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Employment Integration of Nursing Graduates:

Evaluation of a Provincial Policy Strategy
Nursing Graduate Guarantee 2010-2011



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EXECUTIVE SUMMARY

The Nursing Graduate Guarantee (NGG) is a targeted policy incentive created in 2007 to increase the number of full-time (FT) employment opportunities for new graduate nurses (Ministry of Health and Long-Term Care [MOHLTC], 2011a). The funding supports six months of employment and includes an orientation and mentorship program. Over the past four years, 9904 new graduates participated in the NGG. Approximately 200 out of a possible 1198 Ontario employers also participated in the initiative in each year (MOHLTC, 2011c).

The 1198 potential healthcare employers in Ontario include 155 hospital corporations, 613 long-term care (LTC) facilities and 430 community/other organizations. Over 60% of all hospitals, 14% of all LTC facilities and less than 10% of all community/other organizations participated in the NGG each year. While the overall employer participation rate was 18% on average, the level of participation varied across sectors.

Historically the largest employer of new nurses is the hospital sector. Of the 9904 new graduate participants, 86% have been hired into the hospital sector, 8% have been hired by LTC facilities and 6% have been hired by community/other organizations. In 2010, however, the number of positions offered by acute care centres decreased 54% compared to 2009, while the number of positions offered by LTC facilities increased by approximately 9%. Preliminary employer interviews indicate there is an absorption capacity for the number of new graduates that certain institutions can hire. The larger hospitals hired as many as 250 new graduates per year, with a high retention rate. There has been an increase in uptake by LTC facilities, but they have fewer positions.

According to employment data from the College of Nurses of Ontario (CNO), the trend in FT employment of new members in Ontario has increased from 2004 (pre-policy) to 2011. Since 2004, there has been a 19% increase in FT employment for new member registered nurses (RNs) and a 13% increase for new member registered practical nurses (RPNs) (CNO, 2011). When compared to 2004 pre-policy levels, each year of the NGG showed a significant increase in FT employment for both new member RNs and RPNs.

Recommendations

These recommendations are intended to increase workforce integration of new graduate nurses in Ontario. Over the past four years, stakeholder response to the NGG has been positive. The following recommendations are based on stakeholder feedback:

1. Continue the NGG for 2012 new graduate nurses.
2. Consider extending length of time that new graduates are eligible for participation in the NGG beyond the current six month post-graduation.
3. Explore options related to the employer requirement to fund six-weeks of a FT supernumerary position.
4. Continue to target LTC and community sectors to stimulate employer participation in the NGG.
5. Develop interactive webinars for employers to discuss challenges related to implementation and provide an opportunity for shared problem-solving.
6. Conduct an in-depth evaluation of the impact of the orientation and mentorship component on workforce integration of new graduate nurses.
7. Examine retention, FT employment and workforce stability of a sample of new graduate nurses from each year of the NGG (2007-2010).
8. Provide support for research that examines the impact of the NGG on quality of care.

INTRODUCTION

The Nursing Graduate Guarantee (NGG) is a provincial strategy to promote full-time (FT) employment of new graduate nurses in Ontario. To date, the NGG has been evaluated four times since its inception. This report presents the results of the most recent evaluation (2010-2011) and focuses on the supply and employment of nursing graduates and their integration into the Ontario workforce. It begins with background to the NGG and information about the evaluation. Labour market trends in the healthcare sector and changes in nurse employment are discussed. Major data repositories are identified and an overview of the entry of new nurses into the workforce is presented, including the employment market for new graduate nurses across Canada. The NGG is described and the results of the 2010-2011 evaluation are compared to three previous evaluations (2009-2010, 2008-2009 and 2007-2008) and provincial databases (Colleges of Nurses of Ontario [CNO], 2011a). Conclusions and recommendations follow.

The NGG is a provincial strategy to promote FT employment of new graduate nurses in Ontario.

Background to the NGG

In 2003, the Severe Acute Respiratory Syndrome (SARS) outbreak in Toronto showed that Ontario had little surge capacity to respond to the epidemic and highlighted the issue of part-time (PT) and casual nursing staff throughout the province (Baumann, Keatings, Holmes, Oreschina, & Fortier, 2006b; Naylor 2003; Walker 2004). Subsequent findings from a baseline study by Baumann, Blythe, Cleverley and Grinspun (2006a) indicated that although 75% of new nurse graduates wanted full-time (FT) employment, only 35% obtained it. In response, the Ministry of Health and Long-Term Care (MOHLTC) began investing in the support of new graduate nurses.

The 2003 SARS outbreak showed that Ontario had little surge capacity to respond to the epidemic and highlighted the issue of PT and casual nursing staff.

In 2007, the MOHLTC announced the creation of the NGG; a policy initiative intended to fund supernumerary (above staff complement) temporary FT nursing positions for up to six months for all new nursing graduates. As part of the MOHLTC Health Human Resource Strategy, the goal of the NGG is to "provide

In 2007, the MOHLTC announced the creation of the NGG.

every New Graduate Nurse with the opportunity to obtain full time employment in Ontario" (MOHLTC, 2011a, p. 4).

Evaluation

The study was guided by the following:

Research Question

- What is the impact of the NGG on FT employment of new graduate nurses in Ontario?

Objectives

- To identify demographics, employment status and preferences of recent nursing graduates;
- To describe trends in new graduate employment status over time;
- To conduct a stakeholder analysis of employers, new graduate nurses, staff nurses (mentors) and union representatives to obtain perceptions of the NGG, including barriers and facilitators to participation; and
- To analyze the impact of the extended orientation and mentorship component of the NGG program on new graduate transition to work.

LITERATURE REVIEW

Overview of Labour Market Trends

Economic insecurity and global casualization have negative implications for workers, both nationally and internationally (Standing, 2008). During times of recession, unemployment rates increase while labour force participation rates remain unchanged, indicating that a loss of individual jobs is the primary cause of a labour market downturn (Borbely, 2009). The most recent recession in 2008 resulted in a loss of jobs in the manufacturing sector and a shift from a predominantly male labour force to an increasingly female labour force (Salam, 2009).

During times of recession, unemployment rates increase while labour force participation rates remain unchanged, indicating that a loss of individual jobs is the primary cause of a labour market downturn.

A notable impact is evident in the poor labour market conditions for younger workers compared to their older counterparts (Borbely, 2009). A report released

by the Organisation for Economic Co-operation and Development indicated that youth unemployment rates have increased globally in recent years, reaching a high of 19% in 2009 (Scarpetta, Sonnet, & Manfredi, 2010). In addition, the majority of employed youth are working in temporary positions.

Labour markets are influenced by escalating costs, reduced supply, job substitution and growth or decline in particular sub sectors. Over the past decade, stakeholders voiced concerns about the growing shortage of healthcare providers, particularly nurses (Fraher, Carpenter, & Broome, 2009). However, with the economic "bust" in 2008, budget constraints and fiscal accountabilities have increased (Batch, Bernard, & Windsor, 2009). The most notable change in employment patterns has been an increase in PT and casual staff.

Labour markets are influenced by escalating costs, reduced supply, job substitution and growth or decline in particular sub sectors.

During recent decades, there has been a movement towards flexible, non-standardized work and increased casualization (Baumann & Blythe, 2003). The notion of "casual labour" (Standing, 2008, p. 15) is situated within a universal movement fuelled by rising competition among industries and the need to reduce labour costs (Batch et al., 2009). In Canada, casualization of the workforce has affected public and private sectors. In the public sector, the fields of education, public administration and health have simultaneously experienced a high rate of temporary employment and the fastest growth in absolute terms (Heery & Salmon, 2000).

In Canada, casualization of the workforce has affected public and private sectors.

The large and predominantly female nursing workforce followed the trends of increasing proportions of PT and casual workers. Some PT nurses voluntarily choose their PT status and prefer it, but research evidence suggests most favour FT over PT status (Blythe, Baumann, Zeytinoglu, Denton, & Higgins, 2005; Grinspun, 2003). Studies have explored the impact of new types of work arrangements on employee health and the decline of standard FT jobs (Benach & Muntaner, 2007; Burke & Cooper, 2006; Cherry, 2006; Cummings & Kreiss, 2008). Authors generally argue for the importance of maintaining a stable workforce (Benach & Muntaner, 2007; Burke & Cooper, 2006; Cherry, 2006; Cummings & Kreiss, 2008).

The large and predominantly female nursing workforce followed the trends of increasing proportions of PT and casual workers.

Historical Trends in Nurse Employment

During an economic downturn in the 1990s, hospitals and LTC facilities lost 10% of their nursing workforce (Alameddine et al. 2006). In 1999, hospitals began to rehire nurses following years of layoffs (Alameddine et al. 2006). From 2002 to 2005, there was a sufficient increase in the hiring of RNs to recover the loss during the 1990s and early 2000s (CNO, 2009).

From 2002 to 2005, there was a sufficient increase in the hiring of RNs to recover the loss during the 1990s and early 2000s.

Because of healthcare restructuring, casual employment and the use of agency nurses increased. In 2000, anecdotal evidence of acute nursing shortages in large urban hospitals surfaced. Although it was difficult to ascertain true vacancy rates, there were clear indications of shortages in intensive care, cardiac care and emergency units (Baumann, Fisher, Blythe, & Oreschina, 2003). Shortages were also reported in community hospitals and hospitals in rural areas. In addition, several reports highlighted a potential crisis due to aging healthcare workforces, including nursing. Three seminal reports documented the maturing workforce and warned of potential shortages as nurses retired (O'Brien-Pallas, Duffield, & Alksnis, 2004; Ryten, 1997, 2002).

Factors Affecting Integration of New Graduates into the Workplace

The chief nursing employer in Ontario is the hospital sector with 24/7 service and over 35,000 patient beds. There are approximately 1198 employer organizations in Ontario, including 155 (12.9%) hospitals, 613 (51.2%) LTC facilities and 430 (35.9%) community organizations (MOHLTC, 2010).

The chief nursing employer in Ontario is the hospital sector with 24/7 service and over 35,000 patient beds.

In 2010, there were 93,415 RNs and 31,492 RPNs employed in nursing in Ontario (CNO, 2010a). Typically, there are high rates of job turnover in large acute care hospitals and lower rates in community and rural facilities (Hayes et al., 2006). A mean turnover rate of 20% has been reported in Canadian hospitals (O'Brien-Pallas, Tomblin-Murphy, & Shamian, 2008).

An organization's ability to provide employment for new nurses is affected by numerous variables and changes over time. Identifying and quantifying capacity to employ new graduates is a challenge for researchers because availability of jobs

cannot be estimated by counting vacancies or job postings. Organizations define vacancies in various ways. Some organizations do not differentiate internal vacancies from external vacancies. Internal vacancies are created by workers transferring within an organization, while external vacancies are created when workers leave an organization. Internal vacancies do not represent employment opportunities for new applicants.

Posted vacancies are not necessarily new job opportunities. Vacancies are not always associated with funded positions and often remain unfilled because related work hours are covered by overtime or casual hours (Baumann et al., 2006b). Part-time and casual jobs are not always advertised; consequently, jobs exist but not specific positions. Even posted jobs representing funded positions may not be available for new graduates because they are not suited to a new nurse or seniority within the organization precludes new nurses from being offered the job. This is particularly the case with FT employment.

Posted vacancies are not necessarily new job opportunities.

In a study on vacancies, the term was redefined with the recognition that "organizational flexibility strategies have altered nurse utilization and rendered data on vacancy statistics inaccurate measures of nursing shortage" (Fisher, Baumann, & Blythe, 2007, p. 49). Additional difficulties occur when statistical reports do not distinguish FT status from FT hours. For example, the Ministry of Training, Colleges and Universities (MTCU) considers nursing graduates to have FT employment if they work more than 30 hours per week (MTCU, 2005). However, nurses with casual or PT status may work FT hours. In addition, the CNO (2010a) captures FT status through self-report data that does not distinguish between temporary contracts and permanent FT.

Factors that influence where a nurse seeks employment include the number of potential employers in a given area. Nurses graduating from schools in Toronto, for example, have more employment opportunities than those educated in Windsor. Lack of local employment opportunities encourages graduate mobility. Hiring cycles are another factor. An organization that hires heavily one year will not do so the next, unless it has a low rate of retention or is expanding its services.

Factors that influence where a nurse seeks employment include the number of potential employers in a given area.

Smaller organizations are likely to have more unpredictable hiring cycles than larger ones. There is a direct relationship between new job hires and an organization's financial situation. The timing of graduation may also be a factor, with the major supply of nurses entering the workforce at one time. An additional factor is the effect of unionized environments and employment policies on the availability of FT employment for graduating nurses.

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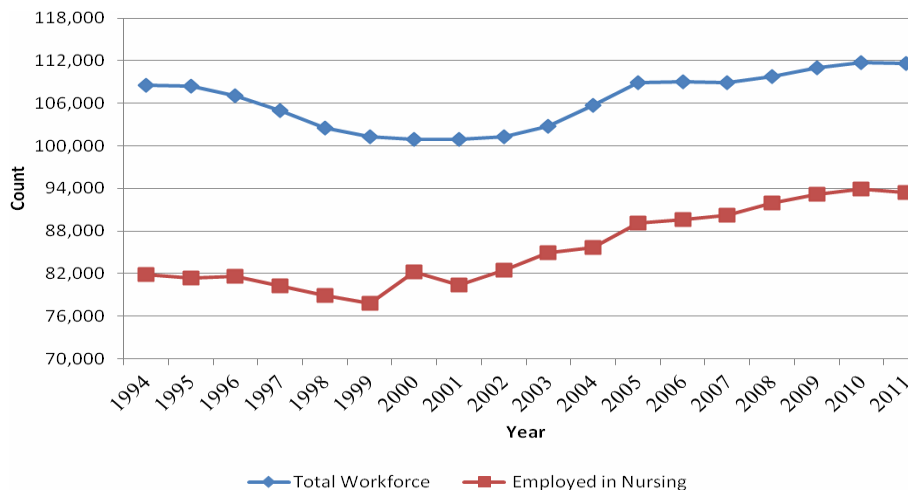
CONTEXT

Overview of Nurse Supply in Ontario

Figure 1 shows the trend in RN renewals and employment from 1994 to 2011. During this time, there was a 7% loss of RNs from the workforce. This trend began to reverse in 2002. By 2005, there was a full recovery of RNs lost in the 1990s and early 2000s. The trend has been increasing since 2006 (CNO, 2011a). In 2011, there were 93,415 RNs employed in nursing in Ontario. This represents a 0.5% decrease from 2010 (CNO, 2011a).

Between 1994 and 2001, there was a 7% loss of RNs from the workforce. This trend began to reverse in 2002.

Figure 1. College of Nurses of Ontario Registered Nurse Renewal Counts 1994-2010



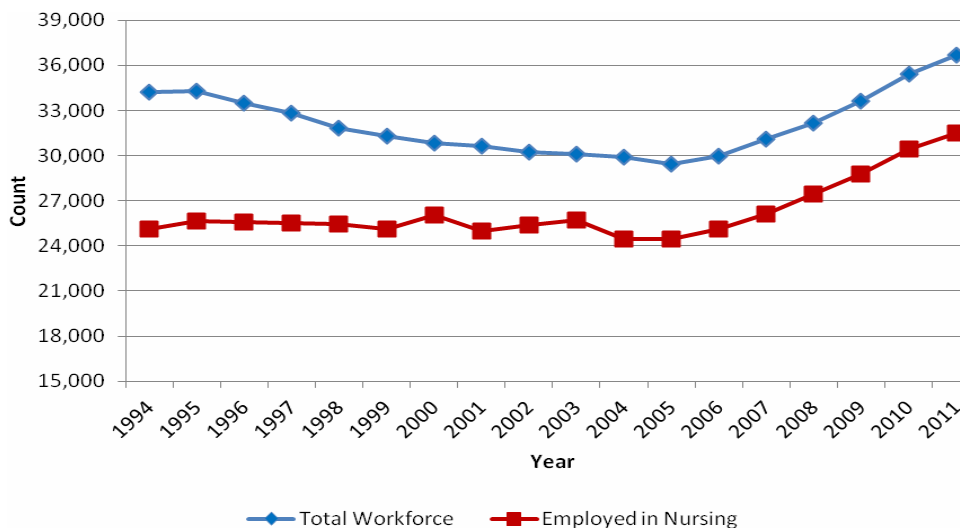
Note. Date of renewal counts reflects members who renewed at the end of the previous calendar year (e.g., 2011 data represents members who renewed at the end of 2010 for the 2011 practice year).

Source: College of Nurses of Ontario, 2011a.

In contrast, RPN supply in Ontario has been slower to recover since the restructuring of the healthcare system in the 1990s (CNO, 2010b). Figure 2 shows the trend in RPN renewals and employment from 1994 to 2011. The trend in the RPN workforce decreased over an 11-year period beginning in 1994. Between 1994 and 2005, there was a 14% loss of RPNs from the workforce. This trend began to reverse in 2006. By 2010, there was a full recovery of RPNs lost in the 1990s and early 2000s.

The trend in the RPN workforce decreased over an 11-year period beginning in 1994.

Figure 2. College of Nurses of Ontario Registered Practical Nurse Renewal Counts 1994-2010



Note. Date of renewal counts reflects members who renewed at the end of the previous calendar year (e.g., 2011 data represents members who renewed at the end of 2010 for the 2011 practice year).

Source: College of Nurses of Ontario, 2011a.

The New Supply: RNs and RPNs in Ontario

Each year the nursing workforce is augmented by new graduate nurses, internationally educated nurses and nurses who re-enter the workforce (Blythe et al., 2008; Simoens, Villeneuve, & Hurst, 2005). This report focuses on 2010 nursing graduates. It is essential to develop a profile of this cohort that includes an overview of nurse education as well as the distribution of new graduates across sectors, areas of practice and geographical location. Restructuring of nurse education (e.g., collaborative community college and university programs) had an

Each year the nursing workforce is augmented by new graduate nurses, internationally educated nurses and nurses who re-enter the workforce.

early impact on the number of nurse graduates; however, the numbers have now stabilized.

Historical Overview of Nurse Education in Ontario

In Ontario, the MTCU oversees community college and university education. The MOHLTC shares the responsibility for healthcare and is interested in the education of healthcare workers to supply and maintain the system. However, the MTCU is responsible for funding nurse education, with the exception of a few targeted areas (e.g., nurse practitioner education and investments in clinical simulation equipment).

Three historical events have affected the supply of new nurse graduates. First, in 2001, practical nursing programs altered their curricula and increased their requirement to a two-year diploma program. In addition, the MTCU announced that effective January 2001, enrolment quotas on practical nursing programs were lifted. Second, in 2003, Ontario reduced secondary education to four years, temporarily increasing the number of potential applicants to nursing programs. The increase occurred over a two-year period (2003-2005) before numbers stabilized again in 2006. Third, on January 1, 2005, the CNO changed its educational requirements for registration in the general class to a degree for RNs and a diploma for RPNs.

Three historical events have affected the supply of new nurse graduates.

The new requirements resulted in changes to nursing degree education and practical nursing education in Ontario. In response, enrolment in RN nursing diploma programs increased substantially in the last year they were offered (2001). New entry to practice legislation specifying baccalaureate degrees for RNs encouraged community colleges and universities to enter into college-university collaborative programs leading to a degree from the university partner. The result was the establishment of four-year basic nursing programs through partnerships between universities and colleges.

New entry to practice legislation specifying baccalaureate degrees for RNs encouraged community colleges and universities to enter into college-university collaborative programs.

To facilitate the transition to all baccalaureate nursing, the MTCU made additional funding available to support enrolment growth in the new collaborative programs.

It also provided funding for compressed degree programs in universities and the final intake of diploma students to the colleges. The intention was to boost the number of graduates in 2003-2004, the year in which reduced numbers were anticipated due to the elimination of the three-year college diploma.

The number of nurses entering the workforce has traditionally been supply driven. With the introduction of the baccalaureate entry to practice requirement, the government of Ontario committed to funding an intake of 4000 first-year nursing degree students per annum (B. Gough, personal communication, May 2, 2005). This was intended to bring nursing graduate levels to those produced in the 1990s prior to restructuring. In 2009-2010, these levels were surpassed with 4376 nursing degree admissions to schools of nursing in Ontario.

The number of nurses entering the workforce has traditionally been supply driven.

Capital funding for physical plant infrastructure dedicated to nursing education has resulted in some institutions developing entire buildings devoted to health sciences. In addition, there have been government strategies in certain areas to help educational institutions support nursing education. For example, from 2004 to 2006, there was a \$20 million investment by the MOHLTC in clinical simulation equipment for schools of nursing.

The MTCU has also committed to funding nursing program enrolment with no caps on nursing degree and practical nursing education intake. As a sequel to the time-limited funding for compressed degrees announced in 2001, the MTCU approved Second-Entry Programs, which began in 2005-2006. These programs are designed for students with previous post secondary education. The initiative was intended to increase the intake of nursing students.

The MTCU has also committed to funding nursing program enrolment with no caps on nursing degree and practical nursing education intake.

Data on Graduating Nurses

Currently, two organizations store national education data: the Canadian Nurses Association and the Canadian Association of Schools of Nursing. Data on enrolment and graduation from schools of nursing are collected yearly. In addition, Statistics Canada collects annual degree statistics from registrars of the educational institutions. However, changes to Statistics Canada data-sharing

policies meant that after 2002, it was no longer able to disclose the data to the MTCU.

Since 2003, the MTCU has collected data on degrees granted directly from the colleges and universities. This is to be used in conjunction with nursing school enrolment data to track nurse supply. However, data collection has been difficult because of differing graduation times, FT and PT student counts and the capacity of individual institutions to create and maintain adequate databases. In addition, the establishment of college-university collaborative programs has resulted in data integration challenges related to applications, registration and enrolment. For example, in some college-university partnerships, applicants apply to the Ontario College Application Service and the Ontario Universities' Application Centre.

Since 2003, the MTCU has collected data on degrees granted directly from the colleges and universities.

Employment of new graduates is not well measured. Some schools of nursing may survey their alumni sporadically to obtain information about their absorption into the workforce, but there is no mandatory reporting of alumni employment data at the provincial or national level. In its statistics on new members, the CNO differentiates nurses educated in Ontario from those educated abroad or in other provinces. While this group is mainly composed of new graduates, it also includes reinstated members. Employment status is reported in the Annual Membership Statistics report.

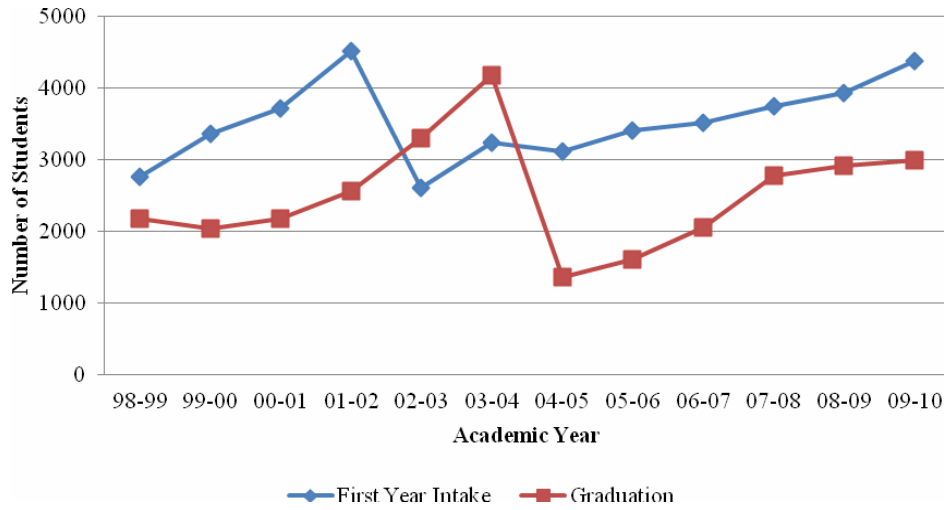
Employment of new graduates is not well measured.

Trends in RN and RPN Intake and Graduation

The number of nurses graduating each year varies over time. In 2010, there were 5555 graduates (2989 RNs and 2566 RPNs). Numbers can also vary depending on when they are collected. Figure 3 shows the intake and supply of Ontario RN graduates. The sharp increase and subsequent decrease in the number of RN graduates between 2004 and 2005 reflects the implementation of the baccalaureate degree as entry to practice in 2005 (Baumann et al., 2006a). Figure 4 shows the intake and supply of Ontario RPN graduates. The overall trend for RPN intake and graduation increased steadily over time.

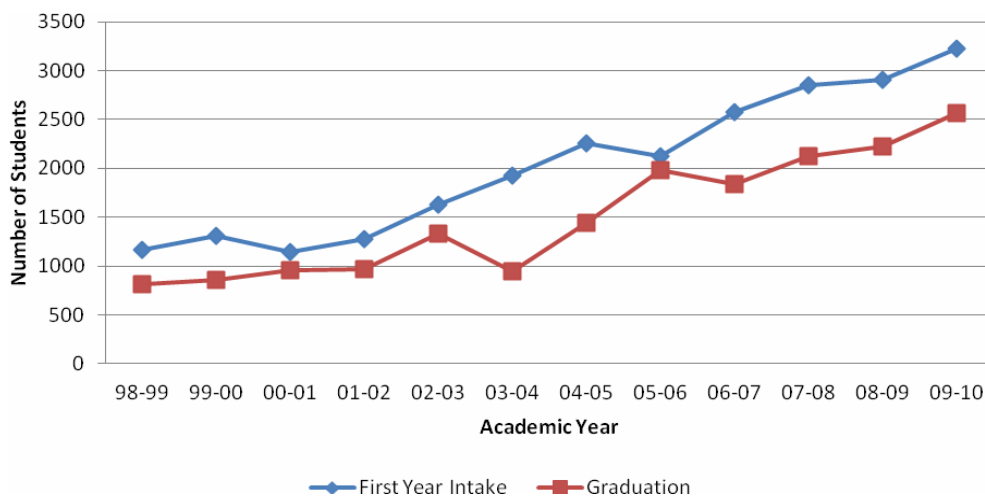
In 2010, there were 5555 graduates (2989 RNs and 2566 RPNs).

Figure 3. First Year Intake and Supply of Ontario Nursing Degree Education 1998-2010



Note. First year intake and graduation numbers are based on FT students entering the first year of the baccalaureate program (includes Second-Entry Programs but excludes post RN programs). 2001-2002 – Last intake of diploma programs; first intake for collaborative programs; first intake of compressed baccalaureate. 2004 – Graduates of last intake of diploma + compressed + part-time and diploma and baccalaureate graduates (not collaborative). Source: Ministry of Training, Colleges and Universities, 2010.

Figure 4. First Year Intake and Supply of Ontario Practical Nursing Education 1998-2010



Source: Ministry of Training, Colleges and Universities, 2010.

Data Gaps

According to the MOHLTC 2005 Data Quality Report: *The State of Data Quality in Ontario*,

Producing better data is a key objective of the province's Information Management Strategy. Sound health care planning decisions require accurate, timely and accessible data. Quality information is essential to making effective evidence-based decisions, which ultimately impact the province's ability to adequately meet the health care needs of Ontarians. (MOHLTC, 2005)

In 2008, through the HealthForceOntario (HFO) health human resources strategy, the MOHLTC began working in collaboration with regulatory colleges to develop a health professions database (HPDB). The database will "provide standardized, consistent and comparable demographic, geographic, educational, and employment information on all of the regulated allied health professionals in Ontario" (HFO, 2011, ¶ 3). In 2011, the CNO provided its first submission of data to the HPDB.

In 2008, through the (HFO health human resources strategy, the MOHLTC began working in collaboration with regulatory colleges to develop a health professions database.

To link the supply of new nursing graduates to the needs of the provincial healthcare system, good data about the supply of new graduates and information about market requirements are essential. Gaps currently exist concerning the supply of new nurses and their integration into the workforce. Through the HPDB, new graduate nurses can be identified and their employment tracked as they enter the workforce (MOHLTC, 2010).

HEALTH HUMAN RESOURCE PLANNING: NURSING STRATEGIES

Nursing labour markets are sensitive to government investments and policy decisions. Starting in 1999, in an attempt to reverse the attrition of nurses from Ontario's labour market, the provincial government led multiple initiatives to increase the FT equivalents of nurses working in acute care hospitals and LTC facilities (MOHLTC, 1999). This was done through baseline funding to organizations to support the hiring of new nurses and/or the conversion of casual

Nursing labour markets are sensitive to government investments and policy decisions.

and PT nurses into FT staff. The ultimate investment was in 2007, when the MOHLTC announced \$89 million to support every new Ontario nursing graduate (RN and RPN) in finding FT employment upon graduation (MOHLTC, 2007).

Workforce Planning in the New Millennium

In 1999, a Nursing Task Force (NTF) was established by the MOHLTC (2006b).

Two of the key recommendations made by the NTF were to

1. Immediately enhance healthcare delivery through nursing services by stabilizing the workforce and improving retention of currently employed nurses.
2. Provide ongoing structured opportunities for RNs and RPNs to participate in a meaningful way in decisions that affect patient care on both a corporate and operational level.

The MOHLTC (1999) announced several funding initiatives to enhance and increase permanent FT nursing positions province-wide in acute care and LTC. The Nursing Enhancement Fund was introduced as part of the Ontario Nursing Strategy to create new permanent FT and PT nursing positions. This was in response to the recommendation of the NTF to enhance healthcare delivery through stabilization and retention efforts (Haygroup, 2001). The government targeted \$50 million annually for the creation and maintenance of FT positions for nurses in the province.

Overview of Financial Investments 1999-2010

In 2004, the MOHLTC announced a policy for hospitals to increase FT employment of nurses toward a goal of 70%. The government's commitment to create new nursing positions in hospitals includes the following (MOHLTC, 2004a, 2004b):

- 1999-2000: \$130 million new base funding annually to hospitals to create 3300 new nursing positions
- 2003-2004: \$25 million annually provided to 33 hospitals (with operating budgets greater than \$100 million) to hire new FT nurses and convert casual

In 2004, the MOHLTC announced a policy for hospitals to increase FT employment of nurses toward a goal of 70%.

- 2004-2005: \$25 million annually provided to remaining hospitals in the province (with operating budgets under \$100 million) to create FT nursing positions; 538 new FT positions have been created with this investment

In May 2004, the provincial government announced an additional investment of \$191 million to hire 2000 new healthcare staff, including 600 nurses. The main objective was to ensure all long-term and acute care residents have 24-hour access to an RN seven days a week. The money was rolled out over a two-year period (MOHLTC, 2004c).

Nurse Graduate Initiatives 2004-2010

Between 2004 and 2006, the total funding for new graduate initiatives was \$30.4 million (MOHLTC, 2006c); \$17.7 million was invested in fiscal year 2004-2005 (MOHLTC, 2006a) and \$12.7 million was invested in fiscal year 2005-2006. In the 2006-2007 fiscal year, an additional \$26.7 million was invested (MOHLTC, 2008). The NGG was launched in 2007 with \$89 million (MOHLTC, 2007), followed by \$94.2 million in 2008-2009 (Ministry of Finance, 2008) and \$85.8 million in 2009-2010 and \$87.6 million 2010-2011 (MOHLTC, 2011b).

Between 2004 and 2006, the total funding for new graduate initiatives was \$30.4 million.

NURSING GRADUATE GUARANTEE: INTEGRATING NEW GRADUATES INTO THE WORKFORCE

How it Works

Through the NGG, the MOHLTC provides funding for temporary FT supernumerary six-month positions for new graduate nurses (MOHLTC, 2011a). The NGG uses an online employment portal through HFO to link the graduates with employers who are interested in hiring them (HFO, 2009). New graduates and employers must register on the website to participate. Appendix A clarifies the NGG application process.

Through the NGG, the MOHLTC provides funding for temporary FT supernumerary six-month positions for new graduate nurses.

After a minimum period of three months but within six months, the MOHLTC expects employers to use their best efforts to transition new graduate nurses into a permanent FT position, unless there are outstanding reasons not to continue the employment (MOHLTC, 2011a). Employers must commit to providing an additional six weeks of FT supernumerary time and funding for the new graduate nurses if they are unable to offer them a permanent FT position within the six-month period.

Employers must commit to providing an additional six weeks of FT supernumerary time and funding for the new graduate nurses if they are unable to offer them a permanent FT position within the six-month period.

The objectives of the NGG initiative are as follows:

- Provide every new graduate with the opportunity for FT employment in Ontario
- Promote the availability of permanent FT positions for new graduates
- Facilitate "matching" between new graduates and employers
- Create bridging positions for new graduates
- Support Ontario new graduates as they transition into practice
- Improve integration of new graduates into the workforce
- Promote retention among Ontario nurse graduates
- Facilitate recruitment to all sectors
- Transform employer practices to maximize availability of FT nursing positions for all nurses
- Increase the total supply of nurses in Ontario by providing FT employment to nurses who may otherwise seek employment in other jurisdictions or professions

EVALUATION OF THE NURSING GRADUATE GUARANTEE 2010-2011

The following sections describe the NGG 2010-2011 evaluation study. Data are aligned with MOHLTC figures regarding employer and new graduate participation in the initiative.

Methods

A mixed methods approach was used to evaluate the NGG (Tashakkori & Teddlie, 2003). The use of quantitative and qualitative methods to evaluate policy ensures

A mixed methods approach was used to evaluate the NGG.

that a study is well contextualized and policy relevant (White, 2008). There were four stakeholder groups: new graduate nurses, healthcare employers, staff nurse mentors and union representatives. Quantitative methods included online surveys of new graduate nurses, healthcare employers and union representatives.

There were four stakeholder groups: new graduate nurses, healthcare employers, staff nurse mentors and union representatives.

Qualitative methods included focus groups with healthcare employers and interviews with new graduate nurses and staff nurse mentors. Patton (1999, p. 1193) describes the use of quantitative and qualitative methods of research as methods triangulation that verifies the consistency of findings and provides a "well-integrated picture of the situation." Table 1 outlines the methodologies and participants involved in the study.

The surveys were designed to evaluate users' experiences with the NGG employment portal, perceptions of the extended orientation/mentorship and transition into employment, employment status and area of practice, new graduate employment preferences and collaboration with bargaining units. Semi-structured interview guides were developed to conduct employer focus groups and interviews with new graduate nurses and staff nurse mentors.

Surveys were designed to evaluate users' experiences with the NGG employment portal, perceptions of the extended orientation/mentorship and transition into employment, employment status and area of practice, new graduate employment preferences and collaboration with bargaining units.

Table 1. Summary of Methods Triangulation

Method	Stakeholder Group
Online Surveys (English and French)	<ul style="list-style-type: none"> • New Graduate Evaluation of the NGG (2010-2011) • Employer NGG Participant Survey (2010-2011) • Employer NGG Non-Participant Survey (2010-2011) • Union Representative Survey (2010-2011)
Teleconference Focus Groups	<ul style="list-style-type: none"> • NGG Participant Employers: acute care (large, medium, small and rural), long-term care, public health and community
Teleconference Interviews	<ul style="list-style-type: none"> • 2010 New Graduate Nurses (RN and RPN) • Frontline nurse mentors
Secondary Database Analysis	<ul style="list-style-type: none"> • CNO New Members Database • MOHLTC NGG Program Data

The interview questions were sequenced according to the NGG process: hearing about the initiative, using the employment portal, hiring into the NGG,

orientation/mentorship and transitioning into permanent jobs. The new graduate and employer interview guides were aligned to capture perceptions from both groups on similar questions. Staff nurse mentors were asked additional questions about their experiences in mentoring a new graduate nurse through the NGG.

The surveys and semi-structured guide for the focus groups and interviews were developed with input from expert senior researchers at the Nursing Health Services Research Unit and senior policy analysts from the MOHLTC. A grey literature search of media releases and news bulletins was conducted to collect all information related to the initiative. Content and face validity were performed.

For the individual interviews and focus groups, the purpose of the study was explained to all participants before the interview process began. For survey participants, an information/consent page outlining the rationale of the study and requesting consent to participate was provided at the beginning of the survey. All research instruments underwent the necessary ethics review process and received final approval from the Hamilton Health Sciences Research Ethics Board. The research team obtained the participants' consent to publish survey and interview findings. Participants were guaranteed anonymity and assured that no personal identifiers would be associated with responses to the questions.

Additionally, two secondary databases were analyzed. The MOHLTC NGG program database was used to assess new graduate and employer participation in the NGG from 2007-2010. The CNO regulatory database of new member RNs and RPNs was used to compare employment status of new members to the NGG new graduate survey data.

Analysis

Survey data were entered into PASW (version 18.0; SPSS Inc., Chicago, IL). Responses to each item were summarized using descriptive statistics. Frequency distributions were calculated on demographics and employment data. Survey data of new graduate nurse employment status was compared to the CNO database of

The surveys and semi-structured guide for the focus groups and interviews were developed with input from expert senior researchers at the Nursing Health Services Research Unit and senior policy analysts from the MOHLTC.

Two secondary databases were analyzed: the MOHLTC NGG program database and the CNO regulatory database of new member RNs and RPNs.

general class new member RNs and RPNs. Trends in new graduate nurse and employer participation in the NGG were analyzed using the MOHLTC NGG program database.

The employer focus groups and individual interviews conducted by telephone were audiotaped and transcribed. During data collection, the research team followed a sequence of interview, transcription, analysis, reflection and modification. Interviews were coded into QSR NVivo version 7.0 (QSR International Pty Ltd, Doncaster, Victoria, Australia). Texts were then interpreted through thematic analysis (Boyatzis 1998).

The employer focus groups and individual interviews conducted by telephone were audiotaped and transcribed.

During the preliminary coding, each member of the research team coded several texts independently. Team members then collaborated to develop a refined scheme to code the texts. Additional codes were assigned as new themes emerged. Major themes were highlighted and key findings were categorized appropriately under each thematic heading.

RESULTS

The following sections present the results of the NGG evaluation 2010-2011. Survey data on trends in new graduate and employer participation in the NGG are presented first. Survey results, including the comparison to the CNO new members database, are presented next. Findings from the employer focus groups and interviews with new graduate nurses and staff nurse mentors are integrated throughout.

Employer and New Graduate Participation 2007-2010

Over the past four years, the NGG has successfully matched 9904 new graduate nurses in Ontario (7627 RNs and 2277 RPNs) to employers and stimulated employers to offer FT job opportunities for new graduate nurses. Table 2 shows the number of new graduates matched by sector across the four years of the initiative. Overall, 86% of all matches were made in the hospital sector, 8% in LTC and 6% in community/other organizations.

Over the past four years, the NGG has successfully matched 9904 new graduate nurses in Ontario (7627 RNs and 2277 RPNs) to employers and stimulated employers to offer FT job opportunities for new graduate nurses.

Table 2. New Graduate Nurse (RN/RPN) Matches by Sector of Employment 2007-2010

Sector of Employment	N (%)				
	2007-2008	2008-2009	2009-2010	2010-2011	Total
Hospital	2269 (85)	2566(90)	2204(85)	1435(80)	8474(86)
Long-Term Care	209(8)	132(5)	231(9)	253(14)	825(8)
Community/Other	183(7)	141(5)	169(6)	112(6)	605(6)
Total	2661(100)	2839(100)	2604(100)	1800(100)	9904(100)

Note. All totals as of May 20, 2011.

Source: Ministry of Health and Long-Term Care, 2011c.

Table 3 shows the number of employers that participated in the NGG each year. On average, approximately 200 employers participated each year. The majority were from the hospital and LTC sectors (see Table 4). In 2010-2011, there were 230 participating organizations; 45% were from the hospital sector and 43% were from LTC.

In 2010-2011, there were 230 participating organizations; 45% were from the hospital sector and 43% were from LTC.

Table 3. Participating Employers by Year 2007-2010

Year of NGG	Total Number of Employers
2007-2008	222
2008-2009	175
2009-2010	224
2010-2011	230

Note. All totals as of May 20, 2011.

Source: Ministry of Health and Long-Term Care, 2011c.

Table 4. Participating Organizations by Sector of Employment 2007-2011

Sector of Employment	2007-2008	2008-2009	2009-2010	2010-2011
Hospital	97	91	106	104
Long-Term Care	87	64	86	99
Community	37	19	28	26
Other	1	1	4	1
Total	222	175	224	230

Note. All totals as of May 20, 2011.

Source: Ministry of Health and Long-Term Care, 2011c.

Employer and New Graduate Participation 2010-2011

Of the 2010 graduates (N=5555), approximately one-third (N=1800) participated in the NGG. Seventy-seven percent were RNs and 23% were RPNs. This distribution is interesting when compared to the number of new graduates by nurse category. Of the total nurse graduate pool entering the labour market in 2010, 54% were RNs and 46% were RPNs. However, 46% (1378 out of 2989) of RN graduates participated in the NGG compared to only 16% (422 out of 2566) of RPN graduates. Overall, 19% of employers participated in the NGG in 2010-2011 (see Table 5). The highest participation came from the hospital sector.

Of the 2010 graduates (N=5555), approximately one-third participated in the NGG.

Overall, 19% of employers participated in the NGG in 2010-2011.

Table 5. Employers by Sector of Employment and Participation in the NGG 2010-2011

Sector	Participating	Non-Participating	Total
	N(%)	N(%)	N(%)
Hospital	104(67)	51(33)	155(100)
Long-Term Care	99(16)	514(84)	613(100)
Community and Other	27(6)	403(94)	430(100)
Total	230(19)	968(81)	1198(100)

Note. All totals as of May 20, 2011.

Source: Ministry of Health and Long-Term Care, 2011c.

Sample

The sample included new nurse graduates, employers, staff nurse mentors and union representatives. Response rates for the surveys are provided in Table 6. Participation in the teleconference focus groups and interviews included the following:

- Seven employer focus groups with 36 healthcare organizations from acute care (large, medium, small and rural), LTC, public health and community
- Key informant interviews with 19 new graduates (12 RNs and 7 RPNs)
- Key informant interviews with seven staff nurse mentors

The sample included new nurse graduates, employers, staff nurse mentors and union representatives.

Table 6. Survey Response Rates

Survey	Number of Surveys Sent	Number of Respondents	Response Rate
New Graduate Nurse Survey (English and French)	4817*	1457	30%
Participating Employer Survey (English and French)	211**	163	77%
Non-Participating Employer Survey (English and French)	987	242	25%
Union Representative Survey (English)	413	98	24%

*Of the total portal registrants, there are some (i) double registrants, (ii) nursing students who have not yet graduated, (iii) 2010 new graduates from out of province nursing programs and (iv) internationally educated nurses who completed an Ontario bridging program that was deemed ineligible.

**Total number of employers (corporations) funded as of February 11, 2011.

Demographic Characteristics of Survey Respondents

The sections below report on 2010-2011 survey data. Comparisons are made with secondary databases from the CNO.

RN and RPN New Graduates

The new graduate evaluation survey was sent to 4817 (3237 RNs and 1580 RPNs) 2010 new graduate nurses who were registered on the nursing graduate portal (HealthForceOntario Marketing and Recruitment Agency, 2011).

The new graduate evaluation survey was sent to 4817 (3237 RNs and 1580 RPNs) 2010 new graduate nurses.

Data collection occurred between March 2011 and May 2011. Upon completion of data collection, cleaning and refinement, 1457 valid responses remained in the database; 910 from RNs and 547 from RPNs (see Appendix B).

Data analysis revealed that RN and RPN nursing graduates were comparable in gender distribution but differed in age distribution. The ratio of females to males was 91:9 for RNs and 89:11 for RPNs. Similar to findings from 2009-2010, RN nursing graduates were younger than their RPN counterparts; 65% of new graduate RPNs were older than 25 years of age compared to 44% of new graduate RNs. This difference is important because age influences the worklife span of nurse graduates as well as their work preferences and career mobility (Blythe et al., 2008). These data are consistent with 2010 data reported by the CNO for new general class RN and RPN members: 48.2% of new member RNs and 63.4% of new member RPNs were older than 25 years of age (CNO, 2010a).

RN and RPN nursing graduates were comparable in gender distribution but differed in age distribution.

The majority of RN (80%) and RPN (70%) new graduates were employed in nursing at the time of survey completion. Compared to 2009 new graduate survey data, there was an 8% decrease in the percentage of RNs and a 9% decrease in the percentage of RPNs employed in nursing at the time of survey completion.

The majority of RN and RPN new graduates were employed in nursing at the time of survey completion.

Almost all RN (98%) and RPN (99%) new graduates who were employed indicated that Ontario was their main employment location. In terms of geographical location, the Toronto Central Local Health Integration Network (LHIN) employed the largest percentage of new RN and RPN graduates (18%) followed by the Champlain LHIN (13%) and the Hamilton Niagara Haldimand Brant LHIN (11%). Appendix C shows the breakdown by LHIN for RNs and RPNs.

Almost all RN and RPN new graduates who were employed indicated that Ontario was their main employment location.

According to the CNO (2010a), general class new RN member statistics were consistent with survey data in that the largest percentage of RNs were employed in the Toronto Central LHIN (21%) and the Champlain LHIN (13%). However, the CNO (2010a) reported that the largest percentage of general class new RPNs were

employed in the Central LHIN (13%) and the Hamilton Niagara Haldimand Brant LHIN (11%).

Employer Profile and Participation

Contact information for healthcare organizations that participated in the 2010-2011 NGG was obtained from the Nursing Secretariat at the MOHLTC. There were 211 participating organizations at the time of survey distribution; 163 (77%) responded to the survey.

A contact list of healthcare organizations in Ontario has been created, updated and maintained over the past four years of the NGG. This list was initially created from contact lists obtained through the CEOs of the LHINs and the Nursing Secretariat. Each year a list of participating organizations is generated from the NGG program database. The participating organizations are then removed from the overall contact list. The remaining organizations are counted as the non-participating organizations for that year. In 2010-2011, there were 987 non-participating organizations at the time of survey distribution; 242 (25%) responded to the survey.

In 2010-2011, there were 987 non-participating organizations at the time of survey distribution.

Data collection for the employer surveys took place between March 2011 and May 2011. The following section provides a demographic profile of participating and non-participating employer survey respondents.

Participating Employers

As shown in Table 7, most of the participating employers who responded to the survey fell into two main organizational categories: acute care hospitals (45%) and LTC facilities (33%). These data are consistent with last year's findings and align with the MOHLTC figures for overall employer participation in 2010-2011. It is important to note that these percentages represent the number of employers who responded to the survey and are not reflective of the number of jobs posted or nurses hired by each sector.

Most of the participating employers who responded to the survey fell into two main organizational categories: acute care hospitals and LTC facilities.

Over half (58%) of the participating employer survey respondents were located in the following five LHIN regions: North East (15%), South West (14%), Champlain (11%), North West (9%) and Central East (9%). The remaining organizations were distributed among eight of the other LHINs. No employers indicated they were located in the Central West LHIN. Appendix D provides the breakdown of participating employer survey respondents by LHIN.

Table 7. Participating Employer Survey Respondents by Sector of Employment 2008-2010

Sector	% of Survey Respondents		
	2008 N=254	2009 N=155*	2010 N=152
Acute Care Hospital	40.6	43.2	44.7
Long-Term Care Facility	35.8	31.0	32.9
Public Health	5.5	7.1	1.3
Community (Community Health Centre, Community Care Access Centre, Mental Health, Physician Offices, Nursing Agency, Hospice)	4.7	6.4	4.6
Other Hospitals (Continuing Complex Care/Rehabilitation, Addiction and Mental Health)	4.3	5.8	9.2
Other (Family Health Team, Combined Acute and Long-Term Care, College/University)	9.0	6.4	7.2
Total	100.0	100.0	100.0

*Missing data N=7.

Source: Baumann et al., 2008, 2009, 2010; Participating Employer Survey 2010-2011.

Non-Participating Employers

As shown in Table 8, most of the non-participating employer survey respondents were from LTC facilities (60%), followed by community organizations (19%). Over the three years, the percentage of non-participating employer survey respondents from LTC facilities has increased 28% while the percentage of non-participating employer survey respondents from community organizations has decreased 17%.

Most of the non-participating employer survey respondents were from LTC facilities followed by community organizations.

Almost half (46%) of all non-participating employer respondents were located in the following five LHIN regions: North East (15%), Hamilton Niagara Haldimand Brant (12%), South West (10%), South East (9%) and Toronto Central (9%). The remaining organizations were distributed across the other nine LHINs, with the lowest percentage located in North Simcoe Muskoka (2.6%). See Appendix D for a breakdown of non-participating employer survey respondents by LHIN.

Table 8. Non-Participating Employer Survey Respondents by Sector of Employment 2008-2010

Sector of Employment	% of Survey Respondents		
	2008 N=181	2009 N=252	2010 N=235
Long-Term Care	32.1	47.2	60.0
Community (Community Health Centre, Community Care Access Centre, Mental Health, Physician Offices, Nursing Agency, Hospice)	35.8	20.2	19.1
Acute Care Hospital	3.7	10.1	7.2
Other Hospitals (Continuing Complex Care/Rehabilitation, Addiction and Mental Health)	4.3	5.2	3.4
Public Health	4.3	4.4	2.1
Other (Government, Association, Regulatory Body, Union, Family Health Team, College/University, Retirement Home)	19.8	12.9	8.1
Total	100.0	100.0	100.0

Source: Baumann et al., 2008, 2009, 2010; Non-Participating Employer Survey 2010-2011.

Union Representatives

The union survey was sent to 413 union representatives across the province. Data collection took place between February 2011 and April 2011. Upon completion of data collection, cleaning and refinement, 98 valid responses remained in the database.

The union survey was sent to 413 union representatives across the province.

REGISTERED NURSE AND REGISTERED PRACTICAL NURSE EMPLOYMENT 2010-2011

The following sections report on employment data obtained from the New Graduate Evaluation of the Nursing Graduate Guarantee 2010-2011 survey. Data presented reflects new graduates who indicated they were employed in nursing in Ontario at the time of survey completion (N=1066). Comparisons between the 2010 new graduate data and CNO new member data are made. It is important to note that comparisons do not represent similar points in time. New graduate data are leading (i.e., 2010 data is collected in 2011), while CNO employment data on new members are lagging (i.e., 2011 data is collected in 2010).

New graduate data are leading while CNO employment data on new members are lagging.

Distribution of Nursing Graduates by Sector of Employment

As shown in Table 9, acute care hospitals were the largest employer of all nursing graduates in 2010, followed by LTC. Over the four years, there has been an 11% decrease in the percentage of new graduate nurses working in acute care hospitals and an 8% increase in the percentage of nurse graduates working in LTC facilities. Appendix E provides a breakdown by nurse category.

Over the four years, there has been an 11% decrease in the percentage of new graduate nurses working in acute care hospitals and an 8% increase in the percentage of nurse graduates working in LTC facilities.

In 2010, the largest percentage of new graduate RN survey respondents were employed in acute care hospitals (71%), followed by the community sector (10%) and LTC (7%). Since 2007, there has been a 12% decrease in the percentage of RNs working in acute care hospitals, a 3% increase in RNs working in community organizations and a 6% increase in the percentage of RNs working in LTC. According to the CNO (2010a), the largest percentage of new general class RN members were working in the hospital sector (78.7%), followed by the community (9.7%) and LTC sectors (5.8%).

Table 9. New Graduate Survey Respondents Sector of Employment 2007-2010

Sector	2007		2008		2009		2010	
	Count	%	Count	%	Count	%	Count	%
Acute Care Hospital	933	64.5	649	72.6	712	62.1	572	53.7
Addiction and Mental Health/Psychiatric	43	3.0	25	2.8	22	1.9	35	3.3
Community Employers*	133	9.2	75	8.4	117	10.2	120	11.3
Continuing Complex Care/Rehabilitation	94	6.5	49	5.5	71	6.2	80	7.5
Long-Term Care Facility	190	13.1	70	7.8	182	15.9	221	20.7
Other	53	3.7	26	2.9	42	3.7	38	3.6
Total	1446	100.0	894	100.0	1146	100.0	1066	100.0

*Includes public health.

Source: Baumann et al., 2008, 2009, 2010; New Graduate Evaluation of the Nursing Graduate Guarantee Survey 2010-2011.

In comparison, the largest percentage of 2010 new graduate RPN survey respondents were working in LTC facilities (47%), followed by acute care hospitals (21%) and community organizations (13%). Over the four years of data collection, there has been a 12% decrease in the percentage of RPNs working in acute care hospitals, a 13% increase in RPNs working in LTC facilities and a 1% increase in RPNs working in community organizations. These findings are consistent with CNO (2010a) data for general class new RPN members in that the largest percentage of RPN new members were working in the LTC sector (50.9%), followed by the hospital sector (33.3%).

Distribution of Nursing Graduates by Age and Sector of Employment

Compared to their RPN counterparts, RN survey respondents were younger across all sectors of employment (see Table 10). Employer categories are the same as the

The largest percentage of 2010 new graduate RPN survey participants were working in LTC facilities.

Compared to their RPN counterparts, RN survey respondents were younger across all sectors of employment.

CNO classifications: hospital, community, LTC and other. The age difference was most pronounced in the hospital sector, in which 84% of RNs were less than 30 years of age compared to 62% of RPNs. In the community sector, 76% of RNs and 53% of RPNs were less than 30 years of age. In the LTC sector, 74% of RNs were younger than 30 years of age compared to 51% of RPNs. Data are consistent with previous years (Baumann, Hunsberger, Idriss, Alameddine, & Grinspun, 2008; Baumann, Hunsberger, Idriss-Wheeler, & Crea-Arsenio, 2009; Baumann, Hunsberger, & Crea-Arsenio, 2010).

In the community sector, 76% of RNs and 53% of RPNs were less than 30 years of age.

Table 10. New Graduates Nurses (RN/RPN) Age Group by Sector of Employment 2010

Nurse Category	Sector	Age Group (%)						Total
		<19	20-24	25-29	30-34	35-39	>40	
RN	Hospital	0.2	58.7	24.8	7.4	4.2	4.3	100.0
	Community	0.0	46.5	29.6	12.7	7.0	2.8	100.0
	Long-Term Care	0.0	59.2	14.3	12.2	8.2	6.1	100.0
	Other	4.2	50.0	20.8	16.7	4.2	4.2	100.0
	Total	0.3	57.2	24.4	8.6	4.7	4.3	100.0
RPN	Hospital	0.7	37.8	23.7	12.6	11.1	14.1	100.0
	Community	0.0	28.6	24.5	12.2	14.3	20.4	100.0
	Long-Term Care	0.6	35.5	15.1	16.9	12.8	19.2	100.0
	Other	7.1	42.9	14.3	7.1	0.0	28.6	100.0
	Total	0.8	35.7	19.5	14.3	11.9	17.8	100.0

Source: New Graduate Evaluation of the Nursing Graduate Guarantee Survey 2010-2011.

Distribution of Nursing Graduates by Primary Area of Practice

The main areas of practice for RNs in 2010 were medicine (17%), surgery (10%), emergency (8%), geriatrics (7%) and maternal-new born (7%). These areas,

The main areas of practice for RNs in 2010 were medicine, surgery, emergency, geriatrics and maternal-new born.

primarily based in hospitals, employed half (49%) of 2010 RN new graduate survey respondents.

The main areas for RPNs in 2010 were geriatrics (41%), complex continuing care (11%), medicine (7%), visiting nurse (6%) and rehabilitation (5%). These areas employed almost three-quarters (70%) of 2010 RPN graduates. Data are consistent with previous years. See Appendix F for a comparison of new graduates' primary areas of practice from 2007-2010.

The main areas for RPNs in 2010 were geriatrics, complex continuing care, medicine, visiting nurse and rehabilitation.

Distribution of Nursing Graduates by Employment Status

Table 11 shows the employment status of new graduate RN survey respondents from 2004 to 2010.

Table 11. RN New Graduate Survey Respondents Employment Status 2004-2010

Employment Status	N(%)					
	2004	2005	2007	2008	2009	2010
Full-Time [±]	225(44)	175(58)*	771(85)*	549(83)*	522(67)*	360(52)*
Part-Time	146(29)	80(27)	97(11)*	70(10)*	157(20)*	196(28)
Casual	83(16)	20(7)*	32(3)*	25(4)	61(8)	75(11)*
Other (multiple; temporary part-time)	57(11)	26(9)	12(1)*	21(3)*	41(5)*	65(9)
Total	511(100)	301(100)	912(100)	665(100)	781(100)	696(100)

Note. New graduate survey data was not collected in 2006.

[±]Full-time includes the categories of temporary FT and beginning in 2007-2010 supernumerary FT Nursing Graduate Guarantee positions.

*Significant at p<.05 level based on chi-square. All testing in reference to 2004 pre-policy survey employment data.

Source: Baumann et al., 2006a, 2008, 2009, 2010; New Graduate Evaluation of Nursing Graduate Guarantee Survey 2010-2011.

In 2010, 52% of RN new graduate survey respondents were employed FT, 28% were employed PT and 11% were employed in casual positions. Pre-policy (2004) survey employment data showed 44% of new graduate RNs employed in FT positions. A chi-square test was conducted to compare 2004 baseline employment data to each cohort of new graduate RNs beginning in 2005. In each year, the percentage of FT employment was significantly higher than the pre-policy level. In 2005 and 2006, the MOHLTC invested pilot funding targeting new graduate RN employment. The impact of this investment is evident in the initial increase in the percentage of FT employment for RNs in 2005. During the years of the NGG (2007-2010), the percentage of FT employment continued to be significantly higher than the pre-policy level of 2004.

Pre-policy (2004) survey employment data showed 44% of new graduate RNs employed in FT positions.

For RPNs, 41% of 2010 new graduate survey respondents were employed FT, 29% were employed PT and 15% were employed in casual positions (see Table 12).

For RPNs, 41% of 2010 new graduate survey respondents were employed FT, 29% were employed PT and 15% were employed in casual positions.

Table 12. RPN New Graduate Survey Respondents Employment Status 2005-2010

Employment Status	N(%)				
	2005	2007	2008	2009	2010
Full-Time [±]	67(26)	325(61)*	130(56)*	178(49)*	150(41)*
Part-Time	98(39)	99(18)*	54(23)*	97(27)*	108(29)*
Casual	48(19)	74(14)	24(10)*	44(12)*	57(15)
Other (multiple; temporary part-time)	40(16)	37(7)*	26(11)	41(11)	55(15)
Total	253(100)	535(100)	234(100)	360(100)	370(100)

Note. New graduate survey data was not collected in 2006.

[±]Full-time in 2007, 2008, 2009 and 2010 includes the categories of temporary FT and supernumerary FT Nursing Graduate Guarantee positions.

*Statistically significant at p<.05 level based on chi-square. All testing in reference to 2005 pre-policy survey employment data.

Source: Baumann et al., 2006a, 2008, 2009, 2010; New Graduate Evaluation of Nursing Graduate Guarantee Survey 2010-2011.

Survey data collection on RPN employment did not begin until 2005. In addition, RPNs were not part of the MOHLTC pilot funding in 2005 and 2006. Pre-policy (2005) RPN survey employment data showed 26% of new graduate RPNs employed in FT positions. In each year of the NGG (2007, 2008, 2009, 2010), the percentage of FT employment was significantly higher compared to the pre-policy level.

Pre-policy (2005) RPN survey employment data showed 26% of new graduate RPNs employed in FT positions.

Comparison to CNO New Member Employment Data

The following sections compare new graduate survey results to the CNO administrative database of general class new members RNs and RPNs. It is important to note that comparisons do not represent similar points in time. New graduate data are leading (i.e., 2010 data is collected in 2011), while CNO employment data on new members are lagging (i.e., 2011 data is collected in 2010).

The CNO (2011b) new member RN employment data shows a similar trend to survey data (see Table 13). According to CNO pre-policy (2005) data, 39% of new member RNs were employed in FT positions. In each year following (2006-2011), the percentage of FT employment was significantly higher than the pre-policy level.

According to CNO pre-policy (2005) data, 39% of new member RNs were employed in FT positions.

Table 13. CNO RN New Member Working Status 2005-2011

Employment Status	N(%)						
	2005	2006	2007	2008[±]	2009	2010	2011
Full-Time	1700(39)	1116(47)*	1231(59)*	2294(76)*	2456(79)*	2236(71)*	1644(58)*
Part-Time	1947(44)	966(40)*	702(34)*	624(21)*	509(16)*	706(23)*	948(33)*
Casual	773(17)	318(13)*	158(8)*	114(4)*	133(4)*	196(6)*	254(9)*
Total	4420(100)	2400(100)	2091(100)	3032(100)	3098(100)	3138(100)	2846(100)

[±]First cohort of NGG new member RNs.

*Statistically significant at p<.05 level based on chi-square. All testing in reference to 2005 pre-policy survey employment data.

Source: College of Nurses of Ontario 2005, 2006, 2007, 2008, 2009, 2010a, 2011b.

For new member RPNs, pre-policy employment data (2007) showed 24% of RPNs employed in FT positions (see Table 14). In each year of the NGG (2008-2011), there was a significant increase in the percentage of FT employment compared to the pre-policy level.

Table 14. CNO RPN New Member Working Status 2005-2011

Employment Status	N(%)						
	2005	2006	2007	2008 [‡]	2009	2010	2011
Full-Time	255(23)	335(21)	439(24)	623(34)*	896(41)*	883(36)*	780(36)*
Part-Time	630(56)	914(59)	1034(57)	905(49)*	1018(46)*	1208(49)*	1006(47)*
Casual	238(21)	313(20)	347(19)	303(17)	294(13)*	371(15)*	358(17)
Total	1123(100)	1562(100)	1820(100)	1831(100)	2208(100)	2462(100)	2144(100)

[‡]First NGG cohort of new member RPNs.

*Statistically significant at p<.05 level based on chi-square. All testing in reference to 2005 pre-policy survey employment data.

Source: College of Nurses of Ontario 2005, 2006, 2007, 2008, 2009, 2010a, 2011b.

Although this analysis indicates that the percentage of FT employment increased during the period of incentive funding, it does not demonstrate a causal relationship. It is recognized that other factors can influence employment. For example, changes in the economy can affect the availability of FT jobs.

Other factors can influence employment.

Distribution of Nurse Graduates by Work Status and Type of Employer

As shown in Table 15, there were sector differences in employment status among new graduate nurses. At the time of survey completion, the community sector employed the largest percentage of 2010 nursing graduates (28%) in permanent FT positions, followed by the hospital sector (23%) and LTC (15%). When examined by nurse category, the community sector employed the largest percentage of RN new graduate survey respondents in permanent FT positions, followed by the hospital sector and LTC. Similarly, the largest percentage of RPNs employed in permanent FT positions was in the community sector, followed by the hospital sector and LTC.

There were sector differences in employment status among new graduate nurses.

Table 15. New Graduate Survey Respondents Employment Status by Sector of Employment 2010

Nurse Category	Sector	Employment Status N(%)					Total
		Perm FT	Temp* FT	Perm PT	Casual	Other	
RN	Hospital	137(25)	151(28)	162(29)	51(9)	51(9)	552(100)
	Community	24(34)	9(13)	17(24)	12(17)	9(13)	71(100)
	Long-Term Care	9(18)	15(31)	15(31)	6(12)	4(8)	49(100)
	Other	11(46)	4(17)	2(8)	6(25)	1(4)	24(100)
	Total	181(26)	179(26)	196(28)	75(11)	65(9)	696(100)
RPN	Hospital	22(16)	43(32)	35(26)	18(13)	17(13)	135(100)
	Community	9(18)	5(10)	20(41)	10(20)	5(10)	49(100)
	Long-Term Care	24(14)	41(24)	50(29)	27(16)	30(17)	172(100)
	Other	3(21)	3(21)	3(21)	2(14)	3(21)	14(100)
	Total	58(16)	92(25)	108(29)	57(15)	55(15)	370(100)
Total	Hospital	159(23)	194(28)	197(29)	69(10)	68(10)	687(100)
	Community	33(28)	14(12)	37(31)	22(18)	14(12)	120(100)
	Long-Term Care	33(15)	56(25)	65(29)	33(15)	34(15)	221(100)
	Other	14(37)	7(18)	5(13)	8(21)	4(11)	38(100)
	Total	239(22)	271(25)	304(29)	132(12)	120(11)	1066(100)

Source: New Graduate Evaluation of Nursing Graduate Guarantee Survey 2010-2011.

Overall rates of permanent FT positions have been decreasing across all sectors over time. Appendix G provides a breakdown of the percentage of RN and RPN graduates by employment status and sector of employment across the four years of data collection. During this time, there has been a 42% decrease in the percentage

Overall rates of permanent FT positions have been decreasing across all sectors over time.

of RN new graduate survey respondents employed in permanent FT positions in the hospital sector, a 37% decrease in the percentage employed in permanent FT positions in LTC and a 13% decrease in the percentage employed in permanent FT positions in the community sector. There has also been a 3% decrease in the percentage of RPN new graduate survey respondents employed in permanent FT positions in the hospital sector, a 5% decrease in the percentage employed in permanent FT positions in LTC and a 19% decrease in the percentage employed in permanent FT positions in the community sector.

Mobility and Migration: RNs and RPNs

The vast majority of employed RNs (98%) and RPNs (99%) who responded to the survey indicated they were working in Ontario (see Appendix H). In 2010, the Canadian Institute for Health Information (CIHI) released an updated summary report on the migration patterns of Canada's healthcare workforce, using 2006 census data (CIHI, 2010a). It was reported that 81.7% of RNs in Ontario were non-movers (i.e., they stayed within the same community).

According to CIHI (2010), 81.7% of RNs in Ontario were non-movers.

Of the nurses who moved, 13.1% moved within Ontario, 1.6% moved interprovincially and 3.6% moved internationally (CIHI, 2010a). The CIHI (2010b) also reported that in 2009, 91.7% of Canadian graduate nurses employed in Ontario were graduates from an Ontario nursing program, the second best percentage nationally after Quebec (94.2%).

91.7% of Canadian graduate nurses employed in Ontario were graduates from an Ontario nursing program.

EMPLOYMENT PREFERENCES OF REGISTERED NURSE AND REGISTERED PRACTICAL NURSE GRADUATES

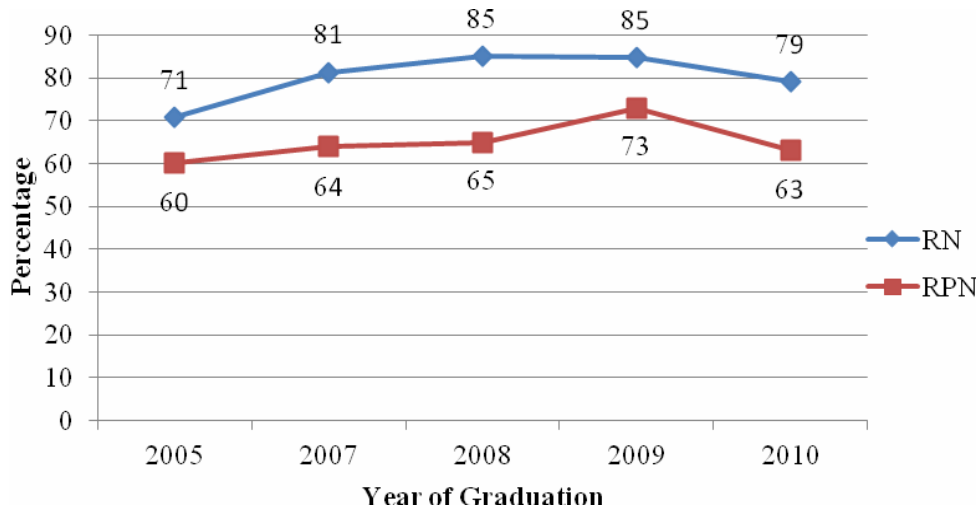
This section reports survey findings from two sub samples of new graduate RNs and RPNs. The first includes nurses who were employed but were not in their preferred position regarding employment status, primary area of practice and geographic region (i.e., LHINs). The second includes new graduates who were not employed at the time of questionnaire completion but were seeking nursing employment (18% of RN and 27% of RPN survey respondents) and indicated their preference for employment

Preferences for Full-Time Work Status

Since 2005, preference for FT employment has increased for RNs and RPNs (see Figure 5).

Since 2005, preference for FT employment has increased for RNs and RPNs.

Figure 5. New Graduate (RNs and RPNs) Preference for Full-Time Employment



Note. Preference data calculated based on respondents who indicated they were not employed in their preferred employment status and those seeking employment.

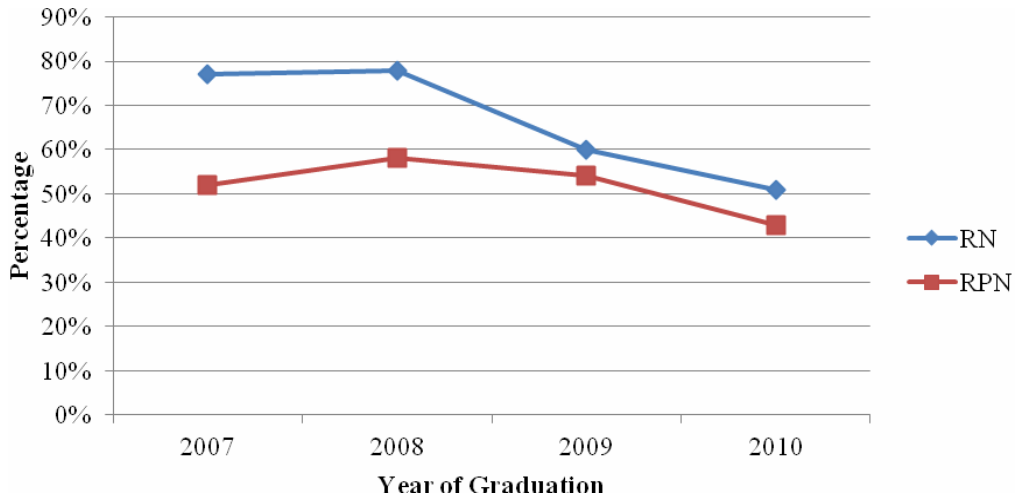
Source: Baumann et al., 2006a, 2008, 2009, 2010; New Graduate Evaluation of Nursing Graduate Guarantee Survey 2010-2011.

The majority of RN (79%) and RPN (63%) 2010 graduates indicated a preference for FT employment status. From 2005 to 2010, there was an 8% increase in the percentage of RNs and a 3% increase in the percentage of RPNs who preferred FT employment. Compared to 2009 graduates, preference for FT work decreased 6% for RNs and 10% for RPNs; however, the overall trend is upward.

Survey results showed that 51% of RN and 43% of RPN 2010 graduates indicated that their current employment status was by choice. Over the four years of data collection, the percentage of new graduates (RNs and RPNs) who indicated they were in their preferred employment status has decreased (see Figure 6).

Over the four years of data collection, the percentage of new graduate RNs and RPNs who indicated they were in their preferred employment status has decreased.

Figure 6. Percentage of New Graduates (RN/RPN) Working in Employment Status of Choice 2007-2010



Source: Baumann et al., 2008, 2009, 2010; New Graduate Evaluation of Nursing Graduate Guarantee Survey 2010-2011.

For nursing graduates who were not in a preferred employment status, the majority of RNs (91%) and RPNs (83%) indicated they preferred permanent FT positions. These rates have been increasing since 2005 when 75% of RN and 61% of RPN nursing graduates indicated a preference for permanent FT employment (Baumann et al., 2006a). In addition, 6% of RNs and 13% of RPNs indicated a preference for permanent PT. Interestingly, this trend in preference for PT work has decreased for RNs (from 10% in 2007 to 6% in 2010) but increased for RPNs (from 10% in 2007 to 13% in 2010). See Appendix I for a breakdown of employment preference from 2007 to 2010.

For nursing graduates who were not in a preferred employment status, the majority of RNs and RPNs indicated that they preferred permanent FT positions.

Respondents who were not employed in nursing (18% of RNs and 27% of RPNs) but looking for jobs in their field were asked to identify the type of position they were seeking. Overall, 44% of new graduates (55% of RNs and 33% of RPNs) indicated they were looking for a permanent FT job. In addition, 10% (4% of RNs and 17% of RPNs) were seeking permanent PT employment, 3% were seeking temporary FT (2% of RNs and 5% of RPNs) and 3% were seeking casual and temporary PT employment (3% of RNs and 2% of RPNs). The remaining 39% of

new graduates indicated they were seeking multiple employment. This rate was higher for RPNs than RNs (43% and 36% respectively).

Preferences for Employment Location

To assess new graduate employment preferences, respondents were asked to rank their top three choices for employment location, sector and area of practice. The preferences were then weighted according to their priority. The majority of 2010 new graduate respondents indicated they were employed in a geographic region of choice. This rate was higher for RPNs (87%) than RNs (78%). Compared to 2009 new graduates, there has been a 9% decrease in the percentage of RNs and a 1% increase in the percentage of RPNs who indicated they were working in their preferred geographic location. The three most preferred LHINs by RN and RPN new graduate survey respondents were Toronto Central, Mississauga Halton and Central. See Appendix J for the list of LHINs ranked by preferred employment location.

To assess new graduate employment preferences, respondents were asked to rank their top three choices for employment location, sector and area of practice.

Respondents who were not employed in nursing but looking for jobs in their field were asked to identify the top three LHIN locations where they were seeking employment. New graduate RNs were seeking employment in the Toronto Central, Mississauga Halton and Central LHINs. New graduate RPNs were seeking employment the Toronto Central, Mississauga Halton and Central West LHINs. See Appendix K for a breakdown of the LHIN locations where new graduates seek employment.

The three most preferred LHINs by RN and RPN new graduate survey respondents were Toronto Central, Mississauga Halton and Central.

Preferences for Sector of Employment and Clinical Area of Practice

Trends in preferences for sector of employment and area of clinical practice help inform recruitment strategies. Approximately two-thirds of 2010 new graduate survey respondents (68% of RNs and 64% of RPNs) indicated they were working in their preferred area of practice. Compared to 2009 graduates, there has been a 10% decrease in the percentage of RNs and an 8% decrease in the percentage of RPNs who indicated they were working in their preferred area of practice.

Approximately two-thirds of 2010 new graduate survey respondents indicated they were working in their preferred area of practice.

For RNs not working in their clinical area of choice, the top three preferred clinical areas were maternal-newborn (17%), emergency (16%) and critical care (12%). For RPNs, the top three preferred clinical areas were medicine (14%), maternal-newborn (14%) and emergency (10%).

For RNs not working in their clinical area of choice, the top three preferred clinical areas were maternal-newborn, emergency and critical care.

Survey respondents who were seeking nursing employment at the time of survey completion were asked to identify their preferred sector of employment. The hospital sector was most preferred by RNs, followed by community (including public health) and LTC. The hospital sector was also the sector most sought by RPNs, followed by LTC and the community. In terms of clinical area of practice, RNs were seeking employment in medical/surgical, maternal-newborn and medicine. Registered practical nurses were seeking employment in medical-surgical, geriatrics and complex continuing care. These findings are similar to previous years.

Registered practical nurses were seeking employment in medical-surgical, geriatrics and complex continuing care.

Preferences for Mobility and Migration

Only 1.7% of all 2010 survey respondents reported their current location of employment as outside Ontario. The main reasons nurses accepted positions outside Ontario were inability to find a permanent position, better career opportunities and better salary and benefits. The nurses cited availability of FT work, availability of desired clinical practice area and job security as the top motivators for returning to Ontario.

The main reasons nurses accepted positions outside Ontario were inability to find a permanent position, better career opportunities and better salary and benefits.

STAKEHOLDER PERCEPTIONS OF THE NURSING GRADUATE

GUARANTEE 2010-2011

The following sections describe the major themes identified by the participants and their overall perceptions of the NGG program. The themes include promotion of the NGG, recruiting new graduates through the employment portal, factors affecting participation in the NGG, employer challenges in creating bridging positions, facilitating new graduate nurse transition to work and offering permanent FT positions. Survey results are supplemented with qualitative findings to present the perspectives of all stakeholders.

Promotion of the NGG: How Employers and New Graduates Were Informed of the NGG

Employer NGG participant survey respondents were asked how they heard about the NGG for 2010-2011. Over half (57%) indicated they had participated in past initiatives and were aware that it was being continued for 2010-2011. An additional 13% indicated they had heard about the NGG through the HFO website.

Employers who participated in the focus groups were generally well informed about the NGG. However, many indicated that they were active in inquiring about the continuation of the program. A human resource manager explained how "after several calls [to the MOHLTC] [they] usually . . . find out that yes, it is still going forward for the following year. But [they are] asking the question before the announcements are actually made." Some took for granted that the program was continuing for the 2010-2011 year and began posting positions through HFO. One manager said, "I don't really go to the HFO site wondering if it's continuing. I go on the assumption that it is and, based on need and planning forecasting, make the decision on whether or not we're going to continue [participating]."

Employers who participated in the focus groups were generally well informed about the NGG.

New graduate survey respondents were also asked how they first learned about the NGG. The top ways were through promotional advertisements at their school (53%) and from other students (48%). Other ways included from students who had completed the program (29%) and through clinical placements (26%). Interview findings were consistent with these data. New graduate interviewees indicated they were hearing about the NGG from different sources. Most 2010 RNs and RPNs first heard about it from their professors, other students who were further along in the program or through a presentation made by HFOJobs.

The top ways new graduate survey respondents first learned about the NGG were through promotional advertisements at their school and from other students.

Recruiting New Graduate Nurses: Evaluating the Effectiveness of the NGG Website (HFOJobs)

Approximately half (47%) of all employer survey respondents indicated that recruiting a new graduate nurse using the NGG website was more efficient than

other recruitment methods. For example, posting positions on the organization's website (56%), posting positions internally (54%) and advertising positions in local newspapers (38%). When asked if they would use the website again to post positions for new graduates, over 93% of employers indicated they would.

The majority of employers who participated in the focus groups indicated that the NGG website was an effective way to recruit new graduates. The website allowed employers to access a large number of new graduates at any given time. One human resource manager noted, "We can have a plethora of applications just by posting [a position] on the website. That's a huge strength." In addition, employer focus group participants identified the advantage of having a website targeted to new graduates. One manager who struggled to recruit RNs described it as a "feeding ground" for RNs.

The majority of employers who participated in the focus groups indicated that the NGG website was an effective way to recruit new graduates.

However, not all employers were successful in recruiting new graduates through the NGG website. Some organizations in rural areas and sectors outside the hospital struggled to recruit nurses. One manager in a rural area described this challenge: "We're getting a lot of applicants from Scarborough . . . when I contact them and they find out the streetcar doesn't come all the way on the 401, they cancel It wastes a lot of energy."

Some organizations in rural areas and sectors outside the hospital struggled to recruit nurses.

A second issue identified by employers was that the number of new graduates responding to postings was greater this year than in previous years. Some employers indicated they had to remove their postings because of the overwhelming response from new graduates.

The issue of new graduate supply and employer capacity was also addressed by new graduates. Survey findings indicated that over half (52%) of 2010 new graduates were not satisfied with the job postings on HFOJobs with respect to their job preferences. New graduate interviewees also had mixed opinions about the variety of job postings. Some graduates reported there was quite a bit of variety, while others reported a limited number of specialty postings (ICU, ER and public health) and more listings for LTC facilities than hospitals. One new

The issue of new graduate supply and employer capacity was also addressed by new graduates.

graduate stated, "There were a lot of med/surg placements, not as many specialty areas, which is really what I was looking for."

In addition, RPNs indicated there were more postings for RNs than RPNs. Some new graduates also reported the jobs available were limited due to hiring freezes in specific regions of the province (e.g., South West). As a result, one new graduate said, "I'm not sure if it's just our year or [if] it's always the same, but in our year, 2010, there wasn't that many positions."

Some new graduates also reported the jobs available were limited due to hiring freezes in specific regions of the province (e.g., South West).

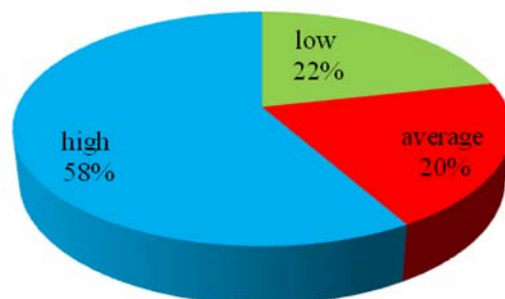
Website Design and Functionality: Employer and New Graduate Ratings

Employer survey respondents were asked to evaluate the instructions for posting positions on the NGG website and their overall experience using the employment portal. Similar to previous years, employers gave high ratings to the clarity of instructions for posting positions; 80% rated the instructions as clear or very clear in 2010 compared to 70% in 2009.

Similar to previous years, employers gave high ratings to the clarity of instructions for posting positions.

Employer satisfaction ratings with the NGG website for 2010 are shown in Figure 7. Employers rated their overall experience with the website as high. These ratings were higher in 2010 compared to previous years. For example, 58% of employers in 2010 rated their overall experience as high compared to 25% in 2009.

Figure 7. Employers' Rating of Their Overall Experience with the Nursing Graduate Guarantee Website



Two-thirds (63%) of employers indicated that it took about the amount of time they anticipated to register and post positions on the portal. However, in 2009, 67% of employers indicated it took the amount of time they anticipated. In addition, there was a 7% increase in the percentage of employers who indicated it took more time than anticipated (from 29% in 2009 to 36% in 2010), and a 3% decrease in the percentage of employers who indicated it took less time (from 4% in 2009 to 1% in 2010).

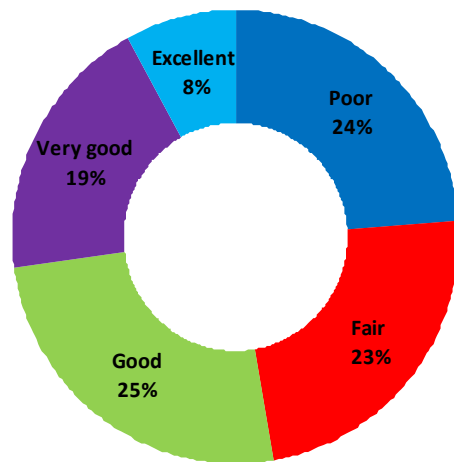
Two-thirds of employers indicated that it took about the amount of time they anticipated to register and post positions on the portal.

The majority of employers who participated in the focus groups reported no issues with the design and functionality of the NGG website. They were able to post positions and navigate through the system in an efficient manner.

Over half (52%) of new graduate survey respondents rated their overall experience with the NGG website as positive (see Figure 8). However, nearly half (47%) rated their experience as fair or poor. When compared to survey findings from 2009-2010, the percentage of new graduates who gave a positive rating decreased by 15% (from 67% in 2009 to 52% in 2010), while the percentage who rated their experience as poor or fair increased by 13% (from 34% in 2009 to 47% in 2010).

Over half of new graduate survey respondents rated their overall experience with the NGG website as positive.

Figure 8. New Graduates' Rating of Their Overall Experience with HFOJobs Nursing Graduate Guarantee Program Website 2010-2011



Most new graduates reported no difficulty with the technical aspects of the website and were able to navigate with few issues. One new graduate noted, "It was easy to register, easy to find positions, to review the positions [and] to apply." However, similar to previous years, a few new graduate interviewees had difficulty with the résumé builder.

Factors Affecting Participation in the NGG 2010-2011

Sixty percent of the employer survey respondents who did not participate in the NGG in 2010-2011 were registered on the NGG website, of which one-third (34%) posted a position for a 2010 new graduate nurse. Table 16 shows the employer survey respondent reasons for not offering a supernumerary temporary FT position to a new graduate nurse in 2010. The top reasons were the new graduate did not want to relocate, the new graduate rejected the offer of employment and there was a mismatch between the nurse's skills and those required for the position. In 2009, the top reasons were lack of FT positions/resources, a mismatch between the nurse's skills and those needed for the position and low/no applicants.

The top employer-identified reason for not offering a supernumerary position to a new graduate was that the new graduate did not want to relocate.

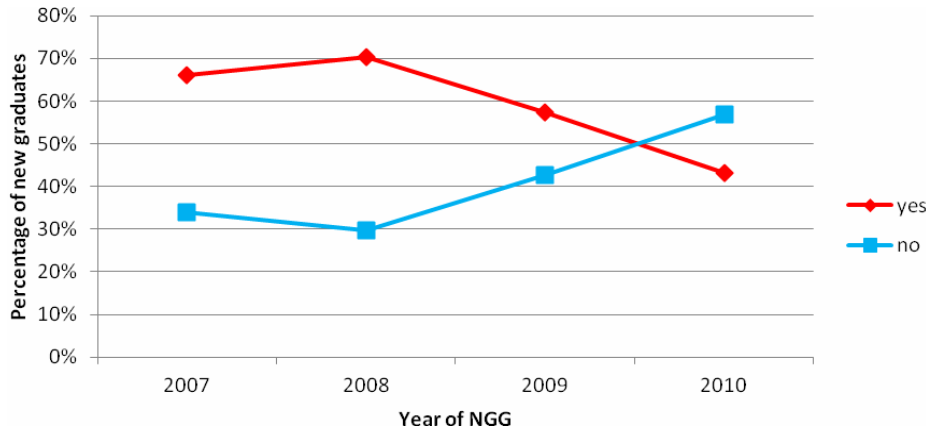
Table 16. Reasons Given by Non-Participating Employers for Not Offering a Supernumerary Temporary Full-Time Position 2010

Reason	Percentage			
	2007	2008	2009	2010
New graduate not willing to relocate	--	--	--	23.8
Poor applicant	3.5	1.8	--	--
Low/No applications	8.7	11.4	13.8	19
New grad accepted offer elsewhere/Offer rejected	20.9	6.1	13.8	14.3
Mismatch between nurse's skills and those needed for the position	15.7	20.2	17.2	14.3
No positions/Resources available	6.1	14.9	24.1	9.5
Poor performance in interview	16.5	16.7	6.9	4.8
Mismatch between nurse's knowledge and that needed for the position	13.9	20.2	6.9	4.8
Application not professional	6.1	1.8	0	0
Other	8.6	7	17.5	9.5

Source: Baumann et al., 2008, 2009, 2010; Non-Participating Employer Survey 2010-2011.

At the time of survey completion, 43% (50% of RNs and 30% of RPNs) of 2010 new graduate survey respondents indicated they were in positions made available through the NGG. Since 2007, there has been a 23% decrease in this percentage (see Figure 9).

Figure 9. New Graduate Survey Respondents Indicating They Were in a Position Made Available to Them Through the NGG 2007-2010



Source: Baumann et al., 2008, 2009, 2010; New Graduate Nurse Evaluation of Nursing Graduate Guarantee Survey 2010-2011.

The reasons most frequently cited by 2010 new graduates for not matching to an employer through the NGG website are provided in Table 17. The top reason was "no response from employers." This finding is consistent with the reasons indicated by 2009 new graduates.

The top reason 2010 new graduates identified for not matching to an employer was "no response from employers."

Table 17. Reasons Given by Nursing Graduates Who Did Not Match Into an NGG Position 2010

Reason	N(%)
I had no response from employers	497(62)
Posted positions are not of interest/Not in geographic regions of choice	146(19)
I have a nursing position that I obtained outside of the portal	131(16)
Did not pass the nursing exam	25(3)
I am not seeking a nursing position at this time	4(.5)
Total	803(100)

Source: New Graduate Evaluation of Nursing Graduate Guarantee Survey 2010-2011.

Consistent results emerged from the interviews with new graduates. Many new graduates reported applying to 20 or more positions with minimal response from employers. One new graduate stated, "I applied for pretty much every job in Ontario." Another described the frustration in waiting for a response from employers:

When I applied, I waited for a long time and nobody was responding to me . . . I would get a message [from HFOJobs] saying, 'Did you have any luck with where you applied, has anybody responded?' And I kept on saying 'No, nobody has responded.'

EMPLOYER CHALLENGES IN CREATING BRIDGING POSITIONS

Almost half (49%) of employer survey respondents who participated in the NGG in 2010-2011 indicated they had fewer FT job opportunities for new graduates than they had in previous years. The main reasons for this decrease were lack of FT vacancies (62%) and budget constraints (29%).

Almost half (49%) of 2010-2011 employer survey respondents indicated they had fewer FT job opportunities for new graduates than in previous years.

Employer focus group participants indicated that various factors affect the number of new graduates they are able to hire each year. Employers reported that if they participated heavily in the NGG in the first few years of the program, it could limit their capacity to hire the same number of new graduates in later years. One employer noted,

I think it's gotten more difficult as the years have gone on . . . I remember several years ago we probably had four times the number of students coming in, but our vacancy rate was much higher then and we're [now] at an all-time low for our vacancy rate.

In addition, the availability of required resources to manage and implement the program (e.g., frontline nurses to mentor new graduates) may vary each year and affect the number of new graduate opportunities. As one public health manager explained, "I have to consider . . . the capacity of my staff to mentor the grads."

Some employers reported that collective agreements limited their ability to create NGG positions for new graduates. According to these agreements, when FT

Some employers reported that collective agreements limited their ability to create NGG positions for new graduates.

positions become available, they must be posted internally before they can be offered to new graduates. The majority of employers interviewed indicated their PT staff was waiting for FT positions, which left few positions open for external postings.

The majority of employers indicated their PT staff was waiting for FT positions, which left few positions open for external postings.

Increasingly, employers have to pay an additional six weeks of supernumerary employment because of a decreased number of permanent FT positions for nurse graduates. This financial responsibility limits the number of new graduates they are willing to hire through the program. One strategy employers use to hire new graduates through the NGG is to hire from their pool of fourth-year clinical students. One manager described this process:

As the new grads are doing their clinical placements, we stay in touch with them and with the managers, and make sure that if they realize that they have really good potential, strong candidates. . . we just encourage them to then go on to the [HFOJobs] website and register as new grads.

This method of recruiting for NGG positions has increased in recent years. This finding is supported by new graduate interviewees who indicated they were recruited for the NGG during their fourth-year clinical placement. One new graduate reported, "Most of us that did [our] consolidations at the hospital . . . did get in [through the NGG]." Although this method benefited some new graduates, it also left many disappointed that the positions posted on the NGG website were not "true" postings. One new graduate said, "A lot of the places . . . already had someone in mind . . . already knew who they were hiring."

Facilitating New Graduate Nurse Transition to Work: Mentoring and Support for New Graduates

A major component and significant strength of the NGG is the extended orientation and mentorship provided to new graduates. Employers, new graduates and staff nurses agreed that the mentorship helps ease the transition from school to work and results in more confident nurses.

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Employer survey respondents were asked to rate the mentoring/supervision provided during the temporary FT supernumerary position (see Table 18). In 2010, over two-thirds (69%) of employers gave high ratings to the mentoring provided by their organization. Approximately one-quarter (22%) rated the mentoring provided by their organization as average and one-tenth (9%) gave it low ratings.

In 2010, over two-thirds (69%) of employers gave high ratings to the mentoring provided by their organization.

Table 18. Employer Survey Respondents' Ratings of Mentoring Process 2008-2010

Employer Rating	N(%)		
	2008	2009	2010
High	80(70)	75(58)	81(69)
Average	30(26)	47(36)	26(22)
Low	5(4)	7(6)	10 (9)
Total	115(100)	129(100)	117(100)

Note. Employers were not asked to rate the mentoring process in 2007.

Source: Baumann et al., 2009, 2010; Employer Evaluation of Nursing Graduate Guarantee Survey 2010-2011.

Employer focus group participants agreed that "overall, the mentorship worked out very well." The relationship between the mentor and new graduate was viewed positively by employers. Mentors worked closely with new graduates initially and gradually allowed them to take on increased patient responsibility. The majority of employers indicated that by three months, the new graduates were working independently, which "allow[ed] [mentors] . . . to do other work on the unit." However, as one manager explained, the new graduates still had "access to them, but they didn't have to be working side by side." As shown in Table 19, two-thirds (64%) of 2010 new graduates gave high ratings to their experience with the mentorship.

The relationship between the mentor and new graduate was viewed positively by employers.

Table 19. New Graduate Survey Respondents Ratings of the Mentoring Process 2008-2010

Rating	N(%)		
	2008	2009	2010
High	379(61)	406(56)	336(64)
Average	140(22)	174(24)	98(19)
Low	109(17)	148(20)	91(17)
Total	627(100)	728(100)	525(100)

Note. New graduates were not asked to rate their experience with the mentoring process in 2007. Source: Baumann et al., 2009, 2010; New Graduate Evaluation of Nursing Graduate Guarantee Survey 2010-2011.

New graduate interviewees indicated that a major motivation for them to participate in the NGG was the comfort of getting a longer orientation. Graduates reported that the orientation helped "reassure" what they had learned in school and gave them time to "prepare" themselves. One new graduate said, "I was pretty terrified . . . even with placement and consolidation and whatnot, I still felt very green. So any opportunity to have a mentor, in my opinion, was welcomed."

Graduates reported that the orientation helped "reassure" what they had learned in school and gave them time to "prepare" themselves.

Many new graduate interviewees reported the relationship with their mentor was important in their successful transition from school to work. New graduates mentioned cultivating a sense of trust in their mentors and knowing they would support them as they developed into independent practice. One new graduate described this feeling: "No matter what situation you were encountering, you know that there's someone that you can go back to, you can ask questions, you're not going to be judged."

Mentoring Model

Similar to previous years, the primary type of mentoring model was 1:1, in which one mentor is assigned to one new graduate. In this model, new graduates work in one unit under the supervision of one mentor. However, some employers

Similar to previous years, the primary type of mentoring model was 1:1, in which one mentor is assigned to one new graduate.

interviewed in 2010 described rotating new graduates across units to provide them with a "comprehensive orientation." This strategy was used by employers to prepare new graduates for the various positions that might be available to them upon completion of their NGG position.

A manager from one organization that planned to transition its new graduates into a float pool described the process of mentoring across various units: "Because most of them will be going into a resource float pool position, we do try to accommodate them with two to three different areas within [the organization] during their six months."

Much like previous years, rotating new graduates meant reassigning them to a mentor each time they moved to a new unit. Employers had mixed responses concerning the effectiveness of this practice. Some believed it was difficult to "learn somebody else's style and technique," while others thought the exposure would help the new graduate acclimate to the organization.

Many new graduate interviewees had more than one mentor during their NGG position, and both positive and negative experiences were reported. One new graduate said, "I think it's great because I get an opportunity to see how different nurses work, and I get to draw on all their skills and approaches and then find out what works best for me." Another new graduate believed having more than one mentor was difficult: "It is quite challenging to learn so much new stuff. . . I sometimes wish that we did have one solid mentor going through it with us every single day."

Many new graduate interviewees had more than one mentor during their NGG position, and both positive and negative experiences were reported.

Across all types of mentoring, new graduates gradually progressed from a dependent role to an independent one. They liked having access to their mentors while working in an independent capacity. Overall, new graduates had a good learning experience in the supernumerary position.

Across all types of mentoring, new graduates gradually progressed from a dependent role to an independent one.

Mentor Perspectives

Mentor interviewees who participated in the NGG described positive experiences. The majority had been approached by their nurse managers and/or educators and asked to mentor a 2010 new graduate. Many staff nurse mentors reported being informed about the NGG guidelines briefly by their managers and having some knowledge of the specific roles and responsibilities of the new graduate. One mentor stated,

It [the NGG] has been within our hospital for a few years. They don't really . . . [do] a good overview every time. I do know that they're with us for roughly seven months or so . . . [and] what their expectations are of them.

Other mentors reported learning more about the details of the program from the new graduates.

When asked about workload associated with being a mentor, many of the staff nurse interviewees indicated that the workload was heavier at first, but it decreased as the new graduate progressed to work more independently.

The teaching style described by mentors followed a sequence of shadowing, taking on responsibility for half of the patient assignment and gradually moving to a full patient load. One mentor in a LTC home described the process as follows:

Well, basically, I would treat them exactly like any new staff member. We would start working together so that they get a feel for who the residents are, their medications, their treatments, their history, any issues, introduce them to family members that come in daily and then just slowly help build their confidence level as in doing the med passes and doing the treatments. Then just slowly work your way backwards to start giving them the confidence to start doing some of these things on their own; and by the end of it all, they are basically doing most of the work and I'm their resource.

Mentor interviewees who participated in the NGG described positive experiences.

The teaching style described by mentors followed a sequence of shadowing, taking on responsibility for half of the patient assignment and gradually moving to a full patient load.

Overall, the mentors interviewed believed the NGG was an excellent program to help new graduates transition to the realities of the workplace. Many of them took pride in mentoring the new graduates and felt satisfied that they had been successful in helping them integrate into the organization. Regarding a former mentee, one mentor stated, "I worked with her the other day, just as a peer now, and she had her first code and she did so well. I was so proud."

Overall, the mentors interviewed believed the NGG was an excellent program to help new graduates transition to the realities of the workplace.

Offering New Graduates Permanent Full-Time Positions

As shown in Table 20, over half (58%) of 2010 employer survey respondents indicated they were not able to bridge the new graduate to a FT permanent position.

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Table 20. Employer Survey Respondents Reasons for Not Transitioning to Full-Time 2010-2011

Reason	N(%)
No position was available	42(65)
Existing employment contracts	5(8)
Nurse did not accept permanent job	3(5)
Lack of adequate funding	2(3)
The performance of the nurse was not adequate	1(2)
New graduate failed registration exam	1(2)
There was not a match between the nurse's interest and the clinical area offered	1(2)
Other (please specify)	10(15)
Total	65(100)

Source: Employer Evaluation of Nursing Graduate Guarantee 2010-2011.

This percentage increased 6% from 2009-2010, in which 52% of employer survey respondents indicated they were not able to transition the new graduate into a FT permanent position. The main reason identified by 65% of employers was a lack of FT positions (see Table 20).

Since 2007, there has been a 32% increase in the percentage of employers indicating a lack of permanent FT positions to transition new graduates.

Since 2007, there has been a 32% increase in the percentage of employers indicating a lack of permanent FT positions to transition new graduates. Eight

percent of employers identified barriers related to collective agreements as another reason for not being able to transition new graduates. Posted positions are often awarded to nurses with greater seniority, which means fewer permanent FT positions are available for new graduates. When asked what would help them create more FT positions for new graduates, over two-thirds (68%) of employer survey respondents indicated more funding. An additional 25% indicated that senior nurses retiring would open FT permanent opportunities for new graduates.

Employers who participated in the focus groups agreed that the greatest challenge they faced was transitioning new graduates into FT permanent positions. The majority of employers interviewed believed it was not a realistic expectation. One manager noted:

To be honest, most of the time what we have to offer for them is part-time not full-time. I think only a handful have gotten the full-time . . . because we are unionized and we have to go through our own posting processes, most of those full-time [positions] go to our internals before they go to these new grads.

Across sectors and geographic locations, many employers believed that the requirement to transition new graduates into permanent FT positions acted as a penalty to organizations. Employers believed that after the first three months, many new graduates were ready to transition into permanent positions. However, because those positions were PT, employers ran the risk of losing the last three months of funding. In many cases, employers believed it was "not worth it" to transition new graduates early. In addition, employers were frustrated they had to pay for an additional six weeks of FT supernumerary work if they did not have permanent FT positions for new graduates at the six-month mark.

One manager noted that the organization could place new graduates into temporary FT positions, but this was not acceptable under the FT requirement. As a result, the organization was required to pay for the additional six weeks. This was especially difficult for LTC and public health organizations because it limited

Employers who participated in focus groups agreed that the greatest challenge they faced was transitioning new graduates into FT permanent positions.

In many cases, employers believed it was "not worth it" to transition new graduates early.

the number of new graduates they could hire. One LTC manager described this difficulty:

The one thing that we find is that it is very difficult to even budget for that extra six weeks. We love having them for the six-month orientation, but it really hits my budget if I have more than one or two. Even that's difficult to cover.

Some employers asked if there would be an opportunity to revisit this policy because they believed "there is still value in having the New Grad Initiative and having that new grad be exposed to six months of preceptoring, even though they're going to end up in a part-time position."

New Graduate Experiences Following the NGG Position

New graduate survey respondents were asked to describe what happened following their temporary NGG position (see Table 21).

Table 21. New Graduate Experience Following their Nursing Graduate Guarantee Position 2008-2010

Outcome	2008	2009	2010
I was offered a full-time job by my employer and I took it	313(52)	260(38)	123 (33)
I was offered a part-time job by my employer and I took it	88(15)	140(20)	151(41)
I was offered a full-time job by my employer but chose to take a part-time job	9(2)	6(1)	6(2)
I was not offered a job by my employer	7(1)	18(3)	2(1)
I was not offered a full-time job by my employer but my position was extended for an additional 6 weeks	21(4)	46(7)	27(7)
I am working for a different employer	7(1)	5(1)	4(1)
Other (please specify)	156(26)	212(31)	56(15)
Total	601(100)	687(100)	369(100)

Source: Baumann et al., 2008, 2009, 2010; New Graduate Evaluation of Nursing Graduate Guarantee Survey 2010-2011.

One-third (33%) indicated they were offered and accepted a FT position from their employer. An additional 40% were offered a PT position by their employer, which they accepted. Since 2008, there has been a 19% decrease in the percentage of new graduates offered a FT position by their employers and a 26% increase in the percentage of those offered a PT position.

One-third of new graduates indicated they were offered and accepted a FT position from their employer following their temporary NGG position.

These findings were consistent with new graduate interview data. Most of the new graduates interviewed indicated there were little or no FT employment opportunities at the organization where they were in a supernumerary NGG position. One new graduate said, "I never felt entirely confident that I was going to end up with a [FT] position, which is why I started looking elsewhere." However, many believed the experience and the opportunity to work FT for six months was a benefit that enhanced their skills and résumés.

BARGAINING UNIT AND EMPLOYER COLLABORATION: WHERE ARE THE GAPS?

The union perspective on the NGG program and its effectiveness was examined using an online survey. The following sections outline the results of the Union Representative Survey 2010-2011. Comparisons are made to previous years where applicable.

Communication of Employers with the Bargaining Unit

Successful collaboration requires ongoing communication between employers and bargaining units throughout the entire process of the NGG. Union representative survey respondents were asked if they were consulted during the following phases of the NGG: prior to participation in the NGG, prior to posting a position on the NGG website, in the decision to bridge the new graduate and prior to sign-off of final report. Table 22 presents the results of the union survey for each of these phases.

Successful collaboration requires ongoing communication between employers and bargaining units throughout the entire process of the NGG.

Table 22. Union Representative Survey Respondents' Collaboration with Employers During Phases of the NGG 2010

NGG Phase	Yes	No	Total
Prior to participation in the NGG	49(57)	37(43)	86(100)
Prior to posting a NGG position	34(41)	49(59)	83(100)
In the decision to bridge the new graduate	20(25)	59(75)	79(100)
Prior to sign-off of final report	27(34)	52(66)	79(100)

Source: Union Representative Survey of Nursing Graduate Guarantee 2010-2011.

When asked about communication prior to participation in the NGG, just over half (57%) of union representatives indicated that employers communicated with the union. This rate has decreased since 2008 when almost two-thirds (64%) of union representatives indicated that employers had communicated with the union prior to participation in the NGG. When asked if employers consulted the union prior to posting a position on the NGG website, 41% of union representatives indicated that they did. This percentage is consistent with 2008 survey findings.

When asked about communication prior to participation in the NGG, just over half of union representatives indicated that employers communicated with the union.

In the decision to bridge the new graduate, only 25% of union representatives indicated they were involved. When asked if employers had contacted them before the final sign-off, 34% of union representatives indicated that employers had collaborated with them prior to this point. When asked how they would rate the overall efforts of their employers to collaborate with the union, 68% rated it as poor or fair and 18% rated it as very good or excellent. Comparable data based on these three variables were not obtained in 2008; however, similar results were found in 2009. Although collaboration between employers and the union is encouraged throughout the NGG process, these findings suggest that this is not always the case at the outset. In fact, the only time employers are required to contact the union is to sign-off on the final report.

Although collaboration between employers and the union is encouraged throughout the NGG process, findings suggest that this is not always the case at the outset.

New Graduates in Specialty Positions: Union Concerns

Since 2008, union representatives have been asked how frequently new graduates transitioned into a specialty position that an existing staff member would have wanted but lacked the necessary experience (see Table 23). In each year, half of

all union representative survey respondents indicated that new graduates never transitioned into a specialty position ahead of existing staff. Less than 10% indicated that it almost always or always happened.

Table 23. Union Representatives' Perceptions that New Graduates Transitioned into a Specialty Area Position Ahead of Existing Staff 2008-2010

Rating	N(%)		
	2008	2009	2010
Never	44(49)	58(54)	40(53)
Almost never	15(17)	10(9)	9(12)
Sometimes	21(24)	31(29)	20(26)
Almost Always	8(9)	6(6)	6(8)
Always	1(1)	2(2)	1(1)
Total	89(100)	107(100)	76(100)

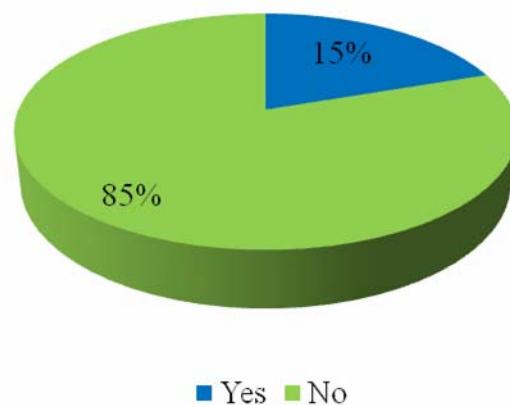
Source: Baumann et al., 2008, 2009, 2010; Union Representative Survey 2010-2011.

Reinvestment of Funds: Who is Involved in Decisions

Similar to last year's findings, union representatives indicated they were not being consulted about how to reinvest the funds obtained from the NGG program. As shown in Figure 10, 85% of union representatives indicated they were not consulted about the reinvestment of funds.

Similar to last year's findings, union representatives indicated they were not being consulted about how to reinvest the funds obtained from the NGG program.

Figure 10. Percentage of Union Representatives Consulted Regarding the Reinvestment of Nursing Graduate Guarantee Funds



In 2008 and 2009, this percentage was only slightly lower (80% and 83% respectively). Of the 15% of union representatives who indicated they were consulted in 2010-2011, 56% were not satisfied with the nursing initiatives that employers chose to allocate the funds.

Employer survey respondents were asked if they were able to reinvest any funds from their participation in the NGG. Over half (51%) indicated they were. Of those, 61% allocated funds to support interprofessional mentorship and preceptorship programs, 61% used funds to backfill the 80/20 initiative and 32% used funds provide internships for experienced nurses in specialty areas. These data were consistent with findings from previous years (see Table 24).

Employers allocated funds to support interprofessional mentorship and preceptorship programs, backfill the 80/20 initiative and provide internships for experienced nurses in specialty areas.

Table 24. Employer Survey Respondents Reinvestment of Funds 2008-2010

Initiatives	N(%)		
	2008	2009	2010
80/20 for staff nurses	33(70)	33(65)	23(61)
Interprofessional mentorship and preceptorship programs	28(60)	27(53)	23(61)
Internships for experienced nurses in specialty areas	16(34)	19(37)	12(32)
Support internationally educated nurses and nurses re-entering the workforce	7(15)	7(14)	6(16)
Other	6(13)	7(14)	4(11)

Note. Numbers do not add to 100% because employers were asked to check all that apply.
Source: Baumann et al., 2008, 2009, 2010; Employer Evaluation of Nursing Graduate Guarantee 2010-2011.

ADMINISTRATIVE AND BUDGETARY ISSUES

Evaluation of the Nursing Graduate Guarantee Management Module

(NGGMM)

The NGGMM is an online system through HFOJobs that allows employers to manage the funding, contracting and reporting aspects of the NGG. Employer survey respondents were asked to rate their satisfaction with accessing the

NGGMM. The majority of employers were either neutral or satisfied with their experience requesting funds through the NGG (78%) and using the MOHLTC service level agreement (85%). Since 2007, there has been an upward trend in employer satisfaction with requesting funds through the NGGMM but a decreasing trend in employer satisfaction with using the MOHLTC service level agreement (see Table 25).

The majority of employers were either neutral or satisfied with their experience requesting funds through the NGG and using the MOHLTC service level agreement.

Table 25. Employer Rating of Their Experience Accessing Nursing Graduate Guarantee Funds and Using the Ministry of Health and Long-Term Care Service Level Agreement

Rating	Requesting Funds Through the Nursing Graduate Guarantee Initiative (%)				Using the Ministry of Health and Long-Term Care Service Level Agreement (%)			
	2007	2008	2009	2010	2007	2008	2009	2010
Easy or very easy	36.1	28.3	40.8	50.4	43.0	31.2	26.0	36.5
Neither easy nor difficult	51.5	47.1	31.5	27.7	52.3	46.4	57.3	48.3
Difficult or very difficult	12.4	24.6	27.7	21.8	4.7	22.5	16.8	15.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: Baumann et al., 2008, 2009, 2010; Employer Evaluation of Nursing Graduate Guarantee Survey 2010-2011.

Additionally, employers were satisfied with the amount of time required for the NGG funding process. Over half (57%) of survey respondents indicated the funding process took the amount of time they expected, 40% indicated it took more time than anticipated and only 3% indicated it took less time than anticipated.

Focus group participants varied in their responses to the NGGMM system. Some employers continued to voice concerns about the process of reporting:

Focus group participants varied in their responses to the NGGMM system.

From a process perspective, I could benefit from some better processes in

terms of reporting the information and what's there, and just more support that way When you make your reports, when you're entitled to put it in, the timelines based on our hiring timelines and so on. And then it's not very forgiving and the information comes back . . . there's some improvements needed there.

Other employers have noticed improvements in the system over time. One manager stated, "I find the reports are still a little bit cumbersome, but they are getting better and they are improving the process." The administrative process is one area that requires ongoing monitoring.

Ministry Response to Employer Challenges

Employer survey respondents were asked to indicate how they learned about using the NGGMM. The majority (88%) indicated that they had called the Nursing Secretariat or HFOJobs for support (see Table 26). Other methods used were online help pages, trial and error and information webinars produced by the Nursing Secretariat. Only 9% of employers indicated they had no difficulty with the NGGMM.

The majority (88%) of employer survey respondents indicated they had called the Nursing Secretariat or HFOJobs for support in using the NGGMM.

Table 26. Employer Survey Respondents Identified Methods Used to Obtain Help with the NGGMM 2010-2011

Method Used to Obtain Help	N(%)
Phone calls to Nursing Secretariat/HFOJobs Support Office	102(88)
Help pages	59(51)
Trial and error	54(47)
Information webinars	39(34)
Had no difficulty learning the NGGMM	10(9)
Other	9(8)

Source: Employer Evaluation of Nursing Graduate Guarantee Survey 2010-2011.

In November 2010, the Nursing Secretariat hosted a series of weekly informational webinars about the NGG reporting process. Almost one-third (29%)

of employers indicated they had attended one of the webinars. Of those, 82% indicated the webinar helped increase their knowledge of the reporting process.

OVERALL IMPACT OF THE NURSING GRADUATE GUARANTEE

The overall response of all stakeholders to the NGG was very positive. As shown in Table 27, the majority of employers rated the responsiveness of stakeholders in their organizations to be receptive or very receptive for both clinical staff (94%) and administrators (95%). Since 2007, the overall trend has been positive.

The overall response of all stakeholders to the NGG was very positive.

Table 27. Employer Rating of Clinical and Administrative Staff Responses to the Nursing Graduate Guarantee Initiative

Rating	Clinical Staff (%)				Administrative Staff (%)			
	2007	2008	2009	2010	2007	2008	2009	2010
Receptive or very receptive	84.6	97.7	89.3	94.1	95.9	96.6	93.7	94.9
Neither receptive nor unreceptive	13.2	1.6	10.7	3.4	2.7	2.7	5.6	3.4
Unreceptive or very unreceptive	2.2	0.8	0.0	2.5	1.4	0.7	0.8	1.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: Baumann et al., 2008, 2009, 2010; Employer Evaluation of Nursing Graduate Guarantee 2010-2011.

Employers who participated in the focus groups identified a number of strengths of the NGG program. Foremost, it was viewed as health human resource strategy that employers used to "ensure continued care as opposed to having staff shortages." As one manager described, the NGG was viewed as an effective mechanism to recruit and retain nurses "because [it] is an incentive to get them here to begin with. Once they get here, they like it here . . . [and] they stay."

Employers who participated in the focus groups identified a number of strengths of the NGG program.

As in previous years, employer focus group participants indicated they would not have been able to hire as many new graduates without the NGG. One human resources coordinator commented,

As an organization, it certainly has allowed us to bring on more new grads than we probably would have been able to do without the funding because we would have been looking for experienced people who could move through the orientation process a lot quicker.

In addition, employers believed the NGG provided the opportunity to integrate new graduates into specialty areas. The six months of funding allowed them to hire new graduates into specialty areas and gradually prepare them to practice in environments that are more complex. One manager of oncology said,

Without the NGG, there is no way that we would have been able to have the kind of nurses that we have on the unit as new grads. About five years ago, we were not hiring new grads on this unit, and because of the nursing shortage we've had to do it, so it's been extremely helpful to be able to offer them the NGG.

Employers believed the NGG provided the opportunity to integrate new graduates into specialty areas.

Another strength identified by employers was the level of integration and preparedness of the nurses who participated in the NGG compared to those who had not been part of the program. Some of the attributes identified by employers included knowing the system faster, increased confidence and more comfort with the role. One nurse educator described her experience:

Hiring [a new graduate] through the New Grad Initiative and evaluating them after three to six months versus a new grad [who did not participate in the initiative], there's a huge difference in their ability to think critically, to respond to patient needs in a timely manner and to understand the safety issues of patients and other factors that really impact on patient care.

Many of the employers reported that the quality of care has improved because of the NGG.

Many employers reported that the quality of care has improved because of the NGG.

The overall impact of the NGG has been recognized by employers who have participated in the initiative since its inception. One manager said,

What this program has done is exactly what it intended to do, and that was to create full-time opportunities for new graduates in the province of Ontario. If the program was not in place, I don't think . . . any of the

employers would have been able to take on as many as we did. I think over the years we've all taken . . . new graduates, but not at these numbers.

Another employer emphasized, "We see it as a very, very positive step towards making sure that those nurses with the right skills are going to be in place in the next five to ten years." In addition, employers believe the NGG has helped retain nurses within their organizations. One human resource manager commented,

Retention is quite high with the new grads. They may not stay in the areas that we hired them into, like in medical or surgical, they may transition to specialty units . . . but for the most part, it does help with retention and help them be able to manage . . . the stresses of nursing life with that extra six months there.

New graduate survey respondents were asked if the NGG was helpful in transitioning them into the nursing profession. Over 95% indicated that it was. New graduate interviewees reported feeling unprepared to begin work upon graduation and said the NGG helped ease their transition from school to work. One new graduate stated, "You can never prepare yourself for it and I really think the New Grad Initiative does wonders. . . I couldn't imagine doing it any other way. I was very lucky." Another described the impact of the NGG on her own ability to practice independently: "I felt completely unsure of myself and just no confidence at all. But . . . where I am now in my unit, I feel job ready."

Over 95% of new graduate survey respondents indicated the NGG was helpful in transitioning them into the nursing profession.

The NGG has helped new graduates build their confidence; increase their skills and comfort level with patients, doctors and hospital staff; and feel more integrated into the system. One new graduate described her experience as follows:

I'm not afraid of speaking with doctors because that was always an issue. I've always been comfortable with the patients, but now I'm more comfortable with myself. So I feel I can offer more advice and emotional support for them because I've had a little bit more experience We have two meetings all the time, as a whole multi-disciplinary team once a week, and we all discuss . . . [the] patients' progress. . . . The combination of all those things just makes me feel more confident. . . . I'm learning so

The NGG has helped new graduates build their confidence; increase their skills and comfort level with patients, doctors and hospital staff; and feel more integrated into the system.

much every day and that's helping my confidence as well. The more you know, the more confident you feel.

In addition, new graduate interviewees described the positive response they obtained from other staff nurses who would like to have had a similar program when they graduated. One new graduate reported that the staff nurses, "Love it because some of them have done it and then the ones that didn't get to do it wish that they had been able to." Staff nurses also responded favourably to the new graduates as nurses. One new graduate said, "I think definitely that I feel respected. I feel like my experience has been recognized and that people view how comfortable I feel."

New graduate interviewees described the positive response they obtained from other staff nurses who would like to have had a similar program when they graduated.

CONCLUSION

The NGG is a targeted policy incentive created in 2007 to increase the number of FT employment opportunities for new graduate nurses (MOHLTC, 2007). The funding supports six months of employment and includes an orientation and mentorship program. Over the past four years, 9904 new graduates participated in the NGG. Approximately 200 out of a possible 1198 Ontario employers also participated in the initiative in each year (MOHLTC, 2011c).

The 1198 potential healthcare employers in Ontario include 155 hospital corporations, 613 LTC facilities and 430 community/other organizations. Over 60% of all hospitals, 14% of all LTC facilities and less than 10% of all community/other organizations participated in the NGG each year. While the overall employer participation rate was 18% on average, the level of participation varied across sectors.

Historically the largest employer of new nurses is the hospital sector. Of the 9904 new graduate participants, 86% have been hired into the hospital sector, 8% have been hired by LTC facilities and 6% have been hired by community/other organizations. In 2010, however, the number of positions offered by acute care centres decreased 54% compared to 2009, while the number of positions offered by LTC facilities increased by approximately 9%. Preliminary employer

interviews indicate there is an absorption capacity for the number of new graduates that certain institutions can hire. The larger hospitals hired as many as 250 new graduates per year, with a high retention rate. There has been an increase in uptake by LTC facilities, but they have fewer positions.

According to employment data from the CNO, the trend in FT employment of new members in Ontario has increased from 2004 (pre-policy) to 2011. Since 2004, there has been a 19% increase in FT employment for new RNs and a 13% increase for new member RPNs (CNO, 2011a). When compared to 2004 pre-policy levels, each year of the NGG showed a significant increase in FT employment for both new member RNs and RPNs.

When compared to 2004 pre-policy levels, each year of the NGG showed a significant increase in FT employment for both new member RNs and RPNs.

Recommendations

These recommendations are intended to increase workforce integration of new graduate nurses in the province of Ontario. Over the past four years, stakeholder response to the NGG has been positive. The following recommendations are based on stakeholder feedback:

1. Continue the NGG for 2012 new graduate nurses.
2. Consider extending length of time that new graduates are eligible for participation in the NGG beyond the current six month post-graduation.
3. Explore options related to the employer requirement to fund six-weeks of a FT supernumerary position.
4. Continue to target LTC and community sectors to stimulate employer participation in the NGG.
5. Develop interactive webinars for employers to discuss challenges related to implementation and provide an opportunity for shared problem solving.
6. Conduct an in-depth evaluation of the impact of the orientation and mentorship component on workforce integration of new graduate nurses.
7. Examine retention, FT employment and workforce stability of a sample of new graduate nurses from each year of the NGG (2007-2010).
8. Provide support for research that examines the impact of the NGG on quality of care

LIMITATIONS

Any evaluation of this type uses a "point in time" approach. The data gathering spans a six-month period and the numbers can vary depending on the time data is collected. For example, both the number of employed graduates and the number of available positions changed as the months went on. What is important in evaluating the overall initiative is the change in employment trends of new graduate nurses. Surveys were administered via e-mail and were on a voluntary basis. Survey results are subject to volunteer bias and may not reflect the experience of all new graduate nurses, employers and union representatives.

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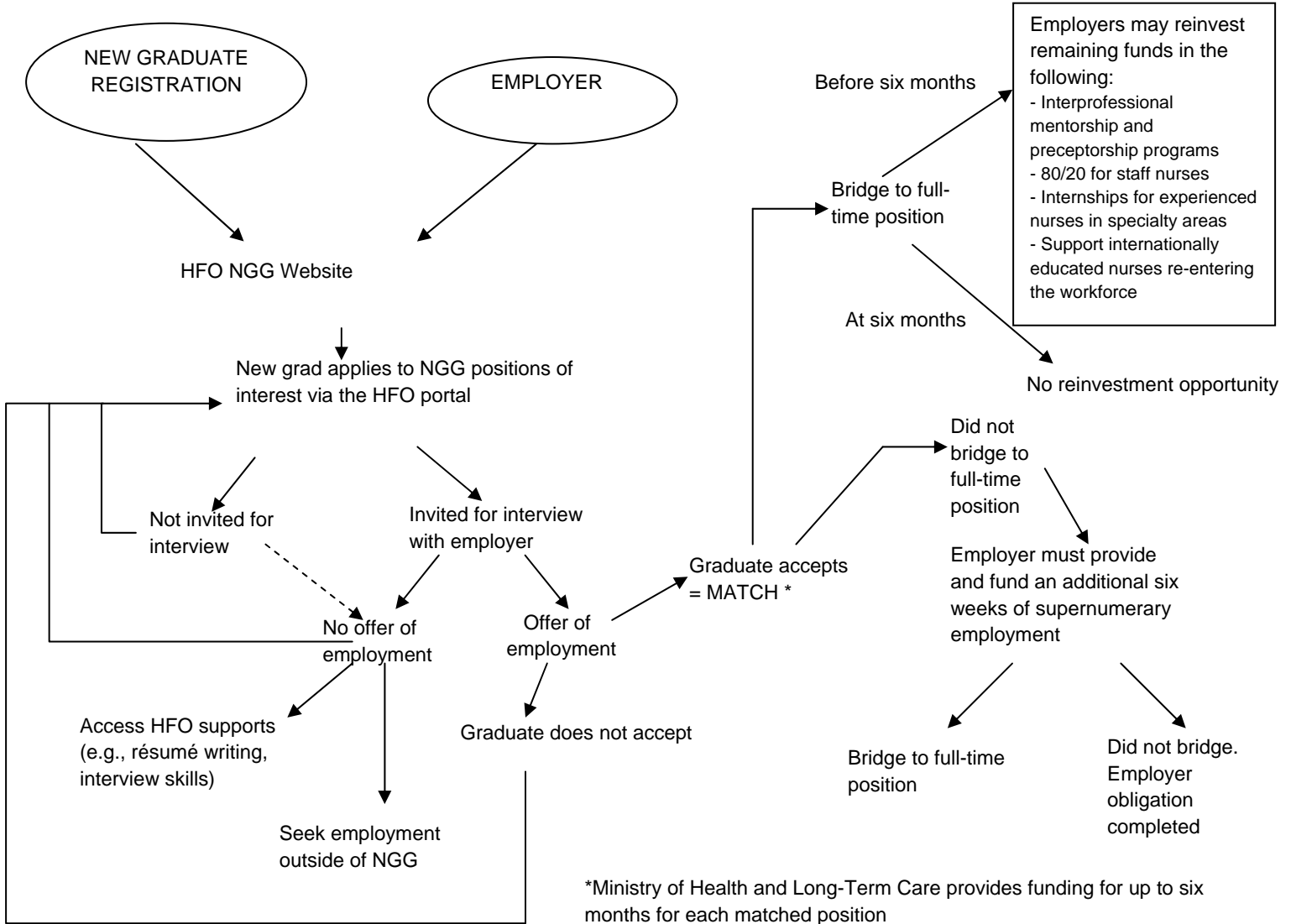
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APPENDIX A. NURSING GRADUATE GUARANTEE APPLICATION PROCESS



**APPENDIX B. DATA COLLECTION AND REFINEMENT OF THE NURSING
GRADUATE GUARANTEE EVALUATION SURVEY**

Cleaning Stages Nursing Graduates			Total Valid Responses		Response Rate	
Number of Responses Received	Number Providing Consent to Participate	Number of Valid Entries (Complete and Non Duplicate)	Registered Nurses	Registered Practical Nurses	Total Responses/ Total Registered*	Total Valid/Total Registered*
1523	1496	1457	910	547	31.6%	30.2%

Note. Total number of Nursing Graduate Guarantee portal registrants was 4817.
Source. New Graduate Nurse Survey (English and French) 2010-2011.

**APPENDIX C. PERCENT DISTRIBUTION OF NURSING GRADUATES BY NURSE
CATEGORY AND LOCAL HEALTH INTEGRATION NETWORK REGION**

Number	Local Health Integration Network Region	Registered Nurse N=698		Registered Practical Nurse N=371		Total N=1069	
		Count	%	Count	%	Count	%
1	Erie St. Clair	28	4.0	32	8.6	60	3.4
2	South West	45	6.4	28	7.5	73	8.8
3	Waterloo Wellington	46	6.6	23	6.2	69	3.4
4	Hamilton Niagara Haldimand Brant	71	10.2	48	12.9	119	11.2
5	Central West	13	1.9	7	1.9	20	2.9
6	Mississauga Halton	35	5.0	20	5.4	55	7.2
7	Toronto Central	152	21.8	39	10.5	191	21.5
8	Central	29	4.2	17	4.6	46	6.2
9	Central East	38	5.4	31	8.4	69	7.9
10	South East	29	4.2	18	4.9	47	3.9
11	Champlain	96	13.8	45	12.1	141	13.2
12	North Simcoe Muskoka	18	2.6	22	5.9	40	2.3
13	North East	73	10.5	26	7.0	99	7.6
14	North West	25	3.6	15	4.0	40	3.2
	Total	698	100.0	371	100.0	1069	100.0

Note. The majority of graduate registered nurses (78%) and registered practical nurses (87%) indicated that they were employed in their geographic region of choice.

Source: New Graduate Evaluation of Nursing Graduate Guarantee Survey 2010-2011.

**APPENDIX D. PARTICIPATING AND NON-PARTICIPATING EMPLOYER SURVEY
RESPONDENTS BY LOCAL HEALTH INTEGRATION NETWORK**

Number	Local Health Integration Network Region	Participating Employers N=152		Non-Participating Employers	
		Count	%	Count	%
1	Erie St. Clair	11	7%	8	3%
2	South West	21	14%	23	10%
3	Waterloo Wellington	10	7%	17	7%
4	Hamilton Niagara Haldimand Brant	6	4%	29	12%
5	Central West	0	0%	7	3%
6	Mississauga Halton	7	5%	5	2%
7	Toronto Central	12	8%	22	9%
8	Central	8	5%	13	6%
9	Central East	13	9%	20	9%
10	South East	6	4%	22	9%
11	Champlain	16	11%	19	8%
12	North Simcoe Muskoka	5	3%	6	3%
13	North East	23	15%	35	15%
14	North West	14	9%	9	4%
	Total	152	100%	235	100%

Source: Participating Employer Survey 2010-2011; Non-Participating Employer Survey 2010-2011.

**APPENDIX E. DISTRIBUTION OF NEW GRADUATES BY SECTOR OF
EMPLOYMENT**

Table 1. *New Graduate RNs Sector of Employment, 2007-2010*

Sector	2007		2008		2009		2010	
	Count	%	Count	%	Count	%	Count	%
Acute Care Hospital	758	83.2	558	84.4	615	78.2	496	71.3
Addiction and Mental Health/Psychiatric	16	1.8	19	2.9	16	2.0	22	3.2
Community Employers*	70	7.7	51	7.7	72	9.2	71	10.2
Continuing Complex Care/Rehabilitation	24	2.6	13	2.0	17	2.2	34	4.9
Long-Term Care Facility	11	1.2	6	0.9	38	4.8	49	7.0
Other	32	3.5	14	2.1	28	3.6	24	3.4
Total	911	100.0	661	100.0	786	100.0	696	100.0

*Includes public health.

Source: Baumann et al., 2008, 2009, 2010; New Graduate Evaluation of the Nursing Graduate Guarantee Survey 2010-2011.

Table 2. *New Graduate RPNs Sector of Employment, 2007-2010*

Sector	2007		2008		2009		2010	
	Count	%	Count	%	Count	%	Count	%
Acute Care Hospital	175	32.7	91	39.1	97	26.9	76	20.5
Addiction and Mental Health/Psychiatric	27	5.0	6	2.6	6	1.7	13	3.5
Community Employers	63	11.8	24	10.3	45	12.5	49	13.2
Continuing Complex Care/Rehabilitation	70	13.1	36	15.5	54	15.0	46	12.4
Long-Term Care Facility	179	33.5	64	27.5	144	40.0	172	46.5
Other	21	3.9	12	5.2	14	3.9	14	3.8
Total	535	100.0	233	100.0	360	100.0	370	100.0

*Includes public health.

Source: Baumann et al., 2008, 2009, 2010; New Graduate Evaluation of the Nursing Graduate Guarantee Survey 2010-2011.

APPENDIX F. DISTRIBUTION OF NEW GRADUATES BY PRIMARY AREA OF PRACTICE

Table 1. *RN New Graduate Survey Respondents Primary Area of Practice, 2007-2010*

Clinical Area	2007		2008		2009		2010	
	Count	%	Count	%	Count	%	Count	%
Administration	0	0.0	1	0.1	0	0.0	0	0.0
Ambulatory/ Outpatient	9	1.0	4	0.6	2	0.3	6	0.9
Case Management	4	0.4	3	0.4	1	0.1	7	1.0
Complex Continuing Care	11	1.2	5	0.7	13	1.7	17	2.4
Critical Care	58	6.4	57	8.5	82	10.4	39	5.6
Education	1	0.1	2	0.3	2	0.3	0	0.0
Emergency	101	11.1	74	11.1	77	9.8	54	7.8
Geriatrics	18	2.0	7	1.0	40	5.1	50	7.2
Informatics	0	0.0	0	0.0	2	0.3	2	0.3
Maternal/Newborn	85	9.3	58	8.7	57	7.3	49	7.0
Medicine	161	17.7	124	18.6	122	15.5	120	17.2
Mental Health/Psychiatric/ Addiction	36	4.0	36	5.4	39	5.0	41	5.9
Occupational Health	2	0.2	1	0.1	0	0.0	2	0.3
Palliative Care	7	0.8	3	0.4	11	1.4	9	1.3
Paediatrics	77	8.5	54	8.1	33	4.2	40	5.7
Perioperative Care	20	2.2	15	2.2	7	0.9	5	0.7
Policy	0	0.0	0	0.0	0	0.0	1	0.1
Primary Care	16	1.8	5	0.7	16	2.0	21	3.0
Public Health	31	3.4	22	3.3	28	3.6	10	1.4

Rehabilitation	13	1.4	8	1.2	10	1.3	15	2.2
Surgery	157	17.3	103	15.4	119	15.1	66	9.5
Visiting Nurse	17	1.9	9	1.3	20	2.5	28	4.0
Other	86	9.5	76	11.4	105	13.4	114	16.4
Total	910	100.0	667	100.0	786	100.0	696	100.0

Source: Baumann et al., 2008, 2009, 2010; New Graduate Evaluation of Nursing Graduate Guarantee Survey 2010-2011.

Table 2. RPN New Graduate Survey Respondents Primary Area of Practice, 2007-2010

Clinical Area	2007		2008		2009		2010	
	Count	%	Count	%	Count	%	Count	%
Administration	1	0.2	0	0.0	1	0.3	4	1.1
Ambulatory/ Outpatient	5	0.9	6	2.6	2	0.6	5	1.4
Case Management	1	0.2	1	0.4	1	0.3	2	0.5
Complex Continuing Care	68	12.7	26	11.1	44	12.2	40	10.8
Critical Care	1	0.2	1	0.4	0	0.0	2	0.5
Education	0	0.0	0	0.0	0	0.0	0	0.0
Emergency	6	1.1	2	0.9	2	0.6	2	0.5
Geriatrics	163	30.4	65	27.7	127	35.3	152	41.1
Informatics	0	0.0	0	0.0	0	0.0	0	0.0
Maternal/Newborn	6	1.1	2	0.9	8	2.2	4	1.1
Medicine	60	11.2	44	18.7	43	11.9	25	6.8
Mental Health/Psychiatric/ Addiction	41	7.6	8	3.4	14	3.9	17	4.6
Occupational Health	0	0.0	0	0.0	0	0.0	0	0.0
Palliative Care	9	1.7	5	2.1	7	1.9	13	3.5
Paediatrics	8	1.5	4	1.7	7	1.9	7	1.9
Perioperative Care	3	0.6	0	0.0	3	0.8	5	1.4
Policy	0	0.0	0	0.0	0	0.0	0	0.0
Primary Care	25	4.7	2	0.9	7	1.9	11	3.0
Public Health	3	0.6	0	0.0	4	1.1	4	1.1
Rehabilitation	27	5.0	13	5.5	21	5.8	20	5.4
Surgery	48	9.0	14	6.0	19	5.3	8	2.2

Visiting Nurse	31	5.8	20	8.5	24	6.7	22	5.9
Other	30	5.6	22	9.4	26	7.2	27	7.3
Total	536	100.0	235	100.0	360	100.0	370	100.0

Source: Baumann et al., 2008, 2009, 2010; New Graduate Evaluation of Nursing Graduate Guarantee Survey 2010-2011.

**APPENDIX G. NURSE GRADUATES BY NURSE CATEGORY, EMPLOYMENT
STATUS AND SECTOR OF EMPLOYMENT 2007-2010**

Table 1. *New Graduate Nurses Employment Status by Sector of Employment, 2010*

Nurse Group	Sector of Employment/ Employment Status	Permanent Full-Time	Temporary Full-Time	Permanent Part-Time	Casual	Other	Total	
RN	Hospital Sector	137	151	162	51	51	552	
		24.8%	27.4%	29.3%	9.2%	9.2%	100.0%	
	Community Sector	24	9	17	12	9	71	
		33.8%	12.7%	23.9%	16.9%	12.7%	100.0%	
	Long-Term Care Sector	9	15	15	6	4	49	
		18.4%	30.6%	30.6%	12.2%	8.2%	100.0%	
	"Other" Sector	11	4	2	6	1	24	
		45.8%	16.7%	8.3%	25.0%	4.2%	100.0%	
	Total		181	179	196	75	65	696
			26.0%	25.7%	28.2%	10.8%	9.3%	100.0%
RPN	Hospital Sector	22	43	35	18	17	135	
		16.3%	31.9%	25.9%	13.3%	12.6%	100.0%	
	Community Sector	9	5	20	10	5	49	
		18.4%	10.2%	40.8%	20.41%	10.2%	100.0%	
	Long-Term Care Sector	24	41	50	27	30	172	
		14.0%	23.8%	29.1%	15.7%	17.4%	100.0%	
	"Other" Sector	3	3	3	2	3	14	
		21.4%	21.4%	21.4%	14.3%	21.4%	100.0%	
	Total		58	92	108	57	55	370
			15.7%	24.9%	29.2%	15.4%	14.9%	100.0%

Note. RN = registered nurse; RPN = registered practical nurse.

Source: New Graduate Evaluation of Nursing Graduate Guarantee Survey 2010-2011.

Table 2. *New Graduate Nurses Employment Status by Sector of Employment, 2009*

Nurse Group	Sector of Employment/ Employment Status	Permanent Full-Time	Temporary Full-Time	Permanent Part-Time	Casual	Other	Total
RN	Hospital Sector	263	173	132	47	30	645
		40.8%	26.8%	20.5%	7.3%	4.7%	100.0%
	Community Sector	12	26	6	4	4	52
		23.1%	50.0%	11.5%	7.7%	7.7%	100.0%
	Long-Term Care Sector	11	5	15	4	3	38
		28.9%	13.2%	39.5%	10.5%	7.9%	100.0%
"Other" Sector	20	12	4	6	4	46	
		43.5%	26.1%	8.7%	13.0%	8.7%	100.0%
Total		306	216	157	61	41	781
		39.2%	27.7%	20.1%	7.8%	5.2%	100.0%
RPN	Hospital Sector	27	54	39	19	18	157
		17.2%	34.4%	24.8%	12.1%	11.5%	100.0%
	Community Sector	5	7	8	3	1	24
		20.8%	29.2%	33.3%	12.5%	4.2%	100.0%
	Long-Term Care Sector	29	38	41	17	19	144
		20.1%	26.4%	28.5%	11.8%	13.2%	100.0%
"Other" Sector	12	6	9	5	3	35	
		34.3%	17.1%	25.7%	14.3%	8.6%	100.0%
Total		73	105	97	44	41	360
		20.3%	29.2%	26.9%	12.2%	11.4%	100.0%

Note. RN = registered nurse; RPN = registered practical nurse.
Source: Baumann et al., 2010.

Table 3. *New Graduate Nurses Employment Status by Sector of Employment, 2008*

Nurse Group	Sector of Employment	Permanent Full-Time	Temporary Full-Time	Permanent Part-Time	Casual	Other	Total
RN	Hospital Sector	356	133	67	20	17	593
		60.0%	22.4%	11.3%	3.4%	2.9%	100.0%
	Community Sector	8	26	1	0	3	38
		21.1%	68.4%	2.6%	0.0%	7.9%	100.0%
	Long-Term Care Sector	1	0	1	2	2	6
16.7%		0.0%	16.7%	33.3%	33.3%	100.0%	
"Other" Sector	7	2	0	2	3	14	
		50.0%	14.3%	0.0%	14.3%	21.4%	100%
Total		372	161	69	24	25	651
		57.1%	24.7%	10.6%	3.7%	3.8%	100.0%
RPN	Hospital Sector	20	52	25	18	19	134
		14.9%	38.8%	18.7%	13.4%	14.2%	100.0%
	Community Sector	7	3	3	0	0	13
		53.8%	23.1%	23.1%	0.0%	0.0%	100.0%
	Long-Term Care Sector	10	24	20	4	7	65
15.4%		36.9%	30.8%	6.2%	10.8%	100.0%	
"Other" Sector	2	1	4	1	2	10	
		20.0%	10.0%	40.0%	10.0%	20.0%	100.0%
Total		39	80	52	23	28	222
		17.6%	36.0%	23.4%	10.4%	12.6%	100.0%

Note. RN = registered nurse; RPN = registered practical nurse.

Source: Baumann et al., 2009.

Table 4. *New Graduate Nurses Employment Status by Sector of Employment, 2007*

Nurse Group	Sector of Employment/ Employment Status	Permanent Full-Time	Temporary Full-Time	Permanent Part-Time	Casual	Other	Total
RN	Hospital Sector	531	143	90	22	9	795
		66.8%	18.0%	11.3%	2.8%	1.1%	100.0%
	Community Sector	32	27	3	6	1	69
		46.4%	39.1%	4.3%	8.7%	1.4%	100.0%
	Long-Term Care Sector	6	1	2	1	1	11
		54.5%	9.1%	18.2%	9.1%	9.1%	100.0%
"Other" Sector	17	10	1	3	1	32	
		53.1%	31.2%	3.1%	9.4%	3.1%	100.0%
Total		586	181	96	32	12	907
		64.6%	20.0%	10.6%	3.5%	1.3%	100.0%
RPN	Hospital Sector	52	115	47	37	20	271
		19.2%	42.4%	17.3%	13.7%	7.4%	100.0%
	Community Sector	23	13	12	10	5	63
		36.5%	20.6%	19.0%	15.9%	7.9%	100.0%
	Long-Term Care Sector	35	69	36	24	12	176
		19.9%	39.2%	20.5%	13.6%	6.8%	100.0%
"Other" Sector	11	5	3	2	0	21	
		52.4%	23.8%	14.3%	9.5%	.0%	100.0%
Total		121	202	98	73	37	531
		22.8%	38.0%	18.5%	13.7%	7.0%	100.0%

Note. RN = registered nurse; RPN = registered practical nurse.
Source: Baumann et al., 2008.

APPENDIX H. DISTRIBUTION OF NURSING GRADUATES BY EMPLOYMENT

LOCATION AND NURSE GROUP

Employment Location	N(%)		
	RN	RPN	Total
Employed in Ontario	699(98)	372(99)	1071(98)
Employed in another Canadian province	12(2)	2(1)	14(1)
Employed in the United States	2(0.3)	1(0.3)	3(0.3)
Employed outside Canada	1(0.1)	0(0)	1(0.1)
Total	714(100)	375(100)	1089(100)

Source: New Graduate Evaluation of Nursing Graduate Guarantee Survey 2010-2011.

APPENDIX I. A COMPARISON OF EMPLOYMENT PREFERENCES OF NURSING

GRADUATES BY NURSE CATEGORY 2007-2010

Table 1. *Percentage of Nurse Graduates Indicating Current Employment Status was by Choice, 2007-2010.*

Nurse Category	Employment Status is by Choice			
	2007	2008	2009	2010
Registered Nurses	76.5%	78.0%	60.0%	50.7%
Registered Practical Nurses	51.9%	58.2%	54.3%	49.3%

Source: Baumann et al., 2008; 2009; 2010; New Graduate Evaluation of Nursing Graduate Guarantee Survey 2010-2011.

Table 2. *Percentage of Nurse Graduates Indicating Preference for FT and PT Work Status by Nurse Category, 2007-2010.*

Employment Status	RN				RPN			
	2007	2008	2009	2010	2007	2008	2009	2010
Prefer permanent full-time	85.5%	89.4%	92.7%	91.4%	88.5%	72.7%	81.0%	83.1%
Prefer permanent part-time	10.0%	5.7%	3.5%	6.0%	10.3%	14.3%	14.6%	12.6%

Source: Baumann et al., 2008, 2009, 2010; New Graduate Evaluation of Nursing Graduate Guarantee Survey 2010-2011.

APPENDIX J. EMPLOYMENT REGION PREFERENCE OF NURSING GRADUATES

BY NURSE GROUP

	2008-2009		2009-2010		2010-2011	
	RN	RPN	RN	RPN	RN	RPN
Employment is in region of choice	96%	91%	87%	86%	78%	87%

If not, where would you like to work?

Local Health Integration Network Location	Weighted Value					
	2008-2009		2009-2010		2010-2011	
	RN	RPN	RN	RPN	RN	RPN
Erie St. Clair	132	77	42	47	27	46
South West	73	56	54	51	46	52
Waterloo Wellington	34	45	32	38	29	37
Hamilton Niagara Haldimand Brant	31	26	43	21	46	37
Central West	36	22	30	63	27	41
Mississauga Halton	70	53	75	80	78	92
Toronto Central	73	98	159	119	152	103
Central	39	81	72	66	59	77
Central East	17	79	53	39	49	26
South East	11	19	3	18	15	15
Champlain	35	30	6	24	38	18
North Simcoe Muskoka	14	0	5	21	14	32
North East	22	15	6	11	10	21
North West	14	0	5	0	10	4

Source: Baumann et al., 2009, 2010; New Graduate Evaluation of Nursing Graduate Guarantee Survey 2010-2011.

**APPENDIX K. LOCAL HEALTH INTEGRATION LOCATIONS WHERE NEW
GRADUATES SEEK EMPLOYMENT BY NURSE GROUP**

	2008-2009		2009-2010		2010-2011	
	RN	RPN	RN	RPN	RN	RPN
Percentage seeking employment	5%	14%	11%	20%	18%	27%
Local Health Integration Network Location	Weighted Value					
	2008-2009		2009-2010		2010-2011	
	RN	RPN	RN	RPN	RN	RPN
Erie St. Clair	15	22	25	20	17	27
South West	43	24	36	25	32	21
Waterloo Wellington	0	16	12	22	13	26
Hamilton Niagara Haldimand Brant	15	30	33	19	26	46
Central West	32	47	20	63	29	57
Mississauga Halton	72	87	82	99	93	111
Toronto Central	192	126	157	150	204	136
Central	107	109	71	78	84	54
Central East	82	42	73	52	74	54
South East	0	7	17	14	4	17
Champlain	15	34	28	29	11	27
North Simcoe Muskoka	0	27	15	7	8	12
North East	13	18	17	10	3	9
North West	15	11	13	8	2	4

Source: Baumann et al., 2009, 2010; New Graduate Evaluation of Nursing Graduate Guarantee Survey 2010-2011.