

Health and social care workforce

In OECD countries, health and social systems employ more workers now than at any other time in history. In 2017, about one in every ten jobs was found in health or social care (Figure 8.1), which amounts to a nearly two percentage-point increase since 2000. In Nordic countries and the Netherlands, more than 15% of all jobs are in health and social work. From 2000 to 2017 the share of health and social care workers remained steady or increased in all countries except the Slovak Republic (where it decreased in the 2000s and has remained stable since 2010). In some countries, notably Japan, Ireland and Luxembourg, the share of health and social care workers increased considerably.

The health and social care sector is critical for the effective functioning of OECD societies and economies, and as a result the sector is not directly aligned with general workforce trends. Specifically, in OECD countries from 2000 to 2017, employment in the health and social sector increased on average by 42% (with a median increase of 38%), outpacing even the growth in the service sector and trends in total employment, while employment in agriculture and industry declined sharply across the same period (Figure 8.2). At the same time, the health and social care sector also tends to be more robust to cyclical employment fluctuations. For example, while total employment declined in the United States and other OECD countries during the economic recessions of the early 1990s and, in particular, 2008-09, employment in the health and social care sector continued to grow steadily throughout.

Looking forward, employment in the health and social care sector is likely to continue to increase. Investment in health systems, including in workforce development, can promote economic growth by securing a healthy population, as well as along other pathways such as innovation and health security (UN High-Level Commission on Health Employment and Economic Growth, 2016[1]). The distribution of health and social care workers' skills and roles, however, is expected to change, driven in large part by ageing populations. With more older people, the pattern of demand for health and social services will shift towards greater demand for long-term care and related social services, which are particularly labour-intensive (OECD, 2019[2]). In response to, or in anticipation of, this demographic shift, many countries have begun to introduce new care delivery models that integrate health and social services. Policies such as expanding the roles of non-

physician providers (such as nurse practitioners, pharmacists and community health workers), or introducing more multi-professional teams and treatment structures, can increase the productivity of the health workforce, as well as improving continuity and quality of care for patients.

New health technologies are a further factor driving rapid change in the health and social care sector, and their development and impact can be hard to predict. Technological shifts are expected in information technology and big data, automation and artificial intelligence; these may generate demand for new specialities or skills for health and social care workers, while reducing the importance of other professional roles (OECD, 2019[3]).

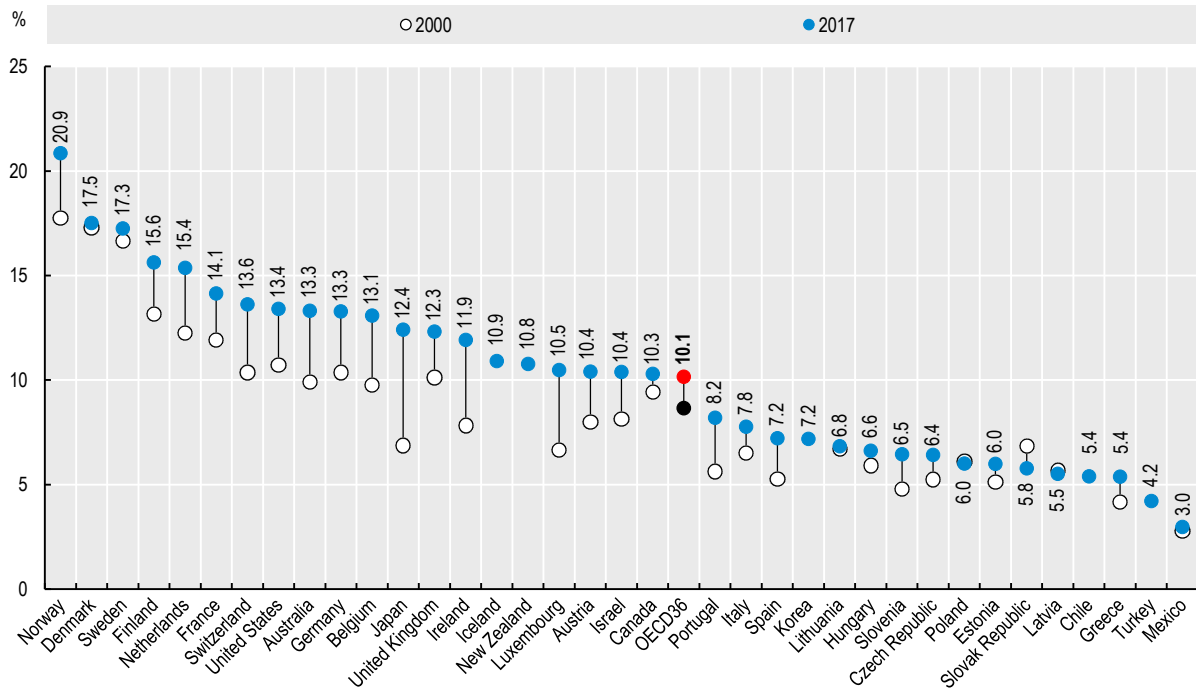
Definition and comparability

Health and social work is one of the economic activities defined according to the major divisions of the International Standard Industrial Classification of All Economic Activities (ISIC). Health and social work is a sub-component of the Services sector, and is defined as a composite of human health activities, residential care activities (including long-term care), and social work activities without accommodation. The employment data are taken from the OECD National Accounts database for the 36 OECD member countries, except for Turkey where the source is the OECD Annual Labour Force Statistics database.

References

- [2] OECD (2019), *Who Cares? Attracting and Retaining Care Workers for the Elderly*, OECD Publishing, Paris, <https://doi.org/10.1787/92c0ef68-en>.
- [3] OECD (2019), "Engaging and transforming the health workforce", in *Health in the 21st Century: Putting Data to Work for Stronger Health Systems*, OECD Publishing, Paris.
- [1] UN High-Level Commission on Health Employment and Economic Growth (2016), *Working for Health and Growth: Investing in the Health Workforce*, World Health Organization, Geneva, <http://www.who.int/hrh/com-heeg/reports>.

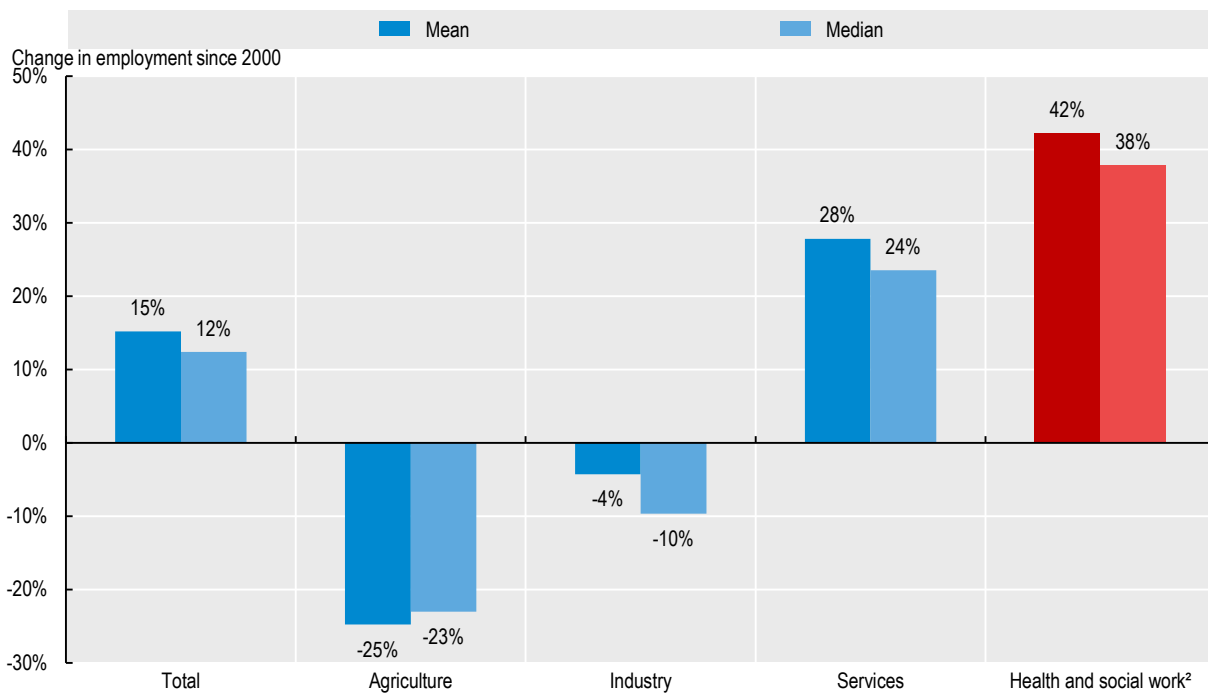
Figure 8.1. Employment in health and social work as a share of total employment, 2000 and 2017 (or nearest year)



Source: OECD National Accounts; OECD Annual Labour Force Statistics for Turkey.

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Figure 8.2. Employment growth by sector, OECD average¹, 2000-17 (or nearest year)



1. Average of 30 OECD countries (excluding Chile, Iceland, Korea, New Zealand, Switzerland and Turkey).

2. Health and social work is classified as a sub-component of the services sector.

Source: OECD National Accounts.

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