Workforce Census: Experiences with CNO Report

College of Nurses of Ontario
Ordre des infirmières et infirmiers de l'Ontario

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Executive Summary

This evaluation report examines nurses' experiences with the College of Nurses of Ontario (CNO) and perspectives on CNO's equity efforts. The findings highlight broad support for CNO's equity initiatives, with 80% of nurses recognizing the importance of CNO understanding diverse perspectives and experiences. Support is especially strong among internationally educated nurses (IENs), women, and those identifying outside the gender binary. Approximately 58% agree that their experiences with CNO show an understanding of DEI's importance, and 67% feel that CNO has explicitly condemned racism and discrimination. Perceived gaps in CNO's commitment are more pronounced among nurses under the age of 45, IENs, racialized groups, LGBQA+ individuals, and people with disabilities. Please note that transgender is not included in the LGBQA+ acronym as gender was asked as a separate question from sexual orientation. Two-Spirit is also not included as no Indigenous data is identified in this report.

While 72% of respondents felt the registration process was equitable, notable disparities exist among certain groups—including those identifying as a gender other than man or woman, racialized individuals, LGBQA+, and persons with disabilities—who reported lower levels of perceived fairness. The self-reported survey data shows that certain groups—including Black nurses, men, and individuals with self-reported disabilities—are disproportionately involved in the professional conduct process compared to others.

In response to this data, CNO is committed to taking action to continue to make experiences with CNO more equitable. Following completion of a successful Equity Impact Assessment tool pilot, key CNO teams began training in February 2026. In addition, CNO is

- Developing knowledge translation plans to support integration of these findings into CNO's work
- Continuing Equity Impact Assessment tool training across key CNO teams
- Conducting ongoing demographic data collection
- Applying anti-racist, anti-oppressive, and Indigenous lenses to policies and processes
- Providing nurses with an opportunity during investigations to inform CNO of equity issues impacting their practice
- Creating virtual and in-person focus groups to gain equity-deserving and Indigenous group members' lived experiences and feedback on CNO's Workforce Census findings.

CNO aims to further integrate equity into policies and processes, enhance gender identification options, and add data collection points to the complaints process. Building partnerships with system and community partners, including groups experiencing discrimination, is a priority for collective action and meaningful change.

Introduction

The College of Nurses of Ontario (CNO) serves as the regulatory authority for Registered Nurses (RNs), Registered Practical Nurses (RPNs), and Nurse Practitioners (NPs) within Ontario. CNO's purpose is to protect the public by promoting safe nursing practice. One way to protect the public and promote safe nursing practice is through systematic data collection of nursing demographics and experiences. In 2024, the first Workforce Census (WFC) was launched to give insights into the composition and experiences of nurses in Ontario. From the census, the first report on Demographics and Nursing Practice was released in 2024 (CNO, 2024a). The Demographics and Nursing Practice report released identity, nursing practice and employment data.

Key findings in the first report indicate that, among 31,000 respondents, approximately 32% identified as Indigenous or racialized, representing more than 280 distinct ethnic backgrounds. Each employment sector had a unique demographic profile: NPs and respondents who identified as a gender other than man or woman[1] were most prevalent in the community sector, the hospital sector accounted for the highest proportion of male nurses and RNs and close to half of racialized respondents reported working in long-term care. Notably, respondents who are NPs, RPNs, racialized, LGBQA+ (Lesbian, Gay, Bisexual, Queer or Questioning, Asexual, and other identities)[2], or living with a disability were underrepresented in leadership positions.

In October 2025, supplementary information sheets were released, detailing nurses' working conditions and experiences of discrimination in nursing (CNO, 2025). These information sheets focused on nurses' experiences with ageism, racism, and gender-based discrimination. Drawing from the same respondents in the 2024 survey, the results showed 67% of racialized nurses reported experiencing racism or discrimination. When analyzing data by gender identity, nurses who identify as a gender other than man or woman reported the highest prevalence of discrimination compared to other gender identities. Younger nurses (ages 18–24 years) reported the most frequent experiences of everyday discrimination, compared to nurses in other age groups. Collectively, data from the 2024 WFC report and 2025 information sheets informed development of CNO's three-year Equity strategy, guiding the formation of policies, procedures, and resources. This work also informed the development of the companion document, CNO's Indigenous Equity Framework, to identify actions addressing historical and systemic discrimination and supporting reconciliation.

Box A. CNO's Equity Strategy and Indigenous Equity Framework

The Equity strategy ensures CNO applies an equity and anti-racist lens to organizational processes, operations, communications and interactions (CNO, 2024b). This strategy incorporates feedback from diverse system partners—including the public, applicants, registrants, CNO staff, partners, Council and committees—to ensure input from multiple groups and to mitigate risks and potential harm. The strategy further supports public protection by actively "addressing bias and discrimination in regulatory processes and facilitating progress toward equity within the broader health care system" (p. 4).

[1] Note: Respondents who identified as a gender other than man or woman include transwoman; transman; gender non-binary (including gender fluid, genderqueer, androgynous); Two-Spirit; or not listed, described in free text.

[2] LGBQA+: Lesbian, gay, bisexual, queer/questioning, asexual, and other people who identify as part of sexually diverse communities, who use added terminologies. Please note that transgender is not included in this acronym as gender was asked as a separate question from sexual orientation. Two-Spirit is also not included as no Indigenous data is identified in this report.

CNO's Indigenous Equity Framework focuses on CNO's actions for Indigenous nurses and patients, aimed to offer equitable access to culturally safe services, opportunities and resources. CNO's work specifically addresses the Health Actions in the Truth and Reconciliation Commission's Calls to Action. For example, CNO works to ensure Indigenous foundational education is in curricula for all nursing students.

Aligned with CNO's Equity strategy and the Indigenous Equity Framework, the WFC also collected data about nurses' perspectives and experiences with CNO's equity efforts. This report highlights these findings, focusing specifically on nurses' experiences with CNO, to identify opportunities for enhancing regulatory practices for equity-deserving groups. This approach enables CNO to uphold its accountability as a regulator and strengthens its capacity to advance meaningful equity initiatives.

Methodology

The full methodology is explained in CNO's Demographics and Nursing Practice Report (CNO, 2024a). In brief, the survey was developed through literature reviews and collaboration with system partners (Black Nurses Task Force of the Registered Nurses Association of Ontario, Ontario Black Nurses Network [Pan-Canadian Association of Nurses of African Descent], Canadian Black Nurses Alliance and the Indigenous Primary Health Care Council). The survey was sent to 204,280 nurses and was promoted on social media. We received a total of 31,448 responses, representing 15.4% of CNO's membership. This response rate surpasses the 4–7% typically observed in previous surveys administered to large random samples (≥10,000) of nurses. Please note that Indigenous identity data is not reported or identified in this report as this data will be presented in a future report. Compared to the population data, respondents were more likely to be educated within Canada, aged 45 or older, and women. In addition members of the General or Extended class (compared with the Non-Practising Class) were more likely to complete the survey. In contrast, internationally educated nurses (IENs), nurses under the age of 45, and men are under-represented in the sample. Despite these participation biases, data are presented unweighted[3] as CNO does not have a reliable point of reference on the current nursing population to accurately determine appropriate weights.

Quantitative data was analyzed using descriptive statistics and R software (program used to analyze statistical data). The report excludes responses of "prefer not to answer" from the main analysis, so only respondents who shared an opinion are represented. However, these "prefer not to answer" responses can be found in Appendix B, which means the report and Appendix B data may differ. The survey included several open-ended questions with respondents providing descriptive comments. Using Microsoft Excel, this qualitative data was analyzed using summative content analysis (Hsieh & Shannon, 2005). Summative content analysis involves identifying and quantifying content within comments (or keywords) to understand its use in context (Hsieh & Shannon, 2005). After quantifying keywords, comments are analyzed through latent content analysis, which involves interpreting content to discover underlying meanings (Holsti, 1969). These comments were organized into categories based on quantity and meaning, according to survey questions.

[3] *Unweighted* data means that the data were not changed to reflect the target population. *Weighting* data is a statistical technique to adjust results from the sample to infer results for the population.

Results

The results are organized and presented according to three areas of CNO's work: registration, professional conduct, and registrants' perspectives on equity. For each, the report provides key takeaways followed by a summary of two self-reported data types: quantitative data, which captures numerical trends and percentages, followed by qualitative data, which reflects open-ended text responses (refer to Methodology for more information). This combined approach gives both a high-level summary and personal perspectives for understanding results more holistically. Full results can be found in Appendix B. This includes expanded data on nurses' experiences of discrimination in nursing from the supplementary information sheets.

Registration

Main Takeaways

- **Perceptions of Equity Vary Between Groups:** While 72% of respondents felt the registration process was equitable, notable disparities exist among certain groups—including those identifying as a gender other than man or woman, racialized individuals, LGBQA+, and persons with disabilities—who reported lower levels of perceived equity.
- **Equity-Deserving Groups Experience Barriers:** Transgender nurses expressed concerns about privacy and safety due to name disclosure in the public registry, while nurses with disabilities described difficulties accessing accommodations and adequate support throughout the registration process.
- **Respondents Need Targeted Improvements:** Respondents suggested that CNO enhance resources, improve its call centre, and publicly support nurses with disabilities and those facing discrimination, to ensure more equitable and inclusive registration experiences.
- **CNO Offers Modernized and Flexible Registration Pathways:** CNO updated its registration process for IENs, introducing flexible pathways, such as the Education Pathway and competency assessments. These changes recognize diverse international nursing education and offer alternative ways for IENs to prove their qualifications, all while upholding Ontario's standards for safe nursing practice.

Quantitative Findings

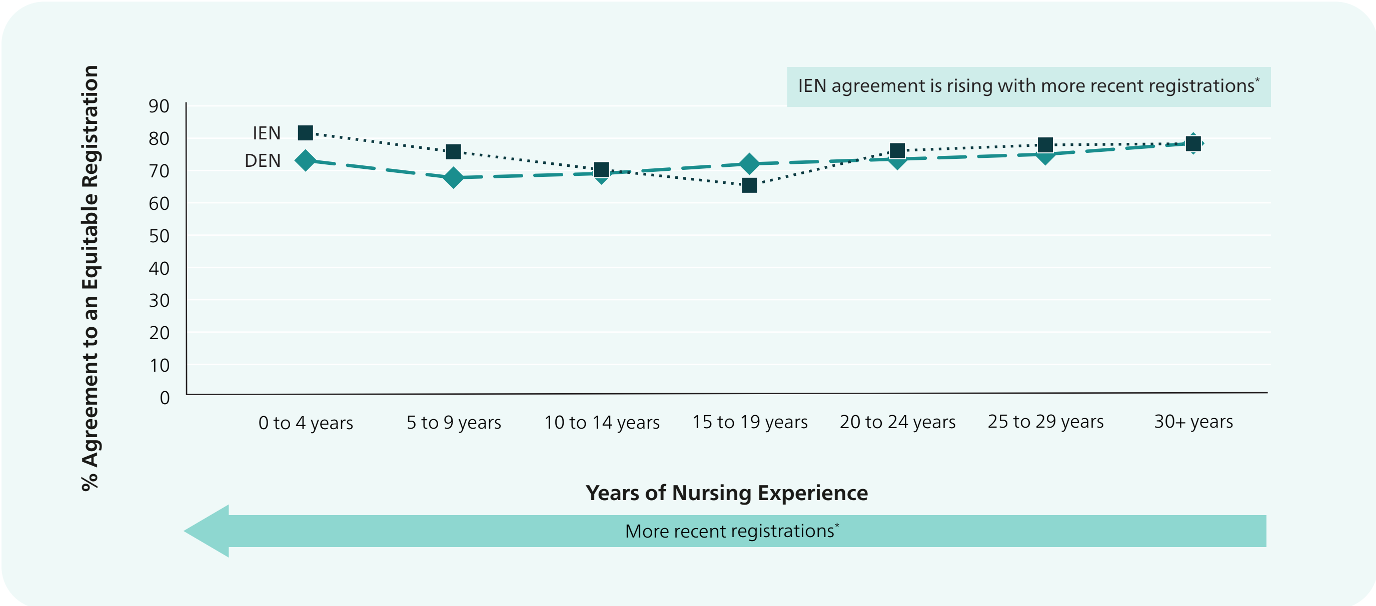
Table 1. Overall responses on perceptions of equity during registration process at CNO

Item	Total *n*	Agree	Disagree	Neither Agree nor Disagree
Do you believe your registration process at CNO was equitable?	25,167	72.2% (*n*=18,183)	10.6% (*n*=2,675)	17.1% (*n*=4,309)

Overall, 72% of respondents agreed their CNO registration process was equitable. This suggests most registrants perceive fair treatment during registration. However, it is important to understand how different segments of respondents (for example, by gender, race, domestically or internationally educated) viewed the registration process. Only 54% of individuals who identified as a gender other than man or woman agreed the process was equitable, compared to 73% of individuals who identified as women and 66% of individuals who identified as men. Non-binary and transgender nurses may feel registration is inequitable as they must choose a gender that does not align with their identity, and this information will "out" them to their employers (Ziegler et al., 2025). Men may perceive less equitable registration with CNO due to prevailing definitions of masculinity and barriers to entering a profession typically occupied by women (Evans, 2004; O'Connor, 2015). Other notable categories scoring lower than 72% included about 67% of Arab, Middle Eastern or West Asian and 67% of racialized respondents who viewed registration as equitable. In addition, only 69% of LGBQA+ individuals and

67% of people with disabilities viewed the registration process as equitable. This suggests registration could be improved for certain groups by addressing specific challenges they face. However, IENs with 0–4 years of nursing experience (and presumably registered more recently) were more likely to agree their registration was equitable. This may be due to changes in IEN registration (see Box B: Changes to IEN Registration).

Figure 1. Equitable registration experiences for IENs and domestically educated nurses (DENs) according to years of nursing experience.



Note: We asked about years of nursing experience inside and outside of Ontario. Given some registrants have nursing experience prior to registration with CNO, years of nursing experience is only a proxy for recency of registration.

Years of Nursing Experience	% Agreement to an Equitable Registration	
	IEN	DEN
0 to 4 years	80.7	72.2
5 to 9 years	74.8	66.8
10 to 14 years	69.2	68.0
15 to 19 years	64.3	70.9
20 to 24 years	74.9	72.3
25 to 29 years	76.6	73.7
30+ years	76.9	77.0

Box B. Changes to IEN Registration

In January 2022, CNO established the Supervised Practice Experience Partnership Program to allow applicants to fulfill evidence of practice and language proficiency registration requirements. In October 2022, CNO allowed applicants to become eligible to register in the Temporary Class if they had completed a nursing program approved or recognized in the jurisdiction in which it was taken and if the applicant had not failed the registration exam twice. Finally, in July 2023, CNO streamlined the registration process so labour mobility applicants could prove recent practice and good standing in their Canadian jurisdiction. Collectively, these changes had important effects on IEN registration, with the proportion of IEN nurses rising since 2019. These changes may have positively influenced IEN nurses' perspectives of the registration process.

After the survey was released, additional changes to IEN registration occurred. Effective April 1, 2025, CNO evaluates nursing education based on two primary criteria. First, programs must be approved or recognized in the applicant's country of origin. These programs must also prepare nurses for the category of nursing relevant to their application. Second, they must meet Ontario's minimum educational requirements: RNs must have a bachelor's-level nursing qualification, whereas RPNs require a diploma-level education. Applicants whose education does not satisfy these requirements may complete a new Education Pathway, available after April 1. RPN IENs can opt to undertake the Competency Assessment Supplement, while RN IENs can undergo a competency assessment. This is a standardized evaluation of IENs' knowledge, skill and judgment, using an Objective Structured Clinical Examination.

The new Transition to Practice Requirement ensures candidates are prepared for the Ontario health care context. This requirement can be fulfilled by completing a Transition to Practice course, demonstrating evidence of recent nursing practice, or graduating from a Canadian nursing program. The recent policy changes hold particular significance for IENs by introducing added pathways for meeting Ontario's registration standards.

Overall, the rationale for these policy changes is to acknowledge the diversity of international educational backgrounds while continuing to apply consistent evaluation criteria. Also, these changes ensure all practicing nurses in Ontario have the requisite knowledge, skill and judgment necessary for safe practice.

Qualitative Findings

Gender: In open-ended comments, transgender respondents shared perspectives on their names and the public registry, highlighting gender dysphoria and fears of being outed. Keeping one's "deadname" (that is, the person's name before transitioning) in the public "Find a Nurse" registry outs the person who has transitioned to employers, patients, and other members of the public. Respondents said this a safety concern, given the discrimination and violence toward people who have transitioned. These findings reflect the same fears reported by 119 transgender and non-binary nursing students and nurses in Canada, who did not feel safe to disclose their gender identity and experienced regular discrimination (Ziegler et al., 2025).

Disability: In open-ended comments, nurses with disabilities reported barriers, such as lack of support and resources, to their registration and renewal process. For example, respondents found it difficult to apply for accommodation with CNO or get information on the registration process as a nurse with disabilities. Findings from a review on UK literature show barriers for disabled nursing students exist from the time of school admission through to registration (Storr et al., 2011). Respondents feared their disabilities could be used to prevent their registration, a concern rooted in fear and misinformation. Respondents suggested improvements to the call centre, having resources on the CNO website for nurses with disabilities to practice safely and that CNO be vocal in supporting nurses with disabilities to work in various settings.

Professional Conduct

Main Takeaways

- **Information on the Professional Conduct Process:** The Professional Conduct process protects the public by addressing complaints and reports about nurses' professional conduct, competence and capacity (health).
- **Disproportionate Representation in Investigations:** Self-reported survey data shows certain groups—including Black nurses, men, and individuals with self-reported disabilities—are disproportionately involved in the professional conduct process compared to others.
- **Perceived Inequity in Investigations:** Qualitative feedback highlights frustration with the process, particularly around perceived racial bias and lack of consideration for anti-Black racism and ableism. Some respondents believe members who are White are treated more favourably in investigations.
- **Greater Transparency and Fairness Required:** Respondents suggest greater transparency is needed to show how incapacity decisions are made, especially about the impact of disabilities and ensuring fair treatment for all nurses.

Box C. Background on the Professional Conduct Process

The Professional Conduct process protects the public by addressing complaints and reports about nurses' professional conduct, competence and incapacity (health). Anyone—patients, families, employers, or colleagues—can submit concerns about a nurse's professional behaviour, clinical competence, ethics, or any health condition(s) that may be impacting safe practice.

Complaints and reports are first reviewed to determine the nature of the issue and assess the level of risk. Some types of complaints can be resolved using an alternative dispute resolution (ADR) process, where the complainant and nurse consent to the process and agree to a resolution. The Inquiries, Complaints and Reports Committee (ICRC) can either adopt the proposed resolution or continue the investigation. When an ADR is not possible, cases are investigated and the ICRC decides what action to take. The ICRC considers the complaint or report and the record of investigation, which includes the nurse's registration information, prior decisions regarding the nurse, interviews, patient medical records, facility policy documents, relevant standards of practice and the nurse's submissions in response. Potential outcomes are no further action, advice, a caution, a specified continuing education or remediation program or referral of allegations of professional misconduct or incompetence to the Discipline Committee for hearing, which are generally public. In cases with a

professional misconduct or incompetence finding, potential discipline outcomes include a reprimand; a fine; the imposition of terms, conditions and limitations on the nurse's certificate of registration; suspension or revocation; and dispositions specific to findings of sexual abuse.

Health-related cases follow the health inquiry process and are also considered by the ICRC. The ICRC may take no further action, accept an undertaking from the nurse to engage in health and practice monitoring through the Nurses' Health Program or CNO or refer an allegation of incapacity to the Fitness to Practise Committee for a hearing. Fitness to Practise hearings are generally closed to the public because they involve the nurse's confidential health information. In cases with a finding of incapacity, Fitness to Practise outcomes include consent agreement and undertaking by the nurse to engage in health and practice monitoring; the imposition of terms, conditions and limitations of the nurse's certificate of registration; suspension; or revocation.

Quantitative Findings

Table 2. Overall responses on whether respondents have been involved in the professional conduct process at CNO

Item	Total *n*	Yes	No
Have you ever been the subject of a report or complaint to the College?	25,431	7.1% (*n*=1,814)	92.9% (*n*=23,617)

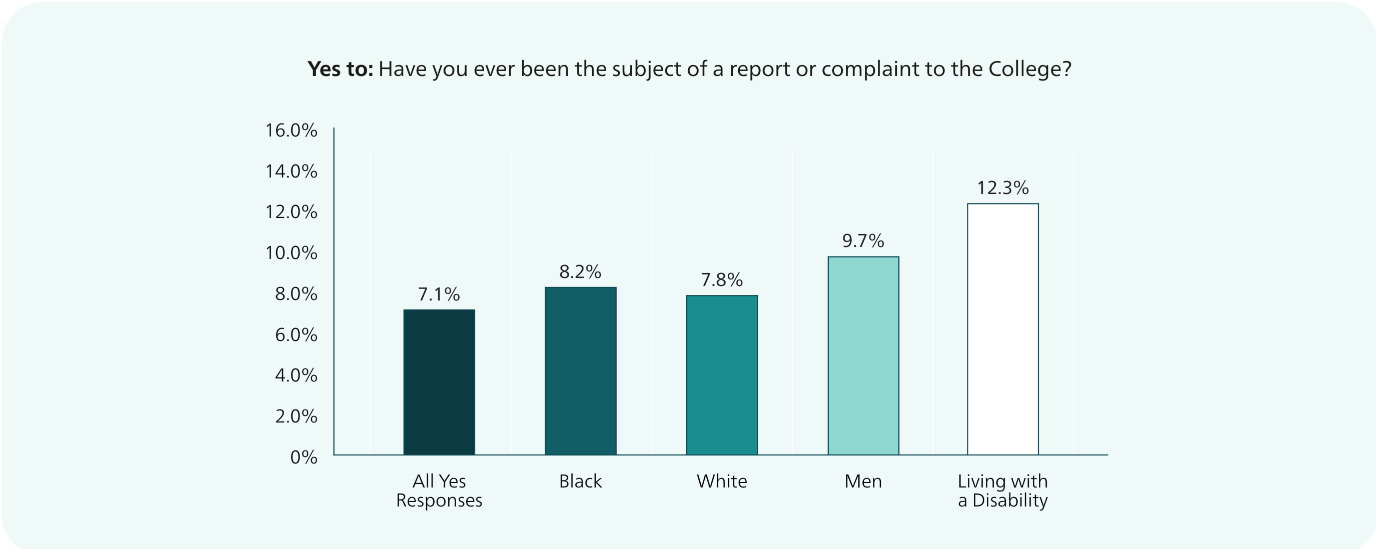
Table 3. Overall responses on perceived influence of identity on professional conduct matters

Item	Total *n*	Negative Influence	No Influence	Positive Influence
Do you believe your identity had an influence on how the matter was handled by CNO?	1,708	16.0% (*n*=273)	70.9% (*n*=1,211)	13.1% (*n*=224)

Approximately 7% of respondents self-reported they have been involved in the professional conduct process. Similarly, administrative data estimates approximately 8% of nurses who were invited to respond to the survey have been involved in the professional conduct process. This means this survey sample is likely representative of the nursing population's involvement in professional conduct.

Respondents who self-reported they were involved in a professional conduct process were disproportionately Black (8.2%), men (9.7%), and individuals with a self-reported disability (12.3%). See Figure 2 on the following page.

Figure 2. The percentage of nurses of diverse demographic backgrounds involved in the professional conduct process



Demographic Background	% Yes Responses
All Yes Responses	7.1
Black	8.2
White	7.8
Men	9.7
Living with a Disability	12.3

The self-reported data about men are consistent with internal data from 2019–2021, which shows there are significantly more men than women involved in professional conduct matters. While men only make up 8% of all registrants, they account for 15% (nearly double) of the professional conduct matters. Similarly, research from 2000–2009 indicates male physicians are overrepresented in discipline cases (92%) (Alam et al., 2011).

Nurses involved in the professional conduct process who were older (65+ years of age; 20%), internationally educated (27%) or South Asian (30%), were more likely to view that their identity positively influenced the professional conduct process compared with other groups. Conversely, nurses who identified as men (29%), Black (22%), other racial identities (26%), South Asian (32%), LGBQA+ (22%), or self-reported a disability (20%) were more likely to view that their identity negatively influenced how the professional conduct process was handled at CNO. These data highlight that most identities disproportionately involved in the professional conduct process are also more likely to feel their identity negatively influences how CNO handles the matter. These findings underscore the importance of continued efforts to address equity within the professional conduct process to ensure all nurses experience fair and respectful treatment, regardless of their identity.

Other Regulators

In 2017, the University of Greenwich conducted research with the Nursing and Midwifery Council in the United Kingdom to understand equity, diversity and inclusion in registration and professional conduct matters (West et al., 2017). In the UK, the fitness-to-practice process encompasses matters regarding nurses' professional conduct, competence and incapacity (health). In contrast, in Ontario, there is a distinct health inquiry process for matters regarding a nurse's health condition that may impact their ability to practice safely. The UK researchers found that professionals who are men, Black, living with a disability, or whose sexual orientation was unknown, were

more likely to progress through the stages of the fitness-to-practice process (West et al., 2017). Professionals living with a disability and men were more likely to have an adjudication decision preventing them from practicing (West et al., 2017). Research from American physicians suggests physicians with disabilities are significantly more likely to experience mistreatment, leading to burnout and a higher risk of harming patients (Meeks et al., 2022). While the disciplinary process is different in the UK and the US, this research highlights that similar patterns exist across nursing regulatory bodies outside of CNO and demonstrates systemic discrimination.

Qualitative Findings

The qualitative data also supports the quantitative findings. Respondents discussed frustration with the professional conduct process, highlighting the lack of consideration of anti-Black racism in the reporting and inquiries process. Some respondents felt they received reports or complaints due to racism, which was not adequately considered by CNO during investigations. Several comments suggested that White members are treated more favourably in investigations than are racialized members. Research among Black American physicians shows Black physicians are more burned out, stressed, and lack access to institutional support resources, which may contribute to higher rates of complaints (Ogunyemi et al., 2025).

There are also concerns from members with self-reported disabilities about the professional conduct process. Members with self-reported disabilities are concerned that ableism influences health incapacity and professional conduct decisions and lacks acknowledgement that nurses with disabilities can practice safely. Respondents suggested there needs to be greater transparency about how CNO comes to judgments about whether nurses can practice safely when making incapacity decisions. These concerns may be rooted in both a) real experiences of discrimination with CNO and b) fear and misinformation. Just because a member identifies as having a disability does not mean they need to be reported for incapacity. Incapacity requires two components: a) having a physical or mental condition and b) the condition warrants restrictions (or prohibition) on the member's practice. If the disability or condition does not affect nursing practice, then this does not need to be reported to CNO. This shows CNO needs to take actions to eliminate discrimination from the professional conduct process and also needs to communicate better about the purpose and process of incapacity reporting and how it may or may not affect nurses with disabilities.

Registrants' Perspective: Equity Feedback for CNO

Main Takeaways

- **Broad Support for Equity Efforts:** Most respondents recognize the importance of CNO's equity work, with 80% agreeing that understanding diverse perspectives and experiences is valuable. Support is especially high among IENs, women and those identifying as a gender other than man or woman.
- **Expectations for Equitable Policies and Cultural Awareness:** A large majority (about 87%) believe it is important for CNO to implement equitable policies and conduct interactions with respect for cultural needs. Higher support for these initiatives is seen among IENs and individuals from South Asian and Southeast Asian backgrounds.
- **Perceived Gaps in CNO's Understanding and Action:** Only 58% agree their experiences with CNO demonstrate that the organization understands the importance of diversity, equity, and inclusion (DEI), and 64% feel CNO has explicitly condemned racism and discrimination. Nurses under the age of 45, IENs, racialized groups, LGBQA+ individuals, and people with disabilities are more likely to perceive gaps in CNO's commitment to DEI.

- **Resistance and Misconceptions about Equity:** A minority of respondents resist equity work, viewing identity as irrelevant (colour-blindness) or expressing concerns about "reverse discrimination" (resource threat). However, workforce data and research confirm discrimination disproportionately affects racialized nurses, gender-diverse nurses and nurses with disabilities, highlighting the need for continued equity focus and education.
- **Equity as Foundational to Addressing Broader Issues:** While some call for CNO to prioritize wages, retention, and working conditions above equity, evidence and research show these priorities are interconnected. Equity initiatives support nurse retention, improve working environments and help address pay inequities and burnout, reinforcing that equity is integral to overall improvements in nursing practice.

Overall Quantitative Findings

Table 4. Overall responses on importance for CNO to understand diverse perspectives, implement equitable policies and conduct interactions with respect

It is important for CNO to…	Total *n*	Unimportant	Neutral	Important
…seek to understand the diverse perspectives of applicants, registrants, community and relevant partners, members of the public and others who experience regulation	25,489	6.4% (*n*=1,640)	13.7% (*n*=3,487)	79.9% (*n*=20,362)
…implement equitable policies, practices and processes with transparency	25,666	5.1% (*n*=1,315)	8.3% (*n*=2,140)	86.5% (*n*=22,211)
…conduct interactions with respect and awareness of cultural needs	25,727	4.7% (*n*=1,203)	7.9% (*n*=2,039)	87.4% (*n*=22,485)

Table 5. Overall responses on agreement with CNO's understanding of the role of DEI and condemning racism and discrimination

Survey Item	Total *n*	Agree	Neither Agree nor Disagree	Disagree
My experiences with CNO have demonstrated that the organization understands the importance of DEI	25,533	57.7% (*n*=14,739)	28.5% (*n*=7,268)	13.8% (*n*=3,526)
CNO has explicitly condemned all forms of racism and discrimination	25,402	66.5% (*n*=16,885)	22.4% (*n*=5,694)	11.1% (*n*=2,823)

Survey Item: Importance for CNO to Understand Diverse Perspectives

Quantitative Data

Most respondents agreed it is important for CNO to engage in DEI work. Approximately 80% of respondents agreed it was important to understand the diverse perspectives and experiences of applicants, registrants, community and relevant partners, members of the public and others who experience regulation. This shows broad recognition of diversity's value in nursing practice, and that CNO plays an important role in DEI work.

A greater proportion of IENs (86%) compared to domestically educated nurses (79%) believe it is important for CNO to understand diverse perspectives. A greater proportion of individuals who identified as women (80%) and a gender other than man or woman (91%) compared to men (76%) believe it is important for CNO to understand diverse perspectives and experiences. Added demographic data analysis is reflected in tables in Appendix B. This may reflect lived experiences of marginalization or unique challenges faced by these groups within nursing practice.

Qualitative Findings

The qualitative findings support the quantitative data. Respondents were supportive of CNO conducting the WFC, recognizing the importance of acknowledging inequities and biases. Importantly, some respondents credit undertaking the WFC as an action of accountability, due to support from leadership. Indeed, research shows health care organizations in Canada should embed DEI into leadership competency (Mullin et al., 2021). Practices and initiatives to do so include strategic planning, training and education, talent and recruitment, enabling implementation and impact and strengthening culture (Mullin et al., 2021). CNO is actively engaged in all of these practices:

- **Strategic planning:** CNO created an Equity strategy in 2024 (CNO, 2024b).
- **Training and education:** CNO is a member of the Canadian Centre for Diversity and Inclusion, which offers access to their education materials and workshops. CNO staff also participated in the Indigenous Primary Health Care Council training in Indigenous Mental Health.
- **Talent and recruitment:** The senior leadership team is diverse in background, age, gender and race.
- **Enabling implementation and impact:** CNO has assigned an accountable party at the executive level – the Director of Equity Leadership.
- **Strengthening culture:** CNO staff are regularly engaged in equity conversations and conduct work with equity initiatives, such as building relationships with nurses who have diverse lived experiences and collecting demographic data where possible.

Survey Items: Importance for CNO to Implement Equitable Policies and Conduct Interactions with Respect

Approximately 87% of respondents agreed it is important for CNO to implement equitable policies, practices, and processes. Approximately 87% of respondents believe it is important for CNO to conduct interactions with respect and awareness of cultural needs. Internationally educated nurses (91%), individuals identifying as a gender other than man or woman (94%), South Asian (90%) and Southeast Asian (91%) respondents particularly emphasize the importance of policy equity and culturally aware communication, reflecting an expectation for culturally fluent interactions.

Survey Item: CNO Understanding Importance of DEI

Approximately 58% agreed that CNO understands the importance of DEI. This shows there is room for growth to prove how CNO recognizes equity in a public-facing manner. A higher proportion of younger nurses (under the age of 45; approximately 16-17%), IENs (16%), individuals who identify as a gender other than man or woman (29%), racialized nurses (15–24%), LGBQA+ (19%), and individuals with disabilities (19%) find that CNO *does not* understand the importance of DEI.

Survey Item: Condemning Racism and Discrimination

Approximately 67% of respondents agreed that CNO has explicitly condemned racism and discrimination, which signals ongoing need for explicit action. A higher proportion of Black (20%), LGBQA+ (15%), respondents with disabilities (16%) and respondents who identify as a gender other than man or woman (19%) *disagree* that CNO has explicitly condemned all forms of racism and discrimination.

Resistance to Equity

Some qualitative comments suggested resistance to equity work, stating that identity is irrelevant to nursing and CNO's governance. Respondents echoed sentiments such as "I don't see colour", representing colour-blind ideology, which is "a mode of thinking about race organized around an effort to not 'see,' or at any rate not to acknowledge racial differences" (Frankenberg, 1993). This ideology perpetuates harm by ignoring systemic inequities, erasing lived experiences of racism and hindering efforts for anti-racist action. While some comments argued issues of race and gender introduce unnecessary complexity, these perspectives often come from groups less likely to experience marginalization, minimizing racism and upholding the racial status quo (Cunningham & Scarlato, 2018). Research suggests these respondents may be privileged in that they may not need to think or worry about how their identity affects their nursing practice. Colour-blindness aims to show that respondents are not racist themselves, but still closes off conversations of equity without any nuance.

This highlights the difference between being 'not racist', which is a "statement and stance of neutrality whereas 'anti-racist' is defined as a practice that actively opposes systemic racism" (North, 2020).

These results suggest CNO may need to be more explicit in media and newsletters about how identity affects nurse experiences, to shift perspectives from 'not racist' to 'anti racist'.

Some respondents highlighted threats to the dominant group, including symbolic and resource threats. A minority of respondents recommended focusing on compensation, retention, staffing, burnout, and working conditions. There is no question these other priorities are important for considering safe nursing practice. These sentiments, however, reflect a symbolic threat (Iyer, 2022). Symbolic threats involve perceived attacks on one's "way of life", which includes beliefs, values, practices and norms (Rios et al., 2018). Also, some respondents from dominant groups (for example, White, straight, cis-gender) raised concerns that CNO's equity work leads to unequal opportunities or oppression for the dominant group.

Reminder:
Only a minority of respondents expressed resistance to equity work; 80% of respondents believe it is important for CNO to seek to understand the diverse perspectives of applicants, registrants, community and relevant partners, members of the public and others who experience regulation.

Data suggest this represents a resource threat, which occurs when the dominant group thinks they will lose concrete outcomes, opportunities or positions of power previously available to them (Iyer, 2022). However, data from the supplementary information sheets released from the WFC show that respondents who identified as Black, a gender other than man or woman, or a person with a disability reported more frequent experiences of discrimination. This is corroborated by several external reviews that demonstrate evidence of racism and discrimination experienced by ethnic minority nursing professionals across all domains of practice in Canada (Dordunoo et al., 2024; Jefferies et al., 2022).

One way to address symbolic and resource threats is to identify the broader group interests served by DEI policies (Iyer, 2022). For example, nursing priorities listed by the dominant group (such as compensation, retention) are, in fact, interconnected with equity priorities: wage disparities for women persist (Gupta et al., 2022), equity initiatives contribute to retention (Health Canada, 2024), health equity frameworks can address burnout (Cunningham & Gonzalez-Guarda, 2023) and DEI efforts enhance workplace environments (Reiter-

Palmon & Millier, 2023). Equity efforts are a process for making places and experiences better and safer. CNO's Equity strategy highlights guiding principles of evidence-informed decision-making, strengths-based planning, and forward thinking, which ensure alignment between nursing practice priorities and equity.

Moving Toward Action: Expanding the Action Plan/Response

Respondents who supported the value of DEI expressed a desire for CNO to strengthen its efforts in promoting equity. Through open-ended responses, the respondents suggested the following steps:

- Releasing a statement on racism and discrimination
- Working toward reducing workplace discrimination
- Developing equity policies and practice guidelines
- Developing educational resources for nurses and the public
- Increasing racial and ethnic diversity among staff, particularly in positions of leadership

After analyzing the data from the WFC, leaders at CNO met and examined the qualitative and quantitative data. They discussed and collated actions CNO could take in the short, medium, and long term. These discussions were important for gathering insights on how data from the WFC can directly influence equity actions at CNO. In 2024, CNO released an Equity strategy that highlighted four key actions: **evolve**, **educate**, **engage** and **evaluate**. Table 6 summarizes key CNO actions that are completed, ongoing (in progress), and planned improvements associated with each of the Equity strategy's four key actions.

Table 6. Key action items and relationships with respondent recommendations and Equity strategy

Type of Action	Action	Relationship to Respondent Recommendation	Related Equity Strategy Action
Completed Action	**Leadership meeting to discuss equity actions**	Developing equity policies and practice guidelines	Evolve
	Publishing the WFC data	Releasing a statement on racism and discrimination	Educate, engage
	Added equity training	Developing equity policies and practice guidelines	Educate
	Updated name change policy	Developing equity policies and practice guidelines	Evolve
	Providing accommodations for registration exams	Developing equity policies and practice guidelines	Evolve
Ongoing Actions	**Using an Equity Impact Assessment tool**	Developing equity policies and practice guidelines	Educate
	Developing an ongoing WFC strategy	Working toward reducing workplace discrimination	Evaluate
	Applying anti-racist, anti-oppressive and Indigenous lenses	Developing equity policies and practice guidelines; working toward reducing workplace discrimination	Evolve
Planned Actions	**Continual analysis of additional opportunities for equity**	Developing equity policies and practice guidelines; working toward reducing workplace discrimination	Evolve
	Shifts to the gender identification policy	Developing equity policies and practice guidelines	Evolve
	Explore adding data collection points to CNO processes	Developing equity policies and practice guidelines; Working toward reducing workplace discrimination	Evaluate
	Build action plans with system and community partners	Developing educational resources for nurses and the public; developing equity policies and practice guidelines	Engage

Note: WFC = Workforce Census.

Completed Actions

- **Leadership meeting to discuss equity actions:** In April 2025, the leadership team met to discuss the WFC findings. The leaders reflected on the respondents' suggestions for improving equity processes at CNO and created a list of short-, medium-, and long-term actions for implementation at CNO. This reflects the Equity strategy's **evolve** action as it demonstrates that CNO continues to review and update policies and processes based on the best available information and practices.
- **Publishing the WFC data:** All data from the WFC has been published externally. This includes the *2024 WFC: Demographics and Nursing Practice Report* (CNO, 2024a) and three information sheets focusing on racism, ageism, and gender-based discrimination. Comprehensive knowledge translation plans that support the translation of knowledge to practice were also developed for each WFC report. This includes an internal knowledge translation plan to support integrating the findings across all domains of CNO's work. Further, CNO is committed to working with an Indigenous partner to publish Indigenous WFC data to respect data sovereignty. This aligns with the DEI strategy's **educate** and **engage** actions as CNO is committed to disseminating the findings of each WFC evaluation.
- **Added equity training:** The professional conduct team has engaged in additional training on equity and trauma-informed and compassionate regulation. This allows staff to approach regulatory processes with an equity lens and engage with diverse participants in an informed manner. The registration and customer service teams have undergone extra training on human rights and our duty to accommodate. This reflects the DEI strategy's **educate** action as CNO is committed to continuous learning and improvement.
- **Updated name change policy:** In 2025, CNO created a policy supporting members to change their name in the public register in compliance with the Ontario Human Rights Code, where members making the request require accommodation including gender identity. This means a legal name change is not required; rather, a description of the accommodation is needed and CNO considers this request based on available information. Members who request to change their name in the public register based on protecting gender identity or expression are given the option to remove their legal or former name from the public register. This protects individuals who are transgender or who identify outside of the gender binary from being outed to the public. This reflects the Equity strategy's **evolve** action as CNO continues to review and update policies based on the best available information and practices.
- **Providing accommodations for registration exams:** In 2025, CNO created a policy to ensure requests for accommodation for registration exams are reviewed in accordance with the Ontario Human Rights Code. The request must be based on a recognized diagnosis of disability and appropriate documentation. This reflects the Equity strategy's **evolve** action; CNO continues to review and update policies based on the best available information and practices.

Ongoing Actions

- **Implementing an equity impact assessment tool:** CNO has selected the equity sequencing tool developed by Tidal Equality© to use as an equity impact assessment tool called Equity Sequence®. Equity Sequence® includes five questions and a training session to educate users about how questions should be applied to projects. The training session is a 3-hour, instructor-led interactive session with a mix of instruction, breakout activities, and application of the tool. A total of five staff members completed a pilot of the training in 2025 (across the equity leadership, strategy, and professional conduct teams). This training will be expanded in 2026, then embedded across the organization, encompassing the Equity strategy's **educate** action.
- **Developing an ongoing WFC strategy:** A subsequent report, still to be released, focuses on Indigenous nurses' experiences. CNO is working with an Indigenous partner on the data and report. CNO is actively developing

a strategy to continue demographic data collection work in the future. CNO will explore how best to collect demographic data (for example, through surveys, annual membership renewal, registration), along with whether the data should be anonymized. This ongoing data collection will help CNO determine, over time, changes in experiences with equity with CNO and workplaces. Consistent data collection of demographics and equity experiences aligns with the Equity strategy's **evaluate** action.

- **Applying anti-racist, anti-oppressive and Indigenous lenses:** There are calls for CNO to apply anti-racist, anti-oppressive and Indigenous perspectives to all CNO policies and processes. CNO is addressing the health care Calls to Action in the Truth and Reconciliation report, including those for educational program review processes, and remains open to adapting its strategies as this work evolves. During professional conduct processes involving equity issues, CNO may seek assistance from professionals with specific equity leadership expertise to inform CNO processes and committee decisions. The professional conduct team is also encouraging nurses to advise CNO of equity issues impacting their practice when responding to an investigation. Finally, CNO is now using gender-neutral language in all English letters to registrants and applicants and is working to do the same for French letters. These examples align with the Equity strategy's **evolve** action. Future work is needed to review processes using anti-racist, anti-oppressive and Indigenous lenses.

Planned Actions

- **Continual analysis of additional opportunities for equity:** CNO needs to continue assessing how equity can be further integrated into our policies and processes. For example, organizing regular (such as quarterly, bi-annually), organization-wide check-ins about opportunities for enhancing equity across different teams. Also important is continuing to review feedback from the WFC to explore opportunities for more transparency in policies and information about CNO and processes. Analyzing opportunities for equity aligns with the Equity strategy's **evolve** action.
- **Gender Identification Policy:** CNO is exploring collecting gender identity data during registration. CNO is shifting to ensure members can select genders that reflect their identity. There is commitment to ensure that each member will be able to identify with a gender(s) by the end of 2026. This reflects the Equity strategy's **evolve** action.
- **Explore adding data collection points to CNO processes:** CNO is exploring adding data collection points to the complaints process to understand complainant demographics. Future work is needed to understand the demographic data of nurse members involved in the professional conduct process. CNO is committed to ensuring nurse members engaging in the professional conduct process feel comfortable sharing demographic data with CNO and know these data will not be used against them in any way or be linked with other identifiable data. Adding data collection to the professional conduct process reflects the Equity strategy's **evaluate** action.
- **Build action plans with system and community partners:** CNO is committed to building relationships with system and community partners for collective system actions. This includes engaging with new communities that experience discrimination challenges, such as transgender, LGBQA+ and nurses with disabilities groups. We will continue to engage with current partners, including the Indigenous Primary Health Care Council and several Black nursing working groups. Building partnerships requires mutual meaningful benefits for all parties, and principles for meaningful partnership are being developed. In addition, relationships with employers are needed to encourage dialogue to address systemic issues, such as implicit biases from patients and employers that may result in higher proportions of Black nurses and nurses with disabilities involved in the professional conduct process. Building partnerships across the health system falls under the Equity strategy's **engage** action.

Conclusion

The WFC and associated reports from CNO offer a comprehensive overview of nursing demographics, experiences and perceptions of DEI within nursing and CNO. The WFC represents a robust quantitative and qualitative data collection effort from a large group of respondents, enabling insights into nurses' experiences across employment sectors and demographic backgrounds. Key strengths include analyses of equity-deserving groups, transparent publication of findings and integration of census data into actionable equity strategies, policies and ongoing organizational change. CNO's commitment to evolving its registration pathways and professional conduct processes, and embedding equity principles into its operations, shows leadership and accountability in advancing equity within nursing practice to promote safe nursing.

However, the report has some limitations. Participation bias was present, with certain groups—such as IENs, nurses under the age of 45, and men—underrepresented in the sample. Data were presented unweighted due to lack of a reliable reference for the nursing population, which may impact the generalizability of findings. Some qualitative feedback highlighted ongoing gaps in transparency, anti-racism and support for equity-deserving groups. Resistance to equity efforts from some majority group members also underscores the need for further education and communication about the interconnectedness of equity with broader nursing priorities.

Looking ahead, CNO's steps forward include continued and expanded data collection to monitor progress and inform future initiatives, further integration of anti-racist and Indigenous lenses across all processes and ongoing development of equitable policies—such as more inclusive gender identification options and better communication about the incapacity process for nurses with disabilities. Building stronger partnerships with system and community partners, increasing transparency and fostering a culture of accountability remain central to advancing meaningful change. The ongoing evaluation and evolution of equity actions, guided by evidence and partnership, will be critical in ensuring all nurses in Ontario experience fairness, respect and opportunity in their professional practice.

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Appendices

Appendix A. Glossary

Ableism: A belief system that regards individuals with disabilities as less deserving of respect and consideration, less capable of contributing or participating and possessing less inherent value than others. Ableism can be either conscious or unconscious and may be embedded within institutions, systems or the broader cultural framework of a society. Such attitudes and practices can restrict opportunities for individuals with disabilities and hinder their inclusion in community life (Ontario Human Rights Commission, 2016).

Anti-racist lens: An approach that actively identifies and addresses racism by changing systems, organizational structures, policies and practices and attitudes so that power is redistributed and shared equitably (Government of Canada, 2023).

College of Nurses of Ontario (CNO): The regulatory body responsible for regulating Registered Nurses (RNs), Registered Practical Nurses (RPNs) and Nurse Practitioners (NPs) in Ontario. CNO's mandate is to protect the public by promoting safe nursing practice.

Colour-blind ideology: A mode of thinking about race organized around an effort to not "see," or at any rate to not acknowledge racial differences (Frankenberg, 1993). This ideology perpetuates harm by ignoring systemic inequities, erasing lived experiences of racism and hindering efforts to anti-racist action. In the report, this concept is discussed in relation to resistance to diversity, equity and inclusion work. For example, colour-blind ideology emerges when nurses assert that race should not be considered and instead advocate for evaluating individuals solely based on skills and merit.

Deadname: The act of referring to a trans or non-binary person by the name they used before transitioning. A "dead name" is often the name assigned to a person at birth or their former legal name (Rainbow Health Ontario, n.d.).

Diversity: The variety of unique dimensions, qualities and characteristics all individuals possess and the mix that occurs in any group of people. Race, ethnicity, age, gender, sexual orientation, religious beliefs, economic status, physical abilities, life experiences and other perspectives can make up individual diversity (Canadian Centre for Diversity and Inclusion, 2024).

DEI: Diversity, equity and inclusion.

Equity: The state in which everyone is treated according to their diverse needs in a way that enables all people to participate, perform and engage to the same extent (Canadian Centre for Diversity and Inclusion, 2024).

Equity impact assessment tool: A structured tool used by CNO to assess how policies, programs or decisions may affect equity-deserving groups and to identify potential unintended impacts.

Equity-deserving groups: Groups of people who have been historically disadvantaged and under-represented. These groups include but are not limited to the four designated groups in Canada—women, visible minorities, Indigenous people and people with disabilities—and people in the 2SLGBTQI+ community, people with diverse gender identities and different sexual orientations. This term is gradually replacing equity-seeking in Canada, as it takes the onus off of historically disadvantaged and under-represented groups and emphasizes that these groups are inherently deserving of the equity that they have historically been denied (Canadian Centre for Diversity and Inclusion, 2024).

Fitness to Practise Committee: Supports CNO's commitment to the public by addressing concerns about the impact of a nurse's health on public safety.

Inclusion: Creating a culture that embraces, respects, accepts and values diversity. It is a mindful and equitable effort to meet individual needs so everyone feels valued, respected and able to contribute to their fullest potential. Where diversity occurs naturally, creating the mix in the organization, inclusion is the choice that helps the mix work well together (Canadian Centre for Diversity and Inclusion, 2024).

Inquiries, Complaints and Reports Committee (ICRC): A CNO committee responsible for reviewing complaints, reports and investigations related to professional conduct, competence and capacity and determining appropriate outcomes.

Internationally educated nurse (IEN): A nurse who completed their primary nursing education outside of Canada.

Knowledge translation (KT): A dynamic and iterative process that includes synthesis, dissemination, exchange and ethically sound application of knowledge to improve the health of Canadians, provide more effective health services and products and strengthen the health care system (Canadian Institutes for Health Research, 2020).

LGBQA+: Lesbian, gay, bisexual, queer/questioning, asexual and other people who use additional terminologies to indicate they identify as part of sexually diverse communities. Please note that transgender is not included in this acronym as gender was asked as a separate question from sexual orientation. Two-Spirit is also not included as no Indigenous data is identified in this report.

Nurse practitioner (NP): Also known as Registered Nurses in the Extended Class, these are registered nurses who have met additional education, experience and exam requirements set by the College. They are authorized to diagnose, order and interpret diagnostic tests and prescribe medication and other treatment.

Professional conduct process: Protects the public by addressing complaints and reports about nurses' professional conduct, competence and incapacity (health) in the public interest. Anyone—patients, families, employers or colleagues—can submit concerns about a nurse's conduct, competence or capacity (health) to CNO. These may involve professional behaviour, clinical competence, ethics or health condition(s) that may be impacting safe practice.

Registered nurse (RN): A regulated nursing role in Ontario that requires a bachelor's-level nursing education and registration with CNO.

Registered practical nurse (RPN): A regulated nursing role in Ontario that typically requires a diploma-level nursing education and registration with CNO.

Resource threat: A perceived threat of losing concrete outcomes, opportunities or positions of power that had been previously available. In the report, this term is used to describe some forms of resistance to DEI initiatives (Iyer, 2022).

Symbolic threat: A perceived threat to values, beliefs or social norms. In the report, this term is used to describe some forms of resistance to DEI initiatives (Iyer, 2022).

Workforce Census (WFC): A large-scale survey conducted by CNO to collect demographic, professional and experiential data from nurses in Ontario. The *Experiences with CNO* report is based on WFC data.

Appendix B. Response rates and statistical tables

Data in the bivariate tables include statistics on nurses' experience with nursing practice and with CNO. Nurses' experience in their practice is reported in the supplementary information sheets. This includes data from the Everyday Discrimination Scale by Sternthal et al. (2011). Data with values under 10 were suppressed, along with complementary suppression of the next-largest value in the same row to prevent residual disclosure.

Response rates and statistics for the *Experiences with CNO* report.

College of Nurses of Ontario

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