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# ***Skill underutilization among immigrant women with a nursing education***

by Christoph Schimmele  and Feng Hou 

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Canada is experiencing a nursing shortage as the demand for nurses has grown faster than the supply of people with a nursing education (Baumann & Crea-Arsenio, 2023). There were 21,000 job vacancies for registered nurses and 10,000 vacancies for licensed practical nurses in the first quarter of 2025 (Statistics Canada, 2025). Internationally educated nurses (IENs) are a potential solution for easing these shortages (McGuire-Brown, 2025).

A study by Statistics Canada researchers published in *Equality, Diversity and Inclusion: An International Journal* examines how place of education is associated with the underutilization of immigrant women with a nursing education (Schimmele & Hou, 2024). The study used data from the 2021 Census of Population and focused on immigrant women aged 25 to 64 years who were educated to be licensed practical nurses, registered nurses or nurse practitioners, which are occupations that require a licence to practise. Immigrant women identified as underutilized workers were those who had a nursing education but were employed in non-health occupations or in health occupations requiring less education than they had obtained.

The key findings from this study, entitled [The inclusion of racialized women in the nursing workforce](#), are summarized below. A companion article on the [Workforce utilization of Canadian men with a nursing education](#) was published in a previous issue of *Economic and Social Reports* and is accessible online.

## **One-quarter of the supply of nurses in Canada consists of immigrant women**

Immigrant women accounted for one-quarter (27%) of the total supply of working-age Canadians with a nursing education. In 2021, there were 508,000 people in Canada aged 25 to 64 years who had a nursing education from either a Canadian or a foreign school. Of this supply of nurses, 13% (64,600) were immigrant women who received their nursing education in Canada and 14% (71,300) were immigrant women who received their nursing education in other countries.

Most immigrant women who received their nursing education from a foreign school (85%) or a Canadian school (77%) were from a racialized population group. Immigrant women from the Filipino (43%) and South Asian (20%) population groups accounted for the largest shares of IENs. Large percentages of immigrant women who were educated in Canada were from the Black (28%), Filipino (14%), South Asian (13%) and Chinese (7%) population groups. Women from the White population group also accounted for large shares of those who received their nursing education in Canada (23%) and abroad (15%).

## Many internationally educated nurses were working in jobs that underutilized their skills

Among those who were employed, large percentages of immigrant women with a nursing education from a foreign school did not have a health occupation. As few as one-half of those from the Chinese (53%) and Korean or Japanese (50%) population groups had a health occupation in 2021, and thus one-half were employed in occupations that made no use of their nursing education (Table 1, first column).

**Table 1**  
**Employment in health occupations among immigrant women with a nursing education from a foreign school, 2021**

Population group	Health job	Education–job match
	percent	
White (reference)	66.2	54.3
South Asian	75.5 ***	51.1 *
Chinese	52.6 ***	38.8 ***
Black	83.3 ***	54.9
Filipino	72.0 ***	38.2 ***
Arab or West Asian	73.5 **	62.0 **
Latin American	62.1	37.5 ***
Southeast Asian	68.0	42.6 ***
Korean or Japanese	49.6 ***	35.4 ***
Other groups	66.3	43.9 ***

\* significantly different from reference category ( $p < 0.05$ )

\*\* significantly different from reference category ( $p < 0.01$ )

\*\*\* significantly different from reference category ( $p < 0.001$ )

**Note:** The study sample was restricted to immigrant women aged 25 to 64 years who were employed.

**Source:** Schimmele and Hou, 2024.

Immigrant women from other population groups fared somewhat better, since two-thirds to three-quarters had a health occupation. Those from the Black population group fared the best, four-fifths (83%) of whom had a health occupation.

Even when employed in a health occupation, IENs were often employed in jobs that underutilized their nursing education, such as those who were educated to be registered nurses but were employed as practical nurses, orderlies or caregivers. One-third to two-thirds of IENs had a job that matched their educational attainment. Hence, IENs generally experienced a great disadvantage in getting a suitable job in the nursing profession, but there was substantial variation across population groups in the percentage who had a job that matched their nursing education (Table 1, second column).

Nearly three-quarters (72%) of IENs from the Filipino population group had a health occupation, but less than two-fifths (38%) of them had a job that matched their educational attainment. Thus, about one-third of them had health jobs that did not fully utilize their nursing education. Across other population groups, one-tenth (White, Arab or West Asian) to one-quarter (Black, Latin American, South Asian, Southeast Asian) of IENs were employed in health jobs that did not require the level of education they had.

## Canadian nursing education associated with higher employment in the nursing profession for immigrant women

The employment outcomes of immigrant women who received their nursing education in Canada resembled the outcomes of their Canadian-born counterparts more closely than those of foreign-educated immigrants. This is an important finding because it indicates that place of education matters more than immigrant status in terms of the employment of immigrant women in the nursing profession.

Canadian-educated immigrants have a different pathway into the nursing profession than their foreign-educated counterparts. Many Canadian-educated immigrant women arrived in Canada as children or adolescents, while foreign-educated immigrant women arrived as adults. The barriers to employment in the nursing profession that foreign-educated immigrant women experience, such as non-recognition of nursing credentials and language proficiency, are not relevant to immigrants who received their nursing education, and often their primary and secondary education, in Canada.

**Table 2**  
**Employment in health occupations among immigrant women with a nursing education from a Canadian school, 2021**

Population group	Health job	Education–job match
	percent	
White (reference)	87.4	81.5
South Asian	86.5	79.1 *
Chinese	90.5 **	86.7 **
Black	93.2 ***	80.6
Filipino	90.3 **	82.9
Arab or West Asian	88.5	83.2
Latin American	89.8	82.9
Southeast Asian	86.0	77.1 *
Korean or Japanese	91.3 *	89.5 **
Other groups	89.3	81.3

\* significantly different from reference category ( $p < 0.05$ )

\*\* significantly different from reference category ( $p < 0.01$ )

\*\*\* significantly different from reference category ( $p < 0.001$ )

**Note:** The study sample was restricted to immigrant women aged 25 to 64 years who were employed.

**Source:** Schimmele and Hou, 2024.

Most immigrant women with a nursing education from a Canadian school had a health occupation (86% to 93%) (Table 2, first column). Across population groups, about four-fifths or more had health occupations that matched their educational attainment (second column). In most cases, a modest percentage (2% to 7%) of Canadian-educated immigrant women had a health job that underutilized their nursing education. However, larger percentages of those from the Black (13%) and Southeast Asian (9%) population groups had a health job that did not require the level of education they had.

## **Disparities in employment outcomes emerged mainly in the context of place of education**

Across population groups, labour market underutilization was a common experience among immigrant women who received their nursing education abroad, but those from most racialized groups were less likely to have a job that matched their nursing education (35% to 51%) compared with those from the White population group (54%) (Table 1). The exceptions were IENs from the Black population group, who were similar to their White counterparts on this outcome, and those from the Arab or West Asian population group, who were more likely to have a job that matched their education (62%) than their White counterparts.

Among immigrant women who received their nursing education in Canada, there was less evidence that those from racialized population groups had worse employment outcomes than those from the White population group. While a smaller percentage of those from the South Asian (79%) and Southeast Asian (77%) population groups had a job that matched their nursing education than those from the White population group (82%), a comparatively higher percentage of those from the Chinese (87%) and Korean or Japanese (90%) population groups had a job that matched their education (Table 2). Otherwise, there were no significant differences in this outcome between racialized and White women.

## **Conclusion**

Immigrants come to Canada with the expectation that the education they acquired abroad will be relevant to the Canadian labour market. However, many immigrant women who received their nursing education from a foreign school are not working in their field, and many are not even working in a health occupation. This underutilization of their human capital is an issue for the economic integration of immigrants and also represents lost productivity for the Canadian economy (McGuire-Brown, 2025). Improvement in skill utilization is essential, because immigrants who have to settle for low-skill jobs can experience de-skilling overtime, thus entrapping them in a low socioeconomic position (Salami, Meherali, & Covell, 2018). Moreover, their integration into the nursing workforce can ease the nursing shortage and reduce the burdensome workloads that are prevalent among nurses (McGuire-Brown, 2025).

## Authors

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