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

Experiences of Discrimination in Nursing Practice: A Focus on Racism

CNO conducted the Workforce Census survey in February 2024 to understand the identities (for example, racial identity) and experiences of nurses with racism and other biases. Here, we present a descriptive snapshot of respondents' experiences to build awareness and provide evidence on barriers to safe workplaces and quality practice settings.

What is racism?

According to the Canadian Centre for Diversity and Inclusion[1], racism refers to beliefs due to assumed differences between groups of people with different characteristics and exists at different levels:

- **Individual (or interpersonal) racism:** Discrimination stemming from individual beliefs, attitudes and actions about racial identities.
- **Institutional racism:** Policies and practices rooted in the institutions of a society (for example, government, education, organizations) that either disadvantage or advance specific groups of people.
- **Structural or systemic racism:** The collective impact of history, society, culture, institutions and the economy that has contributed to the barriers and biases racialized people (non-white ethnic and racial groups) now face.

What does racism in nursing practice look like?

In this section, we briefly summarize what is known about discrimination toward racialized nurses from the research literature.

- They face questions around their nursing education and qualifications[2] and are subjected to greater scrutiny in their practice, for example, micromanagement, having to work harder to prove themselves[3]
- There is a lack of support from peers and managers in their nursing practice[3]
- They are under-represented in positions of leadership[4]
- Racialized nurses face verbal abuse, such as racial slurs and insults, from patients[3,5]
- They are disproportionately referred to the regulatory body for disciplinary proceedings[6]

Our results

Preface

Over 31,000 nurses shared their experiences on the Workforce Census, resulting in a response rate of approximately 15%. However, it is important to note that the survey findings represent only a sample of the nursing population and do not reflect the profession in its entirety.

We recognize experiences are compounded by intersecting identities[7] and not shaped solely by one's race. This document focuses on experiences of racism; experiences through an intersectional lens will be discussed in a separate work. Anti-Indigenous racism will also be explored separately, with an Indigenous-led lens.

Global discrimination

Global discrimination is an overall assessment to any exposure to perceived racism or discrimination. In response to the question, "*Across academic, clinical or other professional settings, do you believe you have experienced racism or discrimination related to your identity?*"[a], 37% of all respondents answered *yes*. However, this varied greatly by race, and across racialized respondents, 67% answered *yes*.

Table 1. Response to global discrimination, stratified by race.

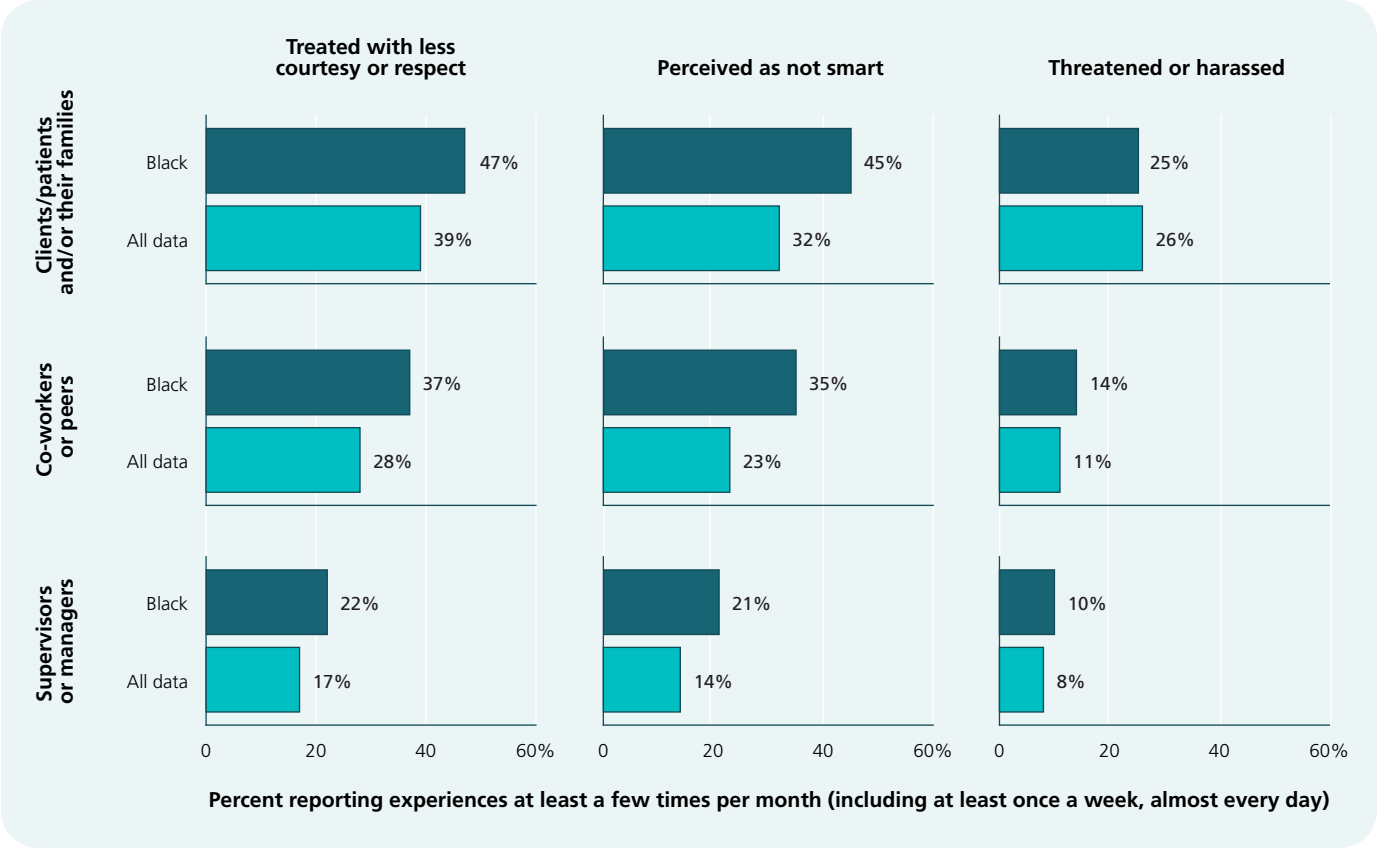
Group		%
Overall "yes" responses to experiences of racism or discrimination		**37% (*n* = 9,337)**
Racialized total		**67% (*n* = 4,817)**
Racialized	Arab, Middle Eastern or West Asian	60% (*n* = 167)
	Black	84% (*n* = 1,347)
	East Asian	68% (*n* = 465)
	Mixed	53% (*n* = 329)
	Latin American	57% (*n* = 130)
	South Asian	60% (*n* = 1,174)
	Southeast Asian	67% (*n* = 1,205)
White		**23% (*n* = 3,814)**

[a] A total of 27,836 respondents answered this question, representing an 89% response rate. This question provided the response options of *yes* (*n* = 9,337), *no* (*n* = 15,912), *not sure* (*n* = 2,089) and *prefer not to answer* (*n* = 498). Here, we report the proportion of *yes*, out of the sum of the *yes* and *no* responses. Please be advised not everyone who answered this question provided data on their racial identity.

Everyday discrimination

We further used three questions from the Revised Everyday Discrimination Scale[8,b] (r-EDS) to understand the frequency of day-to-day experiences of discrimination: being treated with less courtesy or respect than other people, being perceived as not smart or being threatened or harassed. Our results show that across racial identities, Black respondents reported the greatest frequencies of experiences on the r-EDS for the majority of items, underscoring the prevalence of anti-Black racism in nursing. For example, 47% of Black respondents[c] reported being treated with less courtesy or respect by patients and/or their families at least a few times a month, compared to 39% of all respondents. When we asked respondents if they believed their identities contributed to these experiences of everyday discrimination, approximately seven in 10 Black respondents attributed it to their race.

Figure 1. Percentage of Black respondents who reported experiences of everyday discrimination at least a few times per month.



[b] We asked a total of nine items on the r-EDS, three questions each across patients, peers and managers, with the response options of: *never*, *less than once a year*, *a few times a year*, *a few times a month*, *at least once a week*, *almost every day* and *prefer not to answer*. Response rates on the r-EDS varied between the range of 84% and 87%, and we excluded *prefer not to answer* from calculations reported here.

[c] Respondents who identified as Black in addition to one or more other racial identities were categorized as mixed race. However, the pattern of results presented in Figure 1 remains unchanged even when these mixed-race respondents are recoded as Black.

Source of experiences	Treated with less courtesy or respect		Perceived as not smart		Threatened or harassed	
	Black	All data	Black	All data	Black	All data
Clients/patients and/or their families	47%	39%	45%	32%	25%	26%
Co-workers or peers	37%	28%	35%	23%	14%	11%
Supervisors or managers	22%	17%	21%	14%	10%	8%

Leadership roles

As we previously described in the *Demographics and Nursing Practice* report, we found an under-representation of racialized respondents in positions of leadership. Broken out in 10-year intervals, we see a greater proportion of White respondents in a leadership role at every experience level (Table 2). For example, of respondents with up to nine years of experience, 47% identify as racialized, but of those who reported being in a leadership role in this experience bracket, only 36% identify as racialized and 64% identify as White. While our survey data shows this disparity exists at every career stage, the gap narrows at 20+ years. In this experience bracket, 18% of respondents identify as racialized, and of those who reported being in a leadership role, 16% identify as racialized.

Table 2. Proportion of respondents in leadership roles, stratified by years of experience and racialization.

Role	0 to 9 years		10 to 19 years		20+ years	
	Racialized	White	Racialized	White	Racialized	White
Manager	55 (36%)	98 (64%)	144 (28%)	369 (72%)	178 (16%)	944 (84%)
Other roles	3,339 (47%)	3,794 (53%)	2,224 (38%)	3,610 (62%)	1,532 (18%)	6,769 (82%)
Total	**3,394 (47%)**	**3,892 (53%)**	**2,368 (37%)**	**3,979 (63%)**	**1,710 (18%)**	**7,713 (82%)**

What did we hear from the Workforce Census?

In response to an open-ended opportunity to share anything with CNO, we heard the following themes related to discrimination from racialized respondents:

- Unfair treatment in the workplace, for example, being held to a different standard or having more severe disciplinary outcomes from their employer compared with a nurse colleague for a similar incident
- Being passed on for promotions or advancement into leadership roles
- Absent or insufficient support from management

Why is this important?

There is evidence to suggest experiences of racism in the workplace can negatively impact the safety and well-being of nurses and patients. Nurses who experience workplace discrimination are more likely to report feelings of burnout, and racialized nurses report higher levels of discrimination than White nurses[9,10]. In turn, the relationship between burnout and negative patient outcomes is well documented. A meta-analysis that examined 85 nursing studies found that burnout was associated with outcomes, such as more medication errors, hospital-acquired infections, falls, missed nursing care and adverse patient safety events[11]. Understanding and addressing the impact of racism in nursing is needed to enhance the quality of practice settings and outcomes for both patients and nurses.

Closing

Our goal is to deepen the understanding of nurses' experiences in their practice and build accountability for improving workplace conditions. This is an important undertaking given that the workplace is the most common setting in which Canadians report discrimination[12]. Our findings offer insights that can guide actions to support safe and equitable workplaces, which is a shared responsibility. Many groups have championed and continue to lead advocacy efforts to address discrimination in nursing. Progress requires a collective commitment, and CNO is dedicated to being an active partner in fostering change.

References

1. Canadian Centre for Diversity and Inclusion. (2024). *Glossary of DEIA Terms*. https://ccdi.ca/glossary-of-terms/
2. Prendergast, N., Boakye, P., Bailey, A., Igwenagu, H., & Burnett-Ffrench, T. (2024). Anti-Black racism: Gaining insight into the experiences of Black nurses in Canada. *Nursing Inquiry, 31*(2), e12604. https://doi.org/10.1111/nin.12604
3. Beagan, B. L., Bizzeth, S. R., & Etowa, J. (2023). Interpersonal, institutional, and structural racism in Canadian nursing: A culture of silence. *Canadian Journal of Nursing Research, 55*(2), 195–205. https://doi.org/10.1177/08445621221110140
4. Premji, S., & Etowa, J. B. (2014). Workforce utilization of visible and linguistic minorities in Canadian nursing. *Journal of Nursing Management, 22*(1), 80–88. https://doi.org/10.1111/j.1365-2834.2012.01442.x
5. Saleh, N., Clark, N., Bruce, A., & Moosa-Mitha, M. (2023). Using narrative inquiry to understand anti-Muslim racism in Canadian nursing. *The Canadian Journal of Nursing Research : Revue canadienne de recherche en sciences infirmieres, 55*(3), 292–304. https://doi.org/10.1177/08445621221129689
6. Archibong, U., Kline, R., Eshareturi, C., & McIntosh, B. (2019). Disproportionality in NHS disciplinary proceedings. *British Journal of Healthcare Management, 25*(4), 1–7. https://doi.org/10.12968/bjhc.2018.006
7. Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum, 1989*(1), 139–167.
8. Sternthal, M. J., Slopen, N., & Williams, D. R. (2011). Racial disparities in health: How much does stress really matter? *Du Bois Review: Social Science Research on Race, 8*(1), 95–113. https://doi.org/10.1017/S1742058X11000087
9. Johnson, J., Cameron, L., Mitchinson, L., Parmur, M., Opio-Te, G., Louch, G., & Grange, A. (2019). An investigation into the relationships between bullying, discrimination, burnout and patient safety in nurses and midwives: Is burnout a mediator? *Journal of Research in Nursing, 24*(8), 604–619. https://doi.org/10.1177/1744987119880329
10. Jun, J., Kue, J., Kasumova, A., & Kim, M. (2024). Workplace discrimination and burnout among Asian nurses in the US. *JAMA Network Open, 6*(9), e2333833. https://doi.org/10.1001/jamanetworkopen.2023.33833
11. Li, L. Z., Yang, P., Singer, S. J., Pfeffer, J., Mathur, M. B., & Shanafelt, T. (2024). Nurse burnout and patient safety, satisfaction, and quality of care: A systematic review and meta-analysis. *JAMA Network Open, 7*(11), e2443059. https://doi.org/10.1001/jamanetworkopen.2024.43059
12. Statistics Canada. (2024, May 16). Half of racialized people have experienced discrimination or unfair treatment in the past five years. *The Daily*. https://www150.statcan.gc.ca/n1/daily-quotidien/240516/dq240516b-eng.htm

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Experiences of Discrimination in Nursing Practice: A Focus on Ageism

CNO conducted the Workforce Census survey in February 2024 to understand the identities and experiences of nurses. Here, we present a descriptive snapshot of respondents' experiences to build awareness and provide evidence on barriers to safe and quality practice settings.

What is ageism?

According to the Canadian Centre for Diversity and Inclusion[1], ageism is defined as "discrimination or exclusion based on age".

What does ageism in nursing practice look like?

In this section, we briefly summarize what is known about ageism from the nursing research literature.

Toward younger nurses: There is a documented phenomenon in the nursing profession related to inter-group bullying and, specifically, hostility directed toward newly registered nurses[a]. It includes behaviours such as name-calling, blaming, intimidation, gossip, unfair assignments, refusing to work together, providing support or exclusion[2]. While bullying occurs across all age groups, it is most commonly directed toward younger nurses[3].

Toward older nurses: Older nurses report not feeling valued or respected and social exclusion in their professional practice[4]. Employers and recruiters may hold beliefs that older nurses are less adaptable, ambitious, slower with technology[5,6]. In addition, training opportunities may be limited for older nurses, in turn, impacting their eligibility for promotions[7].

[a] In Ontario, a nurse's average age upon first registration in 2024 was 30 years old.

Our results

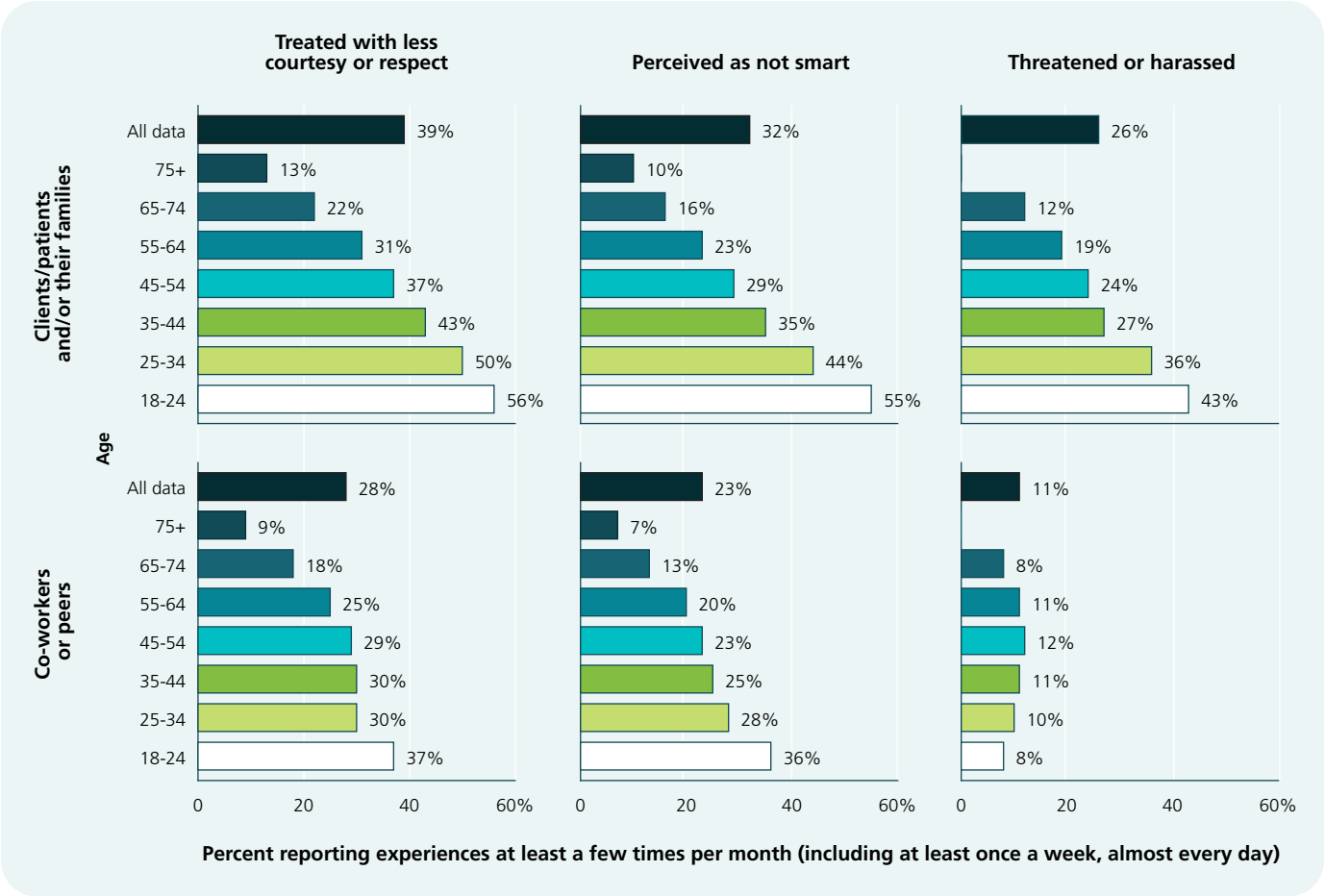
Preface

Over 31,000 nurses shared their experiences on the Workforce Census, resulting in a response rate of approximately 15%. However, it is important to note that the survey findings represent only a sample of the nursing population and do not reflect the profession in its entirety.

Everyday Discrimination Scale

Younger respondents generally reported more frequent experiences on items from the Revised Everyday Discrimination Scale[8,b], coming from patients and/or their families, as well as from peers or co-workers. Frequency of discriminatory experiences was highest for respondents aged 18 to 24 and generally decreased for each successive age bracket. When we followed up to ask respondents if they believed these experiences were related to their identity, approximately eight in 10 respondents aged 18 to 24 attributed it to their age.

Figure 1. Percent of respondents who reported experiences of everyday discrimination from patients or peers at least a few times per month, stratified by age.



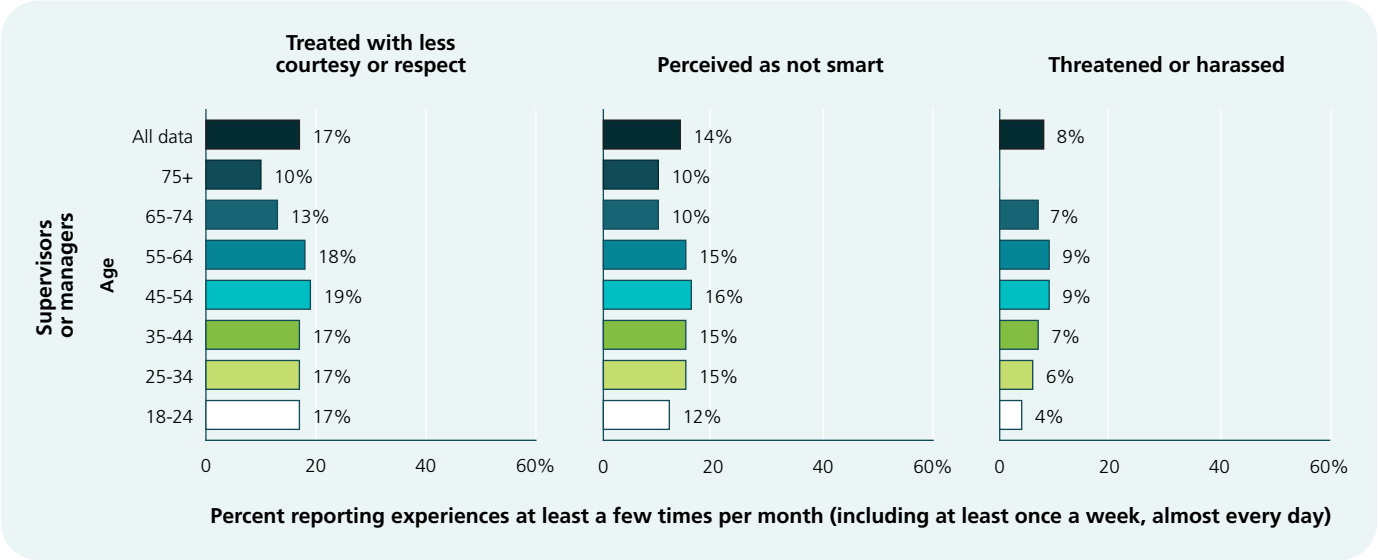
[b] We asked a total of nine items on the Revised Everyday Discrimination Scale (r-EDS), three questions each across patients, peers and managers, with the response options of: *never*, *less than once a year*, *a few times a year*, *a few times a month*, *at least once a week*, *almost every day*, *and prefer not to answer*. Response rates on the r-EDS varied between the range of 84% and 87%, and we excluded *prefer not to answer* from calculations reported here.

Age	Treated with less courtesy or respect		Perceived as not smart		Threatened or harassed	
	Clients/patients and/or their families	Co-workers or peers	Clients/patients and/or their families	Co-workers or peers	Clients/patients and/or their families	Co-workers or peers
All data	39%	28%	32%	23%	26%	11%
75+	13%	9%	10%	7%	-	-
65-74	22%	18%	16%	13%	12%	8%
55-64	31%	25%	23%	20%	19%	11%
45-54	37%	29%	29%	23%	24%	12%
35-44	43%	30%	35%	25%	27%	11%
25-34	50%	30%	44%	28%	36%	10%
18-24	56%	37%	55%	36%	43%	8%

Note that results for the *threatened or harassed* item are withheld from reporting in the 75+ category due to insufficient data.

In contrast, experiences of everyday discrimination from supervisors or managers peaked at the 45 to 54 age range (Figure 2), but otherwise did not exhibit a clear age gradient like we previously observed related to patients and/or their families.

Figure 2. Percent of respondents who reported experiences of everyday discrimination from supervisors or managers at least a few times per month, stratified by age.



Age	Treated with less courtesy or respect	Perceived as not smart	Threatened or harassed
All data	17%	14%	8%
75+	10%	10%	-
65-74	13%	10%	7%
55-64	18%	15%	9%
45-54	19%	16%	9%
35-44	17%	15%	7%
25-34	17%	15%	6%
18-24	17%	12%	4%

What did we hear from the Workforce Census?

In response to an open-ended opportunity to share anything with CNO, we heard experiences primarily from nurses aged 55+ related to ageism. These can be categorized into:

- **Feeling unvalued**
  - Being perceived as no longer of value despite their many years of practice, for example, assumptions they are past their prime
- **Limited employment opportunities**
  - Being unable to find desired employment, for example, full-time positions
  - Feeling that younger nurses receive preferential consideration from employers for new openings and promotions

Younger nurses, or those reflecting upon their early years as a nurse, described bullying in the profession. This was discussed as a known practice, and for instance, forewarned upon in nursing school. When comments elaborated on bullying, they alluded to rudeness, being picked on or taken advantage of and cliques.

Why is this important?

The Canadian population is aging and, to ensure adequate health human resources to meet this growing demand, retention of nurses of all ages in the workforce is critical. For new graduate nurses, workplace bullying predicts intention to leave their job[9], and for older nurses, dissatisfaction with the work environment, including feeling a lack of belonging, or limited development opportunities can push them toward retirement[10]. Practice settings that are age-inclusive[7] – for example, with flexible working arrangements, continued opportunities for professional development and career advancement, and encourage bi-directional intergenerational mentoring – can benefit nurses throughout their career trajectories[11] and support retention.

Closing

Our goal is to deepen the understanding of nurses' experiences in their practice and build accountability for improving workplace conditions. This is an important undertaking given the workplace is the most common setting in which Canadians report discrimination[12]. Our findings offer insights that can guide actions to support safe and equitable workplaces, which is a shared responsibility. Many groups have championed and continue to lead advocacy efforts to address discrimination in nursing. Progress requires a collective commitment, and CNO is dedicated to being an active partner in fostering change.

References

1. Canadian Centre for Diversity and Inclusion. (2024). *Glossary of DEIA Terms*. https://ccdi.ca/glossary-of-terms/
2. Bartholomew, K. (2006). *Ending nurse-to-nurse hostility: Why nurses eat their young and each other.* Marblehead, MA: HCPro.
3. Al Muharraq, E. H., Baker, O. G., & Alallah, S. M. (2022). The prevalence and the relationship of workplace bullying and nurses turnover intentions: A cross sectional study. *SAGE Open Nursing, 8,* 23779608221074655.
4. Denton, J., Evans, D., & Xu, Q. (2021). Being an older nurse or midwife in the healthcare workplace– A qualitative descriptive study. *Journal of Advanced Nursing, 77*(11), 4500–4510. https://doi.org/10.1111/jan.14964
5. Denton, J., Evans, D., & Xu, Q. (2023). Managers' perception of older nurses and midwives and their contribution to the workplace—A qualitative descriptive study. *Journal of Advanced Nursing, 79*(2), 727–736. https://doi.org/10.1111/jan.15494
6. Gringart, E., Jones, B., Helmes, E., Jansz, J., Monterosso, L., & Edwards, M. (2012). Negative stereotyping of older nurses despite contact and mere exposure: The case of nursing recruiters in Western Australia. *Journal of Aging & Social Policy, 24*(4), 400–416. https://doi.org/10.1080/08959420.2012.735170
7. Chen, C., Shannon, K., Napier, S., Neville, S., & Montayre, J. (2024). Ageism directed at older nurses in their workplace: A systematic review. *Journal of Clinical Nursing, 33*, 2388–2411. https://doi.org/10.1111/jocn.17088
8. Sternthal, M. J., Slopen, N., & Williams, D. R. (2011). Racial disparities in health: How much does stress really matter? *Du Bois Review: Social Science Research on Race, 8*(1), 95–113. https://doi.org/10.1017/S1742058X11000087
9. Favaro, A., Wong, C., & Oudshoorn, A. (2021). Relationships among sex, empowerment, workplace bullying and job turnover intention of new graduate nurses. *Journal of Clinical Nursing, 30*(9–10), 1273–1284. https://doi.org/10.1111/jocn.15671
10. Markowski, M., Cleaver, K., & Weldon, S. M. (2020). An integrative review of the factors influencing older nurses' timing of retirement. *Journal of Advanced Nursing, 76*(9), 2266–2285. https://doi.org/10.1111/jan.14442
11. Coventry, T., & Hays, A.-M. (2021). Nurse managers' perceptions of mentoring in the multigenerational workplace: A qualitative descriptive study. *Australian Journal of Advanced Nursing, 38*(2), 34–43. https://doi.org/10.37464/2020.382.230
12. Statistics Canada. (2024, May 16). Half of racialized people have experienced discrimination or unfair treatment in the past five years. *The Daily*. https://www150.statcan.gc.ca/n1/daily-quotidien/240516/dq240516b-eng.htm

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Experiences of Discrimination in Nursing Practice: A Focus on Gender-Based Discrimination

CNO conducted the Workforce Census survey in February 2024 to understand the identities (for example, gender identity) and experiences of nurses. Here, we present a descriptive snapshot of respondents' experiences to build awareness and provide evidence on barriers to safe workplaces and quality practice settings.

What is gender-based discrimination?

Gender-based discrimination broadly refers to judgment or negative assumptions based on gender identity. This is often tied to ideas of a gender binary (a belief there are only two genders, which correspond to birth sex of male or female, and nothing in between[1]) and subscription to gender norms (the set of behaviours, appearances and roles that is considered acceptable by society for men and women[2]).

What does gender-based discrimination in nursing practice look like?

In this section, we briefly summarize what is known about gender-based discrimination from the nursing research literature.

Toward women. Despite nursing being a female-dominant profession, women continue to encounter gender-based discrimination in their practice. At the nursing workforce level, women are under-represented in positions of leadership[3]. While there are various complex factors underpinning this effect, one common barrier identified by researchers is the gender stereotype of women as caregivers and men as leaders[4]. Another example of gender-based discrimination at the individual level is sexual harassment (for example, sexual jokes, remarks or solicitation), estimated to impact over four in 10 female nurses[5].

Toward men. The strong association of nursing as "women's work" manifests in a widespread perception that men "do not belong in nursing". This begins during training, as male nursing students report a lack of male representation, for example, in textbooks or exposure to male faculty and clinical educators as role models[6]. In their professional nursing practice, some of the experiences unique to men include questions around their sexual orientation, gender expression (for example, their "masculinity"), or even whether they failed medical school[7,8].

Toward transgender and non-binary nurses. To date, there is a lack of research examining the experiences of nurses who identify as transgender or non-binary (TGNB). One recent Canadian study of TGNB nurses and nursing students reported that approximately four in 10 disclosed their gender identity (or were "out") in the workplace and those who did not largely attributed their choice to a fear of rejection[9]. Approximately two out of three TGNB respondents had been subjected to derogatory remarks based on their gender identity, and experiences of discrimination and harassment had an adverse impact on their self-worth and feeling of belonging in nursing.

Our results

Preface

Over 31,000 nurses shared their experiences on the Workforce Census, resulting in a response rate of approximately 15%. However, it is important to note that the survey findings represent only a sample of the nursing population and do not reflect the profession in its entirety.

Global discrimination

When asked, *"Across academic, clinical or other professional settings, do you believe you have experienced racism or discrimination related to your identity?"*[a], respondents who identify as transgender or another gender[b] answered with *yes* the most (72%) compared to other gender identities. This was followed by men (55%), and then women (35%).

Everyday discrimination

In response to the statement, *"you are threatened or harassed"*, from the Revised Everyday Discrimination Scale[10,c] (r-EDS), more than one in four respondents (26%) reported experiencing this at least a few times a month from patients and/or their families. Experiences of threats or harassment were comparatively lower coming from co-workers or peers (11%), or from supervisors or managers (9%). Stratified by gender identity, respondents who identify as transgender or another gender reported more frequent threats or harassment compared to men or women (Table 1).

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[a] A total of 27,836 respondents answered this question, representing an 89% response rate. This question provided the response options of *yes* (*n* = 9,337), *no* (*n* = 15,912), *not sure* (*n* = 2,089) and *prefer not to answer* (*n* = 498). Here, we report the proportion of *yes*, out of the sum of the *yes* and *no* responses. Please be advised not everyone who answered this question provided data on their gender identity.

[b] *Another gender* refers to non-binary gender identities, including gender fluid, genderqueer, androgynous, gender non-conforming and other gender responses when respondents chose to self-identify.

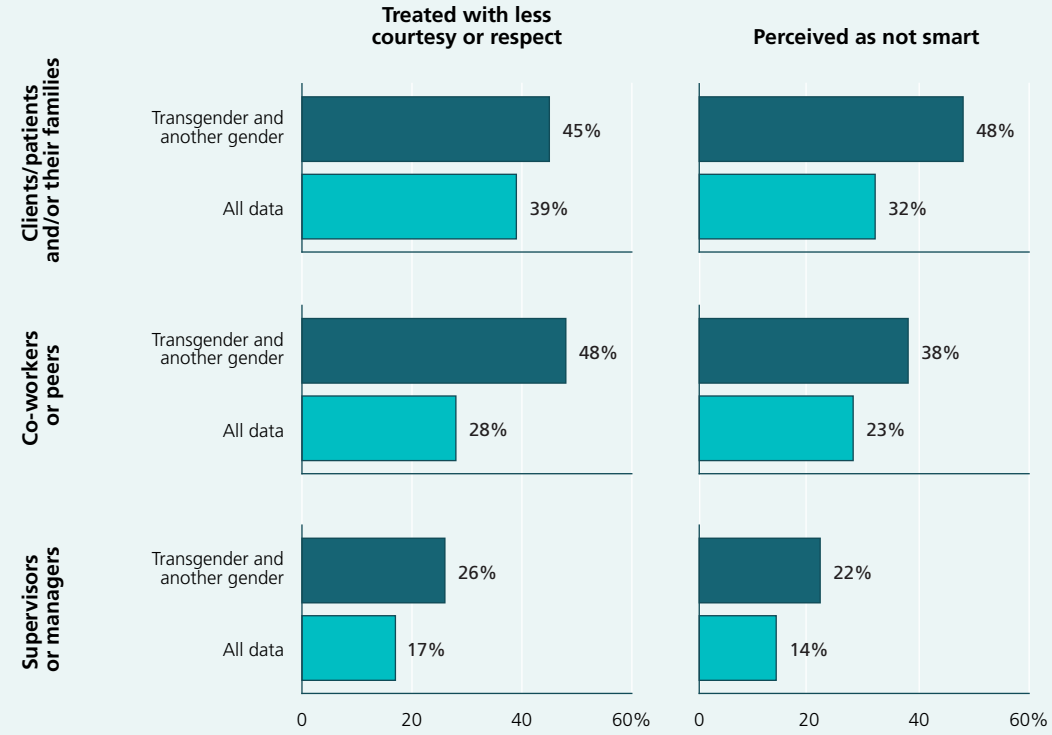
[c] We asked a total of nine items on the r-EDS, three questions each across patients, peers and managers, with the response options of: *never*, *less than once a year*, *a few times a year*, *a few times a month*, *at least once a week*, *almost every day* and *prefer not to answer.* Response rates on the r-EDS varied between the range of 84% and 87%, and we excluded *prefer not to answer* from calculations reported here.

Table 1. Percent of respondents who reported being threatened or harassed at least a few times per month.

Gender identity	Source of experiences		
	Patients and/or their families	Co-workers or peers	Supervisors or managers
Women	25%	10%	7%
Men	32%	13%	9%
Transgender and another gender	39%	17%	9%
All data	**26%**	**11%**	**8%**

Men and women reported a similar frequency of being treated with less courtesy or respect than others and being perceived as not smart. In contrast, respondents who identify as transgender or another gender reported experiencing both items more frequently (Figure 1).

Figure 1. Percent of respondents who reported being treated with less courtesy or respect or perceived as not smart at least a few times per month.



Gender identity	Treated with less courtesy or respect			Perceived as not smart		
	Clients/ patients and/or their families	Co-workers or peers	Supervisors or managers	Clients/ patients and/or their families	Co-workers or peers	Supervisors or managers
Transgender and another gender	45%	48%	26%	48%	38%	22%
All data	39%	28%	17%	32%	23%	14%

Leadership roles

To examine whether there is a gender difference in positions of nursing leadership, we leveraged self-reported employment records collected through CNO's 2025 annual renewal process for the most complete and representative data set. Results show the percentage of male[d] (4.6%) or female (4.4%) nurses who reported being a middle manager or senior manager, out of those employed in nursing, were approximately the same.

If we examine the data more closely and consider nurses' years of experience (years since first registration with CNO), the story shifts to show differences between the two groups (Figure 2). We find that male nurses held a greater proportion of leadership roles in every experience bracket. However, there are comparatively more male nurses in the 0 to 9-year bracket (where 2% are managers) *and* fewer male nurses in the 20+ year bracket (where 9% are managers), which leads to the similar total overall percentage. Put differently, there is proportionately greater male representation in leadership roles, but this is obscured by the relative scarcity of male nurses with 20+ years of experience.

Figure 2. Percentage of nurses in leadership roles. Results are stratified by experience (years since first registration) and includes nurses who reported they were practicing nursing and identified as male or female.

Leadership roles	0 to 9 years		10 to 19 years		20+ years	
	Male	Female	Male	Female	Male	Female
Distribution of experience	58%	45%	26%	27%	16%	28%
Managers per experience bracket	2%	1%	7%	5%	9%	8%

[d] This analysis combines renewal records with registration data, where gender is recorded as *female* or *male*, hence we mirror the language in this section.

What did we hear from the Workforce Census?

In response to an open-ended opportunity to share anything with CNO, we heard different experiences from men and women related to how gender impacts their nursing practice.

- **From women**
  - Nursing being devalued and underpaid as a female-dominated profession
  - Perceptions their male nurse colleagues progressed in their careers more rapidly
- **From men**
  - Feeling they did not belong in nursing (that is, beliefs that women are a better fit for this role), and citing a lack of understanding and support related to issues male nurses face

Why is this important?

Nursing, historically and globally, has been and continues to be a profession largely made up of women and CNO data shows that approximately nine in 10 nurses registered in Ontario identify as female. However, demographics are shifting, and the proportion of male nurses renewing their registration with CNO has increased from approximately 7% to 10% over the past decade. According to the 2021 federal census, 0.8% of Generation Z Canadians (born between 1997 and 2006[11,e]) — the future cohort entering the nursing workforce—identify as transgender or non-binary, the highest proportion among all generations. Understanding and addressing the unique prejudices and barriers nurses face related to their gender identity can contribute a greater sense of belonging, improve the quality of practice settings and, ultimately, retention for all nurses, present and future.

Closing

Our goal is to deepen the understanding of nurses' experiences in their practice and build accountability for improving workplace conditions. This is an important undertaking given that the workplace is the most common setting in which Canadians report discrimination[12]. Our findings offer insights that can guide actions to support safe and equitable workplaces, which is a shared responsibility. Many groups have championed and continue to lead advocacy efforts to address discrimination in nursing. Progress requires a collective commitment, and CNO is dedicated to being an active partner in fostering change.

[e] Statistics Canada defines Generation Z with the birth years from 1997 to 2012. In this citation, the range was modified as 1997 to 2006 because it was focused on those aged 15 and up as of 2021.

References

1. The 519. (2020). *LGBTQ2S Glossary of Terms*. https://www.the519.org/education-training/glossary/
2. Canadian Centre for Diversity and Inclusion. (2024). *Glossary of DEIA Terms*. https://ccdi.ca/glossary-of-terms/
3. Pérez-Sánchez, S., Madueño, S. E., & Montaner, J. (2021). Gender gap in the leadership of health institutions: The influence of hospital-level factors. *Health Equity, 5*(1), 521–525. https://doi.org/10.1089/heq.2021.0013
4. Pincha Baduge, M. S. D. S., Garth, B., Boyd, L., Ward, K., Joseph, K., Proimos, J., & Teede, H. J. (2024). Barriers to advancing women nurses in healthcare leadership: A systematic review and meta-synthesis. *eClinicalMedicine, 67*, 102354. https://doi.org/10.1016/j.eclinm.2023.102354
5. Kahsay, W. G., Negarandeh, R., Dehghan Nayeri, N., & Hasanpour, M. (2020). Sexual harassment against female nurses: A systematic review. *BMC Nursing, 19*, 58. https://doi.org/10.1186/s12912-020-00450-w
6. Bartfay, W. J., & Bartfay, E. (2017). The lived experiences and challenges faced by male nursing students: A Canadian perspective. *GSTF Journal of Nursing and Health Care, 4*(2), 1–9. https://doi.org/10.5176/2345-718X_4.2.136
7. Teresa-Morales, C., Rodríguez-Pérez, M., Araujo-Hernández, M., & Feria-Ramírez, C. (2022). Current stereotypes associated with nursing and nursing professionals: An integrative review. *International Journal of Environmental Research and Public. Health, 19*(13), 7640. https://doi.org/10.3390/ijerph19137640
8. Clow, K. A., Ricciardelli, R., & Bartfay, W. J. (2015). Are you man enough to be a nurse? The impact of ambivalent sexism and role congruity on perceptions of men and women in nursing advertisements. *Sex Roles, 72*, 363–376. https://doi.org/10.1007/s11199-014-0418-0
9. Ziegler, E., Bhatt, Y., Fournier, J.-L., & Hart, C. (2025). Examining the experiences of transgender and non-binary nursing students and nurses in Canada. *Canadian Journal of Nursing Research : Revue canadienne de recherche en sciences infirmieres, 8445621251346937. Advance online publication.* https://doi.org/10.1177/08445621251346937
10. Sternthal, M. J., Slopen, N., & Williams, D. R. (2011). Racial disparities in health: How much does stress really matter? *Du Bois Review: Social Science Research on Race, 8*(1), 95–113. https://doi.org/10.1017/S1742058X11000087
11. Statistics Canada. (2022, April 27). Canada is the first country to provide census data on transgender and non-binary people. *The Daily.* https://www150.statcan.gc.ca/n1/daily-quotidien/220427/dq220427b-eng.htm
12. Statistics Canada. (2024, May 16). Half of racialized people have experienced discrimination or unfair treatment in the past five years. *The Daily.* https://www150.statcan.gc.ca/n1/daily-quotidien/240516/dq240516b-eng.htm