

# OECD Health Statistics 2025

## Definitions, Sources and Methods

### Practising caring personnel (personal care workers)

This category includes both [Healthcare assistants in institutions](#) (ISCO-08 5321) and [Home-based personal care workers](#) (ISCO-08 5322).

[Healthcare assistants](#) (ISCO-08 code: 5321) provide direct personal care and assistance with activities of daily living to patients and residents in a variety of healthcare settings such as hospitals, clinics, and residential nursing care facilities. They generally work in implementation of established care plans and practices, and under the direct supervision of medical, nursing or other health professionals or associate professionals.

#### Inclusion

- Nursing aide (clinic or hospital)
- Patient care assistant
- Psychiatric aide
- Foreign healthcare assistants practising in the country

#### Exclusion

- Nurse (professional and associate professional).

[Home-based personal care workers](#) (ISCO-08 code: 5322) provide routine personal care and assistance with activities of daily living to persons who are in need of such care due to effects of ageing, illness, injury, or other physical or mental condition in private homes and other independent residential settings.

#### Inclusion

- Home care aide
- Nursing aide (home)
- Personal care provider
- Foreign personal care workers practising in the country

#### Exclusion

- Nurse (professional and associate professional)
- Social worker

Note: The number should be at the end of the calendar year.

### Sources and Methods

#### Australia

Data not available.

## Austria

### Source of data:

- Up to 2018: **Austrian Federal Ministry of Social Affairs, Health, Care and Consumer Protection**, Hospital Statistics.
- From 2019 onwards: **Statistics Austria** (Austrian National Public Health Institute (GÖG), Health Professions Registry).

Reference period: 31<sup>st</sup> December.

### Coverage:

- Up to 2018 only health care assistants (ISCO 5321) employed in hospitals (HP.1) are included.
- From 2019 onwards: Included are all registered freelance personal care workers and all registered employed personal care workers working in hospitals, convalescent homes, rehabilitation facilities, extramural care centres, doctors' practices, long-term care facilities, mobile care, or care for the disabled (ISCO-08 5321: health care assistants in institutions, ISCO-08 5322: home-based personal care workers). Excluded are:
  - Non-registered personal care workers
  - Registered personal care workers, who are not yet employed after training
  - As personal care workers registered jobseeker
  - As personal care workers registered volunteer
  - Personal care workers registered pensioner
  - Registered personal care workers working in research or educational institutions, tissue banks, industrial companies, or other non-healthcare institutions

### Deviation from the definition:

- Caring personnel working in other settings than hospitals are not included until 2018.

### Break in time series:

- 2019: Change in data source and methodology in 2019.

Note: One year of study is required to qualify as a personal care worker.

Estimation method: Whether a person working in the care sector works with patients or not is not explicitly recorded. However, the settings in which a person works are registered. It can be assumed that all freelancers always work with patients and that all employees in industry, education, research and in areas such as tissue banking or biomedical analysis do not work with patients. In an estimation model, the distribution of attitudes specified in the professional register is assigned to the professionals.

## Belgium

### Source of data: **SPF Santé publique, sécurité de la chaîne alimentaire et de l'environnement.**

PlanKad Zorgkundigen 2018, Planning Cell for the Supply of Healthcare Professions, Directorate-General for Healthcare, FPS Public Health, Food Chain Safety and Environment, February 2021 (Cel Planning van het Aanbod van de Gezondheidszorgberoepen, Dienst Gezondheidszorgberoepen en Beroepsuitoefening, Directoraat-generaal Gezondheidszorg, FOD Volksgezondheid, Veiligheid van de Voedselketen en Leefmilieu).

[https://overlegorganen.gezondheid.belgie.be/sites/default/files/documents/plankad\\_zorgkundigen\\_op\\_de\\_arbeidsmarkt\\_2018.pdf](https://overlegorganen.gezondheid.belgie.be/sites/default/files/documents/plankad_zorgkundigen_op_de_arbeidsmarkt_2018.pdf).

- The 2018 figure is drawn from a study on the situation of carers on the labour market made by the ministry of public health.

Reference period:

Coverage:

Deviation from the definition: The study on professional active carers is an estimation in VTE.

Estimation method:

Break in time series:

## Canada

### Source of data:

- **2006 Census of Canada** for the 2005 data.
- **2011 National Household Survey** for the 2011 data.

- **2016 Census of Canada** for the 2016 data.
- 2021 Census of Canada for the 2021 data.

Coverage:

**2005 data**

- Number of people who reported having worked in 2005 in occupations under category D312 of the **National Occupational Classification - Statistics (NOC-S) 2006**.

- D312 Nurse Aides, Orderlies and Patient Service Associates:

Nurse aides, orderlies and patient service associates assist nurses, hospital staff and physicians in the basic care of patients. They are employed in hospitals, nursing homes, and other health care facilities.

**2011 and 2016 data**

- Number of people who reported having worked in occupations under category 3413 Nurse Aides, Orderlies and Patient Service Associates of the **National Occupational Classification (NOC) 2011** and 2016.

- 3413 Nurse Aides, Orderlies and Patient Service Associates: Nurse aides, orderlies and patient service associates assist nurses, hospital staff and physicians in the basic care of patients. They are employed in hospitals, nursing homes, assisted care facilities for the elderly and other health care establishments. Note that this category includes some occupations outside the definition of caring personnel/personal care workers (e.g., emergency medical response) and excludes some inside the definition (e.g., personal care attendants). See

<http://www23.statcan.gc.ca/imdb/p3VD.pl?Function=getVD&TVD=122372&CVD=122376&CPV=3413&CST=01012011&CLV=4&MLV=4>.

**2021 data**

- Data for 2021 is based on the National Occupational Classification (NOC) 2021. See

<https://www23.statcan.gc.ca/imdb/p3VD.pl?CLV=5&CPV=33102&CST=01052021&CVD=1322870&Function=getVD&MLV=5&TVD=1322554> for more information.

- Increase in 2021 is due to higher demand for workers because of the COVID pandemic.

Note: In all years, data include "Nurse Aides, Orderlies and Patient Service Associates" working in health care industries (categories 621, 622 and 623 of the North American Industry Classification System), but exclude caring personnel in social assistance industries (NAICS 624).

- Estimated head counts of personal care workers in the intercensal years 2007 to 2010 and 2012 to 2015 as well as in the postcensal years 2017 to 2020 based on trends in the Census data.

2022 estimate is based on growth rates of data from Statistic Canada Census

## Chile

Data not available. These data exist only for the public sector (not reported in *OECD Health Statistics*). At the national level (public and private), data are available only for "Caring personnel licensed to practice".

## Colombia

Data not available.

## Costa Rica

Data not available.

## Czechia

Source of data: **Institute of Health Information and Statistics of the Czech Republic**; National Health Information System (Annual report on health personnel).

Reference period: 31<sup>st</sup> December.

Coverage:

- Providers: caring personnel working in healthcare establishments. Those working in social care sector are not included.

- Professions: medical assistants (till 2016), auxiliary nurses, hospital porters.

- Type of contract: Employees on payroll and employers (contractual workers are not included).

- Double counting of caring personnel working in more than one health establishment.
- In 2014, complete data are not available. Estimate is calculated from available data for 2014 and data from 2013.

Deviation from the definition:

Estimation method:

Break in time series:

- 2017 (amendment of legislation): The profession of medical assistant (working under direct supervision and considered as caring personnel) was replaced by the profession of practical nurse (who were given more autonomy and are considered as associate professional nurse).

## Denmark

Source of data: **The Danish Health Data Authority**, Labour Register for Health Personnel.

Reference period: 31<sup>st</sup> December.

Coverage: 1992-2022

Deviation from the definition:

Estimation method:

Break in time series:

## Estonia

Source of data: Annual reports, **National Institute for Health Development**, Department of Health Statistics.

Reference period:

- 1980-2012: 31<sup>st</sup> of December.
- Since 2013: November.

Coverage:

- Data on caring personnel includes persons working in health care institutions only. Personal care workers employed by the social welfare institutions are not included. Home-based services are provided by the home-nurses included under the category “Practising nurses.” Other home-based personal care services are arranged by the social welfare system. In social welfare system the personal carers at home are formally appointed by the local government (and get also small caregiver’s benefit), many of these formal caregivers are family members.

Deviation from the definition: Until 2004, data refer to practising caring personnel with special education only.

Estimation method:

Break in time series: 2005, 2008 and 2013.

- From 2005, the head count distribution is made according to their main occupational activity, and all personal care workers (caring nurses and assistant nurses) are included regardless of formal education status.
- Until 2007, several hospitals presented caring nurses with special education only; from 2008 all caring nurses have been included.
- The data collection methodology was changed in 2013. Aggregated data collection was replaced with data collection on a personal basis. From 2013, the predominant (main) area of practice is based on an occupation with the highest workload.

## Finland

Source of data: **THL Health Personnel Statistics; Finnish Institute for Health and Welfare**. The data are based on the Employment Register kept by Statistics Finland.

Reference period: At the end of the calendar year.

Coverage: Data include caring personnel – as defined by ISCO-08 5321 and 5322 descriptions – that work in the health care field or as temporary staffers in Finland. ‘Hospital and institutional helpers’ (code 91123 – subcategory of ISCO-08 9112) have been included in the practising caring personnel group as Hospital and institutional helpers assist patients in daily tasks (hygiene, dressing, dining) and carry out similar work as personal care workers.

Deviation from the definition:

Estimation method:

Break in time series: In 2010, due to changes to how occupations are classified in the Employment Register.

## France

Source of data: **Ministère des Solidarités et de la Santé - Direction de la Recherche, des Études, de l'Évaluation et des Statistiques (DREES)**, Sous-Direction de l'Observation de la Santé et de l'Assurance maladie, Bureau des Professions de santé. **Base tous salariés**

Data revision in 2025 (years 2013 to 2021). Data not available since 2022 (incomplete data source).

Reference period: 31<sup>st</sup> December

Coverage: Data refer to metropolitan France and D.R.O.M. (overseas departments and regions).

Deviation from the definition:

Estimation method:

Break in time series:

## Germany

Source of data: **Federal Statistical Office**, Statistics on long-term care 2023; Statistisches Bundesamt 2024, *Statistischer Bericht; Pflegestatistik 2023, Pflege im Rahmen der Pflegestatistik*, table 22411-08 and 22412-08 and **Federal Statistical Office**, Health Labour Accounts January 2025; internal evaluations by the Federal Statistical Office, <http://www.destatis.de> or <http://www.gbe-bund.de>.

Reference period: Data are collected every other year as of 15th December.

Coverage:

- Data include practising caring personnel in the Long-Term Care sector. In this context, "Long-term care" is defined by the long-term care insurance act - Social Code XI (SGB XI).

- Data comprise practising caring personnel in outpatient care facilities and in nursing and residential care facilities in all sectors (public, not-for profit and private) who are providing LTC services (basic and nursing care, attendance, housekeeping and nursing care service management).

- Included are persons with the following qualifications (note: if the person employed has more than one training qualification, nursing care statistics asks for highest professional qualification): State-approved family care staff, state-approved village (assistant) nursing staff, trained housekeeper for the elderly or other housekeeping qualification, other nursing profession or other vocational qualification, employees without completed vocational qualification or still in training.

- Also included are nurses with a 1-year education (auxiliary nurses and auxiliary nurses for the elderly).

- Excluded are professional nurses and social worker. Also excluded are caring personnel working in other posts that exclude direct contact with patients.

Deviation from the definition:

Estimation method:

Break in time series:

## Greece

Source of data: **Hellenic Statistical Authority (EL.STAT).Annual Hospital Census.**

Reference period: 31<sup>st</sup> December.

Coverage: public and private hospitals.

- According to the survey in hospitals, the number of caring personnel working in Greek hospitals is represented under the "practicing caring personnel" category and not under the "professionally active" one.

Deviation from the definition: Data refer to caring personnel working in hospital only.

Estimation method:

Break in time series:

## Hungary

Source of data: **Hungarian Central Statistical Office** (KSH in Hungarian) [www.ksh.hu](http://www.ksh.hu), Report on personnel of health service.

Reference period: 31st December.

Coverage: According to scope of activity: healthcare assistants, assistant nurses, medical assistants working in health institutions are included (healthcare assistants working in social institutions are excluded), furthermore, home-based personal care workers providing personal care and assistance in private homes and other residential settings are included.

Deviation from the definition: Medical assistants are included.

Estimation method:

Break in time series:

## Iceland

Source of data: Statistics Iceland, Labour Force Survey.

Reference period: 1. January to 31 December each year (a continuous survey).

Coverage: People 16-74 years old. A sample from the National Registry.

- Data refers to people in main job in ISCO-08 532 (Iceland ISTARF95 5132, 5133, 5139).

- The data series 2003-2016 provided in 2017 as provisional data for the time being. Further study on it is needed.

Deviation from the definition:

Estimation method:

Break in time series:

## Ireland

Source of data: **Health Service Staff Census** (<https://www.hiqa.ie/areas-we-work/health-information/data-collections/health-service-personnel-census-hspc>).

Reference period: Figures refer to as at end of December.

Coverage:

- The data only concerns practising personnel employed in the public health service.

- The following grades are included: Attendant (Multi-Task), Attendant (Multi-Task) Intern, Attendant/Aide, Care Assistant (Disability Services) Intern, Hairdresser/ Barber, Health Care Assistants, Health Care Assistants Intern, Home Help, Nurses' Aide, Nursing Auxiliary/Orderly, S.E.N. (General), S.E.N. (Psychiatric).

- The historical data between 1990-2000 has been revised (in 2018) to cover up-to-date organisation and grade structures.

- The increase between 1999 and 2001 is due to an increase in Attendants, Care Assistants and Home Helps.

- The increase between 2005 and 2007 is due to an increase in Health Care Assistants and Home Helps.

Deviation from definition: Data relates to direct public health service employment and does not include overtime, agency workers, section 39 agencies, private hospitals, nursing homes care providers.

Estimation method:

Break in series:

- From 2012, there was an addition of extra intern grades as follows; Attendant (Multi-Task) Intern, Care Assistant (Disability Services) Intern and Health Care Assistants Intern.

## Israel

Source of data: The data are based on the Labour Force Survey which is conducted routinely by the Central Bureau of Statistics and includes persons who had worked for at least one hour during the week before the survey, for pay, profit or other consideration. Occupation is determined by the type of work performed by the interviewed person at his place of work, without regard to what he studied if his work is not in that field. The classification of occupations is based on the classification of the International Labour Office (ILO): International Standard Classification of Occupations ISCO 88.

Coverage: The survey population is the permanent population of the State of Israel aged 15 and over, including residents of Israeli localities in the Judea and Samaria region, new immigrants and forced

immigrants - from the moment they arrive in Israel, and permanent residents who have been abroad for less than a year continuously. The survey population does not include tourists and temporary residents who have been in Israel for less than a year continuously. The survey sample is a sample of apartments. Approximately 12,000 apartments are sampled each month.

Estimation method: Moving average of three years (numbers for previous, current and next years) was made in order to diminish the fluctuations in the numbers. For example, the number of practicing caring personnel in 1996 is an average of 1995-1997. The number for 2011 is an average of 2010-2012. The sample is relatively small; therefore the data are subject to variations.

Break in time series:

- From January 2012, the **Central Bureau of Statistics** has made a transition from a quarterly system of measuring labour force characteristics to a new and improved system that better suits the latest international recommendations on employment and unemployment - Monthly Labour Force Survey. Therefore the 2012 (original) data refer to the entire labour force (including the military service) and not to the civilian labour force, as it was before.

- In addition to the transition to a monthly survey, in 2012 a new Standard Industrial Classification of Economic Activities based on ISIC was implemented as well as a new Standard Classification of Occupations based on ISCO-08. The (original) numbers for 2012 are still reported according to the previous classifications, but the (original) numbers for 2013 are based on the new classifications.

Further information:

[http://www.cbs.gov.il/publications/labour\\_survey04/labour\\_force\\_survey/answer\\_question\\_e\\_2012.pdf](http://www.cbs.gov.il/publications/labour_survey04/labour_force_survey/answer_question_e_2012.pdf) and [http://www.cbs.gov.il/publications12/economic\\_activities11/pdf/e\\_print.pdf](http://www.cbs.gov.il/publications12/economic_activities11/pdf/e_print.pdf).

Note: The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

## Italy

Source of data: **ISTAT, Labour Force Survey.** <http://www.istat.it/it/archivio/8263>.

Reference period: two-year moving averages (year t is the average of the years t, t-1, e.g. year 2016 is the average of 2015 and 2016 data). Since 2021 annual data.

Coverage: Sample survey. Caring personnel working in the following economic sectors: Human health activities (Nace 2: 86), Residential care activities (Nace 2: 87), Social work activities without accommodation (Nace 2: 88), Activities of households as employers of domestic personnel (Nace 2: 97).

Deviation from the definition: None.

Estimation method: Estimation from the sample survey. Data are affected by the statistical error due to the sample design.

Break in time series: Since 2021 the Labour Force Survey, in compliance with Regulation (EU) 2019/1700, incorporated the change in the definition of “employed”.

## Japan

Source of data: **Ministry of Health, Labour and Welfare**, “Survey of Medical Institutions” and “Hospital Report”.

Coverage:

- Each survey is conducted every 3 years.

- The data is FTE from 2002 and before it is Number (head count), which consists of nursing aides engaged in clinics on “the Survey of Medical Institutions” and hospitals on “the Hospital Report”.

Break in time series: 2002. Data refer to head count until 1999 and FTE from 2002 onwards.

## Korea

Data not available.

## Latvia

Source of data:

- Since 2005: **Health Inspectorate of Latvia**; Register of Medical Practitioners and Medical Support Staff.
- 2004 and earlier: **Health Statistics and Medical Technologies State Agency**; Statistical Report No.17 "Report About Medical Staff".

Reference period: 31 December.

Coverage: The data coverage is complete. The data cover entire country, both public and private sectors, and there are no limitations in data coverage.

Decrease in the number of caring personnel in year 2009 is due to restructuring of health care institutions.

Deviation from the definition:

Estimation method:

Break in time series: 2005: Change in data source.

## Lithuania

Source of data: **Health Information Centre of Institute of Hygiene**, data of entire annual survey of health establishments.

Reference period: 31<sup>st</sup> December.

Coverage:

- The number of practising caring professionals at the end of the year includes all professionally active caring professionals (nurse assistants) excluding those working in administration, health education and research.

Deviation from the definition:

Estimation method:

Break in time series: Since 2020, only caring professionals with the at least 3 month of nursing courses are included.

## Luxembourg

Source of data: **Ministère de la Santé**. Register of doctors and health professionals.

Reference period: 31<sup>st</sup> December.

Coverage:

- Head count.
- Data include nursing assistants and nursing assistants specialised in psychiatry.

Deviation from the definition:

Estimation method:

Break in time series:

## Mexico

Data not available.

## Netherlands

Source of data:

- From 2012 onwards: **Labour Force Survey** (integrated in the Social Statistical Database).
- Up to and including 2011: **Social Statistical Database of Statistics Netherlands, Labour Force Survey and the BIG register**.

Reference period: Year average.

Coverage:

- From 2012 onwards: ISCO-08 5321 (health care assistants) and 5322 (home-based personal care workers).
- Up to and including 2011: ISCO 5321 and 5322 (ISCO 88: 5132 and 5133), plus the persons within ISCO 2221 and 3221 who are not a registered nurse.

Deviation from the definition:

Estimation method: As we used the Labour Force Survey for these figures the numbers are not precise and a relative rough estimation.

Break in time series:

## New Zealand

Data not available.

## Norway

Source of data: **Statistics Norway**; Statistics on health-care personnel. Administrative registers. See [http://www.ssb.no/hesospers\\_en/](http://www.ssb.no/hesospers_en/).

Reference period: 3<sup>rd</sup> week of November.

Coverage:

- The figures provided give the number of professionally active caring personnel within HP1-HP3. There is no guarantee that these professionals actually work in patient care as data refer to the education the individuals have rather than the job they hold within HP 1-3.

- 2009 and onwards: data include all personnel within HP1-HP4.

Deviation from the definition:

Estimation method:

Break in time series: 2009, 2015.

- Up to 2008, data include all personnel within HP1-HP3. From 2009, it also includes HP4.

- As from 2015, the register-based employment statistics will be based on a new data source for employees. Until the end of 2014, the main data source was The Central Register on Employers and Employees (EE register), produced by the Norwegian Labour and Welfare Organisation (NAV). In 2015, this reporting to NAV was coordinated with the reporting of earnings and personnel data to the Tax Administration and Statistics Norway. This common reporting system is called "a-ordningen" (the a-system).

## Poland

Source of data: **Ministry of Health**.

Reference period:

Coverage: The data apply only to Patient care assistants. Other professions do not exist in the Polish health care system.

Deviation from the definition:

Estimation method:

Break in time series:

## Portugal

Source of data: Statistics Portugal, Health personnel statistics

Reference period: 31<sup>st</sup> December.

Coverage:

-From 1999 to 2012: Only data on nurse's assistants and medical care assistants in hospitals and official clinics (important: some of whom practise in both health establishments and/or in other private ambulatory health establishments) are available.

-From 2013: There is no Official Clinics Survey since 2013, so these data are not currently available.

Deviation from the definition: Data do not include caring personnel working in residential nursing care facilities or at home.

Estimation method:

Break in time series: 2012.

- Up to 2010, the data reported in the category "practising caring personnel" correspond to the sum of two professional categories working in hospitals ("other nursing staff" + "auxiliary staff of medical action") and one category in the service of health centers ("other nursing staff").

- In 2011, the categories "other nursing staff" and "auxiliary staff of medical action" in the Hospitals Survey were replaced by the category "auxiliary nursing personnel". The 2011 number is not shown (there was a strong decrease).

- In 2012, the Hospitals Survey was again revised in order to split the categories "auxiliary nursing staff" and "auxiliary personnel of medical action":

## Slovak Republic

Data not available.

## Slovenia

Source of data: **National Institute of Public Health, Slovenia**; National Health Care Providers Database.

Reference period: 31<sup>st</sup> December.

Coverage: Practising caring personnel are those working in the health-care sector (primary and secondary care), including public health institutes and the health insurance institute.

Deviation from the definition:

Estimation method: E flag (Estimate) is added from the year 2016 onwards, due to underreporting in aggregated data.

Break in time series: 2012, due to improved reporting from the providers of social care, i.e. included are providers which also provide health care (e.g. homes for the elderly, residential facilities for the disabled persons), additionally to social care.

## Spain

Source of data: **National Statistics Institute (INE)**, based on the **Labour Force Survey**.

[https://www.ine.es/dyngs/INEbase/es/operacion.htm?c=Estadistica\\_C&cid=1254736176918&menu=ultiDatos&idp=1254735976595](https://www.ine.es/dyngs/INEbase/es/operacion.htm?c=Estadistica_C&cid=1254736176918&menu=ultiDatos&idp=1254735976595).

Reference period: Annual average. Three-year moving averages (e.g., data reported in 1996 is an average of 1995-1997).

Coverage:

- A significant revision of the numbers of nurses in previous years was made in 2010 due to a clarification of definitions. The Spanish Working Group for the adaptation of ISCO-08 to our own classifications (CNO-11) determined that Spanish health professionals fit as follows:

A) The category 'associate professional nurses' (ISCO-08 code 3221) does not exist in Spain, so these series have been completely corrected.

B) The nursing aides working in Spain correspond entirely to the group 5 of the ISCO classification (ISCO-08 codes 5321, 5322) based on the tasks and functions they perform.

- From 1995 to 2010, the data include practising caring personnel (5132, 5133 ISCO-88 codes) exclusively. The data by occupation are classified according to the National Occupations Classification (CNO-94 Spain, code 511), the Spanish equivalent of ISCO-88 codes 5132, 5133.

- From 2011 onwards the data are classified according to CNO-11 Spain, codes 561 and 571. The CNO-11 codes 561 and 571 are the Spanish equivalent of ISCO-08 codes 5321 and 5322.

- The number of practising caring personnel was obtained by calculating the number of caring personnel employed in the health sector according to NACE rev.2 (chapter Q) or in private homes since 2009, and similarly with NACE Rev.1 and NACE Rev.1.1 from 1995 to 2008.

- Data analysis over time should be carried out with caution. Data are obtained from a survey and fluctuations in the data can occur for a number of reasons, one of them being the sampling errors. These variations can lead to false assumptions about trends. We advise users of time series data to carefully explore the relevant issues before drawing any conclusions about the reasons for year-on-year changes.

- An update of the figures for the period 1995-2010 has been carried out in 2012: Implementing the new classification ISCO-08 led to findings that indicate that many home-based personal care workers were encoded improperly as ISCO-88 code 5139 from 1995 to 2010. After a thorough review, the data series were updated for the period 1995-2010, including those personal workers mistakenly encoded at that time. Since 2011, all personal care workers (both home-based and in institutions) are encoded within 5321 and 5322 ISCO-08 codes.

- During the **first quarter of 2005** various changes have been introduced into the **Economically Active Population Survey**:

1. New variables have been included in accordance with Eurostat (Statistical Office of the European Communities) requirements, set forth in Regulation 2257/2003.

2. A centralised procedure has been implemented for the process of the telephone interviews.

3. With the goal of further standardising the survey process, the questions of the questionnaire have been reformulated.
- In **2021** various changes have been introduced into the **Economically Active Population Survey**:
1. New variables have been included in accordance with Eurostat (Statistical Office of the European Communities) requirements, set forth in Regulation (EU) 2019/1700 of the European Parliament and of the Council of 10 October 2019.
  2. The data referring to CNO-11 codes at 4-digit level are available.
  3. The target population is extended to people aged 15 years and older.
  4. Introduction of the CAWI (web interviews) for second and subsequent interviews.

Deviation from the definition:

Estimation method: In 2024, data series from 2020 onwards have been updated with Spanish population figures imported from Census 2021 and recalculated by using three-year moving averages in order to reduce the large year-to-year fluctuations in data derived from the LFS. In 2014, data series have been updated with Spanish population figures imported from Census 2011 and recalculated by using three-year moving averages in order to reduce the large year-to-year fluctuations in data derived from the LFS. The number reported in 1996 is an average of 1995-1997; the number for 2012 is an average of 2011-2013.

Break in time series:

## Sweden

Data not available.

## Switzerland

Source of data: **Federal Statistical Office (FSO)**, Neuchâtel; Hospital Statistics, Statistics of Medical-social Institutions, Community Nursing Statistics; yearly census.

Reference period: Data as of December 31.

Coverage: Employment in hospitals, nursing homes and community nursing home services. The ambulatory health care sector is not yet covered.

Deviation from the definition:

Estimation method:

- Hospital data: Until 2009, estimations were made with data on professions from 75% of hospitals. Hospitals giving valid information on professions are reasonably assumed to be representative of the whole category (university hospitals, acute hospitals, psychiatric hospitals, rehabilitation hospitals, and other specialised hospitals).
- Nursing homes data: In 2018, for the whole series (from 2007 to 2016), the method to identify caring personnel from medical-social institutions has been revised.

Break in time series: Since 2010, Hospital Statistics have been revised; no estimation needed.

## Türkiye

Data not available.

## United Kingdom

Source of data:

- **England:** Minimum Dataset for Social Care (NMDS-SC) and represent Skills for Care's estimated number of jobs in the adult social care sector in England. These estimates were based on data collected from the statutory sector as at September 2012 to 2018 and the independent sector as at March 2013 to 2019.

- **Northern Ireland:** Health and Social Care Northern Ireland's Human Resources Management System (HRMS) and Human Resources, Payroll, Travel and Subsistence (HRPTS) systems. As of 30<sup>th</sup> September. In 2020, Northern Ireland has supplied a revised time series for 2017 – 2019. Caring personnel estimates now cover public and private sectors.

Coverage:

- 2012-onwards: UK estimates based on **England and Northern Ireland only**. In 2020, these data have been re-weighted to cover the UK as a whole.

- **England**: Main job roles included from 'Direct Care' are 'Senior Care Worker' and 'Care Worker'. These estimates were based on data collected from the statutory sector as at September 2012 to 2018 and the independent sector as at March 2013 to 2019.

- **Northern Ireland** are able to provide data between 2011-2013 but are unable to provide data for 2014 due to a recording issue. 2014 has been estimated. 2015 is official Northern Ireland data. In 2020, Caring Personnel source has been updated to include all sector's data, therefore 2017 and 2018 data are revised and 2019 onwards will be from the new source.

Estimation Method: Re-weighting of England and Northern Ireland caring personnel numbers to a United Kingdom estimate is calculated using a the official Mid-year Population Estimates (MYEs), published by the Office for National Statistics.

Break in time series: There is a break in the series in 2017 due to Northern Ireland beginning the supply of caring personnel from all sectors of the economy, instead of just the public sector.

## United States

Source of data: **U.S. Department of Labor. Bureau of Labor Statistics (BLS)/Occupational Employment Statistics.** <http://www.bls.gov/oes>.

### Coverage:

- Nationwide. The OES survey covers all full-time and part-time wage and salary workers in US non-farm industries. The survey does not cover the self-employed, owners, and partners in unincorporated firms, household workers, or unpaid family workers.

- U.S. data includes the following U.S. Standard Occupational Classification system occupation codes for the respective years.

Occupation Title	Occupation code	Year(s) used	Type of code
Home Health and Personal Care Aides	31-1120	From 2019	Broad
Nursing Assistants	31-1131	From 2019	Detailed
Orderlies	31-1132	From 2019	Detailed
Psychiatric Aides	31-1133	From 2019	Detailed
Home Health Aides	31-1011	2010-2018	Detailed
Nursing Aides, Orderlies, and Attendants	31-1012	2010-2011	*Special
Psychiatric Aides	31-1013	2010-2018	Detailed
Nursing Assistants	31-1014	2012-2018	Detailed
Orderlies	31-1015	2012-2018	Detailed
Personal Care Aides	39-9021	2010-2018	Detailed
Home Health Aides	31-1011	2000-2009	Detailed
Nursing Aides, Orderlies, and Attendants	31-1012	2000-2009	Detailed
Psychiatric Aides	31-1013	2000-2009	Detailed
Personal and Home Care Aides	39-9021	2000-2009	Detailed
* Special - combination of 2000 SOC 31-1012 and 2010 SOC 31-1014 and 2010 SOC 31-1015			

- Definitions for the U.S. caring personnel mentioned above can be found at <https://www.bls.gov/soc/home.htm>.

- In 2019, the OES program aggregated home health aides and personal care aides under the following SOC code (31-1120).

Estimation method:

- Nationally representative sample of the U.S. civilian non-institutionalised household. Data are as of May.  
- The Occupational Employment Statistics (OES) program conducts a semi-annual mail survey designed to produce estimates of employment and wages for specific occupations. The OES program collects data on wage and salary workers in non-farm establishments in order to produce employment and wage estimates for about 800 occupations. Data from self-employed persons are not collected and are not included in the estimates. The OES program produces these occupational estimates by geographic area and by industry. Estimates based on geographic areas are available at the national, state, metropolitan and nonmetropolitan area levels. The Bureau of Labour Statistics produces occupational employment and wage estimates for over 450 industry classifications at the national level. The industry classifications correspond to sector 3, 4, and 5-digit North American Industry Classification System (NAICS) industrial groups.

Break in time series: BLS does not recommend conducting time series analysis. This is due to the Bureau Labor Statistics (BLS) changes in the occupational and industry classification systems, geographic area definitions, and the Occupational Employment Statistics (OES) methodology updates and features. Detailed information concerning the use of OES data as a time series is found here --

[https://www.bls.gov/oes/oes\\_ques.htm#qf1](https://www.bls.gov/oes/oes_ques.htm#qf1) (Section F, question #1). More information about the OES methodology can be found at <https://www.bls.gov/opub/hom/oes/home.htm>.

- 2017. Although the codes and titles didn't change, the definition of home health aides and personal care changed during the 2018 revision, which may explain the increase in 2017.

## NON-OECD ECONOMIES

### Bulgaria

Source of data: National Statistical Institute, Exhaustive annual survey.

Reference period: 31<sup>st</sup> December.

Coverage: All Health care assistants (head counts) (ISCO-08 code: 5329) who worked on a basic labour contract in outpatient and inpatient establishments, as well as those who practice in other health establishments - centres for emergency medical care, centres for transfusion haematology, homes for medical and social care for children, Hygiene-epidemiological inspections, and others.

Professional activities carried out by health care assistant are legally regulated in Ordinance № 1 of the Ministry of Health from 2011 (SG. 15 of 2011) for professional activities that nurses, midwives, associated medical specialists and healthcare assistants can make by appointment or alone.

According to the National Classification of Occupations and Duties, consistent with the International Standard Classification of Occupations (ISCO-08), the code 5321 includes hospital attendants (caring personnel) and persons responsible for hygiene. Persons included in this group do not have any medical education, knowledge, or training. The tasks they perform are as follow: assisting patients with personal and therapeutic care needs such as personal hygiene, dressing; positioning, lifting, and turning patients and transporting them in wheelchairs or on movable beds; maintaining patients' environmental hygiene standards, such as cleaning patient rooms and changing bedlinen.

All these persons are included in the group "Other staff employed in hospitals" - non health professionals working on a basic labour contract in inpatient health establishments.

Deviation from the definition:

Estimation method:

Break in time series:

### Croatia

Source of data: Croatian Institute of Public Health, National Register of Health Care Providers.

Reference period: Status on December 31<sup>st</sup>.

Coverage: Public and private health sectors included.

Deviation from the definition:

Estimation method:

Break in time series:

## Cyprus

Data not available.

## Romania

Source of data: **National Institute of Statistics**, The activity of the sanitary and health care network – annual survey performed by NIS.

Reference period: data as of 31<sup>st</sup> December.

Coverage:

The data cover all sanitary personnel from public and private sector.

The "Caring personnel" include: stretcher bearers, bathing personnel, gypsum operative, mud-bath personnel, laundresses, ambulance drivers, cleaning personnel, disinfection and disinfestations agents and other medical personnel similar to the medical auxiliary staff. The medical auxiliary staff provides cleaning and hygiene services in the medical units, prepare materials necessary for the activity, the transport of patients, etc.

From total number of caring personnel, the cleaning personnel, disinfection, and disinfestations agents could not be excluded.

Deviation from the definition: Data include only caring personnel in institutions, not home-based personal care workers.

Estimation method:

Break in time series: Until 2007, caring personnel working in administration, research and in other posts that exclude direct contact with patients could not be totally excluded.

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<https://www.oecd.org/en/data/datasets/oecd-health-statistics.html>