

OECD Health Statistics 2025

Definitions, Sources and Methods

Remuneration of hospital nurses

Remuneration is defined as the average gross annual income, including social security contributions and income taxes payable by the employee.

Salaried hospital nurses: Registered nurses actively practising in public and private hospitals and who receive most of their income via a salary.

The following categories of nurses should normally be excluded:

- Associate professional nurses (practical/vocational/nurses with a lower level of skills)
- Nursing aids/assistants and care workers who do not have any recognised qualification/certification in nursing
- Nurses in training
- Midwives (however registered nurses working part-time as midwives should be included)
- Nurse managers.

Note: To the extent possible, average annual income should refer to nurses working full-time.

Average annual income:

Inclusion:

- the values of any social contributions, (income) taxes, etc. payable by the employee even if they are actually withheld by the employer and paid directly to social insurance schemes, tax authorities, etc. on behalf of the employee
- all gratuities, bonuses, overtime compensation and "thirteenth month payments".

Exclusion:

- social contributions payable by the employer.

NOTE:

Average salaries for healthcare professionals are converted to USD PPPs using PPPs for private consumption to bring them in line with average earnings calculations across the OECD.

Average salaries presented from *OECD Health Statistics 2021* onwards cannot be compared with data from previous versions.

Sources and Methods

Australia

Sources:

2018 onwards: Australian Institute of Health and Welfare. Hospital resources tables. <https://www.aihw.gov.au/reports-data/myhospitals/content/data-downloads>. Viewed 14 February 2025. <https://www.aihw.gov.au/getmedia/baadf9bf-f9af-4cd1-8c3c-c385ae4c8564/Hospital-resources-tables-2021-22.xlsx>.

2014-2017: Australian Institute of Health and Welfare. Hospital resources: Australian hospital statistics. Canberra: AIHW (and previous issues). Also at www.aihw.gov.au.

1976–2013: **Australian Institute of Health and Welfare**. Australian hospital statistics. Canberra: AIHW (and previous issues). Also at www.aihw.gov.au.

Deviation from the definition: Total includes Registered nurses, Enrolled nurses, Student nurses and Trainee nurses.

Methodology:

- Data cover all levels of nurses.
- The year reported is the financial year 1 July to 30 June (e.g. 2016-17 is reported as 2016).
- Figures include all recurrent expenditure (including payments for overtime) on salaries and wages.
- Limitations on recurrent expenditure information for public hospitals exist. Collection of staffing categories was not consistent among jurisdictions and in some instances best estimates were reported. See Australian Institute of Health and Welfare Hospital resources 2016-17: Australian hospital statistics for more information.

Break in time series in 1985: Data for 1985 onwards represent annual average salary for full-time equivalent nurses employed in public acute and psychiatric hospitals.

Austria

Data not available. (Data are available for all nurses but not specifically for hospital nurses).

Belgium

Source: Federal Public Service Public Health, Safety of the food chain and environment, Finhosta (financial data on hospitals).

Methodology:

- The amount is calculated as the ratio of the average personnel cost of employed persons in all Belgian hospitals = total wage cost per category of personnel / number ETP per category of personnel.

Deviation from the definition: Data include the remuneration of other categories of health personnel, such as associate professional nurses, midwives, healthcare assistants, intermediate staff and teaching staff, etc.

Canada

Source: Statistics Canada, Labour Force Survey.

Methodology:

Deviation from the definition: There is a deviation from the OECD definition in that, until 2014, data refer to both Nurse Supervisors and Registered Nurses (category D1 of the National Occupational Classification: <https://www.statcan.gc.ca/en/subjects/standard/noc/2021/indexV1>) working both in hospitals and outside hospitals. It was not possible to separate out the remuneration for Registered Nurses and Nurse Supervisors. Only those workers who have either a "Post-secondary certificate of diploma", "University: Bachelor's degree" or a "University: Graduate degree" have been included.

Break in time series in 2015: Starting in 2015, nursing coordinators and supervisors are excluded, in agreement with the OECD definition. However, a deviation from the OECD definition still exists as data still include registered nurses outside hospitals and still exclude licensed practical nurses (associate professional nurses).

- Data refer to registered nurses working full-time.

Chile

Source: Ministry of Health, Health Human Resources Planning and Control Department from the Division of Management and Human Resources Development. **Management Data Base of the Human Resources Information System (SIRH) of the Public Health Sector**.

Coverage:

- Data include fully-qualified nurses who work for the hospitals of the National System of Health Services (SNSS).

- Data coverage is nationwide but includes only salaried nurses from the public health sector hospitals (majority in the country) and excludes private sector clinics for which information is not available. Data exclude professionals working in Public Primary Care Municipal Health Service (Offices).

❶ Superior Technical Nurses who are considered as what the OECD defines as “Associate Professional Nurses” are excluded.

Methodology:

- The average gross annual income is converted into Full Time Equivalent (FTE) average gross annual income. In Chile, full time corresponds to 44 hours per week. The figures are expressed in Chilean peso and current value.

- The increase in remuneration since 2016 is explained by the implementation of two important agreements that were ratified in 2015 between the Government and the professional associations and unions of the public health personnel. These agreements contain various improvements related to careers, wages and bonuses. The date of implementation was 1st of January 2016, except for one of the lower bonuses, which came into force 1st of May 2016.

- The increase in remuneration in 2013 is explained mostly by an increase in salaries (bonuses, overtime, allowances, etc.).

Colombia

Data not available.

Costa Rica

Source: Caja Costarricense de Seguro Social (National Social Insurance Fund).

Coverage:

- Data include only health workers employed by the National Social Insurance Fund.

- Data include only professional nurses and exclude any other kind of nursing personal. By law in Costa Rica only people who have a professional university degree at the level of bachelor or superior can practice nursing.

Estimation:

- The following parameters were used for the estimation of annual salaries: salary indexes for each year, bonuses inherent to each position, an average of 13 annuities, an average of 30 professional career points, as well as some normative and legal considerations that must be followed for this kind of estimations.

- Estimations do not include any consideration related with overtime payments.

Note: The decrease from 2019 to 2020 can be explained since in 2018 a new law approved by Congress changed some of the rules related to salary bonuses and incentives for public employees; that law took effect in mid-2019; even though the law respected the bonuses and incentives already earned, for new bonuses and annuities earned after 2019 (for both old and new employees) new rules were applied.

Czechia

Sources:

2011- 2023: Data from the **ISPV system (Information and Statistics on Average Earnings), Ministry of Finance.**

2000-2010: **Institute of Health Information and Statistics of Czechia.** National Health Information System (Statistical surveys on employees and structure of wages in health care establishments).

Coverage:

- Data refer to the total number of Hospital nurses – CZ-ISCO: 2221. Data broken down by females and males are not available in ISPV system.

❶ Data refer to Hospital nurses only (CZ-ISCO: 2221) from 2011 onwards, whereas pediatric nurses and midwives were also included up until 2010.

Methodology:

- Data are expressed in Czech currency.

- In terms of reported data for the monitored year, this is always twelve times the average gross monthly earnings. These earnings are determined in ISPV according to the Eurostat methodology for the Structure of Earning Survey (SES). Gross earnings are defined in ISPV as the sum of salaries, salary compensation

(e.g. compensation for leave, compensation for work obstacles, etc., but excluding salary compensation for temporary incapacity for work) and standby compensation for the monitored period, related to the number of converted paid months of the employee. i.e. the number of months that the employee worked or for which he received salary compensation (excluding compensation for temporary incapacity for work). The criteria for including an employee in the calculations of the above indicator are (a) the converted number of paid months of the employee is at least one month in the monitored period and (b) the specified weekly working hours for the given job are at least 30 hours, according to Eurostat recommendations.

Deviation from the definition: Results are given for the public sphere (the employer is the state, a territorial self-governing unit and organisations established by them listed in the Labor Code) of the Czech Republic, because in some years, results for the wage (from private income of a healthcare facility) are not available at the level of the five-digit ISCO code (no or minimal number of observations in the time-varying sample of employers of the relevant statistical survey). Healthcare workers could receive a wage in addition to their salary, which is not calculated in the data.

Break in time series in 2011 due to a change in the data source. In addition, data refer to Hospital nurses – CZ-ISCO: 2221 only, whereas pediatric nurses and midwives were also included before 2011.

Denmark

Source: The joint municipal payroll data office, KRL (previously FLD).

Methodology:

- Data are calculated per full-time equivalent (FTE).
- Reference period: yearly average.

Coverage:

- The average remuneration for regionally employed nurses was substituted for hospital nurses as staff employed in public hospitals are paid regionally.
- Managing nurses are not included.

Deviation from the definition: Data include nurses in the public sector only, but follow the OECD definition in terms of categories of nurses being excluded.

Further information: <http://www.krl.dk> (in Danish).

Estonia

Source: National Institute for Health Development, Department of Health Statistics. Annual report on hourly wages of health care personnel in March.

Coverage:

- Deviation from the OECD definition:** All health care providers (all nurses) are included since 2013. All nurses with working contracts. Only registered nurses under the ISCO code 2221 are accounted, associate professional nurses are not included.
- Average remuneration for salaried health care workers is calculated on the basis of monthly salary: average monthly gross salary in March multiplied by 12.
- It includes personal income tax and other taxes paid by the employee. It does not include social tax and other social contributions paid by the employer.
- The average monthly wage includes basic wage, additional remuneration, additional payments for evening work, night work, work on days off or during public holidays and additional payments for overtime. It also includes irregular additional payments (quarterly and annual bonuses and other irregular performance and value payments) which are paid in March. Informal payments are not included.
- Data include both public and private sectors.

Deviation from the OECD definition: All nurses are included, not only hospital nurses.

Break in time series in 2020: The average monthly gross wages and salaries have been given in full-time equivalent to enable a comparison of different wages and salaries, irrespective of the length of working time. Before 2020, the calculation of average monthly wage involved only full-time employees. From 2020, part-time and full-time employees are included, and average monthly gross wages have been given in full-time equivalent (FTE).

Break in time series in 2013: All health care providers (all nurses) are included since 2013.

Note:


- At the end of 2012, a new collective agreement for health care workers was signed. The minimum hourly wage of nurses was increased by 17.5%. From March 1, 2013 the new minimum hourly wage for nurses was 4.5 Euros, compared with 3.83 Euros during the period 2008-2012.
- The increase in remuneration is related to collective agreements, which have established minimum wages for health care personnel. New collective agreements have been signed since 2015:
 - 1.01.2015: the wage agreement set the minimum hourly wage at 5 Euros for nurses.
 - 1.01.2016: the wage agreement set the minimum hourly wage at 5,5 Euros for nurses.
- In 2017, another agreement was signed in April, whose effects are visible in wages reported for the year 2018.
 - 1.04.2017: the wage agreement set the minimum hourly wage at 6,03 Euros for nurses, including midwives and supporting health professionals (i.e. physiotherapists, activity therapists, radiology technicians, clinical laboratory assistants).
 - 1.04.2018: the wage agreement set the minimum hourly wage at 6,85 Euros for nurses including midwives and supporting health professionals. Effects are visible in wages reported for the year 2019 (reference period is March).
 - 1.04.2019: the wage agreement set the minimum hourly wage at 7,45 Euros for nurses including midwives and supporting health professionals. Effects will be visible in wages reported for the year 2020 (reference period is March).
 - 1.04.2020: the wage agreement set the minimum hourly wage at 8,00 Euros for nurses including midwives and supporting health professionals. Effects will be visible in wages reported for the year 2021 (reference period is March).
 - 1.04.2021: the wage agreement set the minimum hourly wage at 8,40 Euros for nurses including midwives and supporting health professionals. Effects will be visible in wages reported for the year 2022 (reference period is March).
 - 1.04.2022: the wage agreement set the minimum hourly wage at 9,05 Euros for nurses including midwives and supporting health professionals. Effects will be visible in wages reported for the year 2023 (reference period is March).
 - 1.04.2023: the wage agreement set the minimum hourly wage at 10,90 Euros for nurses including midwives and supporting health professionals. Effects will be visible in wages reported for the year 2024 (reference period is March).

Further information: Data are published in the Health Statistics and Health Research Database available at https://statistika.tai.ee/pxweb/en/Andmebaas/Andmebaas_04THressursid_06THTootajatePalk/?tablelist=true.

Finland

Source: Statistics Finland, Structure of Earnings.

Coverage: Data related to the private sector include only salary earners working in a company that employs five or more employees.

 **Break in time series in 2010:** The classification of occupations ISCO-08 was introduced for hospital nurses in 2010. Before 2010, ISCO-88 (COM) was applied. Data have been revised from 2010 onwards.

Notes:

- 2020: Holiday pay reductions were returned to their normal level in the public sector.
- 2017: Yearly earnings decreased in 2017 compared to the previous year due to holiday pay reductions (minus 30%) in the public sector. The reductions were applied in accordance with a nationwide “competitiveness pact”. These reductions in holiday pay continued to apply in 2018-2019 but are relinquished from 2020 onwards.

Further information: <https://stat.fi/en/statistics/prs>.

France

Source: Institut national de la statistique et des études économiques (Insee), Annual declaration of social data (DADS) 2006, 2007, 2008 for the public and private sectors. From 2009, DADS data for the private sector are combined with another source for the public sector, the *Système d'information sur les agents des services publics* (SIASP); 96% of salaried hospital nurses are covered.

Methodology:

- Data are calculated based on gross income including social security contributions but not employers' contributions. - Income is pre-tax.

🔴 From 2016 onwards, the annual social data declarations (DADS) sent by companies to the authorities are gradually being replaced by nominal social declarations (DSN). In this context of gradual changes in information sources, Insee has begun to overhaul the statistical processing carried out. **Thus, between 2016 and 2019, the levels of remuneration are not comparable to those of previous years.** More detailed information is available in « En 2016, le salaire net moyen augmente de 0,5 % en euros constants », Insee Première n° 1750, see <https://www.insee.fr/fr/statistiques/4129807>.

Note: Data have been revised in 2024 for the entire series, due to the exclusion of nursing managers (perimeter change).

Germany

Source: Federal Statistical Office, Structure Earnings Survey 2006, 2010, 2014, 2018 and 2022, special evaluation by the Federal Statistical Office.

Methodology:

2014, 2018 and 2022:

- Data refer to earnings of professional nurses with a 3-year education (nurses, paediatric nurses and nurses for the elderly).

- Data include both average annual gross earnings and bonus payments of full-time employed nurses working in public and private hospitals.

- Data exclude earnings of midwives and students who have not yet graduated.

2006 and 2010:

- Data refer to earnings of professional nurses and midwives with a 3-year education working in public and private hospitals.

- Data exclude nurses for the elderly with a 3-year education coded with 3460 ISCO-88COM.

- Data include both average annual gross earnings and bonus payments of full-time employed nurses.

✂️ **Break in time series in 2014:** As of reporting year 2014, a new classification of occupation (KldB-2010) has been introduced. Therefore, the data are comparable to previous years only in a restricted manner.

Further information: <http://www.destatis.de>.

Greece

Source: Average of Public General Hospitals (in Athens).

Methodology:

- Hospitals taken into account are large public hospitals and data are representative of all salaried nurses in the public sector.

- Data refer to salaried hospital nurses working full-time in the middle level of the hierarchy (20 years of previous employment).

- No changes reported between 2013-2014 and 2019-2020 concerning the wages of nurses working in public hospitals.

- During 2021, wages of salaried nurses working in public hospitals were slightly increased.

- From 2010 onwards, a decrease is reported due to the curtailment of salaries. Christmas, Easter and Summer vacation bonuses have been reduced.

Hungary

Sources:

2021 onwards: **National Directorate General for Hospitals** (OKFŐ in Hungarian).

2017-2020: **National Healthcare Service Center** (ÁEEK, in Hungarian).

2015-2016: **Office of Health Authorisation and Administrative Procedures** (ENKK, in Hungarian).

2011-2014: **National Institute for Quality and Organisational Development in Healthcare and Medicines** (GYEMSZI, in Hungarian).

2003-2010: **National Institute for Strategic Health Research** (ESKI, in Hungarian).

Methodology:

- Data cover only public sector employees.
- Data on average salaries are based on a sample of 38000 thousand hospital nurses from the OSAP 1626 salary and employment statistics data collection.
- It is estimated that over 99% of nurses work as hospital nurses in the public service and less than 1% of nurses are self-employed hospital nurses.
- Data refer to practitioners employed full-time.
- Data include payments for working evenings, nights, weekends, bank holidays and overtime.
- Data refer to salary paid by the employer, and do not include income or gratuity derived from private practice.

ⓘ Deviation from the definition: Data include associate professional nurses, healthcare assistants, and midwives.

Notes:

- In 2019, start of a four-step salary increase program in outpatient and inpatient care. As a result, by 2022 wages increased by 72 % compared to the 2018 wages. Compared to the payments in 2019, the salaries of hospital nurses increased by 13% in January 2020 and by a further 16.5 % in November, supplemented by a one-time allowance of 500,000 HUF paid in July 2020 in connection with the coronavirus pandemic. Taken together, the above led to a 28.9% pay-rise for hospital nurses in 2020.
- In 2016, start of salary increase program again for nurses in outpatient and inpatient care.
- In 2014-2015, pause of salary increase program for nurses in outpatient and inpatient care.
- In 2013, continuation of salary increase program for nurses in outpatient and inpatient care.
- In 2012, start of salary increase program for nurses in outpatient and inpatient care.
- In 2009, thirteenth month payments abolished in the public sector.

Further information: <http://www.enkk.hu>.

Iceland

Source: Ministry of Finance.

Methodology:

- Data relate to full-time equivalent.
- Data include monthly salaries and payments for overtime, evening, night and weekend shifts and others.
- 2013: The increase in the remuneration of hospital nurses is mainly due to a wage agreement, which was especially designed for the employees in hospitals and health care as an action for obtaining equal payment between the genders. This agreement came into effect on 1 March 2013 and ensured a 4.8% wage increase to these employees in addition to the general 3.25% increase in the wage rate on 1 March 2013.

ⓘ 2005 data refer to annual income of salaried state employees who are qualified registered nurses (university-level education) or practical licensed nurses (three years of education in secondary school and 16 weeks of practical training in health institutions) and work in public general hospitals and primary care (public health centres).

✂ Break in time series in 2019: New wage agreement which came into effect on 1st of April for hospital nurses.

ⓘ Break in time series in 2010: Data as of 2010 reviewed in 2017 with respect to institutions included resulting in some changes. The data now cover nurses and associate nurses in hospitals defined as health care facilities with 24-hour access to a hospital physician.

ⓘ Break in series in 2007: Data refer to qualified registered nurses and practical licensed nurses (associate nurses) working in hospitals.

Ireland

Sources:

From 2011: **Business Intelligence Unit, Health Service Executive** (Payroll data).

Until 2010: **Department of Health and Children Salary Scales.**

Coverage:

- Data refer to “professional” nurses, resulting in an overestimation compared with other countries that also include “associate professional” nurses, a grade which does not exist in Ireland; the reported figure for average remuneration in such countries could be much lower relative to Ireland than it would on a like-for-

like basis.- The figure for 2023 is provisional as it is proportionally estimated for the full year due to the data only covering remuneration from January-September for certain hospitals and not the full calendar year.

✂✂ Break in series in 2020: There is a new Enhanced Nurses pay contract to which some nurses were transferred to in 2020. However, the contract was applied retrospectively from 2019, resulting in arrears payments.

✂✂ Break in series in 2016: Average costs in payroll data calculated using summed total of end of month data. Data now also include HSE South and South East regions.

✂✂ Break in series in 2015: Following a structural reorganisation in the HSE, Pillar (acute Hospitals) is no longer maintained. Therefore, data by Division (Acute Services) have been used to arrive at the remuneration for 2015. Data also exclude HSE South and South East regions.

✂✂ Break in series in 2012: Data exclude HSE South and South East regions.

✂✂ Break in series in 2011: From 2011 onward, data come from payroll data and refer to staff nurses working full-time in publicly funded acute hospitals only but exclude voluntary hospitals. Data include basic pay plus allowances paid for basic overtime, on-call allowances, weekend and public holiday premiums, night duty and arrears. Until 2010, data referred to average gross salary based on the midpoint of the “Staff Nurse” salary scale only (not payroll data as from 2011) and based on a 39-hour week. The salary data given also included an estimate of allowances (to compensate for working nights, evenings, weekends, bank holidays, etc.) premium pay and overtime.

- The increase seen from 2011 is due to the fact that a change of source occurred in 2011. Starting in 2011, payroll data are used to accurately reflect the average payment to a hospital nurse. Prior to 2011, the midpoint of the staff nurse salary scale was used. Given the moratorium on recruitment this would have served to under-report the true average salary of a hospital nurse by increasing majority of nurses move beyond the mid-point of the salary scale.

Further information: <http://health.gov.ie/publications-research/publications/>.

Israel

Source: Data are derived from the **Ministry of Finance** Department of wages and labour agreements database on state workers wages and from the major **HMO (Clalit) database** on its wages.

Methodology:

- Data include these two employers' hospital nurses.
- Data cover both full-time and part-time nurses but reflect the workload of nurses, i.e. income is divided by the estimated number of full-time equivalent nurses.
- Data include midwives and do not include nurses who manage other nurses, in any form. Data include all the payments paid by the employer to the employee.
- Data include approximately one half of all employed nurses in hospitals.
- Note: The increase in 2020 in the remuneration of hospital nurses is due to the ongoing COVID-19 pandemic. In 2020 hospital nurses worked more hours, took additional shifts and had less vacations, hence their salaries were higher.

✂✂ Break in time series in 2008: From 2008 onwards, associate professional nurses and other health care assistants are not included in the remuneration data (the data include only the remuneration of professional hospital nurses).

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: Italian National Institute of Statistics: Survey on wages.

Methodology:

- Data relate to the remuneration of salaried hospital nurses working full-time. Data exclude associate professional nurses.
- Bargained wage and salary: data include basic pay plus all bonuses specified in national agreements that are payable to all workers as well as those paid periodically (e.g. 13th month payments). No account is

taken of bonuses related to individual performance or individual working conditions, nor any supplementary payment agreed at the company level. In addition, data include the values of any social contributions, (income) taxes, etc., payable by the employee.

- Data do not include the values of social contributions which are withheld by the employer and paid directly to social insurance schemes, tax authorities, etc., on behalf of the employee, all gratuities, bonuses and overtime compensation.

- Data for each period 2011-2014 and 2015-2017 are identical as salaries have been frozen.

✂ **Breaks in time series in 2010, 2015 and 2021:** As of April 2024, wage indices were released based on the new reference period (December 2021). This implies a break in the remuneration series as the weights structure (i.e. employment by national agreement, by job position) has changed. Data from 2005 to 2009 are based on the reference period December 2005; data from 2010 to 2014 are based on the reference period December 2010; data from 2015 to 2020 are based on the reference period December 2015.

Further information:

- In Italy, the wages of all public sector workers have been frozen from 2011 to 2015, as provided by Law n.122/2010 and Dpr 122/2013; moreover, from 2011, earnings higher than 90 000 Euro per year were cut by Law n.122/2010. In October 2012, the pay cuts were declared illegal by a ruling of the Constitutional Court, hence from November 2012 full monthly wages were paid (this is why 2012 wages are slightly higher than in 2011). In January 2013, the total amount of cuts was returned, with a lump sum (this is why 2014 wages are less than 2013).

- In 2017, as was the case in 2016, the collective labour agreements for public employees were not renewed. In 2018, the national collective bargaining agreement for salaried hospital nurses were renewed, the agreement remained in force until 31 December 2018.

- In 2018, the national collective bargaining agreements for salaried hospital nurses were renewed, the agreement remained in force until 31 December 2018.

- The decrease in salaries of 0.5% in 2019 compared to 2018 is explained by the presence of arrears in 2018.

- In 2020, the increase in salaries is explained by the advance payment for the period 2019-2021, delivered from July 2019.

- In 2021, the National Collective Bargaining Agreement of hospital nurses was not renewed.

-The remuneration 2022 is higher than 2023 because in 2022 arrears referred to CCNL 2019-2021 (signed in 2 November 2022) were paid.

- The remuneration of hospital nurses in 2024 is higher than 2023 because from January 2024, an advance on future increases equal to 6.7 percent of the value of the contractual vacation allowance was paid.

Japan

Source: Ministry of Health, Labour and Welfare, Basic Survey on Wage Structure, several years.

Methodology:

🔴 The OECD Secretariat calculates the average of annual remuneration for professional nurses based on monthly wage and additional income data from the Basic Survey on Wage Structure.

- The Basic Survey is conducted in June every year. Monthly wage data are collected for the survey month and additional payments for a year (from January to December) prior to the survey.

- Monthly wage is based on the payment details specified on the labour contract, labour agreement, and/or working rules of establishments. Additional payments are bonuses and term-end allowances and other payments including the following: temporary payments not based upon agreements or rules settled in advance, regular payments made less frequently than every three months and a back pay under a new labour agreement.

- Data refer to gross remuneration before tax.

- The Basic Survey on Wage Structure is conducted annually.

Coverage:

- Data refer to regular employees who work for private establishments with 10 or more regular employees and exclude part-time employees.

Korea

Sources: Ministry of Health and Welfare, National Health Insurance Service, Korea Institute for Health and Social Affairs, Report on the Korean Health Workforce Statistics.

Coverage: Remuneration of practicing professional nurses in all hospitals.

Methodology:

- Wages are calculated from social insurance contribution data for all nurses working in hospitals.
- Associate professional nurses wages were excluded from the analysis.

Latvia

Source: Data are based on the results of the **Structure of Earnings Survey (SES)** of 2006, 2010, 2014, 2018 and 2022, conducted by **Central Statistical Bureau of Latvia** and represent the series acquired within the framework of the earnings survey conducted every four years in line with the Council Regulation 530/1999 and the Commission Regulation 1916/2000 as amended by Commission Regulation 1738/2005.

Deviation from the definition: Data for all years until 2018 include Associate professional nurses and registered nurses actively practicing in public and private health care institutions.

Break in time series in 2022: Data from 2022 include only hospital nurses.

Note: The significant increase in average remuneration in 2022 is due to the fact that, during this period, several planning documents have been developed and measures taken to address the shortage of human resources in healthcare. These activities have affected the level of remuneration in the health sector overall. Indirect data sources also indicate a significant increase in wages (see for instance the increase in hourly labour costs by kind of activity).

Further information: <https://stat.gov.lv/en/statistics-themes/labour-market/wages-and-salaries/other/5754-average-gross-monthly-earnings?themeCode=DS>.

Lithuania

Source: State Data Agency (Statistics Lithuania).

Coverage: There are several deviations due to the coverage of employees and the Classification of Occupations:

- Since 2002, data are based on the **Structure of Earnings Survey (SES)**. The survey is conducted every four years in accordance with the requirements set in the EU legislation. For 2010 and 2014, the SES covered economic activities defined in sections B to S of the national version of the Statistical Classification of Economic Activities, EVRK Rev. 2 (based on NACE Rev.2). Statistical indicators for 2002 and 2006 are classified by economic activity (C to O) according to EVRK Rev. 1.1. (NACE 1.1).
- SES covered employees in full-time units (full-time and part-time).
- Since 2010 onwards, occupations refer to the occupations listed in the Lithuanian Classification of Occupations (LCO-08) which is based on the International Standard Classification of Occupations (ISCO-08). According to ISCO-08: Health professionals are classified as follows: Nursing professionals (Code 2221): cover professional nurses in all health care institutions. Data exclude associate professional nurses (they belong to Nursing Associate Professionals (Code 3221)).
- Up to 2006, occupations of employees in the surveys were classified according to the Lithuanian Classification of Occupations LCO-88, which is based on the International Standard Classification of Occupations (ISCO-88 (COM)). According to ISCO-88: Health professionals are classified as follows: Nursing and midwifery professionals (Code 2230): cover nurses and midwifery professionals in all health care institutions.
- Data for 1995 and 2000 are based on the Survey on Wages and Salaries by Occupation in October. The survey covered economic activities defined in sections A to O of the national version of the Statistical Classification of Economic Activities (EVRK Rev. 1), which is based on the Statistical Classification of Economic Activities in the European Community, (NACE Rev. 1). These surveys covered all full-time employees who work the full month of October at the main working place.

Methodology: Since 2015, the national currency is the Euro. Data for 2010 and 2014 in NCU Litas have been converted into Euros at a ratio of 3.4528.

Break in time series in 2022: Since 1 January 2019, the calculations of state social insurance (SSI) contributions have changed in Lithuania. The burden of payment of the larger part, i.e. 28.9%, of SSI

contributions paid by the employers is transferred to the employees. Respectively, the employers recalculated gross wage of the employee by increasing it by 1.289.

Notes:

- During the period 2014-2018, pursuant to the Government legal acts, salaries have been raised for medical staff (generalist medical practitioners, specialist medical practitioners, nursing professionals etc.), especially for those on low pay.
- During the period 2002-2006, Lithuania experienced a large economic growth, and the salaries of health professionals doubled. They increased faster than the average salary in the country, as the salaries of health professionals were very low before this period.

Luxembourg

Source: Fédération des hôpitaux luxembourgeois (FHL) (Luxembourgish Hospital Federation).

Methodology:

- Data refer to gross annual salary for all categories of nurses and nurses who specialise in anaesthesia, paediatrics, psychiatry and operating room nurses. Nurses who are in management positions, students and interns are excluded.
- Figures only include nurses working in acute care facilities.
- Data exclude auxiliary nurses.
- Data are calculated per full-time equivalent by dividing the total annual gross salary for all categories of nurses by the full-time equivalent nurses.
- The gross annual salary indicated in 2017 and 2018 is significantly higher than for the previous years. This is mainly due to a new collective agreement allowing a retroactive salary increase for the year 2017 (paid in July) and a one-off premium paid in November 2017, as well as another salary increase in 2018.
- 🔪 **Break in time series in 2020:** Due to the COVID-19 crisis, the 2020 data for remuneration of hospital nurses include payments linked to compensated absences from work due to illness by the **Caisse nationale de Santé** from April to June 2020. The data also include strong fluctuations in total full-time equivalents (FTEs) due to the pandemic.

Mexico

Source: Ministry of Health (MOH), Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado (ISSSTE) and Instituto Mexicano del Seguro Social (IMSS), “Authorised tabulator of medical personnel”.

- The average wage of nurses is based on information from MOH, ISSSTE and IMSS.
- MOH and ISSSTE data include specialist nurses A, general nurses A and auxiliary nurses A, classified as level A, B and C. Data from IMSS refer to the gross income of the most represented levels of nurses.
- Wages include benefits and advantages according to the law. Data reflect the official IMSS and ISSSTE data.
- Data represent the average gross annual income of nurses in the following public institutions: Ministry of health (SSA), Social Security Mexican Institution (IMSS), and Social Institute of Security and Services of the Workers of the State (ISSSTE).

Netherlands

Source: Statistics Netherlands.

Methodology:

- Data refer to all persons in the BIG register who are registered as a nurse (this includes professional and associate nurses), who work and live in the Netherlands, are classified as working within hospitals (NACE 2/ ISIC 4 class 8610), have a taxable wage-income and are not self-employed in the same year. All nurses are at least general nurses according to the European Directive 2005/36/EC (art. 31).
- Part-time factors above 1 are counted as 1. The collective employment agreement is used to define full-time (for hospital nurses, the CEA of hospitals is used where 36 hours is full-time). Data refer to the average per FTE. From 2006 onwards, a new source is used for the calculation of FTE.
- 2014: Decreases due to lowering of several overtime payments in the collective agreements in the health care sector.

- Figures are derived by combining the BIG register and the Social Statistical Database from Statistics Netherlands (including the municipal registers and social security databases).

❗ Deviation from the definition: Data include associate professional nurses. Data also include some registered nurses working as managers during the period when they do not need to renew their registration (up to 5 years).

✂ Break in time series in 2006. From 2006 onwards: The yearly wage including bonuses and allowances, such as holiday allowance, profit sharing, performance bonuses etc. Up to and including 2005: The wage as a base for the social security contributions has been used. Wages according to the national accounts are approximately 5% to 7% higher than the social security wage base, in the case of hospitals.

New Zealand

Source: District Health Board audited financial templates.

Methodology:

- Data for hospital nurse remuneration are direct costs for those staff directly employed by district health boards (i.e. those people with a legal employment relationship) by the DHB. This category therefore excludes contractors.

- Remuneration is an average accrued cost per full time equivalent (ref:

<http://www.nsf.health.govt.nz/apps/nsfl.nsf/pagesmh/200> - Measuring staff resources - counting "FTE's") rather than remuneration to nursing personnel).

❗ Deviation from the definition: The following employment categories are included: Nurse Practitioners, Senior Nurses (includes Senior Nurses, Nurse Managers and Nurse Educators), Registered Nurses, Enrolled Nurses, Nursing aids/assistants and care workers who do not have any recognised qualification/certification in nursing, Registered Midwives, Internal Bureau Nurses and Health Assistants.

❗ There may be some discrepancies with the OECD definition: in particular, nurses actively practicing in private hospitals are excluded.

✂ Break in time series in 2015: Up to and including 2014, the data have included employers' contributions to superannuation schemes. These contributions have been excluded from the 2015 data, resulting in a slight decrease.

✂ Break in time series in 2022: In 2022, there were payments made in regards to settlement of historical pay shortfalls which impacted in the year. The value of these varied per individual and it is not possible to separate out the backdated vs current cost impact.

✂ Break in time series in 2023:

- Health New Zealand/Te Whatu Ora District data was extracted from the HWIP database on 05/03/2024 and reflects people employed by the Health New Zealand/Te Whatu Ora Districts as at 30 September 2023.

- HWIP collects data from the Health New Zealand/Te Whatu Ora Districts as at the end of each quarter, and data as at 30 September 2023 are the most current data available.

- Data include permanent and fixed term employees and exclude contractors, employees on long term leave, parental leave, leave without pay and those with zero contracted hours.

- For this request data have been included from 18 Health New Zealand Districts.

- All FTE values are contracted FTE (where 1 FTE = 2086 hours per year).

- The annualised base salary is the contracted amount the employer would pay the employee annually if the employee was to work 2086 hours (1.0 FTE) per year.

- Data include employees whose role was coded within the Nursing Occupation Group which are Registered and Enrolled Nurses, Nurse Managers, Nurse Educators, Nurse Researchers, Nurse Practitioners and Nursing Clinical Directors.

- Registered Nurses include Registered Nurse (Child & Family Health), Registered Nurse (Community Health), Registered Nurse (Critical Care & Emergency), Registered Nurse (Developmental Disability), Registered Nurse (Disability & Rehabilitation), Registered Nurse (Medical), Registered Nurse (Medical Practice), Registered Nurse (Mental Health), Registered Nurse (Perioperative), Registered Nurse (Surgical), Registered Nurse (Paediatric), Registered Nurses not elsewhere classified.

- Employee Count is a distinct count base on an individual's employee number. There is the potential for individuals to be counted more than once if they have multiple roles in nursing (i.e. if they have roles as both a Registered Nurse, Nurse Manager or Nurse Practitioner or Clinical Nurse Director) or if they hold roles with more than one District.

HNZ Nursing Occupation Group	Employed	Contracted FTE	Average annualised base salary
Enrolled Nurse	932	742.0	73,422.8
Nurse Educator	598	468.8	110,638.5
Nurse Manager	2,067	1,860.7	120,160.0
Nurse Practitioner	313	260.6	141,249.2
Nurse Researcher	137	97.6	107,896.6
Nursing Clinical Director	119	116.9	105,735.6
Registered Nurse	29,415	24,271.5	97,157.7
Grand Total	33,581	27,818.2	

Norway

Source: Statistics Norway, Wage statistics for employees in central government-maintained hospitals.
<https://www.ssb.no/en/arbeid-og-lonn/statistikker/lonnansatt>.

Methodology:

- In accordance with Council Regulation (EC) No 530/1999 on statistics on the structure of earnings, as amended by Regulation (EC) No 1893/2006.
- Data are based on information from all central government-maintained hospitals.
- Figures refer to professional nurses, i.e. Codes 2221 (nursing professionals) and 2223 (nurses) in the Classification of Occupations 08 (STYRK-08). The standard is based on the International Standard Classification of Occupations - ISCO-08, prepared by the International Labour Organization (ILO). The standard classification of occupations is designed for the official statistics of Norway, and occupations are classified by 4 digits.
- Figures are per full-time equivalent and show estimated average annual earnings, based on monthly figures as of November each year.
- Figures include salary according to scale, fixed and variable additional allowances, including bonuses and commissions. Variable additional allowances are associated with special duties or working hours and cover allowances for working evenings and nights, call-out allowance, shift allowance, dirty conditions allowance, offshore allowance and other allowances that occur irregularly. Bonuses and variable additional allowances are the mean for the period between 1st January and 30th November. Holiday pay supplement is not included.
- 🔪 **Break in time series in 2015:** There is a break in the time series from 2014 to 2015 due to a new data source. From 2015, the figures are based on administrative data and not survey data. From 2015, the data are reported in a different way. In order to produce the same variables as before, the production process has changed. The content and definition of the variables are the same, but figures before and after 2015 cannot be compared.

Further information: <https://www.ssb.no/en/arbeid-og-lonn/statistikker/lonnansatt>.

Poland

Source: Statistics Poland, Statistical Office in Bydgoszcz.

Methodology:

- The remuneration of nurses for group 2222 of PKD 86.10.Z is available from the **Structure of earnings by occupations survey** which is conducted every two years.
- Data for the group 2222 according to the Polish Classification of Occupations and Specialties (based on ISCO-08) employed in entities with the economic activity 86.10.Z according to the Polish Classification of Activities (based on NACE Rev. 2), i.e. working in hospitals.
- Data are the average monthly earnings in October, multiplied by 12 months.

Self-employed nurses: Data not available.

Portugal

Source: Retribution System of Public Administration.

Coverage: Data cover all the categories and all levels of hospital nurses working in the National Health Service. **Methodology:**

- Data are calculated based on the gross remuneration received monthly and refer to full-time equivalents.
- Additional income (such as payments for working evenings, nights and weekends, overtime payments and bonuses) is not included.
- Up until 2021, the amounts indicated correspond to the annual average of the total remuneration of each professional (including holidays and Christmas allowances).

🚫 Deviation from the definition up until 2021: Data cover all the categories and all levels of hospital nurses working in the National Health Service, except for nurse managers.

✂️ Break in time series in 2022: The amounts indicated from 2022 onward correspond to the annual average of the total remuneration of each professional (including the thirteen month).

Notes:

- From 2011 until 2017, there was a reduction in remuneration through progressive cuts between 3.5% and 10%, for monthly salaries above € 1,500 (LOE 2011).
- In 2012, the payment of holidays and Christmas subsidies (LOE 2012) was suspended and gradually replaced after 2016.
- The slight decrease in 2018 is explained both by the exit, due to retirement, of an increasing number of professionals in 2018 (usually receiving higher remunerations), and a significant increase of new professionals at the starting grade of a career (usually receiving lower remunerations).
- In 2024, the variation can be explained by the changes introduced to the performance appraisal system that allowed faster career progression and, consequently, higher pay, as well as other measures that apply across the board to the entire public administration.

Slovak Republic

Source: Ministry of Health. Quarter Report on Wage Sources and on Employees in Health Service in the Slovak Republic, M(MZ SR) 2-04.

Methodology:

🚫 Data refer to salaried nurses working in state/public health care establishments and do not include nurses working in private and non-profit organisations.

- Data refer to employees in the nursing profession in accordance with Act no. 578/2004 Coll. on Healthcare Providers, Health Service Personnel, Health Care Professional Associations and on amendment of certain laws.

According to this legislation, the profession of nurse can only be performed by a person with the appropriate education. As such, data do not include nurses with a lower level of education nor practical nurses, which is another medical profession.

- Data refer to the average gross annual income before tax and include social contributions, gratuities, bonuses, ex-gratia payments, and thirteen-month payments.

- Data do not include severance payments, lodging, transport, cost-of-living, family allowances, social security contributions payable by the employers, maternity leave, and sickness pay.

Slovenia

Source: Statistical Office of the Republic of Slovenia (SURS).

✂️ Break in time series in 2023 due to a new methodology.

Methodology:

From 2023:

- The purpose of publishing data on **Structure of Earnings Statistics** is to present data on the amount of average monthly earnings of persons in paid employment by selected geographic and socio-demographic characteristics of persons in paid employment (sex, age, education, occupation, territorial unit) and characteristics of employers (activity, sector, territory), and to present the distribution of persons in paid

employment by the amount of average monthly gross earnings by activities, statistical regions and sectors (public, private).

- In structure of earnings statistics, the unit described by the published data is average monthly gross and net earnings **for October** of the observed year by sex, age groups, education, occupation, citizenship, activities, sectors (public, private) and territorial units (cohesion and statistical regions, municipalities) of the workplace and residence.

- Observation units in the statistical survey **Structure of Earnings Statistics** are persons employed in business entities (i.e. legal persons of the public and private sectors or their units or registered natural persons) registered for performing activities in the Republic of Slovenia, who in the observed month (**October**) received earnings and/or nonrefundable wage compensation paid by the employer. For each business entity, data on earnings are collected for persons who are employed in this business entity, with a concluded contract (or decision) on fulltime or part-time employment, irrespective of whether they are in employment relationship for a fixed or unspecified period of time.

- The main data source is data from the withholding tax return for incomes from which withholding tax and/or social security contributions are calculated (REK-O form).

Up to and including 2022:

- The annual statistical survey **Structure of Earnings Statistics** provides users with data on average annual gross earnings of persons in paid employment by selection of geographic and socio-demographic characteristics (sex, age, level of school education, occupation). Data on gross wages are obtained exclusively from the existing administrative sources; data on personal income tax are sent by the Tax Administration of the Republic of Slovenia, whereas data on persons in paid employment are obtained from the Statistical Register of Employment. Observation units are persons in paid employment who worked full time for the same employer the whole year. Social contributions and income tax paid by the employees are included. Gratuities, bonuses, overtime compensation and thirteen-month payments are included, but supplementary income (from private practices), payments in kind and holiday bonuses are excluded.

- The annual statistical survey **Structure of Earnings Statistics** is carried out as a supplement to the Structure of Earnings Survey which is carried out only every four years. Data for the latter are gathered from the existing administrative sources combined with data from the questionnaire for every individual employed in the organisation selected in the sample.

- Data for the years 2008 to 2021 are final. All other years are provisional data only.

- The increase in earnings in 2020 was significantly influenced by the payment of allowances related to the outbreak of the COVID-19 epidemic. A significant amount of the allowance for work in risky situations was paid. At the same time, new allowances were introduced and paid through the intervention legislation related to the management of the epidemic: allowance for danger and special burdens during an epidemic; allowance due to temporary assignment due to urgent work needs or the so-called temporary assignment allowance; and allowance for direct work with patients or users suffering from COVID-19.

- In addition to the above, the increase in earnings was also influenced by performance-related bonuses for regular work, by performance-related bonuses for increased workload and by payments for raising salary grades based on strike agreements signed in 2018.

- 2021 salary increase: In 2021, an agreement was reached between the Slovenian government and the representative trade unions of health care and social protection on urgent measures in the field of earnings. With the amendment of the Collective Agreement for the Health Care and Social Protection Sector and the Collective Agreement for Persons Employed in Health Care, public employees in health care and social protection gained the right to higher earnings.

🚩 Deviation from the definition: Data for hospital nurses include Associate professional nurses as well as Nursing associate professionals (ISCO code 3221) from 2004 to 2010.

🔪 Break in time series in 2023 due to a new methodology.

🔪 Break in time series in 2011: Data for hospital nurses include Associate professional nurses as well as Nursing associate professionals (ISCO code 3221) from 2004 to 2010. Data from 2011 onwards exclude Nursing associate professionals.

🔪 Break in time series in 2008: Average earnings in health and social work increased in 2008 because of the introduction of the new salary system for civil servants. The final settlement from 1st May 2008 was in line with the Salary System in the Public Sector Act (OJ RS No. 95/07) and the Act Amending the Salary System in the Public Sector Act (OJ RS No. 17/08, 58/80 and 80/08).

🚫 From 2023: all gratuities, bonuses, overtime compensation and "thirteenth month payments" are not included if not paid for the reference month (October). Holiday bonus is not included.

Note: 🚫 Values for 2004 to 2006 were supplied to the OECD in Slovene Tolar but have been converted into Euro using a conversion rate of 1 EUR = 239.640 SIT.

- Gender breakdown available from 2011 onwards.

Spain

Source: Ministerio de Sanidad (Ministry of Health).

There is no official registration system of remuneration of health personnel working in the public or private sector in Spain. There are 18 regional health authorities (Autonomous Regions) with different remunerations, although they have a similar wage structure.

From 2018: Data estimated by the **Dirección General de Ordenación Profesional** (General Directorate for Professional Regulation), based on data provided by Autonomous Communities for the public health sector and the Alliance of Spanish Private Health (ASPE) for the private health sector.

Up until 2017: Data estimated by the **Dirección General de Ordenación Profesional** (General Directorate for Professional Regulation), based on data provided by Autonomous Communities for the public health sector and the National Federation of Private Health Centers (FNCP) and Adecco for the private health sector. Since 2016, FNCP (National Federation of Private Health Centers) is called ASPE (Alliance of Spanish Private Health).

Methodology:

From 2024:

- The remuneration average has been calculated using the average remuneration of each autonomous community, using a prorata factor to take into account the contribution of each community.
- The contribution of both the private and public sector has been taken into account according to the type of professionals. For nurses, the private sector represents 23.85% and the public sector 76.15%.

Up until 2023:

- The remuneration average has been calculated using the average remuneration of each autonomous community, without using any prorata factor for taking into account the contribution of each community.
- The contribution of both the private (26.4%) and public sector (74.6%) has been taken into account.

Coverage:

- 2024: Remuneration data in the public sector is missing for one autonomous community in 2024. Before 2024: remuneration data in the private sector is missing for some autonomous communities.

- Data exclude Associate professional nurses (practical/vocational/nurses with a lower level of skills).

- In 2021, data reflect the incorporation of younger personnel in the health system. These professionals do not have seniority supplements in their salaries. Also, the COVID-19 salary supplements (2020) stopped being received in 2021.

- In 2012, the rationalisation of remuneration of hospital nurses working in the public health system caused a major reduction of the following fees: elimination of bonuses, reduction overtime compensation, elimination of "thirteenth month payments" and implementation of mandatory retirement at 65 years old.

- Data by gender breakdown not available.

🔪 **Break in time series in 2024** due to a change in methodology, as a prorata factor has been included to take into account the contribution of each community, as well as a specific prorata factor by type of professionals for both the public and private sectors.

🔪 **Break in time series in 2018** due to a change in source and methodology, as the Adecco private sector source is missing since 2018.

Sweden

Source: Swedish Association of Local Authorities and Regions (SALAR).

Methodology:

- Data cover nurses employed by the county councils (including businesses controlled by county councils).
- Data are calculated per full-time equivalent.
- Remunerations included: supplementary pay for unsocial (inconvenient) working hours, for being on call, for rescheduled hours.

🚫 **Deviation from the definition:** Overtime payments are not included. The private sector is excluded.

Switzerland

Source: Federal Statistical Office, Neuchâtel. Hospital Statistics.

Deviation from the definition: Hospital (HP.1) personnel covering the categories of professional nurses (ISCO-08 code 2221), professional midwives (ISCO-08 code 2222), associate professional nurses (ISCO-08 code 3221) and health care assistants (ISCO-08 code 5321).

Methodology: Salaries paid by hospitals by fulltime equivalent.

Further information: Statistics of hospitals, standard tables,

<https://www.bfs.admin.ch/bfs/de/home/statistiken/gesundheit/gesundheitswesen/spitaeler/infrastruktur-beschaefigung-finanzen.assetdetail.3722885.html>.

Türkiye

Sources:

2012 onwards: Ministry of Health, General Directorate of Public Hospitals, Strategy Development Directorate.

2005-2011: Ministry of Health, Türkiye Public Hospitals Institution; Ministry of Development.

Income data (Salary and additional payments) taken from statistical yearbooks published by the Department of Development, Ministry of Health. Cost of living index taken from the Ministry of Development.

Methodology: Prior to 2012, figures are net income rather than gross income as they do not include social security contributions and income taxes.

Deviation from definition: The data include the remuneration of other categories of health personnel, such as midwives, nurses, health staff, etc., up until 2012.

Break in time series in 2013:

- The data only cover nurses and do not include midwives or associate nurses from 2013 onwards. The data however include the remuneration of other categories of health personnel, such as midwives, nurses, health staff, etc., up until 2012.

- From 2013, figures include only the remuneration of hospital nurses.

Note: As a result of high inflation rates in Türkiye, the remuneration increased remarkably in 2024.

Break in time series in 2012: From 2012, income figures are gross income (include social security contributions and income taxes).

United Kingdom

Source: NHS Digital - Electronic Staff Record (ESR) data. Coverage, England only. Please note that those data are still defined as experimental.

Methodology:

Deviation from definition: Data are estimates for the UK based on England figures up to and including 2021.

- Payment made to nurses by private sector organisations is not available and therefore not included.

- Data are provided from 2010 onwards. Data collected prior to this year are not consistent with the current definitions and have been excluded.

- Data represent Mean Annual Basic Pay per FTE. Figures are calculated per person based on a methodology that does not aggregate all additional payments over and above basic salary by FTE as additional payments are typically made on an individual level basis only not related to FTE. Mean total earnings are calculated by dividing the total amount of pay earned by staff in the group by the total number of staff.

- Data include state-registered and state-enrolled nurses and therefore exclude associate professional nurses.

- Data exclude gratuities (paid gratuities to nurses does not exist within the UK).

- Data are based on calendar years (January to December).

Further information: <https://www.digital.nhs.uk/>.

United States

Source: United States Bureau of Statistics/ Occupation Employment Statistics (OES) survey.

Coverage: Nationally representative sample of the U.S. civilian non-institutionalised population.

ⓘ Deviation from definition:

- Licensed Practical Nurses (LPN's), and Licensed Vocational Nurses (LVN's) in all places of employment are not included.

Calculation method does not match OECD definition: The estimates shown here are for all hospital-based registered nurses (R.N's).

- Hospital-based Registered Nurses (R.N.) based on the North America Industry Classification System Code NAICS 291111 are included.

- Remuneration of hospital nurses includes R.N. working on the NAICS session of Health Care and Social Assistance (62) and limited to General Medical and Surgical Hospitals (622100), Psychiatric and Substance Abuse Hospitals (622200), and Special Nursing and Rehabilitation Care Facilities (622300).

ⓘ Registered nurses may include nurses in training and midwives.

Estimation: Annual wages have been calculated by multiplying the hourly mean wage by 2,080 hours; where an hourly mean wage is not published.

- Data are available from 2002 and are solely based on the NAICS classification system.

Further information: BLS website, <http://www.bls.gov/oes/>.

NON-OECD ECONOMIES

Argentina

Data not available.

Bulgaria

Source: Structure of Earnings Survey, National Statistical Institute.

Coverage: Enterprises with one or more employees in economic activity within sections B to S of NACE.Rev.2 are covered.

Methodology:

- The data refer to employees in economic activity NACE Rev.2 class 86.10 - "Hospital activities" and ISCO-08 code of profession 2221 - "Nursing Professionals".

- Gross annual earnings include the value of annual payments in kind (goods and services) made available to employees by employer.

Note:

- From 2020, due to the COVID crisis, the remunerations of employees in Hospital activities and other frontline workers were considerably increased from the Government.

- The population of male nurses represents a very small sample, and the data are volatile due to some important influential factors like irregular payments and small sample size.

Further information: Structure of Earnings – national level, 4-year periodicity, see

<https://www.nsi.bg/en/content/4032/structure-earnings-%E2%80%93-national-level-4-year-periodicity>.

Croatia

Source: National central payroll system.

Coverage:

- All employees working in the healthcare system as nurses.

- The data provided fully follow the OECD inclusion/exclusion criteria.

Methodology: Average gross salary paid within the public healthcare sector for nurses.

Peru

Source: INFORHUS-MINSA & AIRHSP-MEF. Registered information from 1 January to 31 December 2024.

Coverage:

ⓘ Nurses working for establishments managed by the Ministry of Health. Data do not include private practice or specialists working for the social security health system. It is estimated that of the 396,000

human resources (total figures) in the health sector, 70.7% are attached to the Ministry of Health, 19.2% to Social Security, 5% to the private sector and the other 5% to other public subsystems of the sector. It is also noted that establishments attached to the Ministry of Health represent 90% of the health establishments categorised in the public sector, while those attached to social security represent only 4%.

Methodology:

🔴 In September 2013, with a regulation with the status of law, the National Registry of Health Personnel was created with the aim of collecting data and generating information on human resources in health. For these purposes, the computer tool called INFORHUS was implemented, which has its own data dictionary. The categories in consultation are obtained from the combination of the variables "position", "is a specialist", "specialty condition" and "category of the establishment". The codes used by INFORHUS are its own and do not correspond to any ISCO codes.

- For nurses working in all different labour schemes: $([\text{Basic Pay} + \text{Social Security Contributions}] \text{Scheme } 276 + [\text{Salary}] \text{Scheme } 1057 + [\text{Economic Compensations}] \text{Scheme } 728) / (\text{Total Specialists working at the Ministry of Health})$.

Romania

Data not available.

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