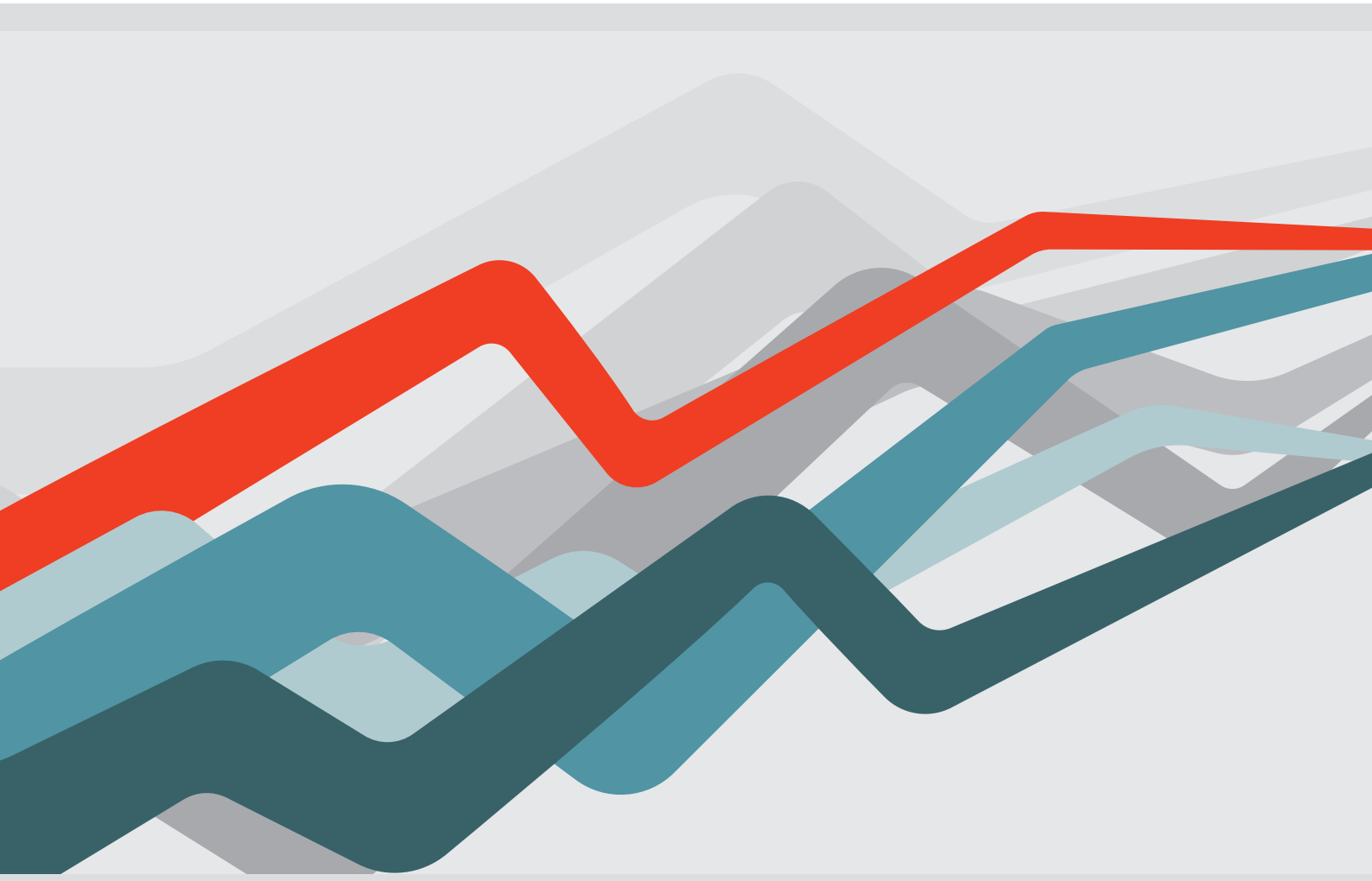
EPSU
EUROPEAN PUBLIC SERVICE UNION

WAGE WATCH

A COMPARATIVE STUDY OF HEALTHCARE ASSISTANT AND NURSE WAGES ACROSS EUROPE



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SUMMARY

Healthcare Assistants (HCAs) represent a growing proportion of the European healthcare and social care workforce. Since 2020 EPSU has coordinated a network of affiliate unions who represent and organise HCAs. This study draws from the expertise of affiliate trade unions from 15 countries: Austria, Belgium, Cyprus, Czechia, Denmark, Finland, France, Germany, Italy, Ireland, Norway, Romania, Spain, Sweden and the United Kingdom.

HCAs are among the lowest-paid workers in the health and social care workforce and represent a workforce category which has grown over the past several decades. Despite migration dynamics increasingly shaping the recruitment of workers, there is a lack of data comparing remuneration of HCAs internationally. This study seeks to address this critical gap.

There is, however, a significant definitional barrier to undertaking a comparative analysis of HCA wages. This is because, unlike the nursing and medical professions, there is no agreed international definition of HCAs. Depending on the country's context, the terminology is applied to various roles at different levels of qualification to refer to different parts of the healthcare and social care workforce. Most commonly, HCAs work under the supervision of a registered nurse, but in other cases they have aspects of nursing roles delegated to them. HCAs are a regulated profession in some countries, whereas in others they are not. This study builds on previous comparative research conducted at the EU level into HCA definition, qualifications, most common tasks, adding new data provided by EPSU affiliates.

Data on HCA wages as well as nurses' wages was collected for public and private healthcare and social care, then measured in relation to minimum wages and median wages in each country. Wage data was adjusted to Purchasing Power Parity (PPP) to allow for a comparative analysis that takes into account the cost of living.

A wide range of wages was observed across the thirteen countries, which is a sample representative of both high and low-income countries in Europe. Germany, Belgium and Norway reported the highest median HCA wages, which were substantially above the rest of the countries in the sample. The median wage of HCAs - adjusted for PPP - ranged from €20.37 in Germany and €4.62 in Romania, a wage ratio of 4.4 to 1.

The median wage of HCAs was found to be below the national median wage in all cases with the exception of France (where it was just 4% higher). In England, Ireland, Romania and Spain, minimum wages of HCAs were at the level of the national minimum wage, whereas in the cases of Sweden, Czechia, Cyprus and Norway, they were only marginally higher.

Substantial differences in HCA pay between private and public sectors were evident in the case of some countries, especially Italy, Ireland, Spain, Cyprus. In contrast, there was negligible difference in the cases of Romania, Sweden, Norway, Finland and England. Meanwhile, differences in pay between healthcare and social care were less pronounced, and evident only in the case of three cases - Germany, Ireland and Italy.

Nurses' wages were substantially higher than HCA wages, with median wages above the national median wage in the cases of Belgium, Finland, France, Sweden, Ireland and England, and close to the median in the cases of Germany, Norway, Spain.

The average pay gap between HCAs and nurses was 31.4% in terms of minimum pay, and 38.1% in terms of median wages. Whereas most countries had results close to this average, there were significant outliers. The largest differences were reported for Cyprus, where starting wages for nurses were more than double the minimums for HCAs, while this difference was the lowest in the private healthcare sector in Italy (3.1%) and the public healthcare sector in France (5.3%).

BACKGROUND

EPSU commissioned this report on the wages of Healthcare Assistants (HCAs) in Europe as a study conducted in collaboration with affiliate trade unions. Key aims are to compare the wages of HCAs across multiple countries in different regions of Europe, to identify pay gaps between HCAs and nurses, and to assess the differences in pay between public and private sectors and between health care and social care settings.

This study seeks to address a critical gap in research. Despite increased attention to HCAs in European policy, and significant comparative studies, research which compares the wages of HCAs has to date been limited. For example, the large EU-funded Core Competences of Healthcare Assistants in Europe (CC4HCA) study collected only very limited information on HCA wages and the data was insufficient for analysis.[1] The aim of this study is to collect wage data in a way that enables comparisons between countries, extending EPSU's previous research on the topic of registration of HCAs.[2]

A total of 15 countries are included in this study, of which 13 supplied data for wage comparisons – with the participation of the following ESPU affiliate trade unions:

Austria: VIDA
Belgium: ACV-CSC
Cyprus: PASYDY
Czechia: ČMKOS
Denmark: FOA
Finland: SuPer, Tehy, JHL
France: CFDT Santé Sociaux
Germany: Ver.di
Italy: FP CGIL
Ireland: SIPTU
Norway: Fagforbundet
Romania: SANITAS
Spain: FSS-CCOO
Sweden: Kommunal
United Kingdom: UNISON

1 European Commission: Consumers, Health, Agriculture and Food Executive Agency, Hansen, J., Sermeus, W., Batenburg, R., Kroezen, M. et al., Core Competences of Healthcare Assistants in Europe (CC4HCA) – An exploratory study into the desirability and feasibility of a common training framework under the professional qualifications directive – Final report, Publications Office, 2018, https://data.europa.eu/doi/10.2818/49804, p. 45

2 EPSU (press release), EPSU launches new report on registration of health care assistants, January 2023, https://www.epsu.org/article/epsu-launches-new-report-registration-health-care-assistants

DEFINING HEALTHCARE ASSISTANTS

EPSU has adopted a broad definition of HCAs that involves a 'very wide understanding of the occupation which will comprise workers not performing jobs of other health and social care professionals'.[3]

HCAs are generally among the lowest-paid workers in the health and social care workforce. Employed in various settings including hospitals, home care and residential care, and in some cases also in primary care and psychiatry, HCAs are a growing part of the health and social services workforce. HCAs make up a large proportion of the workforce in social care settings (usually referred to as 'care aides') as well as across many different health care settings. Increasingly, HCAs are being deployed to take over the tasks of nurses. This has been a long-term trend over the past several decades, due to a number of factors: ageing population and ageing of the health workforce, inadequate health workforce recruitment and retention, as well as cost-cutting practices.[4]

Despite increasing application of the term to a growing proportion of the workforce in health and social services, there is no consistent international definition of HCAs. Characterised by high variability of roles and absence of professional regulation, a variety of job titles fall under the umbrella of healthcare assistants. Even within English-speaking countries, where the term originates, one recent survey of HCA terminology found that there were 37 different terms used for HCAs across different jurisdictions in the United Kingdom, Australia, United States, Ireland and Canada, with the most common being 'Nurse Aid' and 'Nursing Assistant'.[5]

In the European context, a consistent definition of HCAs is likewise elusive despite attempts to improve regulations at the European Union level. Both the education and profession of HCAs are regulated in the case of 21 EU Member States (AT, BE, BG, CY, CZ,

3 Communication from Adam Rogalewski (EPSU) – 4 August 2022

4 CC4CHA, p. 15

5 Jackson, J. et al, 'A nurse by any other name? An international comparison of nomenclature and regulation of healthcare assistants' International Journal of Nursing Studies Advances, Vol 6, June 2024. https://www.sciencedirect.com/science/article/pii/S2666142X24000274

DE, DK, ES, FR, GR, HU, IT, LT, LV, LU, NL, PL, RO, SI, SK, SE).[6] However, the educational frameworks differ considerably (see section below). An exploratory study titled 'Core Competences of Healthcare Assistants in Europe' (CC4CHA) was carried out on behalf of the European Commission (DG-SANTE) between 2015 and 2016. This project mapped the position of healthcare assistants in all 28 EU Member States with the objective of defining their core competencies and to exploring the potential for establishing a Common Training Framework (CFT).[7] This was undertaken as an extension of an earlier pilot study 'Creating a Pilot Network of Nurse Educators and Regulators' that was conducted between 2010 and 2013 (SANCO/1/2009).[8] A key conclusion of the CC4CHA study was that while there is a need to define the role of HCAs, an attempt to establish a CTF for HCAs would be met with significant barriers due to the high variability in existing qualification requirements across Europe. Attempting to determine a single universal European Qualifications Framework (EQF) level for HCAs could have 'severe and potentially undesirable consequences', a view that was expressed by many stakeholders.

The CC4CHA study identifies considerable differences in occupational titles of HCAs used across EU Member States. In some countries the HCA occupation is defined as a limited occupation, whereas in others it is very broad in scope. The common elements of HCA roles are that they generally work under the supervision of nurses, and sometimes also other healthcare professionals including medical specialists.[9] However, in practice HCAs in many countries also carry out tasks on their own, which is formalised as 'delegation' of nursing duties in the case of certain countries. A distinction between supervision and delegation is important in determining whether HCAs are employed to work independently in certain settings, especially homecare, since in some countries such work can by definition only be undertaken by a nurse. Where regulation is lacking, this can lead to ambiguous situations where HCAs carry out tasks for which they have not been trained.[10]

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6 Kroezen M, et al. Healthcare assistants in EU Member States: An overview. Health Policy (2018), https://doi.org/10.1016/j.healthpol.2018.07.004

7 CC4CHA, p. 9.

8 Braeseke G, Hernández J, Dreher B, Birkenstock J, Filkins J, Preusker U, Stöcker G, Waszkiewicz L. Final report on the Project: Development and Coordination of a Network of Nurse Educators and Regulators (SANCO/1/2009) to the European Commission, DG SANCO. Bochum, Germany: Contec GmbH (2013).

9 CC4CHA, p. 9

10 Wöpking, M. and von Guericke, O., The education, training and qualifications of nursing and care assistants across Europe, Eurodiaconia, Brussels (2016), p. 7, 54

Qualifications and training

Previous comparative European studies have explored training and qualification requirements for HCAs, concluding that they are highly variable. A comprehensive list of qualification requirements for all EU Member States was compiled by the authors of the CC4CHA study in a follow up article, showing that they range from no formal requirements to 4-year degrees. There are also a wide range of age and educational entry requirements into HCA training programs, and a variance in theory and practical components.[11] The CC4CHA study had also identified a significant overlap between HCAs and the category of 'second-level nurses', a specific occupation term used in the EU regulated professions database.[12]

The employer federation Eurodiaconia commissioned a critical study in 2016 which reached similar conclusions, finding that among 14 countries surveyed, the duration of HCA training ranged between eight months and four years. The study equated qualifications to EQF reference levels and found that they typically ranged between levels 2 and 4, with some outliers at level 5. The two highest levels in this range, Level 4 is equivalent with Practical Nurse and Level 5 to that of a Registered Nurse.[13]

Significantly, in certain countries HCAs do not represent a distinct category but span the entire range of qualification levels. This is especially the case in Nordic countries where a large proportion of the workforce are Practical Nurses - high-level HCAs – as well as care aides who can be highly experienced but often lack formal training.

11 Kroezen M, et al. Healthcare assistants in EU Member States: An overview. Health Policy (2018), https://doi.org/10.1016/j.healthpol.2018.07.004

12 CC4CHA, 46-51

13 Wöpking and von Guericke, (Eurodiaconia), pp. 53-55

This wage comparison study considers a range of HCA positions, which have been summarised below:

Education Duration	Country	Name
No formal	**Finland**	Care assistant untrained (hoiva-avustaja)
	Norway	HCA - untrained
	Sweden	Care aides (vårdbiträden)
1 month	**England**	HCA
6 months	**Romania**	HCA (infirmiera)
1 year	**Belgium**	Nursing Assistant (aides-soignant)
	Cyprus	HCA (Βοηθός Θαλάμου)
	Finland	Care assistant trained (hoiva-avustaja)
	France	HCA (aide soignante)
	Ireland	HCA
	Italy	HCA (operatore socio-sanitario)
	Austria	Nursing Assistants level 1 (PA)
1-2 years	**Germany**	HCA (various terminologies)
2 years	**England**	Nursing Associate
	Spain	HCA
	Sweden	Assistant Nurse (undersköterskor)
	Denmark	Social and Healthcare Helpers
	Austria	Nursing Assistants level 2 (PFA)
2-3 years	**Finland**	Practical Nurse (lähihoitaja)
4 years	**Norway**	Practical Nurse (helsefagarbeider)
	Denmark	Social and Healthcare Assistants
4 years (variable)	**Czechia**	Various occupations

Tasks

HCA core tasks and duties are mainly focused on monitoring patients and various tasks relating to both medical and non-medical care. The CC4HCA study ranked the number of times that tasks were part of the HCA role in EU Member States, and provided the following summary:[14]

14 CC4HCA, p. 56

Tasks and duties	Part of HCA role in N countries
Monitor and measure vital parameters	21
Apply cleaning and washing techniques (manual and mechanical) for equipment	16
Prepare and serve food and drinks to clients/patients	16
Apply quality and safety procedures	15
Support other health professionals	15
Apply hygiene techniques	14
Sanitary care support for patients	14
Communicate clearly in interacting with patients/clients	13
Provide basic care	13
Apply cleaning and washing techniques (manual and mechanical) for patients	9
Preventive care and first aid	9
Assist in moving and transferral of patients	8
Support in activities of daily living	8
Patient intake/discharge and documentation of care	6
Provide education/supervision/professionalisation	5
Support for relatives	3

Data that was provided by three EPSU affiliates (trade unions in Finland, Germany and Ireland) to indicate the five most common tasks mirrors those results, with the most common tasks associated with personal care especially hygiene and washing.

Finland (SuPer)*	Germany (ver.di)	Ireland (SIPTU)
1. assisting with washing, dressing and toileting	1. hygiene (washing, skin care, dental care)	1. observing the client
2. assisting with meals	2. dressing	2. personal care of the client
3. assisting with mobility	3. serving meals and giving food	3. assisting the client
4. maintaining physical and social capacity	4. supporting toileting	4. assisting nursing staff in providing care to the client
5. cleaning	5. moving patients	

*tasks relate specifically only to care assistants and not to practical nurses

Definition of HCAs in specific countries

Austria – The Healthcare and Nursing Act 2022 regulates all healthcare professions in Austria, including HCAs, defining the medical competencies for all professional groups. HCAs are integrated into the nursing profession. There are three levels within the nursing profession - Nursing Assistants level 1 (PA) Nursing Assistants level 2 (PFA) and Certified Health and Nursing Professionals (DGKP). The three levels require one year; two year; and three year education, respectively, and registration in the Register of Health Care Professions (GBR). Competencies of the nursing profession are clearly defined, with medical diagnostics and therapy activities that are allowed to be carried out at each level.

Belgium – Nursing Assistants are a registered occupation defined under law since 2006 (amended in 2019), which sets out their activities and stipulates mandatory registration for practice. There is a formal curriculum, and several pathways into training – the requirements equate to one-year education in the first year of a bachelor's degree in nursing (diploma-level qualification), including both practical and vocational components.

Cyprus – HCAs are a new profession, introduced in Cyprus in 2019, with the first HCAs hired in hospitals in 2020-21. Their activities and duties are defined to assist the nursing staff and taking care of the needs of the patients, but they get confused with another group of employees called "Ward (room) assistant" who have no training and whose main job is cleaning. To date, HCAs are only placed in hospitals, but they have the training to work in all settings and their employment in other settings such as aged care is an ongoing discussion. The training requirements are at least a year of training (theoretical and practical), alongside language competency in Greek and one foreign language.

Czechia – All activities related to the provision of health care are governed by Act 96/2004 Coll. legislation which sets out occupational definitions, training requirements and conditions for the performance for all healthcare professions except doctors. In the context of the Czech system, HCAs are difficult to identify as a distinct occupational category, as they include various occupations across assistants, nurses, non-medical staff.[15] The official title of Ošetřovatel (hospital attendant) is used in relation to HCAs but is a term applicable to nurses who require four year degree-qualification and license to practice.

15 For the purpose of this wage comparison study, the functional definition of HCAs applied to the lowest paid among the health workforce.

Denmark – There are two groups which fall under the category of HCAs, referred to as 'Social and Healthcare Helpers' and 'Social and Healthcare Assistants', with both working in nursing care and healthcare settings. The former require an education of about two years, while the latter require education of about four years. 'Social and Healthcare Helpers' work independently and generally perform practical and personal help based on the care recipients own self-care. 'Social and Healthcare Assistants' work with an authorisation of the Danish Health Authority and undertake more medically orientated nursing tasks, such as dispensing medication, independently identifying, assessing, organising, executing and evaluating basic nursing.

England - HCAs are defined as un-registered care assistants working in support roles to registered healthcare professionals in healthcare settings. Relative to most of Europe, England has comparatively weak regulation of HCAs and health workers in general, and within the UK it also is behind Scotland, Northern Ireland and Wales where separate systems operate. HCAs sometimes require Level 2 certificates in Healthcare Support Services (a 260-hour program which can be completed in as little as one month). A separate occupational category exists for care assistants who work in social care, and they are not considered to be HCAs by UNISON.[16] Since 2017, a new position of Nursing Associate role has been created to bridge the gap between HCAs and registered nurses.

Finland – The term HCA can be used in relation to three workforce categories in Finland. Practical Nurses (lähihoitaja) are a registered profession with protected title and require two to three years of training. They make up a large proportion of the workforce in health care and social care, especially homecare. However, there are also two categories of care assistant (hoiva-avustaja) – trained and untrained.[17] The level of training for a trained care assistants is approximately one year – it is not a qualification but requires completing one third of the Practical Nurse qualification. According to the SuPer trade union's survey (2022) of the workforce, approximately one third of the care assistants, especially those who work in residential nursing homes and care units for disabled, do not have this training.

16 For the purpose of this wage comparison study, these workers are designated as HCAs to enable comparison with equivalent in other countries.

17 For the purposes of this wage comparison study, the HCA category has been assigned to trained and untrained care assistants, whereas the intermediate Nurse category (diploma qualified) has been assigned to Practical Nurses.

France - Nursing assistants (Aide-soignantes) are health professionals who work under the responsibility of nurses. They are authorised, under delegation or on the nurse's prescription, to provide care of daily life and care in the acute phase in order to preserve and/or restore the continuity of life, the well-being and autonomy of the person. Certification of practice requires completing a one year state nursing assistant diploma obtained within a Nursing Assistant Training Institute (IFAS), comprising of both theoretical and practical components.

Germany – There is no general definition for HCAs in Germany, as the occupation varies across federal states in the country, with currently 27 different qualification requirements for different settings in hospitals, homecare and residential care. Length of training is generally one to two years. There is political discussion to replace this with a single central program but legislation has not yet been drafted.

Ireland – There is no formal definition of HCAs in Ireland, but the role exists in most settings including acute health care settings, community health, paediatric services, and care of the elderly. The qualification requirement is a QQI Level 5 Major Award in Healthcare Support, a course typically undertaken over the course of a year including a minimum 150 hours of practical supervised work placement. The qualification has the equivalence of a Leaving Certificate Examination (ie. matriculation). The SIPTU union is calling for HCAs to become a professionally registered grade.

Italy – HCAs in Italy are called 'Operatore socio-sanitario' (OSS) and work under the supervision of a registered nurse in hospitals, community health and residential care, but less so in homecare. They require a one year course carried out by regional authorities, which typically involves 1000 hours including 450 hours of internship.

Norway – There is no equivalent HCA level in Norway, however, there are two occupational categories that exist in this space. Norway has an extensive occupation of practical nurses (helsefagarbeider). The primary path to become a 'helsefagarbeider' is through a four year education programme (two years theory, two years practical training). However, there is also extensive use of alternate pathways, often consisting of training in the workplace, and approximately half of all workers are educated in this manner. However, over 30% of the health and social services workforce are in the category of 'untrained healthcare assistants' (technically: 'people without any education in health- and social services'). In hospitals, this category often includes workers who are in the process of completing practical nurse training. However, especially in care settings, there is also a large cohort of workers who are employed without any qualifications long-term in what are comparatively some of the lowest paid positions. Access to further training and upskilling opportunities as well as pathways to becoming practical nurses are sometimes available for these workers. The Fagforbundet trade union has a position that these workers are highly experienced through practice and are essential to the operation of the health system, but that that they have the chance to formalise their training at work, address knowledge gaps, and become practical nurses.

Spain – The minimum qualification levels of HCAs in Spain are high in comparison with most other EU countries. All HCAs need an intermediate qualification – duration of 1400 hours and 440 practical, ie. two years plus half year internship.

Sweden – Most HCAs in Sweden are qualified practical nurses (undersköterskor), a protected professional title since 1 July 2023. They typically work in health care and elderly care (home care, nursing homes, home health care) and less commonly also in psychiatry and the disability fields. However, there is also a lower category of HCA with a title of health care assistants or care aides (vårdbiträden), who are mostly employed in elderly care.[18] A vocational training pathway exists for these workers which corresponds to just over half the education of a practical nurse. However, many of these workers lack training.

Romania – HCAs are employed in hospitals as well as care centres and require a six month qualification, which includes three months practical.

18 For the purpose of this wage comparison study, the HCA category is applied to the care aids (vårdbiträden), whereas the intermediate Nurse category (diploma qualified) has been applied to Practical Nurses (undersköterskor)

METHODOLOGY OF THE WAGE COMPARISON STUDY

Data was collected in the form of a questionnaire distributed to all EPSU affiliates on 24 August 2023. Collection of data took place until 30 May 2024. A total of 13 responses were received.

The survey consisted of both quantitative and quantitative elements:

1. Definition of HCAs and qualification requirements
2. Hourly wages of HCAs, according to several categories – minimum, maximum and median in public and private sectors, in healthcare and social care.
3. Respondents were invited to provide additional relevant comments and, where necessary, were followed up for further information.

Assumptions made in interpretation of wage data

In the process of analysis, when coding the results, the category of 'HCA' was applied to all countries as a base category regardless of qualifications where only a single category exists. In cases where an intermediary category also exists between HCAs and registered nurses, this was coded as 'nurse – diploma qualified'. This approach – while imperfect – allows for comparison between broadly similar categories, and is consistent with previous research that has identified the broad range of HCA qualifications:

- EQF Level 2-3: HCAs
- EQF Level 4: Practical Nurse / Assistant Practitioner
- EQF Level 5: Registered nurse

All wage data was either collected as hourly rates or converted into hourly rates. In addition to collecting data for HCAs and nurses, data was also collected on the overall national median wage and the overall national minimum wage. In the case of countries where a statutory minimum wage does not exist, an effective minimum wage was calculated based on the minimum in the lowest paid sector.

Three different adjustments were made to the data in order to enable comparison:

Currency exchange: In cases of countries with non-Euro currencies, wages were adjusted according to exchange rates that were applicable on 1 July 2024.

Consumer Price Index: Wage data was adjusted for CPI in each country to 2024, to take into account historic data from 2021 in the case of Finland, and to adjust for differences in the collection timeframe that took place between August 2023 and May 2024.

Purchasing Power Parity: For the purpose of standardising the comparisons between countries, all wages were adjusted to latest available PPP Index (actual individual consumption) for 2023 (EU27=1.00). In the case of England, the latest available index data was 2021 and this was used as the index.

See appendix for tables of wage data collected and the assumptions used in the interpretation of the results.

Limitations of study and scope for further research

This study is intended for the purpose of relative comparisons within and between countries and as a reference for further collection and analysis. Due to varied quality of data and significant gaps in the case of some countries, raw and interpreted results should be treated with caution. A core limitation of this wage comparison study is that it provides only a snapshot of comparative wage levels across similar categories but does not capture any changes that have occurred over time or that may be in the process of occurring. To varying degrees, European countries have faced a period of sharp inflation and rising cost of living in the years immediately preceding the collection period (late 2023 to early 2024). It is hoped that further research will capture additional data points, improve quality, and expand on the number of countries included.

Pay variations of HCAs in specific countries

Belgium
There are two pay classification systems that coexist, 'old system' and 'IFIC', which has been progressively introduced since 2018. The new system revalues the scale to increase pay at the start of the career. New workers are automatically added to the new system, but existing workers can opt to stay within the old framework. For the purpose of the wage comparison study, only data supplied relevant to the IFIC was taken into account.

Cyprus
In the public sector, pay levels increase with seniority, hence the high maximum pay rates in Cyprus were calculated based on 20, 23 and 28 years of employment.

Ireland
In public home care services, the HCA role is called Health Care Support Assistant (HCSA) and paid on the same salary scale. In disability services they are referred to as Care Assistants – Disability Services. HCAs are paid a higher rate in mental health settings.

Finland
Median wages for care assistants, practical nurses and nurses in the public sector were inclusive of additional and overtime time. All the available wage data was current for 2021, hence for the purpose of the wage comparison study, a significant adjustment to take into account inflation was made (CPI in Finland was 17.6% from 2021 to 2024).

France
Three types of wage data were provided for France – 'base brut', 'base net' and '+gross bonus'. There is a complex system of bonus pay that applies to gross pay levels. Wages used for the wage comparison study were the net amounts, thus not taking into account bonuses.

Ireland
The wage data for HCAs reflects basic hourly rates only and does not include additional premiums that may have been negotiated as part of collective agreements. HCAs employed in mental health services are subject to higher pay scale negotiated by unions. Nurses are also entitled to additional bonuses, such as Location and Qualification allowances which are worth €2,554 and €3,835 per annum, and which do not apply to HCAs. The wage data for nurses applies to the 'enhanced nurse', the most common contract in the Irish public health service, excluding any additional bonuses. The pay of nurses in the private sector is comparable to the public system.

Italy
Due to different types of contracts in the private sector, there is a high degree of variability in pay.

Norway
Pay levels in Norway are determined by collective bargaining agreements. The wage data provided by the Fagforbundet affiliate trade union was based on the two largest agreements in the public sector, and the two largest in the private sector. Only base salary is included, and does not take into account additional compensation to workers are entitled for evenings, nights and weekend shifts. However, since wages are negotiated in annual amounts, they have been converted into hourly amounts on the basis of a 35.5 hourly week that applies to shift workers, as this is more common in the sector than a standard 37.5 hourly week.

Romania

Wage data for HCAs and nurses in Romania were provided as net base wages only, excluding additional pay that is based on seniority and salary bonuses based on complexity of the job. These additional amounts can be substantial, ranging from 15% to 85%. There is also a separate shift work bonus of 15%.

Spain

Wage data provided for Spain is indicative rather than exact, inclusive of base pay, excluding seniority remuneration or other bonuses. There is a high degree of regional variability in pay based on the State and the Autonomous Community and a number of factors relating to the work. In the public sector, workers receive supplementary pay based on the technical difficulty of the job and seniority, as well as additional pay for different factors such as shift work and working during public holidays. In the private sector, pay is determined by collective agreements, and pay is variable depending on the collective bargaining power. For nurses there is a high degree of variance in pay as it depends on the Autonomous Community that employs them, their job position, specialisation, level of responsibility, shift work and seniority.

United Kingdom (England)

Data supplied by Unison, which represents the health and social care workforce across the entire UK, is relevant to England only. It is important to note that the wage data comparison does not account for the 5.5% pay increase for all NHS staff in England which was accepted by the government on 29 July 2024. This pay award comes into effect on October 2024 and affects all pay bands, including HCAs, and includes 6-months of back pay applicable from 1 April 2024.[19]

19 UNISON, NHS pay 2024, https://www.unison.org.uk/at-work/health-care/big-issues/nhs-pay/

WAGE COMPARISON RESULTS

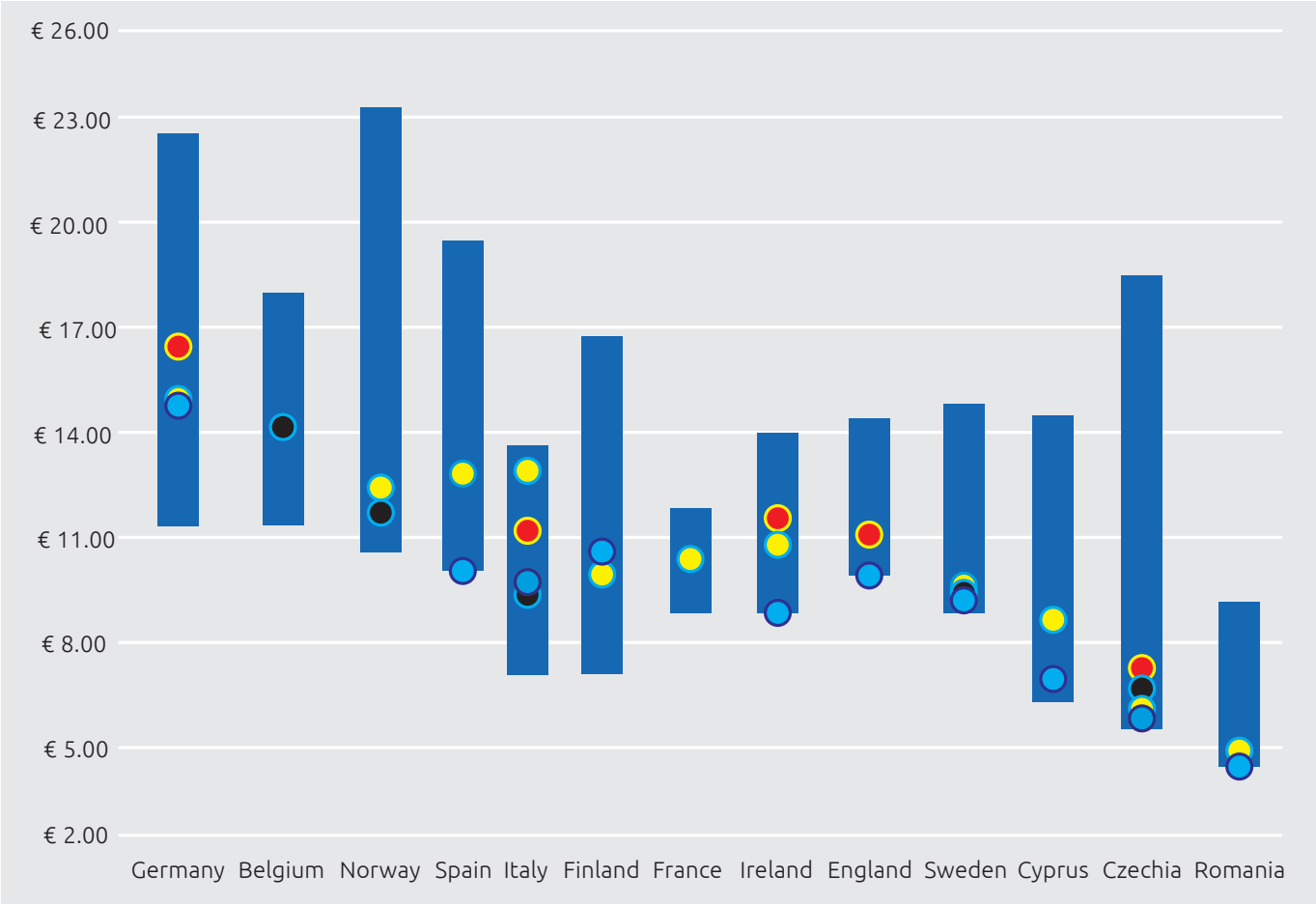
Comparative wages of HCAs

Minimum wages

In comparative terms (adjusted to purchasing power parity) – minimum HCA wages across all categories range from €16.50 in Germany to €4.46 in Romania, a wage ratio of 3.7 to 1.

In all cases, the minimum wages of HCAs are below the level of the overall national median wage, and in the case of several countries, close to the minimum wage level.

Figure 1: Minimum wages of HCAs (PPP adjusted)



In England, Ireland, Romania and Spain, the lowest minimum wages for HCAs sit at the level of the national minimum wage. In the case of Sweden, Czechia, Cyprus and Norway, the lowest HCA pay is only marginally above the statutory or effective minimum wages – 4.3%, 6.7%, 8.4% and 10.0% respectively. However, in the case of France, Belgium, Italy, Germany and Finland, the minimum wages of HCAs are substantially higher than overall minimum wage, at 18.8%, 24.6%, 32.4%, 33.0% and 44.7% respectively above the statutory or effective minimum wage levels.

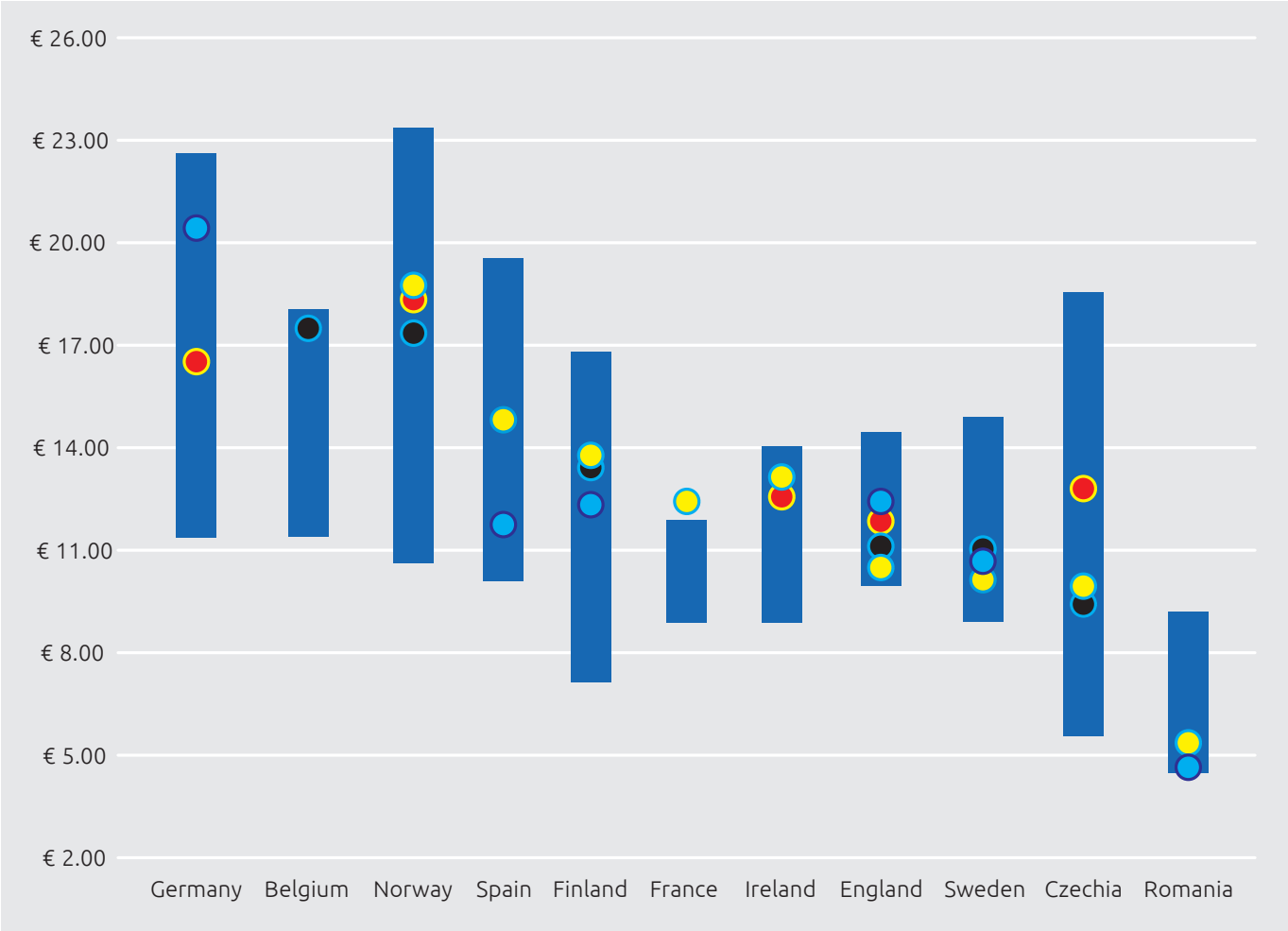
A significant pay gap is evident between public and private sectors in the case of some countries. The greatest differences between HCAs working in public and private sectors are found in Italy, Ireland, Spain, Cyprus and where this gap is respectively 33.6%, 30.0%, 28.5%, 24.2% and higher in favour of higher minimum wages in the public sector compared to private employers. However, in the case of Romania, Sweden, Norway, Finland and England, this gap is absent or negligible.

A pay gap between HCAs working in the healthcare compared to social care in less pronounced. A small difference is evident in only three cases. In Germany and Ireland, starting pay for HCAs in public sector health care is 8.4% and 5.3% higher compared to public sector social care, whereas in Italy this situation is reversed, with starting pay for HCAs working in public sector social care 15.9% higher compared to HCAs working in public health care.

Median wages

The pay gaps for HCA both between and within countries increase when median wages are considered as opposed to minimums. The median wages of HCAs across all categories range between €20.37 in Germany and €4.62 in Romania, a wage ratio of 4.4 to 1.

Figure 2: Median wages of HCAs (PPP adjusted)



Note: Cyprus and Italy excluded due to lack of data.

With the exception of France, where the median pay of HCAs employed in public sector was 4% above national median pay, in the case of every country all HCA median wages across all categories in health care and social care, public and private, were below the national median wage. In Ireland, median wages of HCAs in public health care are at 91% of national median wages, whereas in Romania, they are at only 57% of median wages.

The median wages of HCAs are substantially higher than the minimum HCA wage in the case of two countries, indicating the presence of a pay slope that provides workers with opportunities to increase their pay. This is the case in Czechia and Norway, where an average HCA worker in the public sector healthcare earns respectively 85.1% and 46.8% more than the minimum entry-level wage. This contrasts with England, Romania, Sweden, Ireland, and Spain where pay difference between minimum and median HCA pay are only 4.8%, 9.9%, 11.3%, 12.9% and 13.9% respectively, indicating that a majority of HCA workers are employed at a level that is barely above the minimum starting pay.

Maximum wages

The reported maximum wages of HCAs vary considerably between countries, with Germany having the highest relative amounts, with €23.28 in public social care and €22.95 in private social care respectively. Maximum wages for HCAs are substantially above the overall median wages in France. In Italy, they are also above the median but only in social care not healthcare. Maximum wages are close to the level of median wages in the cases of Belgium and Ireland. In contrast, in Norway, Spain, England and Romania, they are substantially below the median rate.

In the case of most countries, difference between minimum and maximum pay for HCAs are small, suggesting there is a lack of progression in pay. This is especially the case in both England and Romania, where the largest differences between HCA minimum and maximum rates are only 34% (in private health in England), and 26.8% (in public and private health in Romania).

Figure 3: Maximum wages of HCAs

Note: Sweden, Czechia, Cyprus and Finland excluded due to lack of data.

Comparative wages of practical nurses

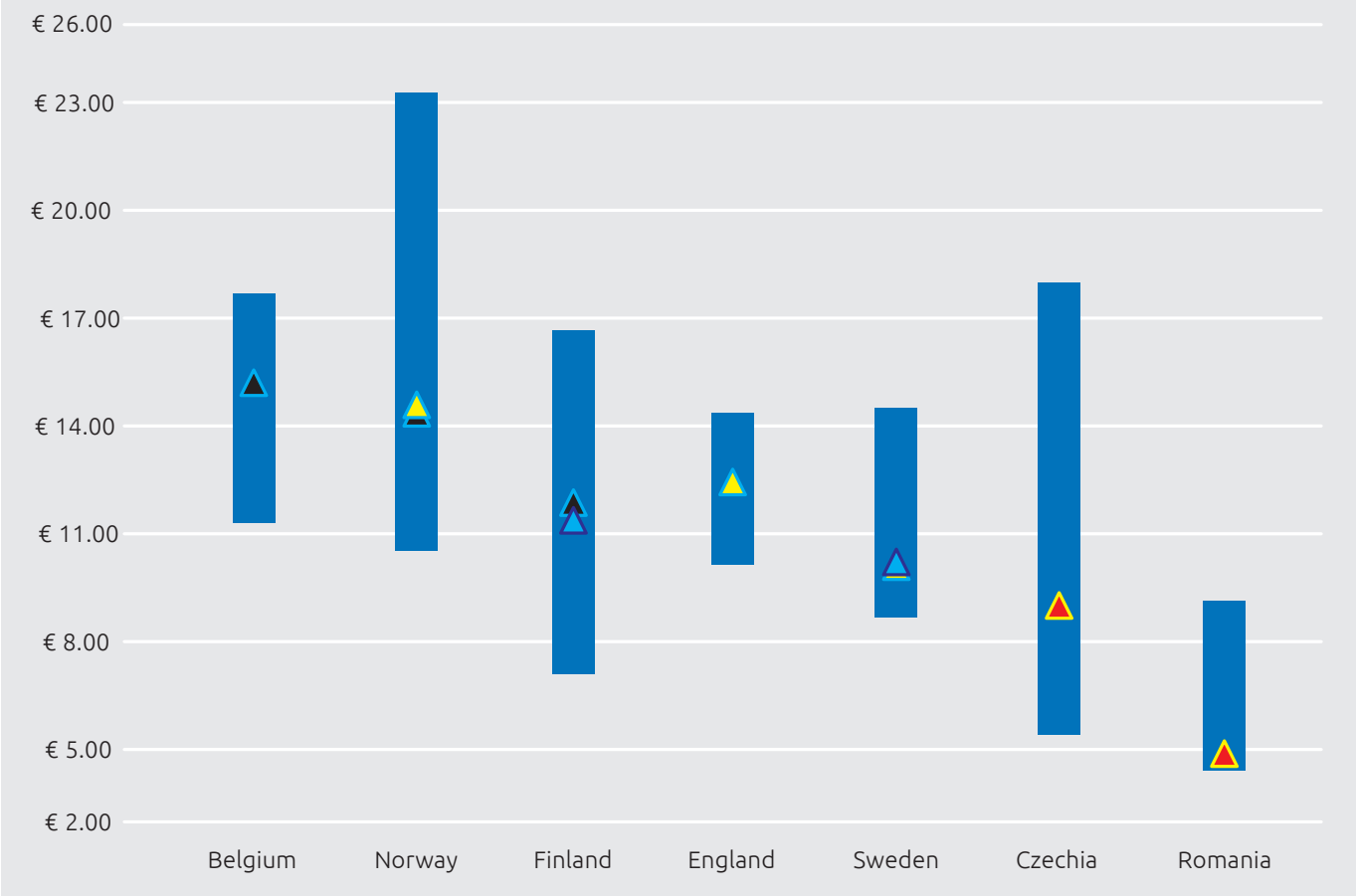
Minimum wages

The intermediate category of nurse, 'practical nurse' or diploma-qualified nurse exists in the case of half the countries included in this study, although definitions vary, as they are considered HCAs in some cases and not in others. For the purpose of this comparison, all these roles have been taken as an intermediate category between HCAs and degree-qualified nurses.

Wages of practical nurses in Belgium range from €15.30 in Belgium to €4.88 in Romania, a wage ratio of 3.1 to 1. Significantly in Romania, the minimum pay for diploma-qualified nurses is only 2.1% higher than the minimum pay for entry-level HCAs with a 6-month qualification. This difference is also small in Belgium, Sweden and England, where it is only 8,0%, 10.5% and 12.3% higher. The gap in minimum pay between base-level HCAs and diploma-qualified nurses however is wider in Norway and Czechia, where it is 17.3% and 36.4% and respectively.

In the cases of Finland and Sweden, where data for practical nurses is available for all sectors, there is no significant difference in minimum wages between sectors.

Figure 4: Minimum wages of Diploma-qualified nurses / Practical Nurses



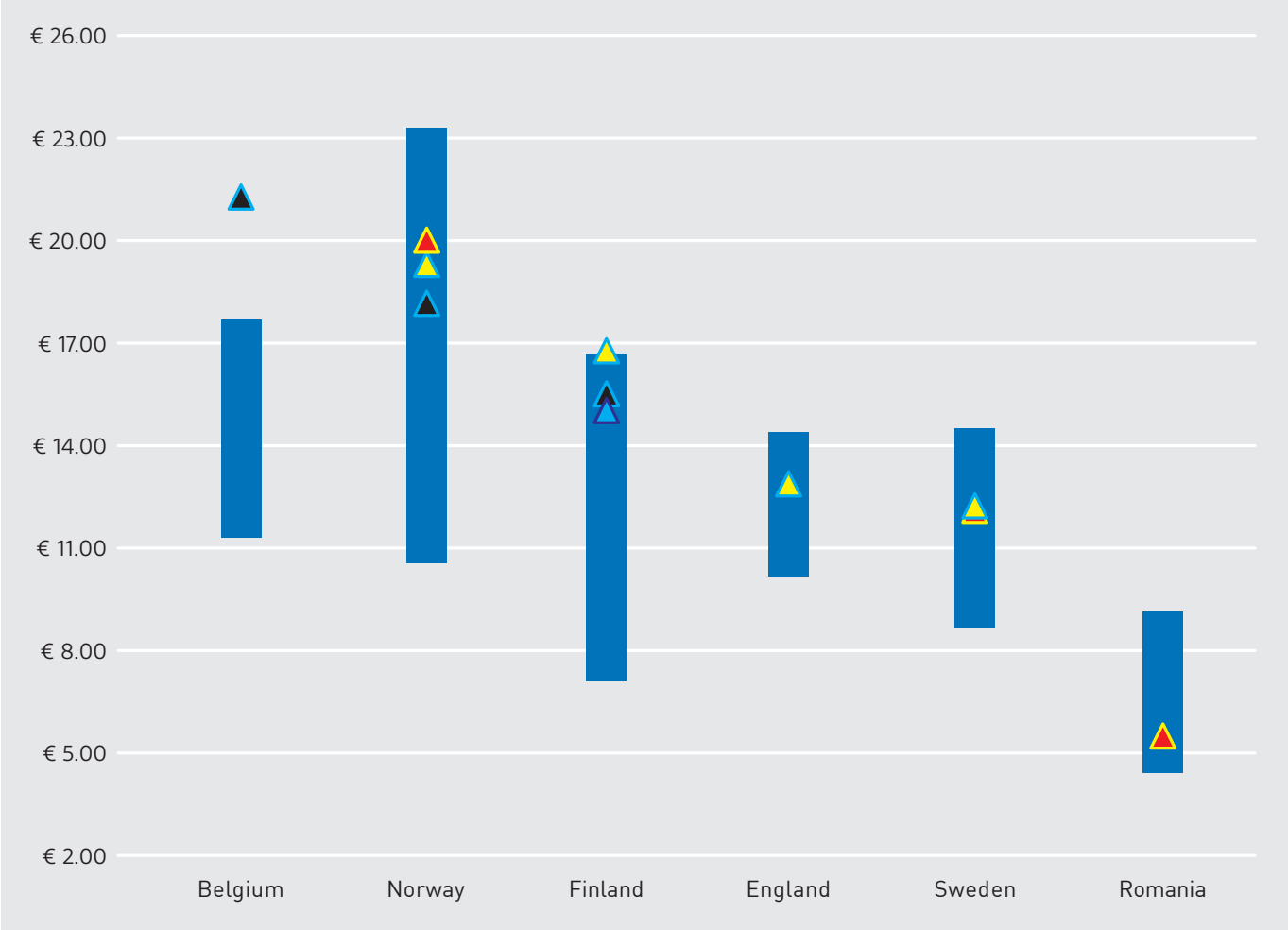
Note: Germany, Spain, Italy, France, Ireland and Cyprus excluded due to lack of data.

Median wages

Median wages for the intermediate category of diploma qualified/practical nurses range between €5.38 in Romania to €21.28 in Belgium, a pay ratio of 4.0 to 1.

There is a divergence between Belgium, Norway, and Finland, the three countries with the highest wages, where median wages are 39.0%, 39.5% and 45.2% higher than the minimum for the practical nurse category, and England, Romania and Sweden where it is only 3.4%, 10.2% and 16.5% higher. This indicates that whereas in the former more workers have greater access to career progression and commensurate increases in pay compared to the latter.

Figure 5: Median wages of Diploma-qualified nurses / Practical Nurses



Note: Germany, Spain, Italy, France, Ireland, Cyprus and Czechia excluded due to lack of data.

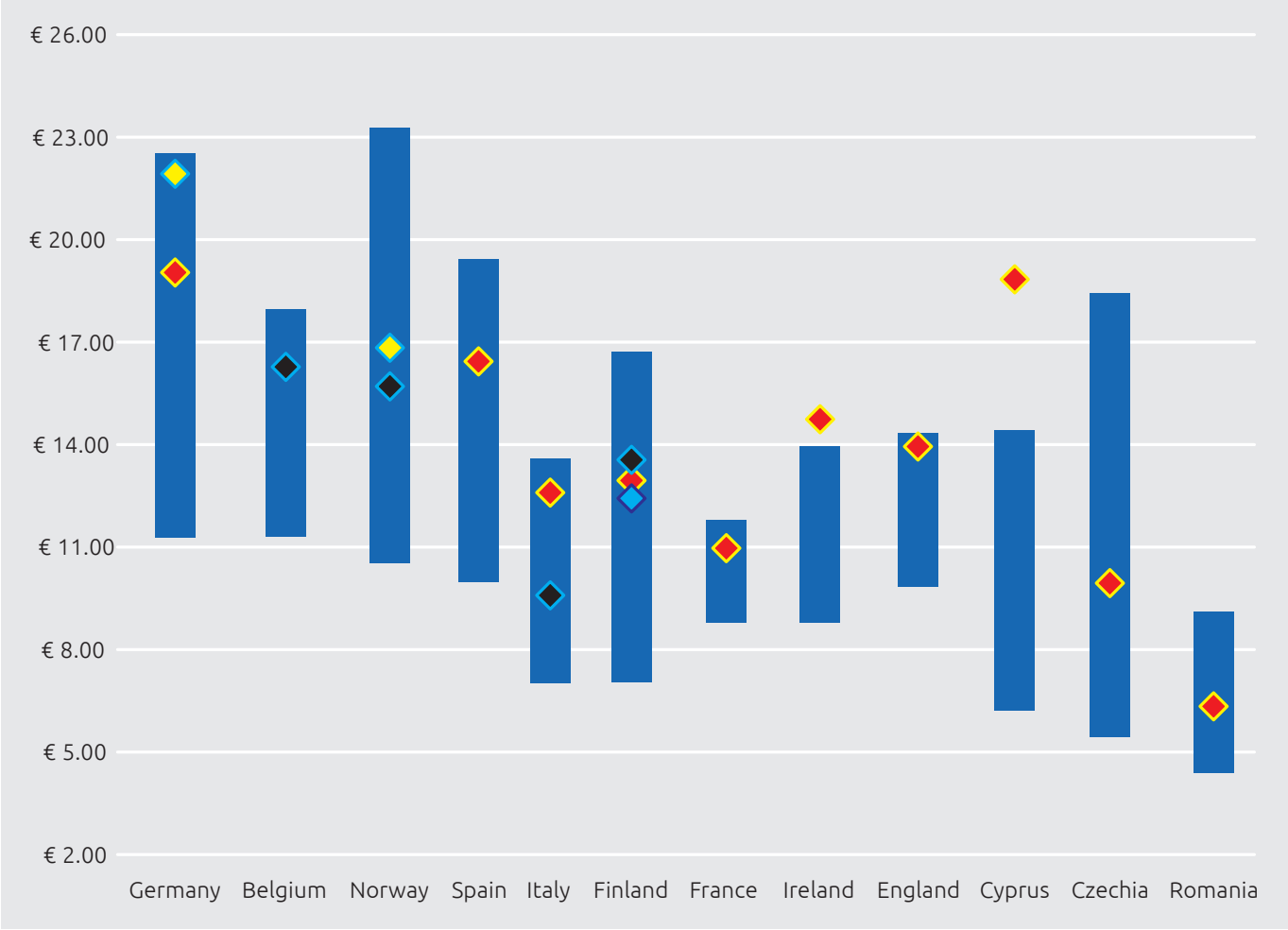
Comparative wages of nurses

In contrast with the other categories, data for nurses is mostly available for the public sector healthcare.

Minimum wages

Minimum wages for nurses employed in public sector healthcare range between €6.50 in Romania to €19.19 in Germany, a pay ratio of 3.0 to 1.

Figure 6: Minimum wages of Nurses



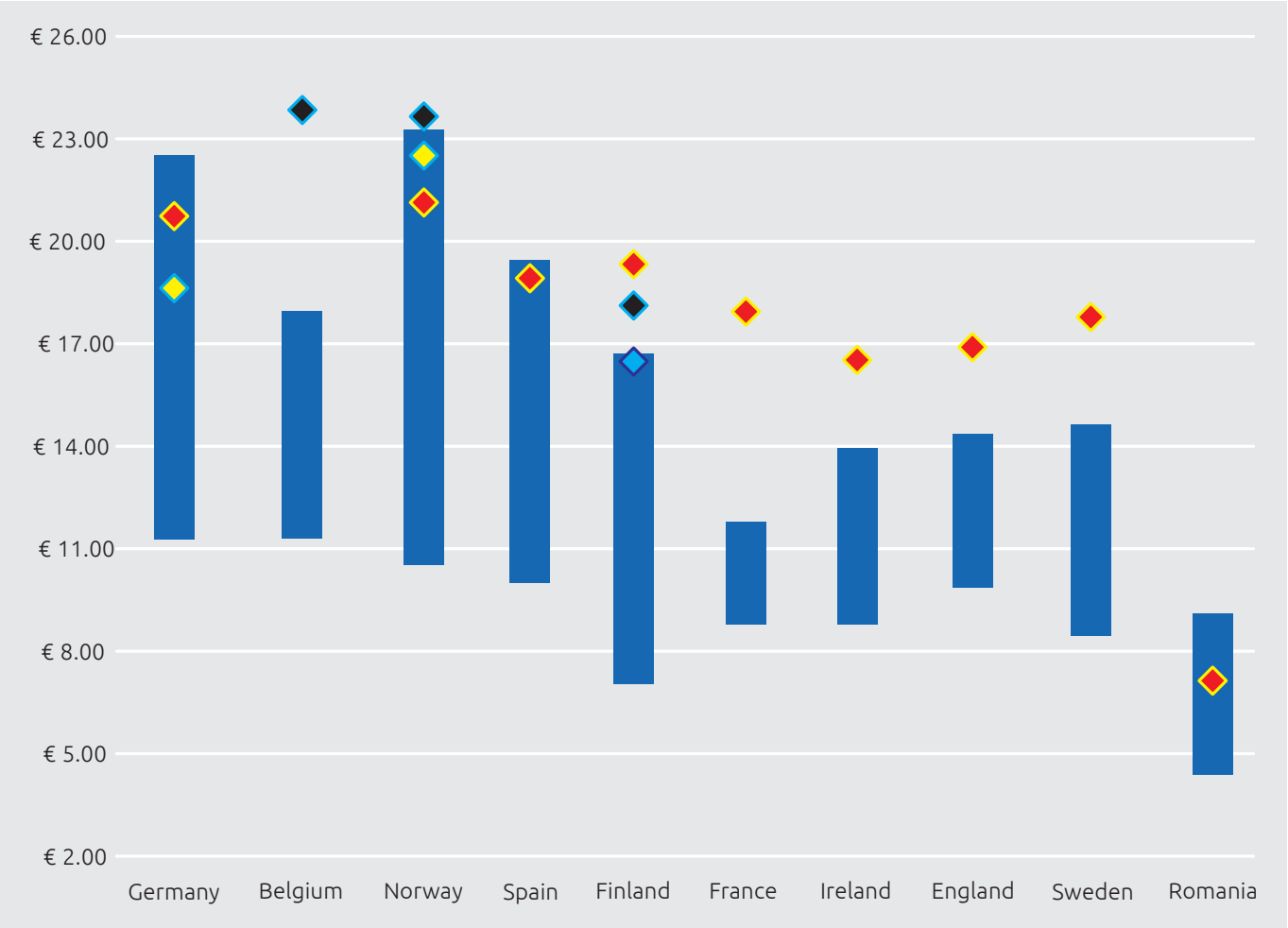
Note: Sweden excluded due to lack of data.

Nurses – in the public healthcare sector – are relatively well-paid, in the sense of minimum wages that are above the median wage, in the case of Ireland where they 4.8% above the median, and substantially so in the case of Cyprus where it is 26.5% higher. The nurse minimum wage in public healthcare, although still below the median, is relatively high also in the cases of Germany, Belgium and Italy.

Elsewhere, the starting pay of nurses is relatively low-paid, with minimum wages substantially below their countries' median. This is especially so in the case of Czechia and Romania, where minimum pay of nurses is 45% and 29.2% lower than the median.

Data concerning sectoral differences is lacking in the cases of most countries, however, a significant divergence is reported between nurses employed in public and private healthcare in the case of Italy, in contrast to Finland and Norway where differences are minor.

Figure 7: Median wages for Nurses



Note: Italy, Czechia and Cyprus excluded due to lack of data.

Median wages

The highest median comparative pay of nurses is reported in Norway and Belgium, both in private sector healthcare. Median wages range between €7.16 in Romania and €23.57 in Norway, a pay ratio of 3.3 to 1.

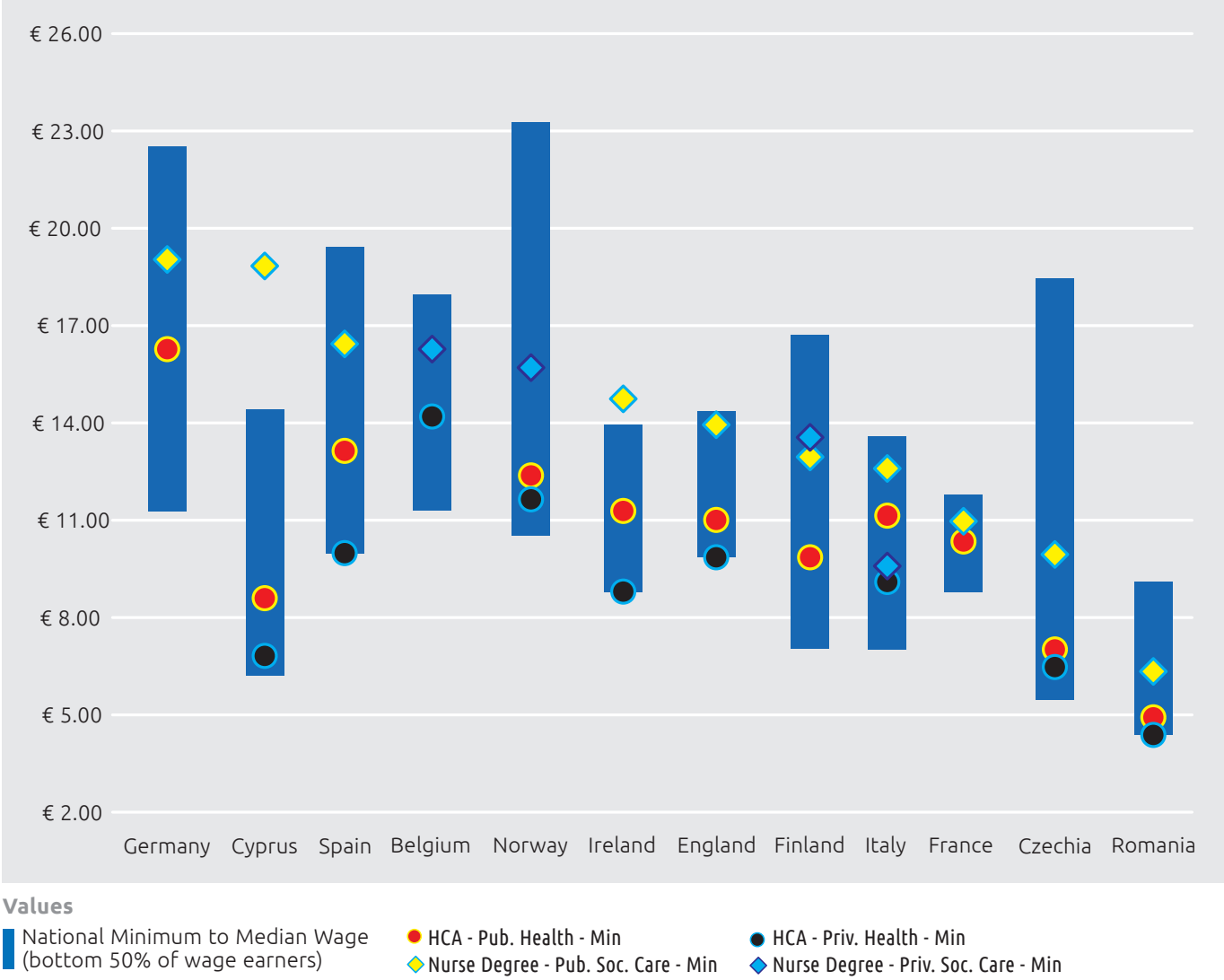
In this comparison more so than others, Romania is a significant outlier, where degree-qualified nurses are comparatively the lowest paid, with average wages that are 22% below the national median. In other countries, degree-qualified nurses are comparatively highly paid, in the sense of earning above the national median wage or close to it. This is highest in France, where nurses working in public health care earn on average 51.4% above the national median, followed by Sweden, England, and Ireland at 21.0%, 19.8%, and 19.6% respectively. In Belgium, average pay for nurses in the private health care sector is 30.8% above the median. In Finland, it is 14.9% above the median for nurses in public health and 8.1% for private health care, but nurses in private social care earn 1.5% less than the median.

In the cases of Germany, Spain and Norway, average nurse wages approach close to the national median level. Nurses working in public health care earn 2% below the median wage in Spain, in Germany, they earn 8.4% below the median wage in public health care, and 16.1% below the median wage in public social care, whereas in Norway, while the average wages of nurses in public health care and social care are 5.9% and 2.1% below the national median wage, nurses in private health care earn 1.2% above the median wage.

Wage comparison of HCAs and nurses

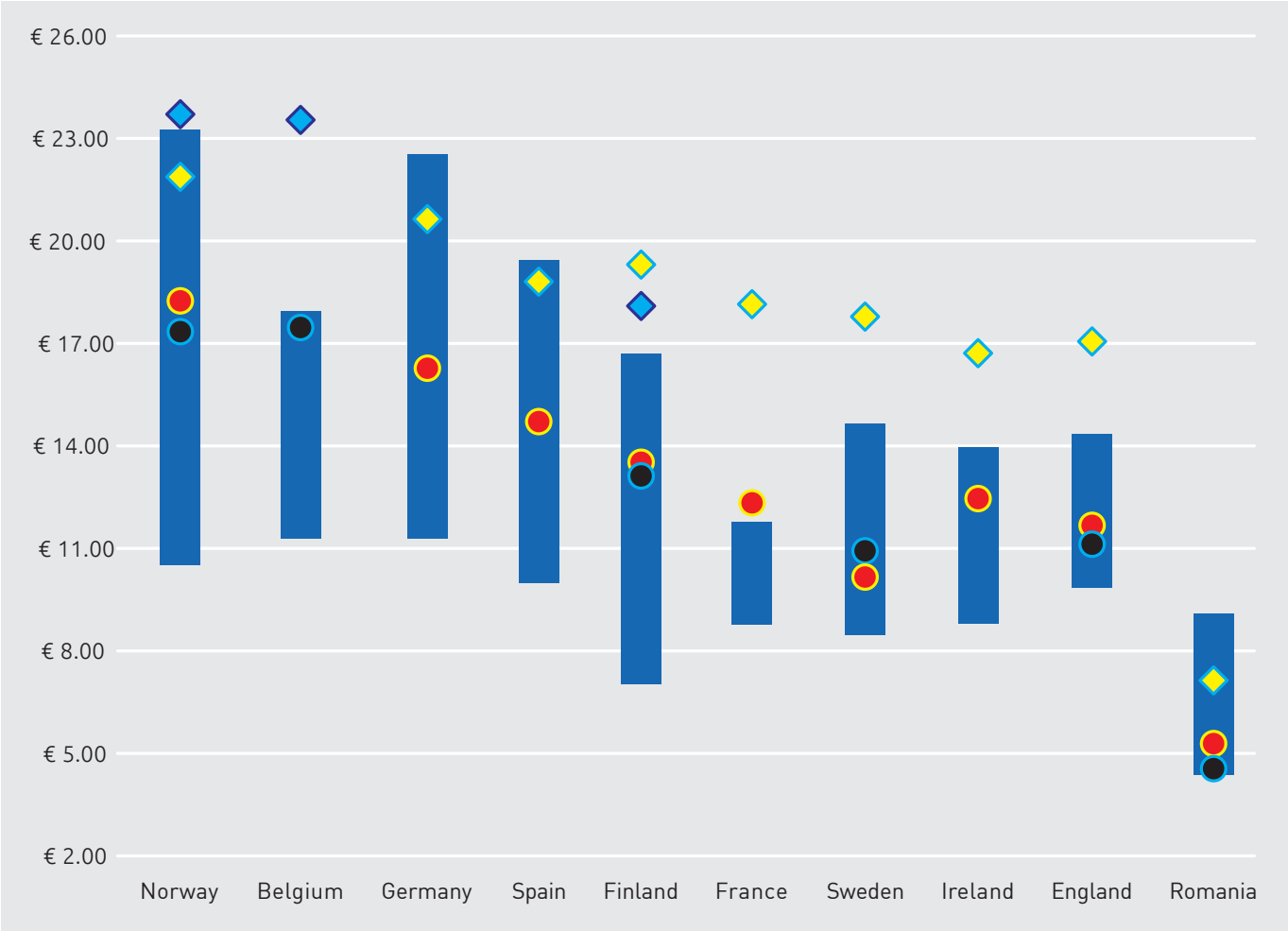
A substantial difference in the wages between HCAs and nurses is evident for every country, however, the extent of the gap is highly variable. There is also considerable variance in the pay difference in regard to whether the minimum wage and the median wage is considered. Both have been presented in the tables below:

Figure 8: Minimum wages of HCAs and Nurses



Note: Sweden excluded due to lack of data.

Figure 9: Median wages of HCAs and Nurses



Note: Cyprus, Czechia and Italy excluded due to lack of data.

There is an average gap of 31.4% between the minimum pay of HCAs and degree-qualified nurses, calculated on the basis of 14 available data points. The biggest difference is in Cyprus, where the starting wage of a nurse in the public health sector is more than double (111.4% higher) than the minimum wage of an HCA. The gap is smallest in the case of Italy in the private healthcare sector (3.1%), and France in the public healthcare sector (5.3%).

A higher gap is evident in the median wages between HCAs and degree-qualified nurses, which is on average of 38.1%, calculated on the basis of 12 available data points. The biggest difference is in Sweden, where it is 71.0%, and the lowest in Norway, where it is 22.0%.

In Romania, although median wages of nurses are 36.3% more than HCAs, the pay is well below the overall median wages in the country. It should be noted, however, that this excludes allowances and additional pay to which many workers may be entitled.

In the cases of Spain, degree-qualified nurses in public health sector earn on average 29% more than HCAs, and their starting pay is 27.7% higher. In contrast, starting wages for nurses in France are only 5.3% higher than starting wages for HCAs, but this rises to 45.6% for the median, indicating a steeper pay slope.

In Belgium, where data is available only for the private health sector, the pay gap between degree-qualified nurses and HCAs is comparatively narrow: 22.7% in median wages and 16.9% for minimum wages. A gap is evident in Germany between sectors, where the pay for degree-qualified nurses stands at just 16.3% above minimum pay for HCAs in public health care, but a much larger gap of 46.2% is evident for social care.

DISCUSSION

Inconsistent regulation of HCAs

A great deal of diversity is evident in the position of HCAs within healthcare and social care systems across Europe. With no consistency to the definition of HCAs, there are significant regulatory differences among European countries. For example, HCAs are clearly defined and integrated into the nursing profession in Austria at two different levels of qualifications, whereas in the UK they are unregistered and subject only to minimal training requirements despite making up a substantial proportion of the health workforce. Finland, Norway and Sweden have adopted registration of a 'practical nurse' occupational category who make up a large proportion of HCAs alongside categories of 'untrained' HCAs with minimal or no formal qualifications. As outlined in EPSU's previous research report on this subject, registration can advance professionalisation but needs to be adequately planned, sensitive to the needs of the workforce and pursued in a way that aligns with broader long-term strategies aimed at strengthening the health and social service sectors.[20]

Rising cost of living and erosion of HCA wages

This study provides a snapshot of relative wages adjusted to the cost of living for the purpose of comparison. It does not, however, capture the erosion in effective wages have occurred in recent years, with the pay of HCAs falling behind the rising cost of living. Between 2020 and 2024, a cumulative price increase of over 20% occurred in the European Union, with nearly half of this inflationary surge occurring 2022. Significantly, inflation is not felt equally among different income groups. The European Central Bank found that the gap in effective inflation between high and low income earners reached

20 Ibid. p. 11-12

historic levels in 2022, as low-income earners spend proportionally more on essentials – such as food, energy and housing – and experience higher cost of living pressure due to inflation.[21] In the context of historically low pay for the health and social care workforce, there is a need for significant above-inflation pay increase to make up for the loss in effective pay in recent years.

Low pay, understaffing and underinvestment in healthcare and social care workforce

There is an urgent for investment into the health and social care sectors to reverse a vicious cycle of worsening workforce conditions leading to understaffing and chronic shortfalls in recruitment and retention. The HCA workforce is highly feminised, made up of occupations that have been historically underpaid and undervalued. A longstanding and preexisting workforce crisis was severely aggravated by the COVID-19 pandemic. In September 2023, the WHO estimated there is already an untenable shortfall of 1.8 million health workers in the European Region, expected to grow to 4 million by 2030 unless action is taken.[22] The WHO's 2022 European Region study found that in some countries up to 9 out of 10 nurses intended to quit, and 8 out 10 were reported to be suffering from pandemic-related psychological distress. Despite the European Region having overall the highest density of health workers of any region globally, the picture is very unequal within the region, with a 5-fold variability in availability of health workers between countries.[23] This wage comparison study has revealed some these disparities, which show significant pay differences even between neighbouring countries.

HCAs and migration dynamics

Healthcare and social care systems in Europe have become increasingly globalised, dependent on cross-border mobility and the recruitment of health workers from abroad, both from within and outside the EU/EEA. Migration dynamics are strongly shaped by both push and pull factors, primarily wage inequalities between countries, with some countries in Europe are being both source and destination countries for migrant workers. Migrant workers are often at increased risk of exploitation, and the rights of health workers to access freedom of movement to improve their careers and livelihood must be respected and defended. Nonetheless, increasing reliance of wealthy

21 Charalampakis, E., Fagandini, B., Henkel, L., Osbat, C., The impact of the recent rise in inflation on low-income households, ECB Economic Bulletin, Issue 7/2022, European Central Bank, https://www.ecb.europa.eu/press/economic-bulletin/focus/2022/html/ecb.ebbox202207_04~a89ec1a6fe.en.html

22 Anderson, S., Europe Is Struggling to Keep its Health Systems Afloat, Health Policy Watch, 28 September 2023, https://healthpolicy-watch.news/europe-struggles-to-keep-health-systems-afloat/

23 WHO, Ticking timebomb: Without immediate action, health and care workforce gaps in the European Region could spell disaster, media release, 14 September 2022, https://www.who.int/europe/news/item/14-09-2022-ticking-timebomb--without-immediate-action--health-and-care-workforce-gaps-in-the-european-region-could-spell-disaster

countries on the recruitment of workers from abroad to mitigate domestic shortages due to poor recruitment, training and retention is unsustainable and often contributes to compounding existing global health inequalities.[24] Problems with cross-border recognition of qualifications mean that migrant worker skills are often underutilised; this can lead to risk of deskilling, especially when highly qualified migrant nurses are employed in lower paid jobs such as HCAs or carers.[25] In contrast to other health professions such as doctors and nurses, there is no systemic monitoring of international migration of HCAs at the EU level (with the exception of some categories of practical nurses), as these workers generally fall outside of regulated professions that are tracked in mobility statistics.[26]

HCAs and task shifting

The expansion of HCA occupations over previous decades has occurred in the context of a broader trend of task shifting in the health and social care sectors – as duties that doctors had once done are handed to nurses, and tasks that nurses are handed to HCAs. This is often an uneven process that affects different areas in different countries. In Ireland for example, mental health services are an area where the most rapid changes are occurring. There were very few HCAs in mental health settings ten years ago, whereas they comprise between one-third and half of the workforce in 2022.[27] There is consequently a blurring of roles over time. A common issue discussed by EPSU affiliates is a lack of a clear definition of the tasks of the health care assistants.

24 ILO, Report III(B): Securing decent work for nursing personnel and domestic workers, key actors in the care economy. Report of the Committee of Experts on the Application of Conventions and Recommendations (articles 19, 22 and 35 of the Constitution), March 2022, p. 374-386 https://www.ilo.org/resource/conference-paper/ilc/110/securing-decent-work-nursing-personnel-and-domestic-workers-key-actors-care

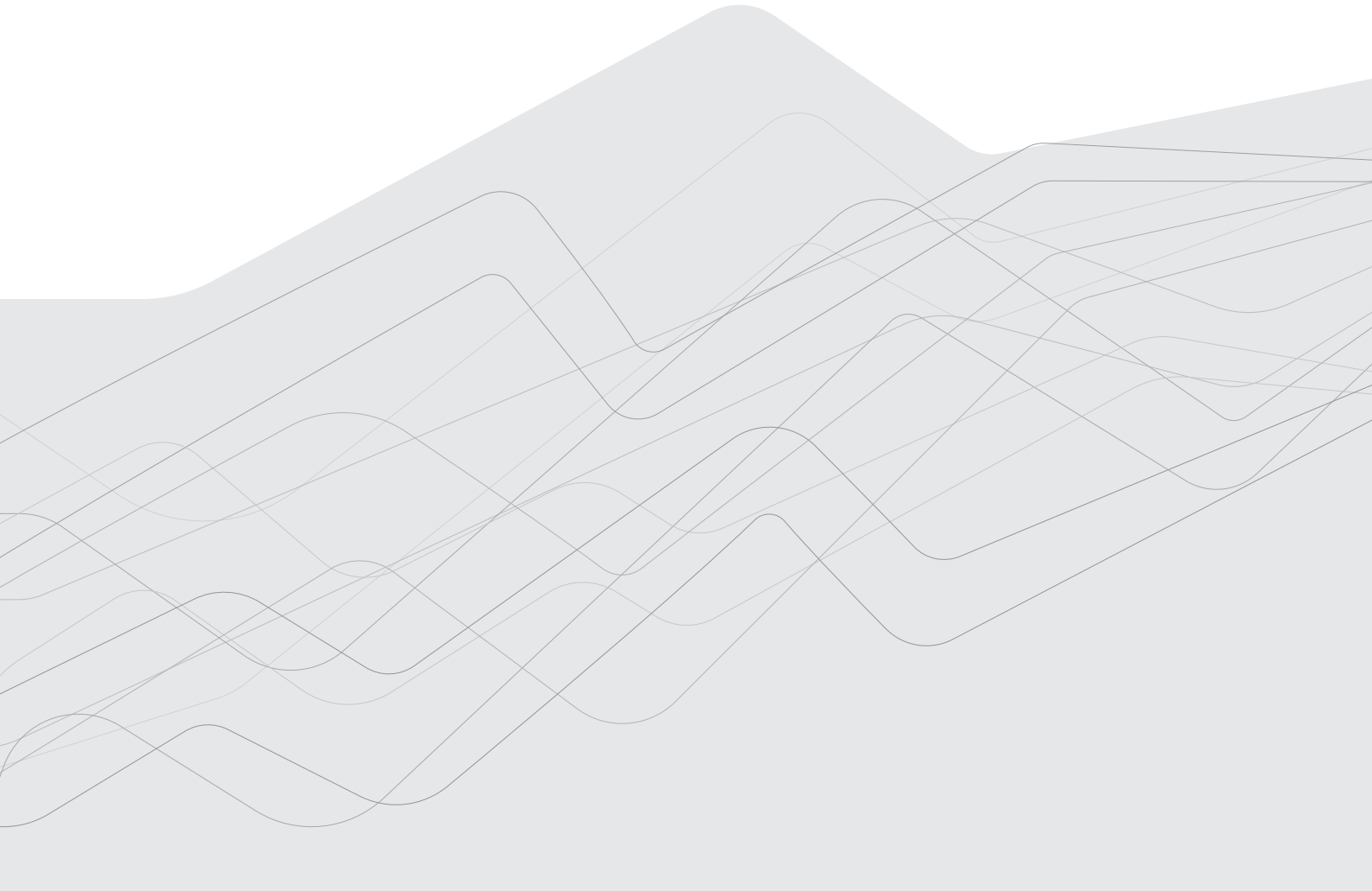
25 Ibid., 375

26 CC4CHA, p. 46-51

27 Florek, K., Exploratory Report for EPSU HCA Network Group Members: Registration of Health Care Assistants, EPSU, October 2022, p. 21 https://www.epsu.org/sites/default/files/article/files/article/files/Registration%20of%20Health%20Care%20Assistants_b.pdf

CONCLUSIONS

There is an urgent need to strengthen health and social care systems across Europe, to improve pay and working conditions and to reduce staff shortages through strengthening collective bargaining, facilitated by increased public investment according to the principles of high quality and accessible public services. Accurate job descriptions are necessary for all HCAs to ensure their rights are respected. Privatisation and outsourcing of health and social care needs to be reversed. Implementing and improving patient to staff ratios is necessary to ensure safe staffing, to preventing burnout, and to attract and retain workers. Workforce strategies need to target the domestic workforce for recruitment and retention while respecting migrant worker labour rights including freedom of movement, in accordance with multilateral frameworks for ethical recruitment.



APPENDIX

Table 1: Wage data: raw values

	England	Spain	Italy	France	Romania	Sweden	Finland	Belgium	Cyprus	Czechia	Germany	Norway	Ireland
Minimum wage	GBP 10.42	€ 9.26	€ 7.00	€ 9.11	€ 2.30	SEK 115.00	€ 7.69	€ 13.28	€ 6.06	CZK 112.50	€ 12.41	NOK 164.80	€ 12.70
Median wage	GBP 14.77	€ 17.86	€ 13.50	€ 12.20	€ 4.73	SEK 195.00	€ 18.31	€ 21.00	€ 13.64	CZK 374.50	€ 24.77	NOK 362.08	€ 20.45
HCA -Pub. Health - Min	GBP 11.45	€ 11.90	€ 11.02	€ 10.82	€ 2.46	SEK 124.00	€ 11.13		€ 8.16	CZK 137.50	€ 18.10	NOK 190.25	€ 16.51
HCA - Pub. Health - Median	GBP 12.00	€ 13.56		€ 12.68	€ 2.71	SEK 138.00	€ 14.85			CZK 254.50	€ 18.10	NOK 279.33	€ 18.64
HCA - Pub. Health - Max	GBP 12.45	€ 15.21	€ 12.75	€ 15.68	€ 3.13						€ 19.50	NOK 250.81	€ 20.94
HCA - Priv. Health - Min	GBP 10.42	€ 9.26	€ 9.27		€ 2.30	SEK 122.00		€ 16.55	€ 6.57	CZK 129.80		NOK 181.27	€ 12.70
HCA - Priv. Health - Median	GBP 11.50				€ 2.38	SEK 147.00	€ 14.60	€ 20.25		CZK 201.50		NOK 268.73	
HCA - Priv. Health - Max	GBP 14.00	€ 12.57	€ 10.98		€ 2.68			€ 21.19				NOK 250.81	
HCA - Pub. Soc. Care - Min	GBP 10.42	€ 11.90	€ 12.77	€ 10.82	€ 2.46	SEK 124.00	€ 11.13		€ 8.16	CZK 120.00	€ 16.63	NOK 190.25	€ 15.67
HCA - Pub. Soc. Care - Median	GBP 11.00	€ 13.56		€ 12.68	€ 2.71	SEK 138.00	€ 14.85			CZK 209.00	€ 22.35	NOK 282.84	€ 19.23
HCA - Pub. Soc. Care - Max	GBP 12.45	€ 15.21	€ 17.56	€ 15.68	€ 3.13						€ 25.54	NOK 247.94	€ 22.13
HCA - Priv. Soc. Care - Min	GBP 10.42	€ 9.29	€ 9.56		€ 2.30	SEK 120.00	€ 11.69		€ 6.57	CZK 117.50	€ 16.50		€ 12.70
HCA - Priv. Soc. Care - Median	GBP 12.45	€ 10.65			€ 2.38	SEK 145.00	€ 13.59				€ 22.35		
HCA - Priv. Soc. Care - Max	GBP 11.00	€ 12.04	€ 14.12		€ 2.68								
Nurse Dip. - Pub. Health Min					€ 2.52	SEK 137.00	€ 12.66			CZK 187.50		NOK 223.19	
Nurse Dip. - Pub. Health Median					€ 2.77	SEK 160.00	€ 18.39					NOK 311.31	
Nurse Dip. - Pub. Health Max					€ 4.62							NOK 270.86	
Nurse Dip. - Priv. Health Min						SEK 138.00	€ 13.09	€ 17.88				NOK 223.19	
Nurse Dip. - Priv. Health Median							€ 16.96	€ 24.85				NOK 290.64	
Nurse Dip. - Priv. Health Max								€ 27.21				NOK 270.86	
Nurse Dip. - Pub. Soc. Care Min	GBP 12.86					SEK 137.00	€ 12.66					NOK 224.97	
Nurse Dip. - Pub. Soc. Care Median	GBP 13.30					SEK 161.00	€ 18.39					NOK 303.90	
Nurse Dip. - Pub. Soc. Care Max	GBP 14.11											NOK 263.98	
Nurse Dip. - Priv. Soc. Care Min						SEK 138.00	€ 12.63						
Nurse Dip. - Priv. Soc. Care Median							€ 16.48						
Nurse Dip. - Priv. Soc. Care Max													
Nurse Degree - Pub. Health Min	GBP 14.53	€ 15.20	€ 12.77	€ 11.39	€ 3.35		€ 14.57		€ 17.25	CZK 206.00	€ 21.05	NOK 250.81	€21.44
Nurse Degree - Pub. Health Median	GBP 17.69	€ 17.50		€ 18.47	€ 3.69	SEK 236.00	€ 21.03				€ 22.68	NOK 340.89	€ 24.45
Nurse Degree - Pub. Health Max	GBP 21.80	€ 19.80	€ 17.56	€ 20.01	€ 4.90				€ 26.12		€ 22.99	NOK 308.23	€ 28.11
Nurse Degree - Priv. Health Min			€ 9.56				€ 15.04	€ 19.34				NOK 250.81	
Nurse Degree - Priv. Health Median							€ 19.80	€ 27.47				NOK 366.57	
Nurse Degree - Priv. Health Max			€ 14.12					€ 30.55				NOK 308.23	
Nurse Degree - Pub. Soc. Care Min											€ 24.35	NOK 263.00	
Nurse Degree - Pub. Soc. Care Median											€ 20.76	NOK 354.47	
Nurse Degree - Pub. Soc. Care Max											€ 25.82	NOK 308.23	
Nurse Degree - Priv. Soc. Care Min							€ 14.25						
Nurse Degree - Priv. Soc. Care Median							€ 18.04						
Nurse Degree - Priv. Soc. Care Max													

Table 2: Wage data: conversion to Euros

	England	Spain	Italy	France	Romania	Sweden	Finland	Belgium	Cyprus	Czechia	Germany	Norway	Ireland
Minimum wage	€ 12.30	€ 9.26	€ 7.00	€ 9.11	€ 2.30	€ 10.12	€ 7.69	€ 13.28	€ 6.06	€ 4.50	€ 12.41	€ 14.34	€ 12.70
Median wage	€ 17.43	€ 17.86	€ 13.50	€ 12.20	€ 4.73	€ 17.16	€ 18.31	€ 21.00	€ 13.64	€ 14.98	€ 24.77	€ 31.50	€ 20.45
HCA -Pub. Health - Min	€ 13.51	€ 11.90	€ 11.02	€ 10.82	€ 2.46	€ 10.91	€ 11.13		€ 8.16	€ 5.50	€ 18.10	€ 16.55	€ 16.51
HCA - Pub. Health - Median	€ 14.16	€ 13.56		€ 12.68	€ 2.71	€ 12.14	€ 14.85			€ 10.18	€ 18.10	€ 24.30	€ 18.64
HCA - Pub. Health - Max	€ 14.69	€ 15.21	€ 12.75	€ 15.68	€ 3.13						€ 19.50	€ 21.82	€ 20.94
HCA - Priv. Health - Min	€ 12.30	€ 9.26	€ 9.27		€ 2.30	€ 10.74		€ 16.55	€ 6.57	€ 5.19		€ 15.77	€ 12.70
HCA - Priv. Health - Median	€ 13.57				€ 2.38	€ 12.94	€ 14.60	€ 20.25		€ 8.06		€ 23.38	
HCA - Priv. Health - Max	€ 16.52	€ 12.57	€ 10.98		€ 2.68			€ 21.19				€ 21.82	
HCA - Pub. Soc. Care - Min	€ 12.30	€ 11.90	€ 12.77	€ 10.82	€ 2.46	€ 10.91	€ 11.13		€ 8.16	€ 4.80	€ 16.63	€ 16.55	€ 15.67
HCA - Pub. Soc. Care - Median	€ 12.98	€ 13.56		€ 12.68	€ 2.71	€ 12.14	€ 14.85			€ 8.36	€ 22.35	€ 24.61	€ 19.23
HCA - Pub. Soc. Care - Max	€ 14.69	€ 15.21	€ 17.56	€ 15.68	€ 3.13						€ 25.54	€ 21.57	€ 22.13
HCA - Priv. Soc. Care - Min	€ 12.30	€ 9.29	€ 9.56		€ 2.30	€ 10.56	€ 11.69		€ 6.57	€ 4.70	€ 16.50		€ 12.70
HCA - Priv. Soc. Care - Median	€ 14.69	€ 10.65			€ 2.38	€ 12.76	€ 13.59				€ 22.35		
HCA - Priv. Soc. Care - Max	€ 12.98	€ 12.04	€ 14.12		€ 2.68								
Nurse Dip. - Pub. Health Min					€ 2.52	€ 12.06	€ 12.66			€ 7.50		€ 19.42	
Nurse Dip. - Pub. Health Median					€ 2.77	€ 14.08	€ 18.39					€ 27.08	
Nurse Dip. - Pub. Health Max					€ 4.62							€ 23.56	
Nurse Dip. - Priv. Health Min						€ 12.14	€ 13.09	€ 17.88				€ 19.42	
Nurse Dip. - Priv. Health Median							€ 16.96	€ 24.85				€ 25.29	
Nurse Dip. - Priv. Health Max								€ 27.21				€ 23.56	
Nurse Dip. - Pub. Soc. Care Min	€ 15.17					€ 12.06	€ 12.66					€ 19.57	
Nurse Dip. - Pub. Soc. Care Median	€ 15.69					€ 14.17	€ 18.39					€ 26.44	
Nurse Dip. - Pub. Soc. Care Max	€ 16.65											€ 22.97	
Nurse Dip. - Priv. Soc. Care Min						€ 12.14	€ 12.63						
Nurse Dip. - Priv. Soc. Care Median							€ 16.48						
Nurse Dip. - Priv. Soc. Care Max													
Nurse Degree - Pub. Health Min	€ 17.15	€ 15.20	€ 12.77	€ 11.39	€ 3.35		€ 14.57		€ 17.25	€ 8.24	€ 21.05	€ 21.82	€21.44
Nurse Degree - Pub. Health Median	€ 20.87	€ 17.50		€ 18.47	€ 3.69	€ 20.77	€ 21.03				€ 22.68	€ 29.66	€ 24.45
Nurse Degree - Pub. Health Max	€ 25.72	€ 19.80	€ 17.56	€ 20.01	€ 4.90				€ 26.12		€ 22.99	€ 26.82	€ 28.11
Nurse Degree - Priv. Health Min			€ 9.56				€ 15.04	€ 19.34				€ 21.82	
Nurse Degree - Priv. Health Median							€ 19.80	€ 27.47				€ 31.89	
Nurse Degree - Priv. Health Max			€ 14.12					€ 30.55				€ 26.82	
Nurse Degree - Pub. Soc. Care Min											€ 24.35	€ 22.88	
Nurse Degree - Pub. Soc. Care Median											€ 20.76	€ 30.84	
Nurse Degree - Pub. Soc. Care Max											€ 25.82	€ 26.82	
Nurse Degree - Priv. Soc. Care Min							€ 14.25						
Nurse Degree - Priv. Soc. Care Median							€ 18.04						
Nurse Degree - Priv. Soc. Care Max													

Table 3: Wage data: adjusted for CPI & PPP

	England	Spain	Italy	France	Romania	Sweden	Finland	Belgium	Cyprus	Czechia	Germany	Norway	Ireland
Minimum wage	€ 10.03	€ 10.14	€ 7.08	€ 8.85	€ 4.46	€ 8.62	€ 7.08	€ 11.37	€ 6.48	€ 5.44	€ 11.31	€ 10.60	€ 8.73
Median wage	€ 14.21	€ 19.57	€ 13.66	€ 11.86	€ 9.18	€ 14.61	€ 16.85	€ 17.99	€ 14.59	€ 18.11	€ 22.58	€ 23.28	€ 14.06
HCA -Pub. Health - Min	€ 11.02	€ 13.04	€ 11.15	€ 10.52	€ 4.78	€ 9.29	€ 10.24		€ 8.73	€ 6.65	€ 16.50	€ 12.23	€ 11.35
HCA - Pub. Health - Median	€ 11.55	€ 14.86		€ 12.33	€ 5.25	€ 10.34	€ 13.66			€ 12.31	€ 16.50	€ 17.96	€ 12.82
HCA - Pub. Health - Max	€ 11.98	€ 16.66	€ 12.90	€ 15.23	€ 6.06						€ 17.78	€ 16.13	€ 14.40
HCA - Priv. Health - Min	€ 10.03	€ 10.14	€ 9.38		€ 4.46	€ 9.14		€ 14.18	€ 7.03	€ 6.28		€ 11.66	€ 8.73
HCA - Priv. Health - Median	€ 11.07				€ 4.62	€ 11.02	€ 13.43	€ 17.34		€ 9.75		€ 17.28	
HCA - Priv. Health - Max	€ 13.47	€ 13.77	€ 11.11		€ 5.19			€ 18.15				€ 16.13	
HCA - Pub. Soc. Care - Min	€ 10.03	€ 13.04	€ 12.92	€ 10.52	€ 4.78	€ 9.29	€ 10.24		€ 8.73	€ 5.80	€ 15.16	€ 12.23	€ 10.78
HCA - Pub. Soc. Care - Median	€ 10.59	€ 14.86		€ 12.33	€ 5.25	€ 10.34	€ 13.66			€ 10.11	€ 20.37	€ 18.19	€ 13.23
HCA - Pub. Soc. Care - Max	€ 11.98	€ 16.66	€ 17.77	€ 15.23	€ 6.06						€ 23.28	€ 15.94	€ 15.22
HCA - Priv. Soc. Care - Min	€ 10.03	€ 10.18	€ 9.67		€ 4.46	€ 8.99	€ 10.76		€ 7.03	€ 5.68	€ 15.04		€ 8.73
HCA - Priv. Soc. Care - Median	€ 11.98	€ 11.67			€ 4.62	€ 10.87	€ 12.50				€ 20.37		
HCA - Priv. Soc. Care - Max	€ 10.59	€ 13.19	€ 14.29		€ 5.19								
Nurse Dip. - Pub. Health Min					€ 4.88	€ 10.27	€ 11.65			€ 9.07		€ 14.35	
Nurse Dip. - Pub. Health Median					€ 5.38	€ 11.99	€ 16.92					€ 20.02	
Nurse Dip. - Pub. Health Max					€ 8.96							€ 17.42	
Nurse Dip. - Priv. Health Min						€ 10.34	€ 12.04	€ 15.31				€ 14.35	
Nurse Dip. - Priv. Health Median							€ 15.61	€ 21.28				€ 18.69	
Nurse Dip. - Priv. Health Max								€ 23.31				€ 17.42	
Nurse Dip. - Pub. Soc. Care Min	€ 12.38					€ 10.27	€ 11.65					€ 14.47	
Nurse Dip. - Pub. Soc. Care Median	€ 12.80					€ 12.07	€ 16.92					€ 19.54	
Nurse Dip. - Pub. Soc. Care Max	€ 13.58											€ 16.97	
Nurse Dip. - Priv. Soc. Care Min						€ 10.34	€ 11.62						
Nurse Dip. - Priv. Soc. Care Median							€ 15.16						
Nurse Dip. - Priv. Soc. Care Max													
Nurse Degree - Pub. Health Min	€ 13.98	€ 16.65	€ 12.92	€ 11.07	€ 6.50		€ 13.41		€ 18.45	€ 9.96	€ 19.19	€ 16.13	€ 14.75
Nurse Degree - Pub. Health Median	€ 17.02	€ 19.17		€ 17.95	€ 7.16	€ 17.69	€ 19.35				€ 20.67	€ 21.92	€ 16.82
Nurse Degree - Pub. Health Max	€ 20.98	€ 21.69	€ 17.77	€ 19.45	€ 9.50				€ 27.94		€ 20.96	€ 19.82	€ 19.33
Nurse Degree - Priv. Health Min			€ 9.67				€ 13.84	€ 16.56				€ 16.13	
Nurse Degree - Priv. Health Median							€ 18.22	€ 23.53				€ 23.57	
Nurse Degree - Priv. Health Max			€ 14.29					€ 26.17				€ 19.82	
Nurse Degree - Pub. Soc. Care Min											€ 22.20	€ 16.91	
Nurse Degree - Pub. Soc. Care Median											€ 18.92	€ 22.79	
Nurse Degree - Pub. Soc. Care Max											€ 23.54	€ 19.82	
Nurse Degree - Priv. Soc. Care Min							€ 13.11						
Nurse Degree - Priv. Soc. Care Median							€ 16.60						
Nurse Degree - Priv. Soc. Care Max													
Median-minimum	€ 4.19	€ 9.42	€ 6.58	€ 3.00	€ 4.72	€ 6.00	€ 9.77	€ 6.61	€ 8.11	€ 12.67	€ 11.27	€ 12.69	€ 5.33

Table 4: Assumptions applied to the interpretation of results

	England	Spain	Italy	France	Romania	Sweden	Finland	Belgium	Cyprus	Czechia	Germany	Norway	Ireland
Date sampled	10/10/2023	29/08/2023	10/10/2023	12/10/2023	10/10/2023	6/10/2023	2021	1/11/2023	31/05/2024	13/06/2024	31/05/2024	18/04/2024	27/05/2024
CPI adjustment	1.0390	1.0320	1.0048	1.0409	1.0490	1.0348	1.1759	1.0141	1.0000	1.0000	1.0000	1.0000	1.0000
Exchange Rates (1 July 2024)	1.18	1.00	1.00	1.00	1.00	0.09	1.00	1.00	1.00	0.04	1.00	0.09	1.00
PPP Index (actual individual consumption) 2023, EU27=100 *England calculated based on 2021, the latest available data for the UK	127.40	94.20	99.30	107.10	54.10	121.50	127.80	118.40	93.50	82.70	109.70	135.30	145.40

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