

Nursing Health Services Research Unit

Health Human Resources Series 27

November 2010

Employment Integration of Nursing Graduates:

Evaluation of a Provincial Policy Strategy
Nursing Graduate Guarantee 2009-2010



Andrea Baumann, RN, PhD

Mabel Hunsberger, RN PhD

Mary Crea-Arsenio, MSc

**Employment Integration of Nursing Graduates:
Evaluation of a Provincial Policy Strategy
Nursing Graduate Guarantee 2009-2010
Number 27**

Andrea Baumann, RN, PhD, Associate Vice President, Global Health, Faculty of Health Sciences
& **Scientific Director**, Nursing Health Services Research Unit (McMaster University site)

Mabel Hunsberger, RN, PhD, Associate Professor, School of Nursing & Research Associate,
Nursing Health Services Research Unit (McMaster University site)

Mary Crea-Arsenio, MSc, Research Coordinator,
Nursing Health Services Research Unit (McMaster University site)

Contact	Andrea Baumann
Phone	(905) 525-9140, ext. 22581
E-mail	baumanna@mcmaster.ca
Website	www.nhsru.com



This research has been generously funded by a grant from the Government of Ontario. The views expressed in this report do not necessarily reflect those of the Government of Ontario.

TABLE OF CONTENTS

EXECUTIVE SUMMARY	6
RECOMMENDATIONS	7
INTRODUCTION	9
BACKGROUND TO THE EVALUATION	9
<i>RESEARCH QUESTION</i>	10
<i>OBJECTIVES</i>	10
OVERVIEW OF LABOUR MARKET TRENDS	10
<i>HISTORICAL TRENDS IN NURSE EMPLOYMENT</i>	12
<i>Overview of Nurse Supply in Ontario (1994-2009)</i>	12
<i>Figure 1. College of Nurses of Ontario Registered Nurse Renewal Counts, 1994-2009</i>	13
<i>Figure 2. College of Nurses of Ontario Registered Practical Nurse Renewal Counts, 1994-2009</i>	14
<i>FACTORS AFFECTING INTEGRATION OF NEW GRADUATES INTO THE WORKPLACE</i>	14
<i>MARKETS CHANGE</i>	16
<i>WORKFORCE PLANNING IN THE NEW MILLENNIUM</i>	16
<i>HISTORICAL OVERVIEW OF FINANCIAL INVESTMENTS</i>	17
<i>NURSING GRADUATE INITIATIVES 2004-2009</i>	17
THE NEW SUPPLY: REGISTERED NURSES AND REGISTERED PRACTICAL NURSES IN ONTARIO	
.....	18
<i>HISTORICAL OVERVIEW OF NURSE EDUCATION IN ONTARIO</i>	18
<i>DATA GAPS</i>	19
<i>DATA ON GRADUATING NURSES</i>	20
<i>RECENT TRENDS IN RN AND RPN GRADUATION</i>	21
<i>Figure 3. First Year Intake and Supply of Ontario Registered Nurse Graduates</i>	21
<i>Figure 4. First Year Intake and Supply of Ontario Registered Practical Nurse Graduates</i>	22
NURSING GRADUATE GUARANTEE: INTEGRATING NEW GRADUATES INTO THE WORKFORCE	
.....	22
<i>HOW IT WORKS</i>	22
<i>EMPLOYER AND NEW GRADUATE PARTICIPATION 2007-2010</i>	23
<i>Table 1. New Graduates Matched, 2007-2010</i>	23
<i>Table 2. New Graduates Matched by Sector, 2007-2010</i>	23
<i>Table 3. Employer Participants by Sector, 2007-2010</i>	24
<i>Table 4. Employers by sector: Participating and Non-Participating, 2007-2010</i>	24
<i>EMPLOYER AND NEW GRADUATE PARTICIPATION, 2009-2010</i>	25
<i>Table 5. New Graduates Matched, 2009-2010</i>	25
<i>Table 6. New Graduates Matched by Sector, 2009-2010</i>	25
<i>Table 7. Employer Participants by Sector, 2009-2010</i>	25
<i>Table 8. Employers by sector: Participating and Non-participating, 2009-2010</i>	26
EVALUATION OF THE NURSING GRADUATE GUARANTEE 2009-2010	26
<i>Box 1. Triangulation Design</i>	27
<i>SAMPLE</i>	28

<i>Table 9. Quantitative Survey Response Rates</i>	28
ANALYSIS	28
DEMOGRAPHIC CHARACTERISTICS OF SURVEY RESPONDENTS	29
RN AND RPN NEW GRADUATES.....	29
EMPLOYER PROFILE AND PARTICIPATION	30
Participating Employers.....	30
<i>Table 10. Participating Employers by Sector, 2008 and 2009</i>	30
Non-Participating Employers.....	31
<i>Table 11. Non-Participating Employers by Sector, 2008 and 2009</i>	31
Union Representatives	32
ACTUAL EMPLOYMENT OF REGISTERED NURSES AND REGISTERED PRACTICAL NURSES	32
DISTRIBUTION OF NURSING GRADUATES BY TYPE OF EMPLOYER	32
<i>Table 12. Registered Nurse and Registered Practical Nurse Graduates by Type of Employer, 2007, 2008, and 2009</i>	33
DISTRIBUTION OF NURSING GRADUATES BY AGE AND SECTOR OF EMPLOYMENT	34
<i>Table 13. New Graduates by Age and Sector of Employment, 2009</i>	34
DISTRIBUTION OF NURSING GRADUATES BY PRIMARY AREA OF PRACTICE.....	35
DISTRIBUTION OF NURSING GRADUATES BY EMPLOYMENT STATUS	35
<i>Table 14. Comparison of Employment Status of Registered Nurse and Registered Practical Nurse Graduates, 2005, 2007, 2008, 2009</i>	35
DISTRIBUTION OF NURSE GRADUATES BY WORK STATUS AND TYPE OF EMPLOYER	36
<i>Table 15. Nurse Graduates by Employment Status and Sector of Employer, 2008, 2009</i>	37
MOBILITY AND MIGRATION: RNS AND RPNS.....	37
EMPLOYMENT PREFERENCES OF REGISTERED NURSE AND REGISTERED PRACTICAL NURSE GRADUATES	38
PREFERENCES FOR FULL-TIME/PART-TIME WORK STATUS.....	38
<i>Table 16. Preferences for Full-Time Employment Status, 2005, 2007, 2008, 2009</i>	38
<i>Table 17. Employment Preference by Nurse Group, 2009-2010</i>	39
PREFERENCES FOR EMPLOYMENT LOCATION	39
PREFERENCES FOR SECTOR OF EMPLOYMENT AND CLINICAL AREA OF PRACTICE	40
PREFERENCES FOR MOBILITY AND MIGRATION	40
STAKEHOLDER PERCEPTIONS OF THE NURSING GRADUATE GUARANTEE 2009-2010	41
LAUNCHING OF THE NURSING GRADUATE GUARANTEE: HOW INFORMATION WAS RECEIVED	41
EVALUATION OF THE NGG WEBSITE	42
Employer Experience Using the NGG Program Website.....	42
<i>Figure 5. Employers' Rating of Their Overall Experience With the Nursing Graduate Guarantee Website</i>	43
The Time Factor for Employers.....	43
New Graduate Experience Using the Employment Portal.....	44
<i>Figure 6. New Graduates' Rating of Their Overall Experience With HFOJobs Nursing Graduate Guarantee Program Website, 2009-2010</i>	44
<i>Table 18. Registered Nurse and Registered Practical Nurse Evaluation of the Employment Portal Dimensions</i>	45
FACTORS AFFECTING PARTICIPATION IN THE NURSING GRADUATE GUARANTEE	45

REASONS FOR NOT OFFERING SUPERNUMERARY POSITIONS.....	46
<i>Table 19. Reasons Given by Employers for not Offering a Temporary Full-Time Position</i>	46
NEW GRADUATE BEHAVIOURS AND JOB SEARCHING	47
NEW GRADUATE REASONS FOR NOT MATCHING THROUGH THE NGG WEBSITE	48
<i>Table 20. Reasons Given by Nursing Graduates Who Did Not Match Into an NGG Position</i>	49
PROCESS OF HIRING NEW GRADUATES THROUGH THE NURSING GRADUATE GUARANTEE:	
ISSUES RESOLVED	49
ORIENTATION BENEFITS: MENTORING AND SUPPORT FOR NEW GRADUATES	51
<i>Table 21. Employer and New Graduate Ratings of the Mentoring Process</i>	51
MENTORING MODEL.....	51
CHALLENGES FOR MENTORS.....	52
OFFERING PERMANENT FULL-TIME POSITIONS WITHIN THE REALITY OF THE WORKPLACE.	53
NEW GRADUATE EXPERIENCES FOLLOWING NGG POSITION.....	53
<i>Table 22. New Graduate Experience Following Their Nursing Graduate Guarantee Position</i>	53
REASONS WHY NEW GRADUATES WERE NOT OFFERED PERMANENT FULL-TIME POSITIONS ...	54
<i>Table 23. Reasons Given by Employers for not Bridging a New Graduate into a Permanent Full-Time Position</i>	54
BARGAINING UNIT AND EMPLOYER COLLABORATION: WHERE ARE THE GAPS?	55
COMMUNICATION OF EMPLOYERS WITH THE BARGAINING UNIT	55
<i>Figure 7. Percentage of Union Representatives Consulted Prior to Employer Participation in the Nursing Graduate Guarantee</i>	55
<i>Figure 8. Percentage of Union Representatives Consulted Prior to Employer Posting on Nursing Graduate Guarantee Portal</i>	56
NEW GRADUATES IN SPECIALTY POSITIONS: WHAT ARE THE ISSUES FOR THE BARGAINING UNIT	56
<i>Table 24. Percent Distribution of Union Representatives' Perceptions that New Graduates Transitioned into a Specialty Area Position Ahead of Existing Staff, 2008-2009, 2009-2010</i>	57
Reinvestment of Funds: Who is Involved in Decisions	57
<i>Figure 9. Percentage of Union Representatives Consulted Regarding the Reinvestment of Nursing Graduate Guarantee Funds</i>	58
<i>Table 25. Percent Distribution of Initiatives Employers Chose to Reinvest Funds</i>	58
DECISIONS ABOUT BRIDGING INTO FULL-TIME POSITION	59
ADMINISTRATIVE AND BUDGETARY ISSUES.....	59
NURSING GRADUATE GUARANTEE MANAGEMENT MODULE (NGGMM).....	59
<i>Table 26. Employer Rating of Their Experience Accessing Nursing Graduate Guarantee Funds and Using the Ministry of Health and Long-Term Care Service Level Agreement</i>	59
OVERALL IMPACT OF THE NURSING GRADUATE GUARANTEE.....	61
STAKEHOLDER RESPONSE.....	61
<i>Table 27. Employer Rating of Clinical and Administrative Staff Responses to the Nursing Graduate Guarantee Initiative</i>	61
CONCLUSION.....	63
LIMITATIONS.....	64

RECOMMENDATIONS	64
REFERENCES	66
<i>Appendix A. Nursing Graduate Guarantee Application Process</i>	72
<i>Appendix B. Nursing Graduate Guarantee Initiative</i>	73
<i>Appendix C. Data Collection and Refinement of the Nursing Graduate Guarantee Evaluation Survey</i>	74
<i>Appendix D. Percent Distribution of Nursing Graduates by Nurse Type and Local Health Integration Network Region.....</i>	75
<i>Appendix E. Percent Distribution of Participating and Non-Participating Employer Survey Respondents by Local Health Integration Network.....</i>	76
<i>Appendix F. Percent Distribution of Nursing Graduates by Primary Area of Practice and Nurse Group 2007-2009</i>	77
<i>Appendix G. Nursing Graduate Guarantee Evaluation Survey Employment Status 2007-2009 Compared to the College Of Nurses of Ontario New General Class Members 2008-2010.....</i>	78
<i>Appendix H. Number and Proportion of Nurse Graduates by Nurse Group, Employment Status and Sector of Employment 2007-2009</i>	79
<i>Appendix I. Distribution of Nursing Graduates by Employment Location and Nurse Group.....</i>	82
<i>Appendix J. A Comparison of Employment Preferences of Nursing Graduates by Nurse Group 2007-2009</i>	83
<i>Appendix K. Employment Region Preference of Nursing Graduates by Nurse Group</i>	84
<i>Appendix L. Local Health Integration Locations Where New Graduates Seek Employment by Nurse Group </i>	85
<i>Appendix M. Employers' Rating of Their Satisfaction With the NGG Program Website on HFOJobs</i>	86
<i>Appendix N. New Nursing Graduate Recommendations for the Improvement of the Nursing Graduate Guarantee Website.....</i>	87

EXECUTIVE SUMMARY

This report presents the results of the evaluation of the Ontario provincial policy entitled, the Nursing Graduate Guarantee (NGG) for the year 2009-2010. Since the inception of the initiative in 2007, the overall employment trend for new graduate nurses has continued in a positive direction. In 2006, researchers tracking new graduate employment found that new graduates preferred full-time (FT) employment but only a small percentage of them were able to find FT work (Baumann et al., 2006). Based on this trend, in 2007, the Ontario government made an investment to stimulate FT employment for new graduate nurses in the Ontario health care sector. There are 1198 potential employers in Ontario and 5139 (2910 RNs and 2229 RPNs) nurses who graduated in 2009.

The Nursing Graduate Guarantee (NGG) is a financial stimulus package created to encourage full time (FT) employment for Ontario nursing graduates. The fund supports six months of employment and includes an extended orientation and mentorship program. Since 2007, 8123 new graduates and 250 employers have participated in the program (Ministry of Health and Long-Term Care [MOHLTC], 2010). The hospital sector has the largest percentage of employer participation with over 70% of hospital corporations in Ontario taking part in the initiative.

Since 2005, there has been an upward trend in FT employment for new graduates. The 2009-2010 new graduate survey data (Baumann, et al, 2010) was recently ratified by the College of Nurses of Ontario (CNO) annual membership statistics. The new member Registered Nurse (RN) category showed a FT employment rate of 71% (CNO, 2010). In early 2010, the results of the new graduate survey indicated that FT employment for RNs was 67% (Baumann et al., 2010). The new member Registered Practical Nurses (RPN) category showed 36% of new members working FT (CNO, 2010). This was a lower percentage than the results of the new graduate survey which indicated FT employment for RPNs was 49% in early 2010 (Baumann et al., 2010). Even though the overall rate of FT for both nurse categories has increased since 2005, it still merits targeted attention.

The three year evaluation data demonstrated the overall effectiveness of the NGG in integrating new graduates into the health care system (Baumann et al., 2008, 2009, 2010). There has been an upward trend in FT

employment since the introduction of the NGG. In the 2009-2010 study sample, the number of new graduates employed increased from 899 (2008) to 1141 (2009). The data also indicates that there was an overall increase in the number of FT jobs for new graduate survey respondents (from 679 in 2008 to 700 in 2009).

In summary, there is an upward trend in FT employment. There are a number of factors which must be considered when examining employment trends of new graduate nurses. The existing labour market conditions are important as well as the overall supply of RNs and RPNs in any given year. Although there are 1198 potential health care employers in the province of Ontario, the ability to offer FT positions does fluctuate.

RECOMMENDATIONS

The following recommendations are intended to increase FT employment of newly graduated nurses and facilitate their integration into the workforce. Based on the continued success of the NGG, it is recommended that the employment initiative be retained to encourage FT employment during this challenging economic time; that the Ministry focus on strategies to encourage employer participation among public institutions identified as high need sectors (i.e., long-term care, community) and geographical contexts (i.e., rural) and, that opportunities to capitalize on the efficiency of the NGG by combining it with other initiatives (e.g., Ontario Nursing Workforce Alliance) be considered.

In addition to the overall recommendations, stakeholders identified specific areas for improvement to enhance implementation of the initiative. First, introduce a system whereby an automatic email is sent to employers to remind them to check the activity of their postings. Some employers do not visit the website frequently and often miss when new graduates have applied to their posting. Second, provide employers with notification of their acceptance into the program. Currently employers do not know if they have met the requirements of the budget submission until the money is flowed for each new graduate matched. Employers would like to know that their request has been accepted before they hire the new graduate. Finally, provide more timely notice of the continuation of the initiative to employers in subsequent years.

INTRODUCTION

This report presents the results of the third evaluation of the Nursing Graduate Guarantee (NGG) 2009-2010, the Ontario provincial strategy for hiring new graduate nurses. It focuses on the supply and employment of nursing graduates in Ontario and their integration into the workforce through the program. It begins with a background to the creation of the NGG and presents the objectives of the evaluation. A review of labour market trends in the health care 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 provided. Additionally, the employment market for new graduate nurses across Canada is discussed. The NGG is described and the results of the 2009-2010 evaluation are compared to the two previous evaluations (2008-2009 and 2007-2008) and provincial and national databases (Canadian Institute for Health Information [CIHI], 2010; Colleges of Nurses of Ontario [CNO], 2009; 2010). Conclusions are presented.

BACKGROUND TO THE EVALUATION

In 2006, Baumann, Blythe, Cleverley and Grinspun reported on the employment patterns of new graduate nurses in Ontario over a two-year period (2003-2005). The results of this study indicated that 35% of new graduate hires obtained full-time (FT) employment; however, most (75%) were seeking FT work. The majority of contracts offered were part-time (PT), casual or temporary (Baumann et al., 2006).

Only 35% of new graduate hires obtained full-time (FT) employment in 2005.

In response, the government and granting agencies commissioned various reports to lay the groundwork for change. Some reports recommended ways to increase workforce numbers. Others focused on retention initiatives such as healthy work environments, strategies for older workers and incentives for FT employment for new graduates (Baumann et al., 2001; MOHLTC, 2004c). These multifaceted approaches were designed to influence work satisfaction and increase workforce participation.

In 2007, the MOHLTC announced the creation of the Nursing Graduate Guarantee Initiative, intended to fund FT supernumerary (above staff complement) nursing positions for up to six months for all new nursing graduates. As part of the MOHLTC Health Human Resource Strategy, the

In 2007, the MOHLTC announced the creation of the Nursing Graduate Guarantee Initiative.

intention of the NGG is to ensure that every new registered nurse (RN) and registered practical nurse (RPN) graduate who wishes to work FT in Ontario will have that opportunity.

RESEARCH QUESTION

What is the impact of the NGG on FT employment of new nurse graduates in Ontario?

OBJECTIVES

- To collect and analyze existing databases about nurse employment;
- To identify demographics, employment status and preferences of recent nursing graduates;
- To describe changes in new graduate employment status;
- 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;
- To evaluate the effectiveness of the HealthForceOntario NGG program website;
- To analyze the impact of the extended orientation and mentorship component of the NGG program on new graduate transition to work.

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). Unlike the mild to moderate recession of the late 1990s, economists today have projected a more severe and longer lasting recession (Buerhaus, Auerbach, & Staiger, 2009).

The effects of this modern recession are evident in the loss of jobs in the manufacturing sector and the shift from a predominantly male labour force to an increasingly female labour force (Salam, 2009). A notable impact is evident in the poor labour market conditions for younger workers compared to their older counterparts (Borbely, 2009). As employment contracts, so do opportunities for young adults to enter and remain in the workforce. A recent report released by the Organisation for Economic Co-operation and Development (OECD) indicated that youth unemployment rates

Economic insecurity and global casualization have negative implications for workers, both nationally and internationally.

have increased globally over the past two years, reaching a high of 19% in 2009 (Scarpetta, Sonnet, & Manfredi, 2010). In addition, the majority of employed youth are working in temporary positions.

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. Prior to recent changes in the economic climate, stakeholders voiced concerns about the growing shortage of health care providers, particularly nurses (Fraher, Carpenter, & Broome, 2009). The current economic "bust" has affected health care; budget constraints and fiscal accountabilities have increased (Batch, Bernard, & Windsor, 2009). As in previous recessions, the most notable change in employment patterns is an increase in PT and casual staff.

During recent decades, there has been a movement towards flexible, non-standardized work and a shift towards what is commonly called "casualization" (Baumann & Blythe, 2003). This 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 both 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).

The current economic "bust" has affected health care; budget constraints and fiscal accountabilities have increased.

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). Recent 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 workforce that is more stable (Benach & Muntaner, 2007; Burke & Cooper, 2006; Cherry, 2006; Cummings & Kreiss, 2008).

Research evidence suggests most nurses favour FT over PT status.

HISTORICAL TRENDS IN NURSE EMPLOYMENT

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

During the 1990s, an economic downturn led to a dramatic decrease in nursing employment.

Because of health care 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 health care 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).

Shortages still exist in specialty units.

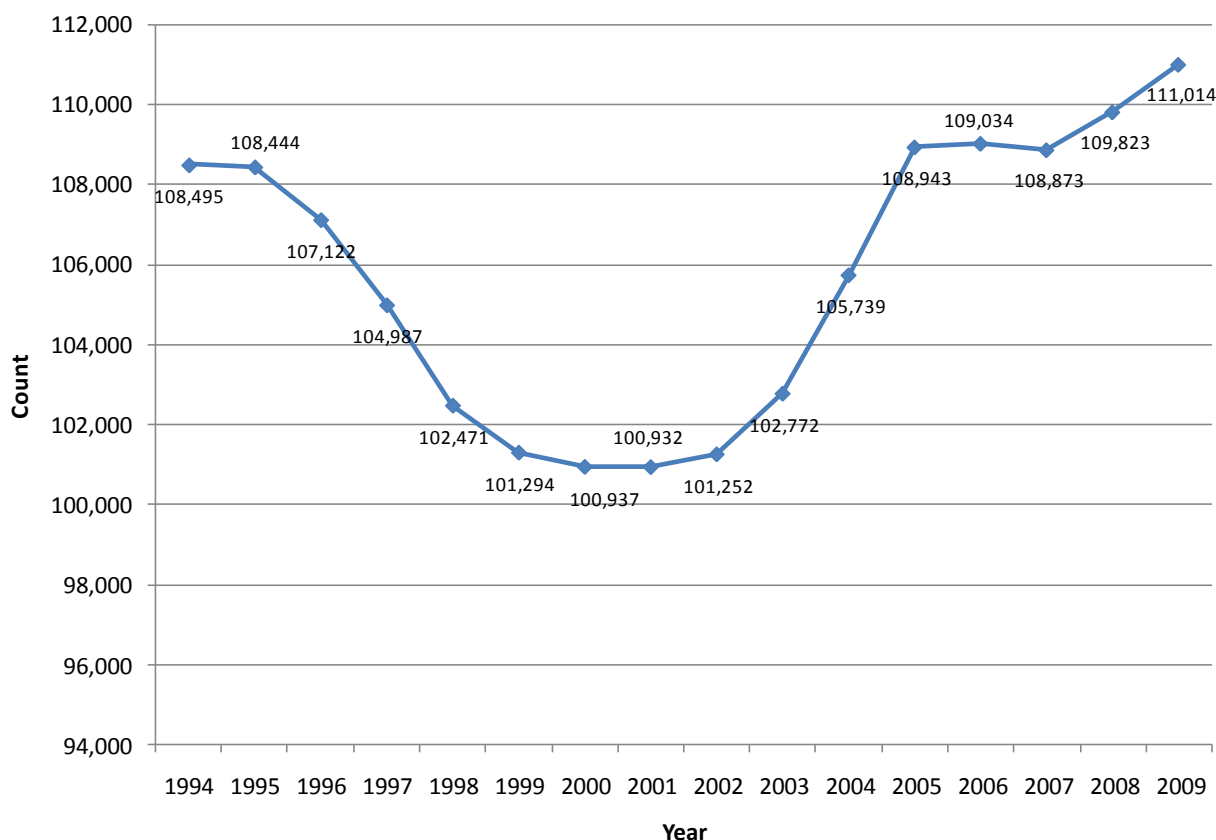
In 2007, the average age of RNs in the Canadian hospital sector was 43.4 years, compared to 46.7 years for those in the community health sector and 48.3 years for those in the nursing home/long-term care sector (CIHI, 2010). The average age of RPNs in the Canadian hospital sector was 44.1 years, 45.5 years in the community sector and 43.6 years in the nursing home/long-term care sector (CIHI, 2010). In 2009, the average age of RNs and RPNs in Ontario was 46.3 years and 44.5 years respectively (CNO, 2009).

OVERVIEW OF NURSE SUPPLY IN ONTARIO (1994-2009)

According to the CNO (2010b), there were 108,495 RNs registered in Ontario in 1994. Figure 1 shows the trend in RN renewals from 1994 to 2009. Between 1994 and 2001, there was a loss of 7563 RNs. However, in 2001, this trend began to reverse. From 2001 to 2006, there was an increase of 8102 RNs, which resulted in a full recovery of RNs lost during the 1990s and early 2000s. Between 2006 and 2007, there was again a slight decrease of 161 RNs, followed by an increase of 2141 RNs over the next two years (2007-2009) (CNO, 2010b).

In 2005, RN losses were regained and numbers have been increasing steadily.

Figure 1. College of Nurses of Ontario Registered Nurse Renewal Counts, 1994-2009



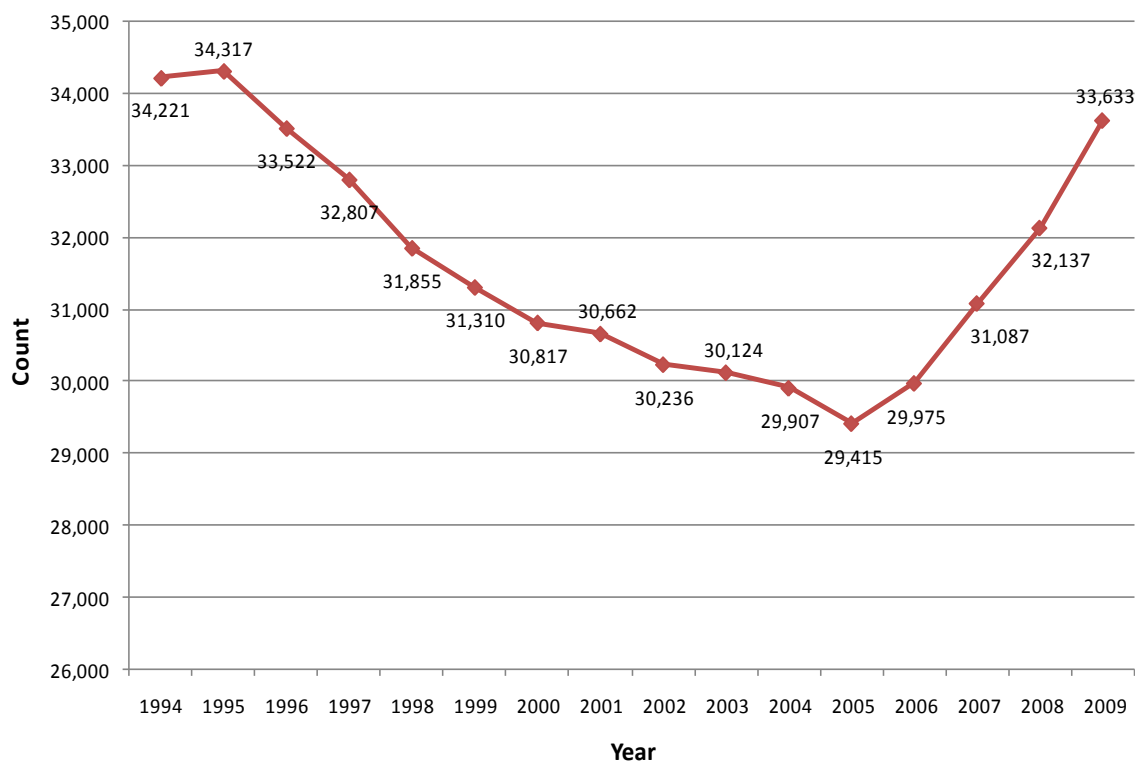
S

Source: College of Nurses of Ontario, 2010b.

By contrast, RPN supply in Ontario has been slower to recover since the restructuring of the healthcare system in the 1990s (CNO, 2010c). In 1994, the CNO reported 34,221 RPNs registered in Ontario. Figure 2 shows the trend in CNO RPN renewals from 1994 to 2009. Between 1994 and 1995, there was an increase of 96 RPNs. Beginning in 1995 and for the following 10 years, there were continued losses in the number of RPNs in Ontario. From 1995 to 2005, there was a decrease of 4902 RPNs across the province. In 2006, this trend began to reverse and for the next four years, the CNO reported an increase of 4218 RPNs (CNO, 2010c). This increase, however, has not yet reached a level of replacement of RPNs lost in the 1990s and early 2000s.

The number of RPNs has not yet reached a level of replacement of RPNs lost during restructuring.

Figure 2. College of Nurses of Ontario Registered Practical Nurse Renewal Counts, 1994-2009



Source: College of Nurses of Ontario, 2010c.

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. The overall number of nursing employer organizations is 1198 and includes 159 (13.3%) hospitals and 606 (50.6%) long-term care facilities. The remaining 433 (36.1%) organizations include public health, community and other organizations (A. Ferretti, personal communication, June 7, 2010). In 2009, there were 93,171 RNs and 28,800 RPNs employed in nursing in Ontario (CNO, 2009). 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).

The chief nursing employer in Ontario is the hospital sector.

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, whereas external vacancies are created when workers leave an organization. Internal vacancies do not represent employment opportunities for new applicants.

Organizations define vacancies in various ways.

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, Keatings, Holmes, Oreschina, & Fortier, 2006). 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.

Positions may not be suited to a new nurse or seniority within the organization precludes new nurses from being offered the position.

In a recent 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, 2005) considers nursing graduates to have FT employment if they work more than 30 hours per week. However, nurses with casual or PT status may work FT hours. In addition, the CNO (2009) 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 in one year will not do so the next, unless it has a low rate of retention or is expanding its services. 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

The number of potential employment opportunities in a given geographical area at any one time is difficult to assess.

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.

MARKETS CHANGE

To date, 2010 has been a challenging year. Contradictory economic reports are raising concerns nationwide. While most large hospitals are reporting deficits, Canada's productivity index is 6.9%, the highest it has been in thirty years. Nevertheless, there is concern about health care spending which is perceived to be out of control, and the number of health care professionals available to meet health care needs. The health care budget continues to escalate and in 2009-2010 was \$43.5 billion (Ministry of Finance, 2010).

To date, 2010 has been a challenging year with most large hospitals reporting deficits.

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 aimed at increasing the FT equivalents of nurses working in acute care hospitals and long-term care facilities. This was done through baseline funding to organizations to support the hiring of new nurses and/or the conversion of casual and PT nurses into FT staff. The ultimate investment was in 2007, when the MOHLTC first announced \$89 million to support every new Ontario nursing graduate (RN and RPN) in finding FT employment upon graduation (Nursing Graduate Guarantee Initiative, 2007).

The ultimate investment was in 2007, when the MOHLTC first announced \$89M to support every new Ontario nursing graduate in finding FT employment.

WORKFORCE PLANNING IN THE NEW MILLENNIUM

In 1999, a Nursing Task Force (NTF) was established by the Ministry of Health and Long-Term Care (MOHLTC, 2006b). Two of the key recommendations made by the NTF were:

1. Immediately enhance health care 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 two sectors: acute care and long-term care. The Nursing Enhancement Fund was introduced as part of the Ontario Nursing Strategy to create new permanent

The MOHLTC continues to invest in employment integration and workforce stability for nurses.

FT and PT nursing positions. This was in response to the recommendation of the NTF to enhance health care 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.

HISTORICAL OVERVIEW OF FINANCIAL INVESTMENTS

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 and PT nurses into FT staff; 664 new FT nursing positions have been created with this investment
- 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

Major investments have been made to increase FT employment opportunities for nurses.

In May 2004, the provincial government announced an additional investment of \$191 million to hire 2000 new healthcare staff, including 600 new 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).

NURSING GRADUATE INITIATIVES 2004-2009

Between 2004 and 2006, the total funding for the new graduate initiative was \$30.4 million (MOHLTC, 2006c); \$17.7 million was invested in fiscal year 2004-2005 (MOHLTC, 2006a), \$12.7 million was invested in fiscal year 2005-2006. In the 2006-2007 fiscal year, an additional \$26.7 million was invested (D. Torres, personal communication, July 11, 2008). These investments were followed by the major NGG initiative, which was launched in 2007 with \$89 million (MOHLTC, 2007), \$94.2 million in 2008-2009 (Ministry of Finance, 2008) and \$85.8 million in 2009-2010 (A.

In 2009, the NGG investment of \$85.8M represented 0.2% of the total health care expenditures.

Ferretti, personal communication, June 4, 2010). The latter represents 0.2% of total health care expenditures for the 2009-10 fiscal year.

THE NEW SUPPLY: REGISTERED NURSES AND REGISTERED PRACTICAL NURSES 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 2009 nursing graduates. It is essential to develop a profile of this cohort that includes an overview of nurse education and demographics and clarifies how well nurses are integrated into the workforce. Little is known about 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 early impact on the number of nurse graduates; however, the numbers have now stabilized.

It is essential to develop a profile of new graduates to understand how well nurses are integrated into the workforce.

HISTORICAL OVERVIEW OF NURSE EDUCATION IN ONTARIO

In Ontario, the MTCU oversees both community college and university education. The MOHLTC shares the responsibility for health care and is interested in the education of health care 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 recent investments in clinical simulation equipment).

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

Three historical events have affected the supply of new nurse graduates. First, in 2003, Ontario reduced secondary education to four years, temporarily increasing the number of potential applicants to nursing programs. Second, 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. The new requirements resulted in changes to RN and RPN 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.

In 2003, secondary education in Ontario was reduced to four years.

Ontario moved to baccalaureate for all RNs in 2005.

To facilitate the transition to all baccalaureate nursing, the MTCU made 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. Third, in 2001, RPN 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 RPN programs were lifted.

In 2001, RPN programs altered their curricula and increased their program to two years.

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). With 3928 RN admissions in 2008-2009, the overall annual intake of RN students has almost reached this target. Capital funding for physical plant infrastructure dedicated to nursing education has been sporadic in most educational institutions. Although 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 also increased Basic Income Unit funding for growth in RN nursing programs. 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.

Second-Entry Programs designed for students with previous post-secondary education began in 2005-2006.

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.

To link the supply of new nursing graduates to the needs of the provincial health care system, good data about the supply of new graduates and information about market requirements are essential. Gaps currently exist about the supply of new nurses and their integration into the workforce. In 2005, Statistics Canada decided to include a health human resources survey of new graduates on its agenda. A 2006 report outlines key data that should be collected (Allen, Ceolin, Ouellette, Plante, & Vaillancourt, 2006). To date, this is the only report published on the topic.

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. Data collection has been a challenge because of various factors such as differing graduation times, FT and PT student counts and the capacity of individual institutions to create and maintain adequate databases.

The MTCU collects data on degrees granted directly from the colleges and universities.

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.

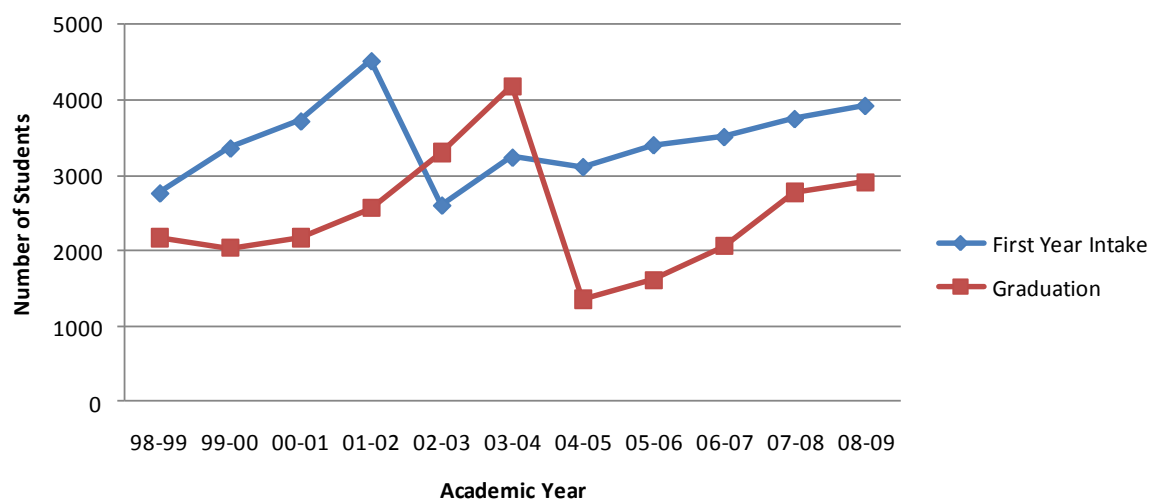
Employment of new graduates is not well measured. Some schools of nursing may survey their alumni sporadically to obtain information about their absorption into the workforce. Yet there is no mandatory reporting of alumni employment data at the provincial or national level. In its statistics on new members, 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.

RECENT TRENDS IN RN AND RPN GRADUATION

The number of nurses graduating each year varies over time. In 2009, there were 5139 graduates (2910 RNs and 2229 RPNs). These numbers can vary depending on the point in time they are collected. Figure 3 shows the intake and supply of Ontario RN graduates. The "ebb and flow" in the number of RN graduates was affected by the implementation of the baccalaureate degree as entry to practice in 2005 (Baumann, Blythe et al., 2006). Figure 4 shows the intake and supply of Ontario RPN graduates. The overall trend for RPN intake and graduation steadily increased over time. However, in 2008-2009, the number of RPNs enrolled in a college program sharply increased, making it the largest enrolment seen in over a decade.

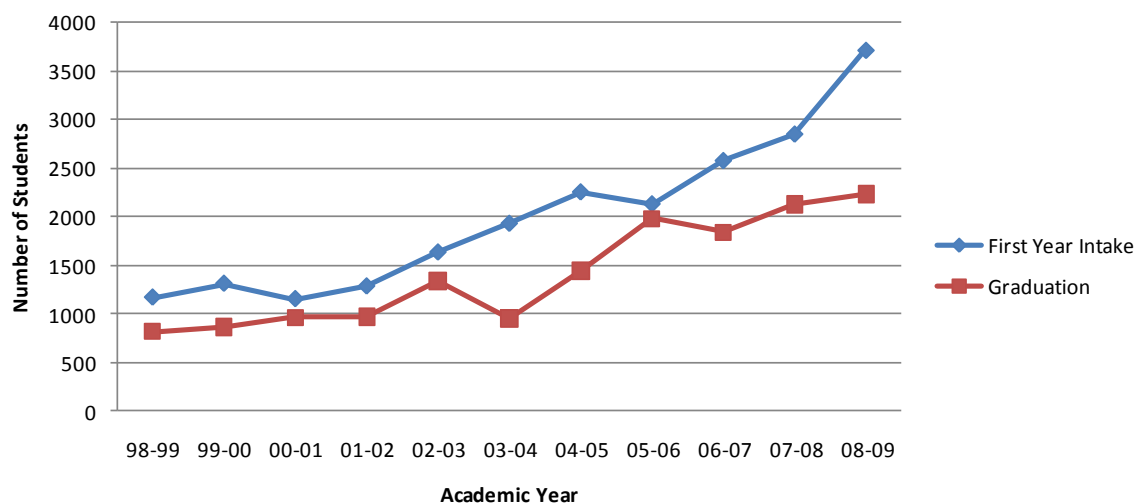
Figure 3. First Year Intake and Supply of Ontario Registered Nurse Graduates



Intake and graduation numbers of RNs fluctuated from 2001-2005 but are on an upward trend.

Note. First year intake and graduation numbers are based on full-time 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).

Figure 4. First Year Intake and Supply of Ontario Registered Practical Nurse Graduates



Intake and graduation numbers of RPNs are on a continual upward trend.

Source: Ministry of Training, Colleges and Universities, 2009; Individual university and college reports, 2009.

NURSING GRADUATE GUARANTEE: INTEGRATING NEW GRADUATES INTO THE WORKFORCE

HOW IT WORKS

Through the NGG, the MOHLTC provides funding for temporary FT supernumerary positions for up to six months for new graduate nurses (MOHLTC, 2008). The NGG uses an online employment portal (HealthForceOntario or 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.

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. 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

The NGG was launched as an employer incentive to hire new graduates and build capacity within the health care system.

- 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

EMPLOYER AND NEW GRADUATE PARTICIPATION 2007-2010

The NGG has completed its third year of funding (2009-2010) and is continuing for 2010-2011. Over the past three years, the program has successfully matched new graduate nurses to employers and created numerous FT job opportunities for new graduate nurses in Ontario. Table 1 provides the number of new graduates matched across the three years of the program (2007-2010). Overall, 8123 new graduates (6259 RNs and 1864 RPNs) participated in the NGG program since its inception in 2007.

Since its inception, 8123 new graduate nurses have participated in the NGG.

Table 1. New Graduates Matched, 2007-2010

Nurse Category	Number	Percentage
Registered Nurse	6259	77.1%
Registered Practical Nurse	1864	22.9%
Total	8123	100.0%

Note. All figures are as of June 4, 2010.

Source: Ministry of Health and Long-Term Care, Nursing Secretariat, 2010.

Table 2 presents the number of new graduates matched by sector across the three years of the program. Eighty-eight percent of matches were in the hospital sector, 7% were in long-term care and 5% were in the community sector.

Table 2. New Graduates Matched by Sector, 2007-2010

Sector	Number	Percentage
Hospital	7113	87.6%
Long-Term Care	542	6.7%

Community	419	5.2%
Other	49	0.6%
Total	8123	100.0%

Note. All figures are as of June 4, 2010.

Source: Ministry of Health and Long-Term Care, Nursing Secretariat, 2010.

Table 3 shows the number of employers that participated in the NGG since 2007. Overall, 250 employers participated in the NGG over the three years of the program. Of those, 45% were in the hospital sector, 41% were in long-term care and 14% were in community and other organizations.

Table 3. Employer Participants by Sector, 2007-2010

Sector	# of participants	Percentage
Hospital	112	44.8%
Long-Term Care	103	41.2%
Community and other	35	14.0%
Total	250*	100.0%

Since 2007, 21% of all eligible employers participated in the NGG.

Note. All figures are as of June 4, 2010.

*This number reflects total number of employer corporations and does not include individual sites in multi-site corporations.

Source: Ministry of Health and Long-Term Care, Nursing Secretariat, 2010.

Table 4 displays employer participation by sector. Since 2007, 21% of all employers in Ontario participated in the NGG. When examined by sector, 70% all hospital corporations compared to 17% of all LTCs and 8% of all community and other organizations participated in the NGG.

Table 4. Employers by sector: Participating and Non-Participating, 2007-2010

Sector	Participating		Non-participating		Total	
	Number	%	Number	%	Number	%
Hospital	112	70%	47	30%	159	100
Long-Term Care	103	17%	503	87%	606	100
Community and other	35	8%	398	92%	433	100
Total	250*	21%	948	79%	1198	100

Note. All figures are as of June 4, 2010.

*This number reflects total number of employer corporations and does not include individual sites in multi-site corporations.

Source: Ministry of Health and Long-Term Care, Nursing Secretariat, 2010.

EMPLOYER AND NEW GRADUATE PARTICIPATION, 2009-2010

Over half (51%) of all 2009 graduates (N=5139) participated in the NGG in 2009-2010 (see Table 5). Of those, 78% were RNs and 22% were RPNs. This distribution is interesting when compared to the overall number of new graduates by nurse category. Of the total nurse graduate pool entering the labour market in 2009, 57% (2910) were RNs and 43% (2229) were RPNs. However, 70% of RNs participated in the NGG compared to only 26% of RPNs.

Over half of all 2009 new graduates participated in the NGG in 2009-2010.

Table 5. New Graduates Matched, 2009-2010

Nurse Category	Number	Percentage
Registered Nurse	2034	77.9%
Registered Practical Nurse	577	22.1%
Total	2611	100.0%

Note. All figures are as of June 4, 2010.

Source: Ministry of Health and Long-Term Care, Nursing Secretariat, 2010.

Table 6 shows the number of new graduates matched in 2009-2010 by sector. Eighty-five percent of matches were in the hospital sector, 9% were in long-term care and 6% were in the community sector.

Table 6. New Graduates Matched by Sector, 2009-2010

Sector	Number	Percentage
Hospital	2211	84.7%
Long-Term Care	231	8.8%
Community	149	5.7%
Other	20	0.8%
Total	2611	100.0%

Note. All figures are as of June 4, 2010.

Source: Ministry of Health and Long-Term Care, Nursing Secretariat, 2010.

In 2009-2010, 85% of new graduate matches were in the hospital sector.

Overall, 219 employers participated in the NGG in 2009-2010 (see Table 7). Of those, 48% were in the hospital sector, 38% were in long-term care and 11% were in community.

Table 7. Employer Participants by Sector, 2009-2010

Sector	Number	Percentage
Hospital	104	47.5%
Long-Term Care	83	37.9%
Community	23	10.5%
Other	9	4.1%

Total	219*	100.0%
--------------	-------------	---------------

Note. All figures are as of June 4, 2010.

*This number reflects total funded employers (corporations) as of June 4, 2010.

Source: Ministry of Health and Long-Term Care, Nursing Secretariat, 2010.

Overall, 18% of employers participated in the NGG in 2009-2010 (see Table 8). When examined by sector, 65% of hospital corporations participated compared to 14% of LTCs and 6% of community and other organizations.

Table 8. Employers by sector: Participating and Non-participating, 2009-2010

Sector	Participating		Non-participating		Total	
	Number	%	Number	%	Number	%
Hospital	104	65%	55	35%	159	100
Long-Term Care	83	14%	523	86%	606	100
Community and other	32	6%	401	94%	433	100
Total	219*	18%	979	82%	1198	100

Note. All figures are as of June 4, 2010.

*This number reflects total funded employers (corporations) as of June 4, 2010.

Source: Ministry of Health and Long-Term Care, Nursing Secretariat, 2010.

EVALUATION OF THE NURSING GRADUATE GUARANTEE 2009-2010

The following sections describe the 2009-2010 NGG evaluation study. Data are aligned with MOHLTC figures regarding employer and new graduate participation in the NGG.

METHODS

Appendix B outlines the strategies, methodology and participants involved in the study. There are four target populations: new graduate nurses, employers, staff nurse mentors and union representatives. A triangulation design (see Box 1) was used to assess the employment status of 2009 graduating nurses in Ontario and evaluate the NGG.

To evaluate the impact of the NGG, a variety of research approaches were used.

Box 1. Triangulation Design

Surveys

- New Graduate Evaluation of the Nursing Graduate Guarantee 2009-2010
- Participating Employer Evaluation of the Nursing Graduate Guarantee 2009-2010 (English/French)
- Non-Participating Employer Survey of the Nursing Graduate Guarantee 2009-2010 (English/French)
- Union Representative Evaluation of the Nursing Graduate Guarantee 2009-2010

Focus Groups

- Employer Focus Groups – acute care (large, medium, small, and rural), long-term care, public health and community

Key Informant Interviews

- 2009 New Graduate Key Informant Interview Guide
- Nurse Mentor Key Informant Interview Guide

Secondary Databases

- College of Nurses of Ontario Annual Membership Statistics, 2009, 2010
- Canadian Institute of Health Information Regulated Nurses: Canadian Trends, 2010

Data were collected using quantitative and qualitative methods. Surveys were administered to new graduates (RNs and RPNs), employers (participating and non-participating) and union representatives. 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. Focus groups were held with employers who participated in the NGG in 2009-2010; interviews were conducted with new graduates (RN and RPN) and staff nurse mentors.

The surveys and guidelines 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 interviews and focus groups, the purpose of the study was explained to all participants before the interview process began. For survey participants, an information page outlining the rationale of the study and asking each person for consent to participate was attached to the first page 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 the survey and interview findings. Participants were guaranteed

Data were collected using quantitative and qualitative methods and compared to secondary databases (CNO and CIHI).

anonymity and assured that no personal identifiers would be associated with responses to the questions.

SAMPLE

The overall sample included new nurse graduates, employers, staff nurse mentors and union representatives. Response rates for the surveys are outlined in Table 9.

Table 9. Quantitative Survey Response Rates

Survey	Number of Surveys	Number of Respondents	Response Rate (Sample/Total*100)
New Graduate Evaluation of Nursing Graduate Guarantee 2009-2010	4630*	1358	29%
Employer Evaluation of Nursing Graduate Guarantee 2009-2010	197**	162	82%
Non-Participating Employer Survey 2009-2010	1001	252	25%
Union Representative Survey 2009-2010	413	144	35%

*Of the total portal registrants, there are some (i) double registrants, (ii) nursing students who have not yet graduated, (iii) 2009 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 2, 2010.

Participation in the qualitative stakeholder analysis included

- (i) Seven employer focus groups with 64 participants from acute care (large, medium, small and rural), long-term-care, public health and community;
- (ii) Key informant interviews with 18 new graduates (11 RNs and 7 RPNs); and
- (iii) Key informant interviews with four staff nurse mentors.

ANALYSIS

Surveys were analyzed using PASW Statistics, version 18.0 (www.spss.com). A comparison was made to the CIHI and CNO databases. Responses to the interview and focus group questions were audio taped during the time of the interview and subsequently transcribed. Thematic analysis of the major issues was conducted. Upon detailed examination of the interview results, major themes were highlighted and key findings were grouped appropriately under each thematic heading.

DEMOGRAPHIC CHARACTERISTICS OF SURVEY RESPONDENTS

The following sections report on 2009-2010 survey data. Comparisons are made with secondary databases from the CNO and CIHI.

RN AND RPN NEW GRADUATES

The new graduate evaluation survey was sent to 4630 new nurse graduates (2879 RNs and 1751 RPNs) who were registered on the nursing graduate portal in 2009-2010 (L. Hynes, personal communication, May 7, 2010). Data collection occurred between January 2010 and May 2010. Upon completion of data collection, cleaning and refinement, 1358 valid responses remained in the database; 902 from RNs and 456 from RPNs (see Appendix C).

Similar to previous years, RN nursing graduates were younger than RPN graduates

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 92:8 for RPNs. Similar to last year's findings, RN nursing graduates were younger than their RPN counterparts; 69% of new graduate RPNs were older than 25 years of age compared to 48% of new graduate RNs. This difference is important because age influences the work life span of nurse graduates as well as their work preferences and career mobility (Blythe et al., 2008). These data are consistent with 2009 data from the CNO for new general class RN and RPNs members. The CNO reports that 50.1% of new RNs and 62.6% of new RPNs were older than 25 years of age.

Almost all employed new graduates indicated Ontario as their main employment location.

The majority of RN (88%) and RPN (79%) new graduates were working as nurses at the time of survey completion. Almost all RN (98.9%) and RPN (99.7%) new graduates who were working 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 RN (23%) and RPN (19%) new graduates, followed by the Champlain LHIN (14% for RNs and 11% RPNs) and the Hamilton Niagara Haldimand Brant LHIN (11% for RNs and 12% for RPNs). Appendix D shows the breakdown by LHIN for RNs and RPNs. 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%).

CNO (2009) general class new member statistics were consistent with NGG survey data.

EMPLOYER PROFILE AND PARTICIPATION

This year, two separate employer surveys were created: one for employers who participated in the NGG in 2009-2010 and one for employers who did not participate in the 2009-2010 year. Contact information for participating employers (N=197) was obtained through the Nursing Secretariat, MOHLTC. Overall, 162 (82%) participating employers responded to the evaluation survey. The database of non-participating employers was generated from contact lists obtained through the CEOs of the LHINs and the Nursing Secretariat. Upon cleaning and refinement of the non-participating employer database, 1001 organizations were e-mailed the survey. Of those, 252 responded (25%). Data collection was conducted between February 2010 and May 2010. The following section provides a demographic profile of participating and non-participating employer survey respondents.

Participating Employers

Most of the participating employers who responded to the survey fell into two main organizational categories: acute care hospitals (43%) and long-term care facilities (31%) (see Table 10). These data are consistent with last year's findings and align with the MOHLTC figures for overall employer participation in 2009-2010. 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.

The majority of participating employers were from the hospital and long-term care sectors.

Table 10. Participating Employers by Sector, 2008 and 2009

Sector	Percentage	
	2008 N=254	2009 N=162
Acute Care Hospital	40.6	43.2
Long-Term Care Facility	35.8	31.0
Public Health	5.5	7.1
Community (Community Health Centre, Community Care Access Centre, Mental Health, Physician Offices, Nursing Agency, Hospice)	4.7	6.4
Other Hospitals (Continuing Complex Care/Rehabilitation, Addiction and Mental Health)	4.3	5.8
Other (Family Health Team, Combined Acute and Long-Term Care, College/University)	9.0	6.4
Total	100.0	100.0

Source: Employer Evaluation of Nursing Graduate Guarantee Survey, 2008-2009, 2009-2010.

Over half of the participating employer survey respondents were located in the following five LHIN regions: North East (13.5%), South West (11.0%), Toronto Central (10.3%), Waterloo Wellington (10.3%) and Champlain (9.0%). The remaining organizations were distributed among the other nine LHINs, with the lowest percentage located in the South East (1.3%). Appendix E provides the breakdown of employer respondents by LHIN.

Non-Participating Employers

Survey data indicate that almost half (47.2%) of all non-participating employer respondents were from long-term care facilities, 20.2% were from community organizations and 10.1% were from the acute care sector (see Table 11).

Table 11. Non-Participating Employers by Sector, 2008 and 2009

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

The majority of non-participating employers were from the long-term care and community sectors.

Source: Employer Evaluation of Nursing Graduate Guarantee Survey 2008-2009; Non-Participating Employer Survey of Nursing Graduate Guarantee, 2009-2010.

Over half (50.8%) of non-participating employer respondents were located in the following four LHIN regions: Hamilton Niagara Haldimand Brant (17.3%), North East (11.7%), Toronto Central

(11.3%) and South West (10.5%). The remaining organizations were distributed across the other 10 LHINs, with the lowest percentage located in Mississauga Halton (0.4%).

Union Representatives

The union survey was sent to 413 union representatives across the province. Data collection took place between January 2010 and April 2010. Upon completion of data collection, cleaning and refinement, 144 valid responses remained in the database.

ACTUAL EMPLOYMENT OF REGISTERED NURSES AND REGISTERED PRACTICAL NURSES

The New Graduate Evaluation of the Nursing Graduate Guarantee 2009-2010 survey is the source for actual employment figures. Data presented reflects new graduates who indicated that they were employed in nursing in Ontario at the time of survey completion (N=1153). The following sections compare 2009 new graduate data to CNO new member statistics. It is important to note that comparisons do not represent similar points in time. New graduate data are leading (i.e., 2009 data is collected in 2010) while CNO employment data on new members are lagging (i.e., 2009 data is collected in 2008). There is approximately a one-year difference between the two points in time.

Comparisons made between new graduate data and CNO new member statistics do not represent similar points in time.

DISTRIBUTION OF NURSING GRADUATES BY TYPE OF EMPLOYER

Acute care hospitals were the largest employer of all nursing graduates in 2009 (62.1%), followed by long-term care (15.9%) (see Table 12). In comparison to 2008 survey data, there has been a 12.4% decrease in the percentage of nurse graduates working in acute care hospitals and a 7.8% increase in the percentage of nurse graduates working in long-term care facilities (Baumann, Hunsberger, Idriss-Wheeler, & Crea-Arsenio, 2009). The 2009 distribution of new graduates by type of employer is more consistent with 2007 survey data.

There was a decrease in the percentage of new graduates working in acute care hospitals since 2008.

Table 12. Registered Nurse and Registered Practical Nurse Graduates by Type of Employer, 2007, 2008, and 2009

Type of Employer	2007 (%)			2008 (%)			2009 (%)		
	RN	RPN	Total	RN	RPN	Total	RN	RPN	Total
Acute Care Hospital	83.2	32.7	64.5	86.1	40.8	74.5	78.2	26.9	62.1
Addiction and Mental Health/Psychiatric	1.8	5.0	3.0	3.1	2.7	3.0	2.0	1.7	1.9
Community Employers	7.0*	10.3*	9.7	5.8**	6.3**	5.9	6.7***	6.7***	6.7
Continuing Complex Care/Rehabilitation	2.6	13.1	6.5	2.0	16.6	5.7	2.2	15.0	6.2
Long-Term Care Facility	1.2	33.4	11.7	0.9	29.1	8.1	4.8	40.0	15.9
Other	4.2	5.5	4.6	2.1	4.5	2.7	6.0	9.7	7.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

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

*In 2007, 4.1% of RNs and 0.2% of RPNs were employed in public health.

**In 2008, 3.5% of RNs and 0% of RPNs were employed in public health.

***In 2009, 3.2% of RNs and 0.6% of RPNs were employed in public health.

Source: New Graduate Evaluation of Nursing Graduate Guarantee Survey, 2007, 2008-2009, 2009-2010.

Interesting findings emerge when the distribution of nursing graduates is broken down by nurse group. For example, in 2009 the largest percentage of RNs were employed by acute care hospitals (78.2%), followed by the community sector (6.7%), long-term care (4.8%), continuing complex care/rehabilitation (2.2%), addiction and mental health (2.0%) and other types of employers (6.0%). In comparison to 2008 survey data, there was a 7.9% decrease in the percentage of RNs working in acute care hospitals, a 3.9% increase in the percentage of RNs working in long-term care and a 0.9% increase in RNs working in community organizations. 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 long-term care sectors (5.8%).

For RPNs, the largest percentage 2009 new graduates were working in long-term care facilities (40.0%), followed by acute care hospitals (26.9%), continuing complex care/rehabilitation (15.0%), community organizations (6.7%), addiction and mental health (1.7%) and other employers (9.7%). Compared to 2008 survey data, there was a 13.9% decrease in the percentage of RPNs working in

There was an 11% increase in the percentage of RPNs working in long-term care and a 14% decrease in RPNs working in acute care.

acute care hospitals, a 10.9% increase in the percentage of RPNs working in long-term care and a 0.4% 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 long-term care sector (50.9%), followed by the hospital sector (33.3%).

DISTRIBUTION OF NURSING GRADUATES BY AGE AND SECTOR OF EMPLOYMENT

Registered nurse survey respondents were younger than their RPN counterparts across all sectors of employment (see Table 13). Employer categories are the same as the CNO’s classification: hospital, community, long-term care and other. The age difference was most pronounced in the hospital sector where 80% of RNs were less than 30 years of age compared to 58% of RPNs. In the community sector, 77% of RNs and 54% of RPNs were less than 30 years of age. In the long-term care sector, 63% of RNs were younger than 30 years of age compared to 49% of RPNs. These data are consistent with 2007 and 2008 new graduate data (Baumann, Hunsberger, Idriss, Alameddine, & Grinspun, 2008; Baumann et al., 2009).

Long-term care had the greatest percentage of new graduates that were over 30 years of age.

Table 13. New Graduates by Age and Sector of Employment, 2009

Nurse Group	Employment Sector	Age Group (%)						Total
		Under 19	20-24	25-29	30-34	35-39	More Than 40	
RN	Hospital	–	48.5%	31.2%	9.0%	6.0%	5.3%	100.0%
	Community	–	46.2%	30.8%	15.4%	1.9%	5.8%	100.0%
	Long-Term Care	–	39.5%	23.7%	21.1%	5.3%	10.5%	100.0%
	Other	–	53.2%	19.1%	10.6%	12.8%	4.3%	100.0%
	Total	–	48.2%	30.1%	10.1%	6.1%	5.5%	100.0%
RPN	Hospital	–	32.7%	25.0%	16.7%	11.5%	14.1%	100.0%
	Community	–	29.2%	25.0%	12.5%	8.3%	25.0%	100.0%
	Long-Term Care	1.4%	31.3%	16.7%	9.7%	11.1%	29.9%	100.0%

Other	2.9%	14.3%	28.6%	20.0%	11.4%	22.9%	100.0%
Total	0.8%	30.1%	22.0%	13.9%	11.1%	22.0%	100.0%

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

Source: New Graduate Evaluation of Nursing Graduate Guarantee Survey, 2009-2010.

DISTRIBUTION OF NURSING GRADUATES BY PRIMARY AREA OF PRACTICE

The main areas of practice for RNs were medicine (15.5%), surgery (15.1%), critical care (10.4%), emergency (9.8%) and maternal-new born (7.3%). These areas, primarily based in hospitals, employed over half (58.1%) of 2009 RN graduates. The main areas for RPNs were geriatrics (35.3%), complex continuing care (12.2%), medicine (11.9%), visiting nurse (6.7%) and rehabilitation (5.8%). These areas employed almost three-quarters (71.9%) of RPN 2009 graduates. For RNs, this distribution was comparable to that observed in 2008 (Baumann et al., 2009). For RPNs, a greater percentage of 2009 new graduates were employed in geriatrics (35.3%) compared to 2008 (27.7%). See Appendix F for a full comparison between 2007, 2008 and 2009 graduates.

The main area of practice was medicine for RNs and geriatrics for RPNs.

DISTRIBUTION OF NURSING GRADUATES BY EMPLOYMENT STATUS

Table 14 displays employment status of new graduate RN and RPN survey respondents from 2005 to 2009. For RNs, there has been an increase in FT employment from 58% in 2005 to 67% in 2009. For RPNs, there was an increase in FT employment from 26% in 2005 to 49% in 2009.

Table 14. Comparison of Employment Status of Registered Nurse and Registered Practical Nurse Graduates, 2005, 2007, 2008, 2009

Employment Status	Registered Nurse Count (%)				Registered Practical Nurse Count (%)			
	2005	2007	2008	2009	2005	2007	2008	2009
Full-Time*	175 (58.2%)	771 (84.5%)	549 (82.6%)	522 (66.8%)	67 (26.4%)	325 (60.7%)	130 (55.5%)	178 (49.4%)
Part-Time	80 (26.6%)	97 (10.6%)	70 (10.5%)	157 (20.1%)	98 (38.7%)	99 (18.5%)	54 (23.1%)	97 (26.9%)
Casual	20 (6.6%)	32 (3.5%)	25 (3.8%)	61 (7.8%)	48 (19%)	74 (13.8%)	24 (10.3%)	44 (12.2%)
Other (including multiple and temporary part-time)	26 (8.6%)	12 (1.3%)	21 (3.0%)	41 (5.2%)	40 (15.8%)	37 (6.9%)	26 (11.1%)	41 (11.4%)

Total	301 (100.0%)	912 (100.0)	665 (100.0%)	781 (100.0%)	253 (100.0%)	535 (100.0%)	234 (100.0%)	360 (100.0%)
-------	-----------------	----------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------

*Full-time in 2007, 2008 and 2009 includes the categories of temporary full-time and supernumerary full-time Nursing Graduate Guarantee positions.

Source: 2005 data – Nursing Graduatand Survey: RN and RPN Programs, 2005.

Source: 2007, 2008, 2009 data – New Graduate Evaluation of Nursing Graduate Guarantee Survey, 2007, 2008-2009, 2009-2010.

Survey results were further validated with the CNO secondary database of new general class members (RNs and RPNs) over the same time period (see Appendix G). According to the CNO (2010), there was a decrease in the percentage of new member RNs employed FT from 79% in 2009 to 71% in 2010. For RPNs, there was a decrease in FT employment from 41% in 2009 to 36% in 2010. However, it is important to note that FT employment was maintained at 70 percent for RNs and close to 40% for RPNs. This drop in FT could be due to several reasons. It could be reflecting general employment trends or be more specific to health. A similar trend was evident in the new graduate survey data (see Table 14). The reason for this slight downturn is only speculative and merits further investigation.

These data demonstrate the effectiveness of the NGG initiative as a contributing factor in reversing the trend of casualization of nurses in Ontario since 2005. Youth unemployment rates have increased globally over the past two years and are projected to increase further over the next two years (Scarpetta et al., 2010). According to researchers, some of the lowest rates were found in countries where government policies target youth and support them to find work upon graduation (Scarpetta et al., 2010). It is clear that the NGG has buffered some of the negative consequences of a declining economy on the unemployment rate for new nurse graduates.

It is clear that the NGG has buffered some of the negative consequences of a declining economy on the unemployment rate for new nurse graduates.

DISTRIBUTION OF NURSE GRADUATES BY WORK STATUS AND TYPE OF EMPLOYER

Sector differences were found in employment status among new graduate nurses. At the time of survey completion, the hospital sector employed the largest percentage of 2009 nursing graduates (36.2%) in permanent FT positions (see Table 15). This percentage was lower for community employers (22.4%) and long-term care facilities (22.0%). In contrast, the community sector had the highest percentage of nurse graduates employed on a temporary FT basis (43.4%), followed by the hospital sector (28.3%) and long-term care facilities (23.6%). This high rate may be explained by the contract nature of community nursing. Long-term care employed the largest percentage of

The community sector employs new graduates on a temporary FT basis.

permanent PT nurse graduates (30.8%) compared to the hospital (21.3%) and community (18.4%) sectors. This high percentage could be attributed to the RPN majority workforce in long-term care facilities.

These results are consistent with 2008 new graduate data. The hospital sector employed the largest percentage of new graduates in a permanent FT capacity. Appendix H provides a detailed breakdown of the percentage of RN and RPN graduates by employment status and sector of employment.

Table 15. Nurse Graduates by Employment Status and Sector of Employer, 2008, 2009

Employment Sector	Employment Status (%)											
	2008 Graduates						2009 Graduates					
	Perm FT	Temp* FT	Perm PT	Casual	Other	Total	Perm FT	Temp* FT	Perm PT	Casual	Other	Total
Hospital	51.7%	25.4%	12.7%	5.2%	5.0%	100%	36.2%	28.3%	21.3%	8.2%	6.0%	100%
Community (includes Public Health)	29.4%	56.9%	7.8%	0.0%	5.9%	100%	22.4%	43.4%	18.4%	9.2%	6.6%	100%
Long-Term Care	15.5%	33.8%	29.6%	8.5%	12.7%	100%	22.0%	23.6%	30.8%	11.5%	12.1%	100%
Other	37.5%	12.5%	16.7%	12.5%	20.8%	100%	39.5%	22.2%	16.0%	13.6%	8.6%	100%
Total	47.1%	27.6%	13.9%	5.4%	6.1%	100%	33.2%	28.1%	22.3%	9.2%	7.2%	100%

*Temporary FT category includes new graduates working in contract positions and supernumerary full-time Nursing Graduate Guarantee positions.

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

MOBILITY AND MIGRATION: RNS AND RPNS

The vast majority of employed RNs and RPNs who responded to the survey indicated that they were working in Ontario (see Appendix I). In 2010, the CIHI released an updated summary report about migration patterns of Canada's health care workforce using 2006 census data. It was reported that 81.7% of RNs in Ontario were non-movers (i.e., they stayed within the same community). The nurse movers were distributed as follows: 13.1% moved within Ontario, 1.6% moved interprovincially and 3.6% moved internationally (CIHI, 2010). In 2007, the CIHI also reported that 91.3% of Canadian graduate nurses employed in Ontario were graduates from an Ontario nursing program, the second best percentage nationally after Quebec (94.1%).

RN and RPN new graduates tend to stay in Ontario.

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: (i) nurses who were employed but were not in their preferred position regarding employment status, primary area of practice and geographic region (i.e., LHINs) and (ii) new graduates who were not employed at the time of questionnaire completion but were seeking nursing employment and indicated their preference for employment.

PREFERENCES FOR FULL-TIME/PART-TIME WORK STATUS

Since 2005, preference for FT employment has been increasing for both RNs and RPNs. Table 16 provides a summary of preference for FT work by nurse group and presents the available data for four of the five years in which surveys were conducted. The majority of RN (85%) and RPN (73%) 2009 graduates indicated a preference for FT employment status. From 2005 to 2009, there was a 14% increase in the number of RNs (from 71% to 85%) and a 13 % increase in the number of RPNs (60% to 73%) who preferred FT employment. Compared to 2008 graduates, RPNs' preference for FT work increased 8% (from 65% to 73%) while RNs' preference for FT employment remained stable at 85%.

Since 2005, preference for FT has been increasing for RNs and RPNs.

Table 16. Preferences for Full-Time Employment Status, 2005, 2007, 2008, 2009

Nursing Type	2005	2007	2008	2009
Registered Nurses	71%	81%	85%	85%
Registered Practical Nurses	60%	64%	65%	73%

Source: RN Nurse Graduand Survey, 2005; RPN Nurse Graduand Survey, 2005; New Graduate Evaluation of Nursing Graduate Guarantee Survey, 2007, 2008-2009, 2009-2010.

Survey results showed that 60% of RN and 54% of RPN 2009 graduates indicated that their current employment status was by choice. These numbers were lower compared to 2008, in which 78% of RN and 58% of RPN graduates indicated that their current employment status was by choice. For nursing graduates who were not in a preferred employment status, the majority of RNs (92.6%) and RPNs (81.0%) indicated that 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, Blythe et al., 2006). An additional

RPNs are increasingly seeking FT employment.

3.5% of RNs and 14.6% of RPNs indicated preference for permanent PT (see Table 17).

Interestingly, this trend in preference for PT work has continued to decrease for RNs (from 10.0% in 2007 to 3.5% in 2009) but increase for RPNs (from 10.3% in 2007 to 14.6% in 2009). See Appendix J for breakdown of employment preference from 2007 to 2009.

Table 17. Employment Preference by Nurse Group, 2009-2010

Nurse Group	Is Employment Status by Choice?		Employment Status is not by Choice	
	Yes	No	Would Prefer Permanent Full-Time	Would Prefer Permanent Part-Time
Registered Nurses	60.0% (388)	40.0% (259)	92.7% (240)	3.5% (9)
Registered Practical Nurses	54.3% (259)	45.7% (137)	81.0% (111)	14.6% (20)

Source: New Graduate Evaluation of Nursing Graduate Guarantee Survey, 2009-2010.

Respondents not employed in nursing (11% of RNs and 20% of RPNs) but were looking for jobs in their field were asked to identify the type of position they were looking for. Overall, 53% of new graduates (56% of RNs and 49% of RPNs) indicated that they were looking for a permanent FT job. In addition, 6.2% (8% of RNs and 5% of RPNs) were seeking permanent PT employment, 4% were seeking temporary FT (1% of RNs and 7% of RPNs) and less than 1% (0.6%) were seeking casual and temporary PT employment. The remaining 36% of new graduates indicated they were seeking multiple employment. This rate was higher for RPNs than RNs (39% and 33% respectively).

PREFERENCES FOR EMPLOYMENT LOCATION

The majority of 2009 new graduate respondents indicated that they were employed in a geographic region of choice. This rate was higher for RNs (87.3%) than RPNs (85.6%) and decreased for both groups since 2008. 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. A total of 12.7% of RNs and 14.4% of RPNs were not employed in their geographic region of choice. The three most preferred LHINs for RNs and RPNs were Toronto Central, Mississauga Halton and Central. See Appendix K for the list of LHINs ranked by preferred employment location. These findings were similar to those for 2008 new graduates who ranked Toronto Central and Central as their top choices. However, some differences were evident by

The majority of 2009 new graduates were employed in a geographic region of choice.

nurse group. In 2008, RN graduates ranked Erie St. Clair and South West as two of their preferred regions of choice while RPNs ranked Central East as one of their top choices.

Respondents not employed (11% of RNs and 20% of RPNs) 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 Toronto Central, Mississauga Halton and Central East. New graduate RPNs were seeking employment Toronto Central, Mississauga Halton and Central. See Appendix L for a breakdown of the LHIN locations where new graduates seek employment.

New graduates were seeking employment in the Toronto Central and Mississauga Halton LHINs

PREFERENCES FOR SECTOR OF EMPLOYMENT AND CLINICAL AREA OF PRACTICE

Trends in preferences for sector of employment and area of clinical practice help to inform recruitment strategies. The majority of respondents indicated that they were working in their preferred area of practice (78% for RNs and 72% for RPNs). For RNs not working in their clinical area of choice, almost two-thirds (60%) preferred to be working in maternal-newborn (17%), emergency (14%), public health (13%), surgery (8%) and critical care (8%). For RPNs, over two-thirds (69%) preferred to be working in maternal-newborn (20%), medicine (19%), mental health/psychiatric/addictions (11%) and rehabilitation (9%). These data are similar to previous years.

The majority of respondents indicated they were working in their preferred area of practice.

Respondents not currently employed (11% of RNs and 20% of RPNs) in nursing but looking for jobs in their field were asked to identify the type of employer being sought. Similar to last year's findings, RNs rated acute care as the top sector, followed by community, public health and long-term care. Acute care was also the sector most sought by RPNs, followed by long-term care, community and public health. In terms of clinical area of practice, RNs were seeking employment in medical/surgical, emergency and maternal-newborn. Registered practical nurses were seeking employment in medical-surgical, geriatrics and complex continuing care. These findings are similar to previous years.

RNs and RPNs not currently employed were seeking employment in acute care hospitals as their top choice.

PREFERENCES FOR MOBILITY AND MIGRATION

Less than one percent (0.06%) of survey respondents indicated that they did not want or were not seeking employment in Ontario. In addition, 0.9% of all 2009 survey respondents reported their current location of employment as outside Ontario. The top three reasons why nurses chose to accept a position in nursing outside Ontario were because they were unable to find a permanent position, they relocated due to spouse/family and they were unsatisfied with their area of practice. Availability of FT work was the top reason that would motivate these nurses to return to Ontario, followed by availability of desired clinical practice area, job security and better workload/work opportunities.

The percentage of new graduates seeking employment outside Ontario is small.

STAKEHOLDER PERCEPTIONS OF THE NURSING GRADUATE GUARANTEE 2009-2010

This section reports on the evaluation data from surveys, focus groups and interviews that identify stakeholder responses to the NGG. Data collected from key stakeholders (employers, new graduates, staff nurse mentors and union representatives) are triangulated to compare and contrast the responses. The integration of data from these sources serves to validate the findings.

There has been a significant shift in the key issues identified by stakeholders in evaluating the 2009-2010 cycle of the NGG. The greatest concern identified by employers was the lack of FT jobs available for new graduates. Employers indicated a change in their ability to offer FT employment and consequently participate in the NGG in the same capacity as they had in previous years. The 2009 new graduates also identified a noticeable decrease in FT opportunities available through the NGG website. The following sections describe the major factors identified by the participants and their overall reactions to the program.

The greatest concern identified by employers in 2009 was the lack of FT jobs available for new graduates.

LAUNCHING OF THE NURSING GRADUATE GUARANTEE: HOW INFORMATION WAS RECEIVED

Employer survey respondents were asked how they heard about the NGG program. The majority (81.8%) indicated that they had participated in past initiatives and were aware that it had continued for 2009-2010. Only 20.3% indicated that they had first heard about the NGG through a MOHLTC visit. However, 51% of employers indicated they had participated in the MOHLTC employer information sessions held in the Spring of 2009. Interestingly, 9.5% of respondents indicated that they learned of the NGG through nursing students at their organization.

Many employers reported they were not aware that the NGG was continuing for the 2010-2011 year.

Employers who participated in the focus groups were generally well informed about the NGG. However, many indicated that they had not yet heard if the program was continuing through the 2010-2011 year. This was a challenge for employers as they attempted to forecast and budget for their staffing needs in the upcoming year. One employer commented: "We find that one challenge . . . it is difficult to know when to start recruiting new grads when we still haven't received confirmation as to whether or not the NGG is going to continue."

New graduate survey respondents were asked how they first learned about the NGG. Over half (54.1%) said they had learned about it through promotional advertisements at their school, 48.4% indicated they had learned about it from other students and 31.7% had heard about it through their clinical placements. Interview findings were consistent with these data. Most RNs and RPNs described first hearing about the NGG at their school, either from their professors, through a presentation made by HFOJobs or from other students who were further along in the program or who had graduated and participated in the program.

The staff nurses who mentored the new graduates reported that they heard about the NGG from administrators and managers in their organization. However, there were mixed reports about the kind of information received. Some received good information about their role as a mentor and generally understood the timelines of the program; others were not well informed about being a mentor. The latter was more typical in organizations in which the new graduate rotated through units and partnered with more than one mentor.

New graduates were well informed about the NGG.

EVALUATION OF THE NGG WEBSITE

Employer Experience Using the NGG Program Website

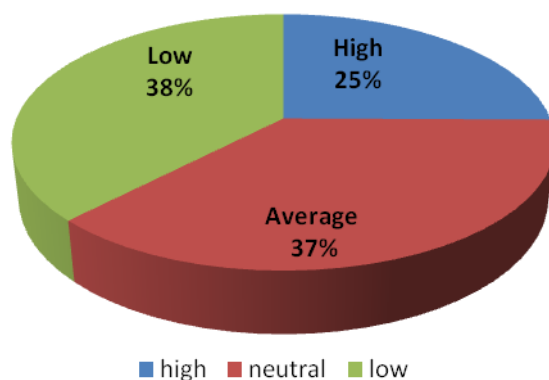
This year, employers were asked to rate the instructions for posting positions, user-friendliness of the website and overall experience with it. Similar to 2008, employers gave high ratings to the clarity of instructions for posting positions; 69.6% rated the instructions as clear or very clear in 2009 compared to 73.2% in 2008. In terms of user-friendliness, 41% of employers rated it as user-friendly or very user-friendly. These results are consistent with 2008 evaluation data.

Employers gave the NGG program website high ratings.

Figure 5 shows 2009 employer satisfaction ratings with the NGG website. For the overall experience in using the NGG website, employers gave similar ratings across the three categories of high (25%),

average (37%) and low (38%). These data are similar to 2008 employer ratings, although a greater percentage of employers rated their overall experience as high in 2008 (38%) compared to 2009 (25%). See Appendix M for specific employer satisfaction across the three years of the evaluation.

Figure 5. Employers' Rating of Their Overall Experience With the Nursing Graduate Guarantee Website



The majority of employers who participated in the focus groups had no complaints about the NGG website regarding design and functionality. They believed it worked well and were able to navigate through the system in an efficient manner; however some sector specific differences did emerge. Community organizations indicated there were some difficulties navigating through the website, especially for first time users. Overall, ratings were good and employers agreed that the system was an effective mechanism for matching to new graduates.

The Time Factor for Employers

Two-thirds (67%) of employers indicated that it took about the amount of time they anticipated to register and post positions on the portal. This percentage increased from 58% in 2008. The percentage of employers who indicated that it took more time than anticipated decreased from 33% in 2008 to 29% in 2009. The percentage of employers who indicated that it took less time than anticipated increased from 3% in 2008 to 4% in 2009.

Employers believed the NGG website was an efficient method of recruitment.

When employers compared the efficiency of recruiting through the website to their usual way of recruiting, a greater percentage of employers rated the website as more efficient in 2009 than in previous years. In 2009, 44.4% of employers indicated that the website was more efficient compared

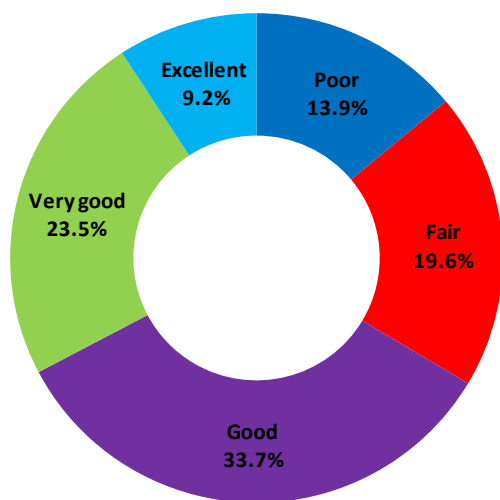
to 33% in 2008 and 31% in 2007. The proportion of employers who reported there was no notable difference between the website and recruitment outside of the website was lower in 2009 (27.8%) compared to 2008 (38.7%). However, the percentage of employers who rated the website as less efficient increased from 17.4% in 2008 to 21.8% in 2009.

New Graduate Experience Using the Employment Portal

Two-thirds (66.4%) of new graduate respondents who participated in the 2009-2010 cycle of the NGG rated their overall experience with the HFOJobs Nursing Graduate Guarantee Program website as positive. However, compared to survey findings from 2008-2009, the percentage of new graduates who gave a positive rating decreased by 17% (from 83% in 2008 to 66% in 2009). In addition, over one-third (33.5%) of 2009 new graduates rated their experience as poor or fair compared to only 17% in 2008. As shown in Figure 6, the percentages for the overall rating by new graduates in 2009 were good (34%), very good (24%) and excellent (9%).

Two-thirds of new graduates rated their experience with the NGG program website as positive.

Figure 6. New Graduates' Rating of Their Overall Experience With HFOJobs Nursing Graduate Guarantee Program Website, 2009-2010



Survey findings indicated that RNs and RPNs were satisfied with the ease of use (66% for RNs and RPNs) and utility of support services (RNs 60%; RPNs 64%). However, both rates have decreased since 2008 (see Table 18). The appropriateness of posted job to need and matching of posted jobs

with job requests also showed declines in the rate of satisfaction for both RNs and RPNs over the past year. In 2008, 72% of RNs gave appropriateness of posted jobs to need high ratings compared to only 61% in 2009. Similarly, 64% of 2008 RPN new graduates gave appropriateness of posted jobs to need high ratings compared to 53% in 2009. For matching of posted jobs with job requests, 79% of RN and 74% of RPN 2008 graduates rated this component as high compared to 63% of RN and 48% of RPN 2009 graduates.

Data from the new graduate interviews validated the survey findings concerning user-friendliness of the website. Most new graduates reported no difficulty with the technical aspects. Both RNs and RPNs from across the sectors commented that they "found it very straightforward" and that it was "very easy to use." Some new graduates still described issues with using the résumé builder, but they chose not to use it and attached their own résumé instead. This function was not previously available to new graduates. Additional difficulties and recommendations are listed in Appendix N.

Most new graduates reported no difficulty with technical aspects of the website with only a few continuing to have difficulty using the resume builder.

Table 18. Registered Nurse and Registered Practical Nurse Evaluation of the Employment Portal Dimensions

Rating	Nurse Type	Ease of Use (%)			Utility of Support Services * (%)			Appropriateness of Posted Job to Need (%)			Portal Job Match to Request (%)		
		2007	2008	2009	2007	2008	2009	2007	2008	2009	2007	2008	2009
High or Very High	RN	65.1	78.0	66.3	56.9	66.0	60.4	67.9	71.7	61.1	67.3	78.8	62.5
	RPN	67.3	66.7	65.7	63.1	74.5	64.2	61.2	63.7	52.6	55.2	74.1	47.7
Neutral	RN	22.5	17.4	23.1	26.4	18.5	16.8	22.9	19.8	22.8	21.6	9.7	18.2
	RPN	24.6	26.7	22.5	22.9	13.2	15.6	23.1	21.6	22.4	25.2	15.0	29.2
Low or Very Low	RN	12.4	4.6	10.6	16.7	15.5	22.9	9.2	8.5	16.1	11.1	11.6	19.3
	RPN	8.1	6.6	11.8	14.0	12.3	20.2	15.7	14.7	24.9	19.6	10.9	23.1

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

*29% of RNs and 22% of RPNs indicated that they did not use the portal support services. The percentage breakdown is for those who used the services.

Source: New Graduate Evaluation of Nursing Graduate Guarantee Survey, 2007, 2008-2009, 2009-2010.

FACTORS AFFECTING PARTICIPATION IN THE NURSING GRADUATE GUARANTEE

In previous years of the evaluation, challenges to placing new graduates in FT supernumerary positions were nurse (e.g., poor performance in interview) and employer related (e.g., lack of

There was a notable change in employers' ability to offer FT work.

funding). This year, the challenges were employer based and reflected a lack of resources (e.g., staff, vacancies, FT permanent positions) to support new graduates through the program. Data in the following section is reported from the perspective of employers and new graduates, but focuses on employers ability to offer new graduates FT work.

REASONS FOR NOT OFFERING SUPERNUMERARY POSITIONS

Employers did not offer new graduates supernumerary NGG positions for various reasons. The most often stated reasons included a lack of FT positions/resources (24.1%), a mismatch between the skills of an applicant and those needed for the position (17.2%), low/no applicants and because the new graduate rejected the position (13.8% each). In 2007, the top reason employers provided for not offering a supernumerary position was that the new graduate had rejected the offer/accepted a position elsewhere (21%). In 2008, the percentage of employers who gave this reason had dropped significantly to just over 6%. In 2009, this percentage increased to 14%. Similarly, in 2007, a lack of available positions was cited by 6% of employers. By 2009, however, this percentage increased to 24.1%. A percentage breakdown for all the reasons provided by employers across the three years of evaluation is presented in Table 19.

Employers were unable to offer supernumerary positions for a variety of reasons.

Table 19. Reasons Given by Employers for not Offering a Temporary Full-Time Position

Reason	Percentage		
	2007	2008	2009
New grad accepted offer elsewhere/Offer rejected	20.9	6.1	13.8
Poor performance in interview	16.5	16.7	6.9
Mismatch between nurse's skills and those needed for the position	15.7	20.2	17.2
Mismatch between nurse's knowledge and that needed for the position	13.9	20.2	6.9
Low/No applications	8.7	11.4	13.8
No positions/Resources available	6.1	14.9	24.1
Application not professional	6.1	1.8	0.0
Poor applicant	3.5	1.8	–
Other	8.6	7.0	17.5

Source: Employer Evaluation of Nursing Graduate Guarantee Survey, 2007, 2008-2009; Non-Participating Employer Survey of Nursing Graduate Guarantee, 2009-2010.

Employers who participated in the focus groups described the factors they needed to consider before posting a position through the NGG website. Many of the managers talked about using strategies such as forecasting models to predict upcoming vacancies that could be turned into NGG positions if the proper resources were available (e.g., mentors). One employer described the process as follows:

When it's coming time for new grads to be coming out of school, probably two to three months ahead of graduation time, I start polling our leaders and saying . . . how many do you think you can handle on your unit? How many mentors do you have? That kind of thing . . . but I poll the managers to make sure we will have enough mentors, and then I post the positions accordingly.

All employers indicated that positions posted through the NGG were unfilled vacancies that did not receive interest from internal candidates, as per their collective agreements. However, many noted that these positions were becoming scarce as more PT and casual staff nurses are applying and accepting posted FT positions. Employers attributed this change to the poor economy:

Until . . . the stock market tanked we were very successful in moving them [new graduates] in, but what we found is that our existing staff who were part-time and casual have moved into our full-time positions . . . that has been our trend, and I'm thinking a lot of it has to do with the economy.

Employers used forecasting models to predict upcoming vacancies for new graduates.

Another major consideration for employers this year was the financial responsibility if the new graduate is not transitioned to a FT permanent position after six months. This additional cost required employers to budget for NGG positions to ensure they had funding available to support the last six weeks and limited employer participation. One employer explained this difficulty:

The majority of the new grads that I have been transitioning over the past couple of months--mostly ones that were hired back in the fall--we unfortunately haven't really been able to put them into full-time. I think I have had maybe two out of 10 to date that have had to take part-time positions. So that, of course, does cut down on the amount—[of funds available for reinvestment].

A major consideration for employers was the cost for the additional 6 weeks of FT.

NEW GRADUATE BEHAVIOURS AND JOB SEARCHING

There was a sense among the new graduate interviewees that NGG positions were becoming less available compared to previous years. An RN who did not obtain an NGG position commented on

the lack of jobs for her graduating year: "We looked on the [website] a year ahead of graduation and there were a lot of postings. Then when it was time to apply (and the recession had started), there was nothing."

There was a mixed response about the variety of postings and availability of positions regionally. This was more of a challenge for RPNs who indicated that they could not move from their home town. In addition, new graduates believed that some of the postings were not available jobs. A new graduate called an employer to inquire about postings and was told that new graduates were not being hired. Another found that larger hospitals had a number of postings, but believed they were posted for graduates who had done their fourth-year clinical placement at the organization and were now eligible for the NGG:

There were . . . postings, but they were for their own clinical placement students that were graduating and going into NGG . . . so a lot of the positions we were applying for . . . [were not] true position[s] . . . many of us applied and we went back to see, and the position had already been deleted.

As a result, some new graduates lacked confidence in the online posting and matching process. A few of those interviewed stated that their résumés were not uploaded properly and were unaware of the issue until an employer contacted them to resubmit. The concern for these graduates was that other employers did not contact them because they did not receive their résumés. One RN commented, "It's not the same as handing your résumé to a manager." Overall, new graduate interviewees would have liked more direct contact with employers in the application phase of the program.

Some new graduates approached employers during their fourth-year clinical placement or through their PT jobs to initiate a position through the NGG. In many of these cases, the employers were unaware of the program and had already offered the new graduates a permanent position. As in previous years, some new graduates were offered positions during their consolidation and told to register and apply to the posting on the NGG website. There continues to be this "outside process" between employers and new graduates.

NEW GRADUATE REASONS FOR NOT MATCHING THROUGH THE NGG WEBSITE

There was a mixed response from new graduates about the variety of postings and availability of positions regionally.

Some new graduates lacked confidence in the online posting and matching process.

Of the 2009 new graduates who responded to the survey, 62.1% of RNs and 46.7% of RPNs were in positions made available to them through the NGG. In contrast, 73.1% of RN and 61.9% of RPN new graduate survey respondents indicated they were in a position made available to them through the NGG in 2008. The reasons most frequently cited by 2009 new graduates for not matching are shown in Table 20. The percentage of new graduates who had secured a position outside the portal has decreased (8.2%) since 2008, while the percentage who had no response from employers increased (40.3%). One other notable change is that the percentage of new graduates who cited a lack of interest in posted positions or stated that posted positions were outside their geographic region of interest increased from 23.9% in 2008 to 45.6% in 2009.

Table 20. Reasons Given by Nursing Graduates Who Did Not Match Into an NGG Position

Reason	Percentage of New Graduates	
	2008 (N=176)	2009 (N=450)
Chose to accept a permanent position instead of participating in the NGG	42.6	34.4
Posted positions are not of interest/Not in geographic regions of choice	23.9	45.6
Not seeking a nursing position at the present time	4.5	4.4
Applied for positions but received no response from employers	25.0	65.3
Did not pass the nursing exam	4.0	4.7
Other	24.4	–

The percentage of new graduates who received no response from employers increased by 40% since 2008.

Note. Numbers do not add to 100% because new graduates were asked to check all that apply.

Source: New Graduate Evaluation of Nursing Graduate Portal Survey, 2007, 2008-2009, 2009-2010.

Consistent results emerged through the interviews with new graduates. Many of the nurses described a lack of timely response from employers. As a result, the process was discouraging for some.

PROCESS OF HIRING NEW GRADUATES THROUGH THE NURSING GRADUATE GUARANTEE: ISSUES RESOLVED

In previous years, employers described the challenges in creating and sustaining supernumerary positions for new graduates. For example, the need to balance resource issues with patient care

needs and the intent of the initiative throughout its various stages. Staffing changes during the year required strategic planning for intake of new graduates across all sectors. With RN graduation occurring primarily in the spring, the extended orientation offered through the NGG coincided with summer staff shortages. As a result, fewer mentors were available because organizations needed to grant their FT staff summer vacations. This year, employers described hiring strategies that better complemented their staffing needs during peak vacation times.

With RN graduation occurring primarily in the spring, the extended orientation offered through the NGG coincided with summer staff shortages.

Overall, the majority of employer focus group participants began posting NGG positions in February/March. The intent was to capture fourth-year consolidation students and hire them into NGG positions upon graduation in April. In doing so, the organization is able to provide approximately two months (May and June) of orientation/mentorship before summer vacations and senior staff shortages. One employer explained the process:

We usually put them [postings] up around February . . . we have done it [this way to] capture the pre-grads who are here doing their consolidation period It's effective because then they're here, they see the posting and . . . graduate at the end of April, so their start date will be following graduation.

Employers developed intake strategies to complement their staffing needs during peak vacation times.

Another strategy used to alleviate the pressure of hiring new graduates during the summer months was to extend their intake across several months. An employer described using this approach:

Last year . . . [we tried] to stagger the intake so that we don't have a large cohort coming in the summer We really had to insist that we not have too many enter [during] June, July [and] August, so we tried to push some back to April [and] May. We had new grads coming in September [and] October and a few in November and December as well.

Other challenges in previous years were related to licensing and new graduates failing registration exam pre-orientation. In 2008-2009, a policy change was made to the initiative that allowed new graduates to return to their NGG position if they passed the exam on their second attempt. This helped resolve any employer confusion concerning the matter. Employers seem to have adapted to the initiative by creating strategies that support effective implementation of the program for all stakeholders.

Issues related to exam failures have been resolved.

ORIENTATION BENEFITS: MENTORING AND SUPPORT FOR NEW GRADUATES

The opportunity to have extended orientation and a mentor for six months was viewed as a major benefit of the initiative. The majority of new graduates were initially interested in the NGG because of the opportunity for FT work. Later they realized the true benefit was having a mentor available to support their transition from school to work. One RPN new graduate stated, "I realized after the NGG that it was a bonus If I hadn't done the NGG, I would have been so lost and so overwhelmed."

Employer and new graduate survey respondents were asked to rate the mentoring/supervision provided during the temporary FT supernumerary position. As shown in Table 21, ratings were somewhat similar: 94.6% of employers rated the provision of mentoring as good or above and 79.7% of new graduates rated their experience as good or above. The notable difference is that no employers rated the experience as poor. In contrast, 6.7% of new graduates felt they had a poor experience and 13.6% rated their experience as only fair.

These two categories account for 148 new graduates who did not have a good experience during mentoring. This number should be monitored in the future.

The extended orientation and mentoring component continues to be a major benefit of the NGG.

Table 21. Employer and New Graduate Ratings of the Mentoring Process

Rating	2008		2009	
	Employer: Provision of Mentoring Provided (%)	New Graduate: Experience With Mentoring (%)	Employer: Provision of Mentoring Provided (%)	New Graduate: Experience With Mentoring (%)
Excellent	18.3	30.5	17.1	27.9
Very good	51.3	30.1	41.1	27.9
Good	26.1	22.2	36.4	23.9
Fair	4.3	12.5	5.4	13.6
Poor	0.0	4.7	0.0	6.7

Source: Employer Evaluation of Nursing Graduate Guarantee Survey, 2008-2009, 2009-2010; New Graduate Evaluation of Nursing Graduate Guarantee Survey, 2008-2009, 2009-2010.

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. This model was used across all sectors and seemed to be effective

Mentoring models varied across organizations.

according to stakeholders. A second model of mentoring was found in organizations where new graduates rotated across different units over the six-month period. In this case, they were exposed to more than one mentor as they were reassigned each time they moved to a new unit.

This was an advantage for most of the new graduates interviewed because they were exposed to various styles and ways of doing things. One new graduate stated, "I liked having different people, they have different ideas, [and I] can use all of their ideas." This was a typical response from the new graduates, but not all respondents viewed the experience positively. One RN new graduate talked about the difficulties of having different mentors and felt she had to keep "proving herself" time and time again.

The new graduate interviews for this year revealed a third model of mentoring in which the new graduate was paired with two mentors. The first was a junior staff nurse who had graduated the previous year and the second was a senior staff nurse who had been employed in the organization for over 13 years. One interviewee noted, "The junior mentor remembered what it was like to be NG and she was part of the younger social group . . . the senior mentor was the leader on the unit . . . and had a lot of experience and knowledge."

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

CHALLENGES FOR MENTORS

Mentoring new graduates presented some challenges. From the employer perspective, mentors were viewed as overworked because of the number of students and new graduates coming into the organization. Employers were aware that a large number of new graduates entering the NGG program would affect staff nurse workload and could result in mentor burnout if not regulated. An employer commented:

One of the things that we are experiencing is something that we like to call 'mentor fatigue' . . . they're enthusiastic at the beginning, but when it's like an assembly line of new graduates coming in month after month, year after year, they do get a bit fatigued.

Some employers believed the staff nurse mentors were overworked because of the number of students and new graduates coming in to the organization.

A concern raised by mentors was the lack of communication between the employer and the staff nurse about their role as a mentor in the NGG program. A few of the mentors described asking the new graduate to clarify if they were a student, a new graduate or part of some other internal organizational program that included a mentoring component. It was evident from the interviews with nurse mentors that the large number of new nurses could be overwhelming at times.

Given their heavy workload, few nurse mentors were able to stay on top of the different people and various programs within their organizations. As one nurse working in a busy ER explained, "Now there's confusion [and] we always have to say: 'Are you a new grad or are you doing your pre-grad?'" Overall, however, the benefits of being a mentor far outweighed the challenges associated with the added workload. Staff nurses particularly enjoyed mentoring new graduates who were eager and willing to learn and grow as independent practitioners.

OFFERING PERMANENT FULL-TIME POSITIONS WITHIN THE REALITY OF THE WORKPLACE

NEW GRADUATE EXPERIENCES FOLLOWING NGG POSITION

New graduate survey respondents were asked to describe what happened following their temporary NGG position (see Table 22). Over one-third (37.8%) indicated that they were offered and accepted a FT position from their employer. An additional 20.4% were offered a PT position, which they accepted, and 9.3% were not offered a job by their employer. Interestingly, only 0.9% of new graduates chose to accept a PT position even though they were offered a FT employment. Since 2008, there has been a 14.3% decrease in the percentage of new graduates offered a FT position by their employers and a 5.8% increase in the percentage of those offered a PT position.

New graduates are transitioning into PT positions more in 2009 compared to 2008.

Table 22. New Graduate Experience Following Their Nursing Graduate Guarantee Position

Outcome	2008 Graduates	2009 Graduates
I was offered a full-time job by my employer and I took it	52.1%	37.8%
I was offered a part-time job by my employer and I took it	14.6%	20.4%
I was offered a full-time job by my employer but chose to take a part time job	1.5%	0.9%
I was not offered a job by my employer	4.7%	9.3%
I am working for a different employer	1.2%	0.7%
Other (please specify)	26.0%	30.9%

Total	100.0%	100.0%
--------------	---------------	---------------

Source: New Graduate Evaluation of Nursing Graduate Guarantee Survey, 2008-2009, 2009-2010.

REASONS WHY NEW GRADUATES WERE NOT OFFERED PERMANENT FULL-TIME POSITIONS

Over half (52.3%) of employer respondents indicated that they were not able to bridge the new graduate to a FT permanent position. Lack of available FT positions was cited as the main reason by 30.5% of employers in 2007 and 60.9% in 2009. The percentage of employers who indicated a lack of adequate funding has also increased since 2007 from 6.6% to 14.1%. Both of these percentages have doubled or more than doubled between 2007 and 2009. Table 23 provides a breakdown of all the reasons employers gave for not offering a FT position across the three years of the evaluation.

Employers cited a lack of FT jobs as the main reason for not bridging a new graduate to FT.

Table 23. Reasons Given by Employers for not Bridging a New Graduate into a Permanent Full-Time Position

Reason	Percentage		
	2007	2008	2009
Lack of availability of full-time positions	30.5	38.5	60.9
Nursing graduate rejection of the full-time offer	22.8	13.7	16.4
Failure of registration exam	15.2	18.6	22.7
Seniority/Union agreements	7.6	9.9	1.6
Inadequate performance	6.6	6.2	13.3
Lack of funding	6.6	9.3	14.1
Mismatch between offer and interest of nursing graduate	6.6	8.1	11.7
Other	8.6	16.1	17.2

Note. Numbers do not add to 100% because employers were asked to check all that apply.

Source: Employer Evaluation of Nursing Graduate Guarantee, 2007, 2008-2009, 2009-2010.

Employers discussed changes in the economy and budget cutbacks as the main factors contributing to the decrease in the number of FT positions available for new graduates. This trend was evident across all sectors but was particularly evident in long-term care. As one employer noted:

I think it's a great program to give somebody full-time work for six months and six weeks to . . . really get them started, but to be able to guarantee either part-time or full-time work in today's environment is not possible.

Employers discussed changes in the economy and budget cutbacks as the main factors contributing to the decrease in the number of FT positions available for new graduates.

New graduate interview data is consistent with the employer results. Many of the new graduates interviewed were unsuccessful in obtaining an NGG position. Of those who did, few described transitioning into FT work. One new graduate was offered a FT position in a float pool. However, at the time of her interview, she learned she was being bumped by a senior nurse who would otherwise be laid off. This experience resonated with other new graduates who described an overall lack of FT positions. Some even expressed concern for the 2010 graduating class: "There were . . . [fewer] positions the year I got hired, this past spring, than [in] any other previous year and even less this month [April 2010] for the new people graduating."

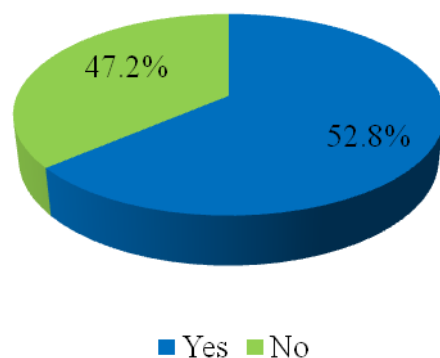
BARGAINING UNIT AND EMPLOYER COLLABORATION: WHERE ARE THE GAPS?

COMMUNICATION OF EMPLOYERS WITH THE BARGAINING UNIT

An online survey formed the basis for the union perspective on the NGG program and its effectiveness in the 2009-2010 year. The following sections outline union survey findings. Comparisons are made to previous years where applicable.

When asked about communication prior to participation in the NGG, just over half (52.8%) of union representatives indicated that employers communicated with the union (see Figure 7). This rate has dropped since 2008 when almost two-thirds (63.7%) of union representatives indicated that employers had communicated with the union prior to participation in the NGG.

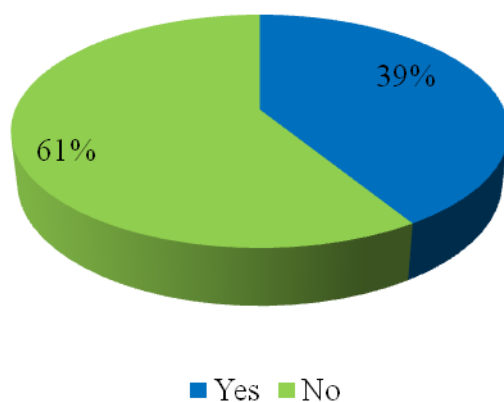
Figure 7. Percentage of Union Representatives Consulted Prior to Employer Participation in the Nursing Graduate Guarantee



There was a decrease in the percentage of union representatives reporting any communication with employers prior to participation in the NGG.

When asked if employers consulted the union prior to posting a position on the NGG website, only 39% of union representatives indicated that they did (see Figure 8). This percentage is similar to 2008 survey findings, in which 41.2% of union representatives indicated that employers had consulted them prior to posting a position on the NGG website. 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.

Figure 8. Percentage of Union Representatives Consulted Prior to Employer Posting on Nursing Graduate Guarantee Portal



Unions were dissatisfied with employers overall efforts to collaborate with the union throughout the NGG process.

Union survey respondents were asked if employers had contacted them before the final sign-off. Less than half (39.0%) said 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, 67.2% rated it as poor or fair and only 12.4% rated it as very good or excellent. Comparable data was not obtained in 2008 to determine if this is an ongoing trend. Future data collection will include these two variables as measures for overall union-employer collaboration.

NEW GRADUATES IN SPECIALTY POSITIONS: WHAT ARE THE ISSUES FOR THE BARGAINING UNIT

One significant issue identified by union leaders in 2008 was that new graduates had the opportunity to gain six months of experience in some specialty areas. Consequently, when a position was posted in those areas, the new graduates were considered to have more seniority than senior staff nurses

who did not have the necessary experience. Survey respondents were asked how often they believed this was happening in their organization. Results showed that most did not believe it was a frequent occurrence.

Table 24 provides the percent distribution of union representatives' perceptions that new graduates transitioned into a specialty position ahead of existing staff across two years of the evaluation (2008 and 2009). In 2009, 32.8% of union representatives indicated that new graduates never transitioned into a specialty position ahead of existing staff. This percentage has decreased since 2008 when 49.4% of union representatives indicated that new graduates never transitioned into a specialty position ahead of existing staff. Another notable trend is the drop in percentage of union representatives who indicated that new graduates sometimes transitioned into specialty positions. In 2009, 35.2% indicated this occurred compared to 23.6% in 2008. Very few union representatives (10.1% in 2008 and 13.1% in 2009) indicated that new graduates transitioned into specialty areas always or almost always.

New graduates never or almost never transitioned into a specialty area that an existing staff member would have wanted.

Table 24. Percent Distribution of Union Representatives' Perceptions that New Graduates Transitioned into a Specialty Area Position Ahead of Existing Staff, 2008-2009, 2009-2010

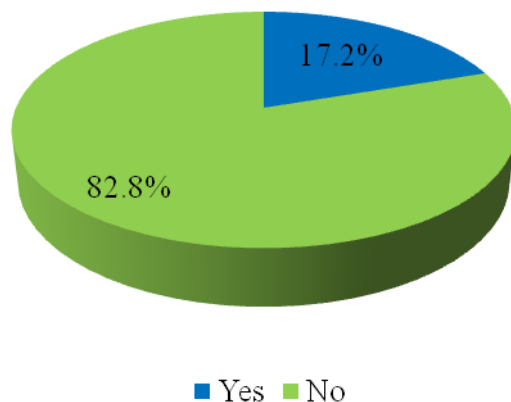
Rating	Percent (%) of Union Representatives	
	2008	2009
Never	49.4%	32.8%
Almost never	16.9%	18.9%
Sometimes	23.6%	35.2%
Almost Always	9.0%	9.8%
Always	1.1%	3.3%
Total	100.0%	100.0%

Source: Evaluation of the Nursing Graduate Guarantee - Union Representative Survey 2008-2009; 2009-2010.

REINVESTMENT OF FUNDS: WHO IS INVOLVED IN DECISIONS

Similar to last year's findings, union representatives indicated that they are not being consulted about how to reinvest the funds obtained from the NGG program. As shown in Figure 9, 82.8% of union representatives indicated they were not consulted about the reinvestment of funds. In 2008, this percentage was only slightly lower (80.2%). Of the 17.2% that indicated they were consulted, 60.4% were not satisfied with the nursing initiatives that employers chose to allocate the funds.

Figure 9. Percentage of Union Representatives Consulted Regarding the Reinvestment of Nursing Graduate Guarantee Funds



Employers are not collaborating with the union at a level that union representatives feel is reasonable. Employers in the focus groups indicated that the decreased availability of FT permanent jobs to transition new graduates into resulted in fewer opportunities to benefit financially from an early transition. Some employers described having to budget for the added cost of hiring a new graduate through the NGG program. Survey findings are consistent with employer focus group data regarding reinvestment of funds.

Fewer employers were able to reinvest funds from their participation in the 2009-2010 NGG compared to 2008-2009.

When asked if they were able to reinvest any funds from their participation in the 2009-2010 cycle of the NGG, 59.9% of employer survey respondents indicated they were not. Of those who did have funds available, the majority allocated funds to support interprofessional mentorship and preceptorship programs (64.7%), backfill the 80/20 initiative (52.9%) and internships for experienced nurses in specialty areas (37.3%). These data were consistent with last year’s findings. Table 25 provides a complete breakdown of responses.

Table 25. Percent Distribution of Initiatives Employers Chose to Reinvest Funds

Initiatives	Percentage of Employers	
	2008	2009
80/20 for staff nurses	70.2	52.9
Interprofessional mentorship and preceptorship programs	59.6	64.7
Internships for experienced nurses in specialty areas	34.0	37.3
Support internationally educated nurses and nurses re-entering the workforce	14.9	13.7

Other	12.8	13.7
-------	------	------

Note. Numbers do not add to 100% because employers were asked to check all that apply.

Source: Employer Evaluation of Nursing Graduate Guarantee, 2007, 2008-2009, 2009-2010.

DECISIONS ABOUT BRIDGING INTO FULL-TIME POSITION

There is inconsistent union involvement at the time of transitioning new graduates from the supernumerary position to FT. Only a few employers reported that a meeting was held between nursing leadership, the new graduate and union representatives to determine the readiness of the new graduate to transition into a regular FT position. This decision was more often made with the mentor and management. These findings are in keeping with union survey data in which 74.4% of respondents indicated that they were not involved in the decision to bridge the new graduate to a permanent FT position.

ADMINISTRATIVE AND BUDGETARY ISSUES

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. Similar to last year’s findings, the majority of employers were either neutral or satisfied with their experience requesting funds through the NGG (72.3%) and using the MOHLTC service level agreement (83.3%). However, compared to 2008, a greater percentage of employers rated requesting funds through the NGG as difficult or very difficult (27.7% compared to 24.6%). Table 26 provides a breakdown of employer ratings of their experiences.

The NGGMM is an online system through HFOJobs that allows employers to manage the funding, contracting and reporting aspects of the NGG.

Table 26. 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 Services Level Agreement (%)		
	2007	2008	2009	2007	2008	2009
Easy or very easy	36.1	28.3	40.8	43.0	31.2	26.0
Neither easy nor difficult	51.5	47.1	31.5	52.3	46.4	57.3
Difficult or very difficult	12.4	24.6	27.7	4.7	22.5	16.8

Total	100.0	100.0	100.0	100.0	100.0	100.0
--------------	--------------	--------------	--------------	--------------	--------------	--------------

Source: Employer Evaluation of Nursing Graduate Guarantee Survey, 2007, 2008-2009, 2009-2010.

Employer responses in the focus groups were varied. Some indicated that they had no concerns and found it easier now that the service agreement is done electronically. Others commented on the difficulties in getting E-signatures. Obtaining sign-offs was a time-consuming process involving multiple steps. Furthermore, the timelines were very tight. Employers described the difficulty in having all required signatories sign-off in the short time frame. One employer explained:

It's kind of challenging because oftentimes we only have about two weeks to get all the information together . . . by the time we're ready to get it e-signed, the CEO might not be available, and it's always been a hassle to do it through the e-signatures.

The majority of participants preferred the paper and pencil approach to obtaining signatures. E-signing is one area that continues to be an issue for employers and should be reassessed by the MOHLTC.

Additionally, employers were less satisfied with the amount of time required for the NGG funding process. Over half (52.7%) of survey respondents indicated that the funding process took more time than anticipated, 44.4% indicated it took the amount of time they expected and only 3.1% indicated it took less time than anticipated. Focus group participants agreed that the funding process did take more time than they would like. They described waiting for funding approval and subsequently waiting for the funds to be received. This was a challenge for employers, particularly when they were told, "Don't worry about the money, it will come through." One employer noted, "If full payment for the individual does not . . . come until the end of the fiscal year and into the following year . . . we are carrying it on our books." In addition, large multi-site organizations found the funding process cumbersome and difficult to complete for multiple sites. One employer believed the process favoured single site organizations and did not work well for employers who managed the NGG program for multiple sites through one corporate headquarters.

E-signing is one area that continues to be an issue for employers and should be reassessed by the MOHLTC.

Employers were less satisfied with the amount of time required for the NGG funding process.

OVERALL IMPACT OF THE NURSING GRADUATE GUARANTEE

STAKEHOLDER RESPONSE

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 (89.3%) and administrators (93.7%). However, this percentage has decreased slightly since the 2008 evaluation.

The overall response of all stakeholders 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	2007	2008	2009
Receptive or very receptive	84.6	97.7	89.3	95.9	96.6	93.7
Neither receptive nor unreceptive	13.2	1.6	10.7	2.7	2.7	5.6
Unreceptive or very unreceptive	2.2	0.8	0.0	1.4	0.7	0.8
Total	100.0	100.0	100.0	100.0	100.0	100.0

Source: Employer Evaluation of Nursing Graduate Guarantee, 2007, 2008-2009, 2009-2010.

Data from staff nurse interviews was consistent with these findings. Mentors who participated in the interviews agreed that the NGG was an excellent opportunity for new graduates to gain experience in their practice area of choice, especially for those wanting to work in specialty areas. One ER nurse commented, "I think back on my own experience as a new grad and [think] wouldn't it have been nice to have a six-month mentorship."

For employers, two key themes emerged from the focus group data. First, employers believed the NGG was a great change great to effective recruitment strategy that helped them meet their health human resource goals. They agreed that a major strength of the program was the funding support provided to hire new graduates and gradually absorb them into their organization in a FT capacity. One employer said, "This is definitely giving us an opportunity to get new grads in so that they're ready when postings become available six months down the road."

Employers believed the NGG was an effective recruitment strategy that helped meet their HHR goals.

In addition, smaller organizations in rural communities described the benefit of having the NGG help recruit new nurses to their communities without worrying about the cost of turnover if they decide to leave. An employer from a small rural community stated:

I think it has certainly helped to attract people . . . but I think it's also a trial for them. If they come here and they don't like it and they decide to leave because . . . they're from a larger urban centre and living in cottage country didn't really appeal to them after all, then we're not out so much financially. So we can take a flyer on some individuals in the hope that they may stay.

Another strength that employers mentioned was the opportunity and experience given to new graduates who participate in the NGG. Employers believed that the orientation/mentorship component of the program better prepared nurses for FT work because it helped them acquire skills and knowledge. Many employers thought that new graduates who participate in the NGG are more likely to succeed in practice settings than those who do not. One employer explained:

Having the structured program where there is accountability . . . on the organization to mentor . . . as well as the expectation that the new grad will complete a minimum amount of orientation, I think really makes the program beneficial and [allows] a lot of them to succeed more so than if they were just simply hired in with our old practices.

Many employers thought that new graduates who participate in the NGG are more likely to succeed in practice settings than those who do not.

The greatest benefit for new graduates was the opportunity for FT work, even if the long-term outcome was a PT or casual position. New graduate interviewees believed that having FT employment for 7.5 months was a tremendous advantage, especially in today's economy. Although not all new graduates were successfully matched, many felt that the program should continue for the next graduating class. One new graduate commented:

Even though we weren't successful [in getting a placement for the NGG], it should still continue . . . I think as the economy will get better . . . it's dependent on the economy because the hospitals don't have the money. That's what happens, but I think it's still a very good initiative.

CONCLUSION

Since the inception of the NGG initiative in 2007, the overall employment trend for new graduate nurses has continued in a positive direction. In 2006, researchers tracking new graduate employment found that new graduates preferred full-time (FT) employment but only a small percentage of them were able to find FT work (Baumann et al., 2006). Based on this trend, in 2007, the Ontario government made an investment to stimulate FT employment for new graduate nurses in the Ontario health care sector. There are 1198 potential employers in Ontario and 5139 (2910 RNs and 2229 RPNs) nurses who graduated in 2009.

The Nursing Graduate Guarantee (NGG) is a financial stimulus package created to encourage full time (FT) employment for Ontario nursing graduates. The fund supports six months of employment and includes an extended orientation and mentorship program. Since 2007, 8123 new graduates and 250 employers have participated in the program (Ministry of Health and Long-Term Care [MOHLTC], 2010). The hospital sector has the largest percentage of employer participation with over 70% of hospital corporations in Ontario taking part in the initiative.

Since 2005, there has been an upward trend in FT employment for new graduates. The 2009-2010 new graduate survey data (Baumann, et al, 2010) was recently ratified by the College of Nurses of Ontario (CNO) annual membership statistics. The new member Registered Nurse (RN) category showed a FT employment rate of 71% (CNO, 2010). In early 2010, the results of the new graduate survey indicated that FT employment for RNs was 67% (Baumann et al., 2010). The new member Registered Practical Nurses (RPN) category showed 36% of new members working FT (CNO, 2010). This was a lower percentage than the results of the new graduate survey which indicated FT employment for RPNs was 49% in early 2010 (Baumann et al., 2010). Even though the overall rate of FT for both nurse categories has increased since 2005, it still merits targeted attention.

The three year evaluation data demonstrated the overall effectiveness of the NGG in integrating new graduates into the health care system (Baumann et al., 2008, 2009, 2010). There has been an upward trend in FT employment since the introduction of the NGG. In the 2009-2010 study sample, the number of new graduates employed increased from 899 (2008) to 1141 (2009). The data also

indicates that there was an overall increase in the number of FT jobs for new graduate survey respondents (from 679 in 2008 to 700 in 2009).

In summary, there is an upward trend in FT employment. There are a number of factors which must be considered when examining employment trends of new graduate nurses. The existing labour market conditions are important as well as the overall supply of RNs and RPNs in any given year. Although there are 1198 potential health care employers in the province of Ontario, the ability to offer FT positions does fluctuate.

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 email and were on a voluntary basis. Survey results are subject to volunteer bias and may not reflect the experience of all 2009 new graduate nurses, employers and union representatives.

RECOMMENDATIONS

The following recommendations are intended to increase FT employment of newly graduated nurses and facilitate their integration into the workforce. Based on the continued success of the NGG, it is recommended that the employment initiative be retained to encourage FT employment during this challenging economic time; that the Ministry focus on strategies to encourage employer participation among public institutions identified as high need sectors (i.e., long-term care, community) and geographical contexts (i.e., rural) and, that opportunities to capitalize on the efficiency of the NGG by combining it with other initiatives (e.g., Ontario Nursing Workforce Alliance) be considered.

In addition to the overall recommendations, stakeholders identified specific areas for improvement to enhance implementation of the initiative. First, introduce a system whereby an automatic email is sent to employers to remind them to check the activity of their postings. Some employers do not visit the website frequently and often miss when new graduates have applied to their posting. Second, provide employers with notification of their acceptance into the program. Currently employers do not know if they have met the requirements of the budget submission until the money is flowed for each new graduate matched. Employers would like to know that their request has been accepted before they hire the new graduate. Finally, provide more timely notice of the continuation of the initiative to employers in subsequent years.

REFERENCES

- Alameddine, M., Laporte, A., Baumann, A., O'Brien-Pallas, L., Croxford, R., Mildon, B., Wang, S., Milburn, B., & Deber, R. (2006a). Where are nurses working? Employment patterns by sub-sector in Ontario, Canada. *Journal of Healthcare Policy*, 3(1), 56-77.
- Alameddine, M., LaPorte, A., Baumann, A., O'Brien-Pallas, L., Mildon, B., & Deber, R. (2006b). Stickiness and inflow as measures of the relative attractiveness of various sub-sectors of employment. *Social, Science and Medicine*, (63)9, 2310-2319.
- Allen, M., Ceolin, R., Ouellette, S., Plante, J., & Vaillancourt, C. (2006). *Health human resources and education: Outlining information needs*. Ottawa, Ontario: Statistics Canada: Culture, Tourism and Statistics Division.
- Batch, M., Barnard, A., & Windsor, C. (2009). Who's talking? Communication and the casual/part-time nurse: A literature review. *Contemporary Nurse*, 33(1), 20-29.
- Baumann, A., & Blythe, J. (2003). Restructuring, reconsidering, reconstructing: Implications for health human resources. *International Journal of Public Administration*, 26(14), 1561-1579.
- Baumann, Blythe, J., Cleverley, K., & Grinspun, G. (2006, May). *Health Human Resource Series Number 2. Educated and underemployed: The paradox for nursing graduands*. Hamilton, Ontario: Nursing Health Services Research Unit, McMaster University.
- Baumann, A., Fisher, A., Blythe, J., & Oreschina, E. (2003). *Vacancy rate: A proxy for staffing shortage*. Hamilton, Ontario: Nursing Effectiveness, Utilization and Outcomes Research Unit, McMaster University.
- Baumann, A., Hunsberger, M., Idriss, D., Alameddine, M., & Grinspun, D. (2008, June). *Health Human Resource Series Number 10. Employment of nursing graduates: Evaluation of a provincial policy strategy*. Hamilton, Ontario: Nursing Health Services Research Unit, McMaster University.
- Baumann, A., Hunsberger, M., Idriss-Wheeler, D., & Crea-Arsenio, M. (2009, November). *Health Human Resource Series Number 19. Employment integration of nursing graduates: Evaluation of a provincial policy strategy*. Hamilton, Ontario: Nursing Health Services Research Unit, McMaster University.
- Baumann, A., Keatings, M., Holmes, G., Oreschina, E., & Fortier, V. (2006, October). *Health Human Resources Series 4. Better data, better decisions: A profile of the nursing workforce*

at Hamilton Health Sciences Corporation 2002-2003. Hamilton, Ontario: Nursing Health Services Research Unit, McMaster University.

Baumann, A., O'Brien-Pallas, L., Armstrong-Stassen, M., Blythe, J., Bourbonnais, R., Cameron, S., et al. (2001). *Commitment and care: The benefits of a healthy workforce for nurses, their patients and the system*. Toronto, Ontario: The Change Foundation and The Canadian Health Services Research Foundation.

Benach, J., & Muntaner, C. (2007). Precarious employment and health: Developing a research agenda. *Journal of Epidemiology and Community Health, 61*(4), 276-277.

Blythe, J., Baumann, A., Zeytinoglu, I., Denton, M., & Higgins, A. (2005). Full-time or part-time work in nursing: Preferences, tradeoffs and choices. *Healthcare Quarterly, 8*(3), 69-77.

Blythe, J., Baumann, A., Zeytinoglu, I., Denton, M., Akhtar-Danesh, N., Davies, S., & Kolotylo, C., (2008). Nursing generations in the contemporary workplace. *Public Personnel Management, 37*(2), 137-159.

Borbely, J. M. (2009). U.S. labor market in 2008: Economy in recession. *Monthly Labor Review, 3*-19.

Buerhaus, P. I., Auerbach, D. I., & Staiger, D. O. (2009). The recent surge in nurse employment: Causes and implications. *Health Affairs, 28*(4), 657-667.

Burke, R. J., & Cooper, C. L. (2006). *Human resources revolution: Why putting people first matters*. Amsterdam, the Netherlands: Emerald Group Publishing Limited.

Canadian Institute for Health Information. (2010, February). *Regulated nurses: Canadian Trends, 2004-2008*. Ottawa, Ontario: Author.

Cherry, M. A. (2006). No longer just company men: The flexible workforce and employment discrimination. Review essay on "From widgets to digits employment regulation for a changing workplace" by Katherine V. W. Stone (2004). *Berkeley Journal of Employment & Labor Law, 27*(1), 209.

College of Nurses of Ontario. (2007). *Membership statistics report 2007*. Toronto, Ontario: Author.

College of Nurses of Ontario. (2008). *Membership statistics report 2008*. Toronto, Ontario: Author

College of Nurses of Ontario. (2009). *Membership statistics report 2009*. Toronto, Ontario: Author

College of Nurses of Ontario. (2010a). *Membership statistics report 2010*. Toronto, Ontario: Author

College of Nurses of Ontario. (2010b). *Registered nurse renewal counts, 1994-2009*. Unpublished data. Toronto, Ontario: Author.

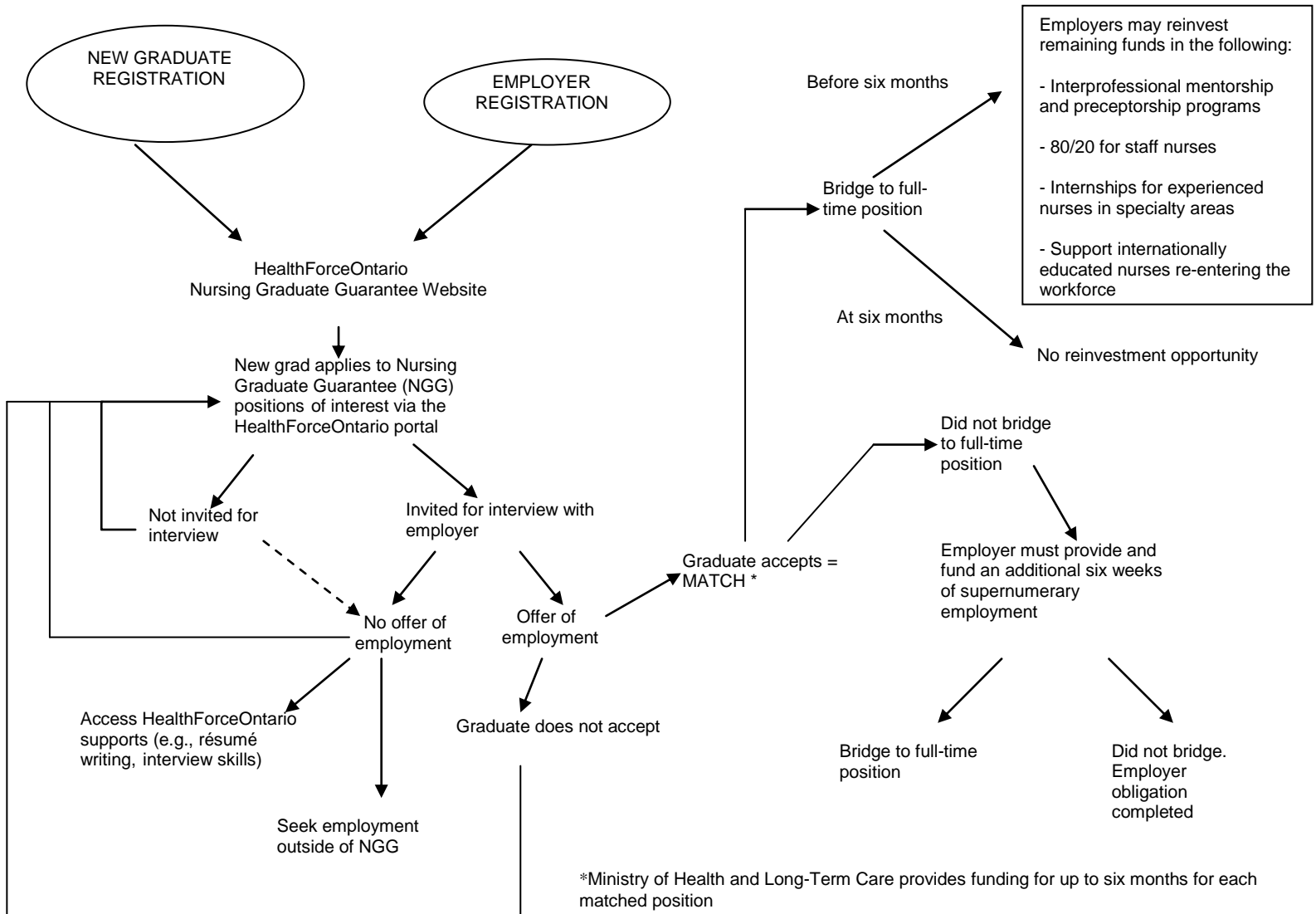
- College of Nurses of Ontario. (2010c). *Registered practical nurse renewal counts, 1994-2009*. Unpublished data. Toronto, Ontario: Author.
- Cummings, K. J., & Kreiss, K. (2008). Contingent workers and contingent health: Risks of a Modern economy. *The Journal of the American Medical Association*, 299(4), 448-450.
- Fisher, A., Baumann, A., & Blythe, J. (2007). The effects of organizational flexibility on nurse utilization and vacancy statistics in Ontario hospitals. *Nursing Leadership*, 30(4), 46-62.
- Fraher, E., Carpenter, J., & Broome, S. (2009). Health care employment and the current economic recession. *North Carolina Medical Journal*, 70(4), 331-336.
- Grinspun, D. (2003). Part-time and casual nursing work: The perils of health-care restructuring. *International Journal of Sociology and Social Policy*, 23(8/9), 54-70.
- Hayes, L., O'Brien-Pallas, L., Duffield, C., Shamian, J., Buchan, J., Hughes, F., Spence-Laschinger, H., North, N., & Stone, P. (2006). Nurse turnover: A literature review. *International Journal of Nursing Studies*, 43(2006), 237-263.
- Haygroup. (2001). *Review and audit of the 1999/2000 Nursing Enhancement Fund: Final report submitted to the Implementation Monitoring Sub-Committee of the Joint Provincial Nursing Committee*. Retrieved April 22, 2008 from http://www.health.gov.on.ca/english/public/pub/ministry_reports/nursing_fund/nursing_fund.pdf
- HealthForceOntario. (2009). *Nursing graduate guarantee overview: The nursing graduate portal*. Retrieved November 9, 2009, from: <http://www.healthforceontario.ca/Work/InsideOntario/OntarioNurses/NursingGradGuarantee/Overview.aspx>
- Heery, E., & Salmon, J. (2000). *The insecure workforce*. London: Routledge.
- Ministry of Finance. (2008, March). *2008 Ontario budget: Strengthening Ontario's future by investing in health care*. Retrieved October 27, 2009, from www.fin.gov.on.ca
- Ministry of Finance. (2010). *2010 Ontario budget: Open Ontario: Ontario's plan for jobs and growth*. Retrieved June 4, 2010 from www.fin.gov.on.ca
- Ministry of Health and Long-Term Care. (1999, January). *Good nursing, good health: An investment for the 21st century*. Retrieved November 9, 2006, from http://www.health.gov.on.ca/english/public/pub/ministry_reports/nurserep99/nurse_rep.html

- Ministry of Health and Long-Term Care. (2004a). *Hospital allocations announcement St. Michael's Hospital* (2004, July 26, News Media). Retrieved April 17, 2008 from:
http://www.health.gov.on.ca/english/media/speeches/archives/sp_04/sp_072604.html
- Ministry of Health and Long-Term Care. (2004b). *McGuinty government improving health services by investing in better quality nursing care* (2004, December 8, News Release). Retrieved December 8, 2006, from http://ogov.newswire.ca/ontario/GPOE/2004/12/08/c2943.html?lmatch=&lang=_e.html
- Ministry of Health and Long-Term Care. (2004c). *McGuinty government invests in nurses' health and safety* (2004, February 24, News Release). Retrieved April 22, 2008, from http://ogov.newswire.ca/ontario/GPOE/2004/02/10/c8369.html?lmatch=&lang=_e.html
- Ministry of Health and Long-Term Care. (2005). *2005 Data quality report: The state of data quality in Ontario*. Retrieved May 14, 2008, from http://www.health.gov.on.ca/transformation/providers/information/im_dataquality.html
- Ministry of Health and Long-Term Care. (2006a). *McGuinty government improving health services by investing in better quality nursing care* (2006, December 8, News Release). Retrieved June 2, 2008, from http://ogov.newswire.ca/ontario/GPOE/2004/12/08/c2943.html?lmatch=&lang=_e.html
- Ministry of Health and Long-Term Care. (2006b). *McGuinty government introducing legislation to improve care in long-term care homes* (2006, October 3, News Release). Retrieved April 22, 2008, from http://www.health.gov.on.ca/english/media/news_releases/archives/nr_06/oct/nr_100306.html
- Ministry of Health and Long-Term Care. (2006c). *McGuinty government invests in nurses* (2006, January 26, News Release). Retrieved June 2, 2008, from http://www.health.gov.on.ca/english/media/news_releases/archives/nr_06/jan/bg_012606.pdf
- Ministry of Health and Long-Term Care. (2007, February). *McGuinty government offers full-time job opportunity for every Ontario nursing graduate*. Retrieved September 12, 2008, from http://www.health.gov.on.ca/english/media/news_releases/archives/nr_07/feb/nursing_graduate_nr_13_20070226.html.

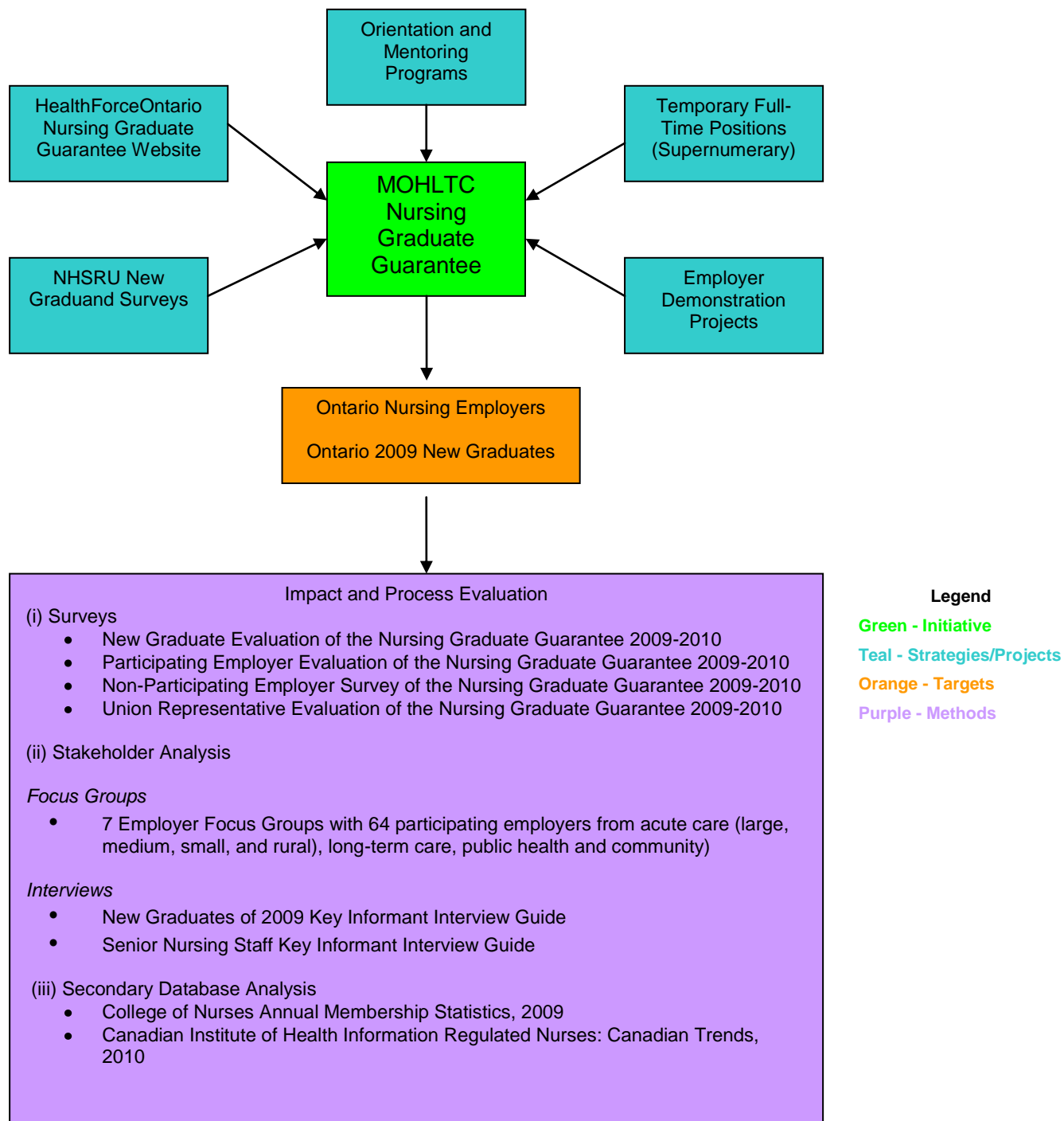
- Ministry of Health and Long-Term Care. (2008, June). *Guidelines for participation in the nursing graduate guarantee*. Retrieved March 18, 2009, from <http://www.healthforceontario.ca/upload/en/homepage/ngg%20posted%20revised%20guidelines%20-%20august%208.pdf>
- Ministry of Health and Long-Term Care, Nursing Secretariat. (2010, June). *Nursing graduate guarantee participation*. Unpublished data. Toronto, Ontario: Author.
- Ministry of Training, Colleges and Universities. (2005). *Employment profile: A summary of the employment experience of 2003-2004 college graduates six months after graduation*. Toronto, Ontario: Author.
- Ministry of Training Colleges and Universities. (2010, May). *Registered nurse and registered practical nurse intake and graduation numbers*. Unpublished data. Toronto, Ontario: Author.
- O'Brien-Pallas, L., Duffield, C., & Alksnis, C. (2004). Who will be there to nurse? *Journal of Nursing Administration*, 34(6), 298-302.
- O'Brien-Pallas, L., Tomblin-Murphy, G. & Shamian, J. (2008). *Understanding the costs and outcomes of nurses' turnover in Canadian hospitals: Final Report*. University of Toronto, Nursing Health Services Research Unit. Retrieved June 3, 2010 from www.hhrchair.ca/research.cfm
- Ryten, E. (1997). *A statistical picture of the past, present and future of registered nurses in Canada*. Ottawa, Ontario: Canadian Nurses Association.
- Ryten, E. (2002). *Planning for the future: Nursing human resource projections. A report to the Canadian Nurses Association*. Ottawa, Ontario: Canadian Nurses Association.
- Salam, R. (2009). The death of macho. *Foreign Policy*. Retrieved October 19, 2009, from http://www.foreignpolicy.com/articles/2009/06/18/the_death_of_macho
- Scarpetta, S., Sonnet, A., & Manfredi, T. (2010). Rising youth unemployment during the crisis: How to prevent negative long-term consequences of a generation? (OECD Social, Employment and Migration Papers, No. 106), Paris: Organisation for Economic Co-operation and Development.
- Simoens, S., Villeneuve, M., & Hurst, J. (2005). *Tackling nurse shortages in OECD countries* (OECD Working Paper No. 19). Paris: Organisation for Economic Co-operation and Development.

Standing, G. (2008). Economic insecurity and global casualisation: Threat or promise? *Social Indicators Research*, 88(1).

APPENDIX A. NURSING GRADUATE GUARANTEE APPLICATION PROCESS



APPENDIX B. NURSING GRADUATE GUARANTEE INITIATIVE



APPENDIX C. 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*
1505	1465	1358	902	456	32.7%	29.3%

Note. Total number of Nursing Graduate Guarantee portal registrants was 4630.

Source: New Graduate Evaluation of Nursing Graduate Portal Survey, 2009-2010.

APPENDIX D. PERCENT DISTRIBUTION OF NURSING GRADUATES BY NURSE TYPE AND LOCAL HEALTH INTEGRATION NETWORK REGION

Number	Local Health Integration Network Region	Registered Nurse	Registered Practical Nurse	Total
1	Erie St. Clair	2.5%	5.3%	3.4%
2	South West	9.8%	6.4%	8.8%
3	Waterloo Wellington	3.0%	4.2%	3.4%
4	Hamilton Niagara Haldimand Brant	11.0%	11.6%	11.2%
5	Central West	2.5%	3.6%	2.9%
6	Mississauga Halton	7.3%	6.9%	7.2%
7	Toronto Central	22.7%	18.8%	21.5%
8	Central	5.4%	8.0%	6.2%
9	Central East	7.3%	9.1%	7.9%
10	South East	3.0%	5.8%	3.9%
11	Champlain	14.3%	10.8%	13.2%
12	North Simcoe Muskoka	1.8%	3.3%	2.3%
13	North East	7.2%	8.6%	7.6%
14	North West	3.4%	2.8%	3.2%

Note. The majority of graduate registered nurses (87%) and registered practical nurses (86%) indicated that they were employed in their geographic region of choice.

Source: New Graduate Evaluation of Nursing Graduate Guarantee Survey, 2009-2010.

APPENDIX E. PERCENT DISTRIBUTION OF PARTICIPATING AND NON-PARTICIPATING EMPLOYER SURVEY RESPONDENTS BY LOCAL HEALTH INTEGRATION NETWORK

Number	Local Health Integration Network Region	Participating Employers	Non-Participating Employers
1	Erie St. Clair	5.8%	6.9%
2	South West	11.0%	10.5%
3	Waterloo Wellington	10.3%	4.8%
4	Hamilton Niagara Haldimand Brant	7.7%	17.3%
5	Central West	3.2%	3.2%
6	Mississauga Halton	3.2%	0.4%
7	Toronto Central	10.3%	11.3%
8	Central	5.8%	4.0%
9	Central East	5.8%	8.5%
10	South East	1.3%	4.0%
11	Champlain	9.0%	7.7%
12	North Simcoe Muskoka	7.1%	2.8%
13	North East	13.5%	11.7%
14	North West	5.8%	4.8%
	Other	—	2.0%
	Total	100.0%	100.0%

Source: Employer Evaluation of Nursing Graduate Guarantee Survey, 2008-2009, 2009-2010.

APPENDIX F. PERCENT DISTRIBUTION OF NURSING GRADUATES BY PRIMARY AREA OF PRACTICE AND NURSE GROUP 2007-2009

Primary Area of Practice	2007			2008			2009		
	RN	RPN	Total	RN	RPN	Total	RN	RPN	Total
Administration	0.0	0.2	0.1	0.2	0.0	0.2	0.0	0.3	0.1
Ambulatory/Outpatient	1.0	0.9	1.0	0.6	2.6	1.1	0.3	0.6	0.3
Case Management	0.4	0.2	0.3	0.5	0.4	0.4	0.1	0.3	0.2
Complex Continuing Care	1.2	12.7	5.5	0.8	11.1	3.4	1.7	12.2	5.0
Critical Care	6.4	0.2	4.1	8.5	0.4	6.4	10.4	0.0	7.2
Education	0.1	0.0	0.1	0.3	0.0	0.2	0.3	0.0	0.2
Emergency	11.1	1.1	7.4	11.1	0.9	8.4	9.8	0.6	6.9
Geriatrics	2.0	30.4	12.5	1.1	27.7	8.0	5.1	35.3	14.6
Informatics	–	–	–	–	–	–	0.3	0.0	0.2
Maternal/Newborn	9.3	1.1	6.3	8.7	0.9	6.7	7.3	2.2	5.7
Medicine	17.7	11.2	15.3	18.5	18.6	18.6	15.5	11.9	14.4
Mental Health/Psychiatric/Addiction	4.0	7.6	5.3	5.3	3.4	4.9	5.0	3.9	4.6
Occupational Health	0.2	0.0	0.1	0.2	0.0	0.1	0.0	0.0	0.0
Palliative Care	0.8	1.7	1.1	0.5	2.1	0.9	1.4	1.9	1.6
Paediatrics	8.5	1.5	5.9	8.1	1.7	6.4	4.2	1.9	3.5
Perioperative Care	2.2	0.6	1.6	2.3	0.0	1.7	0.9	0.8	0.9
Primary Care	1.8	4.7	2.8	0.8	0.9	0.8	2.0	1.9	2.0
Public Health	3.4	0.6	2.4	3.3	0.0	2.4	3.6	1.1	2.8
Rehabilitation	1.4	5.0	2.8	1.2	5.5	2.3	1.3	5.8	2.7
Surgery	17.3	9.0	14.2	15.3	5.9	13.0	15.1	5.3	12.0
Visiting Nurse	1.9	5.8	3.3	1.4	8.5	3.2	2.5	6.7	3.8
Other	9.5	5.6	8.0	11.3	9.4	10.9	13.4	7.2	11.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

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

Source: New Graduate Evaluation of Nursing Graduate Guarantee Survey, 2007, 2008-2009, 2009-2010.

*APPENDIX G. NURSING GRADUATE GUARANTEE EVALUATION SURVEY
EMPLOYMENT STATUS 2007-2009 COMPARED TO THE COLLEGE OF NURSES OF
ONTARIO NEW GENERAL CLASS MEMBERS 2008-2010*

Year	Employment Status (%)					
	Full-Time		Part-Time		Casual	
	RN	RPN	RN	RPN	RN	RPN
College of Nurses of Ontario Data*						
2008	75.7	34.0	20.6	49.4	3.8	16.5
2009	79.3	40.6	16.4	46.1	4.3	13.3
2010	71.3	35.9	22.5	49.1	6.2	15.1
Nursing Graduate Guarantee Evaluation Data**						
2007 New Graduates	84.5	60.7	10.6	18.5	3.5	13.8
2008 New Graduates	82.6	55.5	10.5	23.1	3.8	10.3
2009 New Graduates	66.8	49.4	20.1	26.9	7.8	12.2

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

*Data in a particular year reflect those of RNs and RPNs joining the College of Nurses of Ontario. Thus, 2010 figures are for 2009 new members.

** To capture new graduate experiences in the NGG data are collected no sooner than 6 months following graduation. Thus, data for 2009 new graduates are collected in early 2010.

Source: College of Nurses of Ontario. (2007, 2008, 2009, 2010). *Membership Statistics Report*; New Graduate Evaluation of Nursing Graduate Guarantee Survey, 2007, 2008-2009, 2009-2010.

APPENDIX H. NUMBER AND PROPORTION OF NURSE GRADUATES BY NURSE GROUP, EMPLOYMENT STATUS AND SECTOR OF EMPLOYMENT 2007-2009

Table 1. Data From 2009 Nurse Graduates

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: New Graduate Evaluation of Nursing Graduate Guarantee Survey, 2009-2010.

Table 2. Data From 2008 Nurse Graduates

Nurse Group	Sector of Employment/ Employment Status	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%
	Community Sector	8	26	1	0	3	38
		21.1%	68.4%	2.6%	0.0%	7.9%	100%
	Long-Term Care Sector	1	0	1	2	2	6
	16.7%	0.0%	16.7%	33.3%	33.3%	100%	
	"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%
RPN	Hospital Sector	20	52	25	18	19	134
		14.9%	38.8%	18.7%	13.4%	14.2%	100%
	Community Sector	7	3	3	0	0	13
		53.8%	23.1%	23.1%	0.0%	0.0%	100%
	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%
Total		39	80	52	23	28	222
		17.6%	36.0%	23.4%	10.4%	12.6%	100%

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

Source: New Graduate Evaluation of Nursing Graduate Guarantee Survey, 2008-2009.

Table 3. Data From 2007 Nurse Graduates

Nurse Group	Sector of Employment/ Employment Status	Permanent Full-Time	Temporary Full-Time	Permanent Part-Time	Casual	Other	Total
RN	Hospital Sector	531 66.8%	143 18.0%	90 11.3%	22 2.8%	9 1.1%	795 100%
	Community Sector	32 46.4%	27 39.1%	3 4.3%	6 8.7%	1 1.4%	69 100%
	Long-Term Care Sector	6 54.5%	1 9.1%	2 18.2%	1 9.1%	1 9.1%	11 100%
	"Other" Sector	17 53.1%	10 31.2%	1 3.1%	3 9.4%	1 3.1%	32 100%
Total		586 64.6%	181 20.0%	96 10.6%	32 3.5%	12 1.3%	907 100%
RPN	Hospital Sector	52 19.2%	115 42.4%	47 17.3%	37 13.7%	20 7.4%	271 100.0%
	Community Sector	23 36.5%	13 20.6%	12 19.0%	10 15.9%	5 7.9%	63 100.0%
	Long-Term Care Sector	35 19.9%	69 39.2%	36 20.5%	24 13.6%	12 6.8%	176 100.0%
	"Other" Sector	11 52.4%	5 23.8%	3 14.3%	2 9.5%	0 .0%	21 100.0%
Total		121 22.8%	202 38.0%	98 18.5%	73 13.7%	37 7.0%	531 100.0%

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

Source: New Graduate Evaluation of Nursing Graduate Guarantee Survey, 2007.

APPENDIX I. DISTRIBUTION OF NURSING GRADUATES BY EMPLOYMENT LOCATION AND NURSE GROUP

Employment Location	Percentage Within Nurse Group		Total
	Registered Nurse	Registered Practical Nurse	
Employed in Ontario	98.9%	99.7%	99.1%
Employed in another Canadian province	0.9%	0.0%	0.6%
Employed in the United States	0.1%	0.0%	0.1%
Employed outside Canada	0.1%	0.3%	0.2%
Total	100.0	100.0	100.0

Source: New Graduate Evaluation of Nursing Graduate Guarantee Survey, 2009-2010.

APPENDIX J. A COMPARISON OF EMPLOYMENT PREFERENCES OF NURSING GRADUATES BY NURSE GROUP 2007-2009

Nurse Group	Employment Status is by Choice			Employment Status is not by Choice					
				Would Prefer Permanent Full-Time			Would Prefer Permanent Part-Time		
	2007	2008	2009	2007	2008	2009	2007	2008	2009
Registered Nurses	76.5%	78.0%	60.0%	85.5%	89.4%	92.7%	10.0%	5.7%	3.5%
Registered Practical Nurses	51.9%	58.2%	54.3%	88.5%	72.7%	81.0%	10.3%	14.3%	14.6%

Source: New Graduate Evaluation of Nursing Graduate Guarantee Survey, 2007, 2008-2009, 2009-2010.

*APPENDIX K. EMPLOYMENT REGION PREFERENCE OF NURSING GRADUATES
BY NURSE GROUP*

	2008-2009		2009-2010	
	RN	RPN	RN	RPN
Employment is in region of choice	96.4%	91.4%	87.3%	85.6%
If not, where would you like to work?				
Local Health Integration Network Location Ranked By Preference	Weighted Value			
	2008-2009		2009-2010	
	RN	RPN	RN	RPN
Erie St. Clair	132	77	42	47
South West	73	56	54	51
Waterloo Wellington	34	45	32	38
Hamilton Niagara Haldimand Brant	31	26	43	21
Central West	36	22	30	63
Mississauga Halton	70	53	75	80
Toronto Central	73	98	159	119
Central	39	81	72	66
Central East	17	79	53	39
South East	11	19	3	18
Champlain	35	30	6	24
North Simcoe Muskoka	14	0	5	21
North East	22	15	6	11
North West	14	0	5	0

Source: New Graduate Evaluation of Nursing Graduate Guarantee Survey, 2008-2009 2009-2010.

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

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

Source: New Graduate Evaluation of Nursing Graduate Guarantee Survey, 2008-2009, 2009-2010.

APPENDIX M. EMPLOYERS' RATING OF THEIR SATISFACTION WITH THE NGG PROGRAM WEBSITE ON HFOJOBS

Rating (%)	Clarity of Posting Instructions			User-Friendliness of Website		
	2007	2008	2009	2007	2008	2009
High or very high	63.2	75.2	69.6	39.6	40.4	41.5
Neutral	17.1	11.8	13.1	37.7	35.5	36.1
Low or very low	19.7	13.1	17.3	22.7	24.1	22.4

Source: Employer Evaluation of Nursing Graduate Guarantee Survey, 2007, 2008-2009, 2009-2010.

APPENDIX N. NEW NURSING GRADUATE RECOMMENDATIONS FOR THE IMPROVEMENT OF THE NURSING GRADUATE GUARANTEE WEBSITE

If you could change one thing about the HFOJobs Nursing Graduate Guarantee Program website, what would it be?	Number of Responses
Website Issues (expand search option, simpler search option, disorganized, outdated positions, longer duration of the program, confusing, jobs listed as open were full, unclear instructions)	159
Feelings (unsatisfied, not useful, should provide permanent jobs, unorganized, satisfied, recommend to others)	80
Job availability (more job opportunities, variety of positions, increase employment in different regions)	73
Technical Problems (layout, organization, instructions, search options, ease of navigation, more user friendly, outdated positions, account settings)	67
Nothing	44
Employer Responsibilities (inefficient communication via email or phone, no confirmation provided, extended response time, no follow-ups, employer should provide contact information with job description)	43
Problems with CV's (downloading resumes and cover letters, CV engine, instructions on how to upload cover letters, resumes and references)	35
Missing information (job descriptions, employer information, deficient information for first time users, position due dates)	27
Website awareness (detailed description of program, clearly define rights and obligations of new grads, guarantee full-time employment, more advertising, clear instructions for first time users)	15

Source: New Graduate Evaluation of Nursing Graduate Guarantee Survey, 2009-2010.