

In all countries, nurses are the most numerous health professional group. Nurses play a critical role in providing access to 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 or future shortages of nurses, particularly as the demand for nurses is expected to continue to increase with ageing populations while the ageing of the “baby boom” generation of nurses itself is expected to lead to the retirement of many nurses in the coming years. However, many countries have already anticipated this wave of retirement by increasing the training of new nurses, combined with efforts to increase retention rates in the profession (OECD, 2016).

On average across EU countries, there were 8.4 nurses per 1 000 population in 2014, up from 6.9 in 2000 (Figure 7.12). The number of nurses per capita was highest in Denmark, Finland and Germany. In Denmark, 60% of nurses are “professional” (or “qualified”) nurses while the other 40% are “associate professional” (or “qualified auxiliary”) nurses who are trained at a lower level and perform lower tasks. This is also the case in Switzerland (the European country with the highest number of nurses per capita). In other countries such as France, Italy, Luxembourg and Spain, there are no “associate professional” nurses as such, but a large number of health care assistants (or nursing aids) provide assistance to nurses. Greece had the fewest number of nurses per capita among EU countries (although the number only includes those working in hospital), followed by Bulgaria and Latvia.

Since 2000, the number of nurses per capita has increased in most European countries, except in Latvia and Lithuania where the number of nurses per capita has remained stable (meaning that there has been in effect a reduction in the absolute number of nurses given that the overall population has come down) and the Slovak Republic where the number of nurses has come down both in absolute number and on a per capita basis. The increase was particularly large in Denmark, Finland and France, but also in Malta, Portugal and Spain, although the number per capita still remains below the EU average in these last three countries.

In Malta, a series of measures have been taken to train more nurses domestically and attract more nurses from other countries to address current shortages. The bachelor degree to become a nurse in Malta is free of charge for students, and once students have graduated, they are also encouraged to take more training by taking time off while continuing to receive at least part of their salary. Malta has also accepted that any nurse who has worked in another EU country will have their years of service abroad counted as years of service in the Maltese public sector. It has also implemented family-friendly initiatives such as free childcare and opportunities to work reduced hours. In terms of remuneration, nurses now get the same basic salary as junior doctors after two years of service in nursing.

In 2014, the number of nurses per doctor ranged from more than four in Finland, Denmark and Luxembourg, to about only one nurse per doctor in Bulgaria (Figure 7.13). The average across EU member states was two-and-a-half nurses per doctor. The ratio of nurses per doctor was generally low in Southern European countries such as Spain, Portugal, Greece and Italy, suggesting a possible undersupply of nurses relative to doctors and an inefficient allocation of tasks.

In response to shortages of general practitioners, some countries have introduced or extended advanced roles for nurses to ensure proper access to primary care. Evaluations of the experience with (advanced) nurse practitioners in Finland and the United Kingdom show that they can improve access to care and reduce waiting times, while providing the same quality of care as doctors for a range of patients including those with minor illnesses or requiring routine follow-up. The development of new advanced roles for nurses requires the implementation of more advanced education and training programmes to ensure that they have the right skills and competencies, and also often require legislative and regulatory changes to remove barriers to the extension in their scope of practice (Maier et al., forthcoming).

Definition and comparability

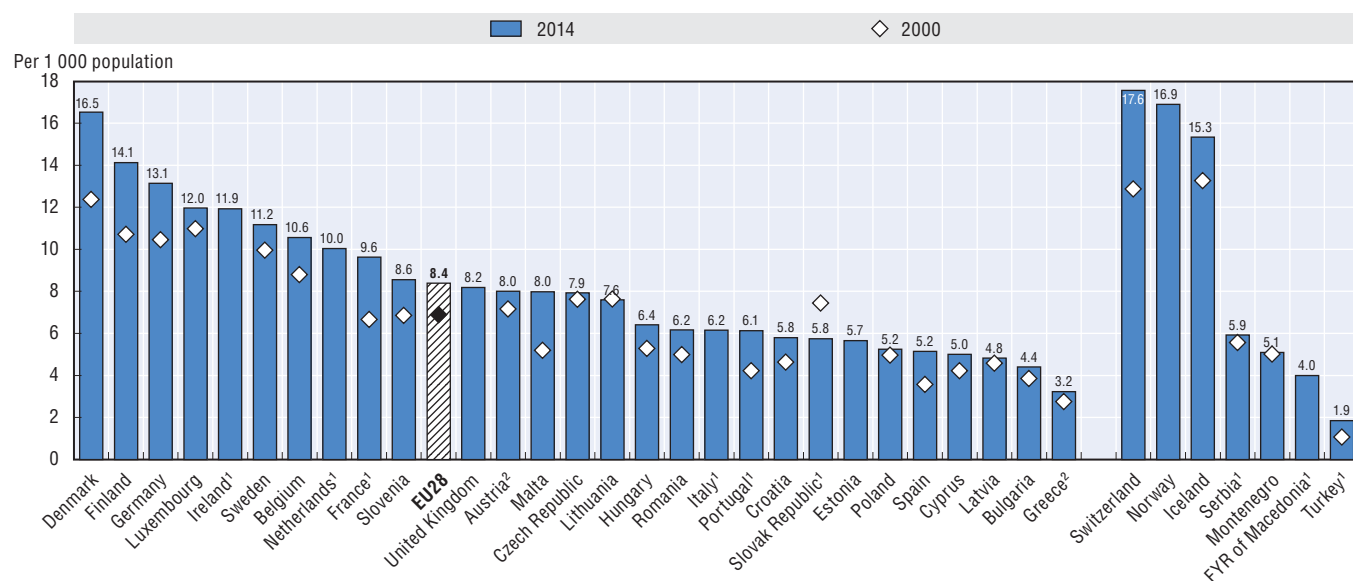
The number of nurses includes those providing services for patients (“practising”), but in some countries also those working as managers, educators or researchers (“professionally active”). In countries where there are different levels of nurses, the data include both “professional” (or “qualified”) nurses who have a higher level of education and perform higher level tasks, and “associate professional” (or “qualified auxiliary”) 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 (Cyprus, Ireland and Spain).

Austria and Greece report only nurses working in hospitals (resulting in an underestimation).

References

- Maier, C. et al. (forthcoming), “Nurses in Advanced Roles in Primary Care: Policy Levers for Implementation”, OECD *Health Working Papers*, OECD Publishing, Paris.
- 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>.

7.12. Practising nurses per 1 000 population, 2000 and 2014 (or nearest year)



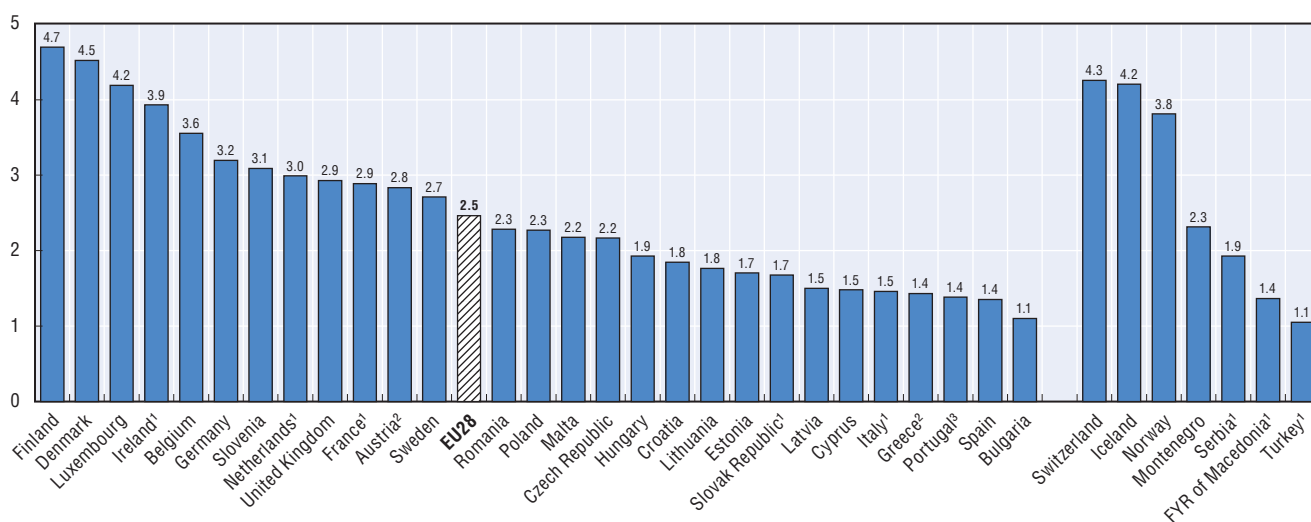
1. Data include not only nurses providing care for patients, but also those working as managers, educators, researchers, etc.

2. Austria and Greece report only nurses employed in hospital.

Source: OECD Health Statistics 2016; Eurostat Database.

StatLink <http://dx.doi.org/10.1787/888933429812>

7.13. Ratio of nurses to doctors, 2014 (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.

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 2016; Eurostat Database.

StatLink <http://dx.doi.org/10.1787/888933429827>



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