Position Statement

Socio-economic welfare of nurses

ICN Position:

The International Council of Nurses (ICN) and national nurses associations (NNAs) advocate for a workplace that is safe and encourage excellence in nursing practice. Nurses have a right to practice in an environment that is conducive to quality care with competitive wages/benefits and to work in a family-friendly environment that promotes the occupational safety and health of its employees.

ICN upholds nurses’ right to freedom of association: they may belong and participate in a union, association or organisation of their choice without discrimination or victimisation.

The work of nursing personnel and its importance for the life, personal safety and health of persons in their care, demand measures that encourage and promote the full development and implementation of negotiating mechanisms between employers, nurses and their representatives. A formal procedure for the hearing of grievances should be available to nurses and their employers in the health services.

The principles of equal pay for work of comparable value and pay equity should be applied. These principles should be supported by gender-neutral job classification and performance evaluation tools, and non-discriminatory access to education and promotion opportunities. Salary relativities between and among professionals must reflect the education, expertise, competencies, responsibility, risks and hardships associated with the working conditions, roles and tasks assigned (e.g. unsocial hours, shift work). Nurses’ salaries and conditions of work must be determined in consultation and agreement with nurses and/or their appointed representatives.

Nurses associations have a responsibility to:

- Establish, promote and maintain programmes to enable nurses to achieve a level of economic and social recognition commensurate with their contribution to society.
- Promote sustainable opportunities for the development and support of nursing career options, including entrepreneurship.
- Define nursing work and participate in the development of appropriate evaluation tools.
- Ensure commensurate recognition and reward for continuing education, post-basic education and qualifications.
- Advocate for a positive practice environment in the health sector that supports and rewards excellence.
• Encourage nurses to recognise, value and explain their work, articulating the value of their profession’s contributions to the wellbeing of individuals, families, communities and society.
• Develop and maintain mechanisms that support the negotiating rights of nurses, provide protection from exploitation, and balance equity and employment issues.
• Support the creation of opportunities for nurses to assume leadership roles within health systems.
• Create an effective network to share information on professional and industrial relations issues.
• Develop training programmes which adequately prepare association representatives, nursing leadership and nurse employees in the practice of the various negotiation methods for resolving employment concerns as appropriate in each country.
• Promote mechanisms or protocols that ensure nurses are appropriately remunerated and guaranteed a realistic retirement pension, taking into account their working conditions, including unsocial hours.
• Initiate and support studies to identify possible wage discrepancies and promote salary reviews.
• Lobby for legislation and public education supporting pay equity.
• Encourage their respective governments to ratify relevant ILO conventions, review and update them regularly, and monitor that the principles are put into practice.
• Support other NNAs seeking government ratification of relevant ILO conventions.

Background

The vitality of a nation is dependent upon the health of its citizens in general and its work force in particular.

The right of access to health care has been internationally recognised and is substantially dependent on the availability of adequate numbers of sufficiently educated and trained health personnel and effective workplace retention strategies.

Freedom of association and negotiation of employment and conditions of work are internationally recognised by the International Labour Organisation (ILO) Declaration of Philadelphia and ILO Conventions (e.g. 100, 111) and in particular Convention 149 on Nursing Personnel.

Current compensation structures are often based on gender and not on the value of the job to society. The undervaluing of the crucial role nurses play in the delivery of health care, coupled with a generalised discrimination against women has resulted in inappropriately low economic and social conditions for many nurses. There are an increasing number of substantiated reports of discrimination within the nursing profession itself. Nurses, however, are
assuming key roles and responsibilities in the political arena thus widening the profession’s scope of influence. With the increased data available and raised awareness, equal opportunity policies and practices are starting to be introduced.

ILO research indicates that 75% of all classifications/grades are sex-segregated. The study concluded that approximately half of all the world’s workers are in gender-stereotyped occupations wherein males or females predominate to such an extent (representing at least 80 per cent of all the workers) that the occupations themselves can be considered as “male” or “female”⁴. Men in female dominated professions will suffer from the same gender-stereotyped discrimination as their female colleagues (e.g. male nurses).

«Even countries with strong track records for promoting gender equality still have strong degrees of occupational segregation. Compounding the problem, so-called women’s jobs are often assigned a lower market value. Even in women-dominated fields, such as in health and education, men usually occupy the “more skilled”, “responsible” and better-paid positions. Developments in job evaluation methodologies, however, have demonstrated that many jobs occupied by women in fact require levels of skills, responsibilities and complexity similar to the higher paid jobs held by men.”²

ILO has acknowledged that the relative value and degree of remuneration attributed to a certain occupation still seems to be influenced by the predominance of women in that occupation. In fact, comparable worth studies have shown that, on average, female dominated jobs are paid 15% less than male dominated jobs which require comparable levels of skills, effort and responsibility³.

Once established, relationships between wages paid to different jobs (i.e. relativities) change very little over time, so historical inequities tend to remain unless deliberately changed. Pay differentials persist in all countries ranging from 10 to 30 percentage points⁴. Pay equity must be encouraged world-wide.

Many job evaluation systems are gender-biased and fail to capture or value the work of nurses and other women workers, thus perpetuating existing wage inequities. Analyses confirm that many nurses continue to be underpaid because skills and competencies used in the practice of nursing were not

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³ International Labour Organization, equality of opportunity and treatment between men and women in health and medical services, Geneva. ILO, 1992, pp 12, 22-29-33
regarded as job-related skills but as *qualities intrinsic to being a woman*\(^5,6\). It is important that the nursing profession continues to define the nature of its work and assist in the development of relevant evaluation tools.

**Adopted in 1999**
**Reviewed and revised in 2004 and 2009**

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**Related ICN Positions:**
- Abuse and violence against nursing personnel
- Career development in nursing
- Nurse retention and migration
- Occupational health and safety for nurses
- Part-time employment
- Nurses and shift work
- Strike policy

The International Council of Nurses is a federation of more than 130 national nurses associations representing the millions of nurses worldwide. Operated by nurses and leading nursing internationally, ICN works to ensure quality nursing care for all and sound health policies globally.

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