



# COUNTING ON CARE

A Survey of Internationally Educated Nurses  
Not Working as Nurses in Ontario



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## Foreword

Internationally educated nurses (IENs) in Ontario continue to face significant hurdles when they seek to obtain registration and practice nursing. The existing shortage of health care personnel in Ontario is substantial, driven by factors such as attrition, mandated staffing levels in long-term care facilities, the growing complexity of providing patient care, and expanding staffing needs across various sectors. The aspiration of practicing nursing in Ontario remains distant for many IENs, hindered by a costly and occasionally disheartening journey.

As an IEN myself, I have traveled this journey and supported many others on theirs. When I first arrived in Canada, I couldn't get work as a personal support worker (PSW), as I didn't have the proper certification. Years later, after I had obtained registration as an RN in Ontario, I became the Director of Care at the same long-term care facility that couldn't hire me as a PSW. Today, I am Associate Director of Clinical and Support Services with Niagara Region.

The findings of this survey suggest that a significant number of IENs in Ontario have not yet begun the registration process, and that their skills and experience aren't being fully utilized. Support for IENs tends to be more readily available in the later stages of the registration process. And we see gaps in assistance throughout the journey for critical needs, such as childcare, transportation, and assessment and registration fees. Across the health care sector, I've observed a shortage of technical and financial support for employers who seek to foster workplace integration of IENs. Long-term solutions must be based on a comprehensive approach to support, addressing the needs of IENs at every stage to ensure a smoother transition into the workforce. The results of this report provide evidence to support a focus on those IENs who have not yet even begun the journey.



### **Paolo Varias, RN, GNC(c), MSc**

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We are grateful to the partners who helped to distribute the survey to their networks, clients, and students:

- AdvantAge Ontario
- Canadian Black Nurses Alliance (CBNA)
- CARE Centre for Internationally Educated Nurses
- Council of Ontario Universities (COU)
- Ontario Health
- Collège Boréal
- National Newcomer Navigation Network (N4)
- Ontario Council of Agencies Serving Immigrants (OCASI)
- Ontario Hospital Association (OHA)
- Ontario Long-Term Care Association (OLTCA)
- Ontario Personal Support Worker Association (OPSWA)
- SEIU Healthcare
- Touchstone Institute
- Trillium Health Partners (THP)
- VHA Home HealthCare
- Windmill Microlending

Finally, we appreciate the many hundreds of IENs who took the time to respond to the survey, including Anas Abidrabbu, Navneet Kaur, Roan Joy Sta. Ana, and an IEN who chose to remain anonymous, for generously sharing their personal stories to illuminate the data in this report.

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# Executive Summary

**“Counting on Care: A Survey of Internationally Educated Nurses Not Working as Nurses in Ontario”** describes the registration status and experiences, employment situations, and skills utilization levels of 758 IENs not currently working as nurses in the province.

Internationally educated nurses (IENs) play a critical role in strengthening the health care workforce in Ontario. In recent years, stakeholders in the province have successfully pushed for numerous policies and programmatic interventions that seek to support IENs. However, a lack of accurate, timely, health workforce data makes it difficult to effectively design targeted supports that reach the entire population of potential beneficiaries. Data gaps and fragmentation in the health human resource data landscape also make it challenging to fully capture the impact of recent policies and programs designed to streamline pathways to practice for IENs in Ontario. Moreover, these data gaps render it virtually impossible to effectively count and track the inflow, stock, and outflow of nurses who arrive in Canada via both temporary and permanent immigration pathways.

World Education Services (WES) has examined data gaps affecting internationally educated health professionals (IEHPs) before. In 2022, we published a **policy brief** examining how different bodies collect, report, and aggregate data on IEHPs.

What we found was a data landscape that makes it “nearly impossible to ascertain just how many IEHPs are in the country, how many are practicing in their intended professions, how many are attempting to re-enter their professions, or the extent to which downward mobility and de-skilling are happening because of skill underutilization.” The policy brief went on to recommend that all stakeholders seek to address the data gaps that impede the development of more effective planning and policy measures that would “accelerate the entry of IEHPs into [the Canadian] health workforce and allow Canada to retain the skilled health professionals choosing to make this country home.”

In the fall of 2023, in an effort to contribute to addressing this gap and establishing a more accurate picture, WES surveyed a population of Ontario-based IENs who were not working as nurses. *Counting on Care: A Survey of Internationally Educated Nurses Not Working as Nurses in Ontario* describes the results of this survey and their implications. The report provides descriptive statistics about registration, employment, and nursing skills utilization for 758 IENs not currently working as nurses in Ontario.

One of the most striking findings is that 50 percent of IENs surveyed had not yet begun the registration process in Ontario, but intended to. Several of the top factors affecting their journey towards registration include financial barriers, as well as the length of time and lack of clarity around the registration process. There is a lack of data on how many, or what proportion of IENs, have not begun the registration process, and this study’s findings suggest that this population in Ontario may be large. Understanding their challenges is key to unlocking a much-needed talent pool of individuals who have the skills and training needed to address ongoing health sector challenges in the province.

“

*I was a vice-principal of a nursing college in India, but here I found that no one was accepting of me because I didn't have any knowledge of the health care system in this country. I have done many other jobs — I worked in a Tim Hortons, I worked in a car wash, and this was very challenging for me. I didn't get very good guidance when I first arrived, otherwise, by now, I would probably be a Registered Nurse.”*

**Navneet Kaur, IEN from India**

Ontarians have both ethical and socioeconomic imperatives to ensure that internationally trained health care workers, many of whom are actively recruited from abroad, can become licensed efficiently, re-enter their professions, and strengthen our province's health care system. Going forward, multi-stakeholder collaboration will be necessary to continue to meaningfully improve on the fragmented data landscape in the province and throughout the country.

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## Key Findings

- **50%** of IENs surveyed had not yet begun the registration process in Ontario, but intended to apply.
- **79%** are working in alternative employment in the health care sector in non-nursing/allied health roles as nurse aides, personal support workers, dietary aides, medical or lab technicians, pharmacy assistants, and other allied health roles.
- **21%** are not working in the health care sector.
- **88%** of respondents are actively pursuing or planning to pursue professional registration.
- **6%** do not intend to pursue registration or re-enter the nursing profession in Ontario. Key deterrents include lack of clarity around the registration process and concern that the process takes too long.
- **19%** say their current job doesn't make use of any of their nursing skills or experience.

# Introduction and Context

Canada is one of many countries globally that are facing a shortage of skilled health care workers, and Ontario is among the Canadian provinces actively recruiting health care workers from overseas through a range of pathways, including the **Ontario Immigrant Nominee Program**. According to the **Ontario Nurses' Association**, the province would need to hire over 24,000 registered nurses (RNs) to meet the national average. In this context, IENs play a critical role in strengthening and sustaining the province's nursing workforce.

Numerous initiatives have been introduced in recent years to facilitate the professional registration and employment of IENs in Ontario. The number of newly registered IENs in the province **tripled** between 2020 and 2022 (from 1,609 in 2020 to 5,125 in 2022), indicating that these initiatives have had an immediate and positive impact.<sup>1</sup> At the same time, we know that many IENs living in the province continue to face barriers that impede the transition back to nursing, including lengthy timelines, prohibitive fees for exams and licensing, and confusing or contradictory information about pathways to practice, which contributes to underemployment and skills underutilization.

## FRAGMENTED DATA LANDSCAPE AND INCOMPLETE DATA

While many government and non-government agencies collect various pieces of data, there are significant gaps in data on IEHPs, including IENs.<sup>2</sup> As a result, the full extent of underemployment and underutilization is virtually impossible to capture. Taken together, gaps in data collection and varying approaches to data collection, combined with partial or ad hoc data linkages, mean that a significant number of IENs may be missed in existing data counts. As a result, we can't say with certainty how many IENs are living in Ontario, or throughout Canada.

We know that IENs play a critical role in sustaining the nursing workforce in Ontario, which (as of January 2024) totaled 188,461 registrants in general and extended classes of nurse registration.<sup>3</sup>

- In 2023, according to **data** from the College of Nurses of Ontario (CNO), roughly 15.1 percent of all registered nurses in Ontario obtained their training abroad (including the United States).
- As of January 2024, 61.3 percent of active applicants without current registration with CNO are IENs (7,855 out of 12,804).
- We also know that hundreds of IENs have become permanent residents in Ontario in recent years. From 2020 to 2023, IRCC **data** show that approximately 1,405 new permanent residents declared their intended occupation as RN or RPN in Ontario.

What we don't know, however, is the total number of IENs who have arrived in Canada — or in Ontario — through temporary or permanent immigration streams and who have yet to begin the registration process and re-enter nursing.

1. These include the **Supervised Practice Experience Partnership** (SPEP) program, which provides opportunities to meet outstanding registration requirements through supervised practice, **financial supports** for exams and registration fees, and **regulatory modernization** initiatives from the College of Nurses of Ontario (CNO) that aim to streamline processes for IENs.

2. Many of these gaps are outlined in the WES policy brief "**Addressing the Underutilization of IEHPs in Canada: What the Data Does and Doesn't Tell Us**."

3. This includes Registered Nurse (RN) General, Registered Practical Nurse (RPN) General, RN Extended (Nurse Practitioner), and Dual RN/RPN.

For example, while Immigration, Refugees and Citizenship Canada (IRCC) collects information on “field of study” (i.e., which field(s) individuals have trained in abroad) and “intended occupation” for permanent residents, this same data are not systematically collected for all temporary immigration streams, including caregivers and international students. IRCC data are not systematically linked to data collected by provincial nursing regulators (including CNO) nor to data collected by non-governmental agencies (e.g., the Canadian Institute for Health Information), which collect information on IENs who have begun or completed the nursing registration process. Other government, academic, and community-based agencies also collect and report on data on IENs, including HealthForce Ontario. The Longitudinal Immigration Database (IMDB), the Canadian Census of Population (conducted every five years), and Statistics Canada’s Labour Force Survey are other important sources of information on immigrants in health care occupations. However, as noted by **Harun and Walton-Roberts**, “there is no universal registry of health workers in Canada recording stock, demand, and supply.”

Available data suggest significant underutilization of internationally obtained nursing education and training. That same education and training is unaccounted for in the labour market. **Statistics Canada** data from 2021 showed that 25 percent of recent immigrants working as nurse aides, orderlies, and patient service associates hold at least a bachelor’s degree; of these, 69 percent hold a nursing degree (**Statistics Canada** 2020). More recently, a 2023 **Statistics Canada** study showed that roughly 1 in 5 IEHPs (21 percent) who had studied nursing were employed as nurse aides, orderlies, and patient service associates.

This level of skills underutilization and underemployment represents a lose-lose situation. IENs face personal and professional hardships. Health systems, meanwhile, are missing out on valuable training and experience. Policies and programmatic interventions developed to support IENs must be based on recent, accurate health workforce data; however, at present, the landscape is fragmented to the point where this is not possible.



## About This Study

To provide context to this fragmented landscape of data and research on IENs in Ontario, this study describes the registration status and experiences, employment situations, and skills utilization levels of 758 IENs not currently working as nurses in the province. To date, timely, accessible, and comprehensive data are not available on this subgroup of IENs who have not begun the registration process but who still intend to apply, nor on IENs who are no longer pursuing registration.

In the absence of sufficient population estimates of IENs in the province, there is no way of knowing how representative any sample of this group might be. This study aimed for as large a target sample as possible. The study aimed to provide quality, descriptive statistics on IENs, and information about any significant relationships between factors affecting registration, employment, and skills use from within this group. The survey was distributed through a range of partners, including health care employers and associations, community-based groups, unions, and more (see [Appendix A: Methods](#)).

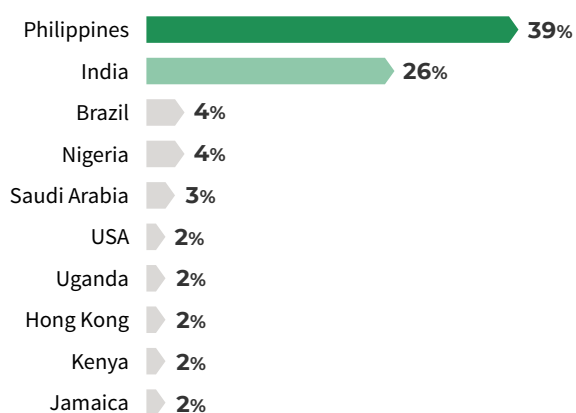
The results of this study are exploratory and illuminate the experiences of many underutilized IENs who may be missed in existing data counts. The overall sample provides a clear snapshot of a broad group of IENs not working as nurses, including country (or countries) of training, registration status, employment status, factors affecting progress towards professional registration, and more.

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## Profile of Respondents

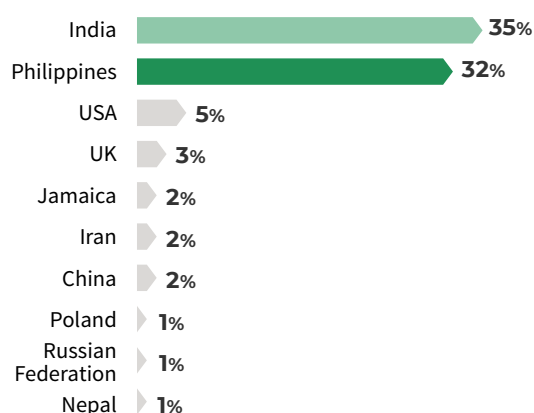
Sixty-five (65) percent of survey respondents (i.e., IENs not currently working as nurses) are from either the Philippines or India. These findings are consistent with the population of registered IENs in Ontario, where over two-thirds (66.8 percent) are from either the Philippines or India. A 2020 analysis showed that in Ontario, the number of registered IENs from India grew at a **faster** rate than the number of IENs from the Philippines between 2011 and 2020.

**Figure 1: Top Countries of Training<sup>4</sup>**  
IENs not Currently Working as Nurses in Ontario



4. This figure displays multiple choice responses out of a total number of respondents to the question, 758.

**Figure 2: CNO Data**  
Top Countries of Origin of Registered IEN Members



**Source:** 2022 Fair Registration Practices Report, College of Nurses of Ontario.

Of survey respondents, 87 percent of IENs who trained in Gulf states (including the Kingdom of Saudi Arabia, the United Arab Emirates, and the Kingdom of Bahrain) also trained in the Philippines. This finding is consistent with what we know about migration patterns of IENs from the Philippines working in Gulf states, and reflects the well-recognized “pull” **factors** that attract internationally trained health professionals, including nurses, to train and work in these states.

IENs who have trained in Brazil, Hong Kong, Nigeria, Saudi Arabia, and Uganda are not reflected in CNO data on top countries of training for registered IENs, whereas IENs from these countries are reflected in the top 10 countries of IENs not working as nurses in the current survey, representing 15 percent of responses. This finding suggests that IENs from these countries may be less likely to immediately pursue registration, or they may face additional or unique barriers to registration in the province. There is an opportunity to consider policies and programmatic interventions directed at IENs who have trained in these countries.



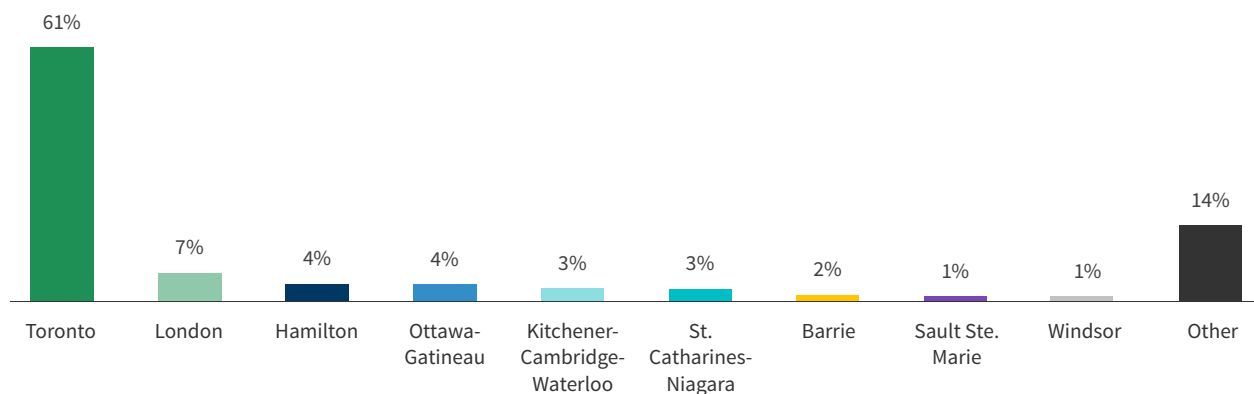
*I first worked in a private hospital in Jeddah, and then from 2007 to 2010 I worked in Singapore in the British Military Hospital. After, when I returned to Saudi Arabia, they assigned me to work with the royal family. I really enjoyed working there, because the medical care for that team was based on the system in the U.K., and I worked with doctors and nurses from the U.K. and the U.S., which was a positive experience.”*

**Roan Joy Sta. Ana,  
IEN from the Philippines**

### PLACE OF RESIDENCE IN ONTARIO

The majority (61 percent) of respondents live in the Toronto Census Metropolitan Area (CMA), which includes the city of Toronto and the regional municipalities of Durham, Halton, Peel, and York.

**Figure 3: Place of Residence**  
(Census Metropolitan Areas)  
IENs not currently working as nurses in Ontario



These findings align with an **analysis** by Harun and Walton-Roberts, which showed that in 2020, roughly 80 percent (79.9 percent) of registered IENs were practicing in just 6 of the 14 **Local Health Integration Networks (LHINs)** concentrated in the **Greater Toronto and Hamilton Area**.<sup>5</sup>

Only 3 percent of respondents were living in rural regions, suggesting that the vast majority of IENs not working as nurses are living in major urban centres. These findings are unsurprising and in line with general immigration trends that see new immigrants settle in larger urban centres. The challenge of recruitment and retention of health care professionals in rural and remote regions is well-recognized

5. Hamilton Niagara Haldimand Brant LHIN, Central West LHIN, Mississauga Halton LHIN, Toronto Central LHIN, Central LHIN, and Central East LHIN

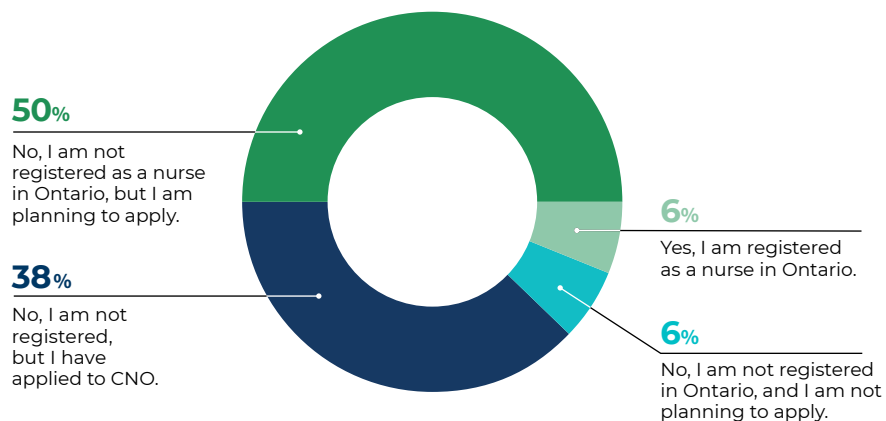
throughout Ontario and Canada, and whole-of-community approaches to supporting long-term attraction of IENs to smaller communities or rural regions should be a key consideration for decision-makers in the province.

## NURSE REGISTRATION STATUS AND INTENTIONS REGARDING PURSUING REGISTRATION IN ONTARIO

The survey asked respondents whether they were registered with CNO and, if not, whether they intended to pursue registration or not. Significantly, 50 percent of respondents had not yet begun the registration process with CNO but intended to apply; 38 percent indicated that they had already applied to CNO but hadn't finished the registration process, and 6 percent of respondents indicated that they had no intention of pursuing registration in the province.

**50%**  
of IENs in our sample had not yet begun the registration process with CNO but intended to apply.

Figure 4: Nurse Registration/Application Status



It's interesting to note that in our sample, 6 percent of IENs (49) were already registered with CNO but not practicing as nurses. A fifth (16 percent) of IENs registered with CNO were also registered in another province, compared to only 5 percent of IENs who were not registered with CNO.

The relationship between nurse registration in another province and nurse registration in Ontario is important to consider in the context of significant fragmentation in the regulatory landscape between Canadian provinces and an environment of competition among provinces to attract and retain skilled health care workers. In July 2023, the Ontario Government approved **legislation**<sup>6</sup> to improve inter-jurisdictional mobility for registered health care professionals, including nurses, by enabling them to become registered more quickly in the province; however, the long-term impact of this legislation remains to be seen. While only representing a small proportion of overall respondents, this finding suggests that IENs already registered as nurses in another Canadian province are more likely to already be registered in Ontario than IENs without active registration in another province.

“  
Last week, I heard that I got eligibility from the nursing college in Alberta. I'm planning to follow up on that because I don't want to do anything else. I'm very passionate about my profession, and I don't want to have to work in another field.”

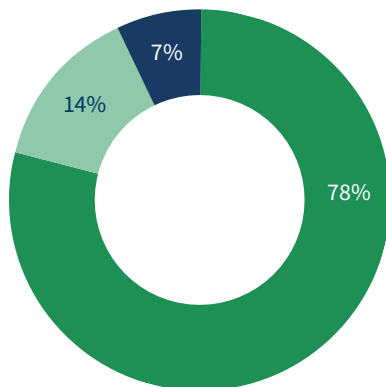
**Navneet Kaur, IEN from India**

6. Ontario - Bill 60, Your Health Act, 2023.

## EMPLOYMENT

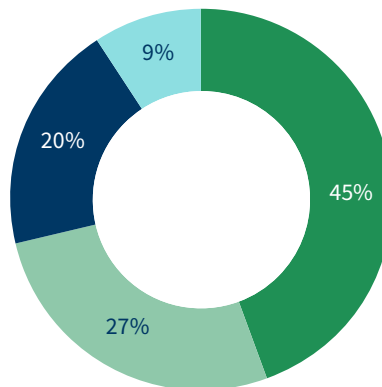
The survey asked respondents about their employment status, whether they were employed in the health care sector, what kind of job they held if not, and the extent to which they perceived that their current employment was making use of their nursing skills and training.

**Figure 5:**  
78% of IEN respondents were **employed**



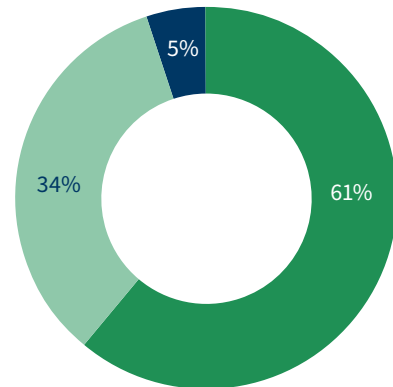
- Employed
- Unemployed
- Not in labour force

**Figure 6:**  
Most respondents **not in the labour force** were pursuing higher education (45%)



- Pursuing higher education
- Not authorized to work in Canada
- Unemployed and not looking for work
- Retired

**Figure 7:**  
A **majority** (61%) of employed IENs were **working full time**



- Full time
- Part time, casual
- Unknown

Overall, 34 percent of employed respondents were part-time or casual, and 61 percent were employed full-time. (See Figure 7). Of the 78 percent who indicated that they were employed (n=595), the majority (79 percent) were employed in the health care sector in a non-nursing health care role, including as nurse aides, personal support workers, dietary aides, medical or lab technicians, pharmacy assistants, and other allied health roles. (See Figure 8).

**Figure 8: Sector of Employment**

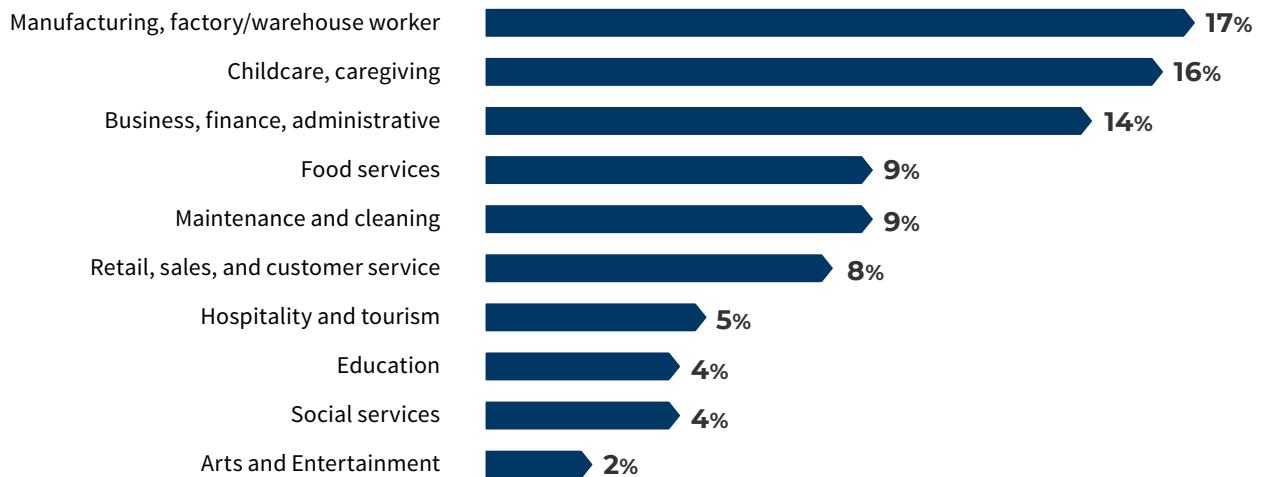


**79%**  
I work in a non-nursing health care role

**21%**  
I do not work in the health care sector

Of employed IENs, 21 percent indicated that their employment was not in the health care sector at all. (See Figure 8, previous page). The top sectors for non-health occupations included manufacturing, factory, or warehouse work; childcare or caregiving; business, financial, and administrative occupations; and food services.

**Figure 9: Top Sectors of Employment**  
IENs Working Outside of the Health Care Sector



A higher percentage of IENs working in jobs outside of the health care sector were employed full-time (76 percent) as compared to IENs working in non-nursing roles in the health care sector (62 percent) (not shown).

Of IENs working in non-nursing roles in the health care sector, 38 percent were working only part-time (not shown). It is possible that many of those working part-time were doing so in order to manage other commitments, such as family and childcare, or to ensure sufficient time to prepare for processes related to immigration or professional registration. However, it's also possible that some of this group were willing and able to work full-time but remained underemployed. This finding speaks to the nature of the kinds of roles that IENs working in the health care sector in Ontario are in and, as part-time work tends to generate lower income than full-time work, it may contribute to why we see “finances” as a recurring barrier to IEN registration. There is an opportunity for decision-makers to consider the relationship between part-time employment in the health sector, financial precarity, and the necessary policy interventions that can help move more IENs back into nursing in the province.

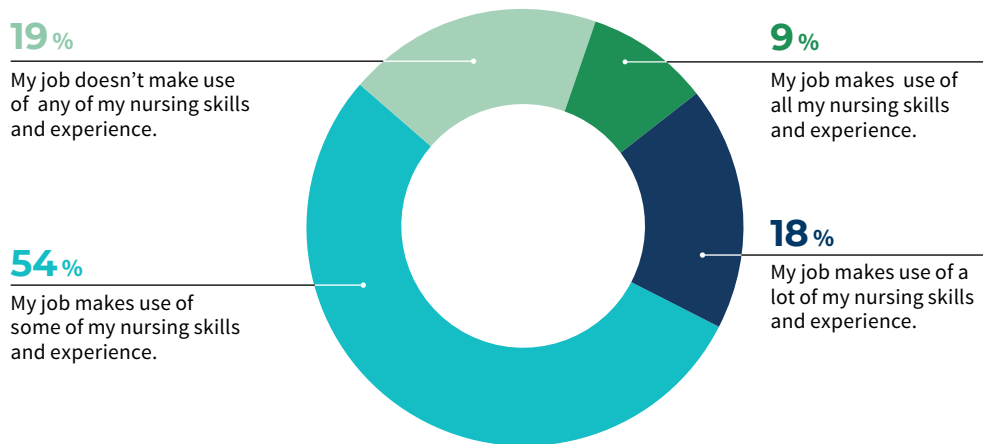
Fourteen (14) percent of respondents to our survey (107) indicated that they were unemployed but actively looking for work, and 7 percent (56) indicated that they were not in the labour market. (See Figure 5). Of those not in the labour market, nearly half were pursuing higher education (45 percent), and over a quarter (27 percent) responded that they were not authorized to work in Canada. (See Figure 6).

“

*I arrived in 2019 as a visitor. Then, there was a delay in late 2021, at which point I wasn't able to extend my visitor visa, and I didn't have status at that time... I got my work permit in 2022 through the Caregiver stream. I'm still working as a nanny now.”*

**Roan Joy Sta. Ana,**  
IEN from the  
Philippines

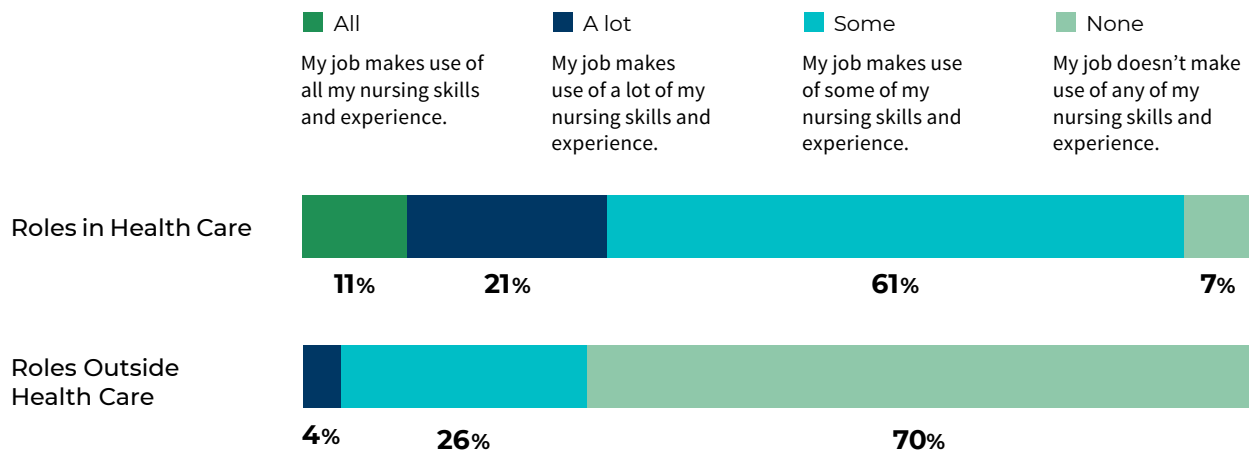
**Figure 10: Nursing Skills Utilization**



Overall, 27 percent of respondents indicated that their current job makes use of **all** or **a lot** of their nursing skills and experience (see Figure 10), while 54 percent indicated that their current job makes use of **some of** their nursing skills and experience. Nineteen (19) percent of employed respondents indicated that their current job doesn't make use of any of their nursing skills and experience.

Of IENs **working in the health care sector**, 7 percent responded that their roles don't make use of any of their nursing skills or experience (see Figure 11), while 72 percent reported that their roles use some or a lot of their nursing skills and experience. Eleven (11) percent of IENs working in non-nursing roles in the health care sector reported that their current job makes use of all of their nursing skills and experience. This tells us that at least 1 in 10 IENs working in the health care sector (but not in nursing roles) perceives that they are employed in roles that allow them to apply a significant amount of their nurse training and experience.

**Figure 11: Self-Reported Nursing Skills Use**



Unsurprisingly, 96 percent of IENs working **outside of the health care sector** reported that their jobs make use of only some or none of their nursing skills and training. (See Figure 11). However, IENs working in jobs outside of the health care sector were more likely to be full-time than those working in the health care sector.

## FACTORS AFFECTING PROFESSIONAL REGISTRATION AS A NURSE

Overall, IENs not working as nurses experienced many similar factors influencing their registration status and intentions, with some slight variations. Figure 13 shows respondents' factors affecting their registration status, based on their status and intentions to register.<sup>7</sup>

**Figure 13: Factors Affecting Professional Registration of IENs by their Registration Status & Intentions**

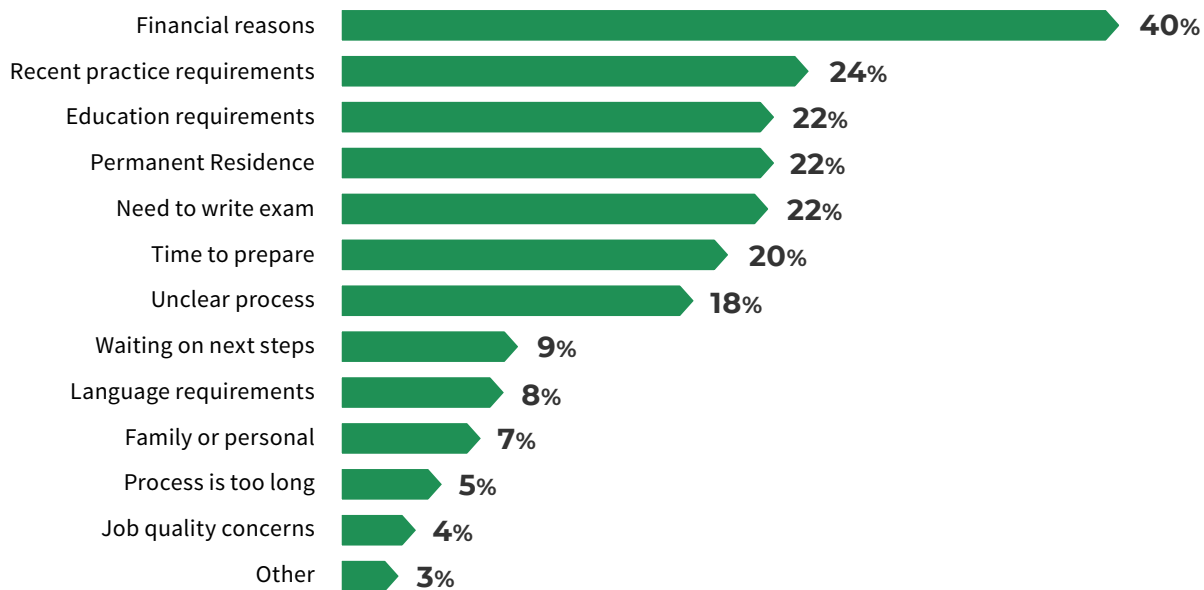
	Applied	Planning to apply	Not planning to apply
	“Which factors are preventing you from completing your nurse registration with CNO?”	“Why haven't you applied to CNO for nurse registration yet?”	“Why have you decided not to pursue registration as a nurse in Ontario?”
Financial	<b>12%</b>	<b>27%</b>	<b>13%</b>
Unclear process	<b>0%</b>	<b>14%</b>	<b>28%</b>
Time to prepare	<b>8%</b>	<b>10%</b>	<b>12%</b>
Recent practice requirements	<b>15%</b>	<b>10%</b>	<b>0%</b>
Need to write exam	<b>25%</b>	<b>0%</b>	<b>0%</b>
Process is too long	<b>0%</b>	<b>2%</b>	<b>22%</b>
Education requirements	<b>17%</b>	<b>7%</b>	<b>0%</b>
Permanent Residence	<b>7%</b>	<b>16%</b>	<b>0%</b>
Family or personal	<b>3%</b>	<b>3%</b>	<b>10%</b>
Job quality concerns	<b>0%</b>	<b>2%</b>	<b>10%</b>
Waiting on next steps	<b>5%</b>	<b>5%</b>	<b>0%</b>
Language requirements	<b>6%</b>	<b>3%</b>	<b>0%</b>
Other	<b>1%</b>	<b>1%</b>	<b>6%</b>

7. Please see Appendix B, Figure 19 for a legend of the variable names and their associated survey options. Respondents were given different response options based on their registration status and intentions. Results are shown aggregated by factor type. In some cases, respondents used the Other option to specify responses that matched factors given to other respondent sub-groups, and were coded to match.

Overall, IENs not working as nurses most frequently reported the following five factors as affecting their journey towards professional registration. (See Figure 14: Factors Affecting Registration for Unregistered IENs in Ontario):

1. Financial reasons (e.g., lack of funds for exam, application fees, etc. (40 percent of respondents)
2. Needing to meet the requirements for evidence of recent practice (24 percent)
3. Needing Permanent Residence status in Canada (22 percent)
4. Needing to meet the education requirements (22 percent)
5. Needing to write the registration exam (22 percent)

**Figure 14: Factors Affecting Registration for Unregistered IENs in Ontario\***



\*Figure displays multiple choice answers by respondents, so percentages do not add to 100.

Within this overall picture, 1 in 4 IENs who **had already applied for professional registration** (but had not yet completed the process) indicated that they had yet to write the registration exam. It is interesting to compare this finding with results of **a survey** by CNO in September 2022, which asked IEN applicants who were eligible to write the registration exam, but had not attempted to, or who attempted to write the exam but failed, about key barriers preventing them from writing or re-writing the exam. The CNO survey results showed that 22 percent of 1,282 respondents said that “finances” were a factor preventing them from writing the exam.

### **Financial considerations as a barrier to nurse registration**

“Financial reasons” appears as a top factor influencing the registration process (for IENs who have already begun the registration process) in both surveys. This suggests that more assistance is needed to support IENs who are near to completing the registration process to offset fees associated with exams, applications, document verification, and licensing. The **recent initiative** of HealthForceOntario to temporarily reimburse IENs for registration and exam fees addresses this financial barrier. However, the measure is temporary to the end of March 2024, and involves an additional application and extra paperwork for IENs to qualify. In early 2023, the province of British Columbia **announced** that it would cover nursing application and assessment fees up-front for IENs in the province, which can add up to \$3,700. Stakeholders in Ontario should consider ways in which fees can be covered up-front to further reduce this barrier for IENs.



### Education requirements for nurse registration in Ontario

Nearly 1 in 5 IENs (17 percent) who had already applied for, but had not completed, the registration process noted that they did not meet the education requirement for nurse registration in Ontario. This is significant to consider in relation to a recently proposed **regulatory amendment** by CNO to the Nursing Act, 1991, which, if approved, would remove the requirement that IEN education be assessed for equivalency to a nurse education program completed in Ontario or Canada. This finding suggests that such an amendment may affect a significant proportion of IENs pursuing registration in the province, enabling those with recognized or approved nursing education in their jurisdiction of training to immediately write the registration exam. A decision on this regulatory amendment is set to be made in the spring of 2024.

### Factors influencing registration for those who haven't yet applied

IENs who were planning to apply for registration were more likely than any other group to experience financial barriers to registration: 27 percent compared with 12 percent of those who had applied and 13 percent of those who didn't plan to apply (See Figure 13). This is interesting to consider in light of the fact that this category of respondents is significantly more likely to be employed than other categories of respondents; 81% reported that they were employed, compared with 79 percent who weren't registered, but had applied, and 77 percent who weren't registered and weren't planning to apply.

IENs planning to apply for registration were also much more likely to report that not having permanent resident status was a factor affecting their decision to apply for nurse registration: 16 percent, compared with 7 percent of those who had applied and 0 percent of those not planning to. Limitations can arise due to restrictive work permits for temporary residents, which may prevent IENs from working in health care and retaining clinical or nursing skills.

IENs who were **not planning to apply** responded that the perceived length of time and lack of clarity around the registration process were top factors influencing their decision-making. Twenty-eight (28) percent reported that a lack of clarity with the process was a factor compared with 0 percent of those who had applied and 14 percent of those planning to; 22 percent reported that the registration process takes too much time, compared to 0–2 percent of those who had applied or were planning to. This group was also more likely to cite job quality concerns (10 percent) and family or personal issues (10 percent), compared with under 3 percent of other unregistered IENs for either issue.

“

*A significant problem appeared after I had applied to a clinic and secured an interview. I discovered that my work permit from IRCC imposed a condition that prevented me from working in the health care field, despite having a background in nursing. I had to decline the interview and proceed to amend my permit conditions, which took about 4 months.”*

**Anonymous, IEN from Hong Kong**

“

*If I had the choice to return to nursing, I would not work as a regular duty, registered nurse. Maybe I would go into a more administrative or technical role based on my experience in health informatics, risk management, and quality assurance. But I don't want to repeat the process to qualify. The process is lengthy, and I don't think it's worth it, to be honest. Especially when I compare the income that I would make in nursing as compared to another career. It's not worth it.”*

**Anas Abidrabbu, IEN from Jordan**

## Policy Implications

- This study has shown that **skills underutilization persists for IENs in Ontario**. The finding that over 50 percent of the respondents in our sample had not yet begun the registration process suggests that there may be significant numbers, potentially thousands, of IENs in the province who aren't accounted for in existing databases, and whose nursing skills and experience may be going unrecognized and underutilized.
- 
- This study has also shown that while a small proportion of IENs are working outside of the health care sector and have no intention of returning to the nursing workforce, **the majority are either actively pursuing registration or planning to do so in order to return to their chosen careers**, often working in alternative employment in the health care sector in non-nursing or allied health roles.
- 
- A significant proportion of IENs not currently working as nurses are employed in non-nursing roles in the health sector, including nurse aides, PSWs, dietary aides, medical or lab technicians, pharmacy assistants, and others. These findings underscore the **critical role of health sector employers** in identifying IENs within their organizations, who are already working in the health care sector and who may require targeted supports to pursue registration and bridge back into nursing in Ontario.
- 
- An increasing number of IEHPs are being invited to immigrate through the Ontario Immigrant Nominee Program and category-based selection through Express Entry. System stakeholders must ensure that IENs and other skilled professionals in regulated occupations are directly and quickly **connected to accreditation and licensing bodies and to necessary supports**, and that they have access to clear information to guide their decision-making.
- 
- This study has also shown that there is a clear need to **reduce complexity** in the system and **support easier navigation** for IENs, those who are already in the province and pursuing (or planning to pursue) registration, as well as IENs who may be considering Ontario as a place to live and work. Information provision for IENs is complex, confusing, and sometimes contradictory. In its **report** *An Immigration System for Canada's Future*, IRCC acknowledges that the system of immigration is “overly complex,” and that more needs to be done to provide clear information to allow newcomers to navigate the system and make informed decisions. Fragmentation in the regulatory landscape between Canadian provinces contributes to additional complexity and may be deterring IENs from considering Canada as a destination for immigration or preventing them from remaining and working in Canada in the long term.

- At present, Canadian provinces lack **comprehensive health workforce data strategies** that include IENs arriving in Canada as both temporary and permanent residents. Coordinated health workforce data strategies, including those being led by the Canadian Health Workforce Network, the Canadian Institute for Health Information, and Health Workforce Canada, must ensure that IEHPs are considered a key component of Canada’s health workforce. Ongoing collaboration between all system stakeholders, including government, employers, regulators, IENs themselves, post-secondary institutions, community-based organizations, and others, is essential to continuing to make meaningful progress on this problem.

- 
- Finally, stakeholders in Ontario and at the federal level have a **commitment to upholding principles of ethical recruitment** outlined in the **World Health Organization Global Code of Practice on the International Recruitment of Health Personnel**. As overseas recruitment efforts continue, more needs to be done to ensure that IENs already in the province are supported in their efforts to pursue registration and nursing practice. Comprehensive, disaggregated health workforce data are a critical component to evaluating and upholding commitments towards ethical recruitment of IENs in Ontario and throughout Canada.

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*I think that Canada has to streamline the evaluation process. I understand the importance of a comprehensive evaluation to ensure the quality of nursing, but I think it's important to reach a balance between maintaining standards and minimizing the evaluation time so that we can contribute our skills and expertise in a new environment sooner.”*

**Anonymous, IEN from Hong Kong**

## Conclusion

This study has sought to add to the data landscape on IENs in Ontario by demonstrating that there are significant numbers of IENs not currently working as nurses in the province, many of whom may have been missed in existing data counts, for example, if they arrived as temporary residents, have not interacted with the post-secondary sector, or have not yet begun the registration process.

While much has happened in recent years to streamline pathways to practice and reduce barriers, the findings from this study suggest that more can be done to incentivize IENs who wish to register but have not begun the process: by reducing financial barriers, supporting easier system navigation, and reducing timelines for IENS pursuing registration in the province. This study has also underscored the critical role of employers, particularly health sector employers, in identifying IENs who have not yet begun the registration process and who may benefit from targeted supports. Planning, designing, and evaluating the impact of these targeted supports ultimately demand timely, accurate, and comprehensive health workforce data.

“

*My main goal as a nurse was to lower the worries and stress of both the elderly and their family. Later, I saw nursing wasn't just about fixing physical problems. It was also about giving emotional support and comfort to people and families. This made me even more committed to nursing and focusing on being kind, paying attention, and making a positive impact on the life of those I cared for.”*

**Anonymous IEN from  
Hong Kong**

# Appendix A: Methods

## **SURVEY DESIGN**

This survey, Internationally Educated Nurses Not Currently Working as Nurses in Ontario, targeted internationally educated nurses living in Ontario and not currently working as nurses. It was a 13-question, voluntary, confidential, 5-minute survey that was distributed in English and French from September 20, 2023, to December 4, 2023. WES used SurveyMonkey to host the survey online and distributed the survey link by email and social media. WES engaged a variety of experts and stakeholders, including IENs, in the design and review of the survey. The project was approved by the Community Research Ethics Office.

## **SAMPLE DESIGN AND METHODS**

This study used a mix of nonprobability sampling methods, including purposeful, panel, and snowball sampling to distribute the survey through networks across Ontario that have likely contact with IENs. The survey was sent through a range of distribution networks, including WES applicants and distribution partners encompassing:

- Health care employers
- Health care employer associations and groups
- Workforce development and occupational associations
- Community-based groups
- Unions
- Immigration and settlement associations, non-profits, and umbrella organizations

This study aimed at a large, diverse sample to increase the likelihood of similarity between our non-random sample and a true random sample of the entire (unknown) population of IENs not currently working as nurses in the province.

To develop a target sample size, WES considered the best available data about the population of IENs in the province not currently working as nurses (which ranged from over 14,000 in 2019 to over 7,500 in 2023 according to CNO data) and made calculations that assumed such similarity.

While the survey results cannot be generalized to infer information about all IENs in Ontario not working as nurses, WES set targets based on representative sampling with a confidence level of 99 percent and a margin of error of 5 percent and aimed at a minimum sample of 636 completed responses.

The final sample exceeded these requirements. A total of 1,945 individuals responded to the survey; 855 completed the survey (44 percent) including IENs in Ontario working and not working as nurses. Our final target sample was 758 (39 percent) completed responses from IENs not working as nurses.

## LIMITATIONS

The sample is limited in the following ways:

- The survey was voluntary, introducing selection bias.
- The survey was sent in English and French; however, WES and many of the distribution partners operate primarily in English, skewing their networks towards speakers of English. Only 37 individuals responded in French, including only 7 complete responses.
- Most of the survey distributors operate in person and online but were based mostly in larger cities. The sample is likely skewed towards IEN residents in top CMAs and cities in Ontario.
- The survey was not sent out to non-health care employer networks. To reach IENs in non-health care roles, WES sent the survey to WES applicants and civic and immigration-related stakeholders. The sample skews towards IENs working in health care versus outside health care.
- IENs who are unemployed and who have few touchpoints to employment or immigration-related institutions are hard to reach and likely underestimated in our sample. The distribution list included community, civic, immigration, and post-secondary networks to reach these IENs.
- Since the survey was online, the sample skews towards individuals who have internet access and digital literacy skills, and who are also likely to use social media.
- The survey did not ask demographic questions beyond Country of Training. It is possible that the survey was distributed among more homogeneous networks, particularly from the networks of community-based distribution partners.

## NOTE ON DATA NOT COLLECTED

This survey did not ask respondents to indicate demographic information such as age, gender, race or ethnicity, immigration status, or time in Canada. The decision not to include this information was taken in order to keep the survey very brief and thereby increase the likelihood of completion.

While this demographic information was not collected through this survey, we know that women make up the vast majority of individuals in nursing and health care support occupations in Canada: 87 percent of adult immigrants in nursing and health care support occupations are female, while only 13 percent are male ([Statistics Canada](#), 2021)

## Appendix B: Additional Descriptive Tables

Figure 15: Residence in Ontario (Top Cities)

City	Frequency	Percent
Toronto	151	21%
Brampton	72	10%
Scarborough	66	9%
London	49	7%
Willowdale	40	6%
Mississauga	32	4%
Etobicoke	30	4%
Kitchener	25	3%
Ottawa	21	3%
Hamilton	19	3%
Barrie	11	2%
North York	11	2%
Other (cities with 1% or less)	199	27%
<b>Total</b>	<b>726</b>	<b>100%</b>

Figure 16: Top Countries of Training

Country of Training	Frequency	Percent
Philippines	298	39%
India	199	26%
Brazil	34	4%
Nigeria	33	4%
Saudi Arabia	26	3%
USA	18	2%
Uganda	16	2%
Hong Kong	13	2%
Nepal	13	2%
Jamaica	12	2%
Kenya	12	2%
United Arab Emirates	10	1%
China	9	1%
Colombia	9	1%
Pakistan	9	1%
Lebanon	8	1%
United Kingdom	7	1%
Singapore	7	1%
Ghana	6	1%
Iran	5	1%
Poland	4	1%
Ethiopia	4	1%
Italy	4	1%
Romania	4	1%
Other (countries with less than 1%)	69	9%
<b>Total</b>	<b>829</b>	<b>109%*</b>

\* Figure displays multiple choice answers by respondents, so percentages do not add to 100.

**Figure 17: Registration Status with the College of Nurses of Ontario, Including Intentions to Register**

CNO Registration status	Frequency	Percent
No, I am not registered as a nurse in Ontario, but I am planning to apply.	376	50%
No, I am not registered, but I have applied to CNO.	289	38%
Yes, I am registered as a nurse in Ontario.	49	6%
No, I am not registered in Ontario, and I am not planning to apply.	44	6%
<b>Total</b>	<b>758</b>	<b>100%</b>

**Figure 18: Factors Affecting Registration Status for Unregistered IENs (Multiple Choice)**

Factor	Frequency	Percent
Financial	303	40%
Recent practice requirements	182	24%
Education requirements	169	22%
Permanent Residence	169	22%
Need to write exam	167	22%
Time to prepare	151	20%
Unclear process	138	18%
Waiting next steps	70	9%
Language requirements	64	8%
Family or personal	55	7%
Process is too long	40	5%
Job quality concerns	30	4%
Other	23	3%
<b>Total</b>	<b>1561</b>	<b>206%*</b>

\* Figure displays multiple choice answers by respondents, so percentages do not add to 100.



**Figure 19: Legend of Factor Types and Corresponding Survey Response Options by Registration Status Group**

Factors	RESPONSE OPTIONS:		
	Applied	Planning to apply	Not planning to apply
	“Which factors are preventing you from completing your nurse registration with CNO?”	“Why haven’t you applied to CNO for nurse registration yet?”	“Why haven’t you applied to CNO for nurse registration yet?”
Need to write exam	I still need to write the registration exam.	n.a.	n.a.
Educational requirements	I have not yet met the educational requirements.	I don’t think I meet the educational requirements to register.	n.a.
Recent practice requirements	I don’t meet the requirements for evidence of recent practice.	n.a.	n.a.
Financial	Financial reasons (e.g., lack of funds for exam, application fees, etc.).	Financial reasons (e.g., lack of funds for exam, application fees, etc.).	Financial reasons (e.g., lack of funds for exam, application fees, etc.).
Job quality concerns	Other (please specify).	I have concerns about job quality for nurses in Ontario (e.g., salary, work environment, etc.).	I have concerns about job quality for nurses in Ontario (e.g., salary, work environment, etc.).
Language requirements	I don’t meet the language proficiency requirements to register.	I don’t think that I meet the language proficiency requirements to register.	I don’t think that I meet the language proficiency requirements to register.
Permanent Residence	I do not have permanent resident status in Canada.	I do not have permanent resident status in Canada.	I do not have permanent resident status in Canada.
Family or personal	Family or personal reasons.	Family or personal reasons.	Family or personal reasons.
Time to prepare	I need more time to prepare.	I need more time to prepare.	Not enough time to prepare (e.g., for registration exams or applications, etc.).
Process is too long	Other (please specify).	Other (please specify).	Other (please specify).
Unclear process	Other (please specify).	I am not sure what the process is to register.	I am not sure what the process is to register.
Waiting on next steps	I am waiting for document verification from the National Nursing Assessment Service (NNAS).	Other (please specify).	Other (please specify).

**Figure 20: Registration (RPN/LPN, RN, or NP) in Another Canadian Province?**

Registration in another province	Frequency	Percent
No	713	94%
Yes	45	6%
<b>Total</b>	<b>758</b>	<b>100%</b>

**Figure 21a: Current Employment Status**

Employment status	Frequency	Percent
Employed	595	78%
Unemployed	107	14%
Not in labour force	56	7%
<b>Total</b>	<b>758</b>	<b>99%*</b>

\* Due to rounding, percentages may not add to 100.

**Figure 21b: Breakdown of Employed Status**

Status	Frequency	Percent
Full time	363	61%
Part time, casual	201	34%
Unknown	31	5%
<b>Total</b>	<b>595</b>	<b>100%</b>

**Figure 21c: Breakdown of Not in Labour Force Status**

Status	Frequency	Percent
Unemployed and not looking	11	20%
Pursuing higher education	25	45%
Not authorized to work in Canada	15	27%
Retired	5	9%
<b>Total</b>	<b>56</b>	<b>101%*</b>

\* Due to rounding, percentages may not add to 100.

**Figure 22: Current Job – Health Care vs. Non-health Care**

Job	Frequency	Percent
I work in a non-nursing health care role (e.g., nurse aide, personal support worker (PSW), dietary aide, medical or lab technician, pharmacy assistant, or other allied health role).	432	79%
My current job is not in the health care sector (please specify).	114	21%
<b>Total</b>	<b>546</b>	<b>100%</b>

**Figure 23: Current Job – Outside of Health Care**

Non-health care sector jobs	Frequency	Percent
Manufacturing, factory or warehouse worker	19	17%
Childcare, caregiving	18	16%
Business, finance and administration occupations	16	14%
Food services	10	9%
Maintenance and cleaning services	10	9%
Retail, sales and customer service	9	8%
Hospitality and tourism	6	5%
Education	4	4%
Social services worker	4	4%
Arts and entertainment	2	2%
Construction	2	2%
Farming and agriculture	2	2%
Information and technology	2	2%
Security	2	2%
Self-employed	2	2%
Transportation and logistics	2	2%
Personal services	1	1%
Research	1	1%
Unknown	1	1%
<b>Total</b>	<b>113</b>	<b>100%*</b>

\* Due to rounding, this percentage may not add up to 100.

**Figure 24: Self-Reported Level of Nursing Skills Utilization in Roles Outside of Health Care**

Non-health care sector jobs	Frequency	Percent
My job makes use of some of my nursing skills and experience.	294	54%
My job doesn't make use of any of my nursing skills and experience.	106	19%
My job makes use of a lot of my nursing skills and experience.	96	18%
My job makes use of all my nursing skills and experience.	48	9%
<b>Total</b>	<b>544</b>	<b>100%</b>

# Appendix C: Survey (English copy)

## Survey: Ontario Internationally Educated Nurses Not Currently Working as Nurses

Thank you for participating in this survey. This survey has been created by World Education Services (WES) to better understand the employment experiences of internationally educated nurses (IENs) not working as nurses in Ontario. You will be asked about where you received your nursing training, your current occupation and employment situation, career intentions, and where you found out about this survey. **This survey should take no more than 5 minutes to complete.**

The information gathered in this survey will be used to improve existing data on IENs in Ontario and contribute to ongoing research into the state of Ontario's health care workforce. We want to learn what barriers IENs are facing that may prevent them from becoming registered and working as nurses in Ontario, the types of alternative employment that IENs may be pursuing, and whether these alternative roles are making full use of nursing skills, education, and experience.

Your responses to the survey and personal information will be kept **strictly confidential and will only be reported on in aggregate (summary) form**. Your individual information will not be shared, per the terms of our **Privacy Policy**. Your responses will have NO effect on any (current or past) application(s) with WES, IRCC, nursing registration bodies, or any other process related to the subject matter of the survey. You may click to exit the survey at any time or email the WES research team if you have already completed it and no longer want your responses used in the results.

By completing this survey, you consent to your information being used confidentially for this study.

If you have any questions about the survey, please email us at [surveys.ca@wes.org](mailto:surveys.ca@wes.org).

Sincerely,  
World Education Services  
[www.wes.org](http://www.wes.org)

## ETHICS APPROVAL

*This project has been reviewed and approved by the **Community Research Ethics Office**. If you feel you have not been treated according to the descriptions in our information, or your rights as a participant in research have been violated during the course of this project, you may contact the Chair, Community Research Ethics Board, at Community Research Ethics Office (Canada) Corp. c/o Centre for Community Based Research, 140 Westmount Road North, Waterloo ON N2L 3G5; Email: [creadmin@communityresearchethics.com](mailto:creadmin@communityresearchethics.com)*

### 1. Are you trained as a nurse (RPN, RN, NP)?

- a) Yes, I am trained as a nurse.
- b) No, I am not trained as a nurse in any country.

### 2. Do you live in Ontario?

- a) Yes
- b) No

### 3. Please enter the first three digits of your postal code.

DROPDOWN MENU OF EACH DIGIT

### 4. Did you receive all your nursing education and training in Canada?

- a) Yes,
- b) No,

### 5. In which countries did you receive education or training in nursing outside of Canada? Select all that apply.

- a) China
- b) Hong Kong
- c) India
- d) Iran
- e) Israel
- f) Jamaica
- g) Nigeria
- h) Philippines
- i) Poland
- j) Russian Federation
- k) United Kingdom
- l) USA
- m) Other (Please specify)

### 6. Are you registered with the College of Nurses of Ontario (CNO) to practice as a nurse (RPN, RN, NP) in Ontario?

- a) Yes, I am registered as a nurse in Ontario.
- b) No, I am not registered, but I have applied to CNO.
- c) No, I am not registered as a nurse in Ontario, but I am planning to apply.
- d) No, I am not registered in Ontario, and I am not planning to apply.

**7. Which factors are preventing you from completing your nurse registration with CNO? (Select all that apply)**

- a) I still need to write the registration exam.
- b) I have not yet met the educational requirements.
- c) I don't meet the language proficiency requirements to register.
- d) I don't meet the requirements for evidence of recent practice experience.
- e) I am waiting for document verification from the National Nursing Assessment Service (NNAS).
- f) I do not have permanent resident status in Canada.
- g) I need more time to prepare.
- h) Financial reasons (e.g., lack of funds for exam, application fees, etc.).
- i) Family or personal reasons.
- j) Other (Please specify).

**8. Why haven't you applied to CNO for nurse registration yet? (Select all that apply).**

- a) I need more time to prepare.
- b) I don't think that I meet the educational requirements to register.
- c) I don't think that I meet the language proficiency requirements to register.
- d) I don't have permanent resident status in Canada.
- e) Financial reasons (e.g., lack of funds for exam, application fees, etc.).
- f) I have concerns about job quality for nurses in Ontario (e.g., salary, work environment, etc.).
- g) Financial reasons.
- h) Family or personal reasons.
- i) I am not sure what the process is to register.
- j) Other (Please specify).

**9. Why have you decided not to pursue registration as a nurse in Ontario? (Select all that apply).**

- a) Financial reasons (e.g., lack of funds for exam, application fees, etc.).
- b) Family or personal reasons.
- c) Not enough time to prepare (e.g., for registration exams or applications, etc.).
- d) The registration process is too complicated.
- e) The registration process takes too long.
- f) I'm not sure what the process is to register.
- g) I have concerns about job quality for nurses in Ontario (e.g., salary, work environment, etc.).
- h) I want to change careers or leave nursing.
- i) Other (Please specify).

**10. Are you registered to practice as a nurse (RPN, RN, NP) in another Canadian province?**

- a) Yes,
- b) No,

### 11. Which of the following statements best describes your current employment situation?

- a) I am employed full time.
- b) I am employed part time or on a casual basis.
- c) I am not authorized to work in Canada.
- d) I am unemployed but actively looking for work.
- e) I am unemployed and not looking for work.
- f) I am pursuing higher education in Nursing.
- g) I am retired.
- h) Other (Please specify).

### 12. What is your current job?

- a) I work as a nurse (RPN, RN, or NP)
- b) I work in a non-nursing health care role (e.g., nurse aide, orderly, personal support worker (PSW), dietary aide, medical or lab technician, pharmacy assistant) (Please specify).
- c) My current job is not in the health care sector (Please specify).

### 13. Does your current job make use of your nursing skills, education, and experience?

My job makes use of...

- a) all my nursing skills and experience.
- b) a lot of my nursing skills and experience.
- c) some of my nursing skills and experience.
- d) none, or almost none, of my nursing skills.

### 14. Would you be willing to be contacted by WES for future research? We will not contact you for any other purpose.

- a) Yes, I would be willing to be contacted for future research by WES.  
Please tell us what email to contact you: OPEN-TEXT BOX TO ADD EMAIL
- b) No, I do not want to be contacted for future research by WES.

### 15. How did you hear about or receive this survey?

- a) WES email or newsletter.
- b) An email sent by another organization.
- c) Social media.
- d) Someone shared it with me or told me about it.
- e) Other (Please specify).

### 16. Would you like WES to email you the final report of these survey results directly?

- a) Yes. Please tell us what email to send the report to: OPEN-TEXT BOX TO ADD EMAIL.
- b) No.

