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Immigrant nurses in Canada: Alignment between intentions and employment outcomes

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This study was jointly conducted by Immigration, Refugees and Citizenship Canada and Statistics Canada.

Abstract

This article uses data from the Integrated Permanent and Non-permanent Resident File and the 2021 Census of Population to examine the alignment between occupational intentions and employment outcomes among immigrants who intended to work as nurses.

The results show that among economic principal applicants who were admitted from 2010 to 2020 aged 18 to 54 and who intended to work as nurses, 63% found jobs in nursing occupations in 2021, while 25% worked in either lower-skilled health occupations or lower-skilled non-health occupations or were not employed. Pre-admission Canadian work experience was a strong predictor of alignment between intended and actual employment in nursing.

The article also finds that among immigrants who worked as nurses in 2021, 35% had intended to work as nurses at the time of admission. The remaining 65% of immigrant nurses were not initially selected for nursing but later entered the profession after becoming permanent residents in Canada. These results highlight the dynamic nature of immigrants' career pathways.

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Introduction

Canada is currently facing significant labour shortages in the health care sector, particularly in nursing. The COVID-19 pandemic exacerbated these shortages, leading to increased workloads, burnout and high turnover rates among health care workers (CIHI, 2024; ESDC, 2023). The job vacancy rate in nursing and residential care facilities reached 7.7% in the third quarter of 2022 and dropped to 4.6% by the third quarter of 2024. By comparison, the all-industry average vacancy rate was 5.6% in the third quarter of 2022 and 3.2% in the third quarter of 2024 (Statistics Canada, n.d.).

Immigration can play a vital role in addressing these labour shortages. The Canadian government has implemented policies to streamline the credential recognition process for internationally educated health professionals and to facilitate their integration into the workforce (ESDC, 2023). The 2025–2027 Immigration Levels Plan emphasizes economic immigration, with a significant portion of permanent resident admissions dedicated to skilled workers in critical sectors such as health care (Government of Canada, 2024). However, questions remain about the extent to which immigrants who intended to work as nurses prior to immigration realize this goal and how the immigrant nursing workforce is composed in terms of pre-immigration intentions and other characteristics.

The first research question focuses on the alignment between the intentions and actual employment outcomes of recent immigrants who aspired to work as nurses. It seeks to determine the proportion of these individuals who successfully entered the nursing profession after immigrating to Canada. Understanding this alignment is crucial for assessing the effectiveness of immigration policies and support systems designed to facilitate the integration of skilled immigrants into their intended professions.

The second research question addresses the broader landscape of immigrant nurses in Canada by examining those who were employed as nurses in 2021. It aims to identify how many of these nurses had initially intended to pursue a nursing career at the time of their immigration. Additionally, this study compares the sociodemographic characteristics of two distinct groups of immigrant nurses: those who intended to work as nurses and those who did not. This comparison will provide insights into the factors that influence career outcomes and the diversity within the immigrant nursing workforce.

Answers to these questions have implications for both immigration and workforce development policies, particularly in enhancing the use of immigrant talent and ensuring that the health care needs of the Canadian population are met effectively.

Data and measures

This study draws data from the Integrated Permanent and Non-permanent Resident File and the 2021 Census of Population. To answer the first question, the sample is restricted to the principal applicants in the economic class who were aged 18 to 54 at admission and were admitted as permanent residents from 2010 to 2020.¹ The analysis is further restricted to immigrants who intended to work as nurses (as self-reported at the time of admission), including nursing co-ordinators and supervisors, registered nurses and registered psychiatric nurses (RNs), and licensed practical nurses (LPNs).² These immigrants are

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1. Over 90% of spouses or dependants in the economic class, family class immigrants, refugees and other immigrants did not have valid information on intended occupations. These immigrants are excluded from the comparison of intended occupation at admission with actual occupation in the 2021 Census.
 2. The 2016 National Occupational Classification (NOC) is used in the study. Nursing occupations refer to NOC codes 3011, 3012 and 3233.

then linked to the 2021 Census to access their actual occupations in 2021. Their occupational mobility, comparing intended and actual occupations, is grouped into six categories: (1) stayed in nursing occupations, (2) moved to other skilled health occupations, (3) moved to other lower-skilled health occupations, (4) moved to skilled non-health occupations, (5) moved to lower-skilled non-health occupations, and (6) did not work in 2020 and 2021.³

For the second question, the analysis focuses on all immigrants who were admitted from 2010 to 2020 aged 18 to 54 and who worked as nurses in 2021.⁴

Pre-admission Canadian work experience shapes immigrant nurses' occupational outcomes

Table 1 shows the occupational distribution of economic principal applicants who were admitted from 2010 to 2020 aged 18 to 54 and who intended to work as nurses. About 63% worked in nursing occupations in 2021, while 2% found jobs in other skilled health occupations and 13% worked in lower-skilled health occupations such as nurse aides, orderlies and patient service associates or other assisting occupations in support of health services. Another 10% found jobs in skilled non-health occupations, and 8% held lower-skilled non-health jobs. Finally, 4% did not work in 2020 and 2021 and thus do not have an occupation code in the 2021 Census.

The alignment between intended and actual employment in nursing varied by immigrants' sociodemographic characteristics. Women had higher alignment rates than men, and younger age at admission was associated with greater alignment. Immigrants who spoke English were more likely to realize their intention to work in nursing than those who spoke French or both official languages. Immigrants with a bachelor's degree had a higher rate of working in their intended nursing occupations. Immigrants from Asia—who accounted for 84% of all immigrants intending to work as nurses—had significantly lower rates of actual employment in nursing, compared with immigrants from the Caribbean, Central and South America, the United States, and Europe. These observed differences mostly remained after differences in other characteristics in Table 1 were adjusted for.⁵

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3. The first digit for health occupations in the 2016 National Occupational Classification is 3. For skilled occupations, the second digit is 1, 2 or 3, indicating jobs that require at least a college diploma or apprenticeship training. For lower-skilled occupations, the second digit is 4, 5, 6 or 7, corresponding to jobs requiring no more than a high school education.
 4. Quebec skilled workers are excluded from the sample for the entire analysis because of their unique selection process.
 5. A logistic regression model is used to predict the likelihood of employment in nursing. The explanatory variables are those listed in Table 1 plus the year of admission.

Table 1
Occupational mobility of economic principal applicants who intended to work as nurses, admitted from 2010 to 2020
aged 18 to 54 years

Sociodemographic characteristics	Estimated population count	Occupational mobility status					Did not work in 2020 and 2021
		Stayed in nursing occupations	Moved to other skilled health occupations	Moved to lower-skilled health occupations	Moved to other skilled non- health occupations	Move to lower- skilled non- health occupations	
				percent			
All	12,651	63.4	1.9	13.4	9.7	7.8	3.9
Intended occupation							
Nursing co-ordinators and supervisors	271	54.6	3.0	12.8	8.8	13.4	7.3
Registered nurses and registered psychiatric nurses	9,936	61.0	2.0	14.6	9.9	8.6	3.8
Licensed practical nurses	2,444	74.0	1.4	8.5	8.7	3.7	3.7
Immigrant class							
Federal Skilled Worker Program	6,866	61.2	2.2	13.0	11.1	7.4	5.1
Provincial Nominee Program	4,483	63.8	1.5	15.4	8.2	8.3	2.7
Canadian Experience Class	940	86.8	2.3	1.3	5.8	2.2	1.6
Other economic class	362	37.5	0.8	26.9	10.5	22.7	1.6
Age group at admission							
18 to 24	281	68.3	0.0	10.8	8.8	8.8	3.3
25 to 34	8,122	64.8	2.0	12.1	9.6	7.5	4.0
35 to 44	3,405	61.3	2.2	14.9	10.5	7.7	3.4
45 to 54	843	56.1	0.4	20.6	7.3	10.9	4.7
Sex at birth							
Male	2,358	60.7	1.5	13.3	15.6	8.7	0.3
Female	10,293	64.0	2.0	13.4	8.3	7.6	4.7
Educational attainment in 2021							
No degree, certificate or diploma or high school	446	40.8	0.0	25.3	9.5	14.3	10.1
Some postsecondary education	2,699	64.2	1.7	12.5	8.0	8.2	5.4
Bachelor's degree	7,783	65.5	1.3	14.5	8.1	7.5	3.0
Above bachelor's degree	1,722	58.2	5.4	6.6	19.3	6.9	3.7
Official language at admission							
English only	11,940	63.5	1.9	13.4	9.4	7.9	3.8
French only	41	17.1	0.0	36.5	24.8	12.4	9.2
English and French	184	48.0	0.0	20.2	22.2	7.4	2.2
Neither English nor French	486	68.7	2.8	7.7	9.8	6.1	5.0
Source country or region							
India	4,009	65.8	1.1	12.3	8.1	7.6	4.9
Philippines	5,275	56.9	1.6	19.3	9.1	10.2	2.9
United States	123	71.4	9.8	0.0	6.8	8.3	3.6
Caribbean and Central and South America	370	81.1	3.2	10.6	4.1	1.0	0.0
Europe	678	73.2	1.5	3.0	16.6	3.2	2.5
Africa	803	70.2	2.5	8.6	14.0	4.2	0.6
Asia, excluding India and the Philippines	1,326	66.0	4.2	3.9	12.3	5.5	8.2
Oceania and other	67	77.1	5.5	6.0	4.9	0.0	6.5
Canadian work experience before admission							
Yes	4,596	80.9	2.0	4.7	7.5	3.2	1.6
No	8,055	53.3	1.9	18.3	10.9	10.4	5.2
Canadian study experience before admission							
Yes	2,087	84.3	2.0	2.1	8.1	1.8	1.8
No	10,564	59.2	1.9	15.6	10.0	9.0	4.3

Sources: Statistics Canada, Integrated Permanent and Non-permanent Resident File and 2021 Census of Population.

Canadian work experience prior to admission significantly increased the alignment between intended and actual employment in nursing. Immigrants with Canadian work experience had an alignment rate that was 28 percentage points higher than those without. After adjusting for differences in other sociodemographic characteristics included in Table 1 using a multivariate regression model, this gap remained and became even bigger.

Similarly, immigrants with Canadian study experience had an alignment rate that was about 25 percentage points higher than those without. However, after adjusting for sociodemographic differences—primarily Canadian work experience—less than one-third of this gap remained. This reflects the fact that many individuals with Canadian study experience also had Canadian work experience (Crossman & Hou, 2022).

Furthermore, Canadian work experience prior to admission accounted for most of the observed differences in alignment across immigration categories. For example, immigrants in the Canadian Experience Class, a program targeting skilled temporary foreign workers, had an alignment rate that was 26 percentage points higher than those in the Federal Skilled Worker Program. However, after adjusting for Canadian work experience and other covariates, the difference between the two programs shrank to 4 percentage points and became statistically non-significant.

In Canada, RNs typically require a Bachelor of Science in Nursing and have a broader scope of practice, including patient assessments and care plan development. By contrast, LPNs complete a shorter practical nursing program and provide nursing care usually under the direction of medical practitioners, registered nurses or other health team members.⁶ Table 1 shows that, among detailed nursing occupations, those intending to work as LPNs had the highest rate of employment in nursing (74%), while those intending to work as RNs had a lower rate (61%), reflecting the fact that becoming an RN is more difficult than becoming an LPN. However, this difference became not statistically significant after adjusting for sociodemographic differences.

Immigrants who intended to work as nurses accounted for 35% of immigrants who worked as nurses

Among immigrants admitted from 2010 to 2020 who worked as nurses in 2021, 35% had intended to work as nurses at the time of admission. This indicates that 65% of immigrant nurses did not initially intend to work as nurses but later entered the profession after becoming permanent residents in Canada (Table 2).

Immigrant nurses who intended to work as nurses differed from other immigrant nurses in some sociodemographic characteristics. The former group was predominately composed of principal applicants in the economic class, while the latter group was composed of a variety of classes, including spouses and dependants in the economic class, family immigrants, refugees, and other immigrants. Immigrant nurses who did not intend to work as nurses were younger at admission, increasing their likelihood of studying nursing after immigration. This is evident in the higher share of them who received their highest level of education in Canada than immigrants who intended to work as nurses. Compared with immigrants who intended to work as nurses, other immigrant nurses were less likely to work full time and had lower weekly earnings.

6. According to the 2021 National Occupational Classification, working under the direction of a medical practitioner or registered nurse is not required for licensed practical nurses in all jurisdictions.

Table 2
Sociodemographic and work characteristics of immigrants who were admitted from 2010 to 2020 aged 18 to 54 years and who worked as nurses in 2021

	Intended to work as nurses	Did not intend to work as nurses
Estimated population	count	
	8,628	16,164
Immigrant class	percent	
Economic, principal applicants	95.2	34.9
Economic, spouses and dependants	1.8	30.4
Family immigrants	2.8	26.5
Refugees and others	0.3	8.3
Age group at admission		
18 to 24	3.0	19.0
25 to 34	65.5	56.7
35 to 44	25.6	19.6
45 to 54	5.9	4.7
Sex at birth		
Male	17.9	17.6
Female	82.1	82.4
Education in 2021		
High school or less	2.2	2.6
Some postsecondary education	21.6	26.7
Bachelor's degree	63.6	55.1
Graduate degree	12.6	15.7
Location of highest level of education		
Canada	17.3	32.6
Abroad	82.7	67.4
Official language at admission		
English only	94.5	87.2
French only	0.2	0.9
English and French	1.1	2.2
Neither English nor French	4.2	8.7
Not stated	0.0	0.9
Source country or region		
India	32.4	20.6
Philippines	36.3	39.1
United States	1.7	2.6
Caribbean and Central and South America	3.9	5.3
Europe	6.6	4.7
Africa	7.3	13.7
Asia, excluding India and the Philippines	11.1	13.0
Oceania and other	0.8	1.0
With Canadian work experience before admission	46.9	46.7
With Canadian study experience before admission	22.4	18.8
Working full time	80.6	68.8
	2020 dollars	
Average weekly earnings	2,418	1,740

Sources: Statistics Canada, Integrated Permanent and Non-permanent Resident File and 2021 Census of Population.

In summary, this study reveals a mixed picture regarding the skill use of immigrant nurses in the Canadian workforce. While over 60% of immigrants who intended to work as nurses did find employment in the field, about one-quarter worked in either lower-skilled health occupations or lower-skilled non-health occupations or were not employed. Notably, pre-admission Canadian work experience was a strong predictor of alignment between intended and actual employment. Furthermore, a substantial portion of immigrant nurses working in Canada in 2021 had not initially intended to pursue nursing careers at the time of their immigration, highlighting the dynamic nature of immigrants' career pathways.

These results highlight the need to enhance and expand resources, policies and programs for immigrants entering the nursing profession, particularly those without prior Canadian work experience. This includes efforts to address social, educational, professional and personal challenges that internationally educated nurses may face. Additionally, recognizing and leveraging the potential of immigrants who did not initially intend to work as nurses are crucial. Although they are not admitted specifically to address nursing skill shortages, improved access to nursing education and training can enable spouses and dependants in the economic class, as well as family class immigrants and refugees, to contribute significantly to the nursing workforce and address Canadian labour shortages.

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