

Long-term care workers

Long-term care (LTC) is a labour-intensive service, and formal care is in many cases a necessary complement to informal, unpaid work in supporting people with LTC needs (see indicators on “Informal carers”). Formal LTC workers are defined as paid staff – typically nurses and personal carers – who provide care and/or assistance to people limited in their daily activities at home or in institutions, excluding hospitals. There are on average five LTC workers per 100 people aged 65 and over across 28 OECD countries, ranging from 13 in Norway to less than one in Greece, Poland, and Portugal (Figure 11.25).

In more than half of OECD countries, population ageing has outpaced the growth of LTC supply. The LTC workforce has stagnated or declined even in countries where the LTC supply is much higher than the OECD average (such as Denmark, the Netherlands, Norway, and Sweden). Nine countries experienced an overall increase in their LTC supply between 2011 and 2016. As populations continue to age, demand for LTC workers is likely to rise. Responding to increasing demand will require policies to improve recruitment; improve retention; and increase productivity.

Less than one-quarter of LTC workers hold tertiary education across OECD countries (see Figure 11.23). This can be explained by the fact that personal care workers represent 70% of the LTC workforce on average in OECD countries, and up to 90% in a few countries (Estonia, Switzerland, Korea, Israel, and Sweden). Only Germany, Hungary, and Switzerland have a supply of nurses greater than the supply of personal care workers. Very few countries currently require personal care workers to hold minimum education levels, licences and/or certifications. Despite being mostly staffed by lower-skilled workers, LTC involves spending significant time delivering more complex tasks than basic care. Personal care workers do not always have sufficient knowledge and training, which can affect the quality of care delivered.

Working conditions in this sector tend to be relatively poor. This tends to affect women disproportionately as, on average, women hold about 90% of the jobs in the LTC sector. For instance, 45.5% of LTC workers work part-time in OECD countries (Figure 11.24.) In northern and central European countries, more than half of workers are

employed on a part-time basis. Part-time work is particularly widespread among personal carers and home-based workers. The fact that basic LTC services are mostly needed for reduced hours at specific times of the day may contribute to explain such high rates. In addition, half of LTC workers experience shift work and almost one quarter are on temporary contracts. Further, while LTC tends to be demanding, both physically and mentally, pay is often low.

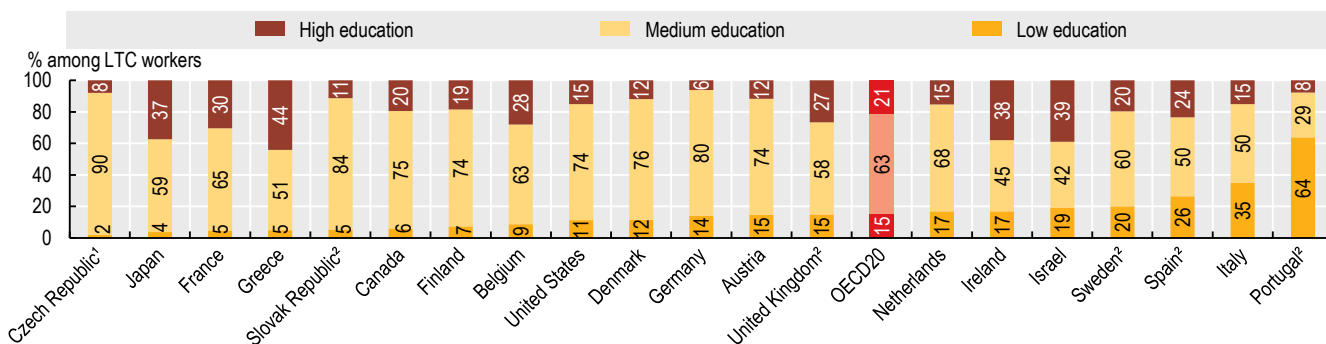
Definition and comparability

LTC workers are defined as paid workers who provide care at home or in institutions (outside hospitals). They include qualified nurses and personal care workers providing assistance with activities of daily living (ADL) and other personal support. Personal care workers include different categories that may be called different names in different countries. Because personal care workers may not be part of recognised occupations, it is more difficult to collect comparable data for this category of LTC workers across countries. LTC workers also include family members or friends who are employed under a formal contract by the care recipient, an agency, or public and private care service companies. They exclude nurses working in administration. The numbers are expressed as head counts, not full-time equivalents. Data refer only to workers employed in the public sector for some countries, but include workers in the private and not-for-profit sectors for others. Data from the Czech Republic and Japan are based on surveys of establishments, meaning that people who work in more than one establishment are double-counted.

References

- [1] OECD (2018), *Care Needed: Improving the Lives of People with Dementia*, OECD Health Policy Studies, OECD Publishing, Paris, <https://dx.doi.org/10.1787/9789264085107-en>.

Figure 11.23. Long-term care workers by education level, 2016

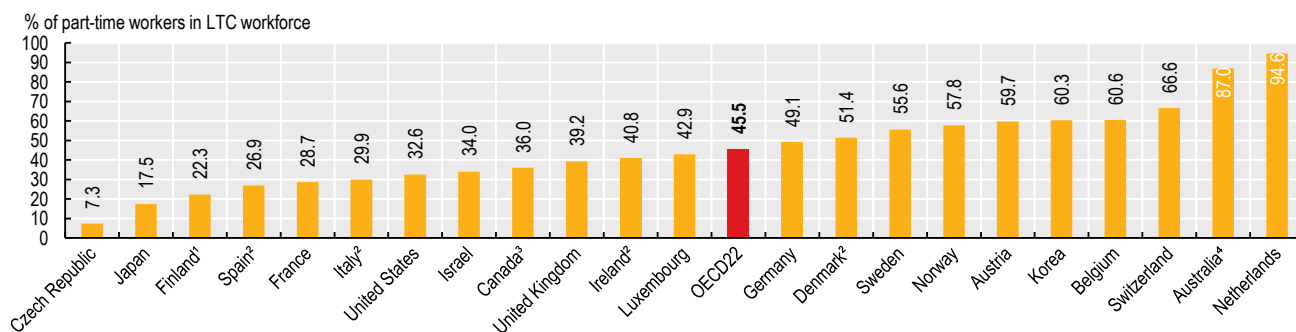


Note: EU-Labour Force Survey (LFS) data based on ISCO 4 digit and NACE 2 digit. 1. Interpret with caution as sample sizes small. 2. Based on ISCO 3 digit and NACE 2 digit.

Source: EU-LFS; ASEC-CPS for the United States; Census 2016 for Canada; LFS for Israel; Survey on Long-term Care Workers FY for Japan.

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Figure 11.24. Share of long-term care workers who work part-time, 2016

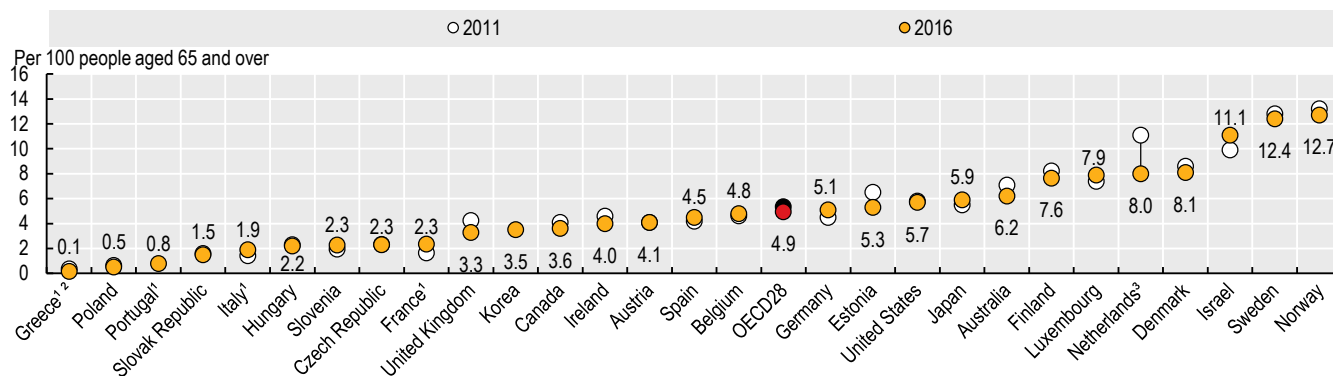


Note: EU-Labour Force Survey (LFS) data based on ISCO 4 digit and NACE 2 digit. 1. Interpret with caution as sample sizes small. 2. Based on ISCO 3 digit and NACE 2 digit. 3. Covers only those working mostly full-time or part-time. 4. Covers only those with a permanent position.

Source: EU-LFS; ASEC-CPS for the United States; Census 2016 for Canada; LFS for Israel; Survey on Long-term Care Workers FY for Japan; National Health Insurance System for Korea; OECD estimate based on national source for Australia.

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Figure 11.25. Long-term care workers per 100 people aged 65 and over, 2011 and 2016 (or nearest year)



Note: EU-Labour Force Survey (LFS) data based on ISCO 4 digit and NACE 2 digit. 1. Based on ISCO 3 digit and NACE 2 digit. 2. Interpret with caution as sample sizes small. 3. The decrease in the Netherlands partly due to a methodological break in 2012, as well as reforms.

Source: EU-LFS and OECD Health Statistics 2018, with the exception of the Quarterly LFS for the United Kingdom and the Current Population Survey (ASEC-CPS) for the United States; Eurostat Database for population demographics.

StatLink <https://doi.org/10.1787/888934018716>



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