CrossMark

Newly graduated nurses and employment: A dynamic landscape

Jean Gilmour, RN, PhD [a,*], Annette Huntington, RN, PhD [b],
Julia Slark, RN, PhD [c], Catherine Turner, RN PHD [d]

[a] School of Nursing, Massey University, Wellington, New Zealand
[b] School of Nursing, Massey University, New Zealand
[c] School of Nursing Faculty of Medical and Health Sciences, University of Auckland, New Zealand
[d] School of Nursing, Midwifery and Social Work, The University of Queensland, Australia

Summary   This paper reports the uptake of graduate transition programmes, postgraduate study, travel intentions, and employment for 318 Australian and New Zealand graduate nurse respondents in the years 2010—2013. Nurses graduating from The University of Queensland, Massey University and University of Auckland were recruited into the survey. They completed the questionnaire electronically early in their first year of practice through the graduate e-cohort platform at www.graduates.e-cohort.net. New Zealand respondents had considerably better initial nursing employment prospects with 87.7% ($n = 179$) employed as nurses at the time of completing first survey compared to 57.9% ($n = 66$) Australians. Most employed nurses remained in their home country (Australian 98.5%, $n = 65$; New Zealand 96.1%, $n = 172$). Proportionally more New Zealanders were completing a graduate transition programme (95%, $n = 170$) compared to 77% ($n = 51$) of Australian respondents. A greater proportion of New Zealand respondents were also undertaking postgraduate education (59.8%, $n = 122$) compared to 10.3% ($n = 12$) Australian respondents. The majority of respondents worked in acute care hospitals (Australian 84.8%, $n = 56$; New Zealand 66.5%, $n = 119$), half had full-time permanent contracts (52.5%, $n = 128$). The primary health care sector employed greater numbers of New Zealand graduates (New Zealand 13.4%, $n = 24$; Australia 4.5%, $n = 3$). These results highlight differences in the availability of new graduate programmes, employment positions and postgraduate education opportunities between the countries. Workforce policy creating dedicated graduate positions along with supported post-graduate education influences graduate employment opportunities.
© 2016 Australian College of Nursing Ltd. Published by Elsevier Ltd.

* Corresponding author. Tel.: +64 4 8015799x63590.
  E-mail address: J.A.Gilmour@massey.ac.nz (J. Gilmour).

1. Introduction

Health services are reliant on the availability of suitably qualified and experienced professionals to meet the health care expectations of the broader community. A fit for purpose health workforce is shaped by the supply of newly registered professionals, the recruitment of experienced practitioners through international sources, and the economic health of the country as the foundation for employment capacity. The World Health Organization (WHO) recognises that the supply of an appropriately prepared, deployed and supported health workforce is a critical global issue (WHO, 2006). The density of human resources for health has been confirmed as an important contributor to population health outcomes (Anand & Bärnighausen, 2004). The nursing workforce has been profoundly influenced by these factors in recent years with mismatches between service needs and the available workforce (Nursing Review, 2013). Projections of significant nurse shortages of over 100,000 by 2025 are predicted in Australia (Health Workforce Australia, 2014).

Workforce planning needs to account for future demands such as population ageing and increased need for health care resulting from the prevalence of chronic illnesses. Between 2013 and 2050 the number of people over 80 is projected to increase by 211% for Australia and 220% for New Zealand (NZ) (Kowal, Towers, & Byles, 2014), in Australia 78% of people 65 and older reported that they had at least one chronic condition (Australian Institute of Health & Welfare, 2012). The nursing workforce is also ageing, in NZ 46% of nurses are aged over 50 years (Nursing Council of New Zealand, 2014) and 37% of Australian nurses based on 2011 census data (Australian Bureau of Statistics, 2013). This has implications as over 50% of the current NZ nursing workforce will retire by 2035 (Nana, Stokes, Molano, & Dixon, 2013). In addition, temporary and permanent exit rates for Australian nurses is more than double that for doctors at around 12% and permanent early career exits are higher for nurses less than 35 years of age (Health Workforce Australia, 2012).

In response to the need for workforce planning data the longitudinal Graduate e-cohort Study (GeS) was established in 2008 to trace consecutive cohorts of graduate nurses and midwives employment and educational choices over the initial years of practice. Reviews of the international literature had identified a gap in the research focused on new graduate retention and attrition (Gaynor, Gallasch, Yorkston, Stewart, & Turner, 2006; Scott, Huntington, Baker, & Dickinson, 2011) along with concerns about significant workforce shortages in the near future (Cowin & Jacobsson, 2003; Oulton, 2006). Retention of staff contributes to concerns about work force shortages (Roche, Duffield, Homer, Buchan, & Dimitrelis, 2015): for example in NZ, during the period of 2004 to 2006, new graduates were a substantial proportion of the very high total nursing turnover rate of 44.3% in a study of 22 medical and surgical units (North et al., 2013). In order to ameliorate the impact of an ageing workforce, it is essential to collate accurate information regarding recruitment and retention of nursing graduates in order to identify age-appropriate strategies to retain staff.

Since the conception of the GeS there have been published studies tracing new graduate employment patterns in NZ and Australia. The findings from the first GeS survey conducted in 2009 (n = 111) included almost full employment as nurses (96.4%), higher participation by NZ respondents in postgraduate study (NZ 51.7%, Australia 5.9%), and 74.8% working in full-time permanent positions (Huntington, Gilmour, Neville, Kellett, & Turner, 2012). Most respondents (81.1%) worked in acute care and in their preferred speciality (79.4%). Similar findings were identified in a survey of 282 New South Wales graduates in 2008 with 76% in full-time positions, 84% in acute hospitals and 92% working in preferred clinical areas (Parker, Giles, Lantry, & McMillan, 2014).

Since these surveys were conducted major economic recessions and a faltering recovery have affected many countries. At a time when undergraduate nursing enrolments were increased (Auerbach, Staiger, Muench, & Buerhaus, 2013; Peters & Jackson, 2013) in response to fears of future nursing shortages, concurrently older nurses were working longer, in part related to the need for economic security (Staiger, Auerbach, & Buerhaus, 2012). A 2012 survey of USA graduates (n = 4110) found 34% had not secured a position 4 months after graduation (Mancino, 2013). The aim of this study is to describe the pattern of uptake of transition programmes, postgraduate study, travel intentions, and employment for the Australian and NZ 2010–2013 new graduates responding to their first GeS survey. This data provides the opportunity to trace the graduate employment environment over 4 years in the first year of practice during a time of change.

2. Method

The GeS study is a longitudinal study tracing consecutive cohorts of graduate nurses and midwives employment and education choices over the initial years of practice. The study was conceived as part of a series of studies using the e-cohort web platform (www.e-cohort.net) created by the former School of Nursing and Midwifery, The University of Queensland (Huntington et al., 2009; Turner et al., 2008). Recent graduates receive a written invitation early in the first year of practice to complete an online survey after logging on to the e-cohort web platform. The GeS has ethical clearance from The University of Queensland Behavioural and Social Science Ethics Review Committee (2008001336); the Massey University Human Ethics Committee (Southern a, Application 08/51); and the University of Auckland Human Participants Ethics Committee (Reference Number 2008/440). An ID is automatically generated and contact details stored separately from the questionnaire responses for confidentiality and anonymity purposes.

The survey data analysed in this study are from the first questionnaire completed by the cohorts registering as a nurse in the time period 2010–2013 and graduating from educational institutions that have recruited study participants during that time period (The University of Queensland; and NZ universities, Massey University and University of Auckland). Respondents who registered as a nurse and midwife and were working as a midwife at the time of the survey were excluded along with questionnaires with significant missing data such as year of registration.

The online questionnaire was developed from the findings of previous research and other literature and checked, piloted and revised by members of the research team and