



Why Nursing School Grads Can't Find Jobs

A PAINFUL SHOT OF REALITY

BY GENEVIÈVE M. CLAVREUL, RN, PHD

HAVE YOU HEARD THE ONE ABOUT THE NEWLY graduated and licensed registered nurse that can't find a job? Apparently nursing forums are abuzz with this news. But how can this be? Haven't we all read story after story trumpeting the alarm that our nation is facing a critical, and some would add crippling, nursing shortage?

So which is it? Do we have a nursing shortage or not? Of course most, including myself, would state an emphatic "yes" to having a nationwide, not to mention international, shortage. But I would also mention that there appear to be several factors that affect these unemployed nurses.

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FACTOR ONE: EXPECTATIONS VS. REALITY

This is a common affliction of the newly graduated/licensed nurse. They are being exposed to the now-common message of the massive nursing shortage — which is estimated to grow to over one million nurses by the year 2020 — and it has to some degree taken on a life of its own, leaving the expectation that with such a critical shortage there will be job openings aplenty.

Though one million is a nationwide number, this doesn't mean that each state — or community, town and city within a given state — is equally impacted. For example, it is also estimated that by 2020, 44 states and the District of Columbia will face a critical nursing shortage. So what if you are licensed in one of the six states where the shortage isn't as critical?

Also, just because there is a nursing shortage doesn't mean that hospitals, clinics, etc. will hire just anyone. Most nursing schools have been expanding their programs and thus graduating more students; once licensed, these students are added to the applicant pool that a hospital has to choose from. So even with a shortage there is still quite a bit of competition for available slots.

Many newly graduated/licensed nurses have a bulletproof sense about themselves and seem to think they hold all the cards; however this is not always the case. For example, if the nurse looking for employment wants to work one of the prime shifts, emphatically states that they won't work weekends, or won't work on a specific unit then these non-negotiable demands are met, she or he will limit their job choices.

I know of at least one young nurse who complained to her fellow nurses on a forum about just such a circumstance. Imagine her surprise when nearly in unison the other nurses replied, tell her to get a grip. That with those expectations it might be a while before she'd find a match, unless of course she was expecting the hospital to shift a current employed nurse to another shift just to accommodate her preference.

Sometimes a nurse must wait a while for their plum assignment, as in the case of wanting to be a travel nurse. We've all seen the ads for these often long-term employment positions, where an agency provides the opportunity to work in various cities, states and even countries, thus quenching the roving spirit of some nurses. However, in order to qualify for most travel agency positions a nurse generally needs at least two years of hospital-based nursing experience.

FACTOR TWO: REACHING A SATURATION POINT

As more nursing schools go online and add classrooms and faculty they will be able to increase their class size, thus educating and training additional nurses for the workforce. As I write this column, almost every state in the country has either begun this process or has already graduated one or more classes under the new expanded model. Additionally, more hospitals than I can count have stepped up and provided funding, scholarships, faculty and, in some cases, the very students themselves to help build the nursing pipeline for their communities.

For example, several hospitals in Yakima, Wash., have encouraged staff at all levels to pursue an education in nursing, and in many cases they have provided these staffers with full scholar-

ships. They only ask in return that when the staffers graduate and become licensed RNs, they work two years at the hospital that provided the scholarship.

Some of these efforts have been so successful that the number of new nurses is greater than slots available in those hospitals. In Tucson, Arizona, hospitals recently reported that they had no positions available for nursing schools' graduating class.



The combination of factors they cited for this situation was increasing the nursing education pipeline, hospitals investing in full scholarships to encourage employees to go to nursing school, and the faltering economy, which was also blamed for fewer people seeking medical care, thus reducing a need for beds and nurses.

Even though more regions are experiencing a nursing shortage, those areas that have put into place educational, financial and support plans to help drive qualified individuals into nursing will begin to see some easing of the crisis; and as more nurses enter the pipeline and then the workforce a saturation point will be reached. When that happens, then those wishing to enter the workforce may begin to find their employment options in that community more limited. This doesn't necessarily mean that a nurse might not find gainful employment, but it does mean that he or she may want to be more flexible in the type of nursing employment they are willing to accept.

FACTOR THREE: SPECIALISTS VS. GENERALISTS

Back in the day there was a time when a nurse was simply a generalist and we were expected to basically be all things to all patients. One day we might be assigned to the pediatric ward, the next day the adult ward, and the day after that the emergency room. Then we began to see nurses assigned to work in a specific unit, with floating still an option. Thus began the rise of the specialists: NICU nurses, ED nurses, L&D nurses and so forth.

Today this specialization is even further realized by the current trend to certify nurses in specialties. This presents an additional challenge to the newly graduated/licensed nurse because they don't leave nursing school with a specialty and some hospital units have either limited slots available for the new graduate or a prohibition against any new graduate completely. These restrictions, when taken in conjunction with a hospital that may have limited openings in other units, can present a challenge for the job hunter,

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especially in smaller and midsize communities.

So a nurse with a penchant for the exciting world of ED, NICU or even Psych may have to adjust his or her expectations and apply for openings in other units, thus gaining the seasoning to become eligible for units that have specific hiring restrictions.

FACTOR FOUR: I NEED EXPERIENCE, BUT NO ONE IS HIRING

Ah, the age-old conundrum faced by so many nurses after they graduate from years of being educated. Of course no nursing student graduates from school without some exposure to real world nursing; that's what clinical is for. Although the length of clinical



experience often varies between the three pathways to an RN licensure: the diploma nurse in all likelihood has more diverse and extensive nursing experience (being a hospital-based nursing program); with an associate degree, the clinical exposure sometimes begins as early as three weeks into the program; and a bachelor-prepared nurse generally becomes exposed to clinical in the third year (or in some cases the second).

In all cases the clinical exposure is limited by factors such as how many students a hospital can accommodate and how many other nursing schools are competing for those slots.

The challenge the new graduate faces is one of limited experience, since clinical experience can only count for so much and meeting a hospital's need for high-quality, competent nurses is the ultimate goal of healthcare providers. It easy to say that hospitals, in light of our nursing shortage, can only be so picky; but keep in mind that most, if not all, hospitals will not hire a new graduate to work in the ED, and if that's where the openings are then the job hunter is out of luck, so to speak.

Units also have limits on how many new graduates they can accommodate. The primary reason for this is patient safety. So in these cases job opportunities will favor the graduate nurse that is flexible and willing to work in a unit that may not be his or her first, second or even third pick. Flexibility can be a pivotal factor when looking for your first nursing job; but this doesn't mean you should settle for just anything, because if you absolutely despise it

then your lack of interest could cause you to become less attentive to your patient.

You never know what might result from roving unit to unit. In my case I learned that I not only had an aptitude for pediatrics and PICU, but I loved working even with the most fragile patient (back when NICU was still part of PICU), and that the rewards were innumerable.

FACTOR FIVE: "IT'S THE ECONOMY, STUPID"

As our nation moves through the current recession, most of us in the healthcare profession have felt safe from the negative outcomes it might bring. However, you still learn of a hospital closing, reducing beds, putting a halt to planned — and even current — expansion, or even laying off employees. So healthcare and even nursing may not be as recession-proof as we once believed it to be.

On the one hand we have a nursing shortage, but on the other we have a recession that some predict will only get worse before it gets better. Though hospitals will continue to need nurses, there may be some areas of the country where open nursing positions are sparse. This shouldn't cause fear for the nurse looking for a position, or for working nurses to seek a change of employment, but they do need to do their research and set the expectation that cinching the "dream job" might take a little time.

FACTOR SIX: RETIRE ALREADY

Another factor impacting the new graduate's ability to find a job is that many nurses reaching retirement age have begun to postpone their retirement. The recent roller coaster ride the stock market is taking, a tightened economy, and sundry investment scandals (like the Madoff scandal) have had an effect on many people's retirement plans and investments. So a nurse that might have been relying on his or her retirement plan may have had to rethink that strategy, especially if their spouse has become unemployed.

In the long run, nursing, and probably most healthcare jobs, will continue to be recession-proof to some degree, but we should expect this economic downturn to challenge nurses — especially the graduate nurse. This doesn't mean they should toss up their hands in despair. *Au contraire*. They should see this as an opportunity to stretch their job hunting talents and self-marketing skills.

Don't let a tight job market cause you to lose focus or give up. Take a step back and evaluate your negotiable and non-negotiable items and see if your goals achievable and you are being realistic. Also be sure to network at every opportunity. If not, review and adjust your plan accordingly. A good part of being successful relies on your ability to be flexible when met with challenge, and don't forget to persevere, persevere, persevere.



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