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Labour Statistics at a Glance

Regional dynamics of vacancies in health-related occupations in Canada, 2024

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Regional dynamics of vacancies in health-related occupations in Canada, 2024

by **Huda Masoud, Zoë Sayle,** and **Heejae Yang**

Introduction

The health workforce plays a critical role in maintaining and strengthening Canada's health care system. As demand for health care continues to grow due to a rapidly aging population (Statistics Canada, 2022) and rising disease burden (Public Health Agency of Canada, 2020), the gap between supply and demand for health care workers is expected to increase for several primary care professions (Health Canada, 2025). These factors, combined with pandemic-related disruptions and long-standing systemic issues, have contributed to persistent labour shortages and heightened pressures on frontline health workers (Drummond et al., 2022).

These pressures are reflected in recent labour market data trends. Between the fourth quarter of 2019 and the fourth quarter of 2023, employment in health care occupations (excluding management) grew by 121,100 (+8.4%), reflecting continued expansion of the health workforce. However, this growth has not kept pace with the needs of the health care system. During the same period, the job vacancy rate—the number of vacant positions as a proportion of all positions—in the health care industry increased from 3.0% to 5.5% (not seasonally adjusted) with the number of vacancies for health occupations more than doubling.

Trends in unmet labour demand can vary significantly by region due to differences in population needs, labour supply, and access to training infrastructure. For example, the vast majority of Canadians reside in urban areas (Chastko et al., 2022) which typically offer greater access to education and training, a wider range of employment opportunities, and higher earnings (Statistics Canada, 2023; Beckstead et al., 2010). As a result, rural or remote areas may face challenges in attracting and retaining health care professionals compared to urban centres, due to a more limited local labour supply (CIHI, 2024). Exploring regional job vacancy trends can shed light on where the healthcare system may be under strain with longer wait times, delayed care or reduced access to essential services, thus informing targeted workforce planning and policy responses.

Using annual data from the Job Vacancy and Wage Survey (JVWS) and the Labour Force Survey (LFS), this article examines unmet labour demand in 2024 for health care occupations with a focus on nurses (which includes registered nurses and registered psychiatric nurses, nurse practitioners, and licensed practical nurses) and personal support workers. The analysis provides an overview of job vacancy trends in healthcare over time in Canada followed by an exploration of vacancy rates and offered wages for nursing occupations and personal support workers by level of regional remoteness.

Concepts and Methods

Please refer to the Guide to the Job Vacancy and Wage Survey for the definitions used in this analysis for **job vacancy rate, average offered wage** and **duration of vacancy**.

Job vacancy: A job (full-time, part-time, permanent, temporary, casual, or seasonal) is vacant if it meets all of the following conditions:

- it is vacant on the reference date (first day of the month) or will become vacant during the month
- there are tasks to be carried out during the month for the job in question
- the employer is actively recruiting outside the organization to fill the job.

Jobs reserved for subcontractors, external consultants, or other workers who are not considered employees, are excluded from this definition and the JVWS data.

Occupation: Designates the type of work that must be carried out, based on the job title and on the key activities or functions associated with the job vacancies. Occupations are classified according to version 1.0 of the 2021 National Occupational Classification (NOC).

The analysis focused on the following occupational groups:

1. **Nurses** (excluding nursing co-ordinators and supervisors):
   - 31301 – Registered nurses and registered psychiatric nurses (RNs/RPNs) and 31302 – Nurse practitioners (NPs) (collectively, these are referred to as "Registered Nurses" for brevity).
   - 32101 – Licensed practical nurses (LPNs)
2. **Personal Support Workers (PSWs)** which combines:
   - 33102 – Nurse aides, orderlies and patient service associates
   - 44101 – Home support workers, caregivers and related occupations. For the purposes of this analysis, only those who work in industry subsectors 621 (*Ambulatory health care services*), 622 (*Hospitals*), and 623 (*Nursing and residential care facilities*) are included.
3. **Other health occupations** which exclude occupations directly pertaining to animal care (*31103 – Veterinarians* and *32104 – Animal health technologists and veterinary technicians*) and is used as a reference category in charts. This group includes professional occupations in health such as pharmacists (31120) and dieticians (31121), therapy and assessment professionals such as physiotherapists (31202) and occupational therapists (31203), and technical occupations in health such as medical laboratory (32120) and medical radiation (32121) technicians as well as paramedical occupations (32102).

The term "health-related occupations" is used in the article to refer to the combination of the three occupational groups listed above – all health occupations, excluding those directly pertaining to animal care, and with the addition of a subset of NOC 44101 which falls outside of the NOC 3 broad category for health occupations.

Employment counts in the JVWS are only available by industry. As such, job vacancy rates by occupation were calculated using employment counts from the Labour Force Survey (LFS) for the selected health occupations.

Due to differences in the coverage of the two surveys, an adjustment was applied to the LFS employment counts for alignment[1].

Annual job vacancy statistics were calculated by taking the weighted average of counts over the 4 quarters that make up the reference period of interest, in the case of data from the JVWS, or the corresponding 12 months, in the case of data from the LFS.

Analyses at the regional level were based on groupings of Economic Regions (ERs) by remoteness class[2].

Remoteness-based ER groupings were based on the 2021 Index of Remoteness developed at Statistics Canada. The index assigns a "remoteness" score to Census Subdivisions (CSDs) across Canada based on their proximity to population centres[3] and multiple points of service provision within a given radius (200 km or 2.5 hour travel threshold) that allows for daily interaction between the two. The score takes into account the size of the population centre(s) as a proxy for concentrations of population and economic activities as well as a general measure of service accessibility (Alasia et al., 2017).

1. This involved the exclusion of *religious organizations, private households, international and other extra-territorial public administrations* as well as *federal, provincial, and territorial administrations*, self-employed workers (except those incorporated with paid employees), as well as workers absent without pay from their jobs.
2. Note that there are 76 ERs defined in the Standard Geographical Classification 2021. However, 7 ERs are combined in the JVWS and LFS data for sample size considerations, resulting in a total of 69 combined ERs in both surveys that were used in the grouping.
3. The term population centre refers to the Statistics Canada definition of an area with a population of at least 1,000 and a density of 400 or more people per square kilometre based on the most recent or current counts from the Census of Population.

Using this index, ERs were assigned a remoteness score equal to the weighted average of remoteness scores of their component Census Subdivisions (CSDs) where the weight is equal to the proportion of the ER population that the CSD comprises.

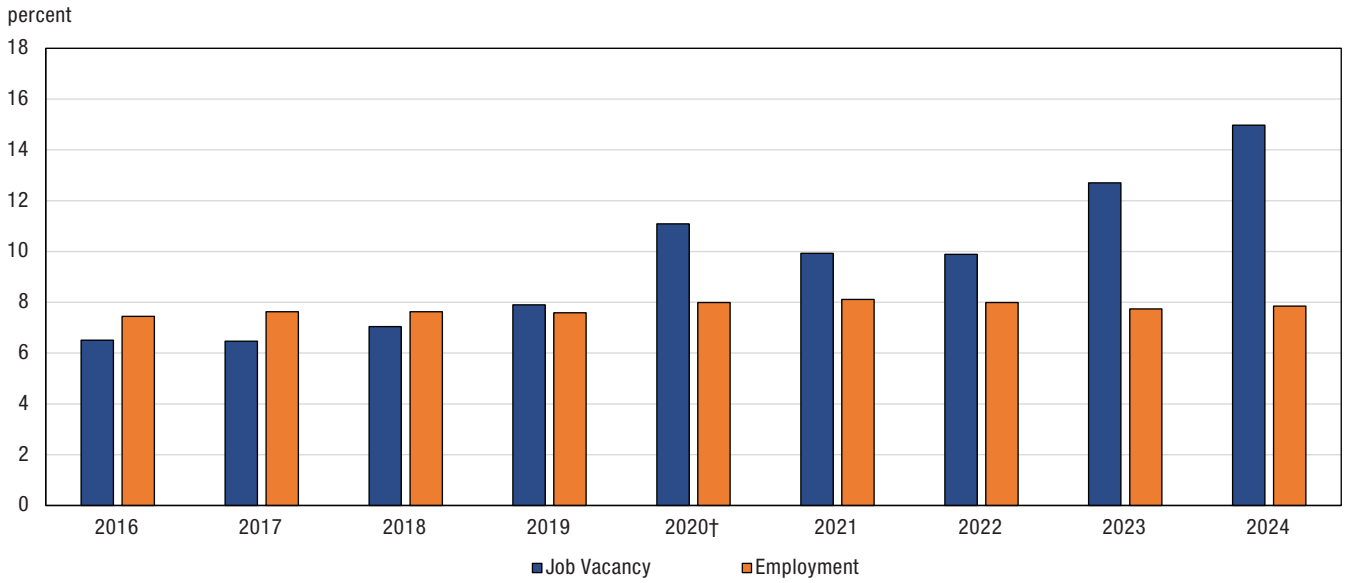
Using the Jenks Natural Breaks method[4] (Subedi et al., 2020), ERs were then classified into 3 remoteness categories: **easily accessible/accessible**; **less accessible**; and **remote/very remote**. For brevity in text and figures, these three categories will be referred to as **accessible**, **less accessible** and **remote** regions.

Share of job vacancies in health-related occupations more than doubled since 2016, surpassing peaks observed during the pandemic period

Employment in healthcare occupations has steadily increased in Canada in recent years. In 2024, there were 1,339,900 people aged 15 and older working in health-related occupations representing 7.8% of the Canadian workforce across all occupations. This share was slightly lower than the recent peak observed in 2021 (8.1%) but up from 7.4% in 2016 and 6.1% in 2004. The number of workers in health-related occupations was up by 71.0% (+578,800) between 2004 and 2024 with the average annual growth rate of the health workforce (+2.8%) being nearly double that seen across all occupations (+1.5%).

While employment in health-related occupations has grown over time and in recent years, the rise in job vacancies within this occupational group has been even more pronounced. Vacancies in health-related occupations made up 15.0% (86,540) of all job vacancies in Canada in 2024, increasing from 6.5% (24,955) in 2016 (Chart 1). The number of health occupation vacancies, as a proportion of all job vacancies, grew modestly in the years preceding the COVID-19 pandemic, but surged in 2020 with its onset. Although this proportion stabilized during the initial recovery period in 2021 and 2022, growth resumed in 2023 and reached a recent peak in 2024. The increase in job vacancy share in health occupations over time was the largest seen across all occupation groups.

Chart 1
Job vacancy and employment share in health-related occupations, annual, Canada, 2016 to 2024



† Data collection for the JVWS was suspended for the second and third quarter of 2020 due to the COVID-19 pandemic. Estimates for the 2020 calendar year are based on the first and fourth quarters only.
Note: Employment counts were calculated using 12-month averages from the Labour Force Survey (LFS) while adjusting the data for JVWS coverage.
Sources: Statistics Canada, Job Vacancy and Wage Survey (JVWS) and Labour Force Survey (LFS), annual data, 2016 to 2024.

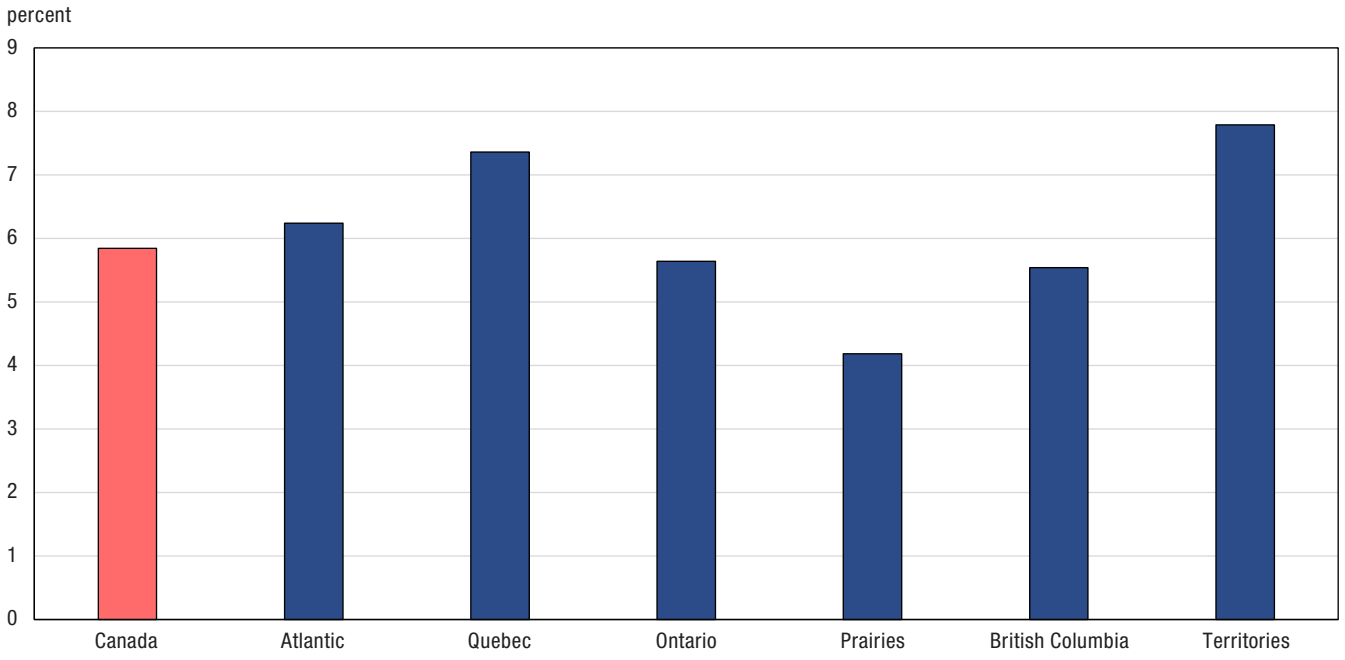
4. The Jenks natural breaks method is based on the Jenks natural breaks algorithm (Jenks, 1967; Brewer and Pickle, 2002). It creates classes based on natural breaks in the data by grouping similar values and minimizing average class deviation from the class mean (within class variance), while maximizing the average class deviation of the means of other (between class variance).

Highest vacancy rate in health-related occupations in 2024 seen in the Territories and in Quebec

Unmet labour demand for health care occupations varies by province and region. While health vacancy shares across jurisdictions can provide insight into the volume and distribution of unmet labour demand, the job vacancy rate—which corresponds to the number of vacant positions as a proportion of filled and unfilled positions—offers an important complementary perspective, serving as a key indicator of potential shortages or recruitment challenges across regions and/or within an occupational group.

While the share of job vacancies in health-related occupations was the highest in the Atlantic provinces in 2024 (21.5%), the highest vacancy rate was seen in the Territories at 7.8%, followed by Quebec at 7.4%. In contrast, the Prairie provinces had the lowest job vacancy rate in health-related occupations (4.2%) in addition to having the lowest health vacancy share (10.1%) in Canada (Chart 2).

Chart 2
Job vacancy rate for health-related occupations by province or region, Canada, 2024



Sources: Statistics Canada, Job Vacancy and Wage Survey (JVWS) and Labour Force Survey (LFS), annual data, 2024.

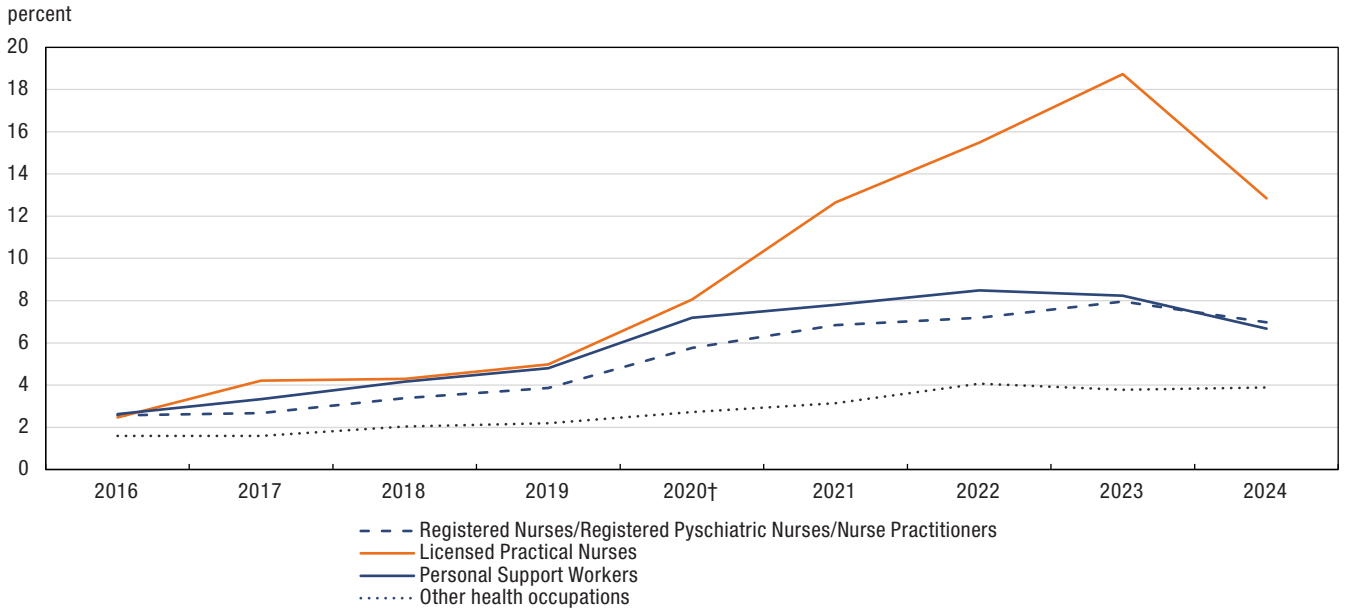
Nurses and personal support workers make up largest share of job vacancies among health-related occupations

Health-related occupations encompass a wide range of roles; however, two occupational sub-groups together comprise the majority of health care workers. In 2024, nurses—including registered nurses, registered psychiatric nurses, and nurse practitioners (which, together, are referred to in this analysis as “registered nurses,” or “RNs”), and licensed practical nurses (LPNs)—as well as personal support workers (PSWs) (e.g., nurse aides, orderlies, and home support workers), made up 53.1% of employment in health-related occupations, a share that was slightly lower than in 2016 (53.9%). They also made up the largest share of job vacancies in that year, accounting for 69.5%, up from 65.6% in 2016.

Licensed practical nurses had highest vacancy rate in 2024 and the largest increase since 2016

The job vacancy rate for health-related occupations increased from 2.1% in 2016 to 5.8% in 2024. Vacancy rates varied by the type of health occupation and in particular, they were higher among nursing occupations and for PSWs compared to other health occupations. In 2024, the job vacancy rate for PSWs was 6.7%, up from 2.6% in 2016 (Chart 3). For RNs, the increase in the job vacancy rate was slightly larger, from 2.6% in 2016 to 7.0% in 2024. The largest increase in rates was seen among LPNs where, following a peak of 18.7% in 2023, the vacancy rate in 2024 (12.8%) was more than five times the rate seen in 2016 (2.5%).

Chart 3
Job vacancy rate by selected health-related occupations, annual, Canada, 2016 to 2024



† Data collection for the JVWS was suspended for the second and third quarter of 2020 due to the COVID-19 pandemic. Estimates for the 2020 calendar year are based on the first and fourth quarters only.
Sources: Statistics Canada, Job Vacancy and Wage Survey (JVWS) and Labour Force Survey (LFS), annual data, 2016 to 2024.

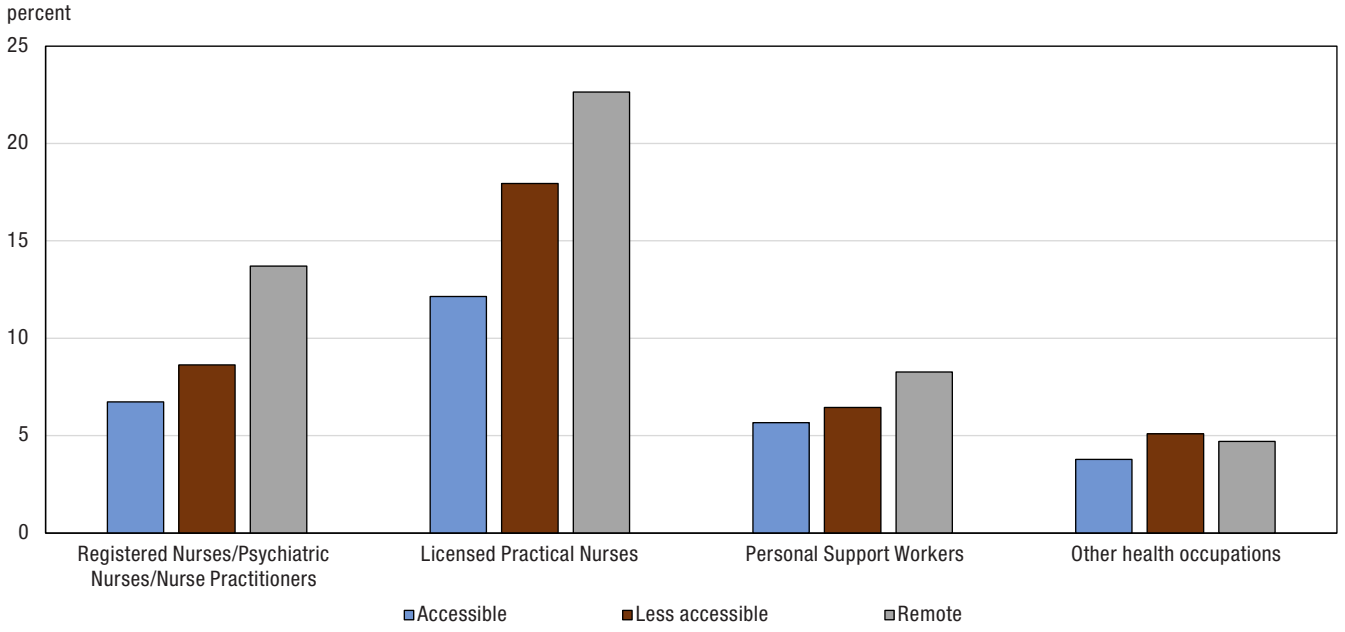
Nursing vacancy rates in remote regions were twice as high as in accessible regions in 2024

Exploring job vacancy rates by level of regional remoteness offers insights into regional labour market pressures and the capacity to recruit for essential health occupations. In this analysis, economic regions were categorized using remoteness scores (described in the Methods section) to reflect varying levels of accessibility. The three remoteness categories used are: accessible, less accessible, and remote. Given the significant variation in remoteness across the country, geographic accessibility may be a key factor influencing employers' ability to attract and retain an adequate health care workforce.

Overall, the vast majority of job vacancies for health-related occupations in 2024 were in accessible regions (88.1%), aligning with higher demand for services in these regions and consistent with the population distribution across Canada. However, a different pattern emerged when looking at job vacancy rates, which revealed distinct regional differences. The job vacancy rate for RNs in remote regions (13.7%) was double that observed for more accessible areas (6.7%). Similarly, the vacancy rate for LPNs was highest in remote regions (22.6%), nearly double the rate in accessible regions (12.1%). While vacancy rates for PSWs showed the same trend, the differences seen across remoteness categories were less pronounced (Chart 4).

The higher vacancy rates seen for RNs and LPNs in remote regions may in part be due to an aging rural workforce and the decline seen in the proportion of nurses working in rural and remote areas[5] where these health professionals, especially Nurse Practitioners (NPs), are considered an important source of primary care (CIHI, 2024; MacLeod et al., 2017).

Chart 4
Job vacancy rate by selected health-related occupations and Economic Region (ER) remoteness class, Canada, 2024



Sources: Statistics Canada, Job Vacancy and Wage Survey (JVWS) and Labour Force Survey (LFS), annual data, 2024.

Vacancies for nurses and personal support workers in less accessible and remote areas more likely to be long-duration

Vacancies that remain unfilled for long periods of time can signal challenges with recruitment and retention. The proportion of vacancies for nursing occupations (RNs and LPNs) that were open for 90 days or more (i.e., long-duration) were consistently higher in less accessible and remote regions. In 2024, over 6 in 10 vacancies for RNs (61.8%) and LPNs (62.3%) in remote regions were open for 90 days or more, similar to the shares observed in 2016 (RNs – 67.5%; LPNs – 66.1%). In contrast, long-duration vacancies were less common in accessible regions—52.5% for RNs and 47.8% for LPNs in 2024 compared to 48.2% for RNs and 31.2% for LPNs in 2016—suggesting potentially fewer recruitment challenges.

While proportions of long-duration vacancies for PSWs were generally lower across remoteness categories compared to nursing occupations (RNs and LPNs), they followed a similar pattern. In 2024, long-duration PSW vacancies were more common in remote (47.5%) and less accessible (58.6%) regions but proportionally lower in accessible areas (42.9%).

The greater proportions of long-duration vacancies for nursing occupations (RNs and LPNs) in less accessible and remote regions may be associated with the higher education and experience requirements for these occupations compared with PSWs. In addition, the labour pool in these areas may be smaller and more constrained—due to factors such as lower population density, limited local training opportunities, and the outmigration of younger or highly educated individuals to urban centres (Whitaker, 2019; Hillier, 2020).

5. Data from the Canadian Institute for Health Information (CIHI) show that 9.6% of nurses (including registered nurses, registered psychiatric nurses, nurse practitioners, and licensed practical nurses) worked in rural and remote areas in 2022 down from 11.1% in 2013. Similarly, the proportion among NPs had also declined from 17.7% to 14.1% during that same period. For more information, please see the full report at this link.

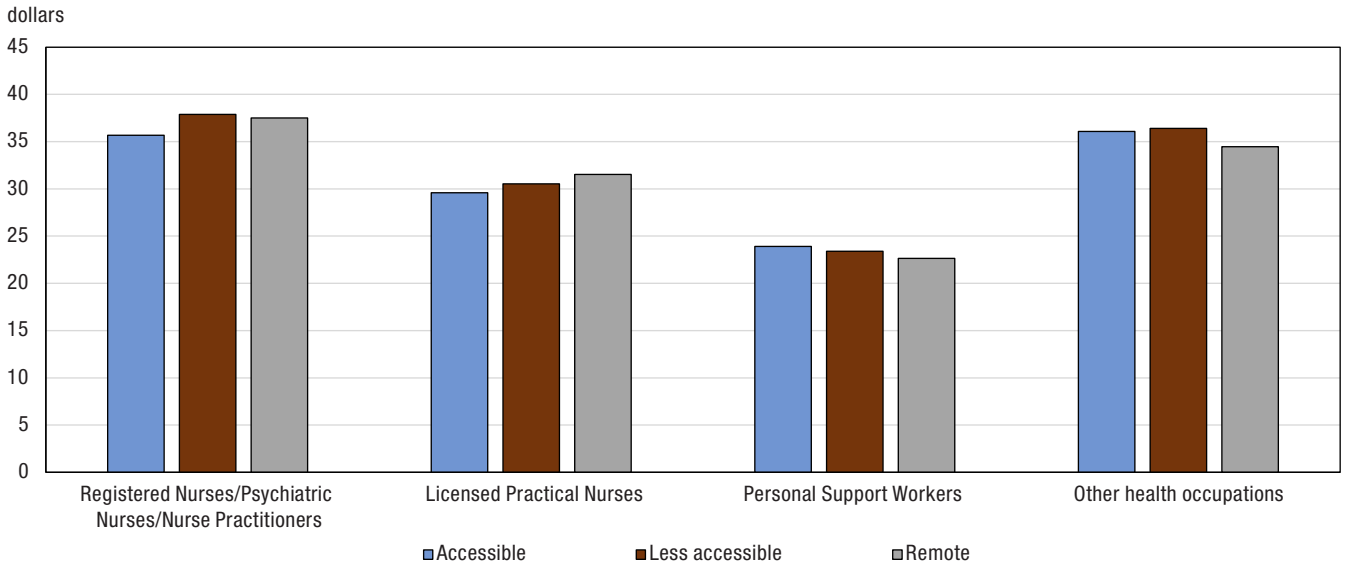
Vacancies in remote regions offer higher wages for nurses, lower wages for personal support workers

The higher demand for nursing occupations in remote regions in 2024 did not correspond to lower offered wages for these vacant positions. The average offered hourly wage for RN vacancies in remote regions was $37.49 compared with $35.66 for those in accessible regions. Similarly, LPN vacancies offered an average hourly wage of $31.53 in remote regions compared with $29.59 in accessible regions.

With income being one of the top three recruitment and retention factors[6] for nurses in rural and remote regions (MacLeod et al., 2017), there have been recent government efforts to offer financial incentives to attract and retain nurses and other health workers in rural and remote regions (Government of Saskatchewan, n.d.; Government of Canada, 2024).

In contrast to nursing vacancies, the average offered hourly wage for PSW vacancies in remote regions in 2024 was 5.9% lower than those in accessible regions ($22.22 vs. $23.53, respectively) (Chart 5).

Chart 5
Average offered hourly wage for vacancies in selected health-related occupations by Economic Region (ER) remoteness, Canada, 2024



Notes: The average offered hourly wage reported by employers for vacant positions excludes overtime, tips, commissions and bonuses. Salaries are converted to hourly wages based on information regarding the salary frequency and the expected average number of hours worked per week. The offered wage may be different from the actual wage paid once the position is filled.
Source: Statistics Canada, Job Vacancy and Wage Survey (JVWS), annual data, 2024.

6. MacLeod et al., 2017 found that the top three recruitment and retention factors for nurses in rural and remote Canada were income and financial incentives, personal connection to the location (such as having grown up in the community), and interest in the rural or remote practice setting, including the opportunity for a broader scope of practice and diverse clinical experiences.

Conclusion

The findings of this analysis highlight ongoing labour market pressures in Canada's healthcare system. Despite steady growth in employment in health-related occupations since 2016, job vacancy rates have risen more sharply—from 2.1% in 2016 to 5.8% in 2024. This indicates that increases in supply have not kept pace with rising demand, and unmet labour demand remains a significant concern.

Vacancy rates for nurses (RNs and LPNs) and PSWs rose markedly between 2016 and 2024. The largest increase was seen among Licensed Practical Nurses (LPNs), whose vacancy rate in 2024 was more than five times higher than in 2016.

These pressures are not evenly distributed across the country. Vacancy rates for nurses and PSWs were highest in remote areas. Among nursing occupations, rates were nearly double those seen in more accessible regions. While wages for nursing positions in remote areas tended to be higher, these vacancies also remained open longer, pointing to persistent recruitment and retention challenges that are not explained by wages alone.

Rising demand, regional disparities, and occupation-specific dynamics all contribute to a health care labour market that remains challenging to balance. The results from this study highlight the importance of accounting for these and other socio-economic factors to better understand the dynamics of unmet labour demand in health-related occupations.

Data Sources

The Job Vacancy and Wage Survey (JVWS) is a quarterly survey of approximately 100,000 business locations in Canada with at least one employee. It collects information about job vacancies and offered hourly wages by occupation, at the national, provincial, territorial, and economic region levels. The survey excludes the following: religious organizations, private households, international and other extra-territorial public administrations as well as federal, provincial, and territorial administrations.

The Labour Force Survey (LFS) is a monthly survey of approximately 56,000 households providing the timeliest data available on labour market characteristics of the population aged 15 and older in Canada. It collects data on employment, unemployment, and participation in the labour force by demographic characteristics. Employment estimates are available by industry, occupation, and class of worker among others and can be produced for Canada, the provinces/territories, and a large number of sub-provincial regions.

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Appendix

Table A1
Economic Regions (ERs) by remoteness class, Canada, 2021

2021 Remoteness Class (number of ERs)	Economic Regions
Accessible (44)	2420 (Capitale-Nationale)
	2425 (Chaudière-Appalaches)
	2430 (Estrie)
	2433 (Centre-du-Québec)
	2435 (Montérégie)
	2445 (Laval)
	2450 (Lanaudière)
	2455 (Laurentides)
	2460 (Outaouais)
	2470 (Mauricie)
	2475 (Saguenay--Lac-Saint-Jean)
	3515 (Kingston--Pembroke)
	3520 (Muskoka--Kawarthas),
	3540 (Kitchener--Waterloo--Barrie)
	3550 (Hamilton--Niagara Peninsula)
	3570 (Windsor--Sarnia)
	3580 (Stratford--Bruce Peninsula)
	3595 (Northwest)
	4610 (Southeast)
	4620 (South Central & North Central)
	4660 (Interlake)
	1010 (Avalon Peninsula)
	1110 (Prince Edward Island)
	1220 (North Shore)
	1230 (Annapolis Valley)
	1320 (Moncton--Richibucto)
	1330 (Saint John--St. Stephen)
	1340 (Fredericton--Oromocto)
	3510 (Ottawa)
	3530 (Toronto)
	3560 (London)
	4710 (Regina--Moose Mountain)
	4730 (Saskatoon--Biggar)
	4810 (Lethbridge--Medicine Hat)
	4820 (Camrose--Drumheller)
	4830 (Calgary)
	4850 (Red Deer)
	4860 (Edmonton)
	5910 (Vancouver Island and Coast)
	5930 (Thompson--Okanagan)
	1250 (Halifax)
	2440 (Montréal)
	4650 (Winnipeg)
	5920 (Lower Mainland--Southwest)

Table A1
Economic Regions (ERs) by remoteness class, Canada, 2021

2021 Remoteness Class (number of ERs)	Economic Regions
Less accessible (18)	2415 (Bas-Saint-Laurent)
	2465 (Abitibi-Témiscamingue)
	3595 (Northwest)
	4880 (Wood Buffalo--Cold Lake)
	5940 (Kootenay)
	5960 (North Coast & Nechako)
	1210 (Cape Breton)
	1240 (Southern)
	1310 (Campbellton--Miramichi)
	1350 (Edmundston--Woodstock)
	4630 (Southwest)
	4720 (Swift Current--Moose Jaw)
	4740 (Yorkton--Melville)
	4750 (Prince Albert & Northern)
	4840 (Banff--Jasper--Rocky Mountain House)
	5950 (Cariboo)
	5980 (Northeast)
	6010 (Yukon)
Remote (7)	2410 (Gaspésie--Îles-de-la-Madeleine)
	2480 (Côte-Nord & Nord-du-Québec)
	1020 (South Coast--Burin Peninsula & Notre Dame-Central Bonavista Bay)
	1030 (West Coast--Northern Peninsula--Labrador)
	4670 (Parklands & North)
	6110 (Northwest Territories)
	6210 (Nunavut)

Notes: The ERs that are **bolded** in the table are those that are combined ERs (7 in total) in the JVWS data due to sample size and reporting considerations.
Remoteness classes are defined using the 2021 Index of Remoteness with the Jenks Natural Breaks method applied to CSDs comprising each ER as seen in Subedi et al. (2020).
For more details on the definition of ER remoteness classes, please refer to the "Concept and Methods" text box in this article.