

5. HEALTH WORKFORCE

Remuneration of nurses

The remuneration level of nurses is one of the factors affecting their job satisfaction and the attractiveness of the profession. It also has a direct impact on costs, as wages represent one of the main spending items in health systems.

The data presented in this section generally focus on the remuneration of nurses working in hospitals, although the data coverage differs for some countries (see the box on “Definition and comparability”).

The data are presented in two ways. First, it is compared with the average wage of all workers in each country, providing some indication of the relative financial attractiveness of nursing compared to other occupations. Second, the remuneration level in each country is converted into a common currency, the US dollar, and adjusted for purchasing power parity, to provide an indication of the relative economic well-being of nurses compared with their counterparts in other countries.

In most countries, the remuneration of hospital nurses was at least slightly above the average wage of all workers in 2013 (Figure 5.20). In Israel and Luxembourg, the income of nurses was respectively 60% and 40% greater than the average wage. In Spain and the United States, it was about 30% greater than the average wage, while in Greece, Australia and Germany it was 20% higher. In other countries, the salary of hospital nurses is roughly equal to the average wage in the economy. In the Slovak Republic, Hungary and France, it is about 10% lower.

When converted to a common currency (and adjusted for purchasing power parity), the remuneration of nurses was at least four times higher in Luxembourg than in Hungary, the Slovak Republic and Estonia (Figure 5.21). Nurses in the United States also had relatively high earnings compared with their counterparts in other countries, which explains, at least partly, the ability of the United States to attract many nurses from other countries.

In many countries, the remuneration of nurses has been affected by the economic crisis in 2008, but to varying degrees (Figure 5.22). Outside Europe, the growth in the remuneration of nurses in countries such as the United States, Australia and New Zealand slowed down temporarily following the economic crisis, while the crisis did not appear to have any effect on the growth rate in nurse remuneration level in Mexico. In Europe, following the economic crisis, the remuneration of nurses was cut down in some countries, such as in Hungary and Italy, and has been frozen in Italy over the past few years. In Greece, the remuneration of nurses has been reduced on average by 20% between 2009 and 2013.

Some Central and Eastern European countries have introduced a series of measures in recent years to increase the retention of nurses and other health workers, including pay raise despite tight budget constraints. In Hungary, a staged increase of 20% in the salaries of nurses and doctors was

introduced in 2012, phased over a three-year period. In the Czech Republic, nurses also benefitted from a pay increase following protests of hospital workers in 2011 (although their pay raise was lower than that for doctors), accompanied by some improvement in other aspects of their working conditions (OECD, forthcoming).

Definition and comparability

The remuneration of nurses refers to average gross annual income, including social security contributions and income taxes payable by the employee. It should normally include all extra formal payments, such as bonuses and payments for night shifts and overtime. In most countries, the data relate specifically to nurses working in hospitals, although in Canada the data also cover nurses working in other settings. In some federal states, such as Australia, Canada and the United States, the level and structure of nurse remuneration is determined at the sub-national level, which may contribute to variations across jurisdictions.

Data refer only to registered (“professional”) nurses in Australia, Canada, Chile, Ireland and the United States, resulting in an overestimation compared to other countries where lower-level nurses (“associate professional”) are also included. Data for New Zealand relate to nurses employed by publically funded district health boards, and includes registered nurses, health assistants, nurse assistants, and enrolled nurses. These latter three categories have a different and significantly lower salary structure than registered nurses.

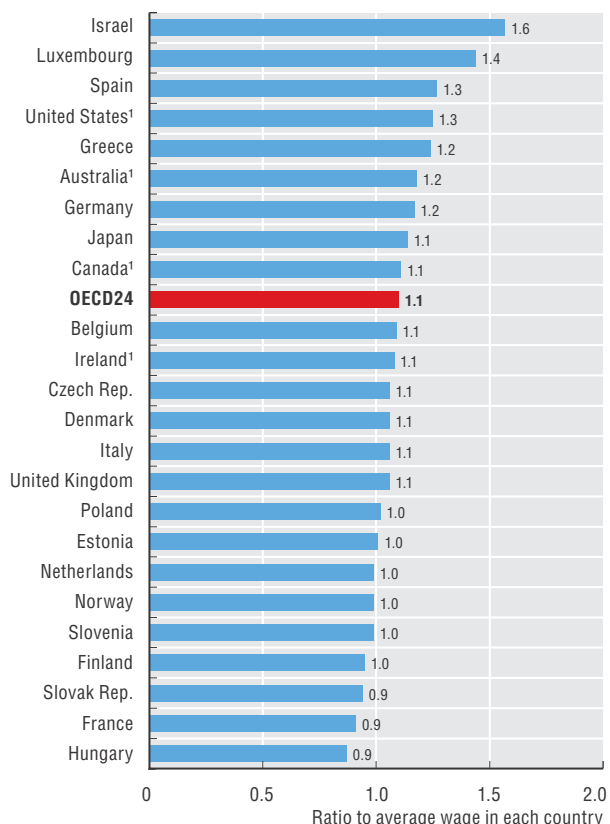
The data relate to nurses working full time, with the exception of Belgium where part-time nurses are also included (resulting in an under-estimation). The data for some countries do not include additional income such as overtime payments and bonuses (e.g., Italy and Slovenia). Informal payments, which in some countries represent a significant part of total income, are not reported.

The income of nurses is compared to the average wage of full-time employees in all sectors in the country. The source for the average wage of workers in the economy is the *OECD Labour Force Statistics Database*.

References

OECD (forthcoming), *Health Workforce Policies in OECD Countries: Right Jobs, Right Skills, Right Places* (preliminary title), OECD Publishing, Paris.

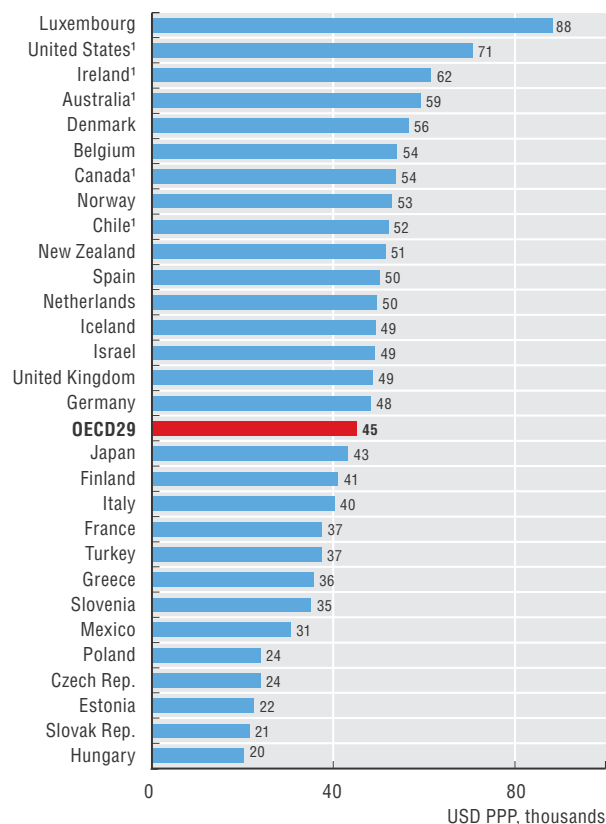
5.20. Remuneration of hospital nurses, ratio to average wage, 2013 (or nearest year)



1. Data refer to registered (“professional”) nurses in the United States, Australia, Canada and Ireland (resulting in an over-estimation).

Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.
StatLink <http://dx.doi.org/10.1787/888933280951>

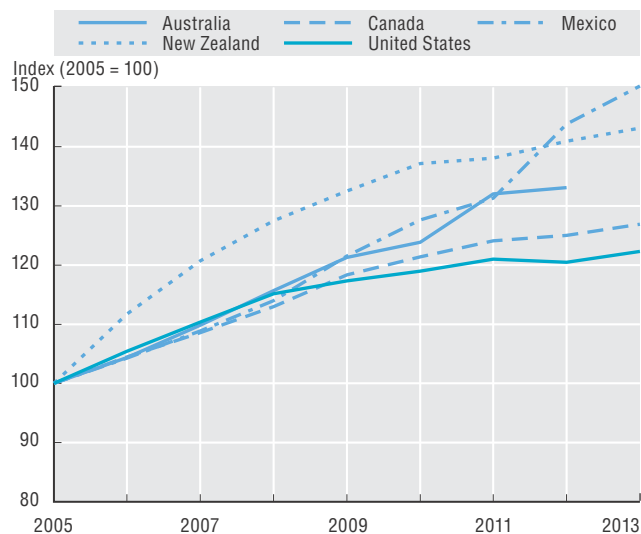
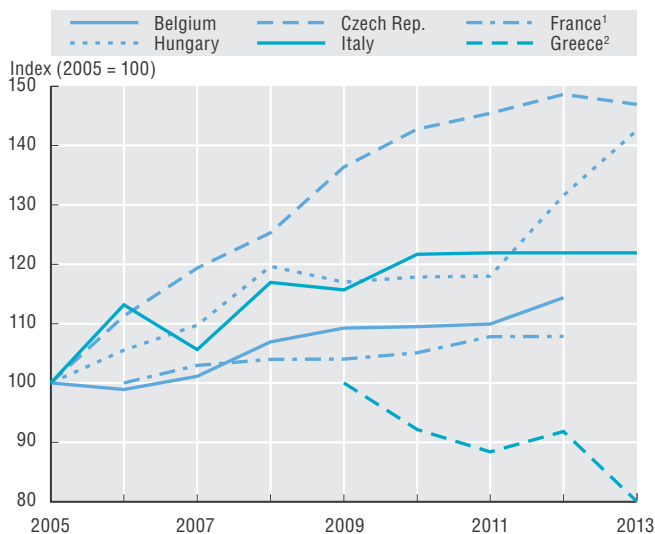
5.21. Remuneration of hospital nurses, USD PPP, 2013 (or nearest year)



1. Data refer to registered (“professional”) nurses in the United States, Ireland, Australia, Canada and Chile (resulting in an over-estimation).

Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.
StatLink <http://dx.doi.org/10.1787/888933280951>

5.22. Evolution in the remuneration of hospital nurses, selected OECD countries, 2005-13 (or nearest year)



1. Index for France, 2006 = 100.
2. Index for Greece, 2009 = 100.
Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.
Information on data for Israel: <http://oe.cd/israel-disclaimer>

StatLink <http://dx.doi.org/10.1787/888933280951>



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