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CENTER FOR WORKFORCE RESEARCH

2024

Survey of Hospital Nurse Leaders:

ROLES, CHALLENGES, AND WORKFORCE SOLUTIONS

CONTENTS

About AMN Healthcare

AMN Healthcare is the nation's leader in total healthcare talent solutions and is the largest publicly traded healthcare staffing organization in the United States as rated by Staffing Industry Analysts. A comprehensive healthcare staffing provider, AMN Healthcare assists hospitals, medical groups, government entities and other healthcare facilities in the staffing of nurses, physicians, executives, and academic leaders. AMN Healthcare also provides a suite of technical staffing solutions and support services, including medical language interpretation, predictive staffing analytics, telemedicine, revenue cycle solutions and others.

Through our **Center for Workforce Research**, AMN Healthcare generates a wide range of surveys, reports, white papers, speaking presentations, podcasts, webinars and other thought leadership resources providing insight into current healthcare workforce trends and delivery models.

Introduction:
The Pivotal Role of Nurse Leaders

Nurse leaders today are playing a pivotal role in the nation's healthcare system, leading not only the largest group of healthcare professionals in the nation, but also leading operations, strategy, and clinical quality efforts that span multiple care settings and cover every facet of care delivery.

Their impact on quality of care, value of care, and the overall patient experience cannot be overstated. Simply put, nurse leaders are at the heart of healthcare delivery.

Nurse leaders also are having an impact beyond the bedside, filling key leadership roles at major corporations, at virtual nursing companies, talent solution companies and in the public health sector. Many of these same nurse leaders are serving on boards in healthcare, education, not-for-profits and other sectors, conducting cutting edge research, and serving as legislators, community leaders and community connectors.

Our purpose in conducting the 2024 Survey of Nurse Leaders is to highlight the key role nurse leaders play in today's healthcare system, the challenges they face, and the methods they are applying to address these challenges.

The survey also is intended to demonstrate that, like the nurses they lead, nurse leaders require resources and support to enhance their effectiveness and to promote their health and well-being. Currently, only 34% of nurse leaders have the financial resources to address their workforce needs, while more than 70% sometimes, often, or always experience burnout, the survey indicates.

With over 60 nurses and other clinical professionals in leadership positions, AMN Healthcare is closely attuned to and aligned with the goals of nurse leaders nationwide. Nurse leaders -- and those who share their passion for patient care -- are at the core of who we are and what we do.

We greatly respect the skills and contributions of these dedicated professionals and strongly support their vital role as both caregivers and leaders.

Cary Grace
Chief Executive Officer

Paulette Anest, MSN, RN, CENP, NEA-BC
Vice President, Clinical and Education Solutions

Angelo Venditti, DNP, MBA, RN, FACHE, NEA-BC
Senior Vice President, Strategic Workforce Solution

Methodology

The survey was emailed to hospital nurse leaders and distributed through social media from August 23 to October 2, 2023, using both a proprietary AMN Healthcare database and third-party data sources. Hospital nurse leaders were defined as Chief Nursing Officers, Associate Chief Nursing Officers, Chief Nursing Executives, Associate Chief Nursing Executives, Directors of Nursing, and Nurse Managers.

Responses were received from 186 hospital nurse leaders. The survey therefore is directional in nature and may not represent the perspectives and experiences of all hospital nurse leaders

Key Findings

Following are selected key findings from the 2024 Survey of Nurse Leaders:

The top three challenges facing hospital nurse leaders are workforce related and include:

1 **Nurse recruitment and retention**　　**2** **Staff burnout**　　**3** **Labor shortages**

While workforce is a major focus, nurse leaders are involved in a wide range of strategic and management activities beyond workforce management. 81% are moderately to extremely involved in their facility's strategic mission, 80% are moderately to extremely involved in their facility's financial management, and 80% are moderately to extremely involved in clinical and patient protocols.

Few nurse leaders indicated they have the means to address workforce challenges. Only 34% said they have "a great deal" or "a lot" of financial resources to address nurse workforce needs. Only 33% said they have "a great deal" or "a lot" of technical resources to address nurse workforce needs.

Like staff nurses, nurse leaders are subject to feelings of burnout. 72% of nurse leaders indicated they sometimes, often or always experience feelings of burnout. Only 28% said they rarely or never do.

Turnover among nurse leaders is likely to be high. 31% of nurse leaders said they plan to change positions in the next year.

The three methods nurse leaders identified as being most useful in enhancing nurse retention include:

1 **Recognition programs**　　**2** **Favorable nurse-to-patient ratios**　　**3** **Leadership development**

The three methods nurse leaders identified as being most useful in improving hiring and scheduling processes include:

1 **Internal float pools**　　**2** **Virtual interview platforms**　　**3** **Nurse scheduling apps**

The three workforce- management and support tools nurse leaders identified as most effective include:

1 **Medical translation/ interpretation services**　　**2** **Telehealth**　　**3** **Per diem management technology**

Of those nurse leaders who use nurse staffing predictive analytics software, 40% said it reduced nurse shortages at their facilities, 40% said it saved nurse manager time, and 40% said it increased nurse staff satisfaction.

On average, hospital nurse staffs are 69% composed of permanent, full-time nurses, 19% composed on part-time nurses, and 12% composed of contingent nurses (i.e., float pools nurses, travel nurses, local nurses, per diem nurses, etc.)

QUESTIONS ASKED AND RESPONSES RECEIVED
ROLES AND CHALLENGES:

As a nurse leader, what is your level of involvement in the following areas at your facility?

Figure 6

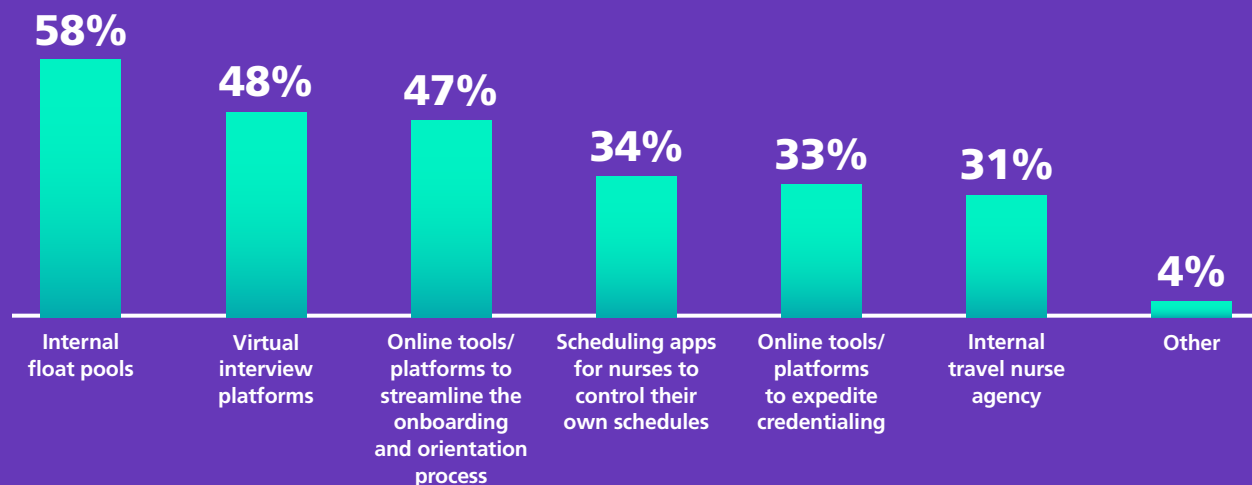| Level of Involvement	High	Medium	Low
Nursing workforce management	59%	22%	19%
Quality improvement	56%	25%	19%
Safety & well-being	49%	36%	15%
Strategic mission	49%	32%	19%
Clinical and patient care protocols	45%	35%	20%
Risk management	43%	40%	17%
Financial management/budget planning	34%	46%	20%
Scheduling	32%	35%	33%
New medical technology integration	30%	48%	22%
Community service/relations	26%	48%	26%

What are the top 3 challenges you face in your role?

Figure 7

Recruitment & retention	43%	Patient safety	16%
Staff burnout	32%	Shift scheduling	14%
Labor shortages	32%	Interprofessional team communication and behaviors	14%
Financial constraints	25%	Documentation requirements	13%
Labor costs	22%	Inefficient/inadequate technology	13%
Low staff compensation	22%	Achieving diversity benchmarks	10%
Leadership turnover/ succession planning	21%	Other	2%
Workplace violence	20%		

WORKFORCE MANAGEMENT METHODS AND TOOLS:

How are you improving the hiring and scheduling process at your facility?

Figure 8

Internal float pools	Virtual interview platforms	Online tools/ platforms to streamline the onboarding and orientation process	Scheduling apps for nurses to control their own schedules	Online tools/ platforms to expedite credentialing	Internal travel nurse agency	Other
58%	48%	47%	34%	33%	31%	4%

How useful have these options been?

Figure 9

	Extremely	Moderately	Somewhat	Slightly	Not at all
Internal float pools	31%	34%	28%	6%	1%
Virtual interview platforms	29%	25%	36%	9%	1%
Nurse scheduling apps	23%	41%	26%	5%	5%
Online tools/ platforms expediting credentialing	20%	23%	47%	8%	2%
Online tools streamlining onboarding	18%	43%	30%	9%	0%
Internal travel nurse agency	16%	34%	38%	9%	3%

Which of the following nurse workforce management and support resources does your facility use?

Figure 10

47% | Translation/interpretation services

42% | Telehealth

34% | Vendor Management Services (VMS)

31% | Nurse staffing predictive analytics software

26% | Recruitment Process Outsourcing (RPO)

26% | Managed Services Provider (MSP)

26% | Per diem management technology

24% | Technology for internal resource pools

2% | Other

How useful are these nurse workforce management and support resources?

Figure 11

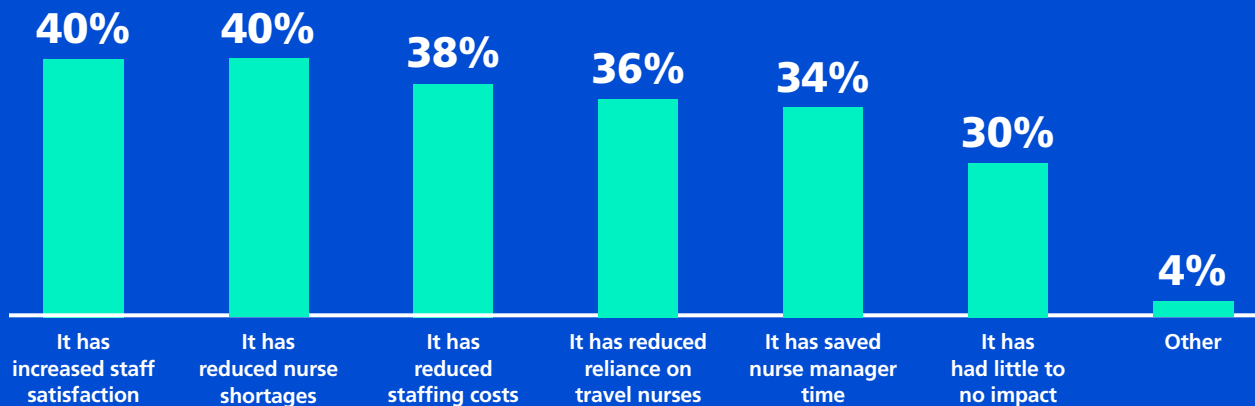|	Extremely	Moderately	Somewhat	Slightly	Not at all
Translation/ interpretation services	34%	26%	34%	5%	1%
Telehealth	19%	43%	31%	7%	0%
Per diem management technology	15%	24%	54%	7%	0%
Nurse staffing predictive analytics software	15%	38%	45%	2%	0%
Vendor Management Services (VMS)	13%	39%	35%	11%	2%
Technology for internal resource pools	12%	30%	37%	21%	0%
Recruitment Process Outsourcing (RPO)	11%	43%	29%	15%	2%
Managed Services Provider (MSP)	4%	43%	42%	9%	2%

NURSE WORKFORCE PREDICTIVE ANALYTICS:

If your facility uses nurse staffing predictive analytics tools, what capabilities do these tools have?

Figure 12

64% — Can identify patient usage trends

45% — Can measure nurse performance

36% — Can measure patient outcomes

6% — Other
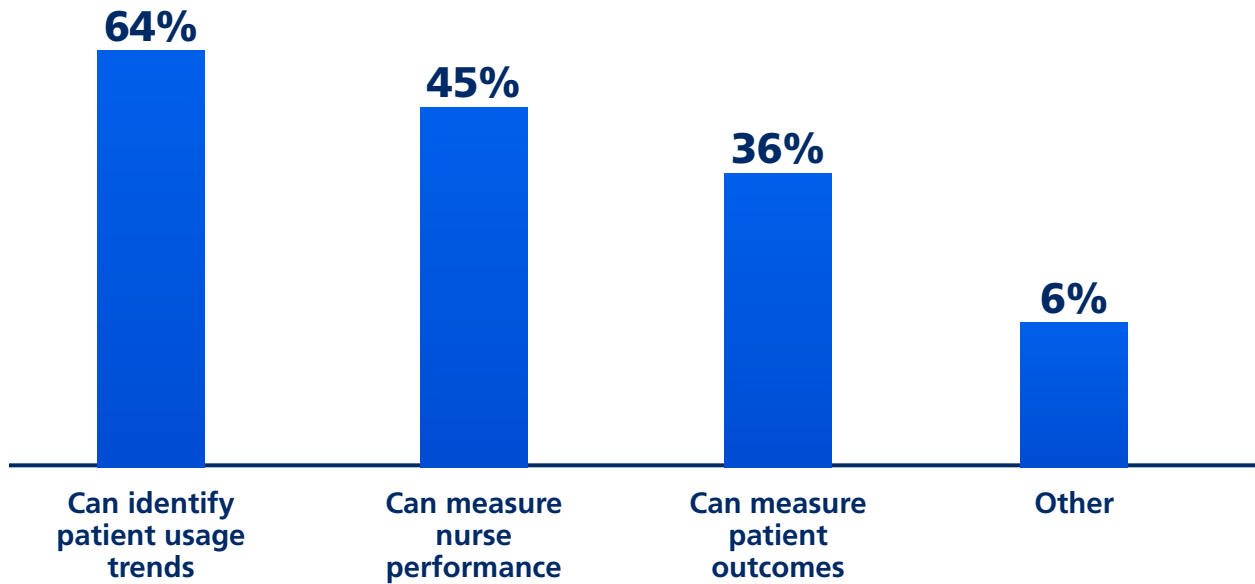
If your facility uses nurse staffing predictive analytics software, what are the benefits this software provides?

Figure 13

40% — It has increased staff satisfaction

40% — It has reduced nurse shortages

38% — It has reduced staffing costs

36% — It has reduced reliance on travel nurses

34% — It has saved nurse manager time

30% — It has had little to no impact

4% — Other

How would you rate the level of barrier for each of the following factors to implementing predictive analytics software at your facility?

Figure 14

	Extremely	Moderately	Somewhat	Slightly	Not at all
Cost	22%	36%	36%	5%	1%
IT backlog	21%	27%	41%	10%	2%
IT expertise	14%	34%	40%	9%	3%
Culture of facility	12%	36%	37%	11%	4%
Change management support	11%	32%	44%	11%	3%

NURSE RETENTION STRATEGIES AND WORKFORCE RESOURCES:

What are your facility's top 3 strategies to retain nurses?

|				
Recognition programs	37%	Wellness programs	25%
Favorable nurse to patient ratios	31%	Minimal overtime requirements	18%
Effective onboarding and orientation	31%	Reduction of physical labor required	17%
Leadership development	30%	Student loan forgiveness	15%
Tuition reimbursement	29%	Housing stipends	12%
Compensation increases	28%	Other	1%
Schedule flexibility	26%		

Figure 15

To what extent do you have the following resources to address your facility's current nurse workforce needs?

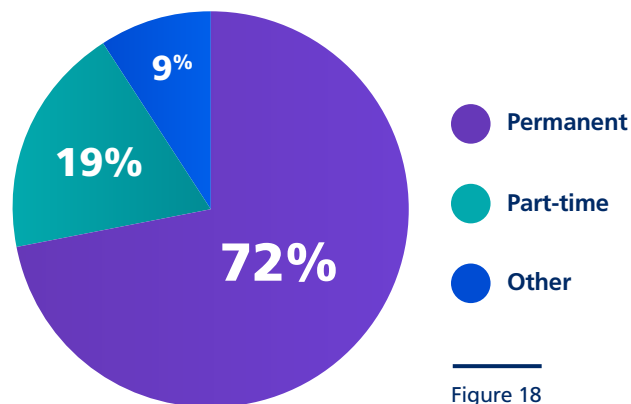|	A Great Deal	A Lot	A Moderate Amount	A Little	Not at all
Financial Resources	15%	19%	45%	18%	3%
Technological Resources	11%	22%	39%	27%	1%

Figure 16

NURSE WORKFORCE COMPOSITION:

Approximately what is the composition of the current nurse workforce at your facility?

- Permanent
- Part-time
- Other

12%
19%
69%

Figure 17
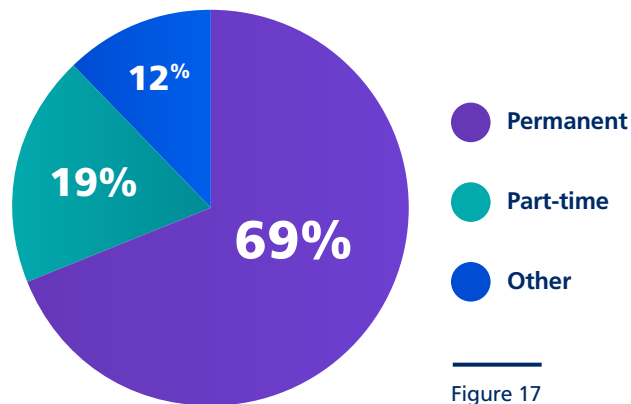
What is your goal for composition of nurses working at your facility?

- Permanent
- Part-time
- Other

9%
19%
72%

Figure 18

USE OF CONTINGENT NURSES:

What types of contingent nurses does your facility use?

Float pool	76%
Travel nurses	73%
Local	63%
Per diem	44%
Emergency labor stoppage nurses	17%
International	14%
Other	2%

Figure 19

How would you rate the quality of contingent nurses who have worked at your facility?

Excellent	7%
Good	34%
Average	41%
Fair	17%
Poor	1%

Figure 20

Why does your facility use contingent nurses?

Stabilize units/departments with high turnover	67%
Achieve operational and quality goals/outcomes	60%
Ability to scale operations	54%
Develop a flexible workforce	49%
Establish new program/department	35%
Close gaps with labor agreements	32%
Other	4%

Figure 21

BURNOUT AND CAREER PLANS:

How often do you experience burnout in your role?

Always	2%
Often	16%
Sometimes	54%
Rarely	24%
Never	4%

Figure 22

What are your career plans for the coming year?

I will continue working as I am	71%
I will seek a new place of employment	17%
I will leave nursing and seek work in another field	9%
I will remain in nursing, but outside of healthcare administration	2%
I will retire	1%

Figure 23

In Their Own Words

Nurse leaders were asked what they would like other healthcare professionals and administrators to know about the role of nurse leaders. Selected responses representing various viewpoints are included below.

A CNO must be well rounded in all aspects of the facility. CNO must think outside the box and find ways to maintain a census and reliable staff.

> *The CNO role is integral in establishing culture of nursing at the facility. Nurses need to feel valued and supported to truly engage and embrace their role in patient care, patient safety, and quality.*

It is a no-win role. No one is ever happy with you.

> *It is a rewarding role with many challenging tasks and many responsibilities. This role is involved in multiple aspects of healthcare and requires an extensive knowledge base of the healthcare industry.*

It is expansive, overwhelming, and all-encompassing.

> *It is imperative that the CNO/CNE have a voice at the table where all decisions are made. As nursing continues to be the largest workforce in hospitals, nursing must have input into decisions that impact patients, providers, and the nursing workforce.*

It is like drinking out of a fire hydrant with high volumes and workforce gaps!

It is one of the most difficult jobs in the entire hospital! You have to be a liaison between nursing, medical services, housekeeping, engineering, grounds, nutrition, social work, physical therapy, finance, supply chain, patients, their families all while keeping your bosses happy and making sure everything on THEIR agenda is accomplished in addition to yours. However, with dedication and commitment, seeing positive changes in patient care and in your employees, makes it all worth it. The opportunity is one that will help you grow as a nurse, as a leader, and as a human being.

Nurse managers drive ALL quality metrics for patient care services and must be brought in to sit at the table when making decisions for nursing care.

> *The culture of the work environment is still hurting from what occurred over the last three years. It should have been continually addressed instead of waiting to repair it after it was broken. If that is repaired, the landscape of the nursing workforce will dramatically change.*

This dynamic role is crucial for the overall success of the department and of the organization. It is not just a global role of looking and achieving global projects at an organizational level, but a "hands on" on the ground role that requires feedback from the direct care staff to advocate not only for the patients but for the team you serve.

Those that do this role know how much goes into the job. It is a tremendous amount of work. Very rewarding, but beyond demanding.

> *We function as COO/CNOs and have the greatest impact of any c-suite leader when positioned properly by the CEO and Board. There are only a small number of us who have achieved this level of impact, who are compensated properly and who have a significant degree of freedom to manage a large nursing and clinical workforce to advance system growth, workforce wellbeing, and organizational strategy.*

We wear many hats at my facility but above all patient care and patient satisfaction must come first.

Nurse leaders were asked what brings them the most joy in their role. Selected responses representing various viewpoints are included below.

Achieving excellent patient outcomes and the wellness of the nursing workforce.

By far, being able to support nurses in their very special and sacred work is the best part about my work!

Creating an environment that makes staff want to come to work. Bringing in patients and helping them on their journey home.

Keeping quality standards high and getting feedback from patients that this is the best care they have ever had.

Developing new nursing staff and increasing the care of my unit.

Experiencing excellent nursing care through the feedback of our patients and community.

Growing new colleagues.

> *I am proud to be a nurse first and an executive second.*

I love the lightbulb moments in my staff when a change they have implemented results in a direct improvement in patient outcomes which then improves staff satisfaction. We are a small hospital and I love the fact that we are all close and work together as a team.

I receive the most joy when we are extremely busy, and my staff is content staying at our facility and not being closed. I enjoy watching the staff get recognized for their valent efforts and their dedication. I am so proud to work with such experienced staff. When my staff is happy...I am truly happy.

> *Impacting the team I serve and knowing that I am changing the world, at least my small corner of it. I do this through intentional interactions with my entire team and organization. I know we are making a difference in the patients we serve and in the team I serve and represent.*

Improving culture, mentoring a new leader, achieving goals, improving patient care processes to reduce potential harms and seeing the great outcomes that are the result of outstanding teamwork.

Providing the nursing staff with the resources needed to provide safe quality patient care removing barriers and supporting leaders and staff in reaching their full potential.

> *Seeing the staff grow their professions - obtaining their BSN/MSN, certifications, winning awards. I love to see staff get the wins!!! seeing the successes of my staff.*

Serving others and being able to develop strategies that drive the organization forward.

Survey Demographics

Which of the following best represents your current job title?
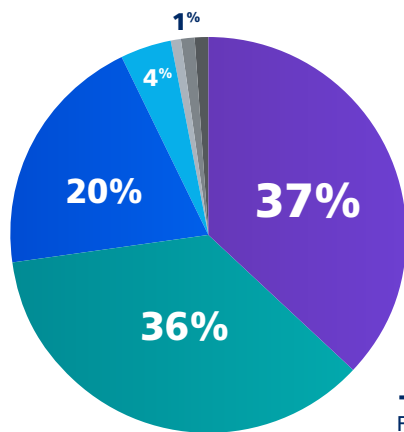
Figure 24

- Nurse Manager (37%)
- Chief Nursing Officer - CNO (36%)
  CNO - Facility, CNO - System, Interim CNO - Facility, Interim CNO - System, Associate CNO - Facility, and Associate CNO - System
- Director of Nursing (20%)
- Chief Nursing Executive, CNE - System (4%)
- Associate Chief Nursing Executive, CNE - (1%)
- Interim Chief Nursing Executive ,CNE - System (1%)
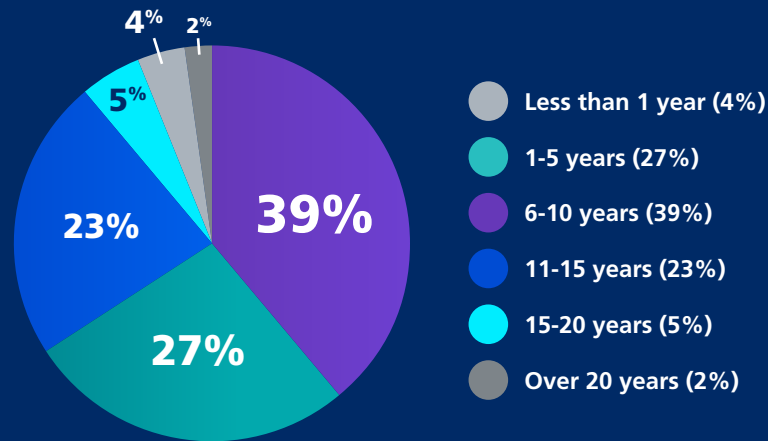- SVP/VP Patient Care Services (1%)

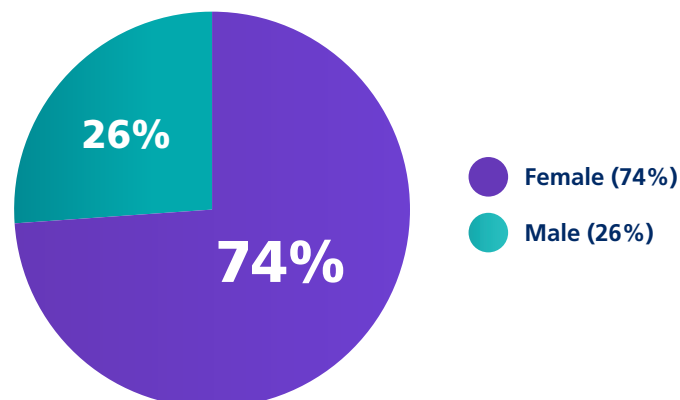## Who do you currently report to?

Figure 25

- CEO - Chief Executive Officer (36%)
- CMO - Chief Medical Officer (21%)
- Other (21%)
- CCO - Chief Clinical Officer (19%)
- COO - Chief Operating Officer (3%)

3%
19%
21%
36%
21%
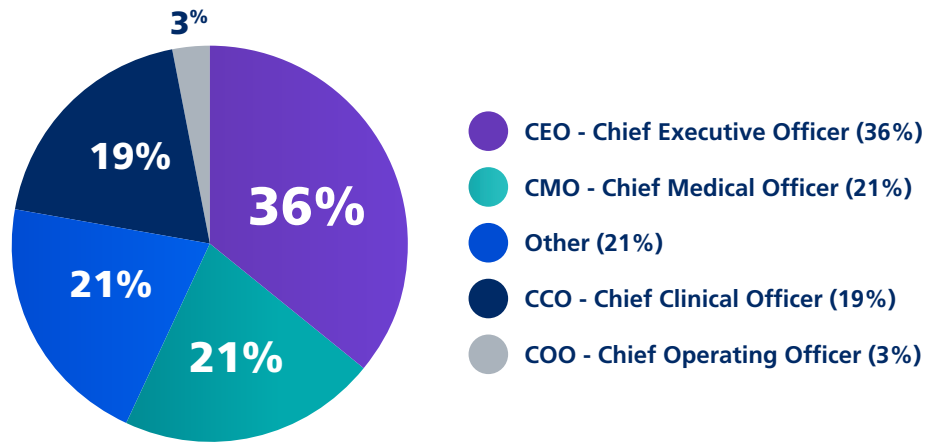
How long have you been working as a nurse leader?

Figure 26

4%
2%
5%
23%
39%
27%

- Less than 1 year (4%)
- 1-5 years (27%)
- 6-10 years (39%)
- 11-15 years (23%)
- 15-20 years (5%)
- Over 20 years (2%)

What is your gender?

Figure 27

26%
74%

- Female (74%)
- Male (26%)

Which of the following best describes your ethnicity?

Figure 28

- White or Caucasian (76%)
- Black or African American (13%)
- Hispanic, Latino, Latina, or Latinx (4%)
- Asian or Asian American (3%)
- Prefer not to answer (2%)
- Middle Eastern or Northern African (1%)
- Native Hawaiian or Other Pacific Islander (1%)
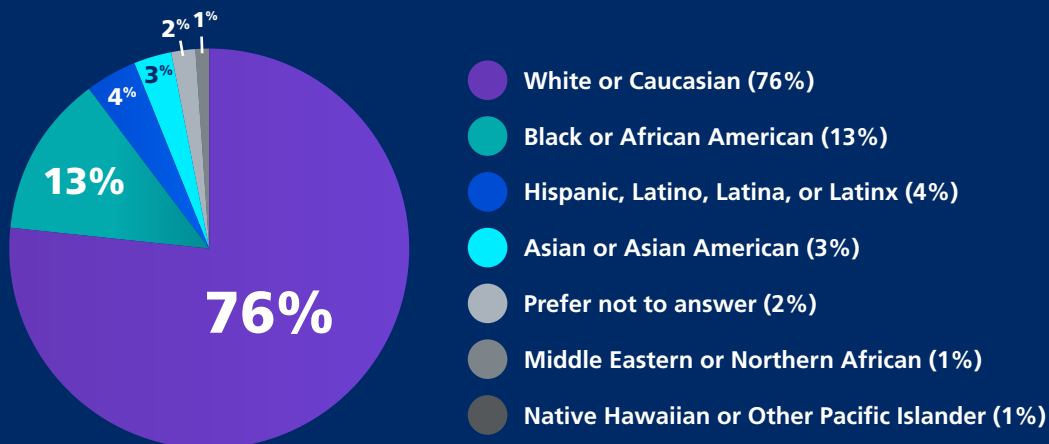
Approximately how many licensed beds are available in your organization?

- 50 or fewer (8%)
- 51 - 100 (14%)
- 101 - 200 (32%)
- 201 - 500 (30%)
- 501 – 1000 (7%)
- 1000 or more (9%)
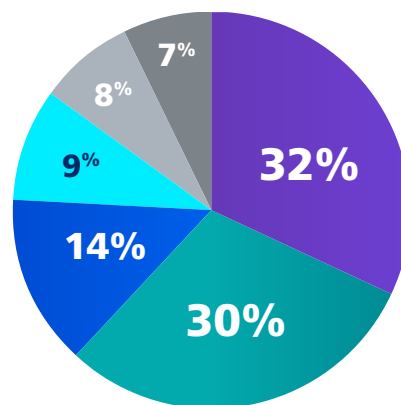
Figure 29

Survey Trends and Observations

The 2024 Survey of Nurse Leaders examines the role of hospital nurse leaders, the challenges they face, particularly in nurse workforce management, how they are addressing these challenges, and which of methods they are using are most effective.

Areas of Involvement

Hospital nurse leaders were asked to describe their level of involvement in various management activities within their facilities. Eighty-one percent of nurse leaders indicated they have medium to high involvement in nurse workforce management. However, workforce management is only one of various activities in which nurse leaders are significantly engaged, suggesting their roles extend considerably beyond personnel issues.

The role of hospital nurse leaders extends far beyond nurse workforce management.

Eighty-one percent of nurse leaders said they have medium to high involvement in their facilities' strategic mission, indicating that hospital nurse leaders are as engaged in strategic planning and decision making as they are in personnel management. Eighty percent said they have medium to high involvement in their facilities' financial management. Nurse staffing often is the number one line item in hospital budgets, necessitating the involvement of nurse leaders in the financial planning process.

Eighty percent of nurse leaders said they have medium to high involvement in clinical and patient protocols at their facilities. As was referenced above, nurse education and training are advancing, allowing nurses and nurse leaders to take a greater role in shaping the clinical policies dictating how patient care is delivered at their facilities.

Seventy-two percent of nurse leaders said they have medium to high involvement in risk management, 81% said they have medium to high involvement in quality improvement, 78% said they have medium to high involvement in new medical technology integration, and 74% said they have medium to high involvement in community service/relations, further indicators that hospital nurse leaders are actively engaged in a wide range of strategic and administrative activities.

Top Challenges Facing Nurse Leaders

Hospital nurse leaders were asked to identify the top three challenges they face in their current roles. Each of the top three challenges most frequently identified by survey respondents pertains to nursing workforce issues. The top three challenges nurse leaders identified include:

1. **Recruitment and retention, cited as a top challenge by 43% of hospital nurse leaders.**

2. **Staff burnout: 32%.**

3. **Labor shortages: 32%.**

Nurse workforce challenges have been well documented by a variety of sources, particularly since the advent of the COVID-19 pandemic. AMN Healthcare's **2023 Survey of Registered Nurses** includes data points that paint a sobering picture of the current state of the nurse workforce and underscore why nurse burnout and turnover continue to be serious problems. These data points include:

- **Only 15% of hospital nurses plan to be in their current positions in one year, reflecting an alarming potential rate of hospital nurse turnover.**

- **Thirty percent of nurses indicate it is likely or very likely they will leave nursing due to COVID-19.**

- **Nurse career satisfaction has been at 80-85% for a decade; in 2023, it dropped to 71%. The likelihood of nurses encouraging others to become a nurse is down 14 points from 2021.**

- **Four of five nurses say they experience a great deal or a lot of stress, up 16 points from 2021. Worry that their job is affecting their health is up 19 points. Often feeling emotionally drained rose by 15 points since 2021.**

- **The percentage of nurses who are satisfied with the quality of care they provide at their current job decreased 11 points from 2021, from 75% to 64%.**

Other data sources also have indicated that the nurse workforce today is characterized by high stress, high turnover, and high volatility, driven in part by the COVID-19 pandemic, which has caused many nurses and other types of healthcare professionals to question where, how and when they work.

The fourth and fifth most selected challenges identified by nurse leaders pertain to finances:

4. **Financial constraints, cited by 25% of hospital nurse leaders as a top challenge.**

5. **Labor costs: 22%.**

Inflation, particularly labor inflation, has been a major concern for hospitals during and post-COVID-19, causing many to experience negative margins. Today, approximately 50% of hospitals operate in the red (National Hospital Flash Report. Kaufman Hall. Nov. 2022). Because nurse staffing represents the highest labor cost at most hospitals, and often the highest single cost item, nurse leaders often are engaged in addressing the financial challenges facing their facilities.

Challenges facing nurse leaders also include low staff compensation, workplace violence, patient safety, shift scheduling and various others.

Composition of the Nursing Workforce

Hospital nurse leaders were asked to indicate the current composition of their nursing staffs by nurse type. Their responses indicate that hospital nursing staffs are:

- **Sixty-nine percent composed of permanent, full-time staff nurses.**

- **Thirty-one percent composed of part-time or contingent nurses (e.g., float pool nurses, travel nurses, local nurses, per diem nurses, etc.).**

Part-time nurses represent 19% of the total hospital nurse staff while contingent nurses represent 12% of the total staff.

Since the COVID-19 pandemic it has become apparent that nurses and other healthcare professionals value flexibility in how and when they work. AMN Healthcare's 2023 Survey of Registered Nurses indicates that 12% of nurses plan to work as travelers in the coming year, while 4% plan to work per diem. The survey suggests that hospital nurse staffs reflect this changing workforce dynamic and include a mix of full-time and flexible time nurses.

When asked what their goal is for nurse staff composition at their hospitals, nurse leaders indicated it is not far removed from their current staff composition. The survey suggests that hospital nurse leaders would like to:

- **Increase the percent of permanent, full-time nurse staff at their facilities from an average of 69% to an average of to 72%.**

- **Keep their part-time staff at 19%.**

- **Reduce their contingent staff from 12% to 9%.**

These staffing goals suggest that nurse leaders have embraced a flexible nurse staffing model that allows for scaling staffs as dictated by varying levels of patient demand and service utilization.

The Primary Reason for Using Contingent Nurses: High Turnover

The number one reason nurse leaders cited for using contingent workers further reflects the volatility of today's nurse workforce. Sixty-seven percent of nurse leaders said they use contingent nurses to stabilize units or departments with high nurse turnover. Often, these can be departments with high level of stress and safety challenges, such as the emergency department (ED) or intensive care units (ICUs). Typically, contingent nurses can cover additional shifts quickly when gaps in the nurse staff occur.

A Financial Component

The second most cited reason for using contingent nurses, cited by 60% of nurse leaders, is to achieve operational and quality outcomes goals. Achieving positive patient outcomes is a paramount goal in itself for virtually all healthcare facilities. Today, however, achieving this goal also may have the added benefit of improving healthcare facility financial outcomes.

As provider reimbursement moves from volume to quality-based models, nurses are having a growing impact on hospital finances. Patients often equate the quality of care they receive to the time and attention they receive from nurses. High nurse to patient ratios may lead to higher patient satisfaction scores and therefore to higher reimbursement under quality-based reimbursement models.

High nurse to patient ratios also have been tied to better patient outcomes and fewer hospital readmissions, which also are rewarded in value-based reimbursement models. Though nurses are often viewed as a cost by hospitals, they can make significant contributions to the bottom line, particularly in emerging quality-based reimbursement systems. The survey indicates contingent nurses are often used to achieve quality outcomes goals, which in turn can have a positive effect on hospital revenues.

Test Marketing and Labor Agreements

Over one-third of nurse leaders (35%) indicated they use contingent nurses to open new programs or departments. The use of contingent nurses allows hospitals to test market new services or departments before they hire permanent nurse staff. An additional one-third of nurse leaders (32%) indicated they use contingent nurses to close gaps in labor agreements. In recent years, nurse to patient ratios have been a point of contention in nurse/hospital labor agreements. By using contingent nurses, hospitals can increase the number of nurses per patient, thereby closing staffing gaps and helping to revolve nurse labor disputes.

Types of Contingent Nurses Used

When asked what type of contingent nurses they use, more than three-quarters of hospital nurse leaders (76%) indicated their facilities use float pool nurses. A growing number of hospitals are establishing internal nurse float pools that act like travel nurse agencies, using various scheduling technologies to implement this option. Internal nurse float pools allow permanent staff to work on a flexible basis, similar to the manner in which travel nurses work. By providing this option, hospitals can retain permanent staff nurses who may otherwise have chosen to work as travelers.

Seventy-three percent of nurse leaders said they use travel nurses, who typically work assignments lasting 13 weeks, while 63% use per diem nurses who are used to fill gaps as needed. An additional 17% of nurse leaders use emergency labor stoppage nurses, while 14% use international nurses, who typically work on two-year assignments, though they also may be directly hired on a full-time, permanent basis.

Quality of Contingent Nurses

When asked to rate the quality of contingent nurses they employ, 82% of hospital nurse leaders indicated the quality of contingent nurses is average, good or excellent. Seventeen percent rated contingent nurse quality as fair, while only 1% rated contingent nurse quality as poor.

An equal number of nurse leaders (41%) rated the quality of contingent nurses as good or excellent as rated their quality average. The survey suggests that the quality of contingent nurses meets at least a standard of average, and for more than 40% of hospital nurse leaders the quality of contingent nurses exceeds this standard.

Addressing Hiring and Scheduling Challenges

The survey indicates that nurse leaders are using a number of methods to address their top three most serious challenges, all of which concern nurse workforce issues such as nurse recruitment/retention, staff burnout, and labor shortages.

Fifty-eight percent of nurse leaders said they are using internal nurse float pools to enhance their nurse hiring and scheduling processes. As referenced above, internal nurse float pools allow hospitals to act as their own nurse travel agencies, creating staffing flexibility. The option to work as an internal float pool nurse can enhance the career satisfaction of staff nurses and aid in retaining them, while also reducing the expense of using travel nurses.

Nurse leaders are using a variety of methods to improve the nurse hiring and scheduling process – the most frequently used are float pools, virtual interviews, online onboarding and scheduling apps.

About half of nurse leaders (48%) said they use virtual interview platforms to enhance their hiring and scheduling process. These platforms use online technology to streamline the nurse hiring process, obviating the need for time-consuming and expensive on-site interviews. Forty-seven percent of nurse leaders indicated they use online platforms to streamline the onboarding and orientation process. Often, these platforms can reduce onboarding and orientation times from weeks to days.

More than one-third of nurse leaders (34%) said they use scheduling apps that allow nurses to exert more control of their own schedules. Apps such as the one developed by AMN Healthcare (known as Passport), use artificial intelligence to guide nurses through the hospital's shift schedule, empowering them to make more decisions about when and where they will work. Like internal float pools, these apps provide an additional level of nurse staffing flexibility and can increase nurse satisfaction and retention rates.

Most Useful Methods

When asked with of these methods are the most useful, 31% of nurse leaders indicated that internal float pools are extremely useful, 29% said virtual interviews are extremely useful and 23% said nurse scheduling apps are extremely useful.

However, the great majority of nurse leaders rated all the tools they are using to enhance the hiring and scheduling process as at least somewhat useful. Only 7% rated internal float pools as being only slightly or not at all useful, while only 10% rated virtual interview platforms and nurse scheduling apps to be only slightly or not at all useful. The survey therefore suggests that while nurse staffing remains a serious challenge, the various methods nurse leaders are using to enhance their hiring and scheduling processes are at least somewhat useful and sometimes extremely useful.

Nurse Workforce Management and Support Services

Nurse leaders were asked which nurse workforce management and support resources their facilities se. Close to half (47%) indicated their facilities use medical translation and interpretation services. These services provide linguistically and culturally trained interpreters who facilitate provider/patient encounters, typically by telephone or over virtual platforms. These services can save nurse and other providers time and contribute to positive patient outcomes, which can in turn may increase nurse job satisfaction and retention.

Forty-two percent of nurse leaders said their facilities use telehealth, which also can save nurse and other provider time by more efficiently bringing providers to patients. About one-third of nurse leaders (34%) said their facilities use vendor management systems (VMS). These systems are designed to bring multiple nurse staffing providers under one point of contact for staff planning, scheduling, and billing, potentially increasing efficiencies while reducing costs.

Only one-third of nurse leaders report using VMS or nurse staffing predictive analytics.

Thirty-one percent of hospital nurse leaders said their facilities use nurse staffing predictive analytics software. This software is designed to project nurse staffing needs through algorithms that calculate patient need, changes in seasonal utilization and other factors, so that hospitals can staff up or down as appropriate.

Of those nurse leaders who said their facilities use predictive analytics, 65% said their systems can measure changes in patient utilization, 45% said they can measure nurse performance, and 36% said they can measure patient outcomes. When asked about the benefits of predictive analytics, 40% said they reduced nurse shortages, 40% said they have increased staff satisfaction, 38% said they have reduced staffing costs, 36% said they reduced reliance on travel nurses, and 34% said they have saved nurse manager time.

Most Useful Services

When asked which of the nurse workforce management and support services they use have been most useful, 61% of nurse leaders said that telehealth services have been moderately to extremely useful, 60% said translation services have been moderately to extremely useful, and 53% said that recruitment process outsourcing has been moderately to extremely useful. Most nurse leaders indicated that virtually all of the nurse management workforce and support services they use are at least moderately useful. Only 6% of nurse leaders said that translation/interpretation services are only slightly or not at all useful, while only 7% said that telehealth and per diem management technology are only slightly or not at all useful. However, 21% said that technology for internal resource pools is only slightly or not at all useful, while 15% said recruitment process outsourcing is only slightly or not at all useful, suggesting that these services are somewhat less useful than others rated by nurse leaders.

Retention

The survey indicates that nurse leaders are using a variety of methods to improve nurse retention rates. When asked to name the top three strategies their facilities are using to improve nurse retention, more nurse leaders (37%) cited "recognition programs" than any other method. Recognition programs acknowledging nurses as "healthcare heroes" gained popularity during the pandemic, when many nurses chose to expose themselves to the dangers posed by COVID-19. The survey suggests that such programs continue to be in wide use.

Thirty-one percent of nurses cited "favorable nurse to patient ratios" as a top three nurse retention method used by their facilities. As was referenced above, low nurse to patient ratios can be a point of contention between nurses and hospitals, as they may lead to overwork and reduce standards of care to levels that nurses may find unacceptable. More robust nurse to patient ratios can improve the daily work experience of nurses, allowing for a more reasonable pace and more time per patient

Thirty-one percent of hospital nurse leaders cited "effective onboarding and orientation" as one of the top three nurse retention methods used by their facilities. Retention rates for nurses and other healthcare professionals can be negatively affected if the parameters and expectations of the position are not clearly explained and understood during the recruiting and orientation process. Nurses who feel that a position does not feature the working conditions, job requirements and compensation they were led to expect may leave for a position they believe does meet their expectations. Effective onboarding and orientation programs set clear job parameters and expectations so that nurses are not disillusioned post-hire.

Thirty percent of nurse leaders indicated that "leadership development" is one of the top three nurse retention methods used at their facilities. A growing number of nurses have four-year and advanced nursing degrees and nursing is increasingly seen as a platform from which to advance into administrative roles. Offering nurses a path to leadership is a key method by which hospitals can become known as nurse employers of choice.

"Compensation increases" were cited by 28% of nurse leaders as being among their top three nurse retention methods.   Competitive compensation is necessary to retain personnel in any job category in which there are worker shortages. However, the survey suggests that non-monetary retention methods that improve daily work conditions, such as recognition, favorable nurse to patient ratios, effective onboarding, and paths to leadership may be more effective retention methods than an increase in compensation.

Additional nurse retention methods cited by nurse leaders include "tuition reimbursement" (29%), schedule flexibility (26%), wellness programs (25%), and minimal overtime requirements (18%) and others.

Insufficient Resources

Nurse leaders were asked if they have the financial and technical resources to address their facilities' current nurse workforce needs.

Only about one third (34%) said they have "a great deal" or "a lot" of the financial resources they need to address their facilities' nurse workforce needs, while close to an equal number (33%) said they have the technical resources to meet their facilities nurse workforce needs.

Few hospital nurse leaders indicate they have the means to address their hospitals' nurse workforce needs.

As was referenced above, many hospitals are operating in the red or have small profit margins and may not have the financial resources to address a variety of needs they face, including nurse workforce needs. Inflation, particularly labor inflation, has limited their options and consequently many hospitals are seeking more efficient methods to maintain, expand and manage their nurse staffs.

Some of these methods require technical resources, such as predictive nurse staffing analytics, which, as referenced above, can achieve efficiencies and cost savings by allowing hospitals to staff to their varying needs. Without these resources, hospitals may be challenged when it comes to implementing potentially cost-effective nurse staffing management tools.

When asked to rate the barriers their hospitals face to implementing nurse staffing predictive analytics technology, 58% of nurse leaders cited cost as an extremely important or moderately important barrier, while 50% cited lack of information technology (IT) expertise as an extremely important or moderately important barrier.

The survey suggests that many hospital nurse leaders face the conundrum of creating greater nurse staffing efficiencies and cost savings without the financial or technical resources to do so.

Like many staff nurses, nurse leaders are subject to burnout. 72% said they sometimes, often or always experience burnout.

Turnover and Burnout Among Nurse Leaders

The volatility of the nurse workforce today has been noted in this report and by many other sources. AMN Healthcare's 2023 Survey of Registered Nurses found that only 45% of nurses surveyed plan to be in their current positions in one year, an alarming rate of potential turnover.

The 2024 Survey of Nurse Leaders indicates that nurse leaders also are subject to burnout and turnover. Seventy-one percent of nurse leaders surveyed said that they would be in their current positions one year from now. However, close to one-third of nurse leaders (31%) said they plan to be in a different position. Seventeen percent of nurse leaders indicated they will seek a new place of employment, 9% said they will leave nursing, 3% said they will stay in nursing but not in an administrative role, and 1% will retire.

A 31% turnover rate among nurse leaders would present a considerable challenge to hospitals that are seeking to address serious nurse workforce challenges as well as addressing challenges in other areas of hospital administration in which nurse leaders are playing a role, including strategic planning and finances.

The survey suggests that one cause of turnover among nurse leaders may be burnout. Seventy-two percent of nurse leaders said they sometimes, often or always experience burnout in their jobs, while only 28% said they rarely or never do. Consequently, hospitals implementing or maintaining retention programs for their staff nurses also may wish to consider methods by which to enhance retention rates among nurse leaders.

Conclusion

The 2024 Survey of Hospital Nurse Leaders indicates that nurse leaders are playing a variety of key roles in addition to nurse workforce management. Eighty-one percent of hospital nurse leaders are moderately to extremely involved in their hospitals' strategic mission, while 80% are moderately to extremely involved in their hospitals' financial management.

The survey indicates that the top three challenges hospital nurse leaders face today are workforce related and include nurse staff recruitment and retention, staff burnout and labor shortages.

Among the various methods they are using to enhance nurse hiring and scheduling processes, nurse leaders rate float pools as the most useful. Among the various workforce management and support resources they are using, nurse leaders rate medical translation services as the most useful. Among the various nurse retention methods they are using, nurse leaders rate recognition programs as the most effective.

The goal of hospital nurse leaders in the survey is to achieve a nurse staff that is, on average, 72% permanent, full-time nurses, 19% part-time nurses and 9% contingent nurses, suggesting that nurse leaders have adopted a flexible nurse staffing model. The primary reasons hospital nurse leaders use contingent nurses are to address nurse turnover and to achieve quality outcomes goals.

Though hospital nurse leaders are using various methods to address nurse workforce challenges at their facilities, only 34% believe they have the financial resources and only 33% believe they have the technical resources required to do so.

While nurse staff burnout and turnover are among the top challenges facing hospital nurse leaders, nurse leaders themselves are subject to burnout and turnover. Seventy-two percent of hospital nurse leaders said they sometimes, often or always experience burnout in their roles, while 31% said they do not plan to be in their current positions in a year.

The survey therefore suggests that nurse leaders require both additional resources to meet their workforce objectives and the support systems needed to address burnout and enhance retention within their own ranks.

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