

Remuneration of nurses

Whether nurses are paid adequately has been a contested topic for many years. The COVID-19 pandemic and, more recently, the cost-of-living crisis, have brought further attention to the income of nurses, with concerns about whether remuneration is sufficient to attract and retain nurses in the profession.

On average across OECD countries, the remuneration of hospital nurses in 2021 was 20% above the average wage of all employees. However, in Switzerland, Finland, the United Kingdom and Latvia, nurses made less than the average worker, whereas in Mexico, Costa Rica, Chile, the Czech Republic, Belgium, Slovenia and Luxembourg, their income was at least 50% higher than the economy-wide average (Figure 8.15). In Slovenia, this was partly due to the inclusion of COVID-19 bonuses in 2021.

Figure 8.16 compares the remuneration of hospital nurses based on a common currency (USD), adjusted for differences in purchasing power to provide an indication of the relative economic well-being of nurses across countries, and the financial incentives to consider moving to another OECD country for a higher salary. In 2021, the income of nurses in Luxembourg was at least four times higher than those working in Lithuania and Latvia (although the latest data in these two countries relate to 2018 only). In general, nurses working in Central and Eastern European countries had the lowest levels of remuneration, explaining at least in part why many choose to migrate to other EU countries. Nursing income in the United States is higher than in most other OECD countries, explaining why the United States is able to attract several thousand nurses from other countries every year.

In most countries, the remuneration of nurses increased in real terms in the decade leading up to the pandemic. This was particularly the case in many Central and Eastern European countries (including Hungary, Poland, the Slovak Republic and the Czech Republic), where nurses obtained pay rises averaging 4-5% per year in real terms between 2010 and 2019, thereby narrowing the gap with other EU countries. Nurses in Türkiye, Iceland and Chile also obtained substantial pay rises between 2010 and 2019 (Figure 8.17).

In contrast, the remuneration of nurses decreased in real terms between 2010 and 2019 in Greece, Italy, Portugal, Finland and the United Kingdom. In the United Kingdom, nursing income increased in nominal terms, but it fell by over 3% in real terms between 2010 and 2019, mainly due to public sector pay policies implemented between 2011/12 and 2017/18. Between 2019 and 2021, the real average income of nurses increased slightly following the Agenda for Change pay deal for 2018-21 (Buchan, Shembavnekar and Bazeer, 2021^[1]).

In 2020 and 2021, nurses in some countries obtained substantial pay rises in real terms – notably in Slovenia, Estonia, Hungary, the Czech Republic, the Slovak Republic and Poland, but also in Greece. In many other countries, the real remuneration of nurses only increased slightly in 2020 and 2021, due a large extent to rising inflation that eroded wage growth. Nurses were not the only occupation group affected by

this phenomenon. In many countries, average real wages actually fell in 2021 due to inflation (OECD, 2022^[2]).

For a comprehensive assessment of nursing income, it is also important to bear in mind that, in many countries, a large proportion of nurses and other health workers received one-off COVID-19 “bonuses” in 2020 and 2021 in recognition of the frontline role they played during the pandemic. However, these lump-sum bonuses have in most cases not been included in the regular wages reported here with a few exceptions (e.g. Slovenia).

Definition and comparability

The remuneration of nurses refers to average gross annual income, including social security contributions and income taxes payable by the employee. 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, as well as in the United Kingdom, the level and structure of nurse remuneration is determined at the subnational level, which may contribute to variations across jurisdictions.

Data refer only to registered (“professional”) nurses in Canada, Chile, Ireland and the United States, resulting in an overestimation compared to other countries where lower-level (“associate professional”) nurses are also included. Data for New Zealand include all nurses employed by publicly funded district health boards, at all levels; they also include health assistants, who have a different and significantly lower salary structure than registered nurses.

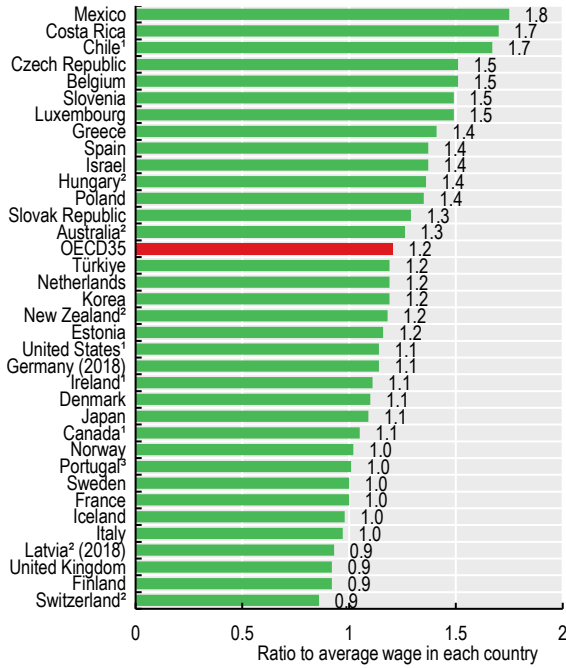
The data relate to nurses working full time. The data for some countries do not include additional income such as overtime payments. Informal payments, which represent a significant part of total income in some countries, are not reported.

The income of nurses is compared to the average wage of full-time employees in all sectors in the country. It is also compared across countries based on a common currency (USD) and adjusted for differences in purchasing power.

References

- Buchan, J., N. Shembavnekar and N. Bazeer [1]
(2021), *Nurses’ pay over the long term: what next?*, The Health Foundation, London,
<https://www.health.org.uk/publications/nurses-pay-over-the-long-term-what-next>.
- OECD (2022), *OECD Economic Outlook, Volume 2022 Issue 1*, OECD Publishing, Paris, [2]
<https://doi.org/10.1787/62d0ca31-en>.

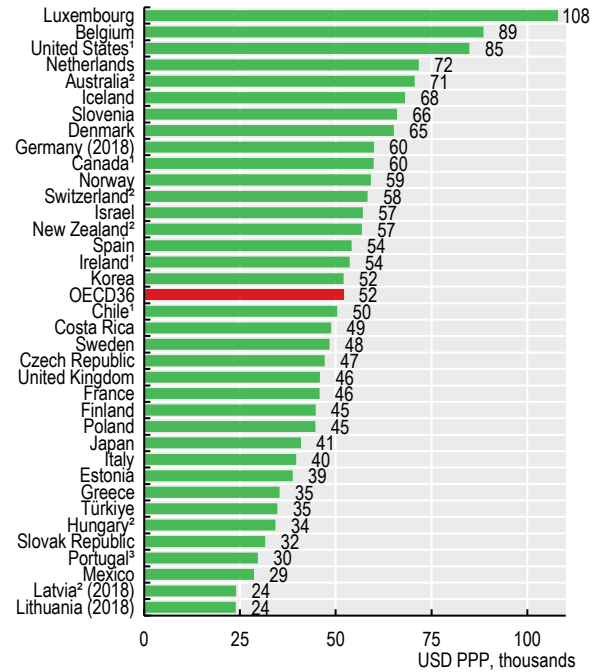
Figure 8.15. Remuneration of hospital nurses, ratio to average wage, 2021 (or nearest year)



1. Data refer to registered (“professional”) nurses only (resulting in an overestimation). 2. Data include “associate professional” nurses, who have lower qualifications and revenues. 3. Data include only hospital nurses working in the National Health Service (public sector).
Source: OECD Health Statistics 2023.

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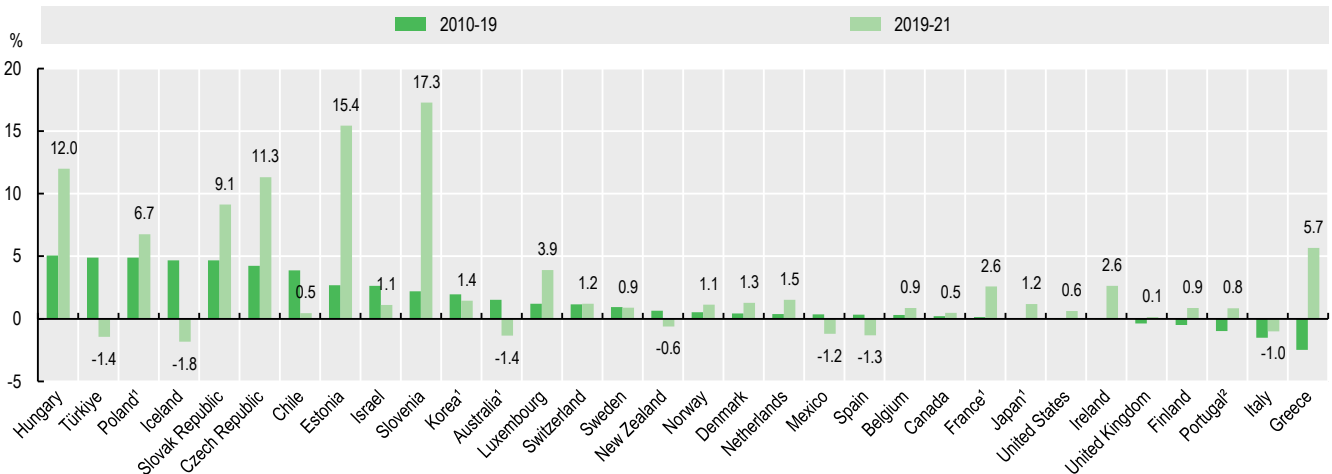
Figure 8.16. Remuneration of hospital nurses, USD PPP, 2021 (or nearest year)



1. Data refer to registered (“professional”) nurses only (resulting in an overestimation). 2. Data include “associate professional” nurses, who have lower qualifications and revenues. 3. Data include only hospital nurses working in the National Health Service (public sector).
Source: OECD Health Statistics 2023.

StatLink <https://stat.link/t6oqu9>

Figure 8.17. Average annual growth in the remuneration of hospital nurses (real terms), 2010-19 and 2019-21 (or nearest years)



1. The latest growth rate covers only 2019-20. 2. Data include only hospital nurses working in the National Health Service (public sector).
Source: OECD Health Statistics 2023.

StatLink <https://stat.link/g23a4s>



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