A Communications Service to Nursing School Deans, Administrators, and Faculty

Inaction is Not an Option

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or the fourth consecutive year, the National Student Nurses' Association (NSNA) collected marketing data from new RN graduates (NSNA members). The survey asked questions related to academic progression, demand for registered nurses, securing entry-level RN positions, and workplace orientation and support. Data from the first survey (reported in the September/October 2008 issue of *Dean's Notes*) revealed the lack of entry-level RN positions primarily in the northeast (Mancino, 2008). Findings of the 2009 and 2010 surveys exposed a more widespread decline in entry-level RN positions (Mancino, 2009, 2010).

In September 2011, approximately four months following Spring 2011 graduation, NSNA collected data from 3,733 new RN graduates, the majority of whom graduated in Spring and Summer 2011: 77% (n=2,854) completed nursing school in Spring 2011; 19% (n=686) in Summer 2011.* Surveys were completed by students from all types of RN programs: baccalaureate degree (45%), associate degree (38%), diploma (5%), accelerated BSN (10%), and other (1%). Forty-three percent (n=1609) of respondents entered nursing school with the following non-nursing degrees: associate degree (34%, n=553), bachelor's degree (59%, n=950), master's degree (6%, n=98), doctorate (0.2%, n=4), and MD (0.2%, n=4). Twelve percent (n=431) of respondents indicated that they were pre-medical students. Six percent (n=166) were licensed practical/vocational nurses prior to entering nursing school. Twenty-seven percent (n=832) were Certified Nursing Assistants.

When asked if they have an RN position, 64% (n=2,331) said, "yes," and 36% (n=1,303) responded, "no." Overall, there was a 10% increase in those reporting that they were employed as RNs over the previous year's survey.

By program type, the data revealed that 68% of the baccalaureate graduates, 61% of associate degree graduates, 53% of accelerated BSN graduates, and 69% of diploma graduates were employed as registered nurses. Collectively, 36% of graduates from all programs were not employed as

* Percentages are rounded. The database used to disseminate the marketing survey electronically was a convenience sample of nursing students who are members of the National Student Nurses' Association. The database contained email addresses for NSNA members who indicated Spring 2011 as their graduation date on their membership record. Total sample was 16,442; 3,733 responses represents a return of 22%.



registered nurses (see Table 1). When looking only at Spring 2011 graduates, 69% (n=1980) indicated they were employed as RNs; 31% (n=874) indicated that they were not employed as RNs. See Table 2 for breakdown.

Those replying that they were not employed as RNs gave the following responses (n=1344): 7% did not yet try to find a job, 10% were waiting until they passed state boards, 26% were having difficulty finding a job in their preferred specialty, and 56% answered that there are "no jobs for new graduates in my area."

When the question "Are you currently employed as an RN?" was broken down by region of the United States, the "yes" respons-

es ranged from 55% to 72%: West (55%, n=874), Northeast (61%, n=1059), Central (72%, n=631), and South (70%, n=1,153). In California, 47% of new graduates reported that they were employed as RNs (n=433).

New graduates (n=3,704) reported the following trends:

- Employers filling positions with experienced RNs (80%);
- Older RNs are not retiring (78%);
- Too many new graduates are flooding the market (69%);
- Hiring BSN graduates over associate degree graduates (63%);
- RNs working full-time are also working in other RN positions part-time (58%);
- · Hiring per diem nurses without benefits (55%);
- RNs who are currently employed are now working harder (52%);
- Nurses who were formerly working part-time are now working full-time (51%);
- Hiring freezes (45%);
- Hospitals are hiring travel and agency nurses (40%);
- Long-term care facilities are hiring new graduates (40%);
- Hospitals discontinuing new graduate orientation and residency programs (30%);
- Hospitals are closing departments (23%);
- Home care and community health agencies are hiring new graduates (22%); and
- RNs are being laid off (20%).

When asked about their interest in different specialty nursing areas (selected multiple areas), most indicated an interest in intensive care (38%) and emergency nursing

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Table 1.
Percentage of 2011 New RN Graduates Employed
by Type of Nursing Program*

Employed as an RN	Associate Degree	Diploma	Baccalaureate Generic	Baccalaureate Accelerated	Total
Yes	61%	69%	68%	54%	64%
	(864)	(117)	(1,150)	(200)	(2,331)
No	39%	31%	32%	47%	36%
	(543)	(52)	(531)	(177)	(1,303)
Total	1,407	169	1,681	377	3,634

^{*}Does not include a small percentage of generic master's and generic doctorate graduates.

Table 2.
Percentage of *Spring 2011* New RN Graduates Employed by Type of Nursing Program*

Employed	Associate	Diploma	Baccalaureate	Baccalaureate
as an RN	Degree		Generic	Accelerated
Yes	61%	76%	68%	63%
	(737)	(69)	(1,034)	(107)
No	33%	24%	28%	37%
	(371)	(22)	(395)	(63)
Total	1,108	91	1,429	170

^{*}Does not include a small percentage of generic master's and generic doctorate graduates.

Table 3.
Percentage of New Graduates Employed by Region, 3-4 Months Post-Graduation (2009-2011)

Year	South	West	Northeast	Central
2009	69%	41%	50%	60%
2010	64%	41%	50%	60%
2011	70%	55%	61%	72%

(35%), followed by medical-surgical (29%), maternity-labor/delivery (29%), cardiac intensive care (26%), pediatric nursing (27%), and oncology nursing (16%). Fifteen percent specified an interest in travel nursing and 10% are interested in psychiatric-mental health nursing. Eight percent of new graduates are interested in community/home health nursing. Three percent indicated an interest in long-term care and 4% indicated rehabilitation nursing. These percentages are very similar to those reported in 2009 and 2010 (Mancino, 2009, 2010).

Plans to Advance Education

Seventy-eight percent responded, "yes," to the question: "Do you plan to return to school for another degree?" Four percent stated, "no," and 18% were "unsure." Twenty-three percent (n=292) of associate degree and 25% (n=39) of diploma graduates indicated that they would immediately return to school (Fall 2011 Semester); 30% (n=430) of associate degree and diploma graduates responded that they would return to school in the Spring 2012 Semester. Twenty-five percent (n=361) of associate degree and diploma graduates responded that they would return to school for the Fall

2012 Semester. Two percent (n=22) of associate degree graduates indicated that this was the highest degree that they planned to achieve. Seventy-four percent (n=1,196) of diploma and associate degree graduates indicated that the RN-to-BSN completion program was their next educational step; 17% (n=355) selected RN-to-MSN completion. When queried about the type of program that they plan to enroll in, 32% (n=1050) said they plan to enroll in an online program, 22% (n=722) in a traditional program, and 45% (1,468) in combination online and traditional (blended) programs.

When asked to indicate the highest degree that they are planning to achieve, 12% (n=422) indicated baccalaureate degree in nursing; 57% (n=1,922) of all graduates plan to go on for a master's degree in nursing; 24% (n=804) plan to achieve a doctorate in nursing practice; 6% (n=215) plan to attain a PhD. Sixty percent (n=1,009) of those graduating with a bachelor's degree (generic and accelerated) indicated that a master's degree for advanced practice (nurse practitioner, nurse midwife, and nurse anesthetist) would be their next educational step; 7% (n=113) indicated a master's in education; 5% (n=79) indicated a master's in administration.

Discussion

The 2011 survey results reflect an overall regional improvement in the hiring of new RN graduates (see Table 3). However, continuing high unemployment rates for entry-level RNs persist. Regional unemployment of new RNs is most pronounced in western states (45%); in the central states, the rate is 28% unemployed. Although tracking new graduates is difficult, most respondents to the NSNA survey provided a permanent email address and expressed a willingness to participate in a follow-up survey.

It is anticipated that as the economy improves, retirementage RNs will retire like their colleagues in other fields. However, in a survey of chief nursing officers and nurse recruiters conducted jointly by the American Nurses Association (ANA), the National Association for Health Care Recruitment (NAHCR), and NSNA (2011), 53% (n=242) of respondents indicated that less than 5% of the nurses they employ will reach age 66 by the end of 2012; 15% (n=66) indicted that 5-7% will reach age 66 by 2012. When asked to indicate the number of general staff RNs who will retire from the organization by the end of 2011, 24% (n=96) indicated none and 64% (n=253) indicated 1-10. Only 25% (n=254) of those responding to the survey indicated that they had a strategic plan to address future shortages of RNs. A study conducted by Nursing Solutions, Inc. (2011) reported, "the vacancy rate for bedside nurses continues to be lower than typical and is a clear indication that nurses are binding themselves to the workforce with many delaying retirement. The overwhelming majority of hospitals (85%) reported a vacancy rate less than 7.5%. Sixty-one percent have a vacancy rate of less than 5%."

With so much uncertainly in economic recovery, it is difficult to predict the demand side of the nursing workforce equation. What we do know, in real time, is that for inexperienced, newly licensed RNs, the supply side is greater than the demand side. With a market inundated with RN graduates, it is not surprising that, having a choice in new hires, employers are selecting BSN graduates over ADN graduates. It is also not surprising to see the high number of ADN graduates advancing academically. This observation is corroborated by a recent report published by the American Association of Colleges of Nursing (AACN, 2011).

On the positive side, the number of "qualified" students turned away from nursing programs (51,082 were turned

away from 503 entry-level baccalaureate nursing programs in 2011 according to the AACN report) was due to "shortages of clinical placement sites, faculty, and funding" (AACN, 2011). This may be cause for celebration. The addition of 50,000 new graduates to the unemployment rolls could be considered socially irresponsible.

The mangle of mixed reports in the media – from severe nursing shortages (although these are now starting to wane) to the most recent report that indicates that the RN workforce is expected to maintain pace with population growth through 2030 due to the lower age of entrants (Auerbach, Buerhaus, & Staiger, 2011) – corroborates with NSNA data. In the 2010 and 2011 NSNA New Graduate Surveys, 35% and 38%, respectively, of the respondents were ages 23-28. Those reporting that they were less than 22 years of age were 22% in 2010 and 20% in 2011. With the publication of this report from the nursing workforce gurus and the uncertainty of the current and future demand for RNs, now is the ideal time for colleges and universities offering nursing degrees to examine their student recruitment, admission, and enrollment policies.

Two messages delivered by the Occupy Wall Street protestors resonate well with the current situation faced by new RN graduates: unemployment and repayment of student loans. What is higher education's rationale for disregarding supply and demand data when planning admissions and enrollments for all disciplines? A recent article headline in *The Chronicle of Higher Education* (Field, 2011) read, "Career Colleges Said to Inflate Job-Placement Numbers." The fabrication of job-placement data is a growing concern of accrediting bodies. Colleges may become the target of accountability for reporting accurate job placement data as lawsuits emerge from overstatement of job placement figures (Field, 2011). As one survey respondent noted, "The schools continue to produce new RNs, but there aren't enough jobs to employ them. My area is saturated with new grads."

New RN graduates, like other college graduates, have student loans to repay. Thirty-nine percent (n=1426) of those answering the 2011 NSNA New Graduate Survey owe \$10,000-\$40,000 in student loans; 23% (n=853) owe more than \$40,000; 4% (n=144) owe more than \$90,000; 27% (n=1,006) reported no student loans. In some cases, student-loan forgiveness for those working in underserved areas for specified time commitments may help reduce the burden of student loan repayment.

A cursory review of nursing program Web sites offers a range of marketing materials from "the jobs are out there" to a BSN program reporting a 46% employment rate for new graduates in 2009-2010 (Baptist College of Health Sciences, 2011). Is the moral integrity of nursing education at risk? One unemployed Spring 2011 BSN graduate who responded to the NSNA survey stated, "I pursued a career in nursing because I was told there was a high demand and I would always have a job. There are jobs available, but the large number of applicants makes every position very competitive. I wish my nursing school would have stressed from day one all of things I should have been doing to assure I would have a job upon graduation." It would be prudent for all nursing programs to update their Web sites and recruitment materials to reflect the challenges that new graduates may face in the current job market.

Although 92% of the unemployed new RN graduates remain "passionate about nursing and will continue to seek employment as an RN until [they] succeed," 38% report that they are not getting support and are disillusioned with the profession. Advising new graduates to take any available RN position just to get experience may lead to the demise of

some new RNs. One new graduate, who took the only position she could get, described her experience in long-term care: "I worked in a nursing home for almost two months. Right out of school I was charge nurse. I ran the entire 30-bed unit of skilled patients. Fifteen hours of training and I was thrown into the fire. It was the definition of 'nurses eating their young."

Taking *any* position may also lead to new graduates resigning after only one year as that would qualify them for positions offered to "experienced" nurses. Employed new graduates who reported that they did not get a position in a specialty area that they wanted indicated that they planned to leave their first position after one year (19%, n=423). Thirty percent (n=672) of employed new graduates indicated that they would leave after two years. In the ANA/NAHCR/NSNA survey, 26% (n=94) of respondents cited, "New graduates do not stay long enough to justify the expense of orientation/residency," as a primary challenge when hiring new graduates.

Nurse educators have an opportunity to exercise moral leadership by advocating for their students, by speaking up about the hardship faced by new graduates, and by strategically planning admissions, enrollments, and graduations based on supply and demand. Many nurse educators are expressing frustration and disappointment with college administrators who have blatantly ignored the plight of new nurse graduates. Now is the time to break the chronic cycle of nursing shortages and oversupply. It will take systematic planning and involvement of researchers, educators, and service providers; collection of reliable real-time data; and a commitment to transparency.

From the time of the publication of NSNA's first New Graduate Survey in 2008 until the present, nursing organizations, accrediting bodies, nurse leaders, educators, and RN workforce researchers have denied (or simply ignored) that there is an oversupply of new graduate RNs. It is socially irresponsible to wait for regulators and legislators to force the issue. As the only national advocate for undergraduate student nurses and new graduate RNs, NSNA leadership is eager to work with deans and directors, health care employers, nursing organizations, and health care leaders to find solutions to the new graduate jobless dilemma. Denying that a problem exists is no longer an option. **DN**

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