



SETTLING IN: EARLY CAREER REGISTERED NURSES

TE NOHO MAURITAU: NGĀ TAPUHI I NGĀ TAU TUATAHI O TE HUARAHĪ MAHI

Rowena Price, RN, BA, BN, PG Dip in Nursing, Senior Tutor, Massey University, Wellington, NZ

Jean Gilmour, RN, PhD, Associate Professor, Massey University, Wellington, NZ

Susan Kellett, RN, PhD, Research Fellow, The University of Queensland, Australia

Annette Huntington, RN, PhD, Professor, Massey University, Wellington, NZ

Abstract

The aim of this study is to describe the uptake of postgraduate education, the intent to travel and employment characteristics of New Zealand registered nurses in their fourth year of practice following registration. An appreciation of the preferences and pathways selected by early career registered nurses will support retention strategies, alongside further expansion of extended career pathways. This study analysed responses from 138 New Zealand registered nurses using data from the longitudinal Graduate e-cohort Study for nurses graduating in the years 2008-2011. Summary statistics in percentages/counts are reported along with tests of proportions using the Pearson's chi square test. The majority of respondents remained in nursing employment in the fourth year after registration (92.8%, n = 128) and had completed or were undertaking a postgraduate qualification (81.2%, n = 112). The proportion employed in Australia (15.6%, n = 20) increased from the time of the first year survey (7.4%, n = 10) and 37% (n = 51) intended to travel and work over the next 12 months. Most respondents were employed in their preferred practice area (88.3%, n = 113) in acute hospital facilities (70.1%, n = 89) with 14.8% (n = 19) working in community and primary health care roles.

Price, R., Gilmour, J.A., Kellett, S., & Huntington, A. (2016). Settling in: Early career registered nurses. *Nursing Praxis in New Zealand*, 32(3), 31-41.

Ngā Ariā Matua

Te whāinga ia o tēnei rangahau he whakamārama i te whakaurunga ki ngā tohu paerua, te hiahia ki te haere i te ao, me ngā āhuatanga whiwhinga mahi o ngā tapuhi rēhita i tō rātou tau mahi tuawhā i muri i te rēhitatanga. Nā te māramatanga ki ngā hiahia me ngā huarahi i kōwhiria e ngā tapuhi rēhita i ngā tau tuatahi o te mahi, kāore e kore ka tautokona ngā rautaki pupuri kaimahi, me te whakawhānui i ngā huarahi mahi toro whakamua. Tā tēnei rangahau he tātari i ngā whakautu mai i ētahi tapuhi rēhita 138 nō Aotearoa, nā te whakamahi raraunga i te Rangahau Wehenga Tāngata Pia o ngā tapuhi i tohia mō ngā tau 2008-2011. Kua puta ētahi tauranga whakarāpopoto i ngā ōrautanga/tapeke, waihoki ngā whakamātau mō ngā ōwehe nā te whakamahi i te whakamātau tapawhā chi a Pearson. Kua noho tonu te nuinga o te hunga whakahoki kōrero ki roto i te mahi tapuhi i te tau tuawhā i muri mai i te rēhitatanga (92.8%, n = 128) ā, kua oti i te nuinga tā rātou tohu paerua, kua tīmata rānei he tohu (81.2%, n = 112). Kua tino piki ake te ōwehe i noho ki Ahitereiria (15.6%, n = 20) mai i te rangahautanga tuatahi (7.4%, n = 10) ā, 37% (n = 51) i mea ki te hāereere i te ao me te mahi i roto i te 12 marama whai i muri. I te mahi te nuinga o te hunga whakautu kōrero i tō rātou wāhi mahi pai ki a rātou (88.3%, n = 113) i ngā wāhanga hōhipera taurima tūroto (70.1%, n = 89) ā, ko tētahi 14.8% (n = 19) i te mahi i ngā mahi ā-hapori, ā-hauora taketake. E tūtohutia



Further research to explore the impact of postgraduate nursing education on patient outcomes and retention of registered nurses is recommended, along with research exploring the factors that motivate nurses to choose particular areas of practice. Understanding the factors that motivate registered nurses to work in particular areas will assist recruitment for difficult to staff areas. Ensuring positive health outcomes for patients must be at the forefront of advanced nursing education. Research that examines the differences made to patient care and health outcomes due to a highly educated workforce is needed.

Key words / Kupu Matua

Early career nurses / Ngā tapuhi i ngā tau tuatahi o te mahi; workforce planning / te whakamahere mō te kāhui kaimahi; postgraduate education / te akoranga paerua; employment / me te whiwhinga mahi.

Introduction

Rapid changes in the healthcare system are taking place within New Zealand (NZ) and internationally. Discussion about shorter hospital stays and higher patient acuity, increasing use of technology and changing nursing roles, along with a strong focus on doing more with less, permeate the literature (For example Cook, 2009; Laschinger, 2012; Phillips, Kenny, Esterman, & Smith 2014; Wolff, Pesut, & Regan, 2010). Internationally, an emphasis on the retention of new graduates (NGs) has emerged as an important issue as a future nursing shortage is predicted as older nurses enter retirement (Boamah & Laschinger, 2016; Cho, Laschinger, & Wong, 2006; Rush, Adamack, Gordon, Lilly, & Janke, 2013). Within the current NZ nursing workforce only 46% of registered nurses (RNs) are aged under 44 years (Nana, Stokes, Molena, & Dixon, 2013) and it is expected that over half of the workforce will retire by 2035. The forecasted national and international nursing shortage has yet to be realised in NZ due to the effects of the global financial crisis in 2008 (Laschinger, 2012; North, Leung, & Lee,

ana ētahi atu rangahau hei tūhura i te pānga o ngā akoranga paerua mō te tapuhi ki runga i ngā putanga mō te tūroto, me te puritanga o ngā tapuhi rēhita i te mahi tapuhi tae atu ki ngā āhuatanga e akiaki nei i te tapuhi ki te whai i tētahi ara mahi i te ao tapuhi. Mā te noho mārama ki ngā pūtake e noho ai ngā tapuhi ki te mahi i ētahi wāhanga motuhake, e ngāwari ake ai te kimi kaimahi hou i ngā wāhi he uaua te kimi tapuhi. Me mātua noho ko te whakaū i ngā putanga hauora pai mō ngā tūroto te mahi matua o te akoranga tapuhi matatini. E tika ana kia tino rangahaua te pānga o ngā akoranga tiketike ki te mahi taurima tūroto, me ngā putanga hauora.

2014), however workforce planning remains a priority. Due to increased life expectancy, an ageing population will intensify the demand for healthcare. As the largest occupational group in healthcare, nursing capacity will need to expand to help meet this need (Nana et al., 2013). This study, which analyses quantitative data from first and fourth year questionnaires of the Graduate e-cohort Study (GeS), contributes to the discussion surrounding NG employment trends.

Background

The 2012/2013 cohort of newly registered nurses in NZ consisted of 1,639 NZ qualified RNs and 1,257 internationally qualified RNs (Nursing Council of New Zealand (NCNZ), 2015a). Since the 1990s NZ has relied heavily on the employment of the latter group of nurses to maintain its nursing workforce. Of the 2012/2013 cohort of NZ qualified RNs, 92% were female with nearly half aged under 25 years (NCNZ, 2015a). This suggests a young



mobile workforce that will require time out from the workforce for child-bearing responsibilities at a future date.

The degree of support received by NG nurses during their initial orientation to the clinical environment influences not only their satisfaction with nursing as a career choice but also the decision to remain in the professional workforce (Laschinger, 2012). In a survey of RNs in Ontario with less than two years clinical experience working as a RN (n = 342) there was a strong correlation linking positive “structural conditions in the workplace” – including workload, opportunity and empowerment – with job satisfaction and intent to continue practising in their current setting (Laschinger, 2012, p. 478).

New graduate nurses that participated in formal transition programmes rated their communication, planning abilities, and leadership skills higher than those that did not participate (Rush, Adamack, Gordon, Janke, & Ghement, 2015). Research also points to the direct correlation between opportunities to undertake continued professional development and job satisfaction and retention (Dyess & Sherman, 2009; Gould, Drey, & Berridge, 2007). An increase in the uptake of postgraduate study by RNs is evident at both an international and a national level (Cotterill-Walker, 2012; Drennan, 2008). In NZ this coincides with the inclusion of a postgraduate paper within many Nurse Entry to Practice (NETP) and Nurse Entry to Specialist Practice (NESP) transition programmes (Haggerty, McEldowney, Wilson, & Holloway, 2009). The availability of Health Workforce NZ funding for postgraduate study has presumably influenced the uptake of postgraduate study (Barnhill, McKillop, & Aspinall, 2012). A retrospective analysis of the 2005 - 2010 NCNZ nursing cohort data demonstrates that RNs who gained a postgraduate qualification within their first 5 years of practice are significantly more likely to remain part of the nursing workforce (North, Leung, & Lee, 2014). This evidence is particularly relevant given that 26% of the cohort had separated from the nursing workforce within the first 5 years after registering. This rate of separation was

lower (10%) for those with higher qualifications compared with 29% for those who hadn’t undertaken further postgraduate study (North, Leung, & Lee, 2014, p. 1819).

According to the NZ Ministry of Health (2015), the preferred work settings elected by NG nurses when applying for NETP/NESP positions in 2012 were: surgical nursing, as a first option (21.8%); medical nursing (14.5%); mental health and addictions (11.5%); and child/youth health (9.6%). Few selected aged residential care (0.6%) as their preferred nursing specialty. A variety of factors play a role in NG choice of specialty including clinical experience during undergraduate programmes and availability of positions (Ministry of Health, 2015). Nationally, NCNZ workforce data (2015b) shows that 18.6% of the nursing workforce is employed in the perioperative or surgical setting. Medical nursing employs 9.9% of nurses, emergency nursing 5.8%, child health and neonatology 5.6%, and intensive care unit/coronary care unit (ICU/CCU) 4.7%.

A characteristic of the nursing workforce is its mobility (Huntington, Gilmour, Neville, Kellett, & Turner, 2012). In particular, recently graduated younger nurses, who are generally free from the responsibility of child rearing, like to travel (Robinson, Murrells, & Griffiths, 2008). A 2008 survey of registered and enrolled nurses (n = 720) practising in NZ found that 4% of nurses were planning to leave NZ and work overseas (Brinkman, Wilson-Salt, & Walker, 2008). More recently, Huntington et al. (2012) examined GeS data and found that 13% (n = 8) of a sample of 60 NG NZ nurses (graduating between 2008 - 2009) were working abroad with a further 13% (n = 8) planning to travel overseas and work as a RN during the following 12 months.

Factors that enhance the transition from student to RN include supportive workplace environments, appropriate patient allocation, workplace orientation and opportunities for professional development (Boamah, & Laschinger, 2016; Phillips et al., 2014; Romyn et al., 2009). These elements aid retention of NG nurses and

act to decrease the challenges associated with initiation into the workforce. Inclusion of postgraduate study within the beginning years of practice is common in NZ. Although questions remain regarding the impact of postgraduate engagement on patient outcomes it is clear that undertaking postgraduate study is likely to improve retention and satisfaction of NG RNs. Changing health needs and a growing aged population mean that NZ must respond with a nursing workforce that is able to meet the needs of this future population. This study analyses NG nurses and their engagement in postgraduate education, employment and retention patterns, travel intentions, area of practice and preferred area of practice. The paper focusses on four successive cohorts of nurses that commenced work during 2008 to 2011 and responded to an online survey in the first and fourth year after registration.

Research design

The study uses data collected from the GeS: a collaboration between nurse researchers in Australia and NZ. The study sample comprises respondents who completed the GeS's baseline survey administered in the years 2008 - 2011 along with those who undertook the fourth survey three years later (2011 - 2014 respectively). The four year time period was chosen as a suitable time frame due to the number of participants engaged in the GeS, and as a suitable period to assess changes in the initial years following registration. The intention of the GeS is to investigate the factors that influence early career choices along with the recruitment and retention of NG RNs (Huntington et al., 2012). The GeS commenced in 2008/2009 with the participation of newly graduated nurses and midwives from the University of Queensland and three NZ universities (Massey University, The University of Auckland and Auckland University of Technology).

During 2008 - 2011, all newly graduated nurses and midwives at the participating NZ universities were contacted and invited to take part in a longitudinal online survey. Participation was requested regardless of whether

graduates were employed as a RN, had left the nursing workforce or were presently taking time out from it. The GeS received ethical clearance from the: University of Queensland Behavioural and Social Science Ethics Review Committee (2008001336); Massey University Human Ethics Committee (Southern A, Application 08/51); University of Auckland Human Participants Ethics Committee (Reference Number 2008/440); and Auckland University of Technology (Ethics Application Number 08/254: The Graduate e-cohort study). Respondent privacy and confidentiality is ensured through the use of automatically generated identification codes for participants and the separation of personal information from survey responses by storage on different electronic platforms (using secure SQL servers) (Huntington et al., 2012).

Table 1 Demographic characteristics

Demographic characteristic		Percent/ number N = 138
Gender	Female	96.4 (133)
	Male	3.6 (5)
Age (years)	≤25	71.0 (98)
	26-35	21.0 (29)
	36-45	5.1 (7)
	>45	2.9 (4)
Ethnicity	NZE/European	86.3 (107)
	Māori	0.8 (1)
	Pacific Island	0.8 (1)
	Chinese	2.4 (3)
	Indian	1.6 (2)
	Other Asian	3.2 (4)
	Other	4.8 (6)
Graduation Year	2008	15.9 (22)
	2009	43.5 (60)
	2010	29.0 (40)
	2011	11.6 (16)
Undergraduate University	Auckland	
	University of Technology	19.6 (27)
	Massey University	56.5 (78)
	University of Auckland	23.9 (33)

The GeS survey uses a series of standardised questions to ensure consistency over time. Prior to administration survey questions were piloted and reviewed with the baseline survey piloted by twenty researchers and their designated peers (Huntington et al., 2012). Although a test-retest assessment was not undertaken, the use of a pilot study can be seen as an intra-rater reliability test and affirms stability of the tool (Curtis & Drennan, 2013). The questionnaire was adapted for subsequent surveys to examine pertinent issues and improve clarity but the baseline survey remains unchanged to enable comparison of patterns of employment and education for the different cohorts recruited into the study on an annual basis. Due to the longitudinal nature of the study the ability to elicit continued engagement has been problematic (Huntington et al., 2009). Challenges to cohort retention have included email bounce back, the need to update email addresses, and continued engagement from participants over the years. The use of a research assistant has supported response rates through contacting participants when emails

have bounced back. Strategies to enhance continued participation have included sending e-birthday cards and newsletters displaying current publications and study progress in order to remain in contact and offer the chance for participants to update contact details.

The demographic characteristics used in this study were age, ethnicity, gender, marital status, residential country, graduation year, and undergraduate university. The questionnaire items included registration as a nurse, undertaking of a NETP programme, postgraduate study uptake, job classification and employment status, nursing speciality and preference.

This study reports the results using descriptive statistics analysed through SPSS 22 (IBM SPSS Inc, Chicago, IL, USA) as the questions collected mainly categorical data. Summary statistics are reported. Pearson's chi square and Fischer's exact tests are employed to assess relationships between variables

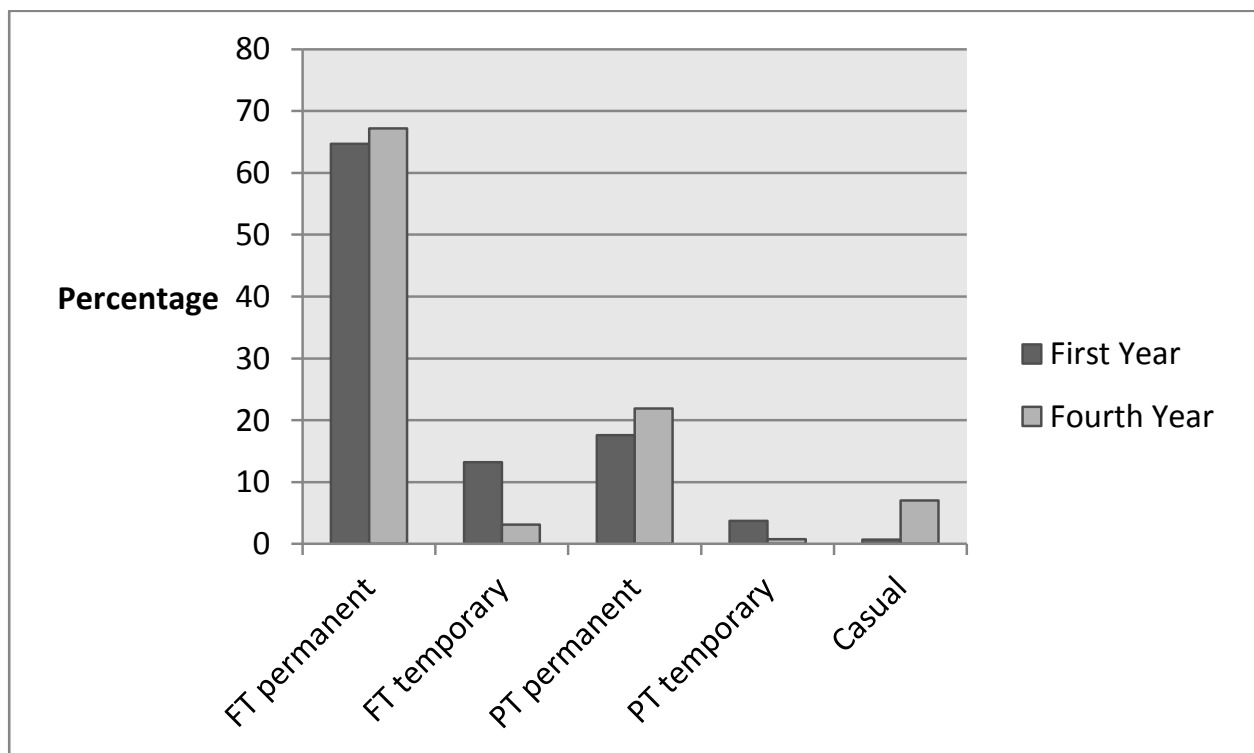


Figure 1 Employment Status

Results

Over the four year period of the initial baseline survey 1079 nurses graduated from the participating NZ universities of which 229 (21%) nurses completed the baseline survey. Three years later, 138 of these respondents completed survey four (60% retention rate of the first survey sample). Nurses who responded to the fourth year survey were mainly 25 years or younger (71%, $n = 98$) at the time of the demographic data collection in the first survey (Table 1). The majority of respondents who answered the ethnicity question (14 missing responses) identified as NZ European (NZE) or Other European (86.3%, $n = 107$),

Table 2 Employment

Employment details		Percent/ (number) Survey 1 N = 138	Percent/ (number) Survey 4 N = 138
Currently Employed	Yes	98.6 (136)	95.7 (132)
	No	1.4 (2)	4.3 (6)
If employed working in the field of nursing	Yes	100 (136)	97.0 (128)
	No		3.0 (4)
Country employed	New Zealand	92.6 (126)	80.5 (103)
	Australia	7.4 (10)	15.6 (20)
	Canada		1.6 (2)
	Great Britain		1.6 (2)
	Other		0.8 (1)
Intention to travel and work as RN next 12 months	Yes	17.4 (24)	37.0 (51)
	No	82.6 (114)	63.0 (87)
Employment status	FT permanent	64.7 (88)	67.2 (86)
	FT temporary	13.2 (18)	3.1 (4)
	PT permanent	17.6 (24)	21.9 (28)
	PT temporary	3.7 (5)	0.8 (1)
	Casual	0.7 (1)	7.0 (9)
Type of postgraduate qualification (completed or in progress)	Postgraduate Certificate	89.9 (80)	74.0 (83)
	Postgraduate Diploma	3.4 (3)	17.9 (20)
	Honours Degree	5.6 (5)	1.8 (2)
	Masters Degree	1.1 (1)	5.4 (6)
	PhD		0.9 (1)

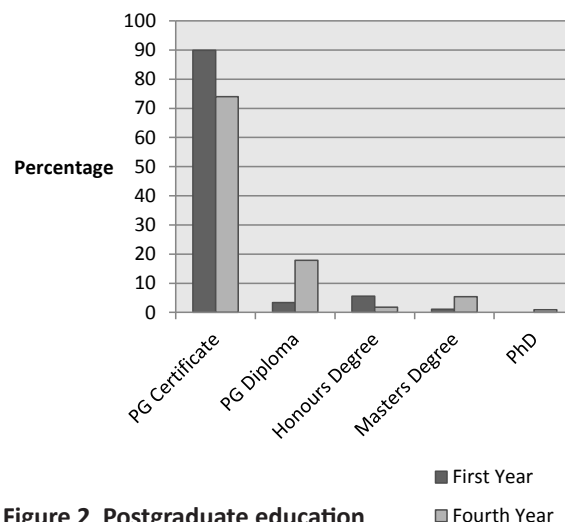


Figure 2 Postgraduate education

higher than the total nursing workforce (71% [NCNZ, 2015b]). The Māori workforce is underrepresented at 0.8% ($n = 1$) compared to 6% in the current NZ workforce. Respondents were predominantly female with only 3.6% ($n = 5$) of respondents identifying as male compared with 9% in the current national workforce (NCNZ, 2015b).

The demographic characteristics of the fourth year responders were compared to the demographic characteristics of the total sample responding to the baseline survey in year one. The comparison between the two samples was made to ascertain if there are significant differences between the two groups. Fourth year responders demonstrated similar characteristics to those observed in the total baseline respondent group in relation to gender, age profiles and marital status variables. A slightly higher percentage of the subgroup (who responded to the ethnicity question) are NZE or Other European than those in the baseline survey total group (86.3%, $n = 107$ compared with 78.3%, $n = 159$). The ethnic composition difference between the groups is not statistically significant. Massey University graduates are more strongly represented in the subgroup (56.5%, $n = 78$ compared to the baseline total group at 48.5%, $n = 111$) as are 2009 graduates (43.5%, $n = 60$ compared to total group at 35.8%, $n = 82$). These differences were not statistically significant.

Most respondents were still employed as a nurse in the fourth year after registration (92.8%, $n = 128$) (Table 2). A similar number of respondents were employed in full time permanent positions when responding to both surveys (first year 64.7%, $n = 88$; fourth year 67.2%, $n = 86$). A shift out of full time temporary positions takes place between the surveys (Figure 1). Slightly more nurses were working in part time permanent roles in the fourth year (21.9%, $n = 28$), compared with 17.6% ($n = 24$) at the earlier stage of their career. There is an increase in the number of participants working on a casual basis between surveys (0.7%, $n = 1$, in first year survey subgroup compared with 7%, $n = 9$, in fourth year survey).

In the fourth year of practice 80.5% ($n = 103$) of those employed in the field of nursing remained resident in NZ with a statistically significant increase in the number of participants employed in Australia in the fourth year at 15.6% ($n = 20$), in contrast to 7.4% ($n = 10$) when the initial survey was completed ($\chi^2 [1, N = 264] = 4.48, p = 0.03$). Four participants (3.2%) were living and working abroad in other countries (Canada and Great Britain). A higher

proportion of fourth year survey respondents intended to travel and work as a RN over the next 12 months (37%, $n = 51$) compared to baseline survey responses (17.4%, $n = 24$). The fourth year survey responses show an increase in the uptake of postgraduate study with 81.2% ($n = 112$) of the participants either engaged in or having completed a postgraduate qualification as compared to the first year when 64.5% ($n = 89$) were enrolled in postgraduate study. Twenty participants were either enrolled in or had completed a postgraduate diploma when completing the fourth year survey and seven were on the pathway to completion (or had already completed) postgraduate study at a higher level (Masters or PhD) (Figure 2).

Most fourth year survey respondents were working in their preferred practice area (88.3%, $n = 113$) as compared to the first year results where 76.5% ($n = 104$) of respondents were working in their area of preference. There was a significant association with preferred area of work and NZ residence (NZ 91.3%, $n = 104$; other countries 75%, $n = 18$) (Fischer's exact test [$1, N = 128$] = 5.036, $p = 0.036$). Most fourth year

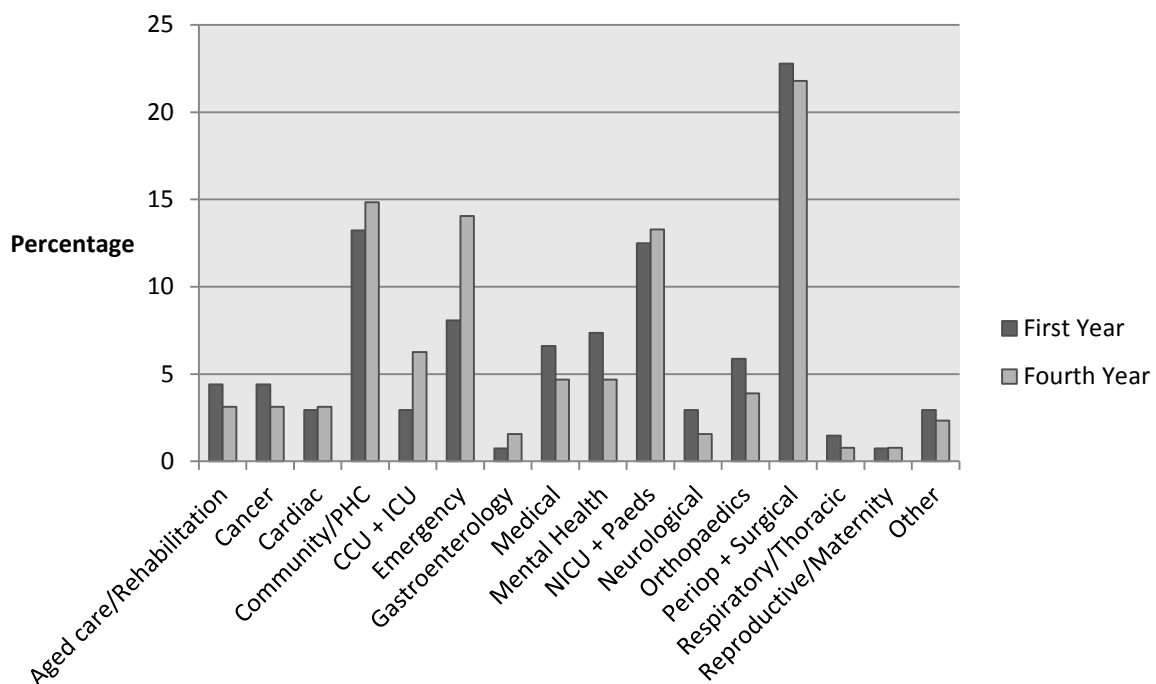


Figure 3 Area of Specialisation



employed respondents worked in the acute setting (70.1%, $n = 89$). Figure 3 presents the area of specialisation for respondents at completion of the first year survey compared with the fourth year survey. The highest proportion of fourth year respondents were employed in the surgical/perioperative setting (22%, $n = 28$) followed by community and primary health care settings (15%, $n = 19$). Some shifts in employment had occurred by the time the fourth year survey was completed. A move into emergency nursing and ICU/CCU is noticeable with 18 nurses (14%) employed in the emergency setting compared with 11 nurses (8%) in the survey one subgroup. The proportion of fourth year respondents working in mental health (5%, $n = 6$) and aged care (3%, $n = 4$) declined over the three year period between surveys.

Discussion

The results from this study provide encouraging information regarding the NZ nursing workforce and nursing retention in the first four years of practice. High levels of employment have been maintained since initial employment in this group of nurses. However, areas of concern are evident and require further action to ensure NZ continues to sustain a robust nursing workforce into the future. At the time of the fourth year survey the percentage of RNs employed in Australia had risen to 15.6% ($n = 20$) compared to 7.4% ($n = 10$) following graduation. The percentage of respondents planning to travel and work as a RN also rose substantially (first year 17%, $n = 24$; fourth year 37%, $n = 51$). These figures highlight the potential mobility of the NZ nursing workforce. While the ability to travel and work as a RN can be seen as an advantage for the young graduate, NZ needs to consider how to retain (or entice back) a young nursing workforce. Workforce projections demonstrate the need for increasing the NZ nursing workforce in the near future (Nana et al., 2013). In order to replace the large proportion of the NZ nursing workforce that will reach retirement age over the next ten years and to meet increasing health care demands retention of NG nurses is essential (Huntington et al., 2012).

In the fourth year after registration the majority of participants were working in their preferred area of practice (88.3%, $n = 113$). New Zealand NG RNs predominantly begin their nursing career in the acute care setting. Nursing students and NGs tend to favour paediatrics, peri-operative care and CCU/ICU settings (Happell, 1999; Huntington et al., 2009). Aged care and community nursing are less popular. The clinical practice settings chosen as preferred specialties for NZ NG RNs are cited as surgery, medicine, and mental health and addictions (Ministry of Health, 2015). In a study of 2005/2006 NZ qualified RNs the cohort members continued to work in surgical, medical and mental health specialties in the eight year time period following registration (NCNZ, 2015a). Although these areas remained the most popular specialties, the number of nurses working in surgical and medical areas declined over the eight year time period. The findings from this study show employment predominantly in acute care settings with a decline in nurses working in mental health and medical specialties. Community and primary health care specialties continue to maintain similar numbers of RNs over the four year period. Understanding why NG RNs move out of mental health and medical specialties is important if work is to be done to improve retention in these essential areas. With an aging population and people living longer with chronic conditions and multiple comorbidities it is likely that these less popular specialties will need to recruit more RNs (Nana et al., 2013). A commitment to increasing the popularity of these specialties is necessary to sustain the nursing needs of the NZ population.

At four years post registration 81.2% of the survey respondents were engaged in (or had completed) a postgraduate qualification. This is a considerable increase from the 0.7% of RNs that held a postgraduate qualification when renewing their APC in 1999 (Barnhill et al., 2012) or the current 38% in the total NZ RN workforce who have a qualification additional to their registration qualification (NCNZ, 2015b). The high uptake of postgraduate study amongst beginning RNs is not mirrored internationally.



In a sample of 111 NG RNs (graduated end of 2008) in NZ and Australia (NZ RNs $n = 60$, Australian RNs $n = 51$) only 5.9% of the Australian RNs were undertaking postgraduate study compared to more than 50% of their NZ counterparts (Huntington et al., 2012). With such a high proportion of NZ NGs engaged in postgraduate study it will be important to observe how nursing roles evolve to accommodate this increased level of education.

Internationally the addition of post registration study has been aligned with specialist nursing practice (Pelletier, Donoghue, & Duffield, 2003). In the UK continued professional development as a mechanism to extend nursing roles is embedded in health policy (Gould et al., 2006). The International Nurse Practitioner/Advanced Practice Network consider possession of a Masters level degree to be the baseline for entry to an advanced practice nursing role (Sheer & Wong, 2008).

Due to the small number of participants, generalisability of the results of this study is not possible. Although this study uses longitudinal data, the four year time period may not be sufficient to observe changes in employment pathways following postgraduate education. It is possible that RNs are more inclined to participate if they are satisfied with their career choice and are employed.

Conclusion

This study set out to describe the uptake of postgraduate education, travel intentions and employment for NZ NG nurses in their fourth year after registration. High employment levels for the participants at four years post registration can be seen as a positive indicator of a strengthening nursing workforce. This research highlights the increasing rates of engagement with postgraduate education for NZ nurses that is occurring concurrently with growing health care needs globally. To ensure the nursing needs of the NZ population are met in coming years increasing the focus on how to sustain and retain this young educated workforce is essential. Globally postgraduate education has been

aligned with career progression into senior nursing roles. Expectations that high uptake of postgraduate education by NG nurses will build a robust NZ nursing workforce must be realised in collaboration with increasing career opportunities and the development of extended practice roles for these highly educated nurses. This study also comments on the high number of NZ RNs planning to travel outside of NZ. Recruitment and retention strategies need to be developed that pay particular focus to this mobile workforce. Changing health care needs indicate a growing demand for aged care and rehabilitation. Understanding what motivates nurses to choose particular nursing specialties will help to shape recruitment drives in these areas. Continuing research on this cohort of nurses over the next five years will be beneficial. Understanding the career trajectories, travel intentions and preferred nursing specialties of NZ graduate nurses gives insight into the early career choices and pathways of NZ RNs during their first four years of practice.

Acknowledgements

The authors acknowledge the contributions made by the respondents, data manager Christine Benefer, and research assistant Bernadette Leadbitter to the Graduate e-cohort study.

Jean Gilmour as a co-author and Nursing Praxis in New Zealand Co-Chief Editor has excluded herself from all review, editorial and publication decisions for the article consistent with journal policy.



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