

Nurses make up the most numerous category of health workers in nearly all OECD countries. The key role they play in providing care in hospitals, long-term care facilities and the community was highlighted again during the COVID-19 pandemic.

In 2019, there were just under nine nurses per 1 000 population on average across OECD member countries, ranging from less than three per 1 000 population in Colombia, Turkey, Mexico and Chile to about 18 in Norway and Switzerland (Figure 8.12).

In South Africa, Indonesia and India, there are relatively few nurses – fewer than 2.5 per 1 000 population. In China, the number of nurses has increased rapidly over the past two decades, from 1.0 per 1 000 population in 2000 to 3.1 per 1 000 population in 2019.

Between 2000 and 2019, the number of nurses per capita grew in almost all OECD countries, and the average rose from 7.0 per 1 000 population in 2000 to 8.8 per 1 000 population in 2019. Israel and the Slovak Republic are the only two OECD countries where the number of nurses per population fell between 2000 and 2019. The decrease in Israel is due to the rapid growth of the population (+44%), with the increase in the number of nurses not keeping up (+33%). In the Slovak Republic, the number of nurses declined in the 2000s and has remained at this lower level.

In the United Kingdom and Ireland, the number of nurses per capita in 2019 was about the same as in 2000, as the increase in the number of nurses just kept up with population growth. In the Baltic countries (Estonia, Latvia and Lithuania), the number of nurses per population has also remained fairly stable since 2000, because the absolute number of nurses has decreased at about the same rate as the overall population size.

Norway and Switzerland provide examples of countries that have managed to increase the number of nurses greatly over the past two decades. In Norway, the substantial increase has been driven by a series of measures to attract more students in nursing education and to retain more nurses in the profession by improving their working conditions. In 2016, the Norwegian Government adopted a five-year action plan – the *Competence Lift 2020* – to improve the competencies, pay and retention rates of nurses. This action plan was extended for another five years under the *Competence Lift 2025*. Although the number of nurses has increased, the dropout rate continues to be high, especially among nurses working in long-term care.

In Switzerland, the recent increase in the number of nurses has been driven mainly by a rise in the number of “associate professional nurses” (or “intermediate care workers”), who have lower qualifications than “professional nurses” (or “qualified nurses”). Between 2010 and 2019, the number of associate professional nurses increased almost three times faster than the number of professional nurses, and the share of

associate professional nurses increased from 29% in 2010 to 35% in 2019. Despite the growth in these two categories, hospitals and other health facilities continue to have difficulty recruiting nurses, and there are concerns about nurse shortages in the coming years.

In most countries, the growth in the number of nurses has been driven by growing numbers of domestic nursing graduates (see indicator “Nursing graduates”). However, in some countries, the immigration of foreign-trained nurses also played an important role. Over one-quarter (25%) of all practising nurses in New Zealand and Switzerland obtained their first nursing degree in another country; this proportion exceeds 15% in Australia and the United Kingdom (see indicator “International migration of doctors and nurses”). In Switzerland, most foreign-trained nurses come from France and Germany, and the numbers have risen strongly in recent years.

Nurses outnumber physicians in most OECD countries. On average, there are slightly less than three nurses to every doctor. The ratio of nurses per doctor ranges from about one nurse per doctor in Colombia, Chile, Costa Rica, Mexico and Turkey to more than four in Japan, Finland, the United States and Switzerland (Figure 8.13).

In many countries, there was strong demand to recruit nurses in response to the COVID-19 pandemic. In the United States, online job postings during the pandemic increased by 27% for registered nurses and 22% for licensed practical/vocational nurses. In Canada, they increased by 6% for registered nurses and 39% for licensed practical nurses (OECD, 2021[1]).

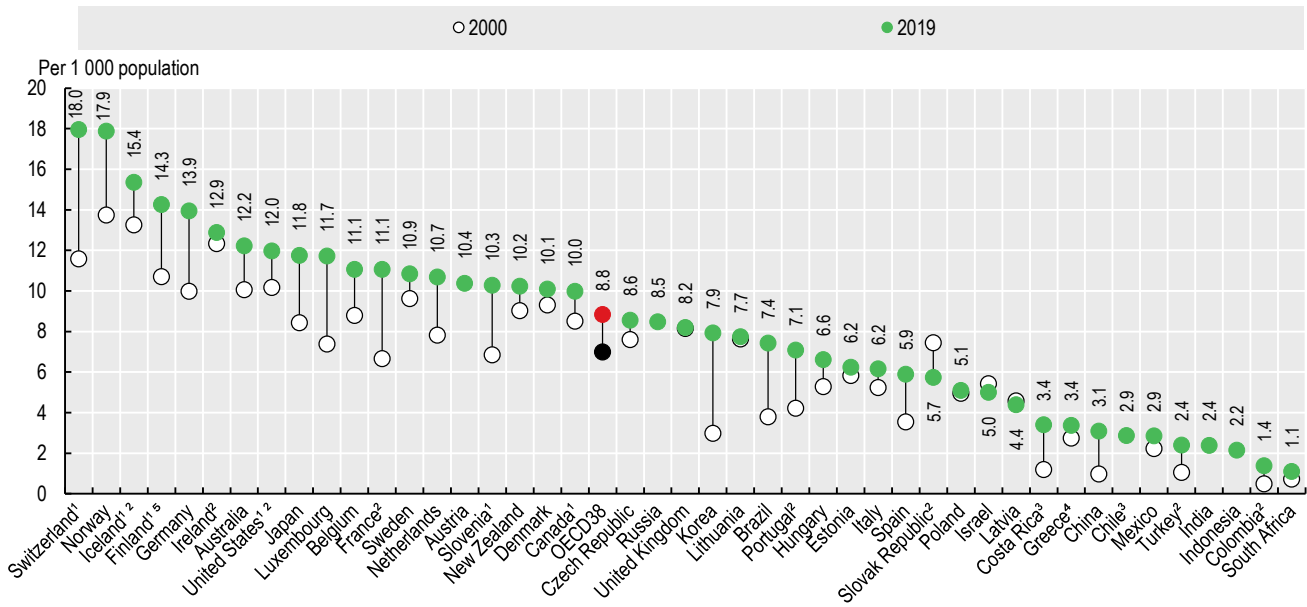
### Definition and comparability

The number of nurses includes those providing services directly to patients (“practising”) and in some cases also those working as managers, educators or researchers.

In countries where different nurses can hold different levels of qualification or role, the data include both professional nurses, who have a higher level of education and perform more complex or skilled tasks, and associate professional nurses, who have a lower level of education but are nonetheless recognised as nurses. Health care assistants (or nursing aides) who are not recognised as nurses are excluded. Midwives are excluded, except in some countries where they are included because they are considered as specialist nurses or for other reasons (Australia, Ireland and Spain).

Greece reports only nurses working in hospitals, resulting in an underestimation.

Figure 8.12. Practising nurses per 1 000 population, 2000 and 2019 (or nearest year)

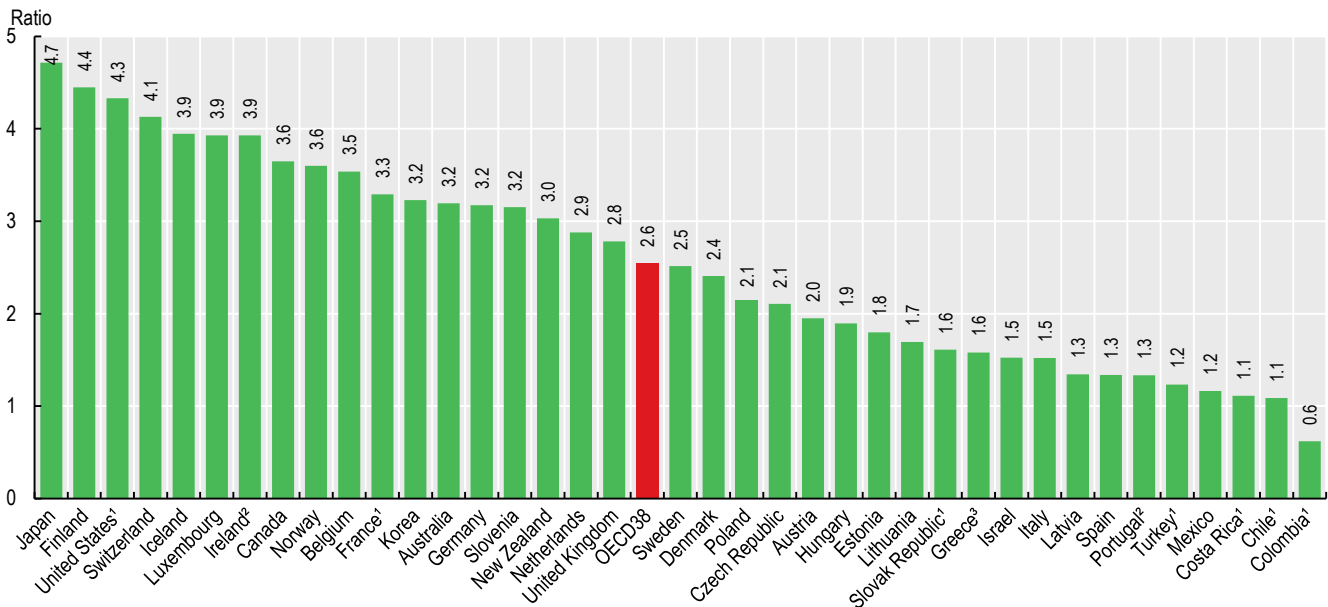


1. Associate professional nurses with a lower level of qualifications make up about two-thirds of nurses in Slovenia; about one-third in Switzerland, Iceland, Finland and Canada; and about 18% in the United States. In Switzerland, most of the growth since 2000 has been in this category. 2. Data include nurses working in the health sector as managers, educators, researchers and similar. 3. Data include all nurses licensed to practise. 4. Data only refer to nurses employed in hospitals. 5. Latest data is from 2014.

Source: OECD Health Statistics 2021.

StatLink <https://stat.link/mjae80>

Figure 8.13. Ratio of nurses to doctors, 2019 (or nearest year)



1. For countries that 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 Chile and Costa Rica, where numbers include all nurses and doctors licensed to practise). 2. The ratio for Ireland is overestimated (professionally active nurses/practising doctors), while the ratio for Portugal is underestimated (professionally active nurses/all doctors licensed to practise). 3. For Greece, the data refer to nurses and doctors employed in hospitals.

Source: OECD Health Statistics 2021.

StatLink <https://stat.link/m5nfxa>



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