What regulates nurses’ wages in Iceland?
the past, present and the future

Guðbjörg Pálsdóttir, President
The Icelandic Nurses Association
The past 100 years

- Ongoing (gender) challenge
- Similar emphasis
  - Working environment + working hours
  - Equal pay in comparison with other professions
- 1998 nurses resign
- 2001 strike
- 2008 nurses didn´t work overtime
- 2013 nurses resign
- 2015 Legislation -> ruling of court of arbitration
- 2019 March -> Arbitration ends

What regulates nurses' wages in Iceland?
And then...

- Some changes though ...
  - 5 collective agreements
  - 1998 - Institutional agreements
Present

• Nurses’ salaries are not controlled by supply and demand
• The nurses’ labor market is not a typical competitive market - rather an imperfect competition
• Nurses wages are often lower than people in other professions with similar education and responsibilities
• Employers are few
• 94% of nurses work for the general sector
• Nurses the largest healthcare profession + the largest union of women in Iceland
Present

- Other factors available instead of raising the basic salaries:
  - Extra payments for shifts
  - Overtime
  - Flexible working hours
- A reluctance to raise the salaries significantly despite the shortage
- Employers need to take any measures to balance the supply and demand to secure the services that needs to be provided
- Gender divided labour market (98% women)
- How do we evaluate traditional women's work?
Reports

What regulates nurses' wages in Iceland?

Independent audit of State Accounts

The Icelandic nurses' labour market
From the nurses point of view

- Survey among all employed nurses < 70yrs
- November 2017
- 74% response rate
- Nurses perspective: job satisfaction, working environment, stress related factors, colleague and professional support, morale, professional development, wages & terms satisfaction, etc.
### Comparison with other professions

<table>
<thead>
<tr>
<th>Profession</th>
<th>Wage for daytime work</th>
<th>DKK</th>
<th>Difference%</th>
<th>Total wage</th>
<th>DKK</th>
<th>Difference%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses</td>
<td>559.401 kr.</td>
<td>33.298 DKK</td>
<td></td>
<td>786.991 kr.</td>
<td>46.845 DKK</td>
<td></td>
</tr>
<tr>
<td>Doctors</td>
<td>950.134 kr.</td>
<td>56.556 DKK</td>
<td>70%</td>
<td>1.481.785 kr.</td>
<td>88.201 DKK</td>
<td>88%</td>
</tr>
<tr>
<td>Radiologists</td>
<td>536.379 kr.</td>
<td>31.927 DKK</td>
<td>-4%</td>
<td>779.834 kr.</td>
<td>46.419 DKK</td>
<td>-1%</td>
</tr>
<tr>
<td>Midwifes</td>
<td>571.237 kr.</td>
<td>34.002 DKK</td>
<td>2%</td>
<td>843.260 kr.</td>
<td>50.194 DKK</td>
<td>7%</td>
</tr>
<tr>
<td>Teachers</td>
<td>580.575 kr.</td>
<td>34.558 DKK</td>
<td>4%</td>
<td>796.706 kr.</td>
<td>47.423 DKK</td>
<td>1%</td>
</tr>
<tr>
<td>Buisness and economists</td>
<td>676.300 kr.</td>
<td>40.256 DKK</td>
<td>21%</td>
<td>824.315 kr.</td>
<td>49.066 DKK</td>
<td>5%</td>
</tr>
<tr>
<td>Lawyers</td>
<td>649.177 kr.</td>
<td>38.641 DKK</td>
<td>16%</td>
<td>756.141 kr.</td>
<td>45.008 DKK</td>
<td>-4%</td>
</tr>
<tr>
<td>Capinet staff</td>
<td>659.972 kr.</td>
<td>39.284 DKK</td>
<td>18%</td>
<td>760.019 kr.</td>
<td>45.239 DKK</td>
<td>-3%</td>
</tr>
<tr>
<td>Engineers</td>
<td>677.079 kr.</td>
<td>55.957 DKK</td>
<td>21%</td>
<td>834.969 kr.</td>
<td>49.701 DKK</td>
<td>6%</td>
</tr>
</tbody>
</table>

*Overtime and shiftwork explains around 30% of nurses wage*
The course for pay agreed on for basic nurses in municipalities and hospitals (DKK per. month).
What regulates nurses' wages in Iceland?
Future

• Arbitration ends in March 2018
• Finish 27 institutional agreements
• Preparation for the forthcoming negotiations
• Equal pay certification - same salary for comparable and equally valuable jobs
• More nurses into the healthcare
• Working environment, work-related stress, rest
• Increase the job percentage
• decrease the overtime!
“It’s 2017, it’s time to man up”