

Nurses play a critical role in providing care in hospitals and long-term care institutions under normal circumstances, and their role was even more critical during the COVID-19 pandemic. Pre-existing shortages of nurses were exacerbated during the peak of the epidemic, also because many nurses themselves became infected by the virus (see Chapter 1 on resilience to COVID-19).

The demand for nurses is expected to continue to rise in the years ahead because of population ageing while many nurses are approaching retirement age. Concerns about growing shortages have prompted actions in many countries to increase the training of new nurses. Some countries have also addressed current shortages by recruiting nurses from abroad (OECD, 2019). Increasing the retention rate of nurses in the profession remains a key issue in most countries to avoid current and future shortages.

On average across EU countries, there were 8.2 nurses per 1 000 population in 2018, a rise from 7.4 in 2008 (Figure 7.18). Among EU countries, the number of nurses per capita was highest in 2018 in Finland, Germany and Ireland. The number was greater in Norway, Switzerland and Iceland, although about one-third of nurses in these latter two countries and in Finland are trained at a lower level than general nurses and perform lower tasks. In some other countries that have relatively low numbers of nurses such as Italy and Spain, a large number of health care assistants (or nursing aids) provide assistance to nurses. Greece has the lowest number of nurses per capita among EU countries, but the data only include nurses working in hospital.

Between 2008 and 2018, the number of nurses per capita has increased in most EU countries, except in Latvia, the Slovak Republic and Ireland where it has decreased at least slightly. Looking at other European countries, the number of nurses per capita has increased substantially in Norway and Switzerland. In Switzerland, this has been driven mainly by a strong rise in the number of lower-level nurses. In Norway, the government has adopted a series of measures in recent years to recruit more students to nursing education programmes and improve the working conditions of nurses to increase retention rates. A multi-year *Competence Lift 2020* action plan was adopted in 2016 to increase the number and competencies of nurses and other health workers to avoid future shortages. This action plan will be extended over the next five years under the *Competence Lift 2025*.

The number of nurses per capita has come down in the United Kingdom over the past decade, driven at least partly by a reduction in the number of domestic graduates until 2017 as well as a sharp reduction in the inflow of foreign-trained nurses in 2017, although the numbers have picked up since then. Important changes in the mix of nurses and other clinical staff (including health care assistants and nursing assistants) have also occurred over the last decade. While in 2009/10 the number of nurses and support staff were roughly equal, by 2018/19, there were about 10% more support staff than nurses in full-time equivalent employment (Buchan et al., 2019).

Nurses greatly outnumber physicians in most EU countries. In 2018, there were more than two nurses per doctor on average across EU countries, with the nurse-to-doctor ratio reaching about four or more in Finland, Luxembourg, Ireland, Switzerland, Iceland and Norway (Figure 7.19). The ratio was much lower in Southern European countries as well as in Latvia.

In response to shortages of doctors, several countries have started to implement more advanced roles for nurses in hospital and primary care, including “nurse practitioner” roles. Evaluations of nurse practitioners in primary care in countries like Finland, the United Kingdom and Ireland 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 (Maier et al., 2017).

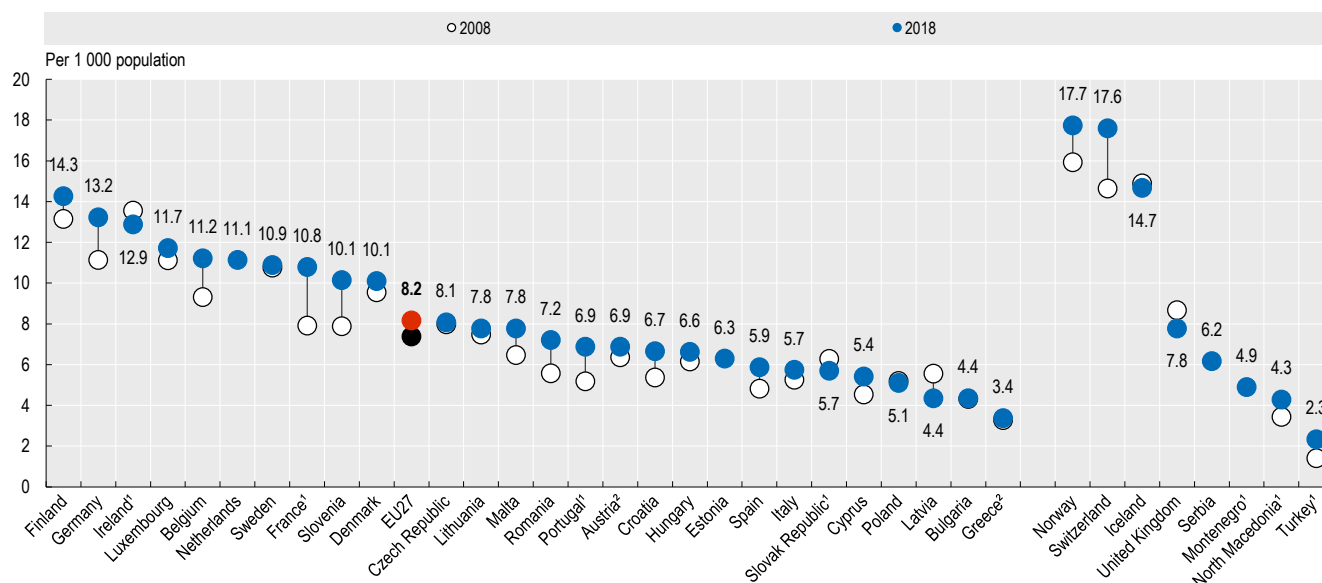
Definition and comparability

The number of nurses includes those providing services for patients (“practising”), but in some countries also those working as managers, educators or researchers (“professionally active”). In countries where there are different levels of nurses, the data include both “professional” nurses (including general and specialist nurses) and “associate professional” nurses who have a lower level of qualifications but are nonetheless recognised and registered as nurses in their country. Health care assistants (or nursing aids) who are not recognised as nurses are excluded. Austria and Greece report only nurses working in hospitals (resulting in an underestimation).

References

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Figure 7.18. Practising nurses per 1 000 population, 2008 and 2018 (or nearest year)

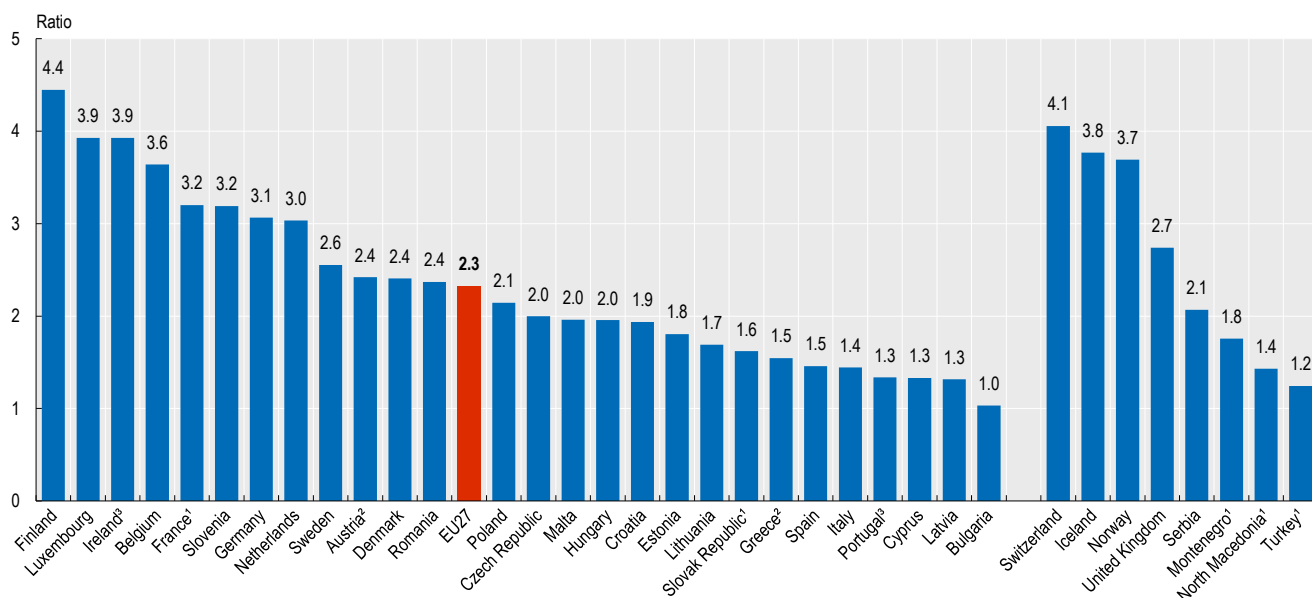


Note: The EU average is unweighted. 1. Data include not only nurses providing direct care to patients, but also those working in the health sector as managers, educators, researchers, etc. 2. Austria and Greece report only nurses employed in hospital.

Source: OECD Health Statistics 2020; Eurostat Database.

StatLink <https://stat.link/re6boq>

Figure 7.19. Ratio of nurses to doctors, 2018 (or nearest year)



Note: The EU average is unweighted. 1. For countries that have not provided data for practising nurses and/or practising doctors, the numbers relate to “professionally active” nurses and doctors. 2. For Austria and Greece, the data refer to nurses and doctors employed in hospitals. 3. 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).

Source: OECD Health Statistics 2020; Eurostat Database.

StatLink <https://stat.link/yd4u2q>



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