



Workforce Census: Demographics and Nursing Practice Report



COLLEGE OF NURSES
OF ONTARIO
ORDRE DES INFIRMIÈRES
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.

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Introduction

The College of Nurses of Ontario (CNO) is the governing body for Registered Nurses (RNs), Registered Practical Nurses (RPNs) and Nurse Practitioners (NPs) in Ontario. Our purpose is to protect the public by promoting safe nursing practice. CNO is also the authoritative source of nursing statistics in Ontario. We collect basic demographic information from nurses upon initial registration and detailed employment information when they renew their registration each year. However, information, such as race, ethnicity, disability and sexual orientation, is not collected and the distribution of many of those demographics in the nursing population in Ontario is not known.

To expand the scope of data CNO collects, in February 2024, we launched our first Workforce Census survey to better understand the composition and experiences of nurses registered in Ontario. The goal of the census was to capture a broad set of identity variables to provide greater understanding of nurses in the province. A better grasp of the makeup of the workforce and the barriers related to diversity, equity and inclusion (DEI) that nurses face is an important step to ensure fair and equitable practices and policies.

Some members of historically under-represented groups, or equity-deserving groups, have told CNO about the barriers related to DEI they experience in their practice. Inequities based on identity have also been reported in research. For example, a study that analyzed the Canadian labour market reported an under-representation of visible and linguistic minority nurses in leadership positions. This suggests opportunities for career advancement may be more limited for some (Premji & Etowa, 2014).

Data collection is fundamental to promoting and tracking the progress of DEI initiatives. Systematic data collection can strengthen personal anecdotes and validate individual observations. Also, data collected can be used to test our assumptions and provide the basis of evidence-based decision making. As this is CNO's first initiative collecting detailed demographic and experience data, we intend for the results to provide a rich description of nursing in Ontario; inform DEI programs, processes or policies for ourselves and our system partners; and guide CNO's future data collection endeavours.

In this initial release of the Workforce Census results, we present the identity, nursing practice and employment data that members shared with us.

Methodology

Survey Development

Developing the census survey was a multi-step process. We conducted a literature review and environmental scan to search for standards, guidelines and best practices related to demographic data collection. The search also reviewed the practices of other health care and professional regulatory boards to learn the type of DEI data other organizations have collected from their members, and how they intend to use their findings. We prioritized sources that were recent, developed in a Canadian context and involved community consultations. As well, we have been working with the guidance of an external consultant with subject matter expertise on DEI data collection in health settings.

Although we started with self-guided learning, community partners provided invaluable insights on how this work could be done meaningfully. Community engagement is a foundational part of conducting equitable and ethical research, especially as related to collecting Indigenous and Black identity data (Black Health Equity Working Group, 2021; Canadian Institutes of Health Research et al., 2022). Involving the community in the process ensures data collection is culturally safe, and that the research aligns with their priorities and needs. We thank our community partners for their trust, as well as sharing their time, expertise, professional and lived experiences to inform the development of the survey, the analyses and the reporting. This includes the Black Nurses Task Force, Canadian Black Nurses Alliance, Pan-Canadian Association of Nurses of African Descent (Ontario Black Nurses Network and Canadian Black Nurses Network), and the Indigenous Primary Health Care Council. Our collaboration will continue into the next phase of reporting in 2025, which focuses on nurses' experiences with CNO and in their nursing practice.

Administration

A total of 206,383 nurses registered in the General, Extended and Non-Practising classes¹ were identified as eligible to participate and invited to complete the online survey via an email from CNO. Messages successfully reached 99% ($n = 204,280$) of the sample. Invitations that did not reach nurses were due to invalid email addresses on record or because they had previously opted out of receiving emails from CNO.

Leading up to survey launch, we promoted the census through social media, a press release to major media outlets and community newspapers across Ontario and direct outreach to community partners. We also helped other partners promote the survey through a digital package they could share. Nurses initially had two weeks to complete the survey, but this was extended to four weeks, to ensure as many had the opportunity to participate as possible. CNO sent two reminder emails during this period.

¹ More information on the different classes of registration can be found [here](#).

Results

Response Rate

We received a total of 31,766 responses. After CNO validated the data and removed respondents who declined to participate at the survey outset ($n = 189$), we were left with 31,448 responses. This represents 15.4% of CNO's membership who received an email invitation to participate in the census. As this was our first attempt at a census survey, we do not have previous response rates to compare it with. However, the 15.4% response rate exceeds the 4–7% rate we have seen in past surveys sent to large random samples ($\geq 10,000$) of nurses.

In the survey, we provided the option to skip, as well as a *prefer not to answer* option for most questions. Therefore, the response rates varied per question and are detailed in the tables below. The % *Responded* column was calculated as the number of respondents who provided an answer, including *prefer not to answer*, out of the total number eligible to respond. The total number

eligible to respond was determined as the number of respondents who consented to participate, except on questions that depended on their response from a prior question. For example, only respondents who initially indicated they can provide nursing care in a language other than English and French were asked further to specify the languages. Finally, the % *Prefer Not to Answer* column was calculated as the number of *prefer not to answer* responses divided by the number of responses on a particular question.

The average response rate on identity questions was 92.8%, and the average *prefer not to answer* rate was 3.1% (Table 1). Notably, roughly one in five respondents did not disclose their sexual orientation, either by skipping the question (10.5%), or selecting the *prefer not to answer* option (11.5%). Ethnicity, an open-response question, saw the lowest response rate at 85.4%.

Table 1. Response rates of identity questions

Question	# Eligible to Respond	# Responses	% Responded	# Prefer Not to Answer	% Prefer Not to Answer
Age	31,448	29,918	95.1	198	0.7
Experience	31,448	29,586	94.1	155	0.5
Indigenous Identity	31,448	29,497	93.8	750	2.5
Ethnicity	31,448	26,842	85.4	26	0.1
Race	31,448	28,594	90.9	950	3.3
Gender Identity	31,448	28,875	91.8	329	1.1
Ability to Provide Nursing Care in English/French	31,448	28,500	90.6	73	0.3
Ability to Provide Nursing Care in Another Language	31,448	28,789	91.5	590	2.0
Other Language(s) of Nursing Care	6,597	6,243	94.6	192	2.9
Disability	31,448	28,209	89.7	644	2.3
Disability: Accommodations Required	3,489	3,470	99.5	218	6.3
Disability: Accommodations Available When Requested	1,117	1,112	99.6	72	6.5
Sexual Orientation	31,448	28,134	89.5	3,217	11.5

Table 2 provides the response rates to questions on nursing practice and employment. Excluding the three mandatory items from the calculation (nursing class, location of practice and number of employment positions), the average response rate here was 95.9% and the average *prefer not to answer* rate was 1.5%. Employment-related questions were only asked of participants registered in the General/Extended class, and currently practicing nursing. Therefore, the number eligible to respond is lower compared with the section on identity.

The lowest response was observed for internationally educated nurses (IENs) when asked about where they obtained their initial nursing education (83.5%). *Prefer not to answer* responses in this section were generally low, except where respondents were asked about their nursing status (for example, retired, on leave, seeking nursing employment or *not* seeking nursing employment). Overall, the response rates suggest nurses are more willing to share information about their nursing practice and employment, than their identity.

Table 2. Response rates of nursing practice and employment questions

Question	# Eligible to Respond	# Responses	% Responded	# Prefer Not to Answer	% Prefer Not to Answer
Nursing Education: Ontario	31,448	28,424	90.4	192	0.7
Nursing Education: Canada	4,339	4,264	98.3	42	1.0
Other Country of Nursing Education	2,570	2,146	83.5	0	0
Nursing Class*	31,448	28,414	90.4	-	-
Nursing Practice In/Outside Ontario*	26,744	26,742	100.0	223	0.8
Number of Nursing Positions*	25,134	25,111	99.9	-	-
Employment Relationship	25,134	25,001	99.5	174	0.7
Employment Status	25,134	24,986	99.4	159	0.6
Nurse Types	25,134	25,009	99.5	120	0.5
Employer Type	25,134	24,387	97.0	164	0.7
Employment Setting	988	983	99.5	18	1.8
Employment Position	25,134	24,875	99.0	260	1.0
Area of Practice	25,134	24,789	98.6	351	1.4
Employer Location: Census Division	25,134	23,960	95.3	528	2.1
Employer Location: Census Subdivision	25,134	22,381	89.0	-	-
Nursing Status	3,055	2,975	97.4	258	8.4

Note: *Questions were mandatory because responses determined the flow logic of the subsequent survey.

Is the Survey Sample Representative of the Nursing Population?

To examine whether the sample of census respondents is representative of the population of nurses registered in Ontario, we compared the census data with select, common variables collected upon the 2024 Annual Membership Renewal, and other CNO data (collectively referred to as AMR). The renewal process is mandatory for all nurses to maintain an active registration and therefore represents a complete, authoritative data source of Ontario’s nurses.



Box A: What does it mean to compare the Workforce Census data with AMR data?

The census data is anonymized and does not allow us to conduct any links to CNO’s existing data sources. This means we cannot determine who did and did not participate in the survey. However, we can draw conclusions using aggregate data, such as total counts and proportions. For example, 4% of census respondents were NPs, whereas AMR data tell us NPs constitute 2.7% of our membership. This means that NPs were more likely to participate in the census and are therefore over-represented in our sample compared with the population (all nurses eligible to participate).

Comparing the census sample with the population data, we identified differences between the characteristics of who responded to the survey, and who is registered as a nurse in Ontario. This is known as a participation bias and is a pervasive issue in survey research (Lynn, 1996). It occurs when respondents with certain characteristics are more willing to participate in a survey than others, which leads to a skewed or biased sample compared to the population.

As seen in Table 3, we found that survey participants were disproportionately educated within Canada, aged 45+ and women. NPs were over-represented in the survey sample, and RPNs were under-represented. Nurses who were registered in the General or Extended class (compared with the Non-Practising Class), or practicing within Ontario in some capacity, were also more likely to participate in the census.

Table 3. Comparisons between population-level data from the Annual Membership Renewal and the same variables from the Workforce Census reveal participation biases

Variable	Category	AMR (%)	WFC (%)
Location of Education	Domestically Educated Nurse (DEN)	84.3	90.9
	Internationally Educated Nurse (IEN)	15.7	9.1
Age group	18-24	4.7	2.9
	25-34	29.1	20.6
	35-44	25.9	25.8
	45-54	19.2	21.1
	55-64	15.8	21.5
	65+	5.3	8.1
Practice Location	In Ontario	96.0	96.4
	In and Outside Ontario	1.2	1.7
	Outside Ontario	2.7	1.9
Gender	Woman	90.5	92.4
	Man	9.5	7.6
Nurse Type	NP	2.7	4.0
	RN	65.6	68.6
	RPN	31.7	27.3
Nurse Class	Non-Practising Class	8.2	5.9
	General or Extended	91.8	94.1

Note: AMR = Annual Membership Renewal and other CNO data; WFC = Workforce Census.

Some response categories from the census were excluded from the table (for example, other gender identities), and others from AMR renamed so the data would be directly comparable. Practice location for AMR data was based on those in the General or Extended class.

When participation biases are found in surveys, a common strategy is to apply weights to the data to adjust for imbalances. Data weighting involves assigning responses of individuals from under-represented groups with more importance mathematically, so that the dataset more accurately reflects the population (Biemer & Christ, 2008). In this release, we have made a conscious decision to present the data unweighted. This is the first time CNO has collected data on identity variables like race or ethnicity, and we do not have a reliable point of reference on the current nursing population to inform the distribution of weights. As a result, there is a possibility of introducing new biases because of what we do not know. Results presented in this

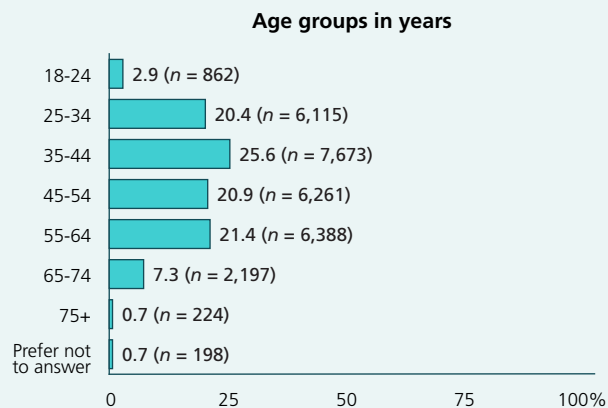
report therefore reflect the sample of nurses who participated, without any adjustment.

Another reason we decided not to apply weighting to the survey responses is we believe the participation bias observed during the first administration of the Workforce Census stands alone as an important finding. We found that IENs, younger nurses, men, RPNs, nurses practicing outside of Ontario, or in the Non-Practising Class were less likely to participate. Recognizing which groups were under-represented provides us with information about where the opportunities exist for targeted outreach, and to enhance trust and engagement before we conduct the census again.

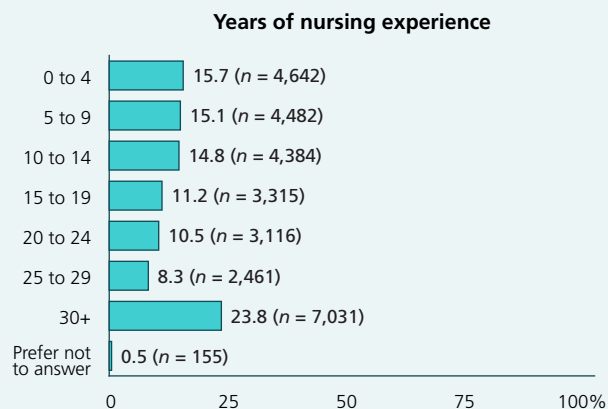
Identity Results

Findings from the first section of the census on identity are summarized here. A comprehensive breakdown of the counts and proportions with the full option set on each question are found in the [Appendix](#). Proportions presented here are based on calculations that include *prefer not to answer* in the denominator.

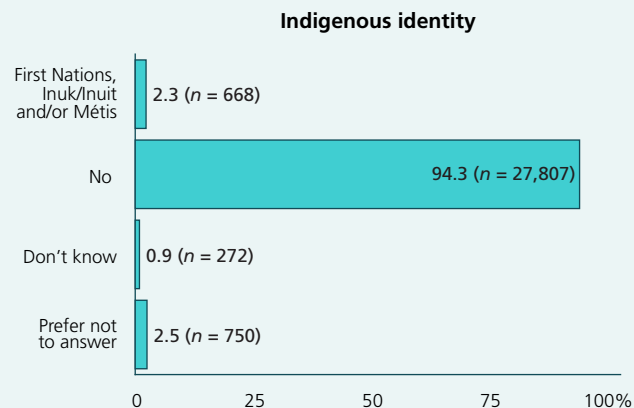
The largest age group of respondents was in the 35 to 44 years range (25.6%). More than half (50.3%) of respondents were over 45, and 23.3% of respondents were under 35.



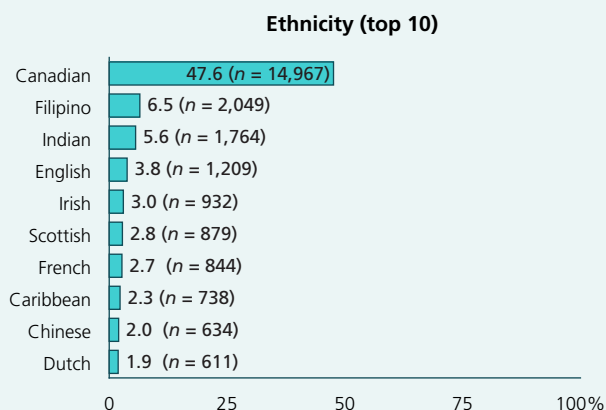
The largest group of respondents had more than 30 years of nursing experience (23.8%).



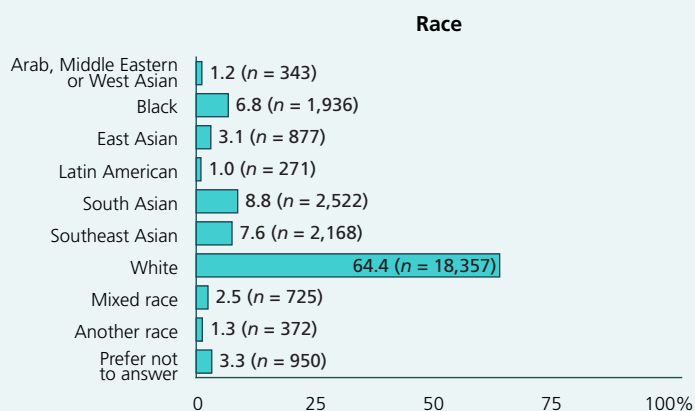
2.3% of respondents identified as First Nations, Inuk/Inuit and/or Métis, and 94.3% did not.



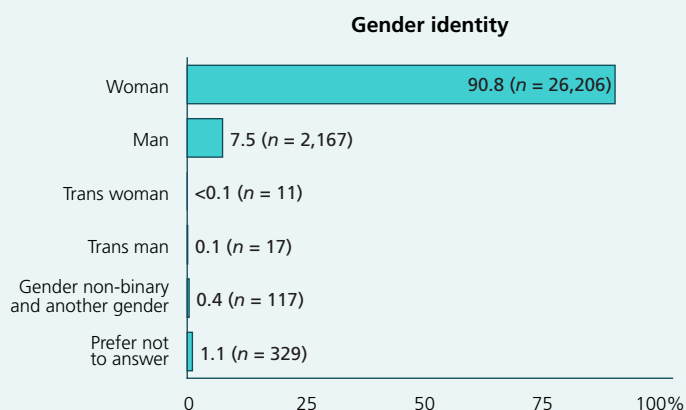
More than 280 ethnicities were reported by respondents, and the top five were: Canadian (47.6%), Filipino (6.5%), Indian (5.6%), English (3.8%) and Irish (3.0%).



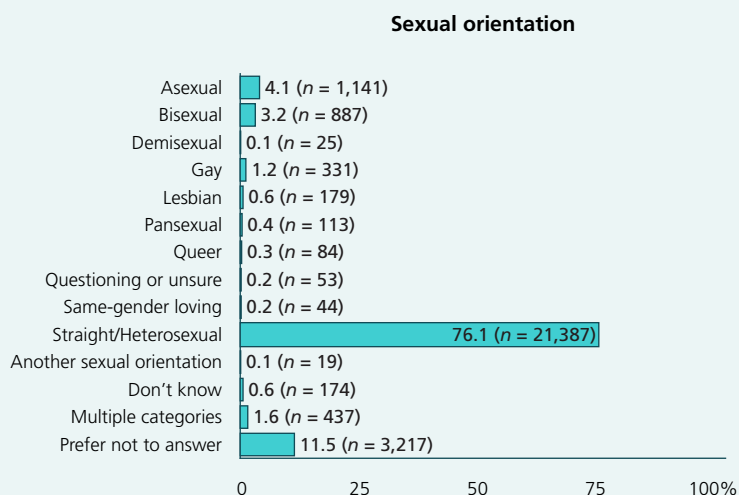
32.3% of respondents identified as First Nations, Inuk/Inuit, Métis or racialized, including mixed race, and 64.4% as White.



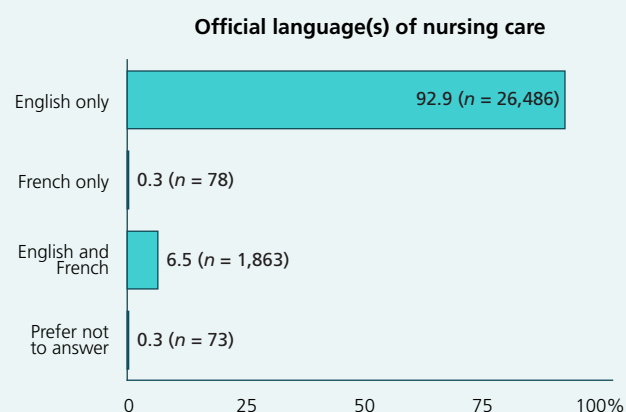
90.8% of respondents identified as women, 7.5% as men, 0.4% as gender non-binary and another gender and 0.1% as transgender.



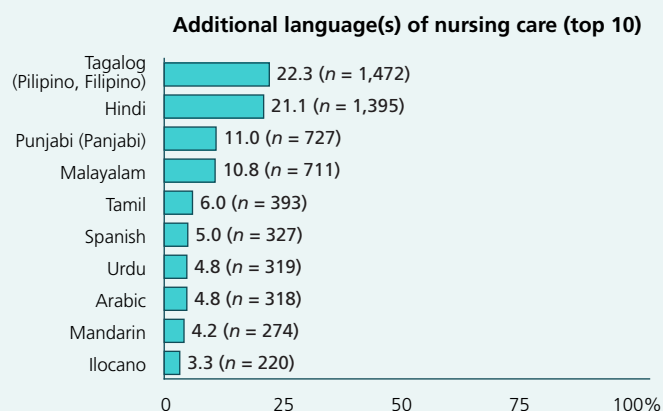
76.1% of respondents identified as straight/heterosexual and 11.8% as Two-Spirit, lesbian, gay, bisexual, queer and additional sexual orientations (2SLGBTQ+).



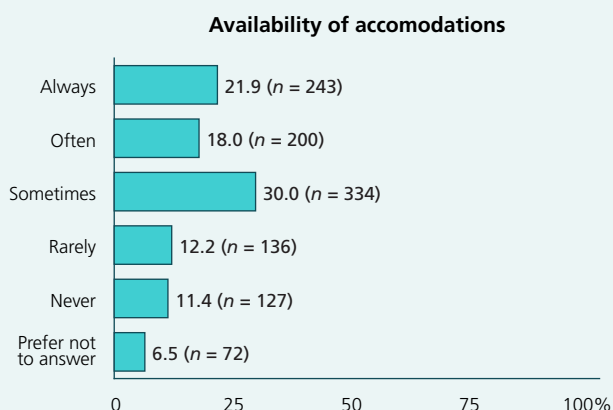
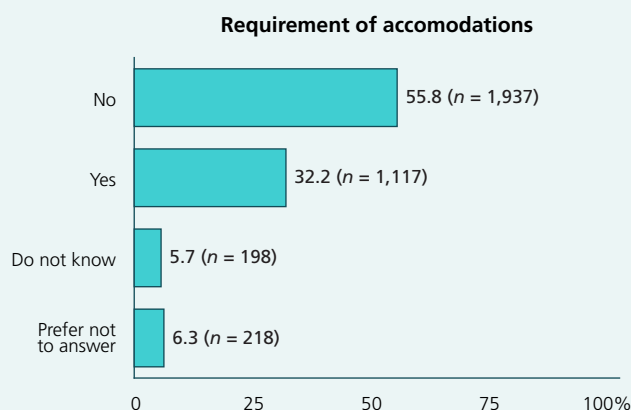
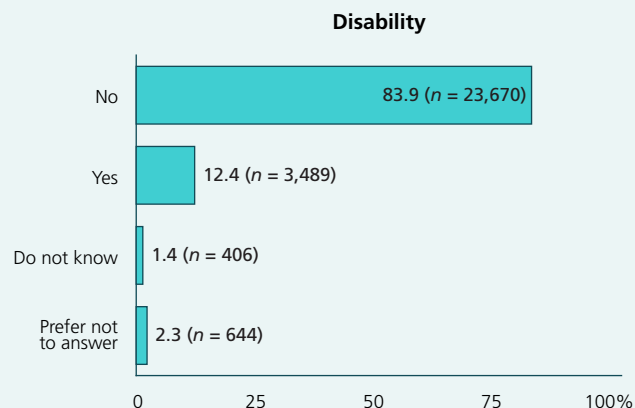
92.9% of respondents can provide nursing care competently in English, 6.5% in English and French and 0.3% in French only.



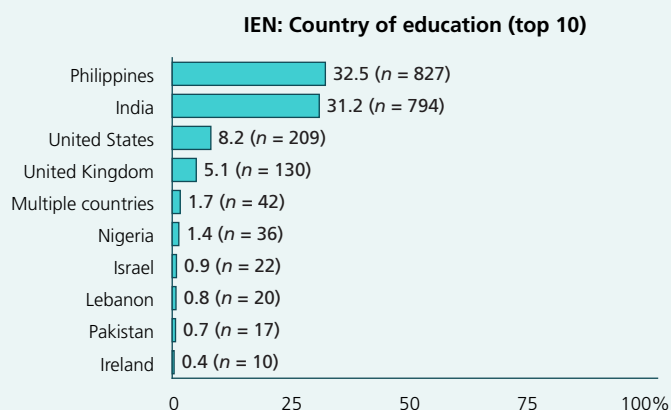
22.9% of respondents can provide nursing care competently in a language other than English or French. The top five languages were: Tagalog (22.3%), Hindi (21.1%), Punjabi (11.0%), Malayalam (10.8%) and Tamil (6.0%).



12.4% of respondents identified as having at least one disability. Within this group, 32.2% indicated they require accommodations to be able to work and, that when requested, accommodations were available *always* or *often* 39.9% of the time.



9.1% of respondents obtained their nursing education outside Canada. The top three countries of international nursing education were the Philippines (32.5%), India (31.2%) and the United States (8.2%).



Nursing Practice and Employment Results

This section summarizes the nursing practice and employment data from the census. The following set of findings came from questions asked of all respondents:

- 5.9% of respondents were in the Non-Practising Class, and 94.1% in the General or Extended class
- of respondents who are in the General or Extended Class, 92.2% were practicing in Ontario in some capacity, 1.8% were practicing outside of Ontario and 5.2% were not currently practicing nursing
- of respondents who were not currently practicing nursing, most are retired (41%)

The following set of findings came from respondents in the General or Extended Class who are currently practicing nursing. If they held multiple employment positions, they were asked to respond based on their primary one.

- 82.5% of respondents held one employment position and 17.5% held two or more positions
- for respondents' primary employer
 - 83.8% reported a permanent position and 68.1% were employed full-time
 - 68.3% of respondents were practicing as RNs, 27.2% as RPNs and 4% as NPs
 - the top three employer types were: Acute Care Hospital (46.7%), Long-Term Care Facility (12.2%) and Home and Community Care Support Services (5.3%)
 - for respondents who were self-employed or employed through a nursing/staffing agency, the top three employment settings were Nursing/Staffing agency (26.2%), Other Community (13.2%) and Acute Care Hospital (9.9%)
 - 60.7% of respondents were employed as a staff nurse
 - geriatrics was the most common primary area of practice (12.5%)
 - the top five locations of respondents' employers were Toronto (21.6%), Ottawa (8.7%), Hamilton (5.0%), London (4.0%) and Mississauga (2.6%)

Intersectional Data

This set of results compares two variables to identify if there are disproportionalities (that is, one set of variables being out of proportion with another set) across identities, or between identities and nursing practice. Here, we removed *prefer not to answer* from analyses as these responses do not provide information about individuals except a desire for non-disclosure. For data on individual questions with the full option set, please refer to the [Appendix](#). In addition, note that Indigenous identity data was not included in these findings, as they will be presented in a future report.

We applied data suppression (withheld from reporting) when there were less than 10 respondents with a combination of certain characteristics. This was done to align with [best practices](#) in data privacy given the sensitivity of the information. By reporting data with less than 10 individuals, there is a possibility that survey respondents could be re-identified. That is, someone with background knowledge could make an educated guess about who participated in the survey. Information on how suppression affects data quality is described in Box B.

Box B: How does suppression affect reporting of the remaining data?

Suppose there were 100 survey respondents who worked as an Informatics Analyst: 68 RNs, 28 RPNs and 4 NPs. We wish to report the frequency of different nurse types but suppress the NP data because there are less than 10 individuals.

Data suppression example

Before (n = 100)	After (n = 96)
68 RNs (68%)	68 RNs (71%)
28 RPNs (28%)	28 RPNs (29%)
4 NPs (4%)	NP data suppressed

After suppression, the remaining proportion of RNs and RPNs has shifted because the total is adjusted from 100 to 96.

In this report, we have marked instances of data suppression with a data quality flag to indicate that proportions were calculated with an adjusted total.

We are not presenting tests of statistical significance in our results, similar to how other [organizations](#) have reported DEI data collected from census surveys. Hypothesis testing is appropriate for making inferences from a smaller sample to the population but only when certain conditions of the data are met (Hirschauer et al., 2021). One such condition is that the data is collected via a random sample,

and our sample does not meet the condition of randomness because we invited all nurses in the General, Extended, and Non-Practising classes to participate. We also recognize that there are participation biases in our sample, which limits the generalizability of any findings from statistical testing to the population. Nevertheless, results in this section provide descriptive insights as to where differences exist between nurses’ identities.

Location of Education

Table 4. Location of education compared to demographic variables

Variable	Category	DEN	IEN
Location of Education		90.9% (n = 25,518)	9.1% (n = 2,570)
Gender identity	Another gender*	92.3% (n = 131)	7.7% (n = 11)
	Man	85.9% (n = 1,804)	14.1% (n = 296)
	Woman	91.2% (n = 23,286)	8.8% (n = 2,245)
Nurse Type	NP	96.6% (n = 967)	3.4% (n = 34)
	RN	89.5% (n = 15,122)	10.5% (n = 1,769)
	RPN	94.1% (n = 6,341)	5.9% (n = 398)
Sexual Orientation	2SLGBQ+	89.9% (n = 2,939)	10.1% (n = 329)
	Heterosexual	92.4% (n = 19,578)	7.6% (n = 1,614)
Disability	No	89.8% (n = 20,783)	10.2% (n = 2,373)
	Yes	96.4% (n = 3,325)	3.6% (n = 123)
Race	Arab, Middle Eastern or West Asian	80.5% (n = 269)	19.5% (n = 65)
	Black	91.7% (n = 1,703)	8.3% (n = 154)
	East Asian	88.8% (n = 752)	11.2% (n = 95)
	Latin American	89.9% (n = 240)	10.1% (n = 27)
	Mixed	96.2% (n = 680)	3.8% (n = 27)
	South Asian	63.1% (n = 1,444)	36.9% (n = 845)
	Southeast Asian	59.1% (n = 1,223)	40.9% (n = 848)
	White	97.7% (n = 17,701)	2.3% (n = 410)

Note: *Another gender includes transgender, which represented 0.1% of respondents.

DEN = domestically educated nurses; IEN = internationally educated nurses.

In our sample, approximately 9% of respondents were IENs and 91% were DENs. This was defined based on where members obtained their education related to their initial registration as a nurse in Ontario. Internationally educated respondents were disproportionately men and RNs. Interestingly, there was a greater proportion of IENs who identified as 2SLGBQ+. However, it should be noted that IENs in our sample also had a two-fold *prefer not to answer* (20%) rate on the sexual orientation question compared to DENs. The higher representation of 2SLGBQ+ IENs should be interpreted with caution, given the dissimilar response rates between groups.

The proportion of respondents who indicated they were IENs varied greatly across racial identities. The racial identity group with the largest proportion of IENs were Southeast Asian (for example, Filipino), and South Asian (for example, Indian), consistent with CNO application data that indicate the top two countries of education for IENs include the Philippines and India. On the other hand, domestically educated respondents were disproportionately NPs or RPNs, identified with a disability and White. As the registration of IENs continues to [increase year over year in Ontario](#), we anticipate the composition of nurses in Ontario may gradually shift based on the patterns identified here.

Employment Sector

Table 5. Employment sector compared to demographic variables

Variable	Category	Community	Hospital	Long-Term Care	Other
Employment Sector		21.9% (n = 5,297)	55.2% (n = 13,371)	14.6% (n = 3,537)	8.3% (n = 2,018)
Gender Identity	Another gender	36.2% (n = 46)	40.9% (n = 52)	11.8% (n = 15)	11.0% (n = 14)
	Man	14.1% (n = 262)	63.7% (n = 1,184)	14.6% (n = 271)	7.6% (n = 141)
	Woman	22.5% (n = 4,931)	54.6% (n = 11,981)	14.6% (n = 3,208)	8.4% (n = 1,838)
Location of Education	DEN	22.9% (n = 4,993)	54.7% (n = 11,940)	13.8% (n = 3,006)	8.7% (n = 1,893)
	IEN	12.9% (n = 277)	60.1% (n = 1,294)	21.5% (n = 463)	5.5% (n = 118)
Nurse Type	NP	51.5% (n = 481)	36.9% (n = 345)	4.0% (n = 37)	7.6% (n = 71)
	RN	21.0% (n = 3,473)	61.0% (n = 10,105)	8.4% (n = 1,389)	9.7% (n = 1,606)
	RPN	19.9% (n = 1,315)	43.7% (n = 2,888)	31.6% (n = 2,088)	4.7% (n = 313)
Race	Arab, Middle Eastern or West Asian	19.5% (n = 55)	58.2% (n = 164)	12.8% (n = 36)	9.6% (n = 27)
	Black	17.5% (n = 282)	51.1% (n = 826)	24.6% (n = 398)	6.7% (n = 109)
	East Asian	17.0% (n = 134)	63.4% (n = 499)	13.0% (n = 102)	6.6% (n = 52)
	Latin American	19.3% (n = 47)	51.6% (n = 126)	17.2% (n = 42)	11.9% (n = 29)
	Mixed	20.9% (n = 129)	58.7% (n = 362)	11.0% (n = 68)	9.4% (n = 58)
	South Asian	11.3% (n = 239)	58.2% (n = 1,230)	25.8% (n = 545)	4.8% (n = 101)
	Southeast Asian	13.3% (n = 246)	60.7% (n = 1,125)	21.1% (n = 391)	4.9% (n = 90)
	White	25.0% (n = 3,843)	54.5% (n = 8,365)	11.1% (n = 1,703)	9.4% (n = 1,440)

Nursing employment settings can be categorized into four sectors: hospital, community, long-term care (LTC) and “other” (see [Appendix](#) for a detailed breakdown). The community sector had the largest proportion of respondents who identified as another gender (for example, outside the gender binary of man and woman), and an under-representation of IENs. More than half of NPs reported working in the community sector, largely in family health teams and community health centres. Across racial identities, White respondents had proportionately the highest representation and South Asians the lowest in the community.

Hospitals were the largest employment sector, with over half of respondents reporting hospitals as their employer type. Men were disproportionately represented in hospitals, as well as IENs and RNs. East Asian respondents were proportionately most represented in hospitals, and Black respondents the least.

In LTC, IENs and RPNs are over-represented. This difference is especially prominent for RPNs as they are represented in LTC approximately four times more than RNs and eight times more than NPs. Notably, LTC had the largest representation of racialized respondents out of all employment sectors at 48%, compared to approximately 32% of respondents identifying as racialized. Long-term care had proportionately the largest presence of South Asian respondents and the smallest from White respondents.

Respondents employed in the “other” sector (for example, colleges and universities, government, associations, regulatory bodies or unions) had an under-representation of IENs and RPNs. Latin American respondents had proportionately the highest representation in the other sector, and South Asian respondents the lowest.

Exploring the intersection between identity and employment reveals a unique composition in each sector. While these results demonstrate differences, they cannot speak to why they exist. Further research is required to understand the interactions between the identity variables,

such as racial identity, nurse type and IEN status with employment sector, and to what degree these patterns reflect the work preferences of nurses, hiring preferences of employers, differentiated job demands across sectors, labour market availability, a combination thereof or other factors.

Leadership Roles

Table 6. Leadership roles compared to demographic variables

Variable	Category	Manager	Other roles
Employment Position		7.7% (n = 1,900)	92.3% (n = 22,715)
Gender Identity	Man	6.6% (n = 126)	93.4% (n = 1,775)
	Woman	7.9% (n = 1,751)	92.1% (n = 20,553)
Nurse Type	NP	1.9% (n = 19)	98.1% (n = 985)
	RN	9.2% (n = 1,545)	90.8% (n = 15,271)
	RPN	4.9% (n = 325)	95.1% (n = 6,367)
Sexual Orientation	2SLGBQ+	6.5% (n = 189)	93.5% (n = 2,729)
	Heterosexual	8.3% (n = 1,543)	91.7% (n = 16,983)
Disability	No	7.9% (n = 1,632)	92.1% (n = 18,933)
	Yes	6.8% (n = 193)	93.2% (n = 2,642)
Race	Arab, Middle Eastern or West Asian	9.0% (n = 26)	91.0% (n = 263)
	Black	5.8% (n = 96)	94.2% (n = 1,547)
	East Asian	6.2% (n = 49)	93.8% (n = 736)
	Latin American	4.9% (n = 12)	95.1% (n = 232)
	Mixed	7.9% (n = 50)	92.1% (n = 579)
	South Asian	4.3% (n = 90)	95.7% (n = 2,008)
	Southeast Asian	3.2% (n = 60)	96.8% (n = 1,814)
	White	9.1% (n = 1,420)	90.9% (n = 14,256)

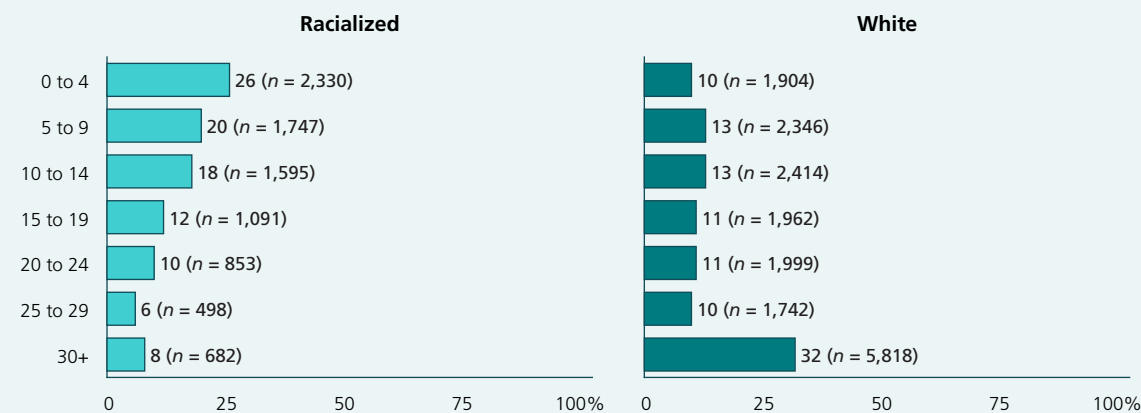
Over 7% of respondents indicated they were employed in a leadership role, defined as one of the following employment positions: Executive Leadership, Senior Manager or Middle Manager. This also included a small number of respondents who selected *other position* and described a title consistent with a leadership role. In our sample, we saw an under-representation of NPs, RPNs, respondents who identified as 2SLGBQ+ or with a disability in leadership roles.

Considerable disparities in leadership roles were observed across race. Proportionately, the greatest prevalence of leadership roles was seen in respondents who are White. This was followed closely by respondents who are Arab, Middle Eastern or West Asian; however, all other racial identities were under-represented. Southeast Asian respondents saw the lowest representation in leadership roles, approximately three times lower than the representation of White respondents.

Our data reveals that leadership roles typically are held by respondents with 10 or more years of experience. We therefore examined whether the under-representation of racialized respondents in leadership roles could be attributed to differences in years of experience. As seen in Figure 1,

the largest group of White respondents reported having 30+ years of experience whereas the largest group of racialized respondents reported being in early career, confirming that, on average, White respondents had more experience than racialized respondents in our sample.

Figure 1. Years of experience of racialized and White respondents



Given that White respondents in our sample typically had more experience, we examined the prevalence of nurses in leadership roles again, accounting for years of experience. Table 7 provides data on leadership roles in respondents with 10 to 29 years of experience, which eliminates the experience brackets where the greatest differences between racial identity and experience were found. Within the subset of mid- to senior-career nurses, the disparities we previously observed in race persist, but to a slightly lesser degree. A single exception lies for respondents of mixed race. Overall, results suggest that the lower representation of racialized respondents in leadership cannot be fully attributed to differences in experience.

Table 7. Prevalence of leadership roles by race in respondents with 10 to 29 years of experience compared to all experience brackets

Category	Race	10 to 29 Years of Experience	All Experience Brackets
Racialized Total		7.2% (n = 257)	5.0% (n = 377)
Racialized	Arab, Middle Eastern or West Asian	7.1% (n = 11)	9.2% (n = 26)
	Black	8.2% (n = 67)	5.8% (n = 94)
	East Asian	7.9% (n = 30)	6.2% (n = 48)
	Latin American	8.6% (n = 12)	4.9% (n = 12)
	Mixed	14.6% (n = 38)	8.0% (n = 50)
	South Asian	6.8% (n = 61)	4.3% (n = 89)
	Southeast Asian	4.2% (n = 38)	3.1% (n = 58)
White		11.0% (n = 797)	9.1% (n = 1,411)

Other factors may also be confounding the relationship between race and leadership roles, such as nurse type, IEN status or employment sector. Future analyses can explore these associations in more detail but are beyond the scope of this report.

Educator Roles

Table 8. Educator roles compared to demographic variables

Variable	Category	Educator/Faculty	Clinical Educator	Other Positions
Employment Position		2.0% (n = 499)	1.9% (n = 462)	96.1% (n = 23,654)
Gender identity	Man	1.2% (n = 22)	1.7% (n = 32)	97.2% (n = 1,847)
	Woman	2.1% (n = 467)	1.9% (n = 425)	96.0% (n = 21,412)
Education Location	DEN	2.1% (n = 461)	2.0% (n = 435)	96.0% (n = 21,327)
	IEN	1.7% (n = 37)	1.2% (n = 26)	97.1% (n = 2,108)
Nurse Type	NP*	1.1% (n = 11)	NA	98.9% (n = 989)
	RN	2.6% (n = 445)	2.4% (n = 406)	94.9% (n = 15,965)
	RPN	0.6% (n = 38)	0.7% (n = 50)	98.7% (n = 6,604)
Sexual Orientation	2SLGBQ+	1.6% (n = 47)	1.6% (n = 47)	96.8% (n = 2,824)
	Heterosexual	2.2% (n = 412)	2.1% (n = 386)	95.7% (n = 17,728)
Disability	No	2.0% (n = 405)	1.9% (n = 390)	96.1% (n = 19,770)
	Yes	2.6% (n = 74)	1.8% (n = 52)	95.6% (n = 2,709)
Race	Black	1.8% (n = 29)	1.3% (n = 22)	96.9% (n = 1,592)
	Mixed*	NA	1.6% (n = 10)	98.4% (n = 612)
	South Asian	1.0% (n = 21)	1.0% (n = 22)	98.0% (n = 2,055)
	Southeast Asian	0.9% (n = 16)	1.0% (n = 18)	98.2% (n = 1,840)
	White	2.4% (n = 384)	2.3% (n = 356)	95.3% (n = 14,936)

Note: *Data quality flag: NA means data has been suppressed. Data from Arab, Middle Eastern or West Asian, East Asian, and Latin American respondents were suppressed due to counts being <10 for both Educator/Faculty and Clinical Educator roles.

We next examined the identities of nursing educators, including those instructing from classrooms (Educator/Faculty), and on the floor (Clinical Educator). Only a small proportion of nurses indicated they are in educator roles, with 2% reporting an Educator/Faculty role and 1.9% indicating they are Clinical Educators. Our sample revealed that educators were disproportionately women, domestically educated, RNs, heterosexual and White. Much of the data on race were suppressed due to the counts of racialized educators being less than 10. Across the data from racialized respondents that were suppressed, the mean proportion in an educator role was 1.6%.

Like leadership roles, educator roles are more common in respondents with more experience. We re-examined the distribution of educators across racial identities of respondents with 10-29 years of experience, combining across Educator/Faculty and Clinical Educators into a single *Educator* category to offset the decrease in the sample size (Table 9). Removing the highest and lowest brackets of experience, differences in race remain again. Southeast Asian educators remained proportionately the smallest group, and White educators the largest. Future analysis can explore the interactions across other characteristics, such as nurse type.

Table 9. Prevalence of educator roles by race in respondents with 10 to 29 years of experience compared with all experience brackets

Category	Race	10 to 29 Years of Experience	All Experience Brackets
Racialized Total		2.7% (n = 111)	2.1% (n = 183)
Racialized	Arab, Middle Eastern and West Asian, Latin American or Mixed	3.3% (n = 21)	2.9% (n = 39)
	Black	3.5% (n = 33)	2.7% (n = 51)
	East Asian	2.7% (n = 11)	1.8% (n = 16)
	South Asian	2.4% (n = 24)	1.7% (n = 43)
	Southeast Asian	2.2% (n = 22)	1.6% (n = 34)
White		4.4% (n = 355)	4.0% (n = 733)

Note: Arab, Middle Eastern, and West Asian, Latin American, and mixed educators were combined for reporting purposes to avoid data suppression.

Diversity in nursing educator roles is important as it provides the opportunity for students to see themselves reflected in their mentors (Rask & Bailey, 2002). Research has previously shown that having a diverse representation of educators is associated with greater engagement and academic outcomes for diverse students (for example, Cross & Carman, 2021; Llamas et al., 2019).

Accommodations for Disability

Table 10. Frequency of receiving workplace accommodations for disabilities compared to demographic variables

Variable	Category	Mean	Count
Mean Frequency of Receiving Accommodations		3.285	1,040
Education Location	DEN	3.292	993
	IEN	3.194	36
Gender Identity	Another gender	3.000	19
	Man	3.150	60
	Woman	3.312	940
Nurse Type	NP	3.231	26
	RN	3.435	554
	RPN	3.419	227
Sexual Orientation	2SLGBQ+	3.140	193
	Heterosexual	3.358	737
Employment Sector	Community	3.425	221
	Hospital	3.551	352
	Long-Term Care	3.080	88
	Other	3.448	116
Race	Black	2.944	36
	East Asian	3.071	14
	Mixed	3.032	31
	Other*	3.294	17
	South Asian	3.167	24
	Southeast Asian	3.423	26
	White	3.342	810

Note: *Other combines three racial categories: Arab, Middle Eastern, or West Asian, Latin American and Other.

If respondents indicated that they have one or more disability and they required accommodations to be able to work, we followed up by asking about how often they received accommodations when requested. Table 10 presents the mean responses after frequencies of receiving accommodations were transformed into an ordinal scale as follows: 1 (*never*), 2 (*rarely*), 3 (*sometimes*), 4 (*often*), 5 (*always*). A larger mean value can be interpreted as a greater frequency of receiving workplace accommodations.

On average, the value of receiving accommodations was 3.285. Results indicate that respondents who were IENs, another gender or men, NPs or 2SLGBQ+ did not receive workplace accommodations as often. If a mean response of 3 is interpreted as consistently receiving accommodations sometimes, Black respondents, on average, received workplace accommodations *less* than sometimes. This finding is striking because across all other identity traits, the mean response was greater than 3.

Interestingly, differences emerged by sector as well; those who worked in LTC were least likely to receive accommodations while those in hospital were most likely. During this administration of the census, we did not collect data on type of disability, nor the nature of accommodations

requested (for example, flexibility in scheduling, modified workspace). A better understanding of these nuances will facilitate the interpretation of our findings, including how they factor into the provision of accommodations.

Not Practicing Nursing: Seeking or Not Seeking Nursing Employment

Table 11. Whether nurses not practicing nursing were seeking or not seeking nursing employment

Variable	Category	Not Seeking	Seeking
Seeking Nursing Employment		28.4% (n = 197)	71.6% (n = 496)
Gender Identity	Man	23.0% (n = 14)	77.0% (n = 47)
	Woman	28.2% (n = 174)	71.8% (n = 443)
Race	Racialized*	9.7% (n = 28)	90.3% (n = 262)
	White	43.1% (n = 154)	56.9% (n = 203)
Sexual Orientation	2SLGBQ+	23.5% (n = 24)	76.5% (n = 78)
	Heterosexual	30.6% (n = 148)	69.4% (n = 335)
Disability	No	26.8% (n = 147)	73.2% (n = 402)
	Yes	36.7% (n = 36)	63.3% (n = 62)

Note: *Due to the small pool of racialized respondents not seeking nursing employment, we could not report the data for racial identities separately.

Of respondents who were not currently practicing nursing, we followed up to ask about their nursing status. This question included response options of *retired* and *on leave*, but the focus of this comparison was between *seeking employment* and *not seeking employment*. Of those in the General or Extended class and not currently practicing, 71.6% were seeking nursing employment and 28.4% were not.

Our data revealed a large difference by racial identity; racialized respondents disproportionately reported they were seeking nursing employment compared to White respondents. The results raise additional research questions for nurses and employers. For example, what are the barriers that racialized nurses face in obtaining their desired employment and how do they differ from White nurses? Are there differences in who is applying (that is, the candidate pool) or in who is selected as the successful candidate? While [increasing the supply](#) of new nurses is a long-term priority, it is also important to understand how to reduce barriers for the existing pool of nurses seeking employment.

Conclusions

In this report, we have summarized the findings of the demographics and nursing practice data shared by more than 31,000 of Ontario's nurses.

Our analysis revealed new insights into the composition of nurses in Ontario, such as their racial and ethnic identities, and the languages in which nurses can provide care. In turn, this data will inform evidence-based approaches in CNO's regulatory work, as related to developing policies, procedures and resources.

We also found differences when we explored how nursing practice varied across nurses' identities. These differences, largely seen for respondents who are racialized, 2SLGBQ+ or with a disability, emerge as they begin their nursing education and training with fewer educators that reflect themselves and continue into the workplace with less opportunities for career progression. These findings are examples of discrimination and systemic racism in action as reported by respondents, mirroring what other organizations have found within the nursing profession in Ontario (Registered Nurses' Association of Ontario, 2022).

Box C: What is systemic racism? How is it different from discrimination?

Systemic racism refers to deeply embedded structures and values in society, reflected in policies, practices, beliefs and attitudes that result in a widespread pattern of inequitable treatment and experiences for racialized people.

Discrimination is unfair treatment due to an individual's characteristics, such as their race, ethnicity, gender identity, age, sexual orientation, religion or appearance. According to the [Ontario Human Rights Commission](#), discrimination may include stereotypical assumptions based on one's traits rather than an individual assessment of their unique capabilities and merits, which results in their exclusion, the denial of benefits or an imposed burden.

As a limitation, we must reiterate that results may not be generalizable to the entire nursing population given the response rate of 15% in combination with the participation biases in the sample. Nevertheless, the intersectional results presented in this report highlight where inequities and opportunities exist and provide direction for additional inquiry. Further research and replication of our findings will strengthen the external validity of our results.

Within CNO, data from the census will inform evidence-based, metrics-driven approaches for identifying strategic actions related to DEI. This data helps us develop strategies to address and identify barriers and ensure representation. It also provides CNO with metrics that can be used to identify DEI challenges, establish baselines and measure progress, and focus on where we can deliver meaningful change. It provides clarity around areas of under-representation related to nurses' identities and their practice which can be used to establish priorities, identify gaps and set goals. Collecting data and understanding the makeup of nurses in a wide variety of ways allows CNO to improve inclusion through policy development, recruit CNO staff and Council members that reflect Ontario's nurses and build relationships with external partners who are not currently at the table.

CNO's DEI strategy, *Inclusion for All: Nothing About Us, Without Us*, is informed by the census findings, and emphasizes engagement as a key action. As a first step towards building stronger relationships with diverse and/or internationally educated nurses, CNO will conduct focus groups to review data from the census and learn from nurses' perspectives and experiences with CNO. Census data helps us to identify key communities for our first year of outreach and will allow us to create a list of priority system partners in nursing and build an external DEI engagement strategy. The process of broadly consulting with partners centres around building trust and creating opportunities to ensure we hear all perspectives. Those shared experiences and key learnings are foundational to creating and revising CNO policies, to advance both equity and inclusion.

Central to our work is a respect for what the data tells us. It is also important that the resulting conversations clarify and ensure we are addressing barriers to equity and acknowledging best practices. The guiding principle of these partnerships is mutually beneficial relationships that create opportunities to partner and jointly address key issues. Metrics are key not only to a successful DEI strategy but to CNO's continued commitment to public protection.

The public release of the Workforce Census results is part of our commitment toward self-reflection and accountability. We have identified various inequities nurses face in Ontario, and it will require a concerted effort from all health system partners, such as government, post-secondary institutions, employers, nursing associations and unions and ourselves, to begin addressing them.

It is a collective responsibility to promote and uphold equitable experiences for nurses in their practice, and this data will enable us and our partners in the health system to galvanize dialogue and partnerships to bring forth change.



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Appendix

Part 1: Demographics

What is your current age?

Age Groups	Count	Percent
18-24	862	2.9
25-34	6,115	20.4
35-44	7,673	25.6
45-54	6,261	20.9
55-64	6,388	21.4
65-74	2,197	7.3
75+	224	0.7
Prefer not to answer	198	0.7
Total	29,918	-

How many years have you been practicing nursing, inside and outside of Ontario?

Years of Nursing Experience	Count	Percent
0 to 4 years	4,642	15.7
5 to 9 years	4,482	15.1
10 to 14 years	4,384	14.8
15 to 19 years	3,315	11.2
20 to 24 years	3,116	10.5
25 to 29 years	2,461	8.3
30+ years	7,031	23.8
Prefer not to answer	155	0.5
Total	29,586	-

Do you identify as First Nations, Inuk/Inuit and/or Métis?

Indigenous Identity	Count	Percent
First Nations, Inuk/Inuit and/or Métis	668	2.3
No	27,807	94.3
Don't know	272	0.9
Prefer not to answer	750	2.5
Total	29,497	-

Note: The survey provided options to identify separately as First Nations, Inuk/Inuit and/or Métis. Indigenous identity data will be presented in greater detail in a future report.

What is your ethnic or cultural origin(s)?

Response	Count	Percent
Canadian	14,967	47.6
Filipino	2,049	6.5
Indian	1,764	5.6
English	1,209	3.8
Irish	932	3.0
Scottish	879	2.8
French	844	2.7
Caribbean	738	2.3
Chinese	634	2.0
Dutch	611	1.9
Italian	595	1.9
German	497	1.6
African	422	1.3
Polish	411	1.3
Jamaican	346	1.1
Ukrainian	335	1.1
British	278	0.9
White	257	0.8
Portuguese	218	0.7
European	161	0.5
Nigerian	153	0.5
American	142	0.5
South Asian	124	0.4
Asian	109	0.3
Russian	108	0.3
Korean	104	0.3
Romanian	100	0.3
Jewish	96	0.3
Hungarian	95	0.3
Pakistani	89	0.3

Note: Over 280 ethnicities were represented in the dataset and the top 30 are presented here. Of respondents who answered this question, 0.1% ($n = 26$) wrote in they *prefer not to answer*, and 0.4% ($n = 102$) did not provide ethnicity data in their response. 14.6% ($n = 4,606$) of respondents that were eligible to answer this question did not provide a response.

Which race category best describes you?

Race	Count	Percent
Arab, Middle Eastern or West Asian	343	1.2
Black	1,936	6.8
East Asian	877	3.1
Latin American	271	1.0
South Asian	2,522	8.8
Southeast Asian	2,168	7.6
White	18,357	64.4
Mixed race*	725	2.5
Another race†	372	1.3
Prefer not to answer	950	3.3
Total†	28,521	-

Note: *Mixed race includes respondents who selected two or more racial identities. For example, a respondent that selected South Asian, White and Latin American would be included in the *mixed-race* category, as would a respondent who identified as Black and Indigenous.

†Data from respondents who originally indicated their racial identity was *not listed* were recoded if they provided a free-text response consistent with an existing option. Another race includes all free-text responses that were *not* recoded into an existing category, as well as respondents who identified as Indigenous.

†73 responses from the free-text data (*not listed* option) were removed from the race question as they did not provide any information about race.

Examples for each racial category are provided below:

- **Arab, Middle Eastern or West Asian:** Afghan, Armenian, Iranian, Lebanese, Persian, Turkish
- **Black:** African, African-Canadian, Afro-Caribbean, Afro-Latino
- **East Asian:** Chinese, Japanese, Korean
- **Latin American:** Brazilian, Colombian, Cuban, Mexican, Peruvian
- **South Asian:** Bangladeshi, Indian, Indo-Caribbean, Indo-Guyanese, Indo-Trinidadian, Pakistani, Sri Lankan
- **Southeast Asian:** Filipino, Malaysian, Singaporean, Thai, Vietnamese
- **White:** English, French, Greek, Italian, Portuguese, Russian, Slovakian

What best describes your gender?

Gender Identity	Count	Percent
Woman	26,206	90.8
Man	2,167	7.5
Trans woman	11	0
Trans man	17	0.1
Gender non-binary and another gender*	117	0.4
Prefer not to answer	329	1.1
Total†	28,847	-

Note: *Gender non-binary and another gender includes gender fluid, genderqueer, androgynous, gender non-confirming and other gender identities.

†Data from respondents who originally indicated their gender identity was *not listed* were recoded if they provided a free-text response of an existing option. 28 *not listed* responses were removed from reporting as they did not provide information about gender identity.

Which category or categories best describe your sexual orientation?

Sexual Orientation	Count	Percent
Asexual	1,141	4.1
Bisexual	887	3.2
Demisexual	25	0.1
Gay	331	1.2
Lesbian	179	0.6
Pansexual	113	0.4
Queer	84	0.3
Questioning or unsure	53	0.2
Same-gender loving	44	0.2
Straight/Heterosexual	21,387	76.1
Another sexual orientation	19	0.1
Don't know	174	0.6
Multiple categories	437	1.6
Prefer not to answer	3,217	11.5
Total	28,091	-

Note: Data from respondents who originally selected *another sexual orientation* were recoded if they provided a free-text response of an existing option. 52 of these responses were removed from reporting as they did not provide information about sexual orientation.

Indicate the official language(s) in which you can competently provide nursing care.

Language of Nursing Care	Count	Percent
English only	26,486	92.9
French only	78	0.3
English and French	1,863	6.5
Prefer not to answer	73	0.3
Total	28,500	-

Can you competently provide nursing care in another language?

Ability to Provide Nursing Care in Another Language	Count	Percent
No	21,602	75.0
Yes	6,597	22.9
Prefer not to answer	590	2.0
Total	28,789	-

Indicate any additional language(s) in which you can provide nursing care competently.

Response	Count	Percent
Tagalog (Pilipino, Filipino)	1,472	22.3
Hindi	1,395	21.1
Punjabi (Panjabi)	727	11.0
Malayalam	711	10.8
Tamil	393	6.0
Spanish	327	5.0
Urdu	319	4.8
Arabic	318	4.8
Mandarin	274	4.2
Ilocano	220	3.3
Cantonese	210	3.2
Russian	177	2.7
Gujarati	171	2.6
Polish	154	2.3
French	145	2.2
Italian	144	2.2
Portuguese	125	1.9
Nepali	114	1.7
Persian (Farsi)	103	1.6
Ukrainian	100	1.5
German	86	1.3
Yoruba	85	1.3
Korean	80	1.2
Romanian	77	1.2
Twi	68	1.0
Hebrew	63	1.0
Croatian	61	0.9
Swahili	57	0.9
Serbian	54	0.8
Amharic	52	0.8

Note: Over 190 languages were represented in the dataset and the top 30 languages are presented here. Of respondents who indicated they can provide nursing care in another language, 6.1% ($n = 402$) did not specify which language(s), and 2.9% ($n = 192$) selected *prefer not to answer*.

Do you identify as a person with at least one disability?

Disability	Count	Percent
No	23,670	83.9
Yes	3,489	12.4
Do not know	406	1.4
Prefer not to answer	644	2.3
Total	28,209	-

Do you require accommodations to be able to work?

Requirement of Accommodations	Count	Percent
No	1,937	55.8
Yes	1,117	32.2
Do not know	198	5.7
Prefer not to answer	218	6.3
Total	3,470	-

When you have requested them, have workplace accommodations been made available to you?

Availability of Accommodations	Count	Percent
Always	243	21.9
Often	200	18.0
Sometimes	334	30.0
Rarely	136	12.2
Never	127	11.4
Prefer not to answer	72	6.5
Total	1,112	-

Part 2: Nursing Practice and Employment

Did you graduate from an Ontario nursing program?

Graduated from ON Nursing Program	Count	Percent
No	4,339	15.3
Yes	23,893	84.1
Prefer not to answer	192	0.7
Total	28,424	-

Did you graduate from another Canadian nursing program?

Graduated from Canadian Nursing Program	Count	Percent
No	2,570	60.3
Yes	1,652	38.7
Prefer not to answer	42	1.0
Total	4,264	-

Please select the country or countries where you obtained your nursing education that enabled you to become registered as a nurse in Ontario.

Response	Count	Percent
Philippines	827	32.5
India	794	31.2
United States	209	8.2
United Kingdom	130	5.1
Multiple countries	42	1.7
Nigeria	36	1.4
Israel	22	0.9
Lebanon	20	0.8
Pakistan	17	0.7
Ireland	10	0.4
Other countries	10	0.4

Note: Data from 1.1% ($n = 29$) respondents who selected *Canada* without another country were removed. Of respondents who did not obtain their nursing education in Canada, 16.5% ($n = 424$) did not specify where they were educated.

Please indicate if you are currently registered under the General, Extended or Non-Practising class with the College.

Nursing Class	Count	Percent
General or Extended class	26,744	94.1
Non-Practising class	1,670	5.9
Total	28,414	-

Are you currently practicing nursing?

Location of Nursing Practice	Count	Percent
Yes, in Ontario	24,221	90.6
Yes, inside and outside of Ontario	430	1.6
Yes, outside of Ontario	483	1.8
No, I am not currently practicing nursing	1,385	5.2
Prefer not to answer	223	0.8
Total	26,742	-

Which of the following best describes your current nursing status?

Nursing Status if Not Practicing	Count	Percent
Not employed in nursing and not seeking nursing employment	503	16.9
Not employed in nursing and seeking work in nursing	586	19.7
On leave from nursing	409	13.7
Retired	1,219	41.0
Prefer not to answer	258	8.7
Total	2,975	-

How many nursing employment positions do you currently hold?

Number of Employment Positions Held	Count	Percent
1	20,724	82.5
2	3,705	14.8
3 or more	682	2.7
Total	25,111	-

What is your employment relationship?

Employment Relationship	Count	Percent
Casual	2,162	8.6
Permanent	20,961	83.8
Self-employed	588	2.4
Temporary	1,116	4.5
Prefer not to answer	174	0.7
Total	25,001	-

What is your employment status?

Employment Status	Count	Percent
Casual employment	2,266	9.1
Full-time employment	17,024	68.1
On leave	261	1.0
Part-time employment	5,276	21.1
Prefer not to answer	159	0.6
Total	24,986	-

Please select the title(s) under which you are practicing nursing with this employer.

Title	Count	Percent
RPN	6,805	27.2
RN	17,078	68.3
NP	1,006	4.0
Prefer not to answer	120	0.5
Total	25,009	-

Note: Respondents practicing as both RPNs and RNs were recoded as RNs.

What is your employer type?

Category	Employer Type	Count	Percent
Hospital	Acute Care Hospital	11,382	46.7
	Addiction & Mental Health Centre/Psychiatric Hospital	717	2.9
	Complex Continuing Care Hospital	490	2.0
	Rehabilitation Hospital	476	2.0
	Other Hospital	305	1.3
LTC	Long-Term Care Facility	2,974	12.2
	Retirement Home	484	2.0
	Other Long-Term Care Facility	79	0.3
Community	Blood Transfusion Centre	14	0.1
	Cancer Centre	124	0.5
	Children Treatment Centre (CTC)	13	0.1
	Community Health Centre (CHC)	500	2.1
	Community Mental Health Program	165	0.7
	Diabetes Education Centre (DEC)	38	0.2
	Family Health Team (FHT)	560	2.3
	Hospice	190	0.8
	Home and Community Care Support Services	1,289	5.3
	Nurse Practitioner-Led Clinic	69	0.3
	Nursing/Staffing Agency	400	1.6
	Physician's Office	400	1.6
	Public Health Unit/Department	885	3.6
	Remote Nursing Station	90	0.4
	Other Community	565	2.3
Other	College/University	627	2.6
	Correctional Facility	131	0.5
	Government/Association/Regulatory Body/Union	426	1.7
	Health-Related Business/Industry	355	1.5
	Industry (Not Health-Related)	51	0.2
	School	65	0.3
	Spa	21	0.1
	Telephone Health Advisory Services	52	0.2
	Other	286	1.2
Prefer not to answer	Prefer not to answer	164	0.7
Total		24,387	-

In which setting do you work the most?

Category	Employment Setting	Count	Percent
Hospital	Acute Care Hospital	97	9.9
	Other Hospital	17	1.7
LTC	Long-Term Care Facility	80	8.1
	Retirement Home and Other LTC Facility	21	2.1
Community	Client's Environment	31	3.2
	Community Health Centre (CHC)	17	1.7
	Home and Community Care Support Services	62	6.3
	Nursing/Staffing Agency	258	26.2
	Physician's Office	18	1.8
	Other Community	130	13.2
Other	College/University	19	1.9
	Health-Related Business/ Industry	72	7.3
	Industry (Not Health-Related)	11	1.1
	School	18	1.8
	Spa	14	1.4
	Other	100	10.2
Prefer not to answer	Prefer not to answer	18	1.8
Total		983	-

What is your position with this employer?

Employment Position	Count	Percent
Advanced Practice Nurse: Other	145	0.6
Advanced Practice Nurse: Clinical Nurse Specialist	234	0.9
Case Manager	859	3.5
Clinical Educator	462	1.9
Consultant	286	1.1
Educator/Faculty	499	2.0
Executive Leadership (e.g., director, VP)	432	1.7
Infection Control Nurse	151	0.6
Informatics Analyst	98	0.4
Middle Manager	976	3.9
Nurse Practitioner (NP)	904	3.6
Occupational Health Nurse	162	0.7
Office Nurse	534	2.1
Outpost Nurse	61	0.2
Owner/Entrepreneur	152	0.6
Policy Analyst	28	0.1
Public Health Nurse	693	2.8
Researcher	102	0.4
Sales/Marketing Representative	14	0.1
Senior Manager	419	1.7
Staff Nurse	15,091	60.7
Visiting Nurse	678	2.7
Volunteer	30	0.1
Other	1,605	6.5
Prefer not to answer	260	1.0
Total	24,875	-

What is your primary area of practice with this employer?

Area of Practice	Count	Percent
Acute Care	2,414	9.7
Administration	584	2.4
Cancer Care	464	1.9
Cardiac Care	507	2.0
Case Management	682	2.8
Chronic Disease Prevention/Management	280	1.1
Complex Continuing Care	648	2.6
Critical Care	1,187	4.8
Diabetes Care	163	0.7
Education	591	2.4
Emergency	1,123	4.5
Foot Care	130	0.5
Geriatrics	3,103	12.5
Infection Prevention/Control	167	0.7
Informatics	129	0.5
Maternal/Newborn	919	3.7
Medicine	1,451	5.9
Mental Health/Psychiatric/Addiction	1,531	6.2
Nephrology	452	1.8
Neurology	90	0.4
Occupational Health	209	0.8
Palliative Care	681	2.7
Pediatrics/NICU	159	0.6
Perioperative Care	894	3.6
Policy	73	0.3
Primary Care	1,698	6.8
Public Health	863	3.5
Rehabilitation	538	2.2
Sales	18	0.1
Surgery	970	3.9
Telehealth Services	96	0.4
Other	1,624	6.6
Prefer not to answer	351	1.4
Total	24,789	-

Select the geographical location of your employer.

Census Division	Census Subdivision	Count	Percent
Toronto	Toronto	5,439	21.6
Ottawa	Ottawa	2,185	8.7
Hamilton	Hamilton	1,245	5.0
Middlesex	London	1,009	4.0
Peel	Mississauga	661	2.6
Waterloo	Kitchener	493	2.0
Frontenac	Kingston	458	1.8
Simcoe	Barrie	447	1.8
Essex	Windsor	372	1.5
Peterborough	Peterborough	364	1.4
Peel	Brampton	348	1.4
Thunder Bay	Thunder Bay	336	1.3
Niagara	St. Catharines	302	1.2
Durham	Oshawa	294	1.2
Halton	Oakville	267	1.1
York	Newmarket	250	1.0
Nipissing	North Bay	239	1.0
Wellington	Guelph	232	0.9
Greater Sudbury/ Grand Sudbury	Greater Sudbury/ Grand Sudbury	231	0.9
Algoma	Sault Ste. Marie	219	0.9
Hastings	Belleville	206	0.8
Brant	Brantford	203	0.8
Chatham-Kent	Chatham-Kent	195	0.8
Lambton	Sarnia	194	0.8
Durham	Whitby	186	0.7
York	Markham	176	0.7
Halton	Burlington	164	0.7
Waterloo	Cambridge	157	0.6
Waterloo	Waterloo	157	0.6
Kawartha Lakes	Kawartha Lakes	154	0.6

Note: The top 30 geographical areas are presented. Of respondents eligible to answer this question, 4.7% ($n = 1,173$) skipped the question, and 2.1% ($n = 528$) selected *prefer not to answer*.



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