

A Solution to the New Nursing Graduate Hiring Dilemma

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Newly graduated nurses are having great difficulty finding jobs as registered nurses (RNs) as they compete with experienced nurses who are working more because of the economy. With fewer nurses retiring or working part-time, positions typically available to new nurses have dried up and hospitals and health systems have cut back dramatically on new graduate hires. The high cost of hiring new graduates to prepare them to perform safely and competently after they have completed their academic studies, a cost which is absorbed by the employer, has further limited employment opportunities. As a result, an alarm-

ing number of new nurses are unemployed, opting for non-nursing jobs, or moving out of state to seek employment opportunities. As the economy improves and unemployment rates drop there will be an exodus of the aging nursing workforce that expanded during the recession and took the jobs that new graduates expected to fill. This will result in a major shortage of nurses for hospitals, which will be further compounded by health care reform with expectations from the federal administration that nurses will help fill the gap for primary care and chronic care management.

The unexpected difficulty of new RNs to find employment as nurses is now California's most pressing nursing workforce issue. After several years of investing in building the workforce, the new graduate hiring dilemma threatens to undermine progress made. Losing these new nurses will have negative effects in the long run. However, the anticipated workforce shortage can be mediated by community-based Transition Program (internships). These programs will also ease the financial burden that hospitals have in hiring new nurses by using these programs as the initial phase of orientation, prior to an employment commitment.

This approach should increase the employability of new graduates, by decreasing the cost of hiring, and help keep them engaged in the workforce.

Background

California's unemployment rate is 12.5%¹ - the fifth highest in the nation - and a recent report indicates the state may be slower than others to recover from the recession.² In 2006 California had the nation's lowest RNs per capita and prior to the recession was forecast to have a major shortfall of RNs by 2020 meeting only 65% of the state's demand for nurses.³ In recent years significant efforts and expense have been invested in addressing the shortage. For example, the Governor's Nursing Education Task Force led a \$165 million dollar initiative to build educational capacity over 10 years, anchored by public-private partnerships.⁴ The effort to build the workforce has paid off. Since 2004, schools of nursing have increased educational capacity by 66% and there are now 31 more nursing programs. In 2009, 4,400 more nurses graduated than in 2004.⁵ Recent data indicates that California now has 638 RNs per 100,000 population, improving its ranking to 46th in the nation - a major improvement from the 580

per capita reported in 2006.^{6,7}

To quantify the extent of the new graduate hiring dilemma, in March of 2009 the California Institute for Nursing & Health Care (CINHC) surveyed employers and found that approximately 40% of new graduates may not find jobs in California hospitals (the usual place of first employment for nurses).⁸ The survey (and another conducted by the hospital association) indicated jobs were available but hospitals wanted and were able to hire experienced nurses.

Solution

Regional forums were held across the state to report the findings from the CINHC survey and identify solutions to this hiring dilemma. Participants included healthcare employers, schools of nursing, state agencies, state nursing organizations, Workforce Investment Boards, and community organizations. The solution that most resonated was development of community-based transition to practice programs (internships) to keep newly graduated RNs engaged in the workforce and improve employability. Under the sponsorship of a regional collaborative, the transition programs will provide extended experiential learning for new RN graduates to further develop their skills, competencies, and confidence. Through these programs they will be prepared to be valuable employees who can transition into practice more easily when the demand for hiring new nurses inevitably once more grows.

These programs, based in the continuing education division of a school of nursing will enroll the new nurse in a post-licensure stu-

dent status and service partners (employers of nurses) will provide the preceptors and clinical experiences. Depending on the needs of regional employers, the programs will be 12 to 18 weeks in length, and provide skill training for an acute area specialty (e.g., labor and delivery, emergency room, critical care, or operating room), a non-acute healthcare setting (e.g. long-term care, hospice, public and community health, or home health), or focus on developing more advanced generalist skills. They will include college credit, applicable towards a higher degree in nursing education, and an industry recognized certificate of completion. Not only will these programs provide additional clinical experience for the new RNs - increasing their marketability - they will also meet the needs of healthcare employers by developing a better-prepared nursing workforce. The California Labor & Workforce Development Agency and the California Hospital Association, along with regional hospital councils, support this novel approach to establish community-based transition programs – which may be the first in the nation. We are very hopeful that the initial transition projects will merit replication and lead to long-term solutions facing the transition of new graduates as they enter practice as registered nurses.

Programs Underway

CINHC received a \$710,000 grant from the Moore Foundation to fund internships for 250 new graduates in the San Francisco Bay Area. Four collaboratives are being funded:

- Samuel Merritt University (SMU), in partnership with

Kaiser Permanente

- CSU East Bay with several community hospitals and health facilities as partners
- USF, in partnership with SF Community Clinic Consortium and CA School Nurses Association
- Workforce Institute in South Bay, with community partners

Although programs are not standardized, components that lend themselves to a common approach are being developed. These include: application and marketing materials, skills and competencies to assess participant and define curriculum, preceptor training, evaluation, and industry recognized certificate of completion. Already over 75 new graduates are enrolled in the SMU and CSUEB programs. The other two collaboratives will begin this summer. Applicants are standing in line to participate.

Next steps include continuing efforts to seek funding for expanding programs to other regions. A DOL grant was recently submitted by Saddleback College for over 900 participants in LA, Orange, and Riverside Counties. A survey will be administered in May 2010 to all newly licensed nurses in 2009 and early 2010 to document new graduate hiring experiences and quantify the severity of the problem.

CEOs are urged to learn about regional collaboratives offering Transition Programs in their areas, provide clinical experiences and preceptors, and hire these new nurses as jobs become available, using these programs as “New Graduate Training”.

More information is available on our web site at www.cinhc.org.

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¹CA EDD Labor Market Information, current statistic, 3/26/10. www.edd.ca.gov.

²UCLA Forecast: CA Economy Slow Through 2010, 9/16/09. www.cbsnews.com.

³*Registered Nurse Population: Preliminary Findings from the National Sample Survey of Registered Nurses – March 2004.* Washington D.C.: U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Division of Nursing.

⁴California Nurse Education Initiative, Annual Report 2008. www.labor.ca.gov. NEI 3rdd Annual Report 2008.

⁵California Board of Registered Nursing 2008-2009 Annual School Report. www.rn.ca.gov/foms/survey

⁶Registered Nurses per 100,000 Population, 2007. www.statehealthfacts.org.

⁷*Registered Nurse Population: Preliminary Findings from the 2008 National Sample Survey of Registered Nurses – March 2010.* Washington D.C.: U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Division of Nursing

⁸www.CINHC.org

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