

National Early Career Nurse and Midwife Roundtable

Employment of newly graduated and early career nurses and midwives

Facts and Myths – Information Sheet

Introduction

In December 2014 the Australian Nursing and Midwifery Federation (ANMF) convened a National Graduate Nurse and Midwife Roundtable with key nursing and midwifery leaders and other relevant stakeholders to discuss and develop solutions to secure improved employment opportunities for early career nurses and midwives.

All participants at the roundtable agreed there was a significant problem of underemployment of newly graduating nurses and midwives, the causes of which are complex and varied. A working group was then established to address a number of key objectives including improving data related to students and registration numbers, research into graduate/transition programs and a document to address the myths that may impede the employment of early career nurses and midwives.

The following document has been developed by the working group of the Roundtable to highlight the facts of undergraduate education and to bust the myths.

FACTS

Undergraduate nursing and midwifery programs

Programs leading to registration for registered nurses, enrolled nurses and midwives with the Nursing and Midwifery Board of Australia are required to meet multiple standards prior to their delivery by approved education providers.

These include:

- Education providers' internal standards and processes
- The standards of the Tertiary Education Quality and Standards Agency
- The Australian Skills Quality Authority standards (Diploma of Nursing)
- Accreditation by the Australian Nursing and Midwifery Accreditation Council.

Overview of program requirements

Registered Nurse

- Minimum Award: Bachelor Degree
- Program length: 3 years full time equivalent
- Minimum clinical hours: 800 hours plus simulation
- Cost to the graduate to complete the course: \$20,000 up to \$30,000.

Midwife-direct entry:

- Minimum Award: Bachelor Degree
- Program length: 3 years full time equivalent
- Minimum clinical hours: Extensive plus simulation
- Cost to the graduate to complete the course: \$20,000 up to \$30,000

Midwifery can also be completed as a post graduate diploma if the student is entering as a nurse. The program is 12 months in length.

Enrolled Nurse:

- Minimum Award: Diploma
- Program length: 18 months
- Minimum clinical hours: 400 hours plus simulation
- Cost to the graduate to complete the course:\$10,000 up to \$20,000

Data relating to early career nurses and midwives

To understand the issue of underemployment of newly graduated nurses and midwives now and into the future, it is essential we have accurate data that details the experience of registered nurses, enrolled nurses and midwives post completion of their undergraduate studies. However, the complete data picture regarding the employment of newly registered nurses, enrolled nurses and midwives is not easy to ascertain.

The Nursing and Midwifery Board of Australia (NMBA), as the national regulator for nurses and midwives, is able to quantify the number of new registrations as a registered nurse, enrolled nurse or midwife who have completed their undergraduate (or post graduate programs of midwifery study which lead to registration as a registered midwife) approved program in Australia. This data is captured when graduates first apply for general registration. The NMBA together with the Australian Health Practitioner Regulation Agency (AHPRA) maintain a register with respect to students in approved nursing and midwifery programs. However, there are current limitations with the student register, and AHPRA and the NMBA plan to improve the linkages between the student and general register data.

State and territory governments also collect data relating to the number of first year registered nurses, enrolled nurses and midwives gaining employment, however, this data is confined to public health settings.

The Commonwealth Government collects data at renewal of registration for nurses and midwives through the annual workforce survey. However, the dataset regarding employment of first time registrants is not definitive for a number of reasons.

Data for midwives is even more difficult to ascertain. In some data sets such as that published by Graduate Careers Australia, midwives are included within the registered nurse data and cannot be separated.

The above examples highlight that existing datasets are incomplete and the quality of the data needs to be improved.

A more accurate picture of the current position for nearly graduating nurses and midwives wanting employment can only be gained by blending the existing data sources together.

Workforce numbers

Evidence predicts that Australia is heading for a significant shortages of nurses and midwives within the next two decades with a current replacement rate of 0.9¹. Considering this shortage the table below outlines the current data sources relating to graduate employment. The data highlights the increase in students commencing study from 2010 to 2015 and shows a decrease in full time employment for graduates four months after graduation in the same time period.

Type	2010	2011	2012	2013	2014	2015
Course commencements for domestic undergraduate registered nurse students ²	13,838	13,779	15,290	16,320	17,581	18,950
Nursing University Graduates employed full time 4 months after they graduate ³	92.9%	92%	92.2%	83.1%	80.5%	79%

With evidence that the professions are heading toward a significant shortage by 2025, increasing the numbers of students commencing programs has been critical. The uncapping of university undergraduate places has facilitated this increase. However, the increase in student numbers in some jurisdictions has not been accounted for within the employment setting, resulting in a disconnect with the number of available early career nursing and midwifery positions and the related employment of new nursing and midwifery graduates.

A compounding factor to the projected shortfall is the evidence suggesting early career nurses and midwives are not being retained within the workforce. Their reasons for leaving the professions are varied, but can relate to high levels of stress and in some contexts unacceptable workloads, lack of support and guidance and too much responsibility⁴. It is essential that maximum effort is exerted to do all we can to ensure early career nurses and midwives are employed and retained within the professions. These nurses and midwives need, firstly, appropriate employment and, secondly, to be respected for what they bring to health or aged care settings.

MYTHS

Whilst many early career nurse and midwives obtain employment and experience a positive transition to practice, some do not. The following myths attempt to bust some inaccuracies in the views of the professions to early career nurses and midwives and the poor cultural attitudes that may confront early career nurses and midwives in their first few years of practice.

Myth 1

Early career nurses and midwives must complete a formal graduate program to be employed

Myth 2

Early career nurses and midwives are not 'work ready'

Myth 3

Dedicated resources are not required to support early career nurse and midwife transition

Myth 4

Unlicensed workers can replace early career nurses and midwives

Deconstructing the myths

Myth: It is mandatory to have done a graduate program (transition to practice, new graduate year, or graduate placement) to be employed as a registered nurse or midwife.

Whilst every early career registered nurse and midwives should be supported to transition from undergraduate student to nurse or midwife, there is no regulatory requirement preventing the early career nurse or midwife from being employed where they have not completed a formal transition to practice program. Newly graduating nurses and midwives need additional support from other registered nurses and midwives as they gain confidence in adapting to their new role and setting.

Myth: Early career nurses and midwives are not 'work ready' in their first year of practice.

The concept of 'work ready' is unhelpful and creates confusion amongst the professions. The expectations of newly registered nurses and midwives must be realistic and be founded upon the understanding that newly graduated registered nurses and midwives have an individual and beginning practitioner's scope of practice. They have completed the professions' agreed education programs leading to registration, which have included extensive theory and practice, and they have been assessed as competent, meeting the relevant standards for practice.

These nurses and midwives have much to offer their clients/patients and the nursing and midwifery professions. Like other nurses and midwives, early career nurses and midwives have experience and skills in some areas of practice and will need support to develop in others.

Early career nurses and midwives are not just 'graduates', they are nurses and midwives with an individual scope of practice. They have earned the right to be respected and supported within their chosen profession. They need acknowledgement and respect for what they bring to their practice. As with all nurses and midwives they also need support to continue to develop their individual scope of practice depending on the context of practice.

Myth: Effective support can be provided to early career nurses and midwives without adequate nursing and midwifery resources and relevant education e.g. preceptor programs or quality transition and support of newly graduating nurses and midwives.

Adequate resourcing and clinical education are required to enable registered nurses and midwives to provide adequate support to early career nurses and midwives as they transition from undergraduate student to a nurse or midwife. Formal transition to practice programs provide a means to ensure resources are provided to support newly graduating nurses and midwives in their transition to practice.

Myth: Employing an unlicensed health worker instead of a newly graduated registered nurse saves money and doesn't make a difference to patient outcomes

It is a false economy to employ an unlicensed health worker instead of an early career registered nurse. Research indicates that patient outcomes are directly affected by staffing skill mix and more specifically, the number of registered nurses and midwives^{5 6 7 8}. Registered nurses perform a critical surveillance role in preventing adverse patient outcomes including: the incidence of pressure area sores, patient falls, failure to rescue, urinary tract infections, pneumonia and death. Registered nurses and midwives therefore save money and lives.

Best practice principles for the transition period for newly graduating nurses and midwives

It is important that transition to practice programs occur in a culture of safety. The NMBA Code of Ethics for Nurses in Australia, particularly value statement 6, *Nurses value a culture of safety in nursing and health care*⁹ and in the Code of Ethics for Midwives in Australia value statement 6 *Midwives value a culture of safety in midwifery care*¹⁰ advocate for a non punitive systems based approach to human error, development of trusting relationships and an environment in which nurses and midwives see the detection of their own errors as an opportunity for improvement is essential. The following best practice principles identify the importance of a safe environment for early career nurses and midwives as well as a number of other important recommendations. These recommendations were produced through a research project funded by the Nursing and Midwifery Policy Wellbeing, Integrated Care and Ageing Department of Health (2012)¹¹ and have been adopted by the Graduate Nurse and Midwife Round Table Group.

Principles		Summary
1	Learning and development is valued	Best practice transition programs are planned learning and professional development experiences that address both early graduate and workplace needs.
2	Nurses and midwives and their contribution are valued	Best practice transition programs thrive in an organisational culture that values nurses and midwives, their contribution to client care, service delivery and the role of the graduate in the health team.
3	A safe and supportive working environment is provided	Best practice transition programs are based on the understanding that early graduates are prepared through their tertiary qualifications for beginning level practice.

4	Planned experiences that address both graduate and workplace needs are undertaken	Best practice transition programs are delivered in organisations that value learning, professional development, evidence based practice and research.
5	Experienced professionals supervise, direct and instruct graduates	Best practice transition programs are provided in a safe and supportive work environment that complies with the principles of the Occupational Health and Safety Act, 2004.
6	A holistic program is provided, incorporating professional, social and broader life issues	Best practice transition programs adopt a holistic approach that considers professional, social and whole of life issues.
7	The transition program is aligned with quality, safety and risk management policy	Best practice transition programs are integrally linked to the organisation's quality, safety and risk management frameworks.

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