

Long-term care workers

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 indicator “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 32 OECD countries, ranging from 12 in Norway and Sweden to less than one in Greece, Poland and Portugal (Figure 10.19). COVID-19 has exacerbated the need for higher staffing levels to replace sick or isolating LTC workers and to take care of ill LTC recipients. While nearly all OECD countries with available data have introduced measures (such as funding) to recruit LTC workers directly or indirectly, more could be done (OECD, forthcoming[3]).

In more than half of OECD countries, population ageing has been outpacing the growth of the 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 Norway and Sweden). Nine countries experienced a small overall increase in their LTC supply between 2011 and 2019, but only of about one LTC worker (or less) per 100 people 65 or older. As populations continue to age, demand for LTC workers is likely to rise. Responding to increasing demand will require policies to improve recruitment and retention, and increase productivity.

Less than one-quarter of LTC workers held tertiary education across OECD countries in 2019 (Figure 10.20). 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 (OECD, 2018[10]). 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, however, 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.

Non-standard employment (including part-time and temporary work) is common in the LTC sector (Figure 10.21). This tends to affect women disproportionately as, on average, women hold about 90% of the jobs in the LTC sector. For instance, 42% of LTC workers worked part time in OECD countries in 2019. In

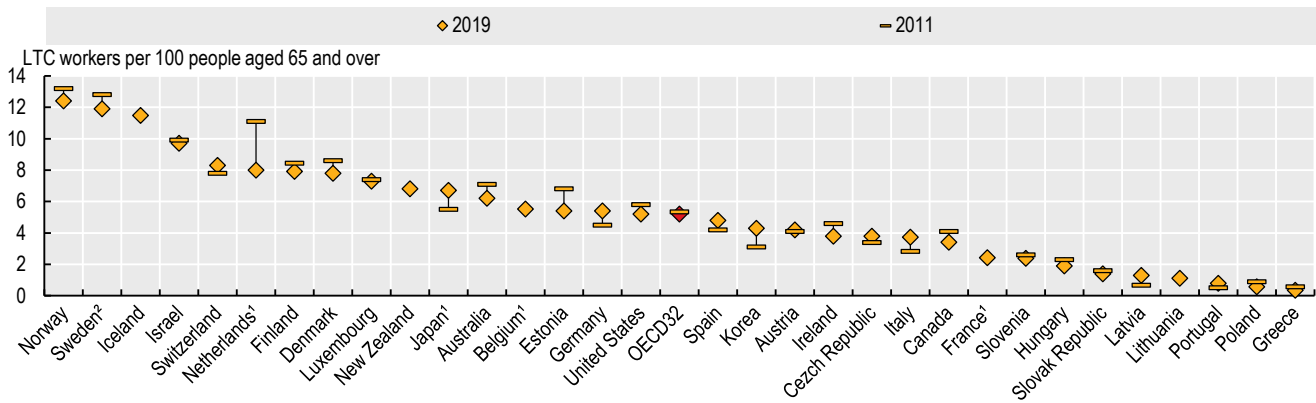
many northern and central European countries, more than half of LTC workers are employed on a part-time basis. Part-time work is particularly widespread among personal carers and home-based workers. The fact that basic LTC services are mostly needed for reduced hours at specific times of the day may contribute to explaining such high rates. Temporary employment is also common, contributing to job insecurity in the sector. About 17% of LTC workers held a temporary contract in OECD countries in 2019. Shares were about 40% or above in Japan and Poland, while they were below 10% in Australia, the United Kingdom, Ireland, Belgium and Luxembourg. However, nearly one-quarter of care workers have zero hours contracts in the United Kingdom. Workers under this type of contract typically have less access to training, do not always have benefits such as paid annual leave, suffer from low job security and have less access to social protection. Lack of continuity in staffing also affects quality of care. In addition, LTC tends to be demanding, both physically and mentally, and 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 ADL and other personal support. Personal care workers include various categories of workers, who 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. Data from OECD Health Statistics 2021 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 headcounts, not full-time equivalents.

Compared with the OECD’s latest publication on LTC workforce (OECD, 2018[10]), the methodology to select LTC workers in EU Labour Force Survey (EU-LFS) datasets changed because of modifications in Eurostat’s agreement with EU countries on thresholds of sample sizes, possibly leading to slightly higher number of workers.

Figure 10.19. Long-term care workers per 100 people aged 65 and over, 2011 and 2019 (or nearest year)

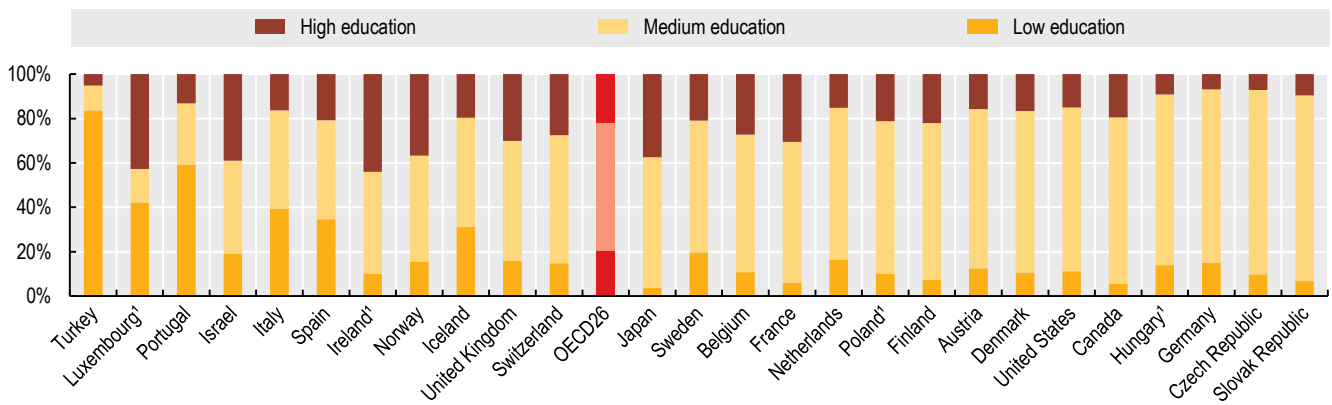


1. Break in time series. 2. Data for Sweden cover only public providers. In 2016, 20% of beds in LTC for people 65+ were provided by private companies (but publicly financed).

Source: OECD Health Statistics 2021, complemented with EU-LFS.

StatLink <https://stat.link/45bwo2>

Figure 10.20. Long-term care workers by education level, 2019 (or nearest year)

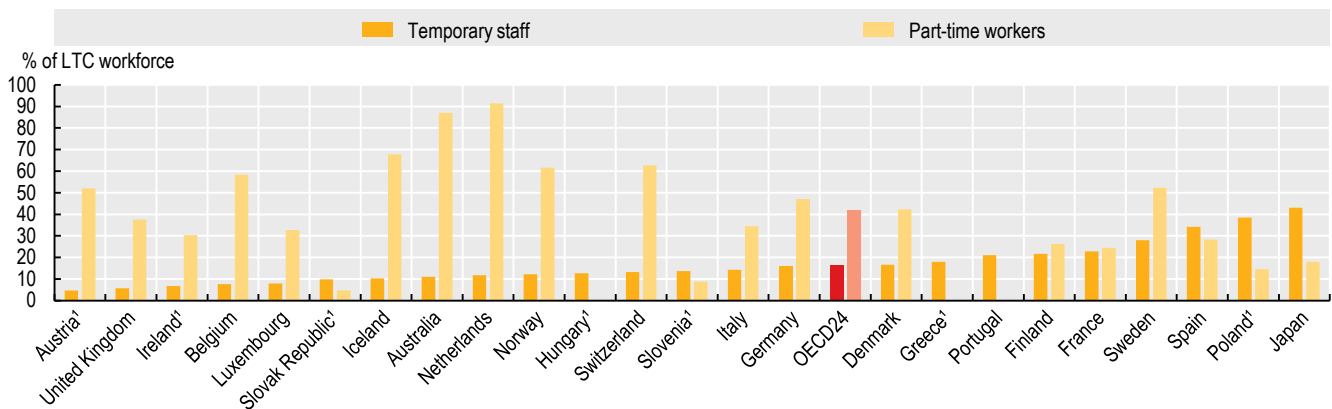


1. Small sample sizes: data should be interpreted with caution.

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

StatLink <https://stat.link/s9rm6f>

Figure 10.21. Share of long-term care workers who work part-time or on temporary contracts, 2019



1. Small sample sizes: data should be interpreted with caution.

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

StatLink <https://stat.link/8tajy>



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