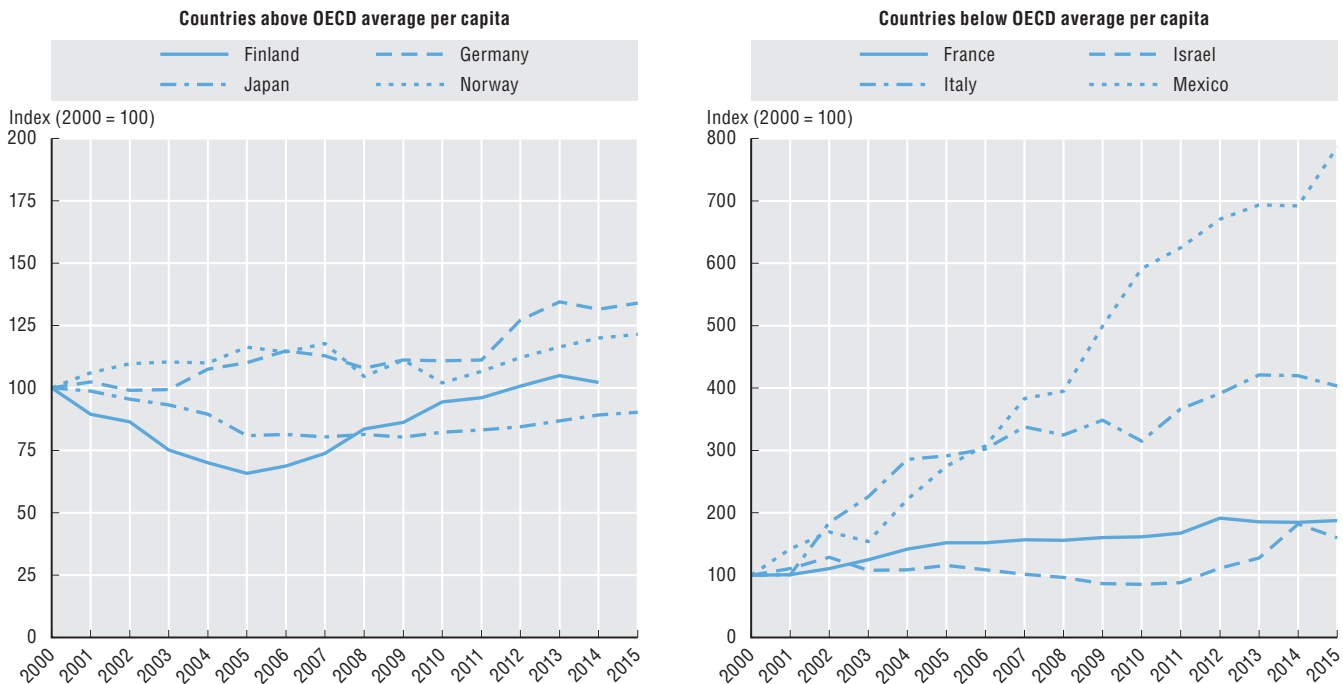
8.14. Nursing graduates, 2015 (or nearest year)



1. In Denmark and the United Kingdom, the numbers refer to new nurses receiving an authorisation to practice, which may result in an over-estimation if these include foreign-trained nurses.
 2. In Mexico, the data include professional nursing graduates only.
 Source: OECD Health Statistics 2017.

StatLink <http://dx.doi.org/10.1787/888933604780>

8.15. Evolution in the number of nursing graduates, selected OECD countries, 2000 to 2015 (or nearest year)



Source: OECD Health Statistics 2017.

StatLink <http://dx.doi.org/10.1787/888933604799>



From:
Health at a Glance 2017
OECD Indicators

Access the complete publication at:
https://doi.org/10.1787/health_glance-2017-en

Please cite this chapter as:

OECD (2017), "Nursing graduates", in *Health at a Glance 2017: OECD Indicators*, OECD Publishing, Paris.

DOI: https://doi.org/10.1787/health_glance-2017-57-en

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