

Hospital workers

The number and composition of people working in hospitals in OECD countries varies depending on the roles and functions that hospitals play in health systems, as well as on how different types of support services in hospitals are provided and accounted for. The roles and functions of hospitals vary notably regarding the extent to which outpatient specialist services are provided in hospitals or outside hospitals. In most countries with universal health coverage funded by the tax system (national health service-type systems), outpatient specialist services are typically provided in public hospitals. This is the case, for example, in the United Kingdom, Nordic countries, Portugal and Spain. In other countries such as Australia, Austria, Belgium, Canada, France, Germany, Switzerland and the United States, most outpatient services are provided outside hospitals. In some central and eastern European countries (such as Estonia and Slovenia), most outpatient specialist services are provided in public hospitals, whereas these are provided in public multi-specialty clinics in others (such as Poland) or in private solo practices (as in the Czech Republic).

Before the COVID-19 pandemic, in 2019, the number of people working in hospitals relative to the overall size of the population was at least twice as high in Switzerland, the United Kingdom, Norway, the United States, Iceland, Denmark and France as in Chile, Mexico, Korea and Greece (Figure 8.17). However, it is important to bear in mind that in the United States, 45% of people working in hospitals are non-clinical staff (including administrative and other support staff), while this proportion is around 30% in Switzerland, France and Iceland.

In all countries, nurses represent the largest category of care providers in hospitals. Nurses and midwives account for 37% of all hospital employment on average across OECD countries. In most OECD countries, between 50% and 90% of all nurses work in hospitals. In some countries like France and Portugal, health care assistants (or nursing aides) also represent a large category of hospital workers. Doctors account for one in seven (14%) hospital workers on average across OECD countries, although in several countries this number underestimates the number of doctors who work at least part time in hospitals, since self-employed doctors with dual practices outside and in hospital are not counted.

The number of full-time equivalent (FTE) nurses in hospitals is lower than the head counts because a significant proportion of nurses work part time. On average across OECD countries, the number of FTE nurses in hospitals is 15% lower than head counts. This gap is larger in some countries like Germany and Iceland, where FTE nurse numbers are about 30% lower.

The number of nurses working in hospitals increased fairly rapidly between 2010 and 2019 in some countries, such as Germany, the United States and Norway. The increase was more modest in Denmark and France. By contrast, the number of hospital nurses decreased over that period in Italy, Lithuania, the Slovak Republic and the United Kingdom (Figure 8.18).

Many countries recruited additional staff in hospitals during the COVID-19 crisis as a matter of urgency to respond to increased pressures. The pandemic also stimulated the development of new plans to increase recruitment of hospital staff and improve working conditions to motivate staff to continue to work. For example, in France, the government introduced a new multiyear plan in July 2020 to strengthen public hospitals and increase investment in the health workforce (OECD/European Observatory on Health Systems and Policies, 2021[9]).

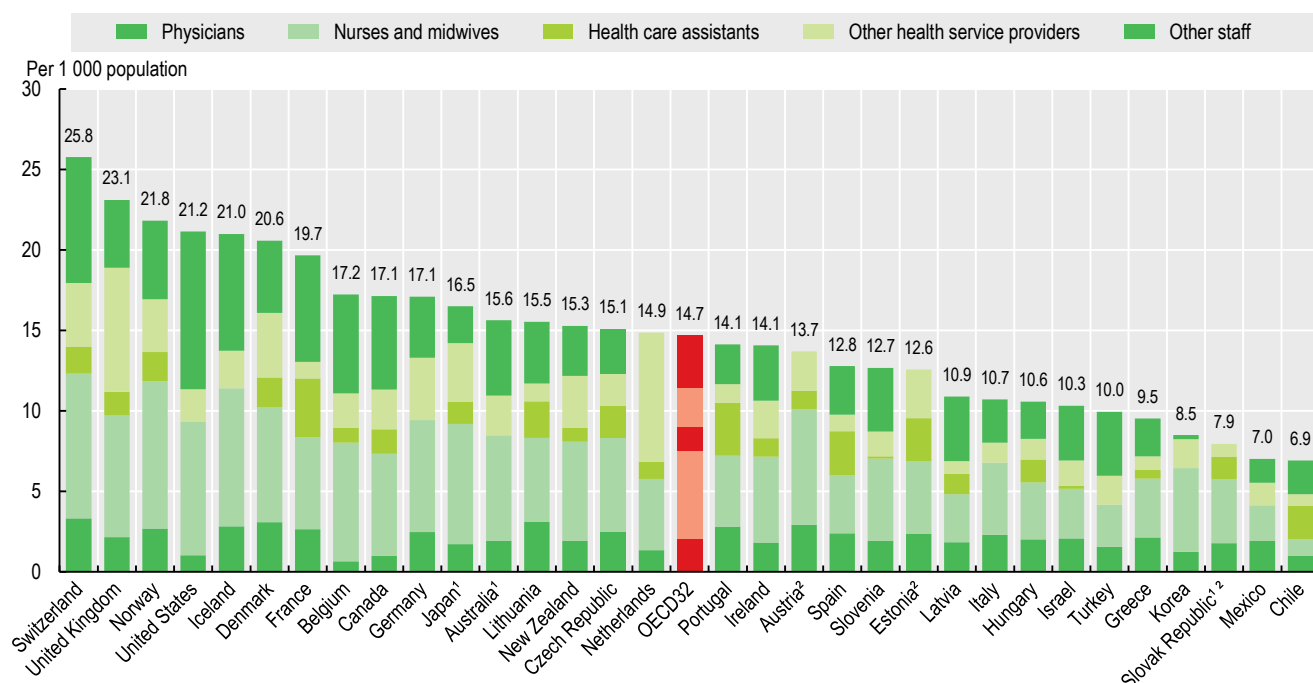
Definition and comparability

Hospital workers are defined as people working in hospitals, including wherever possible self-employed people under service contracts. In most countries, workers include both clinical and non-clinical staff. The data are reported in head counts, although the OECD health database also includes data on FTE numbers for a more limited number of countries. FTE is generally defined as the number of hours worked divided by the average number of hours worked in full-time jobs, which may vary across countries.

Many countries do not count all or some self-employed workers working in hospitals. Australia, Chile, Denmark, Ireland, New Zealand and the United Kingdom only report data on employment in public hospitals, resulting in an underestimation.

For comparisons across countries, the number of hospital workers is related to the overall population size in each country. Another option would be to relate the number of workers more specifically to the number of hospital beds or hospital bed-days to take into account some measure of hospital activities across countries, although this would not include those activities that do not require hospitalisation (such as examinations, consultations and day care).

Figure 8.17. Hospital workforce, 2019 (or nearest year)

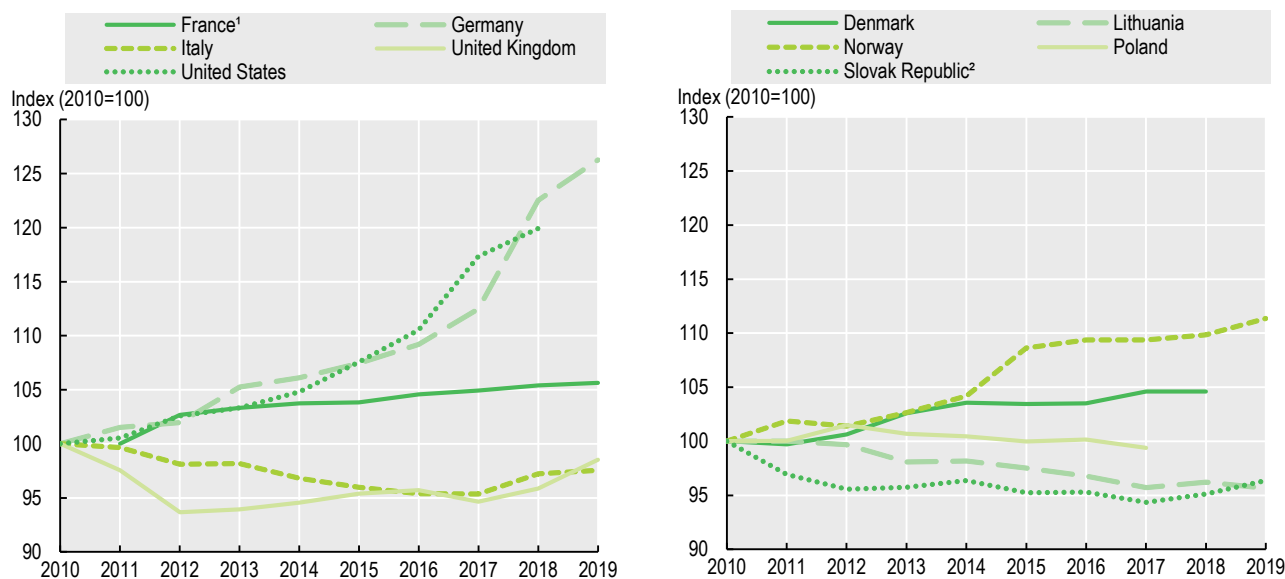


1. Data refer to FTE numbers (rather than head count), resulting in an underestimation. 2. Data cover only health care workers, excluding other staff (administrative, technical and similar), resulting in an underestimation.

Source: OECD Health Statistics 2021.

StatLink <https://stat.link/sr4y1w>

Figure 8.18. Growth in number of hospital nurses, selected OECD countries, 2010-19 (or nearest year)



Note: Data cover nurses and midwives. 1. Index for France, 2011=100. 2. Data for the Slovak Republic refer to FTE numbers.

Source: OECD Health Statistics 2021.

StatLink <https://stat.link/whvi5g>



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