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Gender and Ethnocultural Disparities in Workforce Representation and Earnings among Canadian Chiropractors

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Abstract

Health systems globally continue to experience workforce shortages that have been intensified by the Covid-19 pandemic. Chiropractors have the potential to contribute meaningfully to addressing the growing demand for rehabilitation services. Nonetheless, evidence from several countries indicates that the chiropractic workforce may not be demographically representative of the populations it serves. This study examines gender and ethnocultural representation, as well as earnings patterns, among chiropractors in Canada as indicators of equity and inclusion within the profession. Using data from the 2021 Canadian population census linked to administrative income tax records, we identified practicing chiropractors aged 25–54 years. Descriptive analyses were conducted to characterize workforce composition, followed by multivariable regression modeling and Blinder–Oaxaca decomposition to evaluate differences in earnings by gender and ethnocultural identity while accounting for relevant professional and sociodemographic factors.

Women and visible minorities were underrepresented in the Canadian chiropractic workforce, comprising 44.5% and 20.0% of practitioners, respectively, compared with 50.6% and 26.5% in the general population. Although educational attainment was comparable across genders, women earned an average of 77.1 cents for every dollar earned by men in 2020, a year heavily affected by the pandemic, representing a modest improvement from 76.7 cents in 2019. Adjusted regression analyses revealed statistically significant earnings disparities associated with both gender and ethnocultural identity. Decomposition results demonstrated a persistent unexplained gender wage gap, with women earning approximately 6% less than men after accounting for differences in age and part-time employment, suggesting the influence of additional unmeasured structural factors. The presence of substantial earnings inequalities by gender and ethnocultural background among Canadian chiropractors highlights the need for targeted equity-focused strategies in leadership representation and remuneration practices. Addressing these disparities may enhance the appeal of the chiropractic profession and support the recruitment of a more diverse future workforce.

Keywords: Gender disparities, Ethnocultural disparities, Workforce, Canadian chiropractors

Introduction

Rehabilitation services are essential for a large proportion of the global population, with estimates suggesting that nearly one-third of individuals will require such care at some stage of their lives due to conditions or injuries that limit everyday functioning across physical, psychological, or social domains [1]. Chiropractors constitute an important component of the rehabilitation workforce and contribute to population health through a range of services, including preventive care, health promotion, and the management of musculoskeletal disorders, occupational injuries, and other conditions commonly seen in primary healthcare settings [2–4]. Although population aging is driving increased demand for rehabilitation services worldwide [5, 6], systematic evidence describing the chiropractic workforce remains limited. Available data are often incomplete or inconsistent across jurisdictions, reflecting heterogeneity in professional definitions, regulatory arrangements, and payment systems, as well as

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longstanding policy neglect of rehabilitation within health systems [5, 7]. In light of ongoing shortages and maldistribution of health workers—challenges further intensified by the Covid-19 pandemic—greater attention is needed to the factors influencing the supply, distribution, and sustainability of the chiropractic profession. Strengthening capacity to identify and address unmet rehabilitation needs, which may fall disproportionately on women and other socially marginalized groups, requires improved workforce surveillance and investment [7].

Recent research indicates that the chiropractic profession, the largest complementary and alternative healthcare workforce in North America, does not mirror the demographic composition of the populations it serves with respect to gender and ethnocultural diversity [8–10]. As with many professions requiring prolonged and specialized education, chiropractic has developed within historically gendered structures [11]. However, unlike medicine, dentistry, and pharmacy—fields that have experienced rapid increases in women's participation—changes in gender representation within chiropractic in Canada and the United States have been comparatively gradual [11]. International evidence highlights persistent gender imbalances in positions of influence within the profession, such as leadership roles in professional organizations and visibility in academic and scientific forums, including invited and keynote presentations, relative to the gender distribution of practitioners, students, and patients [8, 12]. In terms of ethnocultural representation, chiropractors in the United States exhibit lower proportions of professionals of colour compared with nursing and several other allied health occupations [10]. Similar patterns have been observed in Canada, where survey data from a national chiropractic association suggest that visible minority and Indigenous groups are underrepresented within the profession compared with their prevalence in the general population [9].

Equity in both representation and compensation within health and rehabilitation workforces is increasingly recognized as a critical component of high-functioning health systems. Fair remuneration is not only a matter of workforce justice but also a determinant of professional appeal, particularly for women and individuals from historically excluded groups [11]. While gender-based income disparities in medicine and surgical specialties have been extensively documented (e.g., [13–15]), comparatively little research has examined earnings inequities among rehabilitation professionals. Evidence from the United States indicates that women physical therapists earn approximately 10% less than their male counterparts, with disparities increasing over the course of their careers [16]. In Canada, previous studies have explored chiropractors' income in relation to billing mechanisms and patient characteristics (e.g., [2, 17]), but gender-disaggregated earnings analyses are rare. A single provincial study from Ontario conducted more than twenty years ago reported substantially higher average earnings among men—who constituted the majority of practitioners at the time—without accounting for differences in age, workload, or employment intensity [18]. Earlier Canadian findings also suggest that women chiropractors are less likely to engage in full-time practice compared with men [19].

Against this backdrop, the present national observational study examines gender and ethnocultural composition within the Canadian chiropractic workforce and investigates earnings disparities between women and men while adjusting for a range of professional and sociodemographic characteristics in the period surrounding the Covid-19 pandemic. Using linked data from the 2021 Canadian population census and administrative income tax records, we assess whether pandemic-related disruptions to income were accompanied by persistent or widening wage gaps associated with gender and ethnocultural identity. By generating contemporary, population-level evidence on equity and inclusion in chiropractic practice, this study contributes to broader efforts to advance the United Nations Sustainable Development Goals related to health, gender equality, and the reduction of social and economic inequalities [20].

Materials and Methods

Study setting

In 2021, Canada's household population totaled approximately 36.3 million individuals, with 26.5% identifying as members of visible minority groups (also described as racialized populations) and 5.0% self-identifying as Indigenous, including First Nations, Métis, or Inuit peoples [21]. Within the active labour force, health-related occupations accounted for 8.3% of employment, and women represented 80.3% of workers in these roles [21]. Although the majority of Canadians reside in densely populated urban areas with relatively high levels of accessibility, the country's expansive

geography results in some communities being geographically remote and disconnected from major population centres, healthcare services, economic activity, and transportation networks, in some cases relying solely on air travel for access [22].

Nationally representative survey findings indicate that approximately 11% of Canadians aged 12 years and older reported at least one chiropractic consultation in the previous year, with utilization rates remaining largely unchanged between 2001 and 2010 [23]. Individuals seeking chiropractic care most frequently reported conditions such as persistent back pain, arthritis, fibromyalgia, and recurrent headaches [23]. While Canada operates a publicly funded universal healthcare system that guarantees coverage for physician and hospital services, public reimbursement for chiropractic and other rehabilitation services is inconsistent across provinces and territories and is typically limited in scope. Consequently, chiropractors are primarily compensated through direct patient payments, optional private insurance plans, and workers' compensation or workplace safety insurance programs [18]. Nevertheless, several provinces have implemented initiatives to incorporate chiropractic care into publicly funded community-based health settings, demonstrating the feasibility of broader system integration [3, 24].

Data source and study design

This study draws on data from the 2021 Canadian Population Census administered by Statistics Canada [25]. The census collects comprehensive sociodemographic and employment-related information using a mandatory long-form questionnaire distributed to approximately 25% of Canadian households. The 2021 long-form achieved a response rate of 95.7% [25]. Access to anonymized individual-level microdata was provided through the secure Research Data Centre operated by Statistics Canada at the University of New Brunswick.

The analysis is restricted to respondents who identified chiropractic as their primary occupation in the census, as defined by the National Occupational Classification (NOC) system under code 31201. This classification encompasses professionals whose principal duties involve the assessment, diagnosis, treatment, and prevention of neuromusculoskeletal conditions affecting the spine, nervous system, pelvis, and other joints, delivered across diverse healthcare environments [26]. Individuals primarily engaged in chiropractic education or research were excluded, as they are categorized under different occupational codes. The study population consists of chiropractors with postsecondary education who were between 25 and 54 years of age, a commonly applied age range in wage inequality research to limit bias associated with educational entry or retirement-related labour market transitions [27]. Eligible participants were those who reported paid employment, either full-time or part-time, and recorded employment income in each of the two years immediately preceding the census.

Study variables

Outcome variable: professional earnings

The primary outcome examined in this analysis is respondents' yearly employment income, as recorded in the census research dataset through linkage with administrative income tax and benefits files. This measure includes income derived from paid employment—such as wages, salaries, and commissions—as well as net earnings from self-employment associated with professional practice [28]. In light of the substantial effects of the global Covid-19 pandemic on labour market conditions for chiropractors and other allied health professionals, driven by widespread interruptions to the provision of non-essential healthcare services [29, 30], earnings were analyzed for both the pre-pandemic year (2019) and the pandemic-impacted year (2020). To ensure comparability across years, all income figures were adjusted for inflation and expressed in constant 2020 Canadian dollars.

Predictor variables

The principal explanatory variable in the analysis was gender identity, classified as women and men. Due to Statistics Canada's strict confidentiality and disclosure control requirements, a small number of respondents identifying as non-binary were incorporated into these categories to prevent the potential identification of individuals [28]. Although information on sex assigned at birth was collected in the 2021 census, it was not available for analytical use at the time of this study, as gender identity was designated as the standard reporting variable by the national statistical agency.

Ethnocultural background was operationalized using three categories: Indigenous, White, and visible minority (including, for example, individuals identifying as South Asian, Black, or of Chinese origin). This classification

follows Canada's employment equity framework, which defines visible minorities as persons—excluding Indigenous peoples—who are "non Caucasian in race or non white in colour" [28].

To account for the gendered distribution of paid and unpaid labour, household composition was included as a covariate, distinguishing individuals living with a spouse and/or dependent children from those who were not. Recognizing the close relationship between ethnocultural diversity, immigration patterns, and access to education and labour market opportunities in Canada, adult immigrant status was also incorporated, defined by whether respondents immigrated to Canada after reaching adulthood.

Additional indicators of human capital commonly associated with earnings were examined, including age group (25–34, 35–44, and 45–54 years), highest level of education attained (postsecondary diploma, bachelor's degree, or graduate degree), employment arrangement (employee versus self-employed), work intensity (full-time versus part-time), and sector of employment (ambulatory healthcare services versus other industries). Geographic context was captured using a measure of community remoteness, derived by linking census microdata to the national Index of Remoteness [22, 31].

Statistical methods

We began with descriptive analyses to characterize the actively employed chiropractic workforce. To examine unadjusted differences in earnings by gender, bivariate relationships were first assessed using simple linear regression models. Because income data were positively skewed, the dependent variable was log-transformed prior to analysis. Multivariable modeling was subsequently conducted to estimate gender-based earnings differentials while controlling for potential confounding factors. These adjusted analyses were performed using ordinary least squares (OLS) regression, followed by application of the Blinder–Oaxaca decomposition technique to separate observed earnings differences into components attributable to measurable characteristics and those that remain unexplained [32, 33].

The Blinder–Oaxaca approach is a counterfactual framework that extends standard regression analysis by decomposing mean wage differences between two groups according to variations in their observed attributes [27, 34]. This method enables the partitioning of the earnings gap between women and men into an "explained" component—reflecting differences in labour market participation (e.g., part-time employment) and sociodemographic characteristics (e.g., ethnocultural identity)—and an "unexplained" component representing residual differences not accounted for by these factors. A statistically significant unexplained portion is commonly interpreted as indicative of differential treatment within the labour market or the influence of unmeasured factors, such as gender norms or expectations, resulting in earnings advantages for men beyond what would be predicted based on observable characteristics.

All statistical analyses were conducted using Stata version 16 [34]. Census person-level sampling weights were incorporated to generate population-representative estimates and corresponding 95% confidence intervals (CIs). In accordance with Statistics Canada's confidentiality and disclosure control requirements, population counts were subject to rounding and other mandated data protection procedures.

Results and Discussion

Descriptives

According to the 2021 census, there were 5,855 chiropractors aged 25–54 who were actively engaged in paid work, corresponding to a workforce density of 1.6 chiropractors per 10,000 residents. Women constituted a smaller proportion of the chiropractic workforce than would be expected based on their share of the overall population, accounting for 44.5% of practitioners compared with 50.6% nationally **(Figure 1)**. Relative to the general population, chiropractors were likewise less likely to identify as members of visible minority groups (20.0% versus 26.5%), as Indigenous (2.2% versus 5.0%), or to reside in rural or remote areas (12.4% versus 16.6%).

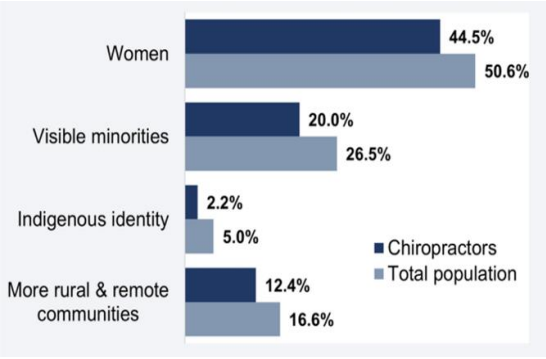

Figure 1. Sociodemographic profile of chiropractors aged 25–54 compared with the overall Canadian population, 2021

Age-stratified results indicate that gender composition within the chiropractic workforce varies markedly across career stages, pointing toward a cohort-based shift in workforce composition. Women were more prevalent among early- and mid-career chiropractors, comprising 33% of practitioners aged 25–34 compared with 26% of men, and 38% of those aged 35–44 compared with 31% of men. Within these two age groups, women constituted approximately half or slightly more of the workforce (51% and 50%, respectively) **(Table 1)**. In contrast, male practitioners predominated in the oldest age category examined: among chiropractors aged 45–54, men accounted for 43% of practitioners, whereas women represented 29%, resulting in women making up only 34% of this cohort.

Table 1. Distribution (%) of chiropractors aged 25–54 by selected sociodemographic and employment characteristics, by gender

Category	Subcategory	Men (N=3250) %	Women (N=2605) %
Educational attainment	Postsecondary diploma/certificate	2	2
	Graduate degree	29	30
	Bachelor's degree	69	68
Age group	25–34 years	26	33
	35–44 years	31	38
	45–54 years	43	29
Work status	Mainly full-time	89	71
	Mainly part-time	11	29
Employment status	Employee	13	14
	Self-employed	87	86
Household living arrangement	With spouse and children	68	55
	Other living arrangements	15	19
	Lone parent with children	1	6
	With spouse, no children	16	20
Place of work	Ambulatory healthcare services	96	97
	Other	4	3
Adult migrant status	Canadian-born or immigrated before adulthood	97	96
	Immigrated to Canada in adulthood	3	4

Source: 2021 Canadian Population Census (authors' calculations; estimates weighted to reflect the population)

Educational profiles were largely comparable across genders, with approximately three in ten women and men holding postgraduate degrees. Nearly all chiropractors (around 97%) were employed in ambulatory healthcare settings. Self-employment predominated among both women and men, accounting for roughly 86% of practitioners; however, patterns of work intensity differed markedly. Women were substantially more likely than men to be engaged in part-time practice (29% compared with 11%). Differences were also observed in household composition, as single parenthood was reported more frequently among women (6%) than among men (1%). Adult immigration was uncommon across the profession, affecting a small minority of both women (4%) and men (3%).

Earnings differences by gender

Marked gender-based disparities in earnings were evident in 2020. On average, women chiropractors earned 77.1 cents for every dollar earned by their male counterparts **(Table 2)**. This represented a modest narrowing relative to 2019, when women's average earnings amounted to 76.7 cents per male dollar. The slight convergence appears to be driven, in part, by a

somewhat steeper reduction in men's earnings during the pandemic period (−9.0%) compared with women's (−8.6%).

Table 2. Average earnings and gender-based income differentials among chiropractors aged 25–54, 2019 and 2020

	2019		2020		Change 2019–2020	
	Women	Men	Women	Men	Women	Men
Mean annual earnings (CAD)	$59,209	$77,175	$54,120	$70,226	−8.6%	−9.0%
Gender earnings gap (unadjusted)	−25.0%* (95% CI: −30.2 to −19.5%)		−24.8%* (95% CI: −30.0 to −19.3%)			
Gender earnings ratio	0.767		0.771		−0.003	

The gender earnings ratio was computed by dividing mean annual income among women by that of men. The unadjusted gender wage gap was estimated using simple log-linear regression models expressing differences in earnings between women and men as a share of men's income. All earnings figures are presented in inflation-adjusted Canadian dollars.

Source: 2021 Canadian Population Census (authors' calculations)

CI: confidence interval

*$p < 0.05$

After applying a logarithmic transformation to reduce skewness and approximate normality, the unadjusted earnings disparity by gender was statistically significant. In 2020, women chiropractors earned on average 24.8% less than men (95% CI: 19.3–30.0%).

Multivariate analysis of earnings differentials

Results from the multivariable linear regression model, which adjusted for professional characteristics, sociodemographic attributes, and geographic factors, indicated that a significant gender earnings gap persisted. Women chiropractors earned, on average, 12.0% less than men in 2020 (95% CI: 5.7–18.0%) after accounting for these covariates **(Table 3)**. Earnings were also independently associated with ethnocultural background. Practitioners identifying as members of visible minority groups earned 21.0% less than their White counterparts (95% CI: 12.5–28.8%), holding other factors constant, whereas those identifying as Indigenous earned 31.7% more on average (95% CI: 9.6–58.2%). As anticipated, lower earnings were observed among younger practitioners, individuals engaged in part-time work, and those who immigrated to Canada during adulthood, irrespective of gender. In contrast, no statistically significant associations were identified for sector of employment or degree of community remoteness.

Table 3. Multivariable regression estimates for factors associated with 2020 earnings among chiropractors aged 25–54

Variable	Category (Reference)	Adjusted % Difference	95% CI Upper	95% CI Lower
Age group	25–34 years (ref: 35–44 years)	−20.1*	−11.4	−27.8
	45–54 years (ref: 35–44 years)	9.8*	19.5	0.9
Gender	Woman (ref: Man)	−12.0*	−5.7	−18.0
Ethnocultural origin	Visible minority (ref: White)	−21.0*	−12.5	−28.8
	Indigenous identity (ref: White)	31.7*	58.2	9.6
Employment status	Self-employed (ref: Employee)	−15.1*	−6.3	−23.1
Work status	Part-time (ref: Full-time)	−51.4*	−46.2	−56.2
Place of work	Ambulatory healthcare services (ref: Other sectors)	7.4	28.5	−10.2
Household living arrangement	With spouse & children (ref: Other arrangement)	19.6*	31.5	8.8
	With spouse, no children (ref: Other)	13.9*	27.5	1.7
	Lone parent with children (ref: Other)	28.5*	57.9	4.7

Education	Diploma/certificate (ref: Bachelor's degree)	−15.4	1.2	−29.2
	Graduate degree (ref: Bachelor's degree)	4.8	12.7	−2.5
Adult migrant status	Immigrated in adulthood (ref: Canadian-born or immigrated in childhood)	25.6*	55.1	1.8
Community remoteness	Accessible areas (ref: Most urbanized & accessible)	−10.1	1.0	−20.1
	More rural & remote areas (ref: Most urbanized)	2.3	15.4	−9.2
	Moderately accessible areas (ref: Most urbanized)	−11.2	4.7	−24.7

Regression estimates are reported as exponentiated coefficients derived from models fitted to log-transformed earnings for 2020. The analysis draws on data from the 2021 Canadian Population Census linked with the national Index of Remoteness (authors' calculations).
*$p < 0.05$

Findings from the multivariate Blinder–Oaxaca decomposition indicate that a statistically meaningful share of the observed earnings disparity between women and men can be attributed to measurable differences in the composition of the female and male chiropractic workforces **(Table 4)**. The explanatory component of the gap was driven primarily by gender differences in earnings from the preceding year and by variation in part-time employment. By contrast, no statistically significant differences by gender were observed for ethnocultural background, age category, educational level, or other included characteristics that would account for the remaining disparity. After adjusting for all measured factors, a residual earnings difference of approximately 6% persisted in favor of men, although this unexplained component did not reach statistical significance. Results from a sensitivity analysis that excluded prior-year earnings from the decomposition model were consistent with the main findings and did not materially alter the conclusions (results not shown).

Table 4. Decomposition of female–male earnings differentials among chiropractors aged 25–54 into explained and unexplained components

Component	Contribution to Gender Earnings Gap	Notes / Details
Total (unadjusted) gender earnings gap	−27.0%*	95% CI: −15.0% to −38.7%
Explained portion (total)	−21.0%	Sum of contributions from observable characteristics
Visible minority	−2.3%	
Ethnocultural origin	−0.5%	
White	0.7%	
Educational attainment	−0.1%	
Full-time versus part-time	26.9%*	Largest explanatory factor
Place of work	0.1%	
Household living arrangement	−5.5%	
Adult migrant status	−0.6%	
Community remoteness	−0.7%	
Earnings in 2019 (prior earnings control)	81.6%*	Strongly accounts for persistence in earnings
Indigenous identity	1.1%	
Age group	−0.8%	
Employment status	−0.5%	
Unexplained portion	−6.0%	95% CI: −4.0% to −15.5%

This national analysis of postsecondary-trained chiropractors in Canada identified pronounced inequities related to gender, ethnocultural representation, and economic inclusion. Women accounted for less than half (44.5%) of chiropractors aged 25–54, reinforcing previous evidence of women's underrepresentation in the

profession relative to their share of the general population [9], and standing in stark contrast to their dominance across the broader healthcare workforce, where women comprise approximately 80% of workers. Despite having educational profiles comparable to those of men, women chiropractors earned an average of 77.1 cents for every dollar earned by men in 2020. This magnitude of disparity is consistent with findings from other Canadian studies showing persistent female-to-male earnings ratios of roughly 80 cents among university-educated professionals [35]. Although average earnings declined for both genders during the pandemic period, the earnings gap narrowed slightly relative to 2019, when women earned 76.7 cents per male dollar—contrary to our initial expectation that disparities would widen. Evidence from the United States similarly indicates that many rehabilitation and allied health professionals experienced income reductions during early Covid-19 mitigation efforts, though those analyses did not report gender-stratified results [29].

In addition to gender imbalances, the chiropractic workforce was less diverse than the Canadian population with respect to both visible minority status (20.0% versus 26.5%) and Indigenous identity (2.2% versus 5.0%). Multivariable regression findings further demonstrated a substantial and independent earnings penalty among racialized chiropractors: practitioners identifying as members of visible minority groups earned, on average, 21.0% less than White chiropractors in 2020, after adjustment for gender, immigration status, and other relevant factors. In contrast, chiropractors reporting Indigenous identity exhibited higher average earnings. Similar patterns—where earnings premiums associated with postsecondary credentials coexist alongside low labour market representation among Indigenous peoples—have been documented in other Canadian contexts [35, 36].

When gender-based earnings differences were decomposed to account for observed disparities in sociodemographic characteristics, work arrangements, and prior-year earnings, a residual gap remained, with women earning approximately 6% less than men. This unexplained component could not be attributed to differences in age distribution, women's higher likelihood of part-time employment, or other measured variables. While the decomposition analysis did not reveal statistically significant intersectional effects between gender and ethnocultural identity, it underscored the absence of gender differences in educational attainment or sector of employment that might otherwise account for the observed earnings gap. Importantly, the portion of the gap explained by observed factors should not be interpreted as evidence of an absence of gender bias. The available data do not allow determination of whether women's greater engagement in part-time work reflects constrained choices or structural barriers, nor do they capture other organizational and social mechanisms—such as limited access to mentorship, leadership pathways, flexible scheduling, or professional advancement opportunities—that may differentially shape income trajectories.

Although some commentators have suggested that chiropractic has made progress toward greater workforce equity, the profession continues to lag behind medicine in systematic efforts to promote diversity across educational pathways, clinical practice, and leadership positions [8, 9, 37]. Persistent underrepresentation of ethnoracial minorities among senior practitioners and educators may constrain efforts to recruit, support, and mentor students from diverse backgrounds, with downstream implications for culturally responsive care delivery [9, 37]. Beyond earnings inequities, inequitable workplace climates remain a concern: research from Australia, for example, documents ongoing gender-specific workplace harms experienced by women chiropractors, including sexual harassment [38]. Addressing these challenges will likely require multi-level strategies, such as greater pay transparency and public accountability for progress toward compensation equity [39], alongside intentional investment in mentorship, leadership development, and resource access for women and underrepresented groups [40]. Sustained collection and analysis of workforce data disaggregated by gender and race/ethnicity, combined with agreement on fair compensation frameworks, are critical foundational steps toward redressing this persistent yet addressable equity issue.

This study has several strengths, including its focus on an understudied segment of the healthcare workforce and its use of nationally representative microdata with a high response rate and objectively measured income information. Nonetheless, limitations should be acknowledged. The cross-sectional design captures a single point in time and therefore cannot fully account for the dynamic labour market changes associated with and following the Covid-19 public health emergency, including shifts toward telehealth and altered work arrangements. Moreover, sociodemographic

characteristics were measured at the time of the census (May 2021), which may not fully align with employment and earnings patterns in 2019 and 2020. Some chiropractors—potentially disproportionately women—may have exited the workforce during this period due to pandemic-related pressures such as childcare and schooling disruptions and therefore are not reflected in the analytic sample. Finally, confidentiality requirements limited the ability to disaggregate ethnocultural identities in greater detail, despite evidence that workplace experiences and labour market outcomes are heterogeneous within broad racial and ethnic categories.

Conclusion

This research adds to the growing body of evidence on gender and social equity within the healthcare workforce, emphasizing the importance of workforce composition reflecting the populations it serves. In the context of global population aging and the persistent, unmet demand for rehabilitation services worldwide [6], identifying the determinants that support or impede the entry and long-term participation of chiropractors is particularly important. Our analysis reveals both workforce underrepresentation and meaningful earnings disparities affecting women and ethnocultural minority groups within Canada's chiropractic profession. Notably, income differences by gender persist despite comparable levels of educational attainment between women and men. Collectively, these findings underscore the urgency of implementing targeted policies and professional initiatives aimed at strengthening gender and ethnocultural diversity, as well as advancing equitable economic participation, within the chiropractic workforce.

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