# Nurses

Nurses greatly outnumber physicians in most OECD countries, and they 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 settings (especially to manage the care of the chronically ill) and in home care settings.

There are growing concerns in many OECD countries about 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 retention rate of nurses has increased in recent years in many countries either due to 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, 2016).

On average across OECD countries, the number of nurses on per capita basis has gone up from 7.3 per 1 000 population in 2000 to nine nurses per 1 000 population in 2015 (Figure 8.12). In 2015, 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, Chile and Mexico (with less than 3 per 1 000 population). With regards to OECD partner countries, the number of nurses per capita was generally low compared with the OECD average. In 2015, Colombia, Indonesia, South Africa, India and Brazil had fewer than 1.5 nurses per 1 000 population, although numbers have been growing quite quickly in Brazil in recent years.

The number of nurses per capita increased in almost all OECD countries since 2000. Korea and Portugal had a relatively low density of nurses but have now converged towards the OECD average. France has also increased from a relatively low density to a level above the OECD average. A significant increase was registered in countries that already had a high density of nurses in 2000, such as Switzerland, Finland and Denmark. In Ireland and Israel, the number of nurses per capita declined between 2000 and 2015 as the size of the population grew more rapidly than the number of nurses. In the Slovak Republic, the number of nurses declined both in absolute numbers and on a per capita basis.

In 2015, 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 8.13). The nurse-to-doctor ratio was highest in Japan, Finland and Denmark (with 4.6 nurses per doctor). It was lowest in Chile, Turkey and Mexico with less than 1.2 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. Health care assistants (or nursing aids) who are not recognised as nurses are excluded. Midwives are excluded, except in some countries where they are at least partly included because they are considered as specialist nurses or for other reasons (Australia, Ireland and Spain).

Austria and Greece report 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.

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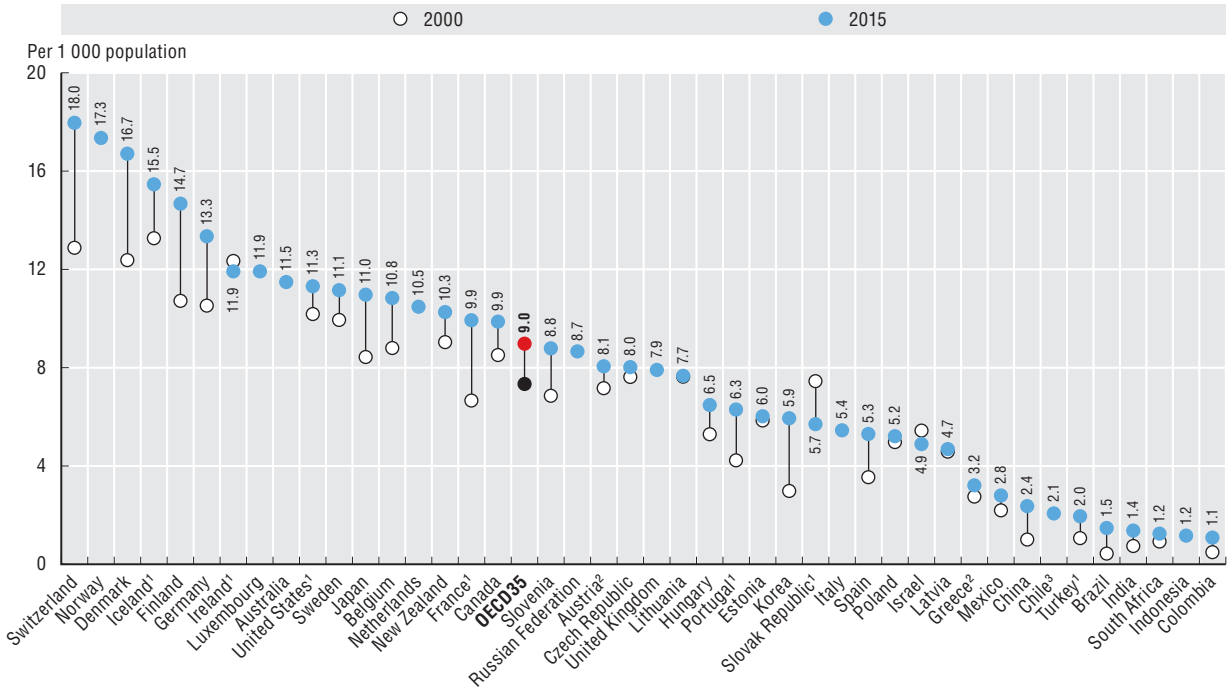
UN High-Level Commission on Health Employment and Economic Growth (2016), "Working for Health and Growth: Investing in the Health Workforce", WHO, Geneva, retrieved from *http://www.who.int/hrh/com-heeg/reports*.

## 8.12. Practising nurses per 1 000 population, 2000 and 2015 (or nearest year)

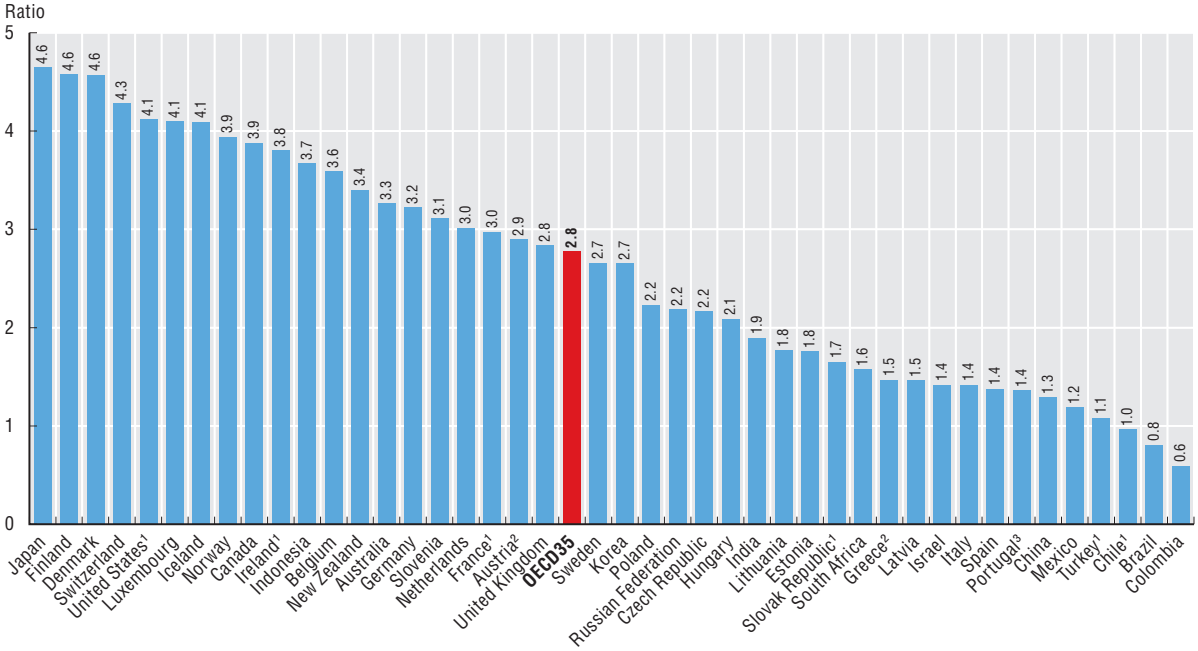



1. Data include not only nurses providing direct care to patients, but also those working in the health sector as managers, educators, researchers, etc.
2. Austria and Greece report only nurses employed in hospital.
3. Data in Chile refer to all nurses who are licensed to practice.

*Source: OECD Health Statistics 2017.*

StatLink http://dx.doi.org/10.1787/888933604742

## 8.13. Ratio of nurses to doctors, 2015 (or nearest year)




1. For those countries which have not provided data for practising nurses and/or practising doctors, the numbers relate to the "professionally active" concept for both nurses and doctors (except for Chile where numbers include all nurses and doctors licensed to practice).
2. For Austria and Greece, the data refer to nurses and doctors employed in hospital.
3. The ratio for Portugal is underestimated because the numerator refers to professionally active nurses while the denominator includes all doctors licensed to practice.

*Source: OECD Health Statistics 2017.*

StatLink http://dx.doi.org/10.1787/888933604761

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