

Study: Women working in paid care occupations

Released at 8:30 a.m. Eastern time in *The Daily*, Tuesday, January 25, 2022

The care economy refers to activities related to the provision of care, including care for children, seniors, and people with disabilities, as well as healthcare, education, personal, social and domestic services. It is a fundamental component of any society and a quickly expanding sector of the economy. The aging population and the impact of the COVID-19 pandemic have put a strain on Canada's healthcare system, and the demand for care work is higher than ever.

Despite the importance of this sector, activities related to the care economy are often undervalued, underpaid or unpaid. In Canada, unpaid care work accounts for a significant share of caregiving across the country, and while both men and women have increased their unpaid workloads, women are still doing the bulk of this work and spending more time on unpaid care and domestic work than their male counterparts.

While the majority of research on care work focuses on women's unpaid activities and its redistribution between women and men, the pandemic has highlighted the importance of crucial paid care occupations, such as nurse aides, orderlies and associates, which are more likely to be women and immigrants, earn low wages, and work part time.

The article "[Women working in paid care occupations](#)" is the first study to provide a detailed portrait of paid care workers in Canada. It also examines how the pandemic has affected the employment of workers in this sector.

The definition of care work used in this study is taken from the International Labour Organization (ILO) report on the care economy. According to the ILO, care work is broadly defined as consisting of activities and relations involved in meeting the physical, psychological and emotional needs of adults and children, old and young, frail and able-bodied. Care workers' activities and responsibilities include direct, face-to-face, personal care activities such as teaching, caring, helping, mentoring, counselling, etc. They also include indirect care activities, which do not entail face-to-face personal care, such as cleaning, cooking and other maintenance tasks, and that provide the preconditions for personal caregiving.

Better understanding care workers and the challenges they face may prove to be of great importance as the population ages, as well as in our current context, when there are many job vacancies in this sector. The retention and renewal of the care economy workforce will likely remain a priority issue in the coming years.

Workers in care occupations make up nearly one-fifth of the employed labour force

Care workers include a wide range of workers who differ in terms of education, skills, sector and pay. They range from secondary school teachers, psychologists, nurses and doctors to childcare workers and personal care workers. As a result, some of the broad conclusions made in this study do not necessarily apply to all care occupations.

In 2016, there were 3.2 million persons employed in paid care occupations, making up nearly one-fifth (19%) of the total employed population in Canada.

Registered nurses and registered psychiatric nurses (9%), elementary school and kindergarten teachers (9%), nurse aides, orderlies and patient service associates (8%) and light-duty cleaners (7%) were the most common occupations, accounting for one-third of all care workers in 2016.

Women make up the majority of paid care workers in Canada

Women represented the majority of paid care workers in Canada, accounting for three-quarters (75%) in 2016. As a result, most care occupations were either female-dominated or had a high proportion of women.



Care workers were also more educated than those in non-care occupations. Nearly one-half (46%) of care workers had a university certificate or degree at the bachelor level or above, compared with one-fourth (25%) of those in non-care occupations.

There were, however, differences in the educational attainment of men and women care workers. Women (29%) were more likely than their male counterparts (16%) to have a college credential as their highest level of education, whereas a larger proportion of men (51%) than women (44%) held a university certificate, diploma or degree at the bachelor level or above. These findings reflect, in part, the differences in educational requirements of the most common care occupations among men and women. For example, a greater proportion of women (22%) than men (13%) were employed in care occupations requiring a college diploma or an apprenticeship certificate, such as early childhood educators and assistants or licensed practical nurses.

Women working in care occupations earn less on average than their male counterparts

Reflecting gender differences in educational profiles, there are also differences in the types of positions held by men and women within care occupations.

For example, in health-related occupations, women (29%) were more likely than men (11%) to hold professional occupations in nursing, such as registered nurses, registered psychiatric nurses and nursing co-ordinators and supervisors.

In contrast, men (45%) were more likely than women (16%) to be found in professional occupations in health (except nursing), such as general practitioners and family physicians, specialist physicians and dentists.

Differences in educational profiles and in the types of occupations held by women and men were also reflected in gender differences in employment income. In 2015, the employment income of women in care occupations (\$59,300) was lower, on average, than that of men (\$73,400).

The employment income of men in care occupations working full time, full year was higher than that of their female counterparts for the vast majority of occupations. However, the income gap between men and women was generally wider in professional occupations in health (except nursing) (-29% for women), care providers in educational, legal and public protection support occupations (-29% for women), service supervisors and specialized service occupations (-29% for women) and service support and other service occupations (-27% for women).

An 11% income gender gap remained even after diverse characteristics such as age, education and the specific type of care occupation held were accounted for. This means that the occupational segregation among care workers alone does not explain the gender pay gap in the care sector.

For instance, part of the gap may be explained by the fact that women remain underrepresented in leadership roles and in more senior positions. Factors such as gender bias or discrimination in the workplace and in hiring practices may also play a role. Inequalities in unpaid care performed at home may be another important factor. For example, some women may choose to turn down promotions because they take on more parenting and domestic responsibilities.

Table 1
Average employment income of care workers who worked full-time, full-year, by care occupational group and sex, 2015

	Men	Women	Income gap
	\$		%
Care occupational group (2-digit NOC¹)			
All care occupations	73,400	59,300	-19
Specialized middle management occupations	102,300	85,000	-17
Professional occupations in nursing	82,500	78,200	-5
Professional occupations in health (except nursing)	130,000	91,700	-29
Technical occupations in health	67,400	53,900	-20
Assisting occupations in support of health services	45,900	40,500	-12
Professional occupations in education services	84,000	72,800	-13
Professional occupations in law, social, community, and government services	71,900	65,400	-9
Paraprofessional occupations in legal, social, community and education services	49,800	39,600	-20
Care providers in educational, legal and public protection support occupations	39,900	28,400	-29
Service supervisors and specialized service occupations	55,900	39,900	-29
Service support and other service occupations	43,500	31,700	-27
Non-care occupations	75,400	54,900	-27

1. National Occupational Classification

Note(s): Only includes workers with employment income greater than 'zero'.

Source(s): Census of Population, 2016 (3901).

Immigrant women and those from visible minority groups were less likely to hold well-paid care positions than their male counterparts

In 2016, immigrants represented 24% of all Canadian workers. Although they represented a similar proportion of workers in care occupations (25%), they were particularly overrepresented in assisting occupations in support of health services (34%), service supervisors and specialized service occupations (34%) and service support and other service occupations (32%).

In contrast, immigrants were underrepresented in specialized middle management occupations (18%), professional occupations in education services (18%) and law, social, community, and government services (16%).

There were, however, some notable gender differences related to the types of positions held based on immigrant status or belonging to specific population groups designated as a visible minority.

For example, a higher proportion of immigrant men than immigrant women were working in well-paid occupations such as professional occupations in nursing (33% vs. 22%) and professional occupations in health (except nursing) (35% vs. 24%).

In contrast, immigrant women were more likely than their male counterparts to be working as executive housekeepers and cleaning supervisors (37% vs. 30%) and in service support and other service occupations (36% vs. 29%).

Women from population groups designated as visible minorities were also less likely to hold well-paid care positions than their male counterparts.

For example, Filipino men were twice as likely to be in professional occupations in nursing (11%) as Filipino women (5%). In contrast, Filipino women (12%) were more likely than Filipino men (9%) to work in care providers and educational, legal and public protection support occupations, such as home child care providers and home support workers, housekeepers and related occupations.

Also, men were more likely than women to hold professional occupations in health (except nursing)—such as general practitioners and family physicians and specialist physicians—among South Asian (11% vs. 7%), Chinese (8% vs. 6%) and Arab (5% vs. 2%) populations.

Women and men in care occupations were affected differently during the pandemic

The pandemic has had a large impact on many employed Canadians, including care workers. Many schools, child care centres, dentist clinics, physiotherapy clinics, and stores and businesses selling non-essential goods or services were closed at the onset of the pandemic. This affected the Canadian labour market, but workers in non-care occupations saw a larger employment decrease than those working in care occupations, since many care workers continued to provide essential services.

Employment evolved differently for men and women in care occupations during the pandemic. At the onset of the pandemic, both men and women in care occupations experienced employment losses but women suffered greater losses than men. Women's monthly employment throughout 2020 remained lower than in the same months of 2019, while men's employment recovered faster and was even higher than in the same months of 2019, from August to December 2020. In 2021, the employment of women in care occupations continued to improve, in contrast with men's employment. Thus, in November 2021, men's employment was at a similar level to that observed before the start of the pandemic, in February 2020, while women's employment was 2% higher.

Information from the 2021 Census will soon provide an updated picture of care workers in Canada. This information will provide insights on how care workers have been affected during the pandemic.

Note to readers

Data sources

This study used data from the Census of Population and the Labour Force Survey. The data used in this study were restricted to the employed population aged 15 years and older. The employed population refers to people aged 15 and older who were paid workers, self-employed, or unpaid family workers.

Definitions

This study is in line with the definition of care work used in the International Labour Organization (ILO) report, which broadly defines care work as consisting of activities and relations involved in meeting the physical, psychological and emotional needs of adults and children, old and young, frail and able-bodied. As defined in the ILO, care work can be performed for pay or profit (care employment) or can be unpaid (as unpaid care work, volunteer care work or unpaid trainee care work).

This study focuses on those employed in care occupations and therefore looks at paid care work.

The article "[Women working in paid care occupations](#)" is now available in *Insights on Canadian Society* ([75-006-X](#)).

The infographic "[Care workers in Canada](#)" is now available in the series *Statistics Canada – Infographics* ([11-627-M](#)).

For more information, or to enquire about the concepts, methods or data quality of this release, contact us (toll-free 1-800-263-1136; 514-283-8300; infostats@statcan.gc.ca) or Media Relations (statcan.mediahotline-ligneinfomedias.statcan@statcan.gc.ca).