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Understanding and Responding to Registered Nursing Shortages in Acute Care Hospitals in New York

CHWS
Center for Health Workforce Studies

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PREFACE

This report summarizes findings from a mixed methods study of New York State hospitals to better understand issues related to persistent registered nurse (RN) recruitment and retention challenges. Researchers identified the factors that contributed most to the problem and the most promising strategies to improve the recruitment and retention of patient care RNs.

This report was prepared by the Center for Health Workforce Studies (CHWS) staff, Robert Martiniano, Sage Shirey, and Jean Moore. Funding for this report was provided by the Mother Cabrini Health Foundation.

Established in 1996, CHWS is an academic research organization, based at the School of Public Health, University at Albany, State University of New York (SUNY). The mission of CHWS is to produce timely, accurate information and conduct policy-relevant research about the health workforce. The research conducted by CHWS supports and promotes health workforce planning and policymaking at local, regional, state, and national levels. Today, CHWS operates 2 of 9 federally-funded health workforce research centers in the US, and is a national leader in the field of health workforce studies.

The views expressed in this report are those of CHWS and do not necessarily represent positions or policies of the School of Public Health, University at Albany, SUNY, or the Mother Cabrini Health Foundation.

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EXECUTIVE SUMMARY

INTRODUCTION

The United States has experienced periodic shortages of registered nurses (RNs), characterized by the demand exceeding the available supply.[1] Past shortages have been attributed to a range of factors, including an aging RN workforce, a decline in nursing educational program enrollment, changes to the health care delivery system, and turnover of active RNs.[2]

Key contributing factors to current RN recruitment and retention difficulties include increased workload, inadequate staffing levels, insufficient leadership, lack of support, unsafe working conditions, and inadequate compensation. These challenges contribute to higher turnover rates among RNs, with many seeking better-paying positions both within and outside of health care, alongside an uptick in retirements.[1,3] Poor workplace culture has also contributed to increased RN turnover.[4]

Concerns about RNs shortages existed before the coronavirus disease 2019 (COVID-19) pandemic, though COVID-19 prompted many active patient care RNs (active RNs) to leave their positions due to contracting COVID-19, fear of contracting COVID-19, vaccine hesitancy, and family responsibilities.[1,3] While the pandemic began to ease in 2021, the shortage of RNs persisted. In New York State (NYS), particularly within hospital settings, these workforce challenges were pronounced, with a significant majority of hospitals reporting RN shortages in 2023.[5]

Furthermore, during the pandemic, many nursing education programs pivoted to virtual learning for both didactic and clinical training to ensure timely graduation.[6] However, this shift resulted in reduced patient contact for students, posing challenges to their preparedness for clinical practice.[7]

ABOUT THE STUDY

With support from the Mother Cabrini Health Foundation, the Center for Health Workforce Studies (CHWS) conducted a mixed methods study of NYS hospitals to better understand issues related to persistent RN recruitment and retention challenges. Researchers identified the factors that contributed most to the problem and the most promising strategies to improve the recruitment and retention of patient care RNs, with a special emphasis on safety-net hospitals.[*]

In this study, researchers held focus groups and conducted interviews with a stratified sample of key informants to learn more about hospital RN recruitment and retention issues and the strategies hospitals are using to resolve them. A quantitative analysis of primary and secondary data sources was also conducted.

Key Informant Focus Groups and Interviews

- Three hospital association interviews
- Three focus groups of chief nursing officers and directors of human resources representing more than 30 hospitals
- Interviews of chief nursing officers or executives, nurse recruiters, and human resources staff representing more than 50 hospitals

Data Sources

- American Community Survey
- Hospital Recruitment and Retention Survey
- Hospital RN Turnover and Vacancy Survey
- New York State RN Re-Registration Survey
- National Sample Survey of Registered Nurses

* Hospitals above the 75th percentile in Medicaid discharges relative to total discharges according to location (downstate, upstate rural, and upstate urban) were considered safety-net hospitals.

KEY FINDINGS

- **Current RN Workforce**—Hospitals reported the retirement of a large number of older RNs due to the pandemic, decreasing the number of experienced RNs providing patient care. In 2023, more than 50% of hospital RNs in NYS were under the age of 40.
- **Recruitment and Retention of RNs**—The vast majority of hospitals that participated in the study reported that RN recruitment had slowly improved, but RN retention remained problematic.
- **Hospital Characteristics**—Large and small hospitals in rural areas reported difficulty recruiting RNs due to a general lack of supply. Smaller hospitals in rural and urban areas indicated that RNs were more likely to leave their jobs sooner to pursue better opportunities. Hospitals with linkages to nursing programs, regardless of size or location, reported less difficulty attracting newly trained RNs than did hospitals without those linkages.
- **Newly Trained RNs**—RNs who trained during and after the pandemic had more simulation training and considerably less direct patient contact than those trained before the pandemic. Consequently, these RNs were less prepared for the transition to practice and struggled to effectively manage acute care patients and communicate with patients and their families. Many hospitals, particularly large hospitals, expressed concern that the increase in departures of experienced RNs affected the hospitals' ability to precept and mentor newly trained RNs, negatively affecting retention.
- **Work Environment**—RN vacancies were more likely to occur in medical-surgical units, emergency departments, and critical care units. Many hospitals also reported having difficulty staffing night shifts. The increased use of traveling and agency RNs tended to result in poor morale related in part to substantial salary disparities. Numerous factors, including patient acuity, staffing shortages, and workplace violence, exacerbated RN burnout. Additionally, younger RNs reported greater levels of burnout than older RNs did. In 2023, RNs working in hospitals reported greater burnout levels than active RNs in other settings.
- **Generational Differences**—The key informants reported that younger RNs were much less mission-driven and more concerned about work–life balance than older-generation RNs were. More turnover among younger RNs was also reported; such RNs were much more likely to change jobs within 1 to 2 years after being hired than older-generation RNs. Approximately 15% of hospital patient care RNs between the ages of 20 and 39 reported plans to leave their current position within the next 12 months.

Promising Solutions

Recruitment Strategies

- **Educational Assistance**—Expanding tuition assistance for advanced RN education or providing educational assistance to other staff to obtain nursing degrees through tuition assistance, student loan repayment assistance, and scholarships.
- **Nurse Residency Programs**—One-year programs, either accredited or homegrown, to assist newly trained RNs in the transition to practice.

Retention Strategies

Retention strategies revolved around creating a strong and supportive workplace culture. The approaches include:

- **Pursuing Magnet or Pathway to Excellence Designation**[†]—Pursuing Magnet or Pathway to Excellence designation or using concepts associated with these programs to empower and engage staff, particularly RNs, by soliciting RN input into addressing workplace issues and engaging them in implementing solutions and evaluating outcomes.
- **Workforce Development**—Workforce development encompasses a variety of strategies to improve the preparedness of newly trained RNs and skill development for the existing RN workforce, including additional education for new RN hires, leadership development, skill enhancement, and training for preceptors and mentors.
- **Reducing Burnout**—The implementation of various programs to alleviate stress and reduce burnout, including employee assistance programs, wellness teams (often staffed with trained behavioral health professionals), and tranquility rooms to address the needs of employees.
- **Violence Prevention**—Developing strategies to address workplace violence to protect staff, including de-escalation training, establishing a team to address workplace violence, advertising and enforcing zero-tolerance policies, and implementing a secure infrastructure (such as weapons detection).
- **Virtual Nursing**—Implementing virtual nursing to assist with patient monitoring (such as virtual sitting), patient education, and managing admissions and discharges.

[†] See appendices for descriptions of these programs.

CONCLUSIONS

No single strategy has emerged as a "silver bullet" for addressing the RN recruitment and retention challenges faced by NYS hospitals. Effective strategies are crucial in order for hospitals to maintain sufficient staffing levels.

Our findings highlighted the importance of addressing workplace culture as a fundamental aspect of these strategies. Approaches to improve workplace culture may include the development or expansion of:

- Virtual nursing
- Burnout and resiliency programs
- Violence prevention efforts

Additionally, pursuing Magnet or Pathway to Excellence programs can empower and engage RNs, providing the necessary support to enhance job satisfaction and retention. These workplace strategies aim to reduce turnover and improve long-term retention of RNs.

Furthermore, a supportive learning environment is essential for both newly trained RNs and the existing RN workforce. Newly trained RNs require assistance in transitioning to practice, such as nurse residency programs, which include acclimatization to bedside care and the hospital environment. Key informants have also emphasized the need for tuition assistance and other programs to support skill development among the existing RN workforce, including training experienced RNs to become preceptors and mentors for newly trained RNs.

Lastly, it is crucial to carefully evaluate strategies aimed at improving RN recruitment and retention to identify the most promising and sustainable approaches. Sharing best practices among hospitals provides opportunities for mutual learning and can help mitigate future RN shortages.

TECHNICAL REPORT

INTRODUCTION

The United States has experienced periodic shortages of registered nurses (RNs), characterized by the demand exceeding the available supply.[1] Past shortages have been attributed to a range of factors, including an aging RN workforce, a decline in nursing educational program enrollment, changes to the health care delivery system, and turnover of active RNs.[2]

Key contributing factors to current RN recruitment and retention difficulties include increased workload, inadequate staffing levels, insufficient leadership, lack of support, unsafe working conditions, and inadequate compensation. These challenges contribute to higher turnover rates among RNs, with many seeking better-paying positions both within and outside of health care, alongside an uptick in retirements.[1,3] Workplace culture has also contributed to RN turnover. RNs indicated that a "toxic" environment as evidenced by disrespect, a disconnected leadership, and lack of communication, among other factors, led to RN dissatisfaction and increased RN turnover.[4]

Concerns about RNs shortages existed before the coronavirus disease 2019 (COVID-19) pandemic, though COVID-19 prompted many active patient care RNs (active RNs) to leave their positions due to contracting COVID-19, fear of contracting COVID-19, vaccine hesitancy, and family responsibilities.[1,3] While the pandemic began to ease in 2021, the shortage of RNs persisted. In New York State (NYS), particularly within hospital settings, these workforce challenges were pronounced, with a significant majority of hospitals reporting RN shortages in 2023.[5]

Furthermore, during the pandemic, many nursing education programs pivoted to virtual learning for both didactic and clinical training to ensure timely graduation.[6] However, this shift resulted in reduced patient contact for students, posing challenges to their preparedness for clinical practice.[7]

While the state has made sizable investments in efforts to address RN shortages, including a new loan repayment program, "Nurses Across New York," and a new scholarship program, "Nurses for our Future," it is unclear whether these efforts are sufficient to address the current and future RN recruitment and retention challenges faced by the state's health care providers. Further, little is known about whether safety-net providers (those providing a large share of services to Medicaid and self-pay patients) face unique challenges in the recruitment and retention of RNs.

ABOUT THE STUDY

With support from the Mother Cabrini Health Foundation, the Center for Health Workforce Studies (CHWS) conducted a mixed methods study of NYS hospitals to better understand issues related to persistent RN recruitment and retention challenges. Researchers identified the factors that contributed most to the problem and the most promising strategies to improve the recruitment and retention of patient care RNs, with a special emphasis on safety-net hospitals.*

In this study, researchers held focus groups and conducted interviews with a stratified sample of key informants to learn more about hospital RN recruitment and retention issues and the strategies hospitals are using to resolve them. A quantitative analysis of primary and secondary data sources was also conducted. The purposes of this study were to:

- Profile the NYS RN workforce
- Identify the factors that contributed most to the problem
- Describe the most promising strategies for improving the recruitment and retention of patient care RNs, with a special emphasis on safety-net hospitals

* Hospitals above the 75th percentile in Medicaid discharges relative to total discharges according to location (downstate, upstate rural, and upstate urban) were considered safety-net hospitals.

PREVIOUS RESEARCH ON RN RECRUITMENT AND RETENTION ISSUES

Defining Nursing Shortage

There is no single definition of nursing shortage.[8] One definition describes nursing shortage as an inadequate supply of RNs to meet the demand, influenced by changing demographics, such as aging, and insufficient RN production to offset departures from the field.[1] Regardless, a shortage of RNs can impact patient access to care and the quality of care.[1]

RN Shortages in the US

The COVID-19 pandemic contributed to a substantial shortage of RNs nationwide, and many hospitals continue to experience numerous RN vacancies and high turnover rates. In 2023, the average vacancy rate for hospital RNs was 16%, with 62% of hospitals reporting vacancy rates of 12.5% or more.[9] In contrast, the vacancy rates for hospital RNs in 2019, before the pandemic, were approximately half of that, and only 11% of hospitals reported higher than 12.5%.[10]

Drivers of Shortages

RN Characteristics

Research has shown that some RN characteristics, such as age, are associated with turnover. Since approximately 2020, younger RNs (those born after 1980) have comprised the majority of RNs due to the increased retirement of older RNs.[11-13] Studies have shown that younger RNs are more likely to value flexibility,[11,14] work-life balance[11,12,14] and use technology to do their job more efficiently.[11] Those born after 1995 (generation Z) are more racially diverse than the older generation and tend to be more tech-savvy due to growing up with the internet and smartphones.[15]

Younger RNs, however, often need more support and can be overwhelmed when they transition to practice.[16] Studies suggest that younger RNs have fewer coping skills than their older counterparts,[17] which may make them more vulnerable to low job satisfaction,[18] compassion fatigue,[19] and burnout.[12] Studies have also shown that turnover is more common among younger RNs than older RNs.[12,16] Approximately half of new RNs left their jobs within the first 3 years[20] due to family commitments,[21] lack of supervisor support,[16] or better-paying jobs.[21] Regarding older RNs, increased retirements significantly impact the supply of experienced RNs and nurse leaders working in health care.[22]

The use of agency RNs, including travelers, may also have contributed to shortages. In 2020, travel nursing increased by 35% to help address the demand for nurses caused by the pandemic.[23] Additionally, hospitals use agency RNs to meet staffing ratio requirements.[23] Unfortunately, disparities in pay between full-time RNs and agency RNs adversely impact morale and sometimes result in employed RNs leaving their positions to become travelers.[13,23] However, agency and travel RN usage may be declining. According to the

2024 Nursing Solutions Incorporated (NSI) National Health Care Retention & RN Staffing Report, only 13% of hospitals in the US expect to increase or maintain the same rate of agency and travel RN usage in 2024 compared to 2023, whereas 80% expect to decrease their usage.[9]

Hospital Characteristics

Hospital location has been shown to impact RN recruitment, and retention issues related to workforce recruitment and retention at rural hospitals have been well documented. Research has shown that pay in rural hospitals tends to be lower than that in urban hospitals, which is an important consideration, particularly for RNs with student loans.[24,25] Hospitals in rural areas also tend to have difficulty hiring and retaining enough RNs, leading to increased stress and patient load for RNs currently on staff. RNs in rural hospitals reported fewer upgrading, clinical, and professional development opportunities due to a lack of accessible resources and professional support.[24]

Magnet and Pathway to Excellence designations also affect a hospital's nursing workforce. (See appendices for descriptions of these programs.) Magnet hospitals have been shown to have better RN recruitment and retention than non-Magnet hospitals.[26,27] Magnet hospitals reported better staffing levels (including employing more BSNs), more effective communication, and better overall leadership than non-Magnet hospitals.[26,27] Hospitals with Magnet status also tend to have lower operational costs and are, therefore, usually able to recoup the costs they incurred in the process of pursuing their Magnet designation.[26,27] Costs of obtaining Magnet designation include application, appraisal, and annual fees which can total between $61,465 and $121,250+ depending on bed number.[28] Hospitals must also consider the potential costs and savings of Magnet designation, such as changes in the leadership structure, implementation of innovative technology and care approaches, increased provider and patient satisfaction, reductions in readmission rates, and reductions in error and injury rates.[29] Achieving Pathway to Excellence designation is comparatively cheaper, costing between $22,900 and $54,600+ for similar fees depending on bed number.[30]

Compared with RNs at non-Magnet hospitals, RNs at Magnet hospitals tend to be more empowered, have greater job satisfaction, experience lower rates of burnout, and are less likely to report feeling bullied.[26,27,31] Pathway to Excellence Hospitals were able to use the pathway standards of shared decision-making, leadership, and well-being to respond to the COVID-19 pandemic in effective and inclusive ways.[32] The Pathway to Excellence Standards of Safety and Well-Being have also been used to decrease the risk of posttraumatic stress disorder (PTSD),[33] and the standards of shared decision-making and professional development can help hospitals succeed in their diversity, equity, and inclusion efforts.[34]

Work Environment

The work environment plays a significant role in RN retention. Effective leadership and support are needed to avoid RN turnover. Failla et al. (2021) found that a perceived lack of support from RN leadership was the most crucial factor associated with intention to leave.[35] Research has shown that poor leadership includes

numerous factors, including the following:[4,12]

- Lack of flexibility
- Inconsistent expectations
- Limited communication skills
- Rarely seeking feedback from RNs
- Placing too much value on seniority

Other studies have shown that even when RNs have become integrated into the hospital environment, many still choose to leave if they perceive a lack of professional development opportunities;[36] experience a toxic culture (including abuse, disrespect, unethical behavior, or lack of inclusion);[4] experience a lack of adequate resources to perform their jobs;[12] or encounter issues with transportation to and from the workplace.[21] Staffing shortages and turnover can themselves add to the workload of the remaining RNs and contribute to RN stress, resulting in even more turnover.[21] RNs who worked more hours per week reported less satisfaction with their jobs,[18] and high workloads and/or high stress levels have been tied to a greater likelihood of turnover.[21,36]

Workplace violence is another major issue that has led to turnover. Workplace violence can include physical violence, verbal abuse, sexual abuse, racial abuse, and bullying.[37] Compared with average US workers, RNs are more likely to experience violence in the workplace,[38,39] and violence against RNs increased during the pandemic.[38] Staffing shortages are likely a major contributor to violence.[38,40,41] Bridges et al. (2019) also reported that having 8 or more patients per nurse was associated with double the rate of negative interactions (including violence) between patients and RNs.[41] Brune et al. (2023) suggested that poor staffing may also limit the ability of RNs to develop meaningful connections with their patients, which may lead to more instances of violence.[38] Violence has been shown to lead to physical and mental health issues that limit the time that RNs can spend at the bedside.[37-39] For example, many RNs have experienced short- and long-term physical disabilities as a result of injuries caused by violence, and Wang et al. (2022) reported that RNs who experienced violence in the workplace were twice as likely to develop PTSD and burnout.[37] Finally, RNs who experienced workplace violence were found to be at greater risk for developing anxiety and depression, which increased their time away from the bedside.[38]

RN salary and benefits are also important and have been shown to impact RN retention.[36,42] Duru & Hammoud (2021) found that competitive pay and benefits were among the most common strategies used by hospital leaders to retain RNs.[42] Seeking a higher salary elsewhere was another top reason that RNs left their jobs.[36] Hospitals face significant external pressure to decrease labor costs,[39] but doing so has been shown to motivate RNs to leave for more lucrative opportunities, such as travel or agency nursing, positions at other hospitals, or jobs in other industries.[36,43]

Unionization may also impact the recruitment and retention of RNs. Unionized RNs were found to be significantly less likely to turn over than nonunionized RNs,[18] and hospitals with unionized RNs tended

to have better staffing levels.[39] Hospitals with unionized RNs also tended to have better workplace safety and patient care.[39,44] One study revealed that unionized hospitals saw, on average, 1.5 fewer injuries per 100 employees and 4–7% reductions in various negative patient outcomes than hospitals where RNs were not unionized.[39]

COVID-19

The COVID-19 pandemic played a significant role in exacerbating staffing shortages that existed before the pandemic began.[23,43] The stressful experience of working as an RN during the pandemic increased turnover.[45] Additionally, some RNs in many states, including NYS, left their positions due to vaccine mandates.[45†] COVID-19 has also limited the ability of student RNs to transition to practice easily. For example, hospitals had to restrict or eliminate the clinical training opportunities for RN students during the pandemic as a safety precaution, thus limiting direct care experience. Furthermore, safety changes to the National Council Licensure Examination (NCLEX) limited access to the exam and were associated with decreased pass rates.[46] Those changes included fewer test sites, a reduction in the maximum number of questions asked, and a shortened time period for completing the test.[46]

Strategies for Addressing RN Shortages

Recruitment Strategies

1. Onboarding

   Many hospitals use onboarding programs (including nurse residencies) to assist newly hired RNs in acclimating to working in their facilities. Good onboarding programs for new RN graduates and support from preceptors were found to be important for a successful transition to practice and ultimately improved retention.[11,12,47] According to Ortiz Pate et al. (2023), a successful onboarding process included the following steps:[47]

   - An effective orientation that clearly communicated organizational dynamics and role expectations (including use of electronic medical records)
   - Training that exposed new RNs to various topics to improve competence and confidence
   - The slow addition of new patients to prevent new RNs from becoming overwhelmed

   Preceptors were also shown to be incredibly important in successful onboarding, particularly when their interests and experience matched those of the RNs they were supporting.[47,48] Providing incentives to encourage precepting was also helpful when preceptors were in short supply.[42]

2. Nurse Residency Programs

   Nurse residency programs are becoming increasingly popular as a strategy for improving RN retention and competencies.[49] Such programs usually last between 6 and 12 months,[49] as evidence suggests that

† Governor Cuomo issued an executive order in August 2021 requiring all health care workers in hospitals to be vaccinated against COVID-19.

it takes at least 6 months for RNs to develop key critical thinking skills in addition to theoretical knowledge.[48,50] Nurse residency programs have many important advantages. Multiple studies have highlighted significant decreases in turnover during the first year of employment due to participation in nurse residency programs.[35,48,50,51] Nurse residency programs have also been able to decrease turnover by providing support to RNs,[50] building RN cohesion through the use of group discussions and check-ins,[48,49] decreasing stress and anxiety in the transition to practice,[48] decreasing reliance on agency RNs,[48] and significantly increasing job satisfaction.[50]

Accredited nurse residency programs, in particular, were shown to significantly improve RN preparedness and retention over the course of the program.[35] For example, the Vizient/American Association of Colleges of Nursing (AACN) Nurse Residency Program is a 12-month program for new RNs or RNs who are new to their specialty that utilizes a fully accredited curriculum and includes shared learning and mentorship opportunities, monthly collective sessions, and a capstone project. Hospitals that have used nurse residency programs reported various benefits for RNs, including improved retention.[21] Some hospitals lacked the resources to pursue official accreditation and instead designed their programs using best practices according to accreditation standards.[52] There are limitations to the research on nurse residency programs. Most studies have focused on the first year of employment; thus, the impact of nurse residency programs (particularly on retention) in the long term is not well understood.[48,49]

Retention Strategies

1. Prioritize Workplace Culture

   The literature includes many suggested strategies for improving RN retention. Focusing on retention has been shown to be more cost-effective than focusing on recruitment.[42,45] Supervisors' continued support and engagement of RNs are important for preventing turnover. Continued access to supervisors and upper-level management has been shown to help acclimate less experienced RNs to their new roles.[14,42] Supervisor support for RNs has also been shown to improve retention and reduce compassion fatigue.[19,53] Effective approaches include routinely seeking feedback from employees and measuring the impacts of efforts to address their concerns,[4] including the following:

   - Conducting 'stay' interviews that evaluate what employees like about their job and what improvements can be made[35,36,42]
   - Conducting exit interviews after employees leave to obtain an honest opinion of issues that need to be addressed[4]
   - Hiring a retention coordinator whose job is to better understand employees' needs[21]

   Finally, measuring intention to leave is helpful for addressing problems before they become insurmountable.[12,36,54,55]

   Providing upgrading opportunities, including ways for RNs to learn new skills and achieve more advanced positions, is another approach to supporting RNs and increasing retention.[11,12,22,54] Snyder et al. (2023) found that learning new skills was the main reason RNs reported wanting to stay at their organization.[36]

Helping RNs pursue educational opportunities is a great strategy for demonstrating commitment to their professional growth. For example, hospitals can partner with education programs to provide scholarships and tuition assistance to make educational opportunities more affordable.[12,21,42,56] In addition to educational opportunities, RNs must be able to work up to more advanced positions within the hospital, or they may be tempted to seek such advanced positions elsewhere.[21,56]

2. Increased Compensation

   One of the most common means of improving RN retention found in the literature was to improve pay.[20,54,55] RN pay was also found to be a top predictor of employee satisfaction, according to an analysis of RNs' reviews of their former employers on Glassdoor.[4] There are many ways to improve RN pay in addition to increasing salaries. For example, retention bonuses can be distributed after set periods of time to encourage RNs to stay longer.[21,56] To solve more temporary staffing issues, hospitals can provide incentives for taking longer shifts[53] or picking up shifts on short notice.[4]

3. Work–Life Balance

   Many RNs place a high value on flexibility and work–life balance.[12,21,36,55,56] RNs report that flexible schedules are one of the top motivations for them to stay.[36] Flexible scheduling options can include hybrid work models allowing RNs to work from home for a certain portion of their time[21] and providing tiered or part-time employment options for those who might otherwise retire.[55] Scheduling options that ensure that RNs have time to pursue educational opportunities if they wish to do so are also important.[4,12,16] In addition to flexible scheduling, reducing the workload is important and associated with improved job satisfaction.[4,54]

4. Reduced Workplace Violence

   Protecting RNs from violence is crucial to fostering a safe work environment that can improve retention. Numerous strategies may be effective for reducing workplace violence. For example, unions and hospitals can help reduce violence by assisting RNs in the documentation of violence and by providing de-escalation training.[39] Effective care that emphasizes the patient's needs may also be effective for de-escalation and reducing violence.[38]

5. Virtual Nursing

   Virtual nursing became more prevalent during the pandemic (mainly in outpatient settings) to provide care remotely and limit physical contact.[57] Common means of delivering virtual care include web platforms, phone calls, smartphone or tablet applications, health trackers, or virtual and in-person care combinations.[58] Virtual nursing can be used for patient and family communication, education and counseling about treatment, patient monitoring, virtual rounds, admissions and discharge planning, and sustained care after discharge.[58-60]

   Virtual nursing may have advantages in terms of improving nursing flexibility and retention. Virtual nursing can augment staffing by providing more remote work opportunities and providing RNs who might otherwise retire with more options for continuing to work.[59,61] Existing staff can work more efficiently by

using virtual setups to monitor multiple patients at once[55,59-61] and easily communicate patient-reported outcome measures (PROMs).[58] RNs working remotely can also assist with administrative work, such as documentation, to ease the administrative burden for the rest of the staff.[61]

Virtual nursing has additional benefits as it provides flexible and innovative ways to support new RNs, including onboarding, nurse residency programs, virtual check-ins, mentoring options, and peer support.[55,61] These types of technology allow for both synchronous and asynchronous learning options that allow RNs to learn at their own pace, which often takes less time than in-person training.[62-64] Virtual training involving augmented reality (AR) was shown to be highly effective for providing a realistic and interactive learning experience and may also be a helpful solution for just-in-time training situations in which RNs can practice a skill they have already learned just before having to perform it on a patient.[65]

METHODS

This research included both qualitative and quantitative analyses. Key informant interviews and focus groups were held with hospital associations and hospital staff, and quantitative analyses were conducted on primary and secondary data sources. Both methods, including specific datasets, are described more fully below. This approach allowed the CHWS staff to integrate views on the reasons for RN recruitment and retention challenges with information on the characteristics of RNs, including their distribution, demographics, educational, and practice characteristics, and their level of burnout. Finally, a linear regression was run on the level of burnout, comparing it to a number of RN characteristics.

Quantitative Analysis

Quantitative analysis was conducted on the following:

American Community Survey

Five-year estimates from the 2018–2022 American Community Survey (ACS) were used to describe the distribution and characteristics of active RNs in NYS. This analysis included RNs living and working in NYS and those living in contiguous states but working in NYS.

National Sample Survey of Registered Nurses

The National Sample Survey of Registered Nurses (NSSRN) is conducted by the National Center for Health Workforce Analysis in collaboration with the US Census Bureau. It began in the 1970s and is conducted every 4 years. From 2022–2023, nearly 50,000 RNs responded to the NSSRN, including more than 1,300 from NYS. Data from the NSSRN were used to compare actively practicing RNs in NYS to those nationwide.

New York State RN Reregistration Survey

Starting in November 2022, RNs were required to complete a survey at the time of their tri-annual reregistration. The survey included questions about their demographics, education, practice characteristics, burnout levels, and future plans. Data collected between November 1, 2022, and October 31, 2023, were used for this report and reported by the NYS Department of Labor (DOL) regions. Almost 106,000 surveys were submitted during that period, including those from almost 43,000 RNs actively practicing in NYS.

The survey also included 7 work-related questions from the Copenhagen Burnout Inventory. The questions were based on a 5-point Likert scale and included the following:

- Do you feel worn out at the end of the working day?
- Are you exhausted in the morning at the thought of another day at work?
- Do you feel that every working hour is tiring for you?
- Do you have enough energy for family and friends during leisure time?

- Is your work emotionally exhausting?
- Does your work frustrate you?
- Do you feel burned out because of your work?

The 7 CBI questions were scored from 0–100 in 25-point increments and were averaged to obtain a burnout score. An average CBI score of 50 or higher was considered a high level of burnout.

Employer Demand Survey

CHWS, in conjunction with statewide and regional provider organizations, conducts annual surveys of human resources staff at hospitals, home health care agencies, and nursing homes across the state. These surveys asked about the professions and occupations that posed the greatest recruitment and retention problems in 2023. Respondents were asked to assess recruitment and retention difficulties on a 5-point Likert scale ranging from "not at all difficult" to "extremely difficult." RNs were identified as difficult to recruit and/or retain if hospitals reported them as "moderately difficult," "very difficult," or "extremely difficult" to recruit and/or retain. Respondents who indicated difficulty recruiting and/or retaining workers were asked to cite the reasons. These data were analyzed and reported by DOL region.

Qualitative Analysis

Qualitative analysis was conducted on the following:

Hospital Association Interviews

Interviews were conducted with staff from the Greater New York Hospital Association (GNYHA), HANYS, and the Iroquois Healthcare Association (IHA) to gain their perspective on general RN recruitment and retention challenges faced by NYS hospitals. The interviews lasted approximately 1 hour.

CNO & HR Focus Groups

As part of the research project, CHWS staff held upstate and downstate focus groups of chief nursing officers (CNOs) and directors of human resources (DHRs). The purpose of these focus groups was twofold. First, the focus groups were designed to collect more detailed data on general RN recruitment and retention challenges at NYS hospitals and to identify potential strategies to address those challenges. Second, these focus groups provided information to further refine questions for hospital-specific interviews. CHWS staff worked with HANYS and the IHA to develop separate upstate focus groups of CNOs and DHRs. In lieu of conducting a downstate focus group, the CHWS provided GNYHA with questions that were asked as part of the GNYHA-sponsored meeting of the CNOs. In total, more than 30 individuals participated in the 2 focus groups or the GNYHA-sponsored CNO meeting.

Hospital Interviews

While this study primarily focused on safety-net hospitals, it was important to understand recruitment and retention difficulties according to certain hospital characteristics. The CHWS initially identified 36 hospitals

throughout NYS for interviews based on the characteristics outlined below. To ensure a representative sample of hospitals, CHWS staff created a 12-box sampling frame using the following criteria:

- Location
  a. Downstate (Bronx, Kings (Brooklyn), Nassau, New York (Manhattan), Queens, Richmond (Staten Island), Rockland, Suffolk, and Westchester)
  b. Upstate urban areas (Albany, Dutchess, Erie, Monroe, Niagara, Oneida, Onondaga, Orange, and Saratoga)
  c. Upstate rural areas (remaining upstate counties)
- Safety-net hospital status was defined by DOH[‡] or by the percentage of Medicaid discharges[§]
- Number of total discharges[**]

Using publicly available 2020 hospital discharge data, 208 hospitals were initially identified for the sampling frame. After removing specialty hospitals and combining certain hospitals, a final count of 191 hospitals remained. These hospitals were categorized into 12 groups based on the specific criteria listed above (Table 1). Hospitals were selected for the study from each of the 12 groups. The final sample included 36 hospitals distributed as follows:

TABLE 1. The Sampling Frame of Hospital Being Interviewed

% Medicaid Discharges GT 75% Pct Within Geography	Total Discharges GT Median Within Geography	Upstate Rural	Upstate Urban	Downstate	Total
Yes	Yes	4	2	7	13
Yes	No	3	2	4	9
No	Yes	2	1	3	6
No	No	3	1	4	8
Total		**12**	**6**	**18**	**36**

CHWS staff held separate interviews with CNOs and with DHRs. In several instances, CHWS staff interviewed chief nursing executives or human resources staff who oversaw multiple hospitals. Additionally, for a small number of hospitals, nurse recruiters or other human resources staff replaced DHRs or were sitting in the interviews with them. In total, over 58 individual interviews were conducted, representing over 55 hospitals. Between individual interviews and focus groups, more than one-third of the hospitals in NYS were represented in this study.

‡ https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/safety_net_definition.htm

§ The 75th percentile of Medicaid discharges were calculated for each location type. Hospitals above the 75th percentile were considered high Medicaid hospitals.

** Median discharges were calculated for each location type. Hospitals above the median were considered high discharge hospitals.

New York State Department of Labor Regions

DOL regions (regions) were used in this report for the analysis. The regions are:

- Capital District: The counties of Albany, Columbia, Greene, Rensselaer, Saratoga, Schenectady, Warren, and Washington
- Central New York: The counties of Cayuga, Cortland, Madison, Onondaga, and Oswego
- Finger Lakes: The counties of Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Wayne, Wyoming, and Yates
- Hudson Valley: The counties of Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester
- Long Island: The counties of Nassau and Suffolk
- Mohawk Valley: The counties of Fulton, Herkimer, Montgomery, Oneida, Otsego, and Schoharie
- New York City: The counties of the Bronx, Kings (Brooklyn), New York (Manhattan), Queens, and Richmond (Staten Island)
- North Country: The counties of Clinton, Essex, Franklin, Hamilton, Jefferson, Lewis, and St. Lawrence
- Southern Tier: The counties of Broome, Chemung, Chenango, Delaware, Schuyler, Steuben, Tioga, and Tompkins
- Western New York: The counties of Allegany, Cattaraugus, Chautauqua, Erie, and Niagara

For the purpose of this report, the downstate category includes the regions of New York City and Long Island. The upstate category includes the remaining regions.

RESULTS

Profile of NYS RNs

As of April 1, 2024, NYS had nearly 430,000 licensed RNs,[‡‡] though many of these are inactive or practicing out of state. The profile of NYS RNs is designed to describe the demographic and practice characteristics of active RNs as well as their distribution throughout the state.

There are 205,000 active RNs in NYS.

According to ACS data, there were more than 205,000 active RNs in NYS in 2023. Nearly 40% of active RNs worked in New York City, with almost 15% working on Long Island (Table 2). The North Country and the Mohawk Valley regions had the fewest RNs.

TABLE 2. Distribution of NYS-Active RNs by Region, 2018–2022

Region	Number	Percent
Capital District	11,977	5.8%
Central New York	9,828	4.8%
Finger Lakes	13,589	6.6%
Hudson Valley	20,820	10.1%
Long Island	32,021	15.6%
Mohawk Valley	5,521	2.7%
New York City	87,034	42.3%
North Country	4,283	2.1%
Southern Tier	6,079	3.0%
Western New York	14,555	7.1%
Total	**205,707**	

Source: US Bureau of Census, American Community Survey 5-year Estimates, 2018–2022.

Active RNs in NYS are slightly younger than active US RNs.

Forty-three percent of the active RNs in NYS were younger than 40 years, compared to 41% of the active RNs in the US (Table 3). The highest percentage of RNs were between the ages of 30 and 39 in both NYS and the US, followed by those between the ages of 40 and 49.

‡‡ https://www.op.nysed.gov/about/registration-license-statistics/numbers-registered-licensees-2024

TABLE 3. **Active RNs in the US and NYS by Age Group, 2022**

Age Group	US	NYS
29 or Younger	12.4%	15.7%
30–39	28.8%	27.0%
40–49	23.8%	23.1%
50–59	20.8%	19.7%
60–69	12.3%	12.6%
70 and older	2.0%	1.8%

Source: National Sample Survey of RNs, 2022.

The Finger Lakes and New York City had the lowest median age of RNs in NYS.

The Finger Lakes had the lowest median age of active RNs in NYS, with half of them under the age of 40 (Table 4). Forty-seven percent of New York City's active RNs were under the age of 40. In contrast, the Mohawk Valley and in the Southern Tier regions had the highest median age of active RNs in NYS.

TABLE 4. **Distribution of Active RNs in NYS by Age Group and Region, 2023**

Region	Median Age	Under 40	40–69	70 Plus	Unknown/ Missing
Capital District	44.4	42.6%	53.8%	2.4%	1.2%
Central New York	43.8	43.8%	53.5%	1.7%	0.9%
Finger Lakes	42.2	50.1%	46.8%	2.0%	1.1%
Hudson Valley	45.4	38.8%	56.5%	2.8%	1.9%
Long Island	44.3	43.1%	53.3%	2.0%	1.6%
Mohawk Valley	46.3	34.6%	61.5%	2.6%	1.3%
New York City	42.8	47.4%	49.1%	1.6%	2.0%
North Country	44.4	40.8%	54.9%	2.7%	1.6%
Southern Tier	45.8	37.3%	59.2%	2.8%	0.7%
Western New York	44.8	42.3%	54.5%	2.2%	1.0%
Statewide	**43.8**	44.2%	52.0%	2.0%	1.8%

Source: New York State RN Registration Survey, 2023.

Active RNs in NYS are more diverse than US-active RNs

More than one-half of the active RNs in NYS are people of color, compared to slightly more than one-third of the active RNs in the US (Table 5). Nearly 1-in-5 active RNs in NYS are Black/African American, non-Hispanic, while only 11% of active RNs in the US are Black/African American, non-Hispanic.

TABLE 5. Comparison of US-Active RNs and NYS-Active RNs by Race and Ethnicity, 2022

Race and Ethnicity		US	NYS
Hispanic/Latinx		9.6%	10.7%
Non-Hispanic	Asian/Pacific Islander	10.2%	16.2%
	Black/African American	11.3%	19.6%
	White	64.2%	48.5%
	Other/Mixed Race	4.7%	5.0%

Source: National Sample Survey of RNs, 2022.

RNs who are Hispanic/Latinx are underrepresented compared to their presence in the NYS population.

Almost 20% of NYS' population were individuals who are Hispanic/Latinx (Table 6). In contrast and as indicated in Table 5, about 11% of active RNs were Hispanic/Latinx, lower than their presence in NYS' population. The New York City region had the most diverse RN workforce, followed by the Hudson Valley and Long Island regions. The North Country and Southern Tier had the least diverse RN workforce.

TABLE 6. Distribution of NYS-Active RNs by Race and Ethnicity and by Region, 2023

Region	Hispanic/ Latinx	Non-Hispanic/Latinx				Prefer Not to Answer/ Missing
		Asian/Pacific Islander	Black/African American	White	Other/Mixed Race	
Capital District	3.9%	6.0%	3.2%	78.9%	1.8%	6.0%
Central New York	2.0%	3.8%	3.7%	84.1%	1.3%	5.0%
Finger Lakes	3.8%	2.2%	4.3%	82.4%	2.0%	5.4%
Hudson Valley	10.1%	11.2%	11.5%	55.6%	1.8%	9.8%
Long Island	9.2%	11.9%	10.7%	57.7%	1.8%	8.7%
Mohawk Valley	2.4%	4.0%	2.6%	84.2%	0.9%	5.9%
New York City	10.9%	24.4%	22.0%	29.8%	2.0%	10.9%
North Country	1.7%	1.0%	1.1%	88.8%	2.2%	5.2%
Southern Tier	2.1%	2.3%	2.1%	85.7%	2.3%	5.6%
Western New York	2.6%	1.8%	5.2%	83.0%	1.7%	5.7%
NYS Population	**19.7%**	**9.0%**	**13.4%**	**52.9%**	**5.0%**	**N/A**

Sources: New York State RN Registration Survey, 2023; US Bureau of Census, American Community Survey 5-year Estimates, 2018-2022.

More than 55% of active RNs in the US and in NYS work in hospitals.

Fifty-six percent of active RNs in the US and 58% of active RNs in NYS worked in hospital inpatient settings or the emergency department (Table 7). Another 14% of US active RNs worked in other outpatient settings, such as private medical offices, federally qualified health centers, ambulatory surgery centers, or rural health clinics. Nearly one-fourth of active RNs in NYS worked in other settings, such as county or state public health departments, universities or colleges, or insurance companies.

TABLE 7. Comparison of Active RNs in the US and Active RNs in NYS by Practice Setting, 2022

Setting	US	NYS
Hospital Inpatient/ED	56.3%	58.1%
Hospital Outpatient	7.8%	6.7%
Other Outpatient	14.1%	5.1%
Other Inpatient/Long Term Care	7.8%	8.1%
Other	14.0%	22.0%

Source: National Sample Survey of RNs, 2022.

New York City has the highest percentage of RNs working in either hospital units or in emergency departments.

New York City (57%) had the highest percentage of active RNs who worked in hospital inpatient units or emergency departments, followed by the Long Island (53%) and Finger Lakes (50%) regions (Table 8). The upstate regions had greater percentages of active RNs who worked in hospital outpatient or other outpatient settings (eg, medical offices and clinics) than did the downstate regions. Nearly one-fourth of active RNs in the Central New York region worked in outpatient settings, followed by 22% in the North Region.

TABLE 8. Distribution of Active RNs in NYS by Employment Setting and Region, 2023

Region	Hospital Inpt/ED	Hospital Outpatient	Other Outpatient	Other Inpatient/ Long Term Care	Other
Capital District	47.3%	11.2%	9.5%	6.3%	25.7%
Central New York	44.7%	13.0%	10.9%	6.5%	25.0%
Finger Lakes	50.1%	13.2%	8.1%	6.2%	22.4%
Hudson Valley	48.5%	8.1%	9.1%	10.2%	24.1%
Long Island	53.4%	11.0%	5.8%	6.3%	23.5%
Mohawk Valley	42.8%	10.3%	9.6%	12.3%	25.0%
New York City	57.4%	12.4%	4.8%	6.8%	18.6%
North Country	44.1%	12.0%	9.6%	9.9%	24.4%
Southern Tier	44.4%	11.9%	8.9%	11.9%	22.8%
Western New York	46.8%	9.0%	8.8%	8.9%	26.5%

Source: New York State RN Registration Survey, 2023.

Over 60% of active RNs in NYS report having a bachelor's degree as their highest nursing degree.

Sixty-two percent of NYS active RNs held a bachelor's degree as their highest nursing degree (Table 9). Another 28% held an associate degree or RN diploma as their highest nursing degree. Seventy-three percent of active RNs in the New York City region held a bachelor's degree as their highest nursing degree, followed by those in the Long Island (69%) and Hudson Valley (61%) regions.

TABLE 9. Distribution of Active RNs in NYS by Highest Nursing Degree and by Region, 2023

Region	Associate/RN Diploma	Bachelor's	Master's	Post-Master's Certificate	Doctorate
Capital District	48.8%	44.3%	6.4%	0.1%	0.3%
Central New York	48.6%	43.6%	7.0%	0.3%	0.4%
Finger Lakes	35.5%	57.5%	6.0%	0.1%	0.8%
Hudson Valley	29.6%	61.1%	8.0%	0.6%	0.7%
Long Island	19.9%	69.2%	10.0%	0.2%	0.7%
Mohawk Valley	55.2%	40.1%	4.2%	0.1%	0.4%
New York City	14.3%	72.9%	11.5%	0.4%	0.9%
North Country	64.7%	31.0%	3.9%	0.2%	0.2%
Southern Tier	51.5%	43.1%	4.9%	0.2%	0.4%
Western New York	44.8%	50.6%	4.0%	0.2%	0.4%
Statewide	**28.0%**	**62.2%**	**8.8%**	**0.3%**	**0.7%**

Source: New York State RN Registration Survey, 2023.

Key Informant Interviews and Focus Groups

Current RN Shortage

The vast majority of hospitals continued to experience RN recruitment and retention challenges, although most of these hospitals reported that the situation had improved. Often, the situation was related to a lack of experienced RNs. When asked whether their hospital had a nursing shortage, one CNE from a large upstate hospital responded:

> *"Oh yeah, oh absolutely, yes. So, we're no different. [It's a] challenge that the entire country is facing. It's [a] shortage of registered nurses who are of readily available to fill open slots…we're struggling with a lot of significant onboarding [of] new grads and now you have an experience gap that we're also faced with. So, even if you have enough bodies, then we're faced with the experience, it almost doesn't feel like you have enough bodies."*

Upstate and rural hospitals were more likely to report RN recruitment and retention challenges than were downstate and urban hospitals. A few hospitals, however, reported that the situation was worsening. These hospitals were all located in upstate NY and were almost entirely large hospitals located in rural areas.

Impact of the Pandemic on RN Recruitment and Retention

Increased Travel/Agency

The pandemic has impacted hospitals differently depending on their characteristics. Nearly all hospitals increased the use of agency/travel RNs during the pandemic to address the shortage of RNs. As one CNO of a large downstate hospital described,

> *"We have depended on them to fill the gap. At one point, we had travel RNs that represented all 50 United States. That's how many travel nurses we had here."*

The vast majority of hospitals reduced the use of agency/travel RNs following the pandemic. Many hospitals (particularly upstate), even if they reduced their use of agency/travel RNs, reported continued issues with pay disparities between agency/travel RNs and their employed RNs, impacting morale and increasing hospital expenses. As one DHR of an upstate hospital explained,

> *"I mean, they're not vested in being at any one organization and there's a learning curve. And the cost, more than anything, is awfully expensive and certainly not sustainable, but in order for us to provide the care that our community needs and deserves we have two options: We either shut things down or we pay an astronomical price to be able to keep our services and beds open. And that's what we're doing. Trying to do everything else in our power, but there're just not enough nurses."*

Some hospitals also reported that RNs returned to work at the same hospital or a nearby hospital after ending their travel or agency contract.

Increased Stress and Retirements

Many hospitals, particularly in urban areas, have experienced increased RN burnout due to the stress caused by the pandemic. Some participants reported that this stress had lingering effects on the morale of the RNs, as explained by this CNO from a downstate hospital:

> *"COVID here was really bad. And we're recovering now, but it hurt a lot. I mean, I wouldn't say specifically the staffing, but just the trauma that people went through and basically every unit here, every med/surg unit, the detox unit, everything became an ICU. So, we had ventilators everywhere and it was, it was pretty traumatic."*

The stress and danger of the virus also led many older RNs to retire early, as one CNO from another downstate hospital explained:

> *"I think after COVID or during COVID, definitely a lot of nurses left. We called it the great resignation. And a lot of them retired earlier. Those who could have probably stayed another 5 years. They just left the profession and in fact, I met some of my friends over the weekend and they were like, 'Oh, we retired in the middle of COVID...we were so scared. The ED was just jumping. We didn't want to die, and we're just really exhausted.' So yeah, I think that's a known phenomenon throughout the country and the world."*

Vaccine Mandate

In addition to increased stress, many RNs left hospitals or retired due to concerns about vaccine safety, vaccine side effects, or general mistrust of information about the vaccine.[66] Increased turnover due to the vaccine mandate was discussed by a greater proportion of rural upstate hospitals than other hospitals. One CNO from a small rural hospital explained the impact on their experienced staff:

> *"We lost a fair number to the vaccine [mandate]. We also lost some very seasoned staff and that has a lot of impacts all the way down the line. We lost a very seasoned educator and when you lose your education and your professional development team, it's a disaster because that's part of what keeps nurses in their work and that sense is continuing to grow personally and professionally."*

Hospital Characteristics

New Graduate Educational Attainment

When asked about the level of educational attainment of their new nurse graduates, many hospitals reported hiring a mix of associate- and baccalaureate-prepared RNs. Upstate hospitals (particularly those in rural areas) were more likely to hire mostly associate degree RNs, whereas downstate hospitals were more likely to hire mostly baccalaureate-prepared nurses. Many participants from upstate hospitals and hospitals in rural areas reported having less access to baccalaureate-prepared nurses due to fewer BSN nursing programs in the area. A CNO from a small, rural hospital stated the following:

> *"I would say at this point we're hiring more ADNs. You know, if you look at where our nursing schools are here in upstate New York and in our general vicinity…the vast majority of our graduates are ADN-prepared. And I think helping those nurses understand why it's good to go back to school [is] something that we really, really focus on."*

Conversely, some downstate hospitals required that incoming RNs either hold a BSN or be enrolled in a BSN program. Many of these hospitals waived their BSN requirements due to the pandemic, as one CNE from a downstate hospital explained:

> *"So, we hire BSN only. But of course, we waived that during COVID. We waived it for about 2, probably close to 3 years. And so over that time period we hired about 60% ADNs, but we went back to the requirement, which is BSN only. And then any non-BSN has to be approved by me. And then what we look for is how far along are they in the program and we don't take anyone who is less than halfway through the program."*

Unionization

Most of the hospitals in the sample were unionized. Opinions were divided on the impact of unionization on RN recruitment and retention. Many hospitals indicated that union contracts made it more difficult to make innovative changes to help improve RN recruitment and retention. However, other hospitals reported that unions could benefit RN recruitment and retention by helping to provide higher pay, better benefits,

and other support, such as tuition assistance. One of the focus group participants acknowledged both the benefits and the drawbacks of unions:

"We are not unionized. I can schedule flexibly. That's one positive selling factor for us, but we can't compete with salaries from unionized hospitals."

Non-Magnet hospitals were more likely to discuss the benefits of unions than were Magnet hospitals.

Magnet and Pathway to Excellence Designation

While only approximately one-third of the hospitals in the sample had Magnet or Pathway to Excellence designation, many hospitals were working toward one of these designations. Many felt that Magnet or Pathway to Excellence designation helped improve (or would help improve) recruitment and retention by creating a more supportive environment for RNs and giving them more say over the day-to-day operations of the hospital. As one CNO from a downstate Magnet hospital explained,

"The one thing I would point to is shared governance and having control over their practice. That's number one. We have a very strong, robust shared governance structure where each unit has a unit practice council where their voice can be heard. So, remember, our nurses are not unionized. And when you look at the literature around why people choose a union organization or choose to unionize, it's because their perception is they don't have a voice. And so people want to be able to come to work and have a pathway to express and give feedback and also come to work and look around them and can see changes and initiatives and things that are going on that they had an impact on that they had a voice in."

However, some hospitals felt that these designations would be difficult to achieve due to the expense of the application and the increased nonproductive time resulting from RNs being involved with committees and decision-making. One CNO of a downstate, high-Medicaid hospital, when asked about whether they would pursue Magnet designation, responded the following:

"Probably not just because of the cost. We are a safety net hospital, so finances are one of our biggest challenges. My philosophy has always been, I did work at a Magnet hospital prior to coming here, but my philosophy has been, we can have the same quality outcomes and improvements as a Magnet hospital does, but we wouldn't have the finances and the infrastructure to be able to go for Magnet. You need a lot of, there's a lot of shared governance model and staff nonproductive time in terms of committees and stuff and with our finances and labor structure, that's not something that we're in a position right now to do. We'd like to, but [it's] not realistic."

Another perceived barrier cited included the need for more baccalaureate-trained nurses to fulfill Magnet requirements, which could be particularly difficult for hospitals with few BSN educational programs in the area. The advantages of Magnet and Pathway to Excellence designation were discussed by a greater portion of large hospitals compared to small hospitals, while high-Medicaid hospitals were more likely to mention how Magnet designation assisted with recruitment.

Staffing Ratios

Many hospitals discussed nurse staffing ratios; however, opinions were divided on their advantages. Many hospitals reported that they were often unable to meet staffing ratio requirements due to RN shortages and that such requirements created an increased burden on their hospital. Some hospitals also mentioned the burden of increased staffing documentation due to staffing ratio requirements. One CNO of a rural upstate hospital asserted the following:

> *"We have to get rid of the unfunded mandates. Thou shalt document 45,000 things that are of no use whatsoever every single shift. We have to come away from checkbox mentality and start looking at the human being in the bed."*

However, other hospitals felt that ratios were beneficial. Maintaining good staffing ratios (particularly if these ratios were better than those of nearby hospitals) was seen as an effective way to increase recruitment by creating an attractive environment that was less likely to overwhelm RNs. One DHR of an upstate Magnet hospital stated the following:

> *"I think [our hospital] is unique in terms of its nurse-to-patient ratios. I think that's absolutely a distinguishing feature, a competitive advantage for us. I mean, you could look at hospitals broadly, including in our market, and see med/surg ratios on days of 1-6, 1-7, 1-8, and I mean, we're shooting for 1-4."*

Rurality

Many hospitals, particularly those in rural areas, discussed the impacts of location on the recruitment and retention of RNs. When talking about location issues, most hospitals discussed the disadvantages of being located in a rural area, most notably transportation issues and a lack of available RNs. One CNO of a high-Medicaid rural hospital shared the following regarding the difficulty of recruiting experienced RNs in a rural area

> *"Recruiting experienced or seasoned nurses is really, really difficult. It's extremely competitive, you know. We're a community hospital. [The nearest city] is an hour away. I mean, people tend to go to those hospitals because the pay is usually different. It's higher and the amount of services that they provide and so you're able to, you know, be exposed to a lot more. So, it's challenging competing with those areas."*

Some hospitals discussed the benefits of rural areas, including a stronger bond between the community and the hospital (which could be beneficial for recruiting and retaining RNs from the community) and other area draws (such as access to certain recreational activities).

Recruitment and Retention Survey

The vast majority of hospitals reported recruitment and retention difficulties.

Over 90% of Hospital Employer Demand Survey respondents indicated that RNs were difficult to recruit (Table 10). All respondents on Long Island indicated that RNs were difficult to recruit, while only 85% of respondents from Hudson Valley hospitals noted that RNs were difficult to recruit. Ninety-eight percent of respondents indicated that RNs were difficult to retain, including all Long Island and New York City hospitals that responded to the survey.

TABLE 10. RN Recruitment and Retention Difficulties at NYS Hospitals by Region, 2023

Region	% Reporting Difficulty	
	Recruiting RNs	Retaining RNs
Upstate New York[a]	92.6%	97.1%
Hudson Valley	84.6%	90.9%
Long Island	100.0%	100.0%
New York City	92.6%	100.0%
New York State	**90.3%**	**97.5%**

[a] Includes the Capital District, Central New York, Finger Lakes, Mohawk Valley, Southern Tier, and Western New York regions.

Source: CHWS Hospital Employer Demand Survey, 2023.

The shortage of qualified workers was the primary reason for RN recruitment difficulties in NYS hospitals.

The main reasons cited by hospitals for RN recruitment difficulties included a "shortage of qualified workers," "noncompetitive salaries," and "applicants being nonresponsive to interview requests." Respondents indicated that "better salaries elsewhere" was also a reason for retention difficulties, along with "opportunities for better work–life balance."

TABLE 11. **Reasons for RN Recruitment and Retention Difficulties at NYS Hospitals by Region, 2023**

Region	Top Reasons for Difficulties	
	Recruitment	Retention
Upstate New York[a]	Shortage of qualified workers Noncompetitive salaries	Better salaries elsewhere Opportunities for better work-life balance
Hudson Valley	Shortage of qualified workers Noncompetitive salaries	Opportunities for better work-life balance Better salaries elsewhere Retirement
Long Island	Applicants nonresponsive to interview requests Shortage of qualified workers	Better salaries elsewhere Opportunities for better work-life balance
New York City	Noncompetitive salaries Applicants nonresponsive to interview requests	Opportunities for better work-life balance Better salaries elsewhere Retirement

[a] Includes the Capital District, Central New York, Finger Lakes, Mohawk Valley, Southern Tier, and Western New York regions.

Source: CHWS Hospital Employer Demand Survey, 2023.

Recruitment and Retention Issues (Drivers)

New RN Graduates

The vast majority of hospitals discussed a shift in the expectations of new RN graduates compared to those reported by previous generations. Specifically, hospitals reported that new RN graduates were more likely to value work–life balance, including a reluctance to work nights or weekends and a desire for more days off. Some hospitals also reported that newly trained RNs placed a high value on opportunities for career advancement, particularly a desire to work in specialty areas sooner in their careers. Several expressed frustration that the emphasis on work–life balance created staffing challenges, as one focus group participant explained:

> *"What's pulling people is specialty settings that work Monday-Friday and no weekends and holidays. I had a new graduate who said starting at 6.30am was too early. She said she may be able to do 9am. I appreciate their ability to prioritize work-life balance but it's difficult when no one wants to work nights."*

Conversely, some other hospital leaders acknowledged the value of having to adapt to a different perspective; one CNO of a downstate Magnet hospital commented the following:

> *"I think that it's different. I don't think it's a bad thing per se. I think this [is an] opportunity to learn from their perspective when it comes to self-advocacy. I think sometimes as health care providers we can get wrapped up in our work and dedicated to our work and giving ourselves to the extent that*

that could be detrimental for our own health. So, I think having that perspective of 'let me put my oxygen mask on first' is healthy. It's a healthy balance to have in the work environment."

The emphasis that newer RNs placed on work–life balance was discussed by a greater proportion of those at upstate and rural hospitals than those at other hospitals.

Almost all the hospitals also reported that graduate RNs were less prepared than those in years past. In particular, many hospitals discussed the lack of communication skills, the lack of critical thinking skills, and the lack of other basic skills that are important for success as RNs. Many hospitals suggested that the lack of clinical training opportunities and increased use of simulation during the COVID-19 pandemic negatively impacted preparedness. As a result, many hospitals reported lengthening or otherwise improving their orientation to help acclimate newly trained RNs. The following brief exchange during one of the focus groups illustrates these challenges:

One participant commented, "Because of COVID, a lot of labs were simulated. Some students don't know how to touch patients. They learned to insert catheters with straws and soda bottles. They don't have clinical skills."

Another added, "...or communication skills. The comfort level is not there. You have to teach them a lot. We expanded orientation for our ER nurses, we had five new RNs, and five LPNs, and we had to extend their orientation because they were not comfortable. It was so expensive. That's been a challenge."

An interview participant from a downstate hospital further shared the following regarding the impact of a lack of communication skills on new RN preparedness:

"I don't feel the nurses that we're hiring, and I'm referring to my experience as a chief nurse, not just here, that students are prepared to have empathetic conversations with patients, that students are prepared coming out as a new grad to have a conversation, even with doctors or colleagues, around clinical work. They are not. There doesn't appear to be preparedness to do what is probably around 65% of their work in terms of how we measure effectiveness of patient experience and team engagement"

A greater proportion of small hospitals and non-Magnet hospitals than large hospitals and Magnet hospitals discussed newly trained RNs lacking communication skills.

Similarly, many hospitals discussed a lack of newly trained RNs to recruit, either due to a decrease in RN graduations in the area or because they were struggling to compete with other local hospitals. One focus group participant from a rural hospital shared the following regarding the recent decrease in local RN graduations:

"The community colleges typically have about 100 students, but this year, their class size is about 45. Schools of nursing are not able to give us the number of RNs we need. There are competitors vying

for the nurses they produce. The competitors up the ante with sign-on and retention bonuses. We spend significant dollars to attract, recruit, and keep nurses. It's not sustainable."

Some key informants suggested that faculty shortages impacted enrollment in nursing education programs and, ultimately, the production of new RNs. These hospitals were more likely to be located upstate. Hospitals that reported partnerships with local education programs were less likely to have issues recruiting newly trained RNs.

Many hospitals reported that newly trained RNs were more transient and had higher turnover rates than older and more experienced RNs. Hospitals discussed newly trained RNs leaving to pursue travel or agency contracts or leaving for better paying jobs at other hospitals (or away from the bedside). One DHR from a large hospital emphasized the need for hospitals to adjust expectations away from longevity in the following statement:

"We're not hiring for forever anymore. We're not looking for that life partner…I think we do have to make that adjustment as institutions and individual hiring managers have to change that mindset. I also think years ago there would be a notion of, 'oh, I don't want to hire this person because I think they're going to leave soon.' Well, let that go too. Everyone is going to leave soon. So, hire the best person for today."

Results of the NYS RN re-registration survey showed that intention to leave within the next 12 months was the highest with the youngest and the oldest RNs (Table 12). The impact, however, is more substantial for younger RNs since they currently comprise over 40% of the NYS RN workforce.

TABLE 12. Intention to Leave Current Patient Care RN Position within the Next 12 Months by Age Group, 2023

Age Group	No	Yes	Missing
29 or Younger	84.4%	15.5%	0.1%
30–39	85.8%	14.1%	0.1%
40–49	89.7%	10.2%	0.1%
50–59	92.5%	7.4%	0.1%
60–69	85.1%	14.9%	0.1%
70 and older	84.7%	15.1%	0.1%

Source: New York State RN Registration Survey, 2023.

Unit Shortages

Most of the hospitals discussed experiencing shortages of RNs in specific units, with the most common shortages occurring in medical-surgical units, emergency departments, and critical care units. Many hospitals also reported having difficulty staffing their night shift. A greater proportion of upstate and small hospitals reported unit shortages than did downstate and large hospitals. A greater proportion of upstate

hospitals and rural hospitals discussed experiencing shortages in their medical-surgical units than did downstate and urban hospitals. One CNO from a small rural hospital shared the following about its unit shortages in terms of new graduate preferences:

> *"New grad nurses are really choosing where they want to go into much more than any time in the past. So, I'd say what currently is less desirable for new grads are our med/surg and ED positions. You know, historic places where nurses used to start and gain a ton of very useful career experience. Now we've had to build new grad bridge programs that allow them to start training in some of those areas but then quickly move into an area that they more desire like women's and children's and other areas like that. We have to be much, much more flexible in order to recruit and retain the newer graduate nurses because there's so much opportunity for them."*

Another CNO from an upstate hospital noted the following:

> *"What we are still seeing with the newer nurses, in less than the 2-year mark, them wanting to move on to different areas of practice. I don't think that's a bad thing. But as an executive, you have to be able to provide the pathway and the gateway for ascension. So, what do I mean by that? There're so many rules, and I will say it as leaders and sometimes in nursing, we're so stringent, right? And we're not as flexible…if a nurse has been there 18 months to 2 years and they go from a medicine unit and they want to transition to the ICU or the ED and I have an open position, they're transitioning without a fellowship. And we did a critical care advancement program path for them to do so. And we've seen this many times and so I'm not losing them because they're getting what they want, right? And learning a different specialty in a role. I'm retaining my team members. I have a happy culture and I'm happy at the end of the day that I didn't have nursing turnover."*

Burnout

Many hospitals discussed experiencing significant levels of burnout among their RNs and that nursing shortages contributed to higher levels of burnout. One DHR at a large rural hospital described the problem as follows:

> *"I think burnout was a word that was being used more during the pandemic and after the pandemic than it really had been before. I mean, when we think about burnout, it's the way you're feeling about your position and when you think about what does this mean, what's happening. There's not enough nurses to fill all of our positions, and so we're asking our nurses to do more. That's exhausting. That's a lot, and when you feel like there's no reprieve or light at the end of the tunnel, it can lead to burnout…And I just don't know that enough action is really being taken to resolve or help the problem. I mean, It I wish I could snap my fingers and make five nurses appear tomorrow, but I can't. It's just the reality. So, we're stuck in this place of when is this ever going to get better and that can get tiring, especially when it's such a selfless job. You know, they show up every single day to take care of everyone else."*

Nearly half of the active RNs in NYS reported high levels of burnout.

Slightly less than 50% of active RNs in NYS reported high levels of burnout (Table 13). More than 50% of RNs in all regions north of the Hudson Valley reported high levels of burnout, while less than 50% of active RNs in the Hudson Valley, Long Island, and New York City regions reported high levels of burnout.

TABLE 13. Percentage of NYS Active RNs Reporting High Levels of Burnout by Region, 2023

Region	% With High Levels of Burnout
Capital District	53.8%
Central New York	55.7%
Finger Lakes	57.9%
Hudson Valley	48.8%
Long Island	47.4%
Mohawk Valley	54.6%
New York City	46.2%
North Country	55.8%
Southern Tier	53.5%
Western New York	55.6%
Statewide	**49.7%**

Source: New York State RN Registration Survey, 2023.

Almost two-thirds of active RNs in NYS between the ages of 20 and 29 years report high levels of burnout.

Nearly two-thirds of active RNs between the ages of 20 and 29 years reported high levels of burnout (Table 14). Additionally, almost 56% of active RNs between the ages of 30 and 39 years reported high levels of burnout. Less than 50% of active RNs 40 years of age or older reported high levels of burnout.

TABLE 14. Percentage of NYS Active RNs Reporting High Levels of Burnout by Age, 2023

Age Group	% With High Levels of Burnout
20–29	64.7%
30–39	55.8%
40–49	47.9%
50–59	44.7%
60 Plus	35.1%
Total	**49.0%**

Source: New York State RN Registration Survey, 2023.

Over 56% of NYS active RNs working in hospital inpatient or emergency department settings report high levels of burnout.

Almost 58% of active RNs working in hospital inpatient or emergency department settings reported high levels of burnout (Table 15). Forty-six percent of active RNs working in hospital outpatient settings reported high levels of burnout.

TABLE 15. Percentage of NYS Active RNs Reporting High Levels of Burnout by Practice Setting, 2023

Practice Setting	% With High Levels of Burnout
Hospital Inpatient/ED	57.6%
Hospital Outpatient	46.0%
Other Outpatient	41.7%
Other Inpatient/Long Term Care	43.0%
Other	38.7%
Statewide	**49.0%**

Source: New York State RN Registration Survey, 2023.

Several demographic and practice characteristics were associated with higher levels of registered nurse burnout.

Several factors contributed to burnout (Table 16), as follows:

- Younger RNs had higher levels of burnout than older RNs
- RNs with patient contact had higher levels of burnout than RNs without patient contact
- Female RNs had lower levels of burnout than male RNs or nonbinary RNs
- RNs who worked in hospital inpatient units or the emergency department had greater levels of burnout than RNs who worked in other health care settings
- RNs who worked in upstate regions of NYS had higher levels of burnout than those working in downstate regions of NYS
- RNs who were White or non-Hispanic had greater levels of burnout than RNs who were of other racial and ethnic groups

Despite the number of RN demographic and practice characteristics that were significantly associated with RN burnout, only 9% of RN burnout can be explained by these factors. This means that other factors for which we do not have data are important drivers of burnout.

TABLE 16. Results from Regression on RN Levels of Burnout, 2023

	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta	t	Sig.
(Constant)	51.861	0.637		81.421	0.000
Age	–0.284	0.007	–0.189	–38.653	0.000
Direct Patient Care	2.047	0.210	0.050	9.764	0.000
Female	–1.392	0.273	–0.024	–5.091	0.000
Highest Nursing Degree	0.263	0.145	0.009	1.819	0.069
Hospital Inpatient	5.343	0.203	0.136	26.321	0.000
Upstate	2.821	0.193	0.075	14.619	0.000
White, non-Hispanic	3.155	0.200	0.080	15.747	0.000

Source: New York State RN Registration Survey, 2023.

One issue that was cited as a contributor to stress and burnout was workplace violence, and many hospitals reported that their RNs experienced an increase in workplace violence. One CNO of an upstate urban hospital described the following:

> *"I can't emphasize enough how much there has been an explosion in workplace violence in health care and it has an unbelievable impact on the workforce. It causes tremendous moral distress. It causes burnout nationwide. The statistics say 2 nurses an hour are assaulted across the country, 24 hours a day. Health care workers are 5 times more likely to be injured in the workplace than any other kind of worker in the country, more than machine workers, more than assembly line workers, more than police officers. And the amount of assault, verbal, physical assault that happens is overwhelming. On a daily basis it happens, and it used to be an ED-only problem. It's still very bad there, but it happens everywhere now. It happens in every inpatient unit. It happens in pediatrics. It happens in our ambulatory clinics, and it is intense. Within the last 6 months, I've had multiple nurses get concussions and nurse had an orbital fracture, a hand fracture. Just tremendous amounts of assault, verbal, physical assault. And it's overwhelming."*

A larger proportion of hospitals located in downstate and urban areas than upstate hospitals and hospitals located in rural areas discussed issues of workplace violence.

Another factor contributing to stress and burnout that many hospitals mentioned was the lack of experienced RNs to serve as preceptors. Many of these hospitals reported that the increased workload stressed and overwhelmed existing preceptors. One of the CNOs noted the following:

> *"We're onboarding so many new nurses that we are utilizing and burning out our preceptors because they're just continuously orienting [newly trained RNs]."*

Some hospitals have resorted to using less experienced RNs to help with precepting duties.

Ghosting

Many hospitals discussed issues with newly trained RNs ghosting them at various stages of the recruitment process. Specifically, hospitals reported that candidates would come in for an interview, be offered a position, and sometimes even begin working for a brief period of time before ceasing all communication. One CNO from a downstate, high-Medicaid hospital shared the following regarding how ghosting has become more common and their efforts to address the issue:

> *"Ghosting is just the thing now. It happens at various stages of the hiring process. So, they'll come, they'll interview, and then when you try to reach out to them to extend an offer, nothing. Leave them a message, you send them emails, nothing. Or they'll accept the verbal offer, you send them the offer, formal offer via email, and nothing. They go ghost. Or worst-case scenario, they'll go through the entire onboarding process. The background, the medical, and on the start date they don't show up and you're calling and nothing. I don't know what it is...We track those metrics to find out why. Most times it's, 'oh, I got a better offer,' or 'the scheduling doesn't work for me.' In some situations, it's the salary as well. So, those are the top three reasons, but I find it is happening more often now with the ghosting."*

While some hospitals reported ghosting as more of a problem with entry-level positions, others experienced ghosting with all types of employees. Ghosting prevalence did not seem to differ significantly according to any of the hospital characteristics.

Preparedness Strategies

Education Assistance

All hospitals reported providing educational assistance for RNs through the hospital itself, a union, or another mechanism. All hospitals reported providing tuition assistance, many provided scholarships, and a few provided student loan repayment assistance. One CNO from a downstate hospital shared the following regarding the effectiveness of their tuition assistance for improving the education level of their RNs:

> *"We have one hundred percent reimbursement regardless of credit. Our staff nurses could choose to go to [a local university] or a community college. It's one hundred percent paid all the way up through the doctorate level. I know, it's pretty nice. And well-deserved...So, I benefited myself when I was in the unionized position and had that tuition reimbursement. And it's wonderful because so many of the nurses take advantage of it. I credit our high rates of baccalaureate and master's to the support that we provide."*

An HR director from an upstate hospital explained how their tuition assistance also benefits support staff on their journey to become RNs as follows:

> *"We offer our full-time staff [a set amount] per calendar year. The part time staff can get [half that] per calendar year. But we've also raised quite a bit of money from our immediate community of donors who live in [the area] and rely on us as a health system. And that money is earmarked for*

supporting our staff who are trying to advance their clinical careers but have barriers with reducing depart time so they can pursue school. [They] are caught in these frontline jobs just because they don't have the ability to reduce their income. So, we have some money that we spend on stipends to offset some lost work hours and then we're helping pay for their school. And in the nursing home in particular, we're taking front line CNAs, reducing them to part time, paying them stipends, paying 100% of their $17,000 per year tuition to become LPNs. And then they graduated as LPNs and have a commitment to work in the nursing home for a couple of years after."

Several hospitals discussed supporting newly trained RNs as they prepared for the NCLEX exam. One CNO from an upstate hospital noted the following:

"Another recruitment piece that we've offered is NCLEX review class for all of our new grads. It's considered part of their orientation. So, we pay for them to go to 3 days of NCLEX review and it's like 3 scheduled workdays. So, they don't have to pay for a program out of their own pocket. They get paid to go do it and we have I think our pass rate the last time I heard was like 86% passed. So, compared to overall New York State, it's been very successful. And I know that has been a recruitment piece for, you know, nobody else locally is doing that."

The majority of hospitals identified funding for education as a need, including supporting educational opportunities for staff to become RNs or supporting RNs in obtaining specialized training or advanced degrees in nursing.

Nurse Residency Programs

The vast majority of hospitals reported having nurse residency programs for newly trained RNs. Of these programs, approximately half were officially accredited (such as through the American Nurses Credentialling Center [ANCC]), and the other half were homegrown. Other programs were in the process of pursuing accreditation. Many of the programs were 1-year programs or close to 1 year. Some of these programs were for newly trained RNs in specific units rather than hospital-wide. The vast majority of hospitals reported that nurse residency programs were effective, particularly for retention. Many hospitals did not keep track of the retention impact of nurse residency programs beyond 1 year, though the ones who did reported that retention continued to be strong. Many hospitals also felt that nurse residency programs were effective for recruiting and onboarding. One CNO from a downstate high-Medicaid hospital shared the following regarding the importance of funding to their nurse residency program:

"We were completely funded through [a grant program] because we wouldn't have been able to do it, again, being a safety-net hospital, without it. And one of the things our last cohort or ICU group, every year Vizient has a national conference. So, we had submitted a poster for that conference, and they had hundreds of submissions and of the 100 submissions, 35 were selected to do a poster presentation and 6 were selected to do a podium presentation. So, we were one of the 6. And I think it speaks highly of us. Because again, we wouldn't have had the opportunity to do it without their

funding, but I think it shows what the funding, by providing the funding to hospitals like us, what can be achieved."

Some hospitals discussed the negative impact that losing experienced RNs had on their residency program. One HR director from a downstate hospital shared the following:

"It's not only bringing in the new nurses but building a bridge with our experienced nurses and that when those experienced nurses left, and have been leaving, we're losing that experience. We're losing that history. We're losing preceptors, someone that can acclimate those new nurses to the culture of the hospital, to the operations that someone can help shadow and shoulder them with any issues that may come up on the floor, outside the floor. So, where the residency definitely mitigates that, you know, we also want to make sure that we're retaining our experienced nurses and that we are creating a culture that we're not having our nurses burnt out and that they do want to continue to remain to work with us at the hospital. So, it's that balancing act that we're working with right now."

The advantages of nurse residency programs were discussed by a greater proportion of high-Medicaid hospitals compared to low-Medicaid hospitals. Hospitals, overall, did not specifically identify funding to implement or improve nurse residency programs as a need, but many discussed the need for funding to support workforce development strategies that were similar or related to nurse residency programs.

RNs for precepting was a larger issue beyond nurse residency programs. Hospitals worked to entice RNs to become preceptors. One CNO from a downstate hospital described how they used precepting as a part of a career ladder.

"One of the things we do is that preceptors get the opportunity to receive what's called clinical ladder points. It's a clinical advancement program. You can be a clinical ladder 1, 2, or 3. It's your professional portfolio and pathway breaking it down into 5 domains, but it also equates to financial money if you're a 1, 2, or 3...During nurses week every year, we actually select a nurse of the year, a nurse preceptor of the year, for those that go above and beyond...So, we actually do so much work around recognizing our nurses who precept as well. And I think that's also been a secret sauce for us."

A greater proportion of large hospitals reported a lack of experienced RNs to serve as preceptors compared to small hospitals.

Summer Nursing Externships

Most hospitals reported providing summer nursing externship opportunities for student nurses. The vast majority of these hospitals reported that these opportunities were an effective strategy for helping develop RNs and providing exposure to the hospital environment that could help with recruitment, as the CNO of one downstate hospital explained as follows:

"One of the things that we had done with [local nursing school] was that [local nursing school] identified a number of students, I think we had 15 students, who knew they wanted to be ER nurses. They didn't want to go do that year of med-surg, and so we partnered with [local nursing school] and we

basically accepted those students into a program where [local nursing school] donated their senior year practical clinical hours. So, they got to do all of their clinical hours in the ER, which is what the students wanted to do. We basically use that as the beginning of their orientation. So, the deal with the program was if you successfully graduated and passed your boards, and we were happy with your performance, we would offer you a job at the time of graduation. So, it was a win-win because [local nursing school] got to give students what they wanted, and they got to get clinical time in areas that they wanted. From our perspective, we cut down on about a third of the orientation time compared to hiring somebody new off the street because the fact that they did that senior year practicum here. They had already gone through about a third of their orientation. So, that worked out really well and the plan was to repeat that and also do it on other units."

A larger proportion of Magnet hospitals versus non-Magnet hospitals discussed internship or externship opportunities for nursing students and their benefits. Very few hospitals identified funding for summer nursing externships as a need; however, many hospitals identified similar workforce development and education strategies, such as adding training or using simulation.

Recruitment Strategies

Sign-on Bonuses

The vast majority of hospitals provided sign-on bonuses for newly trained RNs. Most of these hospitals spread their sign-on bonuses over time, such as providing part of the bonus every 6 months over 2 years. A few hospitals reported using sign-on bonuses only for specific units at the hospital. While a few hospitals felt that sign-on bonuses were advantageous and helpful for recruiting RNs, the majority reported that sign-on bonuses were ineffective. Many hospitals reported needing to use sign-on bonuses to remain competitive. The advantages of sign-on bonuses were discussed only by upstate and nonmagnet hospitals; one HR director from an upstate hospital explained the following:

"It's interesting, right? It's almost like you can't not have a sign-on bonus anymore, but all of the job sourcing entities out there will tell you that sign-on bonuses are not the draw they used to be. Like, you don't start your advertising with, 'hey, we've got a sign-up bonus' because nobody really cares, but you can't not have it either. So, it's a plus, it's a perk, but they don't seem to be, like, they're not going to apply to us just because of our sign-up bonus because everybody else has a sign-up bonus too."

The most commonly reported disadvantages of sign-on bonuses were that they encouraged RNs to be more transient and that the sign-on bonus provided by their respective hospital was not large enough to compete with sign-on bonuses offered by other hospitals. None of the hospitals indicated that more funding was needed for sign-on bonuses.

Outreach Events

Nearly all hospitals discussed the use of outreach events to improve recruitment. The majority of hospitals discussed open houses, job fairs, or both. Other common strategies included conducting outreach to high

schools, conducting events tailored specifically to RNs, and hosting social events, such as casual meet-and-greets. A few hospitals reported holding outreach events in a wide range of geographic areas to attract more distant RNs. One CNO from a downstate, high-Medicaid hospital discussed the following regarding the importance of job fairs for their recruitment:

Interviewer: Do you do any kind of job fairs or community open houses?

Participant: I do weekly job fairs here.

Interviewer: Do you think that has helped in terms of bringing nurses in?

Participant: Of course. When I did an analysis for 2023, 65% of my hires were from those job fairs.

Another DHR at an upstate hospital discussed how they collaborated with their local high school to create opportunities for students and to introduce them to health care careers, sharing the following:

"We're now partnering very closely with the high school. [It] is a huge advantage to me to have other aspects of the hospital wanting to build a relationship with other town entities, because for me to have a connection to the high school is great. I can bring those kids in, you know, shadow them, give them internship opportunities, whatever, and help groom them toward a nursing career or medical career down the road…We're all banding together and blending all the activities so we can group that all together. That's the kind of thing that we can do because it's a small town. It's a small facility."

Another CNO at an upstate high-Medicaid hospital discussed the following regarding the importance of nursing-specific events for their recruitment efforts:

"We've done some very specific nursing recruitment events where we'll partner with a specific school, and we'll do open interviews for them…I think one of the most effective things that we do is when we have multiple touch points with the students during school and then set up, you know, specific times for them to come in and interview. And one of the things I think that we've done a really nice job of with our clinical education team is we created this program where we've invited all of these nursing students locally to come in. We kept it at about 130 and they came in, they did stations…we gave them dinner. It gave them an opportunity to get hands-on with wound care and some of the other stuff. And that was a really, I think, fun thing for them to see. We got a lot of really good feedback from the students to that, you know, we're so passionate about students. They want to come and see what more we have to offer."

A larger proportion of high-Medicaid hospitals discussed utilizing job fairs to attract RNs. Many hospitals identified the need for more funding to improve their outreach efforts. Additionally, a number of hospitals discussed how they established linkages with the community and with community organizations to build relationships.

"We have a lot of community events, so that gets them involved with deeper ties to the local community. It's not just who you're providing service to, but it's caring about the community and the way that they care about us…We do different community drives…We have done Operation Bundle up with

[our local insurance provider] where we raise money, and we buy coats for children in the community and donate them. We do a food pantry every month where we offer food to anyone that wants to come to the hospital that may be in need. We do a summer picnic where we invite everyone from the community to come and have lunch or dinner on the hospital. We have it at all of our locations. We do Christmas in November…We're in the community all the time. We had a Thanksgiving parade. We had a Halloween parade. All of those are touch points where we can try to raise money and give it to different community organizations that may need it."

Adjuncts in Local Education Programs

Many hospitals reported that at least a few of their experienced RNs currently serve as adjuncts in local nursing education programs. Most of these hospitals reported that this was an effective outreach strategy that improved recruitment by helping to build relationships between current staff and prospective RNs. One downstate CNO was particularly concise when describing the effectiveness of this strategy as follows:

Interviewer: Do you currently have a nursing shortage at your hospital?

Participant: No.

Interviewer: Okay, and why is that?

Participant: Because I work at 2 local colleges and siphon new grads to my organization every semester.

Referral Bonuses

Many hospitals reported providing generous referral bonuses to existing staff as a strategy to help recruit quality RNs. Referral bonuses were reported to be an effective strategy for recruiting RNs who were more likely to be a good fit for the hospital; one CNO from an upstate hospital explained as follows:

"What we do have is an ambassador program. We come from the philosophy that we would rather give the money to somebody that is a known quantity. So, if you work here and you happen to have a really good friend who's looking for a new opportunity, we'll pay you to entice them to come…So, rather than giving out the, 30, I think one institution is $36,000 for an experienced ED nurse, and you get somebody that you don't know, you don't know whether culturally they're a good fit, you don't know if it's going to work out. We do it the opposite way round. We incentivize our own team to recruit for us."

A greater proportion of low-Medicaid hospitals reported using referral bonuses than did high-Medicaid hospitals. Only 1 hospital identified the need for more funding to support referral bonuses.

Advertising/Use of Social Media

Many hospitals reported advertising as an important strategy for recruiting RNs. Many of these hospitals also discussed an increase in the use of social media (such as LinkedIn, Indeed, or TikTok) to promote their hospital and communicate with prospective RNs. One HR director from a large upstate hospital described the following:

"A lot of it is transitioned into social media now. That's the biggie. We used to do, you know, newspapers and radio ads and we still do radio ads, but we found that social media is the way of the world nowadays."

A greater proportion of large hospitals and non-Magnet hospitals than small hospitals and Magnet hospitals discussed advertising. A few hospitals identified funding for advertising as a need.

Retention Strategies

Prioritize Workplace Culture

The vast majority of hospitals discussed their emphasis on having a strong workplace culture and the strategies they used for maintaining and improving it. The most common workplace culture strategies involved listening to RNs (this often involved collecting feedback systematically, such as via a survey or regular check-ins), prioritizing nurse leadership and autonomy, and being open to the individual needs of RNs (such as providing flexible scheduling options). A greater proportion of key informants in Magnet hospitals prioritized nurse leadership and autonomy than in non-Magnet hospitals. The vast majority of hospitals identified the need for funding for workplace culture strategies. One HR director from a rural Magnet hospital explained the following regarding why workplace culture is more important than money:

"There's no amount of money that I can pay you to be miserable…I think you need to understand the environment that people are working in, you need to work on culture. You need to make sure you've got strong managers and we have a lot of work that we do to survey our staff to talk to them about their employment experience. I can show you all the studies. Harvard Business Review and every place else that says people are 10 times more likely to leave a toxic environment than they are to leave an environment because of money. Okay, money, you know, you have to pay fair wages, alright? You got to pay competitive wages, but for every dollar you're paying over the median, you get less and less and less retention value out of it. It's got to be about culture. It's got to be, what are we doing to grow people? What are we doing to recognize their talent? What are we doing to let them feel like they're a part of decision making, that they're valued for what they bring to the table? How are the interpersonal relationships between staff? How strong are our managers? Are they good leaders? Are they providing appropriate feedback? Do they have people's backs? Do staff working side by side have each other's backs? 1,000 different things that would promote retention a whole lot more than dollars."

Burnout Prevention Programs

The vast majority of hospitals reported providing specific programs to address stress and burnout. Most of these hospitals had employee assistance programs (EAPs) and/or wellness teams (often staffed with trained behavioral health professionals) to address the needs of their employees in general and RNs specifically. Many hospitals also utilized break rooms or tranquility rooms with special amenities to help RNs feel more comfortable and obtain rest. Some hospitals mentioned that they were in the process of adding more programs to address burnout. It was common for hospitals to mention a variety of different

strategies and programs that they used to address burnout. For example, one CNO from a downstate hospital explained the following regarding their different burnout strategies:

"We have a wellness and resilience committee as well as our code lavender that anybody can call. We also have a respite room that's accessible for any employee at any time. It's really nice actually, it's like couches, mood lighting, it shows different scenes from anywhere on Earth that you wanted to see. But those are just some of the things we have right now, and then we also have [one of our employees] who is an expert in burnout…She's our in-house expert so she's somebody that we use as a resource for anybody that needs some help or they're feeling burnt out or we identify they're showing signs [of burnout]."

One CNO from a downstate hospital discussed a program that identified and addressed burnout before it became a problem.

"We developed a program called Stress First Aid. It actually stemmed from the military, and this comes from our center for traumatic stress and resilience and recovery…we actually have guides for our team members. We've done education and what it does is it enhances the team…So, I might see somebody that's normally smiley at their daily practice and maybe they're not acting themselves today, how do I lean in to support them? And you get, depending on the day and how it is, you go into red, yellow, or green status, and our goal is always 'grow the green' and the green is where you're in a good place both professionally and personally and that you might be a little bit stressed but it's nothing that you can't handle. And so, we've done a lot of didactic training. [Our hospital] has been number one for employee engagement in our health system for four consecutive years in a row at greater than the 93rd percentile."

Burnout prevention programs were fairly widespread among all of the hospitals in the study. Break rooms and tranquility rooms were discussed by a larger proportion of downstate and large hospitals than upstate and small hospitals. Many hospitals identified the need for funding to improve or add burnout prevention programs.

Violence Prevention

Most hospitals discussed strategies they used to address workplace violence and protect their RNs. The most common strategies included providing de-escalation training, utilizing security, having a team to address workplace violence, advertising and enforcing zero-tolerance policies, and implementing secure infrastructure, such as weapons detection. One CNO at a large urban hospital described the changes they had made to address workplace violence as follows:

"We have a very quick response from our security. We have now controlled our entrances to our hospital. We only have dual main entrances for the public that has a weapons detection system in it. So, we made that investment. So, it's no longer metal detectors that we have by the entrances, it's now detecting weapons, like shapes of weapons. It can take a barrel of a gun, you know, those kinds of things. So, we have those now in place and with controlled entrances. We also have secured

our stairwells. Not everyone can access our stairs here...De-escalation training, presence of security, you know, weapons mitigation, medical management of it...so, we have done lots of things to make our workplace safer."

Violence prevention efforts were fairly widespread among the different types of hospitals but were discussed more often by large hospitals than by small hospitals. Many violence prevention measures, such as de-escalation training and increased security, were discussed by a greater portion of urban hospitals than rural hospitals. While many hospitals emphasized the importance of workplace violence and violence prevention, none of the hospitals identified funding for violence prevention strategies as needed.

Virtual Nursing

Many hospitals reported utilizing virtual nursing or had plans to implement it in the future. According to the hospitals, virtual nursing was most commonly used for patient monitoring (such as virtual sitting), training, managing admissions and discharges, and giving older RNs a way to work less, work in a less stressful environment, or postpone retirement. One CNO at a small, high-Medicaid hospital explained virtual sitting as a form of patient monitoring as follows:

"...for our elderly patients, we frequently have sitters with them because they are falling. They are forgetting where they are. Their bed alarms are constantly going off. And this service would have a camera and a microphone in the room where they could say to the person, 'Sally, get back in bed!' And then they would call the nursing station and say, you know, Sally in room 219 is getting out the bed. And somebody would go down there."

Some hospitals also had call bells to help answer questions from patients or family members, freeing up time for the remaining staff:

"They also have ringers on each of the bedsides, on these units that the patient or family member, when they ring those bells, they can have a virtual nurse come onto a mini screen and be able to answer those questions that those family members have, which obviously really can support not only the clinical staff that are on those units and trying to round on those patients, but also the support staff. So, we use the patient care technician that rounds with those as well but obviously that is another layer of support. And we're hoping and have seen some benefits in retention already because those nurses on those units are feeling more supported and they have a more experienced nurse that can get buzzed in at any time for questions or support. And they're helping with some of that [admissions and discharge planning] that you were just discussing."

Many hospitals reported that virtual nursing was effective for training and retention. Other hospitals discussed barriers to implementation, such as setup expenses and pushback from the hospital system or the union. One CNO at an upstate hospital discussed the following regarding the appeal of virtual nursing for retaining their aging workforce while also acknowledging the high cost of implementation:

"We are losing seasoned nurses to work from home remote type jobs that are available to them, and

they don't have to do bedside nursing anymore, and so they leave [our hospital] altogether. But if we were able to do virtual nursing that might help retain some individuals at the end of their career. We're going to have a pretty major problem with the construction that's required to set that up, you know, where we're in an older hospital. We've got asbestos. It's going to be major refurb to do some of these things. So, we would need some funding to help with that."

Flexible Staffing

Many hospitals reported implementing flexible staffing options, such as internal agency contracts or internal float pools. These options were reported to improve retention and encourage the return of agency/travel RNs to employees by giving them and currently employed RNs the option to be paid more without receiving benefits. Internal travel contracts allowed hospitals to have more control over the price of agency/travel RNs, whereas float pools could be used in specific units to address periodic staffing issues. One upstate high-Medicaid hospital reported using an internal agency program that also provided scheduling incentives as follows:

> *"We've built an internal agency...they're un-benefited positions. So, they definitely have a higher hourly rate and there are incentives for completing an assignment, incentive that they pick up over the holidays. We've put a couple of other incentives into place. So specifically, if they go to a particular site when there's been some shortages, night shifts, we've done the same thing. You know, if we've been short on the night shift, we will incentivize them to go to a specific site on night shift. It's nice having the internal agency because we can flip it on and off as we need to. That's been a good thing for us."*

Another downstate high-Medicaid hospital discussed their use of float pools as follows:

> *"We've tripled the size of our float pools. We have a med-surge float pool, critical care float pool, maternal child health float pool, telemetry/step down float pool. And there's an additional financial incentive on those float pools to try to entice nurses to be recruited because it's challenging. I floated. I remember floating. It's not the greatest because you're on different units every day and you never have that real home unit. So, we have those incentives on the float pools."*

However, some hospitals reported that these strategies often increased labor expenses and could discourage some RNs from working full-time. More large and high-Medicaid hospitals than small and low-Medicaid hospitals reported utilizing these flexible staffing options.

Promising Strategies Requiring Additional Support

Improving the Work Environment (Workplace Culture)

The vast majority of hospitals discussed the importance of workplace culture and improving the work environment. The most common solutions included increasing support for RNs (such as break rooms, wellness programs, and support at night), obtaining more hospital resources (such as equipment or infrastructure improvements), and providing funding for virtual nursing. One HR director from a small upstate hospital

shared the following regarding they would use the funding for a recognition program:

> *"...what I would use the money for is to create comprehensive retention and recognition programs here which would include things like comprehensive leadership development and a formal recognition program where we can create a culture where people feel appreciated for what they bring to the table and for who they are as individuals, right? I've seen that work. And I've seen it work in a in a smaller community rural health care system. But it takes money. It takes money to build that kind of a program for a health care system."*

While improving the work environment was a popular need cited, hospitals identified various solutions to address this need. Compared with small hospitals, large hospitals were more likely to ask for funding to increase support for RNs. Additionally, Magnet hospitals were more likely to ask for funding for virtual nursing than non-Magnet hospitals were.

Education Assistance

Most hospitals indicated that additional resources for educational assistance were needed. The most common asks were help with tuition assistance, student loan repayment assistance, or scholarships. Despite virtually all of the hospitals already providing some form of education assistance, many asked for more, placing a high value on a well-educated workforce. A greater proportion of hospitals located upstate identified the need for funding for education assistance. One rural hospital shared the following about how education assistance money could be used to help make health careers more accessible for people in rural areas:

> *"I would like to offer more tuition assistance. That would be significant for the people that come here to work...I think we need more people to go to school. Our region needs more people to be in health care. And the pandemic did nothing to help that. People left."*

Workforce Development

The vast majority of hospitals indicated that funding was needed for additional workforce development. Common options included leadership development, additional education at the hospital for new RN hires, and preceptors. Workforce development encompasses various strategies to improve the preparedness of RNs. Workforce development and education of RNs was often an issue of money, as one CNO from an upstate hospital explained:

> *"I think one of the biggest areas is education. We don't have enough [educational] platforms, whether they're virtual, [or] whether they're in person, to do all the teaching we want to do and we need to do, especially knowing that nurses do not come out of school well educated. You know, we use HealthStream. Well, that's great that you go in and you can read all about, you know, how to de-escalate a patient. Until you actually do training and have people on site doing trainings, you just don't learn it. So, I mean, we've created some of those programs ourselves, but everything ends up being home grown because of cost."*

Another upstate participant discussed a similar issue with leadership development:

> *"Leadership training is huge, right? Some organizations have to come up with their own ways of doing things because they can't. There's no financial support to focus on education and ongoing training and continuous learning. Yeah, I don't think you can be successful without that."*

Many hospitals identified the need for more financial support to ensure their new RNs were well-prepared. A greater proportion of large and high-Medicaid hospitals than small and low-Medicaid hospitals identified funding for workforce development as a need.

Improving Pay

Many hospitals indicated that funding for improving nurses' pay was needed. Some upstate hospitals wanted to increase RN pay to help them compete with agency pay or pay at other nearby hospitals. Some hospitals also wanted more funding to improve scheduling incentives. When asked how they would prioritize additional resources, one DHR from a downstate high-Medicaid hospital replied that they wanted more money for RN salaries to help them compete with other hospitals:

> *"The first thing I'd like to do is increase their salaries. You know, our starting nurses start at [amount]. That's lower than neighboring hospitals."*

Improving Benefits and Wraparound Services

Upstate hospitals indicated that funding was needed to support benefits and wraparound services. The types of benefits needed varied, but the most common benefit hospitals identified was childcare access. Small hospitals and hospitals located in rural areas were more likely to mention the need for childcare, indicating that improving access to childcare would be an effective strategy for improving the recruitment and retention of RNs. One small, rural hospital shared the following regarding how increasing access to childcare could improve RN retention:

> *"We are lucky enough to have a childcare location here locally. But, if the world was perfect, all nonprofit organizations in the region that have childcare capacity, it would be nice if we were all partnered together to share those resources. So, you know, you talk about the colleges that have childcare locations, really any nonprofit or not for profit that has a childcare location, it would be nice if we were partnered and offered either free or heavily discounted childcare for working in health care…I would think that would really help retain colleagues when they're thinking about either leaving health care or going to work."*

Advertising and Outreach

Some hospitals identified funding for advertising and outreach as a need, with some expressing a desire to reach RNs from a wider geographic area. One CNO from a rural upstate hospital described the following:

> *"I think the other piece is really thinking about how do we celebrate the work that we do and tell our story? So, I think marketing, like we don't spend a ton of money on telling our story through*

commercials and all of those things that other people might do. That might actually help us if we actually were able to tell our story. Even beyond our local region, maybe nationally, tell people what we do and what are the benefits of working here and being here and living in this area. That would actually help, I think, with making it more appealing."

Outreach often included hiring someone to go to colleges (and even high schools) to mentor students and help them chart a path toward a career in nursing. The hospitals that indicated that money for outreach was needed were all high-Medicaid, non-Magnet hospitals in rural upstate areas. One HR director from a small upstate hospital explained the following regarding their financial situation when it came to recruitment:

"I would like money personally for recruiting. So, I work on a pretty much $0 budget. I ask for every spend I get. I have to ask individually so I don't actually have a recruiting budget of any kind...We're very selective in what we spend money on. So, a little bit more of dedicated funds for recruiting... Everything I do is free. We have an applicant tracking system and then everything else we do is grassroots. I don't spend money unless it's a job fair that I have to pay to attend. Like [school] and [school] started charging a fee for their job fairs this year, which is very disappointing because I've had to choose whether I can go or not go because of what they're charging. So, that's the sort of thing I would be able to be out there and, drawing people in a little bit more, making people more aware of us. And then I would say, I guess funds to market our organization and our services."

KEY FINDINGS

- **The Current RN Workforce**—Hospitals reported the retirement of a large number of older RNs due to the pandemic, decreasing the number of experienced RNs providing patient care. In 2023, more than 50% of hospital RNs in NYS were under the age of 40.
- **Recruitment and Retention of RNs**—The vast majority of hospitals that participated in the study reported that RN recruitment had slowly improved, but RN retention remained problematic.
- **Hospital Characteristics**—Large and small hospitals in rural areas reported difficulty recruiting RNs due to a general lack of supply. Smaller hospitals in rural and urban areas indicated that RNs were more likely to leave their jobs sooner to pursue better opportunities. Hospitals with linkages to nursing programs, regardless of size or location, reported less difficulty attracting newly trained RNs than did hospitals without those linkages.
- **Newly Trained RNs**—RNs who trained during and after the pandemic had more simulation training and considerably less direct patient contact than those trained before the pandemic. Consequently, these RNs were less prepared for the transition to practice and struggled to effectively manage acute care patients and communicate with patients and their families. Many hospitals, particularly large hospitals, expressed concern that the increase in departures of experienced RNs affected the hospitals' ability to precept and mentor newly trained RNs, negatively affecting retention.
- **Work Environment**—RN vacancies were more likely to occur in medical-surgical units, emergency departments, and critical care units. Many hospitals also reported having difficulty staffing night shifts. The increased use of traveling and agency RNs tended to result in poor morale related in part to substantial salary disparities. Numerous factors, including patient acuity, staffing shortages, and workplace violence, exacerbated RN burnout. Additionally, younger RNs reported greater levels of burnout than older RNs did. In 2023, RNs working in hospitals reported greater burnout levels than active RNs in other settings.
- **Generational Differences**—The key informants reported that younger RNs were much less mission-driven and more concerned about work–life balance than older-generation RNs were. More turnover among younger RNs was also reported; such RNs were much more likely to change jobs within 1 to 2 years after being hired than older-generation RNs. Approximately 15% of hospital patient care RNs between the ages of 20 and 39 reported plans to leave their current position within the next 12 months.

Promising Solutions

Recruitment Strategies

- **Educational Assistance**—Expanding tuition assistance for advanced RN education or providing educational assistance to other staff to obtain nursing degrees through tuition assistance, student loan repayment assistance, and scholarships.
- **Nurse Residency Programs**—One-year programs, either accredited or homegrown, to assist newly trained RNs in the transition to practice

Retention Strategies

Retention strategies revolved around creating a strong and supportive workplace culture. The approaches include:

- **Pursuing Magnet or Pathway to Excellence Designation**—Pursuing Magnet or Pathway to Excellence designation or using concepts associated with these programs to empower and engage staff, particularly RNs, by soliciting RN input into addressing workplace issues and engaging them in implementing solutions and evaluating outcomes.
- **Workforce Development**—Workforce development encompasses a variety of strategies to improve the preparedness of newly trained RNs and skill development for the existing RN workforce, including additional education for new RN hires, leadership development, skill enhancement, and training for preceptors and mentors.
- **Reducing Burnout**—The implementation of various programs to alleviate stress and reduce burnout, including employee assistance programs, wellness teams (often staffed with trained behavioral health professionals), and tranquility rooms to address the needs of employees.
- **Violence Prevention**—Developing strategies to address workplace violence to protect staff, including de-escalation training, establishing a team to address workplace violence, advertising and enforcing zero-tolerance policies, and implementing a secure infrastructure (such as weapons detection).
- **Virtual Nursing**—Implementing virtual nursing to assist with patient monitoring (such as virtual sitting), patient education, and managing admissions and discharges.

CONCLUSIONS

No single strategy has emerged as a "silver bullet" for addressing the RN recruitment and retention challenges faced by NYS hospitals. Effective strategies are crucial in order for hospitals to maintain sufficient staffing levels.

Our findings highlighted the importance of addressing workplace culture as a fundamental aspect of these strategies. Approaches to improve workplace culture may include the development or expansion of:

- Virtual nursing
- Burnout and resiliency programs
- Violence prevention efforts

Additionally, pursuing Magnet or Pathway to Excellence programs can empower and engage RNs, providing the necessary support to enhance job satisfaction and retention. These workplace strategies aim to reduce turnover and improve long-term retention of RNs.

Furthermore, a supportive learning environment is essential for both newly trained RNs and the existing RN workforce. Newly trained RNs require assistance in transitioning to practice, such as nurse residency programs, which include acclimatization to bedside care and the hospital environment. Key informants have also emphasized the need for tuition assistance and other programs to support skill development among the existing RN workforce, including training experienced RNs to become preceptors and mentors for newly trained RNs.

Lastly, it is crucial to carefully evaluate strategies aimed at improving RN recruitment and retention to identify the most promising and sustainable approaches. Sharing best practices among hospitals provides opportunities for mutual learning and can help mitigate future RN shortages.

REFERENCES

REFERENCES

1. Tamata AT, Mohammadnezhad M. A systematic review study on the factors affecting shortage of nursing workforce in the hospitals. *Nurs Open.* 2023;10(3):1247-1257. doi:10.1002/nop2.1434

2. Scanlon WJ. Nursing Workforce: *Recruitment and Retention of Nurses and Nurse Aides Is a Growing Concern* | US GAO. US Government Accountability Office; 2001:35. Accessed July 11, 2024. https://www.gao.gov/products/gao-01-750t

3. Muir KJ, Porat-Dahlerbruch J, Nikpour J, Leep-Lazar K, Lasater KB. Top factors in nurses ending health care employment between 2018 and 2021. *JAMA Netw Open*. 2024;7(4). doi:10.1001/jamanetworkopen.2024.4121

4. Sull D, Sull C. The Real Issues Driving the Nursing Crisis. *MIT Sloan Manag Rev.* Published online October 18, 2023. Accessed October 20, 2023. https://sloanreview.mit.edu/article/how-solve-nursing-crisis/

5. Healthcare Association of New York State Inc. Patient Access is in Jeopardy as Hospitals Face Continued Fiscal and Workforce Challenges. Published 2024. Accessed July 5, 2024. https://www.hanys.org/communications/publications/2024/2023_joint_association_hospital_survey_findings.pdf

6. Ard N, Beasley SF, Nunn-Ellison K, Farmer S. Responding to the pandemic: Nursing education and the ACEN. *Teach Learn Nurs.* 2021;16(4):265-269. doi:10.1016/j.teln.2021.06.009

7. Martin B, Kaminski-Ozturk N, O'Hara C, Smiley R. Examining the impact of the COVID-19 pandemic on burnout and stress among US nurses. *J Nurs Regul.* 2023;14(1):4-12. doi:10.1016/S2155-8256(23)00063-7

8. Buchan J, Aiken L. Solving nursing shortages: a common priority. *J Clin Nurs.* 2008;17(24):3262-3268. doi:10.1111/j.1365-2702.2008.02636.x

9. *2024 NSI National Health Care Retention & RN Staffing Report.* Nursing Solutions Incorporated; 2024:13. Accessed April 2, 2024. https://www.nsinursingsolutions.com/Documents/Library/NSI_National_Health_Care_Retention_Report.pdf

10. *2020 NSI National Health Care Retention & RN Staffing Report.* Nursing Solutions Incorporated; 2020:13. Accessed June 18, 2024. https://www.nsinursingsolutions.com/Documents/Library/NSI_National_Health_Care_Retention_Report.pdf

11. Keith AC, Warshawsky N, Talbert S. Factors that influence millennial generation nurses' intention to stay: an integrated literature review. *JONA J Nurs Adm.* 2021;51(4):220. doi:10.1097/NNA.0000000000001001

12. McClain AR, Palokas M, Christian R, Arnold A. Retention strategies and barriers for millennial nurses: a scoping review. *JBI Evid Synth.* 2022;20(1):121. doi:10.11124/JBIES-20-00577

13. Pulcini J, Rambur B. Travel nursing and the demise of the virtue-script: steps to a new beginning. *Policy Polit Nurs Pract.* 2022;23(4):211-214. doi:10.1177/15271544221113062

14. Jenkins J. Leading the Four Generations at Work. American Management Association. Published January 24, 2019. Accessed October 9, 2023. https://www.amanet.org//articles/leading-the-four-generations-at-work/

15. Igielnik KP and R. On the Cusp of Adulthood and Facing an Uncertain Future: What We Know About Gen Z So Far. Pew Research Center. Published May 14, 2020. Accessed June 18, 2024. https://www.pewresearch.org/social-trends/2020/05/14/on-the-cusp-of-adulthood-and-facing-an-uncertain-future-what-we-know-about-gen-z-so-far-2/

16. Çamveren H, Arslan Yürümezoğlu H, Kocaman G. Why do young nurses leave their organization? A qualitative descriptive study. *Int Nurs Rev.* 2020;67(4):519-528. doi:10.1111/inr.12633

17. Macintyre MR, Brown BWJ, Schults JA. Factors Influencing Pediatric Hematology/Oncology Nurse Retention: A Scoping Review. *J Pediatr Hematol Nurs.* 2022;39(6):402-417. doi:10.1177/27527530221099899

18. Lee D, Halleck J, Lee H. The Impact of Union Membership on Nursing Turnover and Job Satisfaction. *JONA J Nurs Adm.* 2023;53(6):353. doi:10.1097/NNA.0000000000001296

19. Forsyth LA, Lopez S, Lewis KA. Caring for sick kids: An integrative review of the evidence about the prevalence of compassion fatigue and effects on pediatric nurse retention. *J Pediatr Nurs.* 2022;63:9-19. doi:10.1016/j.pedn.2021.12.010

20. Shaffer FA. Nurse Turnover: Understand it, Reduce it. *My Am Nurse.* 2020;15(8):57-59.

21. Moore J, Martiniano R, Boyce PS. *Health Worker Recruitment and Retention in New York City: What Are the Issues? What Are the Strategies?* Rensselaer, NY: Center for Health Workforce Studies, University at Albany, School of Public Health; December 2022. Accessed November 13, 2023. https://www.chwsny.org/our-work/reports-briefs/health-worker-recruitment-and-retention-in-new-york-city-what-are-the-issues-what-are-the-strategies/

22. Whitney-Dumais T, Hyrkäs K. Missing pieces of the retention puzzle. *Nurs Manag (Harrow).* 2019;50(5):32. doi:10.1097/01.NUMA.0000554340.32390.ec

23. Yang YT, Mason DJ. COVID-19's Impact On Nursing Shortages, The Rise Of Travel Nurses, And Price Gouging. *Health Aff Forefr.* Published online January 28, 2022. doi:10.1377/forefront.20220125.695159

24. Jones A, Rahman RJ, O J. A crisis in the countryside - barriers to nurse recruitment and retention in rural areas of high-income countries: a qualitative meta-analysis. *J Rural Stud.* 2019;72:153-163. doi:10.1016/j.jrurstud.2019.10.007

25. Skillman S, Hager L, Frogner BK. *Incentives for Nurse Practitioners and Registered Nurses to Work in Rural and Safety Net Settings.* Seattle, WA: University of Washington Center for Health Workforce Studies; January 2015. Accessed November 13, 2023. https://familymedicine.uw.edu/chws/publications/incentives-for-nurse-practitioners-and-registered-nurses-to-work-in-rural-and-safety-net-settings/

26. Graystone R. The Value of Magnet® Recognition. *JONA J Nurs Adm.* 2019;49(10S):S1. doi:10.1097/NNA.0000000000000796

27. Rodríguez-García MC, Márquez-Hernández VV, Belmonte-García T, Gutiérrez-Puertas L, Granados-Gámez G. Original research: how magnet hospital status affects nurses, patients, and organizations: a systematic review. *AJN Am J Nurs.* 2020;120(7):28. doi:10.1097/01.NAJ.0000681648.48249.16

28. Magnet Fees 2022. ANA. Published November 29, 2020. Accessed February 14, 2024. https://www.nursingworld.org/organizational-programs/magnet/apply/magnet-fees/2022/

29. Drenkard KN. The business case for Magnet® designation: using data to support strategy. *JONA J Nurs Adm.* 2022;52(9):452. doi:10.1097/NNA.0000000000001182

30. Pathway to Excellence Program Fees. ANA. Published November 1, 2017. Accessed June 20, 2024. https://www.nursingworld.org/organizational-programs/pathway/apply/fees/

31. McGinnis J, Dee V, Rondinelli J, Li H. Associations and predictive pathways between shared governance, autonomy, magnet status, nurse-sensitive indicators, and nurse satisfaction: a multisite study. *J Nurs Care Qual.* Published online September 8, 2023. doi:10.1097/NCQ.0000000000000739

32. Sepe P, Hargreaves J. Responding to the COVID-19 pandemic with the Pathway to Excellence® framework. N*urs Manag (Harrow).* 2020;51(8):6. doi:10.1097/01.NUMA.0000688980.49993.c0

33. Harris P, Hume L, Fox D, Hamel C, Flaherty M. Pathway to Excellence® A Framework to Combat PTSD. American Nurse website. Published January 7, 2022. Accessed June 20, 2024. https://www.myamericannurse.com/pathway-to-excellence-a-framework-to-combat-ptsd/

34. Morrison V, Hauch RR, Perez E, Bates M, Sepe P, Dans M. Diversity, equity, and Inclusion in nursing: the pathway to excellence framework alignment. *Nurs Adm Q.* 2021;45(4):311. doi:10.1097/NAQ.0000000000000494

35. Failla KR, Ecoff L, Stichler JF, Pelletier LR. A 1-Year Accredited nurse residency program's effect on intent to leave. *JONA J Nurs Adm.* 2021;51(12):606. doi:10.1097/NNA.0000000000001082

36. Snyder A, Whiteman K, DiCuccio M, Swanson-Biearman B, Stephens K. Why they stay and why they leave: stay interviews with registered nurses to hear what matters the most. *JONA J Nurs Adm.* 2023;53(3):154. doi:10.1097/NNA.0000000000001261

37. Wang J, Zeng Q, Wang Y, et al. Workplace violence and the risk of post-traumatic stress disorder and burnout among nurses: a systematic review and meta-analysis. *J Nurs Manag.* 2022;30(7):2854-2868. doi:10.1111/jonm.13809

38. Brune S, Killam L, Camargo-Plazas P. Caring knowledge as a strategy to mitigate violence against nurses: a discussion paper. *Issues Ment Health Nurs.* 2023;44(5):437-452. doi:10.1080/01612840.2023.2205502

39. Fenn A. *What Do Registered Nurse Unions Do? Three Essays on the Effects of Registered Nurse Unions.* The University of Utah; 2023. Accessed October 25, 2023. https://www.proquest.com/docview/2853747585/abstract/5B54003330604F3FPQ/1

40. Aiken LH, Sloane DM, Cimiotti JP, et al. Implications of the California nurse staffing mandate for other states. *Health Serv Res.* 2010;45(4):904-921. doi:10.1111/j.1475-6773.2010.01114.x

41. Bridges J, Griffiths P, Oliver E, Pickering RM. Hospital nurse staffing and staff–patient interactions: an observational study. *BMJ Qual Saf.* 2019;28(9):706-713. doi:10.1136/bmjqs-2018-008948

42. Duru DC, Hammoud MS. Identifying effective retention strategies for front-line nurses. *Nurs Manag (Harrow).* 2021;29(1):17-24.

43. Martiniano R, Romero A, Moore J. *Service-Obligated Providers in New York State.* Center for Health Workforce Studies, University at Albany, School of Public Health; November 2023. Accessed October 23, 2023. https://www.chwsny.org/our-work/reports-briefs/service-obligated-providers-in-new-york-state-2/

44. Nursing Unionization: Pros and Cons | HPU Online. Hawai'i Pacific University. Published August 29, 2023. Accessed October 25, 2023. https://online.hpu.edu/blog/nursing-unionization-pros-and-cons

45. Shaffer FA, Bakhshi M, Cook K, Álvarez TD. International Nurse Recruitment Beyond the COVID-19 Pandemic. *Nurse Lead.* 2022;20(2):161-167. doi:10.1016/j.mnl.2021.12.001

46. Armstrong D, Shirey S. *The Impact of COVID-19 on Medical and Registered Nurse Education.* Center for Health Workforce Studies, University at Albany, School of Public Health; April 2023. Accessed November 2, 2023. https://www.chwsny.org/our-work/reports-briefs/the-impact-of-covid-19-on-medical-and-registered-nurse-education/

47. Ortiz Pate N, Barnes H, Batchelder HR, et al. PA and NP onboarding in primary care: the participant perspective. *JAAPA Off J Am Acad Physician Assist.* 2023;36(2):1-9. doi:10.1097/01.JAA.0000911232.13242.13

48. Perron T, Gascoyne M, Kallakavumkal T, Kelly M, Demagistris N. Effectiveness of nurse residency programs. *J Nurs Pract Appl Rev Res.* 2019;9(2):48-52. doi:https://doi.org/10.13178/jnparr.2019.09.02.0908

49. Pillai S, Manister NN, Coppolo MT, Ducey MS, McManus-Penzero J. Evaluation of a nurse residency program. *J Nurses Prof Dev.* 2018;34(6):E23. doi:10.1097/NND.0000000000000499

50. Miller CM, Meyer K, Riemann LA, Carter BT, Brant JM. Transition into practice: outcomes of a nurse residency program. *J Contin Educ Nurs.* 2023;54(1):32-39. doi:10.3928/00220124-20221207-08

51. Wolford J, Hampton D, Tharp-Barrie K, Goss C. Establishing a nurse residency program to boost new graduate nurse retention. *Nurs Manag (Harrow).* 2019;50(3):44. doi:10.1097/01.NUMA.0000553497.40156.4e

52. Garrison FW, Dearmon V, Graves RJ. Working smarter: building a better nurse residency program. *Nurs Manag (Harrow).* 2017;48(3):50. doi:10.1097/01.NUMA.0000512898.76048.0b

53. Gion T, Abitz T. An Approach to Recruitment and retention of certified nursing assistants using innovation and collaboration. *J Nurs Adm.* 2019;49(7-8):354-358. doi:10.1097/NNA.0000000000000767

54. Al Zamel LG, Lim Abdullah K, Chan CM, Piaw CY. Factors influencing nurses' intention to leave and intention to stay: an integrative review. *Home Health Care Manag Pract.* 2020;32(4):218-228. doi:10.1177/1084822320931363

55. Gaffney T. Retaining Nurses to Mitigate Shortages. American Nurse website. Published January 11, 2022. Accessed October 6, 2023. https://www.myamericannurse.com/beyond-the-pandemic-retaining-nurses-to-mitigate-shortages/

56. Carillo I, Massimino P, Santella A. Exploring the motivations of nursing students in New York State. *Am J Health Stud.* 2022;37(1). doi:10.47779/ajhs.2022.716

57. Gaulton J, Ziegler K, Chang E. Virtual practices transform the care delivery model in an intensive care unit During the coronavirus pandemic. *Catal Non-Issue Content.* 2020;1(3). doi:10.1056/CAT.20.0169

58. Pham Q, Hearn J, Gao B, et al. Virtual care models for cancer survivorship. *Npj Digit Med.* 2020;3(1):1-7. doi:10.1038/s41746-020-00321-3

59. Bashir A, Bastola DR. Perspectives of nurses toward telehealth efficacy and quality of health care: pilot study. *JMIR Med Inform.* 2018;6(2):e35. doi:10.2196/medinform.9080

60. Gooch K. How CHI's virtually integrated care model seeks to transform nursing. Becker's Health IT website. Published May 8, 2019. Accessed October 9, 2023. https://www.beckershospitalreview.com/healthcare-information-technology/how-chi-s-virtually-integrated-care-model-seeks-to-transform-nursing.html

61. Lindgren L. Utilizing telehealth to enhance nursing care and reduce burnout. *Nurs Made Incred Easy.* 2023;21(1):41. doi:10.1097/01.NME.0000884120.79831.10

62. Bayram SB, Caliskan N. Effect of a game-based virtual reality phone application on tracheostomy care education for nursing students: a randomized controlled trial. *Nurse Educ Today.* 2019;79:25-31. doi:10.1016/j.nedt.2019.05.010

63. Boutros P, Kassem N, Nieder J, et al. Education and training adaptations for health workers during the COVID-19 pandemic: a scoping review of lessons learned and innovations. *Healthcare.* 2023;11(21):2902. doi:10.3390/healthcare11212902

64. LeRoy L, West AM, Hall C, Thomas D, Braun S. A real-world comparison of in-person vs virtual contraceptive care trainings for clinicians and support staff. *Contraception.* 2022;112:74-80. doi:10.1016/j.contraception.2022.03.019

65. Aebersold M, Voepel-Lewis T, Cherara L, et al. Interactive anatomy-augmented virtual simulation training. *Clin Simul Nurs.* 2018;15:34-41. doi:10.1016/j.ecns.2017.09.008

66. Khubchandani J, Bustos E, Chowdhury S, Biswas N, Keller T. COVID-19 vaccine refusal among nurses worldwide: review of trends and predictors. *Vaccines.* 2022;10(2):230. doi:10.3390/vaccines10020230

APPENDIX A

APPENDIX A: MAGNET RECOGNITION PROGRAM

Overview

The Magnet Recognition Program® was developed by the American Nurses Credentialing Center (ANCC) to recognize health care organizations that provide nursing excellence and to disseminate successful nursing practices and strategies.

The Magnet Recognition Program® is a road map for nursing excellence. It is a program based on evidence and research. Research comparing Magnet organizations with non-Magnet organizations has found Magnet recognition to be associated with improved nurse-sensitive indicators, including lower rates of falls and improved skin integrity.

Application and Review Process

The process begins with the submission of an electronic application

- Next, the applicant submits written documentation demonstrating qualitative and quantitative evidence regarding patient care and outcomes
- If scores from the written documentation fall within a range of excellence, an on-site visit will occur to thoroughly assess the applicant
- After this rigorous on-site review process, the Commission on Magnet will review the completed appraisal report and vote to determine whether Magnet recognition will be granted

Principles of the Program

The Magnet Recognition Program® focuses on advancing 3 goals within each Magnet organization:

- Promoting quality in a setting that supports professional practice
- Identifying excellence in the delivery of nursing services to patients
- Disseminating "best practices" in nursing services

The Forces of Magnetism serve as the foundation of the current Magnet Model, which is composed of 5 key components that place greater focus on measuring quality, patient care, and performance outcomes. These principles are:

- Transformational Leadership
- Structural Empowerment
- Exemplary Professional Practice
- New knowledge, Innovation, and Improvement
- Empirical Quality Results

For more information on the Magnet Recognition Program, visit: https://www.nursingworld.org/organizational-programs/magnet/

Source: Facts About the Magnet Recognition Program®. American Nurses Credentialing Center (ANCC). Accessed on July 9, 2024. https://www.nursingworld.org/globalassets/organizational-programs/magnet/magnet-factsheet.pdf

APPENDIX B

APPENDIX B: PATHWAY TO EXCELLENCE

Overview

The Pathway to Excellence Program® is the premier designation for healthy work environments and recognizes health care organizations and long-term care organizations for positive practice environments where nurses excel.

Application and Review Process

- ANCC suggests self-assessment to determine "how the Pathway Practice Standards are active in their [nurses] practices, policies, and culture. The process enables [the] organization to compare itself against the program's compulsory elements"
- The application process includes multiple steps:
    - Step 1. Prior to registering to apply for Pathway designation, all interested organizations' eligibility must be determined by the Pathway Program Office
    - Step 2. After eligibility is approved, the organization must then complete Pathway Applicant Registration (PAR) which includes:
- Completing the registration form
- Uploading:

  1. CNO or DON curriculum vitae
  2. Organizational chart(s) that reflects the CNO/DON relationship with the:

     (a) Executive Leadership

     (b) Nursing services

     (c) Additional campus(es) as applicable
  3. Operating license or other independent verification of licensed beds if applicable

Principles of the Program

The ANCC Pathway to Excellence Framework depicts the 6 standards that are essential elements in developing a positive practice environment for nursing:

- Shared Decision-Making creates opportunities for direct care nurses to network, collaborate, share ideas, and be involved in decision-making
- Leadership supports a shared governance environment by ensuring that leaders are accessible and that they facilitate collaborative decision-making. This standard also emphasizes leadership development, orientation, retention, accountability, and succession planning
- Safety prioritizes both patient and nurse safety, and fosters a respectful workplace culture, free of incivility, bullying, and violence

- Quality is central to an organization's mission, vision, goals, and values, and is based on person- and family-centered care, evidence-based care, continuous improvement, and improving population health
- Well-Being promotes a workplace culture of recognition for the contribution of nurses and the health care provider team. Additionally, this standard provides staff with support and resources to promote their physical and mental health
- Professional Development ensures that nurses are competent to provide care and provides them with mentoring, support, and opportunities for lifelong learning

For more information on the Pathway to Excellence Program, visit: https://www.nursingworld.org/organizational-programs/pathway/

Source: ANCC Pathway to Excellence® Program. American Nurses Credentialing Center (ANCC) website. Accessed on July 9, 2024. https://www.nursingworld.org/organizational-programs/pathway/

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