

**ARIZONA STATE BOARD OF NURSING
EMPLOYMENT OF NEWLY LICENSED RN'S
2010**

Pamela K. Randolph RN, MS
Associate Director Education and Evidence Based Regulation

Background

The Board received the following e-mail from a new graduate nurse in spring 2010.

“I am a new RN graduate who has applied to over 90-100 jobs with no luck. Every reply I receive from employers is that no one is hiring new grads at the time. Even new grad entry level positions like Rehab, Skilled Nursing Facility, Home Health Care, Hospice and night positions are off limits to new grads. All the places I have applied to tell me that they would hire me, but the only problem is that I have no **RN** experience. If no one is hiring new grad RN's, how will I ever gain RN experience? Some hospitals are creating new grad waiting lists. It is so bad for us that ...is currently hiring new grad RN's as CNA's! For my whole life I have looked forward to being a Registered Nurse. Now that I am a Registered Nurse, I am denied the opportunity to live my dream of having a career as a licensed RN to trade it for a CNA job.”

Review of Problem

The National Student Nurses Association conducted a survey of employment among new graduates in 2009 and found that 44% did not have jobs within a month of graduation. 50% of those who did not have a job had associates degrees, 38% had baccalaureate degrees. The most common reason for not having a job was that there were no jobs for new graduates in the area. Arizona new grads were among the highest in the nation who cited “no jobs for new graduates in the area” as the reason for non-employment (Mancino, 2009)

Arizona nursing program graduates more than doubled from 2002 to 2009 (2002 data reveals 1254 grads/2009 data reveals 2805 grads) (Randolph, 2009). Efforts to increase the number of new nurses were supported both nationally and locally through with increased training monies and subsidies for students. Throughout the early and mid-2000's a shortage was experienced and an even worse crisis predicted. A prime strategy was to prepare more nurses to both relieve the current shortage and prepare a workforce for the future. Future predictions were based on the average age of the RN and assumptions regarding retirement and economic growth (Buerhaus, 2009). We recruited persons into the profession with promises of easy employment, job mobility and high salaries. Then the economy took an unprecedented nose-dive and suddenly we have an oversupply of novice nurses.

In an effort to understand the magnitude and implications of the problem, the Arizona State Board of Nursing surveyed all persons licensed by exam (e.g. new graduates) in AZ between April 1, 2009 and April 1, 2010. The Board wanted to know how many were practicing as nurses, and where they were practicing. From those who were not

practicing, the Board wanted to know their perception of why they were not practicing, their efforts to obtain work, and what would be acceptable working conditions for them. Survey questions included:

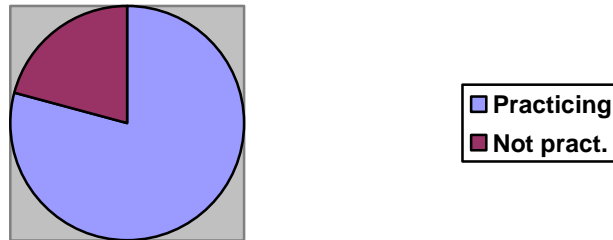
1. How many newly licensed RNs are currently practicing registered nursing in 2010?
2. Are there any differences between practicing and not practicing RNs in terms of length of licensure or nursing program characteristics?
3. If practicing, where are newly licensed RNs practicing?
4. If not practicing, what is their perception of the reason why?
5. How many applications/written inquiries for employment were made by non-practicing newly licensed RNs and to what workplace settings?
6. If not practicing, what are the minimum requirements for employment in terms of shift, and salary?
7. For both groups, what comments do they have about the situation?

Results

There were 2810 RNs who took and passed the NCLEX-RN exam within the past year (April 1, 2009-April 1, 2010). Of those 2450 had valid e-mail addresses and received an invitation to participate in the survey. Respondents were informed that responses were anonymous and would be recorded as aggregate data only. The survey consisted of 10 or fewer questions using "Survey Monkey". The first question was about practice then the survey asked different questions of practicing and not-practicing RNs. We chose to use the term practice instead of employment because of the Board's interest in continuing and maintaining competency through practice, whether employed or not. We specifically want to know how many nurses were not practicing, and therefore in danger of losing competencies gained in initial nursing education.

There were a total of 703 responses to the survey indicating a return rate of 29%. Of those responded 79.1% indicated they were practicing as an RN with 20.9% not currently practicing. This result is considered representative of the population as schools of nursing are reporting similar numbers.

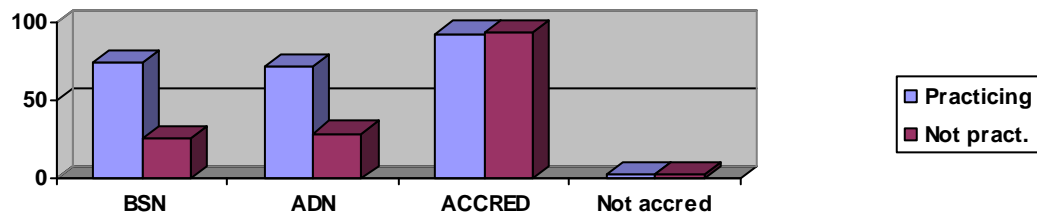
Practicing and non Practicing Newly Licensed RNs



Type of Nursing Program

There were no differences in percentages between practicing and non-practicing RNs in terms of educational preparation and accreditation of the school. There were slightly fewer BSNs (26% vs. 28%) and slightly more ADNs (74% vs. 71%) not practicing but this is not considered to be statistically significant.

Nursing Program Features of Practicing and non-Practicing Newly Licensed RNs



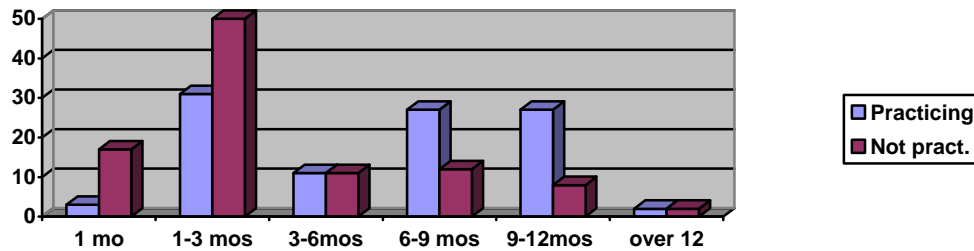
Whether the program was nationally accredited or not also did not make a difference in practice outcome. Among practicing nurses, 92.4% attended accredited programs, almost identical to the 93% of non-practicing nurses attending accredited programs.

Length of Licensure

Length of licensure was different between the practicing and non-practicing groups with 67% of the non practicing nurses licensed less than 3 months versus 34% of practicing nurses. Approximately 54% of practicing RNs have been licensed for 6 months or more compared with 20% of non-practicing RNs. The chart below compares percents of RNs

in each category with length of licensure.

Length of licensure of Practicing and Not Practicing RNs



Practice Characteristics

In response to a question about practice characteristics, practicing nurses overwhelmingly have full time nursing jobs with benefits (83%). Approximately 5% have a part time job with no benefits and 4% have more than one job with at least one having benefits. Nineteen (3%) persons reported “other” conditions with 14 of those reporting a full time job without benefits. Only one nurse (0.2%) respondent reported working as a volunteer. The overwhelming majority of working new RNs have jobs in acute care (74%) with the next largest category long-term care (12%). Seven percent are working in home health. Other types of settings account for 4% or less (federal facility, academic medical center, ambulatory care, community health, physician office).

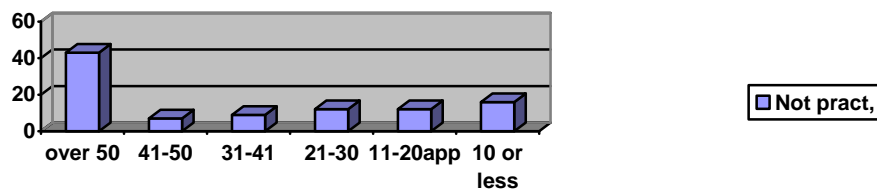
Reasons for Not Practicing

The most often cited reason for not practicing was “not enough jobs for new RN grads in the area” (85%). One person responded that they did not choose to work and another that their options for working were limited due to other obligations. There were 20 (14%) written responses in the “other” category. Seven respondents reported having a job but have not started yet. Four respondents are seeking advanced education including medical school. One respondent is interviewing in Alaska and one is on maternity leave. One respondent wrote, “I think that being a nurse is a HORRIBLE job & do not want to work as one..EVER”. Other responses lamented the lack of jobs for new nurses in the area.

Efforts of Non-Practicing RNs to Seek Employment

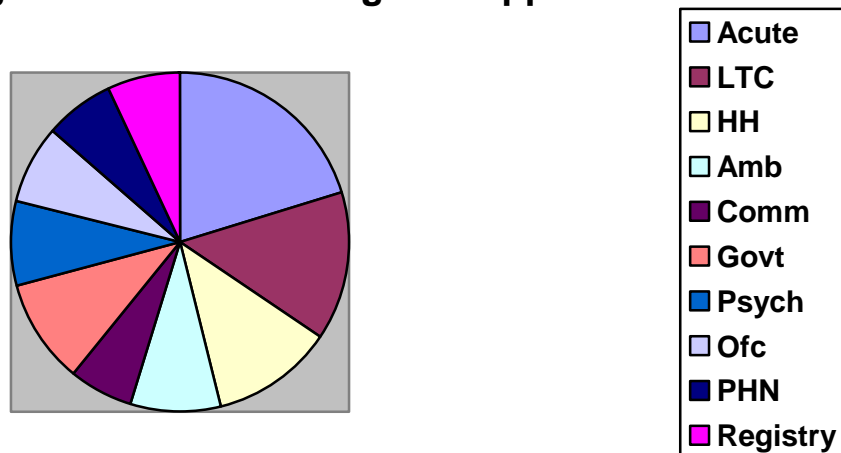
Forty-three percent of non-practicing RNs have made over 50 applications or written inquiries for employment. Below are the results of the query by percent of RNs.

Number of Applications or Written Inquiries by non-Practicing RNs



A common misperception is that the non-working RNs are not seeking varied employment, however the Board’s study revealed that they are applying to a variety of settings. When asked to select all settings that they had applied to 90% applied to acute care, 62% to long term care, 53% to home health, 44% to state and federal facilities. Six percent reported not applying for an RN position. The top 10 settings are acute care, long term care, home health, ambulatory care (not a traditional office), community health center, state or federal facility, psychiatric care, private physician or other office, public health and registry. There were 14 “other” responses. Two applied at correctional facilities and several listed all the units they applied to. One nurse reported applying for LPN and CNA jobs and one reported applying for a volunteer position. One person reported being turned down by the hospital where he/she worked for the last 12 years.

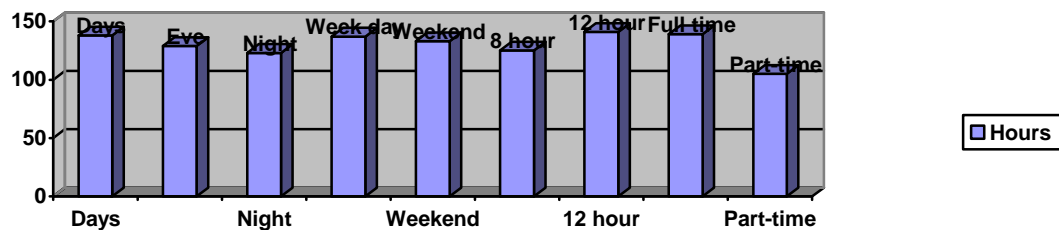
Settings that non-Practicing RNs applied to



Acceptable Working Conditions

Some in the industry opine that the newly licensed cannot get jobs because they are “too picky” and only will work certain units or shifts. Non-practicing nurses were asked, “If you were offered an RN job, which shifts/working hours would you accept?”. Overwhelmingly, this population would accept any shift including nights (84.5%) and weekends (91%). The lowest response for acceptable hours was part-time (72%). The highest was for 12 hour shifts (97%). . Five responses to the “other” category indicated that these nurses would work anywhere, anytime.

Acceptable Work Hours for non-Practicing RNs



As far as acceptable salary 53% said they would only accept the same beginning salary as

other RNs in the facility. Thirty-seven percent would accept a lower salary during orientation/preceptorship for up to 6 months. Only 5.5% would work up to 6 months unpaid with a gradual increase in salary over a year. Seven comments were received to this query with four wanting a higher salary based on LPN or nurse practitioner experience. Three would take less and one stated “you could not pay me enough to work as an RN”.

Comments

All survey participants were invited to comment on the situation with 395 persons offering comment. Analysis the first 50 responses revealed the following. Of the 50 responses, 30 expressed frustration with the job market and search for new RN jobs.

Some typical responses include:

“It's so much harder than I imagined”

“Extremely disappointed in the lack of jobs available to new graduate RNs. have applied to over 100 different positions and have been turned down by all. I have been very proactive in the job search, and am very eager and qualified to begin my career in the nursing profession. I would welcome ANY type of job, assuming it gives me the opportunity to use my skills and professional qualities that I have worked to so hard to attain”

“I am finding that BSN's are preferred over AAS and that there are only a few hospitals state wide that are excepting (sic) new graduates and there are so many new grads seeking employment that aren't employed, these programs are getting bombarded with applicants. We are talking 500+ applications for 20 positions!! There isn't a nursing shortage, hospitals are just discriminating against those of us without a year or two under our belts. Isn't that what our clinical hours were for? The way I see it, hospitals don't want to pay to familiarize new grads to their surroundings.”

“Phoenix area is pathetic and impossible to find a job for new graduates and every hospital is seeking experience but yet none will give it.”

Some troubling responses also came from employed RNs who settled for jobs that were not ideal. There were 9 responses in this category:

“The current environment for new grad employment at hospital is disappointing. We all went through school being promised that we'd have no problem finding jobs. The job I currently have as an RN is not glamorous nor is it my dream job but it's at least a start. The supposed nursing shortage is a total crock!

“Hospitals in the Valley of Arizona WILL NOT hire new grad RN's. ____ being the major employer refuses to hire new graduate RN's. I have applied for 22 positions within _____ alone and every application has been dismissed. I have applied at roughly 27 facilities within the valley and haven't received a

single return phone call. I am currently working at a rehab hospital as a pool RN and only received this position by having an employee refer me to the facility.”

“The current environment in Tucson, AZ for newly graduated RNs is bad! If a student did not have a contract with a hospital here prior to graduating, they cannot get a job with ANY of the hospitals. I had to take a job in another town (and commute 50 miles each way) at a private prison”

Some respondents with jobs characterized themselves as lucky due to connections or previous employment.

“I was very lucky to find a job, because I was previously working on my hospital floor as a CNA prior to my new RN position. If I did not have that, I would more than likely not have a job right now as it is with a lot of recent new grads. Its very hard finding full time RN positions accepting new grads.”

Some respondents offered advice for job seekers such as seek rural areas or the military. Two respondents reported going out of state for a job.

Conclusions

While most experts agree that the nursing shortage is not really over, there is a serious gap between the number of new RNs prepared and the number of jobs available for them. Approximately 21% of newly graduated RNs licensed in Arizona between April 1, 2009 and April 1, 2010 are not able to obtain employment in nursing. Data from this report suggests that this is not due to lack of effort or undue “selectivity” in the type of job sought. Citizens of this state invested tens of thousands of dollars into the education of each of these nurses through funding of public colleges and universities and government grants and loans. Industry invested millions in supporting the education and training of an adequate RN workforce. It is inevitable that aging nurses will eventually retire leaving us with an unprecedented nursing shortage. If these newly licensed RNs do not obtain practice opportunities, the skills they learned in school become lost over time. The Board of Nursing is concerned with the potential lost competencies of these non-practicing nurses and is encouraging service to craft positions so these highly valuable and educated individuals do not leave the field and are poised to meet health care needs of the future (Nurse Executive Center, 2008). It takes roughly 3-5 years to produce an RN if one counts prerequisites. We cannot afford to wait that long for care when the next wave of shortage hits.

REFERENCES

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