Nurses

There were just under nine nurses per 1 000 population in OECD countries in 2017, ranging from about two per 1 000 in Turkey to more than 17 per 1 000 in Norway and Switzerland. Between 2000 and 2017 the number of nurses per capita grew in almost all OECD countries, and the average rose from 7.4 per 1 000 population in 2000 to 8.8 per 1 000 population in 2017. In the Slovak Republic, Israel, the United Kingdom and Ireland, however, the number of nurses per capita fell over that period (Figure 8.10).

The decreases in Israel and Ireland are due to the rapid growth of the population, with the increase in the number of nurses not keeping up. In Ireland, the growth in the number of nurses outpaced population growth until 2008, when it peaked at 13.6 per 1 000 population, but has since fallen behind population increases. In the Slovak Republic, the number of nurses declined both in absolute and per capita numbers, mainly during the 2000s, while in the United Kingdom the number of nurses per capita increased rapidly between 2000 and 2006 and then declined until 2017.

No clear pattern emerges from the rate of increase of nurses: significant increases were seen in both countries which already have high numbers of nurses per capita, such as Switzerland, as well as countries with lower numbers of nurses, such as France, Slovenia and Korea. In most countries, growth in the number of both doctors and nurses has been driven by growing numbers of domestic nursing and medical school graduates, although in some countries immigration of foreign-trained doctors and nurses also played an important role (see indicator on "International migration of doctors and nurses").

Nurses outnumber physicians in most OECD countries, and on average there are three nurses to every doctor. The ratio of nurses to doctors ranges from about one nurse per doctor in Chile, Turkey and Greece, to more than four nurses per doctor in Japan, Ireland, Finland and the United States (Figure 8.11).

In response to shortages of doctors, and to ensure proper access to care, some countries have developed more advanced roles for nurses, including "nurse practitioner" roles. 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 needing routine follow-ups. These 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 can require changes to legislation or regulation (Maier, Aiken and Busse, 2017[1]).

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. The numbers are based on head counts.

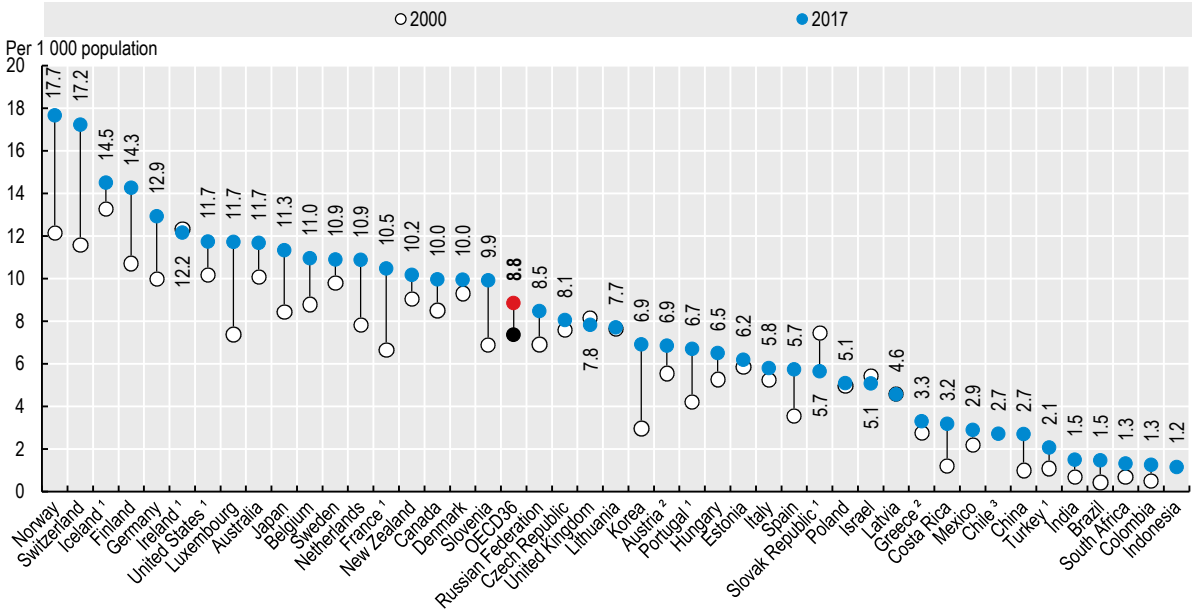
In countries where different nurses can hold different levels of qualification or role, the data include both "professional nurses" who have a higher level of education and perform more complex or skilled tasks, and "associate professional nurses" who have a lower level of education but are nonetheless recognised and registered as nurses. Health care assistants (or nursing aides) who are not recognised as nurses are excluded. The number of nurses in Denmark and Austria is lower than reported in previous editions because "caring personnel" (nursing aides) were formerly included for these two countries. Midwives are excluded, except in some countries where they are included at least in part because they are considered as specialist nurses, or for other categorisation reasons (Australia, Ireland and Spain).

Austria and Greece report only nurses working in hospitals, resulting in an under-estimation.

References

[1] Maier, C., L. Aiken and R. Busse (2017), "Nurses in advanced roles in primary care: Policy levers for implementation", *OECD Health Working Papers*, No. 98, OECD Publishing, Paris, *https://dx.doi.org/10.1787/a8756593-en*.

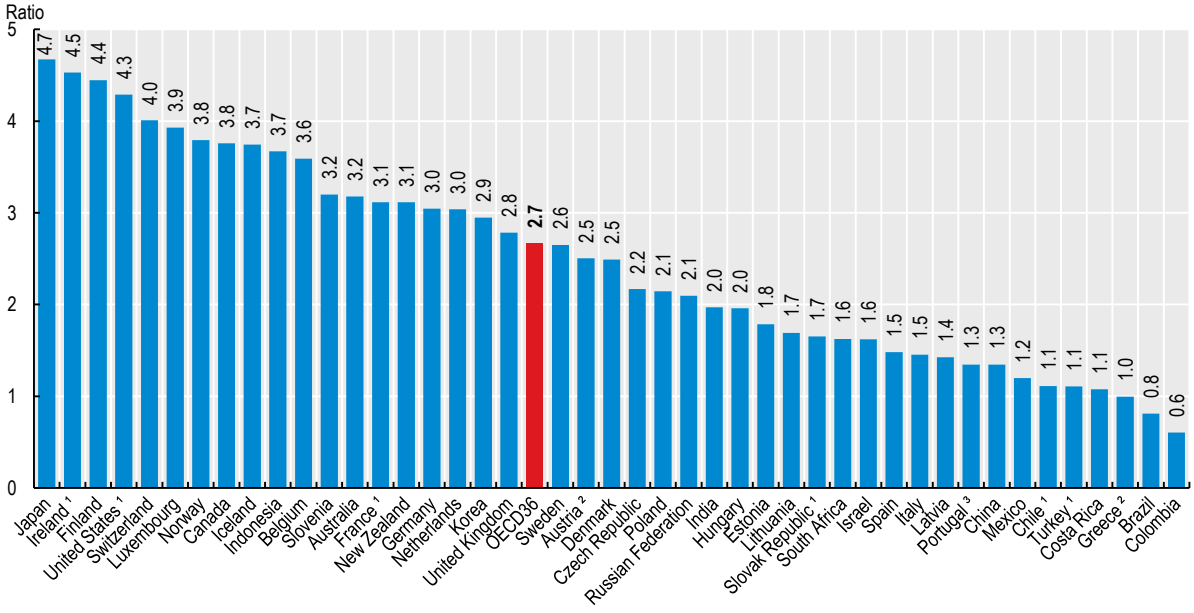
Figure 8.10. **Practising nurses per 1 000 population, 2000 and 2017 (or nearest year)**



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 2019.

StatLink https://doi.org/10.1787/888934017386

Figure 8.11. **Ratio of nurses to doctors, 2017 (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, where numbers include all nurses and doctors licensed to practise). 2. For Austria and Greece, the data refer to nurses and doctors employed in hospitals. 3. The ratio for Portugal is underestimated because the numerator refers to professionally active nurses while the denominator includes all doctors licensed to practise.
Source: OECD Health Statistics 2019.

StatLink https://doi.org/10.1787/888934017405