

## New Graduates' First Jobs and Future Plans: Debt, Employers, and Education Prospects

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**S**hortage or no shortage? Headlines read with warnings the country is running out of nurses (Grant, 2016) and the American Association of Colleges of Nursing (AACN) reports:

The U.S. is projected to experience a shortage of registered nurses (RNs) that is expected to intensify as Baby Boomers age, and the need ... [compounded by the fact that] nursing schools across the country are struggling to expand capacity to meet the rising demand for care given the national move toward healthcare reform. (AACN, 2017, para. 1)

However, Auerbach, Buerhaus, and Staiger (2017) reported a more detailed description between geographic differences in the U.S. by categorizing the country into four regions – Northeast, South, Midwest, and West – after a decade-long unprecedented expansion in nursing school enrollment.

On April 26, 2018, Dr. Ann Cary, Board Chair of the AACN, testified before the House Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies about the continuing need for vigilance to maintain an adequate nursing workforce (Cary, 2018). She stated that by 2022, it is projected that 70,000 baby boomer RNs will retire annually (Buerhaus, Skinner, Auerbach, & Staiger, 2017), and that according to the AACN, U.S. nursing schools turned away 68,922 qualified applicants from baccalaureate and graduate nursing programs in 2017 (AACN, 2017). The current faculty shortage has been the major reason that nursing schools report not accepting all qualified applicants. These challenges are part of the future workforce considerations



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related to four aspects described by Buerhaus and colleagues (2017); including aging of the Baby Boomer generation, the shortage and uneven distribution of physicians, the accelerating rate of RN retirements, and the uncertainty of healthcare reform. But the impact of the nation's economy on nursing student jobs and future education plans play an equally important role as new graduates enter the workforce with debt burden that challenges their future goals. These are questions assessed annually in the National Student Nurse Association (NSNA) New RN Graduate Survey (NSNA Survey).

As the overall economy continues to improve, the annual survey has reported on the growth of U.S. RN employment. Reflecting on the past nine years of NSNA Survey data, the 10th Annual NSNA Survey yields new evidence revealing similar employment of entry-level RNs with some small trends down in certain regions. The recent increases in employment of RN graduates from all programs are somewhat stable, including associate degree graduates. But within those increases are potentially troubling signs of continued debt and reluctance to pursue advanced education.

The consecutive data collection from the NSNA Survey of new RN graduates for the past 10 years gives us insight into

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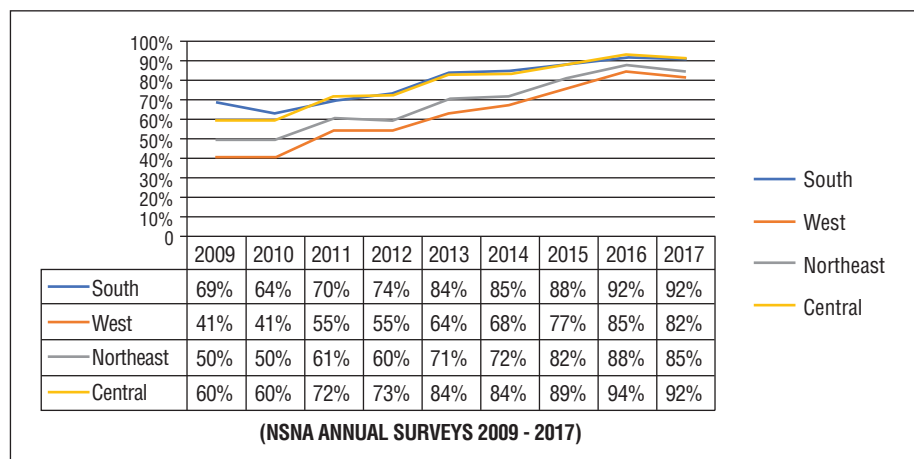
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today's RN workforce and trends in nursing education, loan debt, and changes in health institution employment. The findings of the NSNA Survey show a continuous upward movement for new graduates finding jobs and employment opportunities in all areas of the country up until last year – while continuing to show job rates approaching 90% with the higher employment opportunities existing in the Central and South regions of the country (see Figure 1). While the South has sustained its employment rates reported by new graduates, there are slight declines from last year for Central, Northeast, and West congruent with Auerbach and colleagues' (2017) report on projections by regions of the country. Many of the job-seeking challenges for new RN graduates may be easing. This is partly influenced by the areas of RN positions being vacated including the retirement trends reported by Buerhaus, Auerbach, and Staiger (2017). What might this mean for a future shortage increase of experienced baccalaureate-prepared RNs regionally? What might be sustained good news for new graduate employment may be a prediction of foreboding concern about impending workforce changes. Other data on continuing debt burden that may influence new graduates' decisions to continue their education are important to consider in the conversation about the quantity and quality of experienced nurses on the horizon.

In September 2017, approximately 4-6 months, up to a year, following spring graduations, NSNA collected data from over 4,000 new RN graduates who were members of the association. Data were cleaned on employment success to reflect only those who had reported employment ("yes" or "no") ( $n=3,328$ ) and graduated in spring or summer 2017, and winter or summer 2016, with some who would be recently surveyed, and others approximately one year after graduation. Similar to the previous year, the NSNA Survey was completed by students representative of the association's membership from all types of RN programs (baccalaureate degree [47%]; associate degree [33%]; diploma [3%]; accelerated BSN [17%]; other pre-licensure graduate programs [2%], and a small number of RN to BSN respondents [1%]). Fifty-eight percent of respondents graduated from public nursing schools, 19% were from private nursing schools, 14% were from private proprietary (for-profit) schools, and 9% did not know if their program was public, private, or for-profit. These results are similar to the 2016 NSNA Survey – up 1% proprietary and down 1% public. At the time of the survey, 97% reported that they passed the National Council Licensing Examination (NCLEX).

For the question, "Are you currently employed as a RN?" the response was

**Figure 1.**  
**Percentage of New Graduates Employed by Region from 2009-2017**



**Table 1.**  
**New Graduate Employment as RNs by Types of Programs Compared to Previous 5 Years**

Currently Employed as an RN	2012	2013	2014	2015	2016	2017
Associate Degree (ADN)	61% (966)	72% (1,316)	72% (1,013)	81% (708)	84% (610)	87% (992)
BSN Pre-licensure	72% (1,364)	81% (1,686)	82% (1,698)	88% (1,269)	92% (1,222)	91% (1,470)
Accelerated BSN Program	58% (218)	69% (386)	81% (204)	86% (163)	84% (138)	85% (476)
Master's Degree (Pre-licensure)	61% (27)	84% (36)	90% (17)	73% (11)	93% (13)	81% (35)
Clinical Nurse Leader Masters (Pre-licensure)	50% (13)	89% (25)	83% (10)	86% (12)	80% (4)	86% (6)
RN to BSN (Post-licensure)	—	—	—	100% (10)	83% (19)	79% (23)

slightly lower this year (88.1%) than last year (89.3%). When broken down by region of the United States (see Figure 1), the "yes" responses ranged from 82% to 92% nationally, with all regions other than the South trending down slightly. Regional employment trends over the past few years of the NSNA Survey have indicated a gradual increase in employment successes until now. While only slightly downward, this may be the first sign of a changing landscape of employment nationally. Regional lower employment differences still exist on the two populated coasts (Northeast and West) than the Central and South regions as discussed by Auerbach and colleagues (2017). It is important to look deeper into subnational level trends.

By program types and schools, the data revealed that 91% of the baccalaureate graduates (down 1%); 87% of the associate degree in nursing (ADN) graduates (up 3%); 85% of accelerated baccalaureate

graduates (up 1%); 86% of Clinical Nurse Leaders (up 6%), and 81% Master's Degree pre-licensure (down 12%). This is an upward trend for ADN and accelerated BSN new nurses, which is a positive indicator in general for the job market (see Table 1). The employment comparison for BSN graduates remains significantly higher ( $p<0.05$ ) than ADN and other groups, which may also be related to the sampling pool of NSNA membership. Comparing graduates from types of schools, there continues to be a significant association between employment success for public schools (89%) when compared to for-profit schools (84%,  $p<0.05$ ). Private school employment rates were non-significant to the other program types (88%).

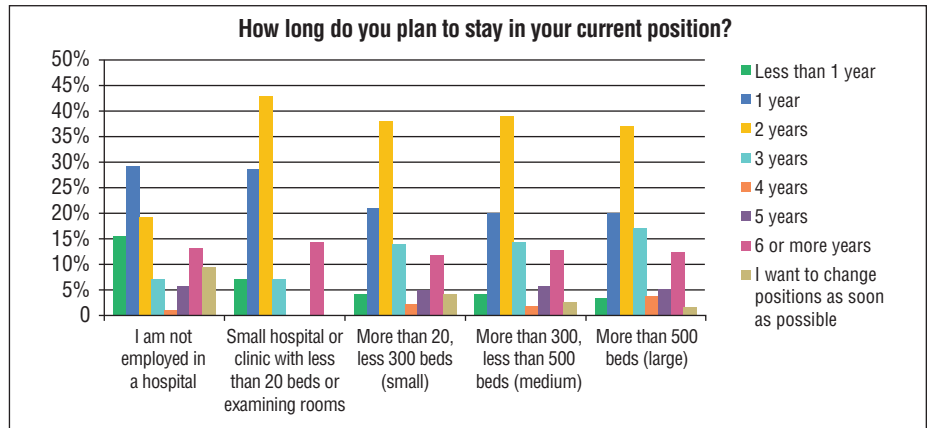
For those respondents who are employed as a RN, there were a few that bear watching. Of those with jobs, 92% are working full-time and 37% are working night shifts; 84% work in acute care hospi-

tals, 33% in hospitals with more than 500 beds, and only 5% work in long-term care or nursing homes. When asked “Did you get the job you wanted?” 64% of new graduates in 2017 and 2016 reported “yes” and 62% reported the same in 2015. When asked if they got their “dream job” 27% said “yes.” When assessing reasons for selecting this first job, 47% were hired before graduation, 46% took this job to gain experience to get their “dream job,” and 26% plan to stay a year or less. New graduates employed in large hospitals (500 beds or more) appear to have a higher likelihood to stay in their current job as illustrated in Figure 2, suggesting that the size of the hospital matters in graduates’ decisions to plan their future careers. Jobs in smaller hospitals and clinics are the most common choices for new graduates who plan to leave within 2 years, whereas plans to stay 3 years or more is more common in larger hospitals.

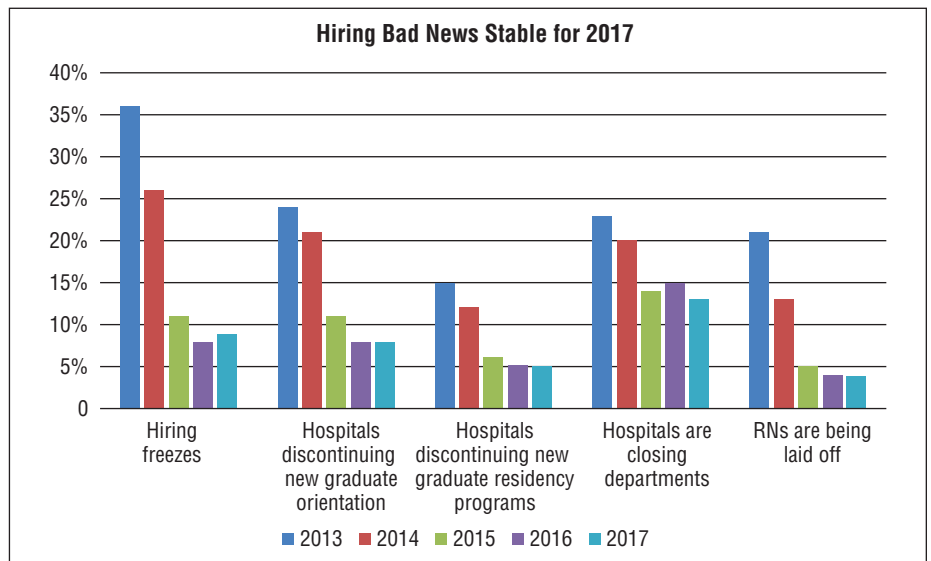
Over the past few years, new graduates responded to a variety of questions about their perceptions of the job market. New 2017 graduates who responded to the job market questions reported upward and downward trends in searching for jobs. These trends supported the 2017 employment data. Positive trends for jobs are illustrated as “hiring bad news stable for 2017” with comparisons over several years (see Figure 3). Another set of positive trends from the 2017 NSNA Survey points to what has been reported by new graduates as decreasing “job market challenges” (see Figure 4).

While job opportunities appear to be improving, what continues to exist is the high loan debt that new nurses, like other college graduates, take with them into the future. Loan debt can be described relative

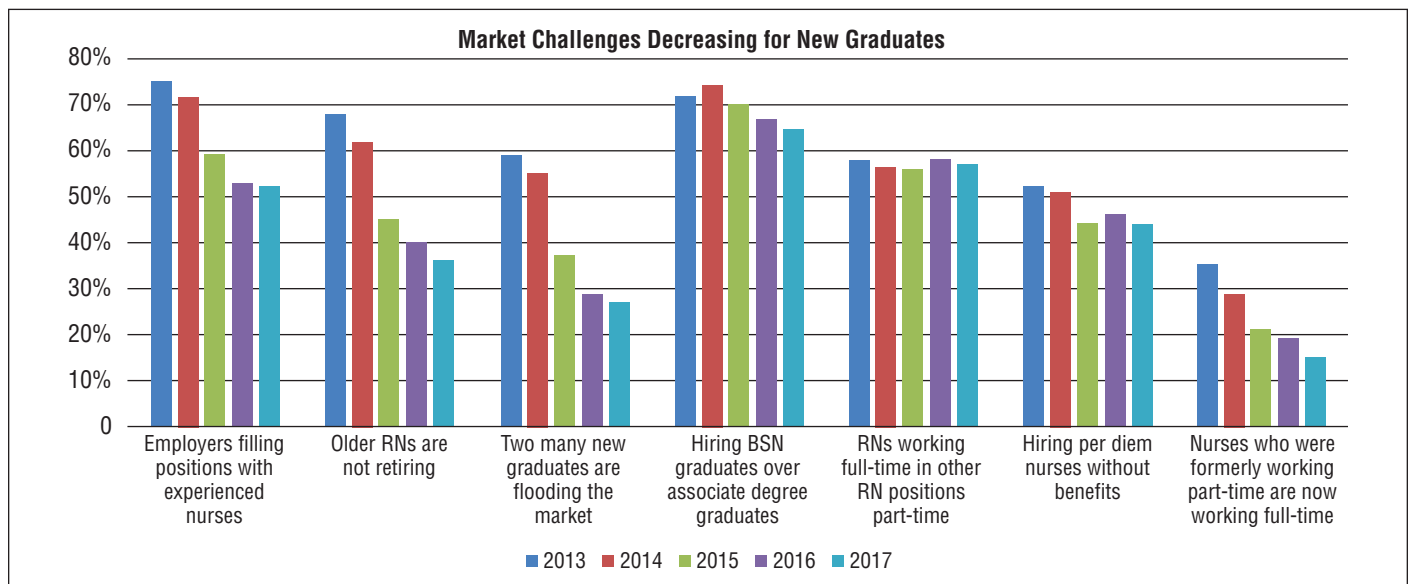
**Figure 2.**  
Comparison of New Graduate Responses to Plans to Stay in Current Position



**Figure 3.**  
Trends Reported by New Graduates Seeking Jobs

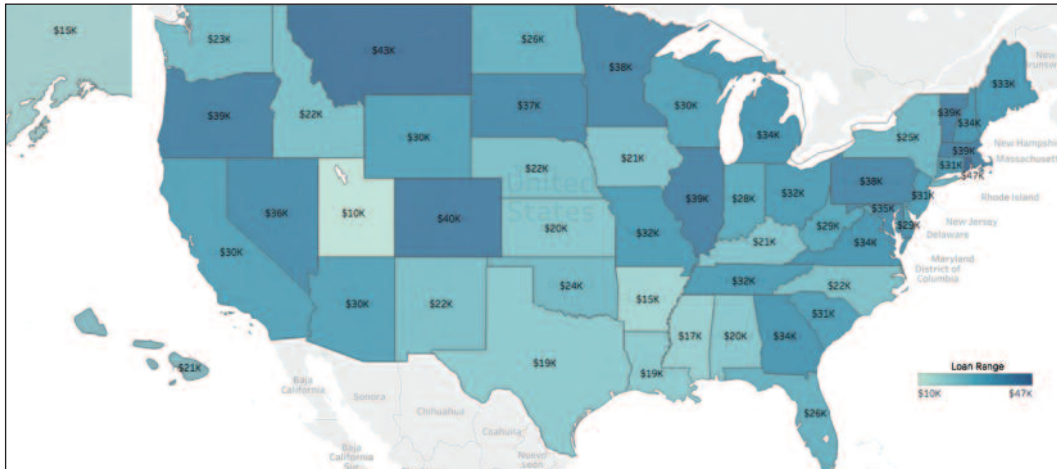


**Figure 4.**  
Job Market Challenges Decreasing





**Figure 5.**  
State by State Comparisons of Average Loan Debt for New Graduates

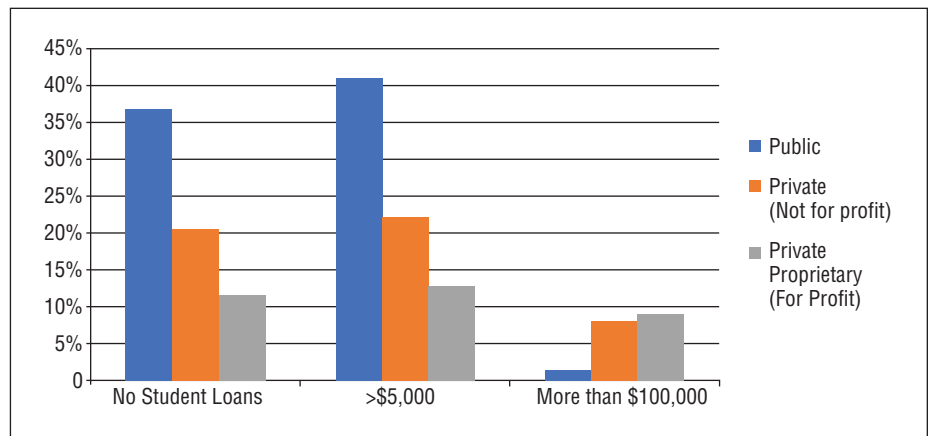


to investment in educational pathways and choices in types of schools that make an impact on their future plans and job acceptances. This needs to be taken into account with the overall landscape about employment. The average loan debt in 2017 was approximately \$29,000 – up by \$1,000 from last year. Loan debt also varies by state, perhaps related to the number of nursing education programs per capita or another related variable such as high loan states with dense urban populations like Pennsylvania; or perhaps low-density populations with few choices such as Montana and Colorado (see Figure 5). These may also reflect the membership of NSNA population of new graduates.

For all respondents who answered the question about how much they owe for their education (3,146 persons), many continue to report having substantial student loans to repay. When analyzed by public, private, and for-profit nursing programs, the significant differences in loan debt and employment continue to suggest that for-profit schools add the burden of carrying higher debt into the job market and, unfortunately, are not comparing positively with job success for private schools as previously discussed (see Figure 6).

Debt and employment impact the decision to continue one's education. The trends in 2017 data on employment success continue to show a positive growth in the overall national picture related to the economy. Although all trends are upward from years past, graduates continue to report challenges to find employment in some regions while the hiring preferences of BSN graduates over ADN graduates remain. A continuing trend is emerging related to new nurses seeking academic progression. While all new graduates report thinking about the future and seek-

**Figure 6.**  
Comparison of School Types by “How Much Do You Owe?”



ing higher degrees in a similar pattern to previous years (see Table 2), ADN graduates – now able to find employment – may delay their enrollment in degree completion programs (see Figure 7). This is a trend that warrants further investigation as some states may contemplate New York's 'BSN in 10' legislation that recently passed (Mararac, 2017).

**Discussion**

In a recent *Health Affairs* Blog, Buerhaus and colleagues (2017) state that it is imperative for healthcare leaders to recognize that as the retirement of RNs increase, a different type of nursing shortage will emerge – one of knowledge, skill, experience, and judgment. Their projections for 2030 point to the differences in expected growth of RNs per capita in different regions of the country, many which validate the findings of the NSNA Survey results. In uncertain and complex health-

care delivery systems, there are key variables such as the academic progression plans of new graduates and the burden of increasing loan debt that may impact on those decisions that need to be part of the ongoing workforce discussion including, but not limited to, the retirement wave of the current RN workforce.

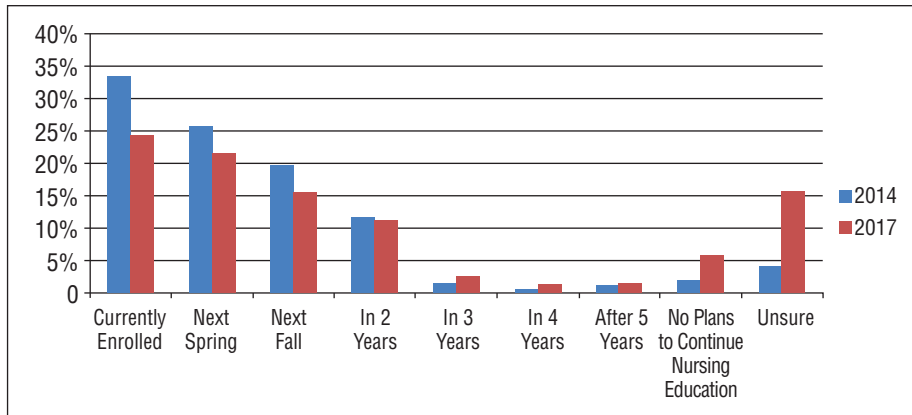
Based on trends both inside and outside of the nursing profession, the prevalence of nurse turnover will not decrease. Higher demand for skilled workers in general is true for the nursing profession as well. Sign-on bonuses and student loan payments are becoming more prevalent to attract seasoned nurses. Some nurses will follow the money and the benefits as well as opportunities for advancement. Some are holding down two full-time jobs working three, 12-hour shifts.

The slowing of academic progression and the academic intentions of new graduates should be closely monitored as it pro-

**Table 2.**  
**Highest Degree Planned (Comparisons of 2015, 2016, and 2017 Responses)**

Earned Degree	BSN 2015/2016/2017	Masters Degree in Nursing 2015/2016/2017	Doctorate in Nursing Practice 2015/2016/2017	Doctorate (PhD) 2015/2016/2017	Unsure 2015/2016/2017
Associates Degree	22% / 23% / 22%	45% / 46% / 44%	16% / 15% / 20%	3% / 4% / 2%	12% / 12% / 10%
Baccalaureate Degree	—	37% / 38% / 38%	30% / 30% / 36%	9% / 7% / 5%	16% / 17% / 15%

**Figure 7.**  
**Comparison of Responses for ADN and BSN Graduates for 2014 and 2017:**  
*If you graduated with an associate degree or from a diploma school of nursing and you are planning to pursue an RN to BSN or RN to MSN, when will you enroll?*



vides a view into the future availability of nurse leaders and researchers. There is cause for alarm when looking at the new graduates (AD/BS) who reported that they plan to earn a doctorate in nursing practice (20%/36%) compared to those who will seek a research doctorate (2%/5%). This finding corresponds to the rising concern within the profession about a shortage of nurses prepared for scholarship, research, professorial, and higher education administration roles.

The nursing profession frequently cites the Institute of Medicine (IOM) Report, *The Future of Nursing: Leading Change, Advancing Health* (2011), as setting strategic goals for the profession. It may be time to evaluate how well the profession is meeting the goals committed to when the report was first published in 2011. The data from the annual NSNA Survey support Cary's statement:

We were surprised to see a slight dip (down 2%) in the number of students entering RN to Baccalaureate programs, following a 15-year period of steady enrollment growth. Completing a Bachelor of Science in Nursing (BSN) degree is often the first

step to meeting employer expectations and positioning RNs for long-term success. The research highlighted in the IOM report indicates that nurses with BSN and higher education are better equipped to provide quality patient care. (AACN, 2018, para. 4)

It is critical to keep our eye on these trends on the horizon. **DN**

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Percentages are rounded. The convenience sample of nursing students who are members of the National Student Nurses' Association (NSNA) and indicated that spring 2017 was their graduation date were sent the survey via SurveyMonkey®. Total number of email invitations sent (44,683), minus opt-outs (674), and bounced emails (1,557), yielded a return of n=4,654 (partial and complete) (11% return).

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## 2018 NSNA MidYear Career Planning Conference

### Earn Affordable Contact Hours – Registration Fee Rebates Available

The NSNA MidYear Conference takes place at the Galt House Hotel in Louisville, KY, November 8-11, 2018. Program highlights are below. Full program is available on the NSNA website—see link below. Receive registration rebates for participating in the Career Development Center.\*

For more details, visit <https://www.nsnamidyear.org/>

This activity will be submitted to the Maryland Nurses Association for approval to award contact hours. The Maryland Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

#### Thursday, Nov. 8, 2018

11 a.m.- 12:30 p.m. **1.5 contact hours**

**Career Mentorship- Novice Nurse and Beyond!**

**Prepares you to participate in the Career Development Center.\***

**Speaker: Lois Marshall, PhD, RN**  
Nurse Education consultant, author, speaker, Miami, FL

**Sponsor: National Student Nurses Association, Brooklyn, NY**

3:15 – 4:45 p.m. **1.5 contact hours**

**New Approaches for Mastering Clinical Decision Making and Judgment**

**Speakers: Loretta Manning, MSN, RN, GNP, President, I CAN Publishing®, Inc. and Regional Director, Sylvia Rayfield & Associates, Duluth, GA; Lydia Zager, MSN, RN, Associate, I CAN Publishing®, Inc.**

**Sponsor: I CAN Publishing®, Inc. and Sylvia Rayfield and Associates, Inc., Duluth, GA**

#### Friday, November 9, 2018

8:30 – 10:30 a.m. **2.0 contact hours**

**Breakfast and NCSBN Update**

**Speaker: Nancy Spector, PhD, RN, Director of Regulatory Innovations, National Council of State Boards of Nursing, Chicago, IL**

**Sponsor: National Council of State Boards of Nursing, Chicago, IL**

10:45 a.m. - 12:45 p.m. **Part 1 & 2, 4.25**

**contact hours**

**Leadership University Consultant Advisor Certificate Program Part I**

**Speakers: Dr. Diane Mancino, Executive Director NSNA, Rosemary Mortimer, MS, MEd, RN, ANA appointed consultant, Cheryl Taylor, PhD, RN, FAAN, NLN appointed consultant, and Dev Persaud, MA, NSNA Director of Finance and Administration.**

**Sponsor: National Student Nurses Association, Brooklyn, NY**

2:15 - 3:45 p.m. **1.5 contact hours**

**The NCSBN National Marijuana Guidelines**

**Speaker: Kathy Russell, JD, MN, RN**  
**Sponsor: National Council of State Boards of Nursing, Chicago, IL and the National Student Nurses' Association, Brooklyn, NY**

4:30 - 6 p.m. **1.5 contact hours**

**Developing Self-Directed Learners**

**Speaker: Maria Flores-Harris, DNP, RN, CNE, Executive Director of Nursing, Kaplan**

**Sponsor: Kaplan Nursing, New York, NY**

\*We invite faculty to serve as volunteers in the Career Development Center and receive up to 75% rebate on MidYear Conference registration (\$80 pre-reg; \$95 onsite). Faculty who volunteer are encouraged to take "Career Mentorship—Novice Nurse and Beyond" on Thursday, Nov. 8, 2018 from 11 a.m. - 12:30 p.m. (1.5 contact hours). Attendees will receive a free NSNA Mentoring DVD. If you are available to review resumes and talk with students about their future career plans, please visit <https://form.jotform.com/nsnainc/CDCVolunteerMY2018>