Workforce Innovation Center

2025

Stakeholder Summit on New York State's Nursing Workforce: Final Report

NEW YORK STATE Department of Health

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Acknowledgments

The 2025 Stakeholder Summit on New York State's Nursing Workforce represents a collaborative effort that brought together diverse voices to address one of our state's most pressing challenges. This summit was conceived and championed by Dr. James McDonald, Commissioner of Health, whose visionary leadership recognized that sustainable solutions to the nursing workforce crisis require inclusive dialogue, evidence-based strategies, and collective action. Dr. McDonald's commitment to bringing together stakeholders from government agencies, healthcare systems, educational institutions, and community organizations reflects his understanding that addressing workforce shortages demands comprehensive, multi-sector collaboration rather than isolated institutional responses.

The success of this summit would not have been possible without the exceptional contributions of our session facilitators who guided critical conversations with expertise and insight. We extend our deepest gratitude to Jean Moore, Director of the Center for Health Workforce Studies; Layla Qaabidh, Dean of Monroe University, School of Nursing; Patricia Bruckenthal, Dean and Professor at Stony Brook University School of Nursing; Deborah Stamps, Founder and CEO of Deborah Stamps Consulting, LLC; and Marilyn Dollinger, ANA-NY and Professor Emeritus St. John Fisher University. Their skilled facilitation ensured that each session generated meaningful dialogue while maintaining focus on actionable solutions.

Our distinguished panel of speakers brought invaluable frontline experience and innovative approaches to the discussions. We thank Charlene Ludlow, Senior VP and Chief Nursing Officer at Erie County Medical Center; Marcia Gardner, Dean of the Barbara H. Hagan School of Nursing and Health Sciences at Molloy University; Tara Cortes, Executive Director and Professor at the Hartford Institute for Geriatric Nursing at NYU Meyers College of Nursing; Jennifer Brullo, President and CEO of VNS Westchester; Kate Valcin, Chief Nursing Executive at University of Rochester Medical Center; Rocky Parisi, Chief Nursing Officer at St. Mary's Healthcare; Linda Valentino, Chief Nursing Officer and Vice President at Calvary Hospital; Stacey Conklin, Senior VP and Chief Nursing Officer at Mount Sinai South Nassau; Justin Bayliss, Administrator at Wyoming County Community Hospital Skilled Nursing Facility; Katie Pagliaroli, Chief Nursing Officer and Chief Operating Officer at Oswego Health; and Theresa Hurd, Vice President of Clinical Education, Research and Professional Practice at Catholic Health Buffalo. Their willingness to share both successful innovations and ongoing challenges provided the foundation for evidence-based recommendations that emerged from this summit.

Special recognition goes to our table conversation facilitators, Workforce Subcommittee members, and Workforce Innovation team members whose behind-the-scenes efforts ensured meaningful engagement and data collection throughout the event. The 166 who actively participated represent the collaborative spirit necessary to transform New York State's approach to nursing workforce development. Their diverse perspectives, ranging from frontline clinicians to senior executives, from rural hospitals to major health

systems, and from seasoned professionals to emerging leaders, created the rich dialogue that forms the foundation of this report and the pathway toward sustainable workforce solutions.

Executive Summary

The 2025 Stakeholder Summit on New York State's Nursing Workforce brought together healthcare leaders to address critical staffing challenges, revealing that sustainable solutions require fundamental shifts from traditional recruitment practices to comprehensive workforce cultivation strategies. Selected data include the following:

- Nearly 15% of nurses under 35 plan to leave within one year, signaling potential long-term workforce instability.
- Traditional "hire and hope" recruitment approaches have proven unsustainable with high first-year turnover rates.
- Faculty and preceptor shortages represent the primary bottleneck in nursing workforce development.
- New graduates increasingly lack fundamental clinical skills due to pandemic-era simulation-based training.
- Generational shifts show nurses prioritizing work-life balance and viewing nursing as "just a job" rather than a calling.
- Organizations achieving 80-100% retention rates use comprehensive approaches: specialized preparation, dedicated mentorship, and continuous program adaptation.
- "Stay interviews" and proactive relationship management prevent departures before they occur.
- Comprehensive recognition systems and trauma-informed workplace support address whole-person needs.
- Virtual nursing programs enhance rather than replace bedside care while reducing nurse stress.
- "Grow your own" career pathway programs starting from high school through advanced degrees retain local talent.
- Academic partnerships with exclusive clinical rotations achieved 97.1% retention rates for new graduates

Success requires moving from reactive hiring to proactive workforce cultivation through comprehensive strategies that simultaneously address financial barriers, workplace culture transformation, community partnerships, and technology integration. Single intervention approaches consistently fail to achieve sustainable impact.

Methods

The 2025 Stakeholder Summit on New York State's Nursing Workforce revealed critical insights about the complex challenges facing healthcare organizations in both attracting and retaining qualified nursing professionals, highlighting the need for comprehensive, systematic approaches that move beyond traditional hiring strategies. The Summit employed a multi-modal data collection approach to capture comprehensive insights from diverse healthcare stakeholders. The one-day summit utilized four structured panel sessions facilitated by nursing education and practice leaders, covering nursing trends, education and training, retention and work culture, and innovative workforce solutions. Data collection included real-time polling during each session using standardized questions with Likert scales and multiple-choice responses, two facilitated table conversations with random seating assignments focused on recruitment and retention topics, and four "walk about" stations where participants provided written responses to open-ended prompts addressing artificial intelligence in clinical decision-making, preparation gaps in screen-based learning, faculty shortages, and workplace violence.

Table 1. Participation Summary

Registered			**Attended**		
Primary Work Setting	**N**	**%**	**Primary Work Setting**	**N**	**%**
Government Agency	73	31%	Government Agency	58	35%
Hospital	56	24%	Hospital	33	20%
Educational Institution	39	16%	Educational Institution	30	18%
Other	33	14%	Other	22	13%
Home Health	14	6%	Home Health	8	5%
Community Health	11	5%	Community Health	8	5%
Long-term Care	7	3%	Long-term Care	3	2%
Research Organization	4	2%	Research Organization	4	2%
Total	**237**	**100%**	**Total**	**166**	**100%**

With 237 individuals registered and 166 attending (70% attendance rate), participants represented diverse settings including government agencies (35%), hospitals (20%), educational institutions (18%), and other healthcare organizations (27%). Quantitative polling data were analyzed using descriptive statistics and ranking methodologies, while qualitative responses from table conversations and walk about sessions underwent thematic analysis to identify recurring patterns and emerging solutions. This mixed-methods approach enabled triangulation of findings across multiple data sources and participant perspectives. While the conference data provide valuable insights from diverse healthcare stakeholders, findings should not be considered generalizable to New York State's entire nursing workforce. The results reflect perspectives of

voluntary conference participants and may not represent the views of all healthcare organizations and nursing professionals across the state.

The conference's diverse participation demonstrates the Department of Health's commitment to inclusive policy development and recognition that sustainable workforce solutions require collaboration across organizational types, geographic regions, professional roles, and community contexts. Only by bringing together representatives from a full spectrum can we hope to develop solutions that address the complete scope of the nursing workforce crisis rather than narrow, sector-specific approaches. For example, the conference's representation from both urban and rural participants and those from various regions spread across the state ensures that proposed solutions consider the full geographic diversity of workforce needs. When diverse stakeholders participate in solution development, they become invested in the implementation of innovative approaches. The conference brought together those from Department of Health, Department of Labor, State Education, Office of Mental Health, Department of Corrections, Division of Budget, and the Executive Chamber. Representatives of New York State agencies who understand the perspectives of frontline workers are more likely to design effective programs.

Each session panelist held a nursing degree, apart from Dr. McDonald, Department of Health's Commissioner. The facilitation of panel sessions by a representative group of nurses reflects the demographic reality of healthcare leadership and the importance of diverse perspectives in guiding critical conversations. Leaders who navigate multiple identity dimensions often bring nuanced understanding of barriers and creative problem-solving approaches that enhance solution development.

The conference created networking and relationship-building opportunities that may extend beyond the event. The participants who attended represent not just individuals, but ambassadors who can return to their organizations and communities with new models, partnerships, and a commitment to implement evidence-based workforce development strategies.

Key Findings

The 2025 Stakeholder Summit on New York State's Nursing Workforce revealed critical insights about the complex challenges facing healthcare organizations in both attracting and retaining qualified nursing professionals, highlighting the need for comprehensive, systematic approaches that move beyond traditional hiring strategies. These findings represent the perspectives and experiences of summit participants and should not be generalized beyond this specific stakeholder group, though they may offer insights relevant to broader workforce challenges.

Recruitment Findings

Today's nursing graduates demonstrate fundamentally different career expectations compared to previous generations. They prioritize flexible schedules, avoid traditional "paying dues" pathways, show less long-term employer commitment, and increasingly view nursing as "just a job" rather than a calling. New graduates, particularly those educated during COVID-19 with increased simulation-based training, lack fundamental clinical skills and struggle with communication, interpersonal abilities, and professional behaviors. This creates extended transition periods and places additional burden on mentorship resources. New graduates increasingly pursue specialized roles in areas like cosmetic procedures, mental health, or home care rather than foundational medical-surgical units, creating gaps in traditional training areas and challenging established career development models.

The recruitment landscape has shifted dramatically, with candidates now holding leverage and choosing among multiple opportunities based on safety, mentorship quality, and organizational reputation. A "hamster wheel" recruitment pattern has emerged where healthcare workers are attracted by sign-on bonuses, stay briefly, then leave for higher bonuses at competing facilities.

Organizations achieving superior outcomes implement "grow your own" strategies that create multiple entry points and advancement opportunities from positions like Patient Care Technicians and Licensed Practical Nurses through advanced degrees. Exclusive partnerships with educational institutions that include dedicated clinical rotations, evidence-based curricula, and seamless transitions from education to practice demonstrate exceptional results. Catholic Health Buffalo achieved 97.1% retention rates among 259 nurse residents through this approach. "Earn while you learn" approaches that eliminate financial barriers through comprehensive tuition support, loan forgiveness programs, and full-time salaried positions during training periods prove highly effective. Virtual nursing models and technology integration serve as workforce multipliers by creating flexible arrangements that extend workforce participation and appeal to candidates seeking innovative work environments.

The most significant constraint in nursing workforce development is the shortage of faculty and clinical preceptors, with financial disparities between clinical practice and educational roles creating disincentives for experienced nurses to transition into teaching. Limited clinical placement sites, inadequate preceptor support, and insufficient partnerships between healthcare organizations and educational institutions constrain the nursing education pipeline despite strong demand.

Recruitment Findings

Retention challenges stem from environmental factors (culture, conditions, support), relational factors (leadership, teamwork, trust), and individual factors (stress, burnout, work-life integration), which create compounding effects that accelerate departure decisions.

Burnout and moral distress emerged as the leading reasons nurses left their roles (88% of respondents), followed by immediate COVID-related safety concerns and work-life imbalance (57% each). High patient-to-nurse ratios and unpredictable schedules contribute significantly to professional exhaustion.

Violence from patients, families, and nurse-to-nurse incidents creates substantial retention challenges. The data reveals that 57% of respondents experienced or witnessed workplace violence at least once monthly, with only 77% feeling empowered to report incidents most or all of the time. Nurses frequently move upstate for experience then return to competitive markets like NYC, creating costly training cycles for rural and upstate organizations that invest significantly in workforce development only to lose trained professionals.

Organizations implementing stay interview programs rather than relying solely on exit interviews demonstrate superior retention outcomes. This shift from reactive to proactive engagement enables early intervention and relationship management before resignation decisions are made. Effective retention programs include multiple recognition modalities such as peer nomination systems, innovation acknowledgment, safety improvement recognition, and professional development achievements that address diverse ways nurses contribute beyond traditional performance metrics.

Successful retention strategies recognize nurses as complete individuals with lives extending beyond professional roles, requiring comprehensive well-being programs that address work-life integration challenges and provide support during personal crises. Repositioning frontline managers as retention specialists with specific training, dedicated time, and organizational support for relationship management activities proves critical for sustainable workforce retention.

Organizations often underestimate the comprehensive costs of turnover, which extend beyond recruitment and training expenses to include temporary staffing costs, lost institutional knowledge, decreased morale among remaining staff, and negative impacts on patient care quality and safety outcomes. When organizations accurately calculate comprehensive turnover costs against retention program investments, the economic argument for comprehensive retention programs becomes compelling, with documented cases showing retention of significant numbers of nurses and millions of dollars in cost savings.

Only 38% of organizations rated their leadership training on retention strategies as good or excellent, highlighting significant gaps in preparing managers for their critical retention responsibilities. The primary barrier to implementing effective retention programs is lack of financial resources (41% of respondents), followed by competing organizational priorities (21%), indicating that retention initiatives often compete unsuccessfully with other institutional demands. Larger organizations face bureaucratic red tape that slows decision-making, while funding constraints and HR policy restrictions prevent promising initiatives from taking root, creating gaps between knowing what retention strategies would be effective and actually implementing them. These findings collectively demonstrate that addressing nursing workforce challenges requires moving

beyond traditional approaches toward comprehensive, systematic strategies that integrate recruitment and retention efforts while recognizing workforce development as critical infrastructure investment rather than operational expense.

Analysis: Nursing Trends—Understanding the Nursing Workforce Crisis

According to Dr. Jean Moore, Director of the Center for Health Workforce Studies, registered nurse shortages represent a recurring challenge in healthcare rather than an unprecedented crisis. A significant shortage occurred around 2000 stemming from an aging nursing workforce, evolving career preferences, and the transformative effects of managed care on healthcare service delivery. Understanding this historical context provides important perspective on current workforce challenges.

The pandemic served as a powerful accelerant that dramatically intensified existing workforce pressures. The crisis increased healthcare demand while simultaneously creating challenging working conditions that drove nurses from the field. Contributing factors included early retirements, health concerns prompting career exits, family responsibilities, and the allure of travel nursing. The pandemic also revealed generational differences with younger nurses increasingly prioritizing work-life balance and demonstrating greater willingness to leave direct patient care roles. When workplace conditions fail to align with evolving conditions, early career departure becomes increasingly common.

New York State's nursing education system demonstrated resilience during the pandemic, maintaining steady graduation rates by expanding simulation-based training. In 2024, the state produced nearly 12,000 registered nurse graduates, with an equal distribution between associate degree and bachelor's degree programs. However, significant obstacles continue to constrain pipeline capacity, including persistent faculty shortages, limited clinical placement sites, and ongoing difficulties in securing preceptors to mentor student nurses in clinical settings. These challenges suggest that traditional educational models may require substantial innovation to maintain adequate training capacity.

Exemplary Quotes—On the real scope of the problem:

"...it's not just about increasing the number; it's about addressing concerns that contribute to turnover –we need to identify and deploy the most effective strategies that assure a workplace environment that supports nurses in order to reduce attrition and increase retention."

New York maintains a substantial nursing workforce with 415,000 licensed registered nurses, of whom more than 60 percent actively practice within the state. Approximately half of these active nurses provide direct patient care, with hospitals representing the primary employment setting. Hospital-based patient care nurses tend to be younger, with a median age of 38 years, yet they report concerning levels of professional burnout. Particularly troubling is the finding that nearly 15 percent of nurses under age 35 plan to leave their current positions within the next year, signaling potential long-term workforce stability challenges.

Many organizations demonstrate a problematic focus on recruitment strategies while neglecting the equally important area of retention. This imbalance proves counterproductive, as workplace culture and working conditions serve as primary drivers of employee turnover. Worker safety concerns, including the rising incidence of workplace violence, directly impact retention and contribute to the ongoing cycle of staffing shortages. Organizations must recognize that retention initiatives are often more cost-effective than constantly recruiting to replace departing employees due to preventable turnover.

Healthcare leaders are implementing comprehensive strategies addressing both recruitment and retention. Recruitment initiatives include expanded residency programs, scholarships, and tuition assistance programs. Retention efforts focus on workplace culture, resilience training programs, virtual nursing technologies, and systematic approaches to addressing workplace violence. Such multifaceted interventions recognize that sustainable solutions require attention to both pipeline development and career longevity.

The good news is that New York has established itself as an economically competitive environment for nursing professionals, with active registered nurses earning a median salary of $105,600 in 2023, the highest among neighboring states. Sustainable workforce solutions require market-competitive wages and benefits packages, along with financial incentives for education and professional development. However, geographic considerations in compensation planning must ensure that salary structures reflect local market conditions and cost of living variations. Looking ahead, the healthcare landscape continues evolving toward greater emphasis on ambulatory care settings, requiring workforce planning that anticipates these shifts. Additionally, emerging technologies including artificial intelligence present opportunities to enhance nursing efficiency and clinical decision-making, potentially addressing some workforce pressures through improved productivity and job satisfaction.

Exemplary Quotes—On the importance of data-driven planning:

"It's critical to continue to monitor the nurse educational pipeline as well as the supply of and demand for nurses. Timely data on the nursing workforce can support more effective workforce planning as well as the development of programs and policies designed to recruit and retain Registered Nurses."

Workforce Shortage Considerations

The data and frontline experiences presented in this session reveal the increase in nursing vacancies coupled with the those leaving bedside nursing sooner indicates systemic issues requiring comprehensive intervention strategies. Most critically, the data demonstrates that traditional recruitment approaches are insufficient to address current shortages, necessitating innovative strategies that focus on retention, workplace culture transformation, and systematic support for healthcare professionals throughout their careers. Effective workforce management relies on regular workforce surveys and comprehensive monitoring systems that enable proactive identification of emerging shortage areas. A data-driven approach supports evidence-based

policy development and would allow organizations to anticipate and address potential staffing challenges before they become critical.

Analysis: Education and Training—Building Tomorrow's Nursing Workforce

The nursing shortage cannot be solved without addressing challenges related to recruitment and training. The educator and clinical preceptor shortages perpetuate workforce gaps, making it the fundamental bottleneck in workforce development. This crisis is compounded by a significant mismatch between education and practice reality, where traditional academic curricula fail to adequately prepare graduates for specialized practice settings and the rigor, often described as chaotic, nature of the work. This necessitates a prolonged transition period for newly hired nurses and the extension of mentor resources. New graduates often lack exposure to diverse career pathway options during their education, limiting their understanding of practice opportunities and contributing to poor career fit decisions as well as a mal distribution of nurses across practice settings. The problem is further exacerbated by ineffective traditional mentorship models where conventional "shadowing" approaches fail when mentors must be focused on productivity rather than teaching. Simply put, mentors with full workloads cannot provide adequate guidance to newcomers, and the lack of structured mentorship programs leads to poor transition experiences and early career departures. Additionally, there exists a significant generational learning preferences gap where traditional educational delivery methods do not align with newer learning styles. One-size-fits-all training approaches fail to engage diverse learners effectively, and rigid scheduling conflicts with work-life balance expectations of younger professionals.

This panel discussion revealed that traditional educational models are insufficient for addressing current nursing shortages, and demonstrated how targeted investment in specialized preparation programs, enhanced clinical partnerships, and dedicated educational infrastructure can significantly improve both recruitment and retention outcomes. Organizations achieving retention rates of 80-100% (compared to 53% national average) shared common approaches centered on specialized preparation, dedicated mentorship, and continuous program adaptation based on staff and student feedback.

Addressing faculty shortages requires comprehensive pathways including traditional master's programs with enhanced clinical components, post-master's certificates for experienced nurses transitioning to education, and accelerated Bachelor of Science to doctoral programs for more efficient faculty development. Essential elements include faculty transition programs providing bridge support between clinical practice and academia, clinical instructor academies developing specialized teaching competencies, loan forgiveness programs tied to teaching commitments, and creative compensation models addressing salary disparities between clinical practice and education. These initiatives recognize that sustainable workforce development requires first ensuring adequate educator capacity.

Successful organizations have developed comprehensive preceptor and clinical partnership programs. These programs include paid nurse intern positions for senior nursing students working up to 19 hours weekly, providing hands-on experience while serving as extended training. Post-COVID adaptations have led to more flexible, cross-trained education departments that adapt orientation programs to meet adult learning needs and current generational preferences. Key components include restructured preceptor models based on listening sessions, creating dedicated preceptor roles with reduced patient loads focused on education rather than productivity, and recognition that effective preparation requires adaptation to current workforce needs and learning styles.

Different practice settings require specialized training, leading to the development of setting-specific residency and preparation programs. Successful models include comprehensive residency programs designed for long-term care and home care settings – both traditionally struggle with recruitment. For specialized settings like home care, 2-year residency programs specifically target new graduates for fields traditionally not considered by new nurses. These include full-time salaried positions during training, specialized training in field-specific documentation and competencies, interdisciplinary education exposure, and career pathway transparency demonstrating advancement opportunities.

Effective programs also embrace adaptive learning and program design by combining multiple educational modalities including online modules, hands-on experiences, simulation, and peer interaction. Successful scheduling adapts to accommodate learner needs, recognizing that different delivery methods may be more effective for different learning styles and work-life balance requirements. Innovation examples include restructuring program delivery from weekly online sessions to monthly full-day intensive learning experiences, achieving remarkable retention results of 80-100%. Programs combine online education, comprehensive preceptor training, and academic partnerships to create effective learning environments.

Exemplary Quotes—On Systemic Impact of Faculty Investment:

"Every nurse we fail to educate because of faculty shortages represents lost potential for patient care, healthcare innovation, and addressing our workforce crisis. The return on investment in faculty development is exponential – one well-prepared nurse educator can influence hundreds of nurses throughout their career, and those nurses will go on to provide care for thousands of patients." - Marcia Gardner

Programs achieving superior outcomes incorporate regular listening sessions to identify barriers and improvements, demonstrate willingness to restructure based on real-world feedback, and emphasize continuous iteration rather than rigid adherence to initial program design. This approach recognizes that effective education requires responsiveness to both learner needs and evolving practice requirements.

Many of these solutions require strategic financial approaches including loan forgiveness programs tied to service commitments, creative compensation structures bridging salary gaps between different career paths, and full-time salaried positions during training periods to provide financial stability. Career pathway transparency with explicit advancement opportunity exposure helps attract candidates by demonstrating long-term professional growth potential within the organization and specialty area. Organizations achieving superior retention rates demonstrate that comprehensive preparation, while requiring greater initial investment, yields significant long-term savings through reduced turnover costs, improved patient outcomes, and enhanced organizational stability.

Organizations seeking to implement these strategies should begin with stakeholder listening sessions to identify organizational barriers. This foundational step ensures that subsequent interventions address actual rather than assumed problems. Simultaneously, organizations should assess and enhance current mentor capacity through dedicated training and support programs, recognizing that effective mentorship requires specific skills and dedicated time. Existing orientation programs should be reviewed for alignment with adult learning principles and generational preferences. Academic partnerships should be established or strengthened to bridge theory-practice gaps and ensure educational relevance in the real-world environment.

Medium-term development priorities include creating specialized educator roles with reduced operational responsibilities and dedicated teaching focus, developing setting-specific preparation programs tailored to unique practice requirements and competencies, implementing multi-modal learning approaches combining various educational delivery methods, and establishing systematic feedback mechanisms for continuous program improvement and adaptation. These initiatives require organizational commitment and resources but form the foundation for sustainable workforce development.

Long-term strategic investment focuses on developing comprehensive faculty and educator pipeline programs, creating sustainable financial models to support extended preparation periods, building career pathway systems to demonstrate advancement opportunities, and establishing robust measurement and evaluation systems to track retention, competency development, and satisfaction outcomes. These long-term investments create the infrastructure necessary for sustained workforce development success.

In conclusion, the session demonstrates that workforce shortages can be effectively addressed by moving beyond traditional models toward comprehensive support systems that bridge the gap between academic learning and clinical practice. Successful strategies share common approaches centered on listening to stakeholder needs, creating dedicated educational roles, recognizing that different practice settings require targeted preparation, and understanding that effective workforce development is a core organizational function requiring dedicated resources and strategic attention. While these approaches require greater initial investment, they yield superior outcomes in retention, competency development, and ultimately, patient care quality.

Exemplary Quotes—On Continuous Improvement:

"Start with listening – understand what your new nurses actually need and what barriers they face... Most importantly, be willing to iterate and improve based on feedback. Our most successful adaptations came from acknowledging what wasn't working and being willing to change course." - Tara Cortes

Workforce Shortage Considerations

Nursing shortages are significantly exacerbated by inadequate preparation of new healthcare professionals and insufficient integration between academic programs and clinical practice settings. The strategies demonstrated show that traditional educational models often fail to prepare graduates for the realities of modern healthcare delivery, contributing to early career departures and extended transition periods that strain limited staffing resources. Programs achieving success through enhanced clinical partnerships, comprehensive simulation training, and innovative educational delivery methods, indicate that workforce shortages can be mitigated by improving the quality and relevance of progressional preparation.

Analysis: Retention and Work Culture—Keeping Nurses in the Profession

The third session on retention and work culture revealed that the complexity of nurse turnover stems from three interconnected, compounding categories – environmental, relational and individual. Environmental factors encompass culture, working conditions, support systems, and professional development that either foster growth or create barriers to job satisfaction. Relational factors involve leadership quality, teamwork effectiveness, trust-building mechanisms, conflict resolution processes, and the cultivation of belonging within healthcare teams. Individual factors address personal and professional challenges including stress management, burnout prevention, work-life integration, alignment with professional values, and autonomy in clinical practice. These categories create a web of influences where problems in one area amplify difficulties in others, accelerating the departure process.

Organizations typically respond reactively through exit interviews after nurses have already decided to leave, missing crucial opportunities for early intervention. The hidden costs of this approach extend far beyond recruitment and training expenses to include temporary staffing costs, lost institutional knowledge, decreased morale among remaining staff, and negative impacts on patient care quality and safety outcomes. Successful retention programs demonstrate that proactive engagement yields significant returns on investment. Stay interview programs represent a fundamental shift from post-departure analysis to real-time relationship management, allowing organizations to identify and address concerns before they escalate into resignation decisions. When implemented systematically with proper training and organizational support, retention programs show dramatic results, with documented cases demonstrating retention of significant numbers of nurses and millions of dollars in cost savings.

Comprehensive recognition systems address the diverse ways nurses contribute to healthcare delivery beyond traditional performance metrics. Effective programs include multiple recognition modalities such as peer nomination systems, innovation acknowledgment, safety improvement recognition, and professional development achievements. These systems work in conjunction with career advancement opportunities that allow nurses to grow professionally without abandoning direct patient care, including clinical ladder programs, educational support initiatives, and specialty certification pathways.

The issue of workplace safety extends beyond physical hazards to encompass psychological safety, professional incivility, and workplace violence. Most healthcare organizations inadequately measure and address chronic, low-level workplace issues that create toxic environments, focusing only on dramatic incidents while ignoring ongoing professional-to-professional incivility that erodes job satisfaction and drives experienced nurses away. Comprehensive safety initiatives require zero-tolerance policies for workplace incivility with consistent enforcement, immediate and supportive responses to workplace violence, and cultural transformation efforts that address interpersonal relationships among healthcare professionals.

Trauma-informed workplace support recognizes that healthcare workers regularly experience emotionally challenging situations requiring immediate and ongoing support. Innovative programs like “Code Lavender” provide immediate crisis response combining chaplaincy services with peer support networks, while initiatives like “Tea for the Soul” create regular opportunities for reflection and stress reduction. These programs acknowledge that healthcare work inherently involves exposure to trauma and loss, requiring organizations to provide comprehensive support systems rather than expecting individual resilience alone.

Effective retention strategies recognize that nurses are whole persons with lives and needs extending beyond their professional roles. Comprehensive well-being programs address work-life integration challenges, provide support during personal crises, and offer resources for both professional and personal development. This holistic approach includes employee assistance programs, flexible scheduling options, mental health resources, and family support services that acknowledge the interconnected nature of personal and professional satisfaction.

The development of organizational tools and resources helps healthcare systems assess their current support environments and implement targeted improvements. Leadership self-care toolkits and well-being gap analysis instruments provide structured approaches for evaluating retention environments and developing evidence-based interventions. These tools enable organizations to move beyond intuition-based approaches to systematic, measurable retention strategies.

Successful retention requires repositioning frontline managers as “Chief Retention Officers” with specific training, dedicated time, and organizational support for relationship management activities. This transformation involves developing manager competencies in conducting meaningful conversations about

engagement, identifying early warning signs of dissatisfaction, and implementing individualized retention strategies. Organizations must provide not only training but also protected time and resources for managers to engage in these critical relationship-building activities.

Leadership accountability systems should measure and reward retention success alongside traditional operational metrics. This includes developing standardized metrics for workplace culture assessment, tracking leading indicators like satisfaction and engagement rather than only lagging indicators like turnover, and conducting regular pulse surveys to monitor organizational climate. Effective leaders create psychological safety that encourages honest feedback about workplace conditions and protects employees who report concerns or seek help.

Exemplary Quotes—On Recognition and Budgeting:

"Recognition of the value of nursing in staff retention and quality patient outcomes needs to be built into how healthcare organizations approach budgeting. When administrators understand that nurse managers are Chief Retention Officers, they invest differently." - Linda

The economic argument for comprehensive retention programs is compelling when organizations accurately calculate the true costs of turnover and the returns on retention investments. Beyond direct recruitment and orientation expenses, turnover costs include temporary staffing premiums, productivity losses during transition periods, increased workload stress on remaining staff, and potential impacts on patient satisfaction and clinical outcomes. When these comprehensive costs are measured against retention program investments, the return on investment becomes clear and substantial.

External funding sources and recognition programs validate retention approaches while providing sustainability resources for ongoing initiatives. Healthcare foundations, professional organizations, and government agencies increasingly recognize the critical importance of nursing retention and offer funding opportunities for evidence-based programs. This external support not only provides financial resources but also adds credibility and momentum to organizational retention efforts.

The most effective approaches recognize the interconnected nature of workplace satisfaction factors and avoid single-intervention strategies that often fail to create lasting change. Instead, successful organizations implement holistic frameworks that include proactive relationship management, comprehensive recognition systems, trauma-informed support services, environmental safety improvements, and leadership development programs specifically focused on retention competencies.

Exemplary Quotes—Final Key Message:

"Nurse retention isn't just an HR problem - it's a patient safety issue and sustainability issue for our entire healthcare system. But with the right interventions and leadership commitment, we can create work environments where nurses want to stay and thrive." - Kate

Workforce Shortage Considerations

Healthcare organizations must fundamentally reshape how they view their nursing workforce, moving from transactional employment relationships to comprehensive talent stewardship. This transformation requires treating nurses as strategic investments rather than replaceable resources, building robust support infrastructures that address whole-person needs, and cultivating workplace environments that prioritize professional growth and well-being alongside operational efficiency.

The evidence clearly demonstrates that investing in comprehensive retention strategies yields measurable improvements in employee satisfaction, organizational cost savings, and patient care outcomes. Healthcare systems that embrace this comprehensive approach position themselves for sustainable success in increasingly competitive markets while fulfilling their fundamental mission of providing excellent patient care through supported, satisfied, and retained nursing professionals. These patterns suggest that effective workforce retention requires systematic investment in relationship management, comprehensive support systems, and organizational culture transformation that recognizes professionals as valuable assets deserving of sustained investment and support.

Analysis: Models to Share—Innovative Workforce Solutions

This session revealed how the healthcare industry faces widespread nursing shortages exacerbated by reactive "hire and hope" approaches that have proven unsustainable. Traditional recruitment models suffer from scattered training experiences, high first-year turnover rates, and over-reliance on external hiring rather than internal workforce cultivation. Financial barriers prevent qualified candidates from entering healthcare professions, while educational costs and lost income during training create insurmountable obstacles for many potential workers. Additionally, fear that technology will replace human roles, combined with limited partnerships between employers and educational institutions, has created a disconnect between workforce development programs and actual community needs.

Four healthcare organizations presented transformative models that move beyond traditional strategies to create sustainable talent pipelines. Representatives from Mount Sinai South Nassau, Wyoming County Community Hospital, Oswego Health, and Catholic Health Buffalo shared evidence-based approaches that collectively demonstrate how strategic workforce development can simultaneously address staffing shortages, improve patient outcomes, and strengthen community economic development. These organizations have

achieved measurable success through innovative programs including virtual nursing integration, multi-tiered career pathways, enhanced tuition support, and academic partnerships that have resulted in dramatic improvements in retention rates, reduced turnover costs, and enhanced employee satisfaction. Their presentations revealed a fundamental shift from reactive hiring practices to proactive workforce cultivation strategies that leverage technology enhancement, community partnerships, and comprehensive financial investment to build resilient healthcare workforces.

Exemplary Quotes— On Technology as Enhancement, Not Replacement:

"Essentially, we're using technology to expand our workforce capacity while actually increasing nursing presence at the bedside rather than replacing it... The core concept is that our virtual registered nurses serve as a resource layer that helps decrease the workload on our bedside Registered Nurses." - Stacey Conklin

Virtual Nursing

Mount Sinai South Nassau has successfully implemented a "Virtual Nursing in Practice" model that enhances rather than replaces bedside care. Virtual Registered Nurses handle admissions, medication reconciliation, patient education, pain reassessments, discharge processes, and follow-up calls, resulting in decreased turnover, improved patient experience scores, reduced length of stay, lower Emergency Department abandonment rates, and reduced bedside nurse stress. This approach demonstrates how technology can serve as a workforce multiplier by eliminating non-value-added tasks and allowing workers to focus on core competencies while creating flexible work arrangements that extend workforce participation. Future expansion plans include incorporating unit-based nurses into virtual roles and offering remote positions to retired nurses, demonstrating how technology can extend workforce participation through flexible arrangements. Technology integration focuses on enhancement rather than replacement, identifying optimal collaboration opportunities while designing workflow evolution that extends workforce capacity.

Career Pathway Development

Successful organizations have implemented comprehensive career pathways that create multiple entry points to meet people where they are in their professional journey. Wyoming County Community Hospital and Skilled Nursing Home developed a comprehensive three-tier career pathway starting with Unit Helper positions, followed by an 8-week paid onsite Certified Nurse Assistant program with 1:1 mentoring and competency checklists. They are expanding to include Licensed Practical Nurse programs through partnerships with neighboring facilities and high schools, with complete funding provided through community partnerships. Critically, weekly committees identify and remove job satisfaction barriers, creating feedback loops at 90 and 180-day intervals to modify programs based on employee input and satisfaction data. This approach addresses systemic issues that drive turnover rather than just treating symptoms, empowering staff to contribute to organizational improvement while building cultures that prioritize employee advancement.

Oswego Health's Enhanced Tuition Program invests up to $10,000 per employee for nursing degrees, allowing employees to work as little as 40 hours monthly during their training. Since 2021, they've invested $1.1 million with 18 graduates, reducing nursing turnover from 13.8% to 7.3%. These "earn while you learn" approaches eliminate financial barriers that traditionally prevent qualified candidates from entering healthcare professions. Comprehensive financial support programs demonstrate substantial organizational commitment to workforce development. Organizations view workforce development as infrastructure investment rather than expense, calculating return on investment through reduced turnover, improved outcomes, and enhanced organizational reputation. Support systems include mentorship networks, comprehensive benefits, recognition programs, and organizational cultures that celebrate learning and growth.

Academic Partnerships

Academic partnerships create dedicated learning environments within healthcare organizations through exclusive partnerships with educational institutions. Catholic Health Buffalo described their comprehensive partnerships with three nearby academic institutions. Students complete clinical rotations exclusively within their system, rotating through all practice settings. This feeds into their Graduate Nurse Residency Program with evidence-based curricula and simulation training. Since June 2023, 259 nurse residents achieved 97.1% retention rates, with 60% being former students. They have earned ANCC Practice Transition Accreditation Program accreditation and are developing specialized programs like neuro nurse residency utilizing this approach.

Organizations are shifting from reactive hiring to proactive workforce cultivation through deep community partnerships extending from high schools through advanced degrees. These "grow your own" strategies retain local talent and build regional capacity while strengthening local economies through skilled workforce retention. Oswego Health's Early College Health Sciences Program partners with three local high schools, enabling students to complete 32 healthcare prerequisites by graduation through dual enrollment and supported by structured shadowing opportunities throughout their education. High school programs provide complete funding through community partnerships. Community partnerships provide multiple revenue streams and create sustainable funding models that benefit employees, organizations, and communities simultaneously

Exemplary Quotes—On Community Impact:

"These programs are developing talent right here in our own community while driving retention across our organization and positively building engagement and culture. This is a holistic community approach. We're encouraging community residents to stay in the community, earn excellent wages, continue building their experience, follow their career pathway, raise their families here." - Katie Pagliaroli

These programs represent fundamental paradigm shifts toward community development strategies that create career pathways, retain local talent, and build sustainable healthcare workforces while improving patient outcomes and employee satisfaction. A key aspect to these approaches is the establishment of clear metrics for program effectiveness including retention rates, satisfaction scores, and competency development while implementing regular feedback mechanisms and program modifications. The most successful approaches integrate substantial financial investment, strategic partnerships, and long-term vision with measurable outcomes and continuous improvement processes.

Workforce Shortage Considerations

Healthcare organizations achieving exceptional workforce outcomes have fundamentally reimagined their approach, shifting from episodic hiring strategies to systematic talent development that strengthens entire communities. These innovative leaders leverage technology to amplify human resources while building comprehensive career pathways that serve as regional economic engines, retaining local talent and creating sustainable employment opportunities. Success requires significant organizational commitment – including financial investment, strategic educational partnerships, and evidence-based program refinement – to create workforce development systems that deliver measurable results for employees, healthcare organizations, and the broader community.

Analysis of Table Conversation #1—Recruitment

Nursing Summit participants were randomly seated at tables for two facilitated discussions: the first on recruitment and the second on retention. The random table assignments were designed as networking experiences, enabling participants to exchange ideas with unfamiliar colleagues from diverse healthcare settings. Data from these discussions were collected, analyzed, and summarized in the sections to follow.

New Trends in Recruitment

According to participants, several trends are reshaping recruitment and training. The most prominent shift involves generational expectations around work-life balance and career mobility. Today's graduates are assumed to prioritize flexible schedules, avoid traditional "paying your dues" pathways like starting in medical-surgical units, and demonstrate less long-term commitment to single employers. This represents a stark departure from previous generations who expected to begin in foundational roles and gradually advance through tenure-based progression.

Specialty care preferences have shifted dramatically, with new graduates increasingly pursuing specialized roles in areas like cosmetic procedures, mental health, or home care settings. This trend challenges traditional career development models while creating gaps in foundational nursing areas that historically served as training grounds for clinical competency development. Technology integration and alternative care settings are creating new training demands that traditional programs struggle to address.

Home care nursing, telehealth applications, and community-based practice require different skill sets than hospital-focused education typically provides, yet demand in these areas continues growing. Participants noted that preceptors need additional compensation and training to effectively guide students through these evolving practice environments, while regulatory and funding structures have not adapted to support these educational needs adequately.

Educational preparedness emerged as a critical concern, with participants noting significant gaps in clinical readiness among new graduates. The pandemic accelerated reliance on simulation-based training at the expense of hands-on clinical experiences, resulting in early-career nurses who lack fundamental skills like placing Foley catheters or establishing patient rapport. Communication and interpersonal skills particularly suffered, attributed partly to increased screen time and reduced face-to-face interaction. Many participants emphasized that new graduates struggle with basic professional behaviors and team collaboration. Program innovation and partnership models are expanding rapidly to address workforce needs. Nurse residency programs have become essential rather than optional, with hospitals investing heavily in 12-month structured support systems that include mentoring, peer groups, and specialized training tracks. Educational institutions are developing creative placement solutions, including externships where hospitals pay students during their degree completion, specialized tracks matching student interests to clinical areas, and partnerships that blur traditional boundaries between academic and practice settings.

Communication patterns have evolved substantially, with younger workers preferring text-based interactions over phone calls or face-to-face conversations, necessitating more structured teaching and mediation to bridge generational communication gaps. Perhaps most significantly, participants noted a philosophical shift where nursing is increasingly viewed as “just a job” rather than a calling or profession requiring extensive personal sacrifice. This includes reduced willingness to work in unfamiliar units, decreased comfort with autonomous decision-making, and expectations for higher compensation during apprenticeship or training periods. Soft skills that were previously assumed - such as inherent collaboration abilities, team-oriented thinking, and professional communication standards - now require explicit instruction and development rather than being considered baseline competencies for nursing practice.

Recruitment strategies have intensified, reflecting a more competitive marketplace where candidates hold greater leverage. A “hamster wheel” recruitment pattern has emerged where healthcare workers are attracted by sign-on bonuses, stay briefly, then leave for higher bonuses at competing facilities. Pay disparities exist between bedside clinical roles and other departments, with new graduates sometimes earning more than experienced clinical instructors. The competitiveness has become so intense that some organizations are considering forming pacts to avoid recruiting from each other to stop escalating bonus wars. Organizations now emphasize comprehensive benefit packages, career advancement pathways, loan repayment programs, and workplace culture in their recruitment efforts. The traditional model where employers were highly selective

has reversed, with candidates now choosing among multiple opportunities and prioritizing factors like safety, mentorship quality, and organizational reputation.

Meanwhile, traditional workplace expectations have become increasingly unrealistic when applied to the incoming generation of workers. Participants identified several fundamental shifts in candidate attitudes that require organizational adaptation rather than resistance. Holiday and weekend coverage, once considered standard obligations, now face significant pushback from new graduates. Similarly, the traditional flexibility of rotating between different units or shifts has diminished, with new hires preferring to remain in their initially assigned roles and schedules without cross-training or rotation expectations.

Successful Recruitment and Transition Approaches

Based on responses, several key approaches are emerging as effective strategies for recruiting and preparing healthcare team members, particularly nurses, for their day-to-day responsibilities. Apprenticeship and partnership programs represent one of the most promising approaches, with organizations implementing win-win arrangements between nursing schools and hospitals that provide employment under supervision while helping financially struggling students. These partnerships extend to getting clinical instructors into schools and creating student positions that serve as steppingstones into permanent roles.

Mentorship and transition programs are proving crucial for retention and preparation. Nurse residency programs, preceptor training, and structured mentor-mentee relationships help bridge the gap between education and practice, with many organizations noting that shadowing opportunities help dispel unrealistic expectations about the job. The “grow your own” approach, combined with transition-to-practice programs, appears particularly effective in reducing first-year turnover rates. Organizations are also finding success with flexible scheduling for clinical hours and creating pathways for advancement from positions like Patient Care Technicians and Licensed Practical Nurses.

Magnet hospital status emerged as a significant factor in both recruitment and retention, with these accredited facilities offering better workplace culture, shared governance, and evidence-based care standards that give nurses a stronger voice in decision-making. However, participants noted that while professional recognition matters, fundamental factors like competitive pay, schedule flexibility, and work-life balance ultimately determine whether staff stay long-term.

The discussion revealed that nurses with prior life experience tend to have better retention rates, and that the most successful recruitment now involves team-based hiring processes rather than traditional individual interviews. Financial incentives such as tuition loan repayment, sign-on bonuses, and housing assistance for new graduates are also proving effective, though sustainable funding remains a persistent challenge across programs.

Resource Constraints

Participants suggested that healthcare organizations are addressing resource constraints through creative partnerships, technology innovations, and flexible program adaptations. Key strategies include leveraging social media and employee referrals for cost-effective recruiting, developing partnerships with nursing schools for “free” clinical rotations and pipeline development, and creating in-house travel nurse programs to compete with expensive external agencies. Organizations are pursuing grant funding aggressively, implementing flexible work arrangements to improve work-life balance, and establishing clinical ladders and nurse residency programs for retention.

However, significant challenges persist including faculty shortages, pay disparities between clinical and academic roles, insufficient preceptor support, and generational differences in adapting to chaotic work environments. Community colleges face particular struggles with limited budgets while trying to expand programs, and the nursing pipeline is constrained by inadequate clinical placement sites and providers unwilling to welcome students. Solutions require “doing more with creativity rather than money” - including virtual nursing pilots, enhanced scope of practice utilization, and innovative funding approaches like conditional offers and 24-hour reference checks to speed hiring processes in competitive markets.

Changes to Improve Nursing Recruitment and Training Success

Participants were asked to describe one change that would make their organization more successful in their recruitment or training efforts. The feedback reveals a multi-faceted approach is needed, spanning from early career exposure to ongoing professional development. Participants emphasized the critical need for stronger partnerships between healthcare organizations and educational institutions. Many respondents called for expanded collaboration with nursing schools, including more frequent and meaningful clinical experiences beyond single-day visits. There was strong support for “grow your own” programs that begin recruitment efforts in high schools and middle schools, introducing students to diverse healthcare career pathways before they make career decisions. Several participants suggested innovative approaches like virtual reality demonstrations and hands-on experiences to capture much younger students’ interest in nursing careers.

A significant focus was placed on improving mentorship and preceptorship programs. Respondents noted that current staffing challenges make it difficult to provide quality one-on-one preceptorship experiences. They recommended greater investment in preceptor training programs and creating incentives for experienced nurses to participate in mentoring roles. The concept of unit-based educators was highlighted as a potential solution, with dedicated educational staff on every unit to support new graduate transitions into practice.

Participants identified flexibility as a crucial factor in both recruitment and retention. This includes flexible scheduling options, creative “full-time” status arrangements with fewer hours, and clear career advancement pathways that extend beyond traditional inpatient care settings. There was particular emphasis

on exposing nurses to diverse practice settings including home health, hospice care, and other specialized areas that are often overlooked in traditional nursing education.

Many responses pointed to the need for broader systemic improvements, including standardized curriculum across New York State, better transfer agreements between educational institutions, and policies from accrediting bodies to address workplace issues like nurse bullying. Participants also suggested exploring funding models similar to Graduate Medical Education (GME) programs for physicians, where organizations like CMS would help fund nursing education and training.

Finally, the responses highlighted the importance of comprehensive support systems, including tuition assistance programs, scholarship opportunities, and adequate funding for educational departments within healthcare organizations. Several participants mentioned the need for better applicant tracking systems and strategies to maintain connections with previous candidates who might return when circumstances change. The overarching message from participants was that there is no single solution to nursing recruitment and training challenges. Instead, success requires a comprehensive approach that addresses multiple touchpoints throughout the nursing career pipeline, from initial exposure in secondary education through ongoing professional development and retention efforts.

Analysis of Table Conversation #2—Retention and Work Culture

Retention Challenges

Based on group feedback, healthcare organizations face critical shortages, particularly in specialized roles like registered nurses in emergency departments, NICU, and other specialty areas. The geographic distribution of talent creates additional challenges, with nurses moving upstate to gain experience before returning to more competitive markets like New York City. This creates a costly cycle where organizations invest significant time and money training nurses who eventually leave for better opportunities elsewhere.

Many organizations lack flexibility in supporting continuing education or career development programs. There is insufficient investment in retention programs, and workplace culture changes faster than workforce adaptation. The healthcare job market's wide-open nature, combined with limited geographic pipelines for talent, creates ongoing staffing instability that affects quality of care and employee satisfaction.

Burnout emerged as the top retention challenge across multiple responses. Healthcare workers struggle with unpredictable schedules, high patient-to-nurse ratios, and the demanding nature of 24/7 healthcare operations. The COVID pandemic accelerated career changes and increased focus on work-life balance. Documentation requirements extend work beyond scheduled hours, and the emotional toll of challenging family dynamics adds complexity to the role. Safety issues, including violence from patients, families, and even nurse-to-nurse incidents, create additional retention challenges. Organizations noted

that security policies exist but are not consistently implemented, and staff are often reluctant to involve law enforcement.

Addressing Workplace Violence

Based on group feedback, healthcare organizations are implementing comprehensive security approaches that include visible security presence, armed guards, and technology-enhanced safety measures. Many facilities have introduced weapons detection systems in emergency departments and implemented one-way entry/exit points with metal detectors. Some organizations are utilizing AI technology for weapon detection and K-9 programs for enhanced security. Lock-down programs with one-button activation and peace officer training for security staff are becoming standard protocols to address both staff-on-staff and patient-on-staff violence.

Extensive de-escalation training has become a priority across healthcare settings, with organizations providing mandatory training sessions, role-playing scenarios, and tabletop exercises. Communication style training is being offered to providers, and some facilities have introduced nurse coaches for self-care support. Organizations are focusing on teaching situational awareness, particularly in field settings like home healthcare where staff conduct safety assessments and drive-by evaluations. The emphasis is on developing communication skills that many healthcare workers may lack.

While some view resilience as part of job expectations, there is growing recognition that inadequate management response to incidents—or dismissive attitudes—often causes more damage than the original incidents themselves. Organizations are establishing and enforcing zero-tolerance policies for workplace violence and incivility, regardless of whether incidents involve staff-to-staff, patient-to-staff, or family-to-staff interactions. These policies include formal documentation processes, mandatory reporting procedures, and consistent disciplinary actions. However, implementation challenges remain, as some noted that existing policies are not always utilized effectively, and there is variation in how different facilities and law enforcement agencies respond to incidents.

A specific focus has emerged on addressing the traditional healthcare culture of senior staff bullying or undermining junior staff, often referred to as “eating the young.” Organizations are implementing mentorship programs, leadership development initiatives, and creating supportive environments where new employees receive individual attention and development opportunities. Some facilities report reduced incidents of senior staff bullying junior staff through targeted interventions and cultural transformation efforts.

Some organizations are developing multi-faceted support systems that include employee assistance programs (EAP), partnerships with local law enforcement, free counseling services, and specialized crisis intervention offices on hospital campuses. Some have established trauma-informed care training to help staff process internal incidents, recognizing that healthcare workers themselves may experience trauma from

workplace violence. Virtual nursing programs with specific code words and communication protocols are being implemented to provide additional support and safety measures.

Organizations recognize that addressing toxic workplace culture requires comprehensive cultural transformation rather than surface-level interventions. This includes leadership training, team-building initiatives that align organizational mission and values with staff values, and creating environments where employees feel valued, respected, and appreciated. The focus is on transformational leadership approaches that provide individualized attention to employee development and address the root causes of workplace incivility rather than just responding to incidents after they occur.

Measure and Track Retention Strategies

To measure and track retention strategies, participants suggest that many organizations rely on a combination of exit interviews conducted by Human Resource departments and basic turnover metrics tracked at the unit level. Some respondents mentioned using spreadsheets to manually document and analyze nurse departures, though some have moved to more sophisticated systems like platforms or software programs. Organizations typically measure turnover monthly or quarterly, with some tracking specific metrics like 90-day and one-year retention rates. However, several participants noted challenges with data accuracy and questioned whether their turnover definitions truly capture the full picture, particularly regarding travel nursing arrangements.

A significant trend among organizations is the implementation of “stay interviews” rather than waiting for exit interviews. These proactive conversations occur at regular intervals to assess employee satisfaction, goals, and potential concerns before they lead to departure. Leadership rounding has also become popular, where executives and managers regularly visit units to gather feedback on what’s working well and what staff need help with. This approach follows a “sandwich” communication method of sharing positive feedback alongside areas for improvement.

Organizations are increasingly focusing on staff recognition and culture-building initiatives as retention strategies. This includes gamification of recognition programs, celebrating years of service and achievements, and using internal communications platforms (intranets, “Hub” systems) to share photos, posts, and shout-outs among staff. Some facilities have implemented creative engagement activities like food trucks, coffee breaks with leadership, and small gestures to show appreciation. The emphasis has shifted from purely monetary incentives to quality-of-life improvements and creating positive workplace cultures.

While most organizations collect retention data, many struggle with how to effectively use this information to drive meaningful change. Culture surveys and engagement assessments provide valuable insights, but participants noted that leaders often receive this data without clear action plans. There is recognition that retention bonuses and sign-on bonuses have limited effectiveness, with more focus needed on

addressing root causes like management quality, scheduling flexibility, and career development opportunities. Several organizations mentioned the need for better collaboration between human resources and nursing departments to bridge the gap between data collection and floor-level realities.

Participants acknowledged that retention strategies must account for specialty areas, with critical care units requiring different approaches than general nursing floors. There is growing interest in "grow your own" programs and structured mentorship systems that pair new employees with experienced staff. Organizations are also grappling with how to accurately define and measure turnover in an era of travel nursing and gig work arrangements. Some are exploring innovative approaches like pilot programs and considering tools like the American Nurses Association's INVEST survey, though implementation challenges around leadership capacity and resource allocation remain significant barriers.[1]

Stay or Leave Data

According to focus group data, some organizations are implementing structured approaches to understand why staff stay or leave. Many utilize small group settings with systematic 8-week interview touchpoints, where designated staff members conduct regular check-ins with employees. Regional staff satisfaction teams deploy questionnaires to gather comprehensive feedback across different locations. Some organizations are exploring funding for nurse coaches specifically to support staff experiencing workplace challenges and provide targeted interventions.

Several organizations have established formal intervention systems, including monthly taskforce meetings, comprehensive safety plans for incident response, and behavioral intervention teams. These systems typically include structured incident review processes, emotional support bundles (employee assistance programs, administrative leave options), and specialized training for staff to de-escalate situations and provide immediate support to affected colleagues.

The challenge of travel nursing and competitive compensation continues to impact retention, with staff frequently leaving certain settings for higher-paying opportunities. Organizations are responding with enhanced educational initiatives, zero-tolerance policies, improved reporting mechanisms, and increased accountability measures to create more supportive work environments.

Solutions and Barriers

According to summit participants, organizations are implementing various approaches to acknowledge and connect with their nursing staff on a personal level. Many are incorporating patient stories and testimonials to demonstrate impact, while others focus on small acts of recognition and building meaningful relationships with staff. There is growing recognition that nurses need support both in their professional capacity and as

1 The INVEST Study seeks to understand how health care organizations are currently allocating resources to nursing. This confidential, nationwide survey collects financial and operational data from Chief Nursing Officers and Chief Nursing Executives to measure the impact of nursing investments on hospital financial performance. LINK

individuals, with leadership acknowledging the challenge of caring for nursing leadership while they are expected to care for everyone else. Some are exploring creative recognition programs, including Chancellor awards and celebrating successes through structured storytelling.

Financial considerations remain a primary retention factor, driving organizations to explore innovative scheduling solutions. Many are implementing self-scheduling systems through shared platforms with managerial oversight, telecommuting options, and flexible shift arrangements including 4, 6, and 8-hour options. Some facilities are experimenting with creative shift patterns, such as three weeks of three 12-hour shifts followed by one week of four 12-hour shifts, with overtime pay for the additional day. Weekend differentials, shift differentials starting at 3 AM, and retention bonuses (rather than just recruitment bonuses) are being considered, though budget constraints often limit implementation.

Organizations are addressing staffing challenges through various specialized positions and structural changes. Float pools are being redesigned to reduce stress by avoiding problematic floor assignments, while some facilities have created Distress Activation Response Team (DART)[2] positions for decompression and intravenous therapy (IV)[3] team to streamline care delivery. There is interest in developing nurse retention specialist positions for regular check-ins, nursing influencer/recruiter roles, and internal mobility guidance positions to support career development. The concept of system-wide pools allows nurses to post availability across different sites, giving them autonomy and flexibility while maintaining staffing coverage.

Academic and clinical partnerships are evolving to create sustainable pipelines and career advancement opportunities. Organizations are exploring “grow your own” programs, including Boards of Cooperative Educational Services (BOCES)[4] to licensed practical nurse pathways, apprenticeship models combining on-the-job training with didactic education, and partnerships where employers fund education in exchange for service commitments. Clinical ladder programs, preceptorship models in final semesters, and specialized residency programs for long-term care are being implemented. There is recognition that preceptors need financial incentives, with some organizations offering tuition waivers for precepting roles.

Addressing leadership quality emerges as a critical retention factor, with organizations implementing leadership academies and structured training for assistant nurse managers. Monthly town halls with CEOs,

2 A Distress Activation Response Team is a specialized emergency response unit designed to provide immediate crisis intervention and support services. LINK

3 IV teams, or intravenous therapy teams, are essential for streamlining care delivery in healthcare settings. They are involved in the safe insertion of various types of intravenous (IV) devices and serve as a resource for infusion-related services. By embedding these teams into daily operations, healthcare centers can enhance efficiency and maintain a high standard of patient care without compromising on patient experience. LINK

4 Boards of Cooperative Educational Services (BOCES) are regional public education agencies in New York State that provide shared educational programs and services to school districts. They serve nearly all of New York’s school districts, focusing on areas such as special education, career and technical education, and management services. LINK

quarterly collaborative meetings, and shared governance models are being used to ensure staff input in decision-making. There is acknowledgment that poor leadership burns everyone out, and untrained managers can prevent successful retention strategies. Organizations are focusing on creating collaborative relationships between unions and employers, emphasizing that nursing is the backbone of the community.

Despite innovative ideas, organizations face significant barriers including funding constraints, time limitations, human resources policy restrictions, and Family Medical Leave Act (FMLA) complications for shift workers. Leadership buy-in remains crucial for success, particularly regarding mental health and wellbeing initiatives. Creative solutions include wellness budgets for individual units, employee assistance funds, offering company cars to reduce personal vehicle use, and mobile apps for shift posting. Organizations recognize the need for data-driven approaches to demonstrate the cost of unsafe work environments and turnover to secure leadership support for retention initiatives.

Many organizations face significant structural obstacles when attempting to implement effective retention strategies. Larger organizations encounter bureaucratic red tape that slows decision-making and strategy execution, while a lack of follow-through after initial discussions prevents promising initiatives from taking root. Funding emerges as a critical barrier, with participants specifically highlighting the need for “pass through” funding to support mentoring programs for nursing students. These financial and organizational constraints create a gap between knowing what retention strategies would be effective and actually being able to implement them.

The individualized nature of employee departures often surprises leadership, particularly when supported employees leave abruptly without warning signs. Organizations are recognizing the need for more proactive approaches, such as utilizing dean office hours on the academic side and implementing stay interviews as conversational tools rather than mere paperwork exercises. Current exit interview processes are viewed as inadequate, with concerns about employee honesty and the need for highly trained interviewers. Leaders express a strong desire to identify the specific triggers that prompt employees to begin job searching, recognizing that understanding these early warning signs could significantly improve retention efforts.

Analysis of Polling Data

Session 1. Nursing Trends

Table 1 illustrates participants responses to the polling question, “What reasons do you believe registered nurses left the field during or after the pandemic?” Burnout and moral distress emerged as the leading reasons nurses left their roles, cited by 88% of respondents. Both immediate COVID-related safety concerns and work-life imbalance followed closely, each selected by 57%. Additional key factors included unsafe staffing ratios (54%) and retirement (49%). A significant portion of respondents also pointed to better-paying opportunities either within the healthcare sector (42%) or outside it (27%). Long-standing systemic

issues that predate the pandemic were a factor for 41%, while 39% highlighted general safety concerns, incivility, and workplace violence. Other reasons included family responsibilities (23%), limited time to spend with patients (19%), and a small percentage noted other unspecified reasons (4%).

Table 1: Why Nurses Left

	N	Percent	Rank
Burnout and moral distress	65	88%	1
Immediate COVID-related safety concerns	42	57%	2
Work-life imbalance	42	57%	2
Unsafe staffing ratios	40	54%	4
Retirement	36	49%	5
Better paying jobs in healthcare	31	42%	6
Systemic issues predating COVID	30	41%	7
General safety concerns, incivility, workplace violence	29	39%	8
Better paying jobs outside of healthcare	20	27%	9
Family responsibilities	17	23%	10
Not having ideal time to spend with patients	14	19%	11
Other	3	4%	12

Table 2 illustrates participants responses to the polling question, “For which reasons do you believe nurses shift from hospitals to community-based care?” Better work-life balance was the leading response, selected by 88% of respondents. Reduced stress was the second most common reason at 76%. Patient relationships (31%), more professional growth opportunities (22%), patient population (21%), and higher compensation (18%) were also contributing factors.

Table 2: Shift from hospitals to community-based care

	Percent	Rank
Better work-life balance	88%	1
Reduced stress	76%	2
Patient relationships	31%	3
More professional growth opportunities	22%	4
Patient population	21%	5
Higher compensation	18%	6
Other	1%	7

When asked to rank five job characteristics from most to least important, participants revealed clear priorities. Table 3 shows the average ranking for each characteristic, where lower numbers indicate higher importance. It appears that job security emerged as participants’ top priority, followed closely by

workplace safety. These foundational concerns—having a stable job and being safe at work—mattered most to respondents. Notably, salary ranked fourth out of five factors, suggesting that while pay is important, participants valued job stability, safety, and maintaining a healthy work-life balance over higher wages. Workplace culture, while still significant, was ranked as the least critical factor among the options provided. This ranking pattern indicates that employees prioritize security and well-being over purely financial or cultural considerations when evaluating job opportunities.

Table 3: Characteristics, ranked by importance (1=most, 5=least important)

	Average Importance (out of 5)	Average Importance (comparison)
Job security	2.29	Most important
Workplace safety	2.50	Second most important
Work-life balance	3.18	Third most important
Salary	3.24	Less importance
Workplace culture	3.77	Least important

Table 4 illustrates participants responses to the polling question, “Are you planning to leave your job in the next 12 months?” The majority of respondents indicated they do not plan to leave their job (87%).

Table 4: Leave your job in the next 12 months

	N	Percent
Yes	9	13%
No	62	87%
Total	**71**	**100%**

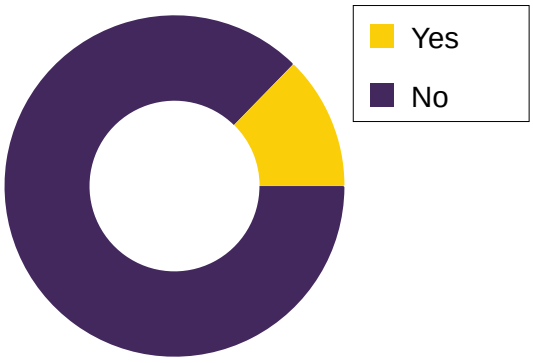


Table 5 illustrates participants responses to the polling question, “What digital tools or platforms have been successfully integrated into your workflow? (Select all that apply)” Respondents rated digital tools by successful integration into nursing workflows. Seamless Electronic Health Records (e.g., Epic, Oracle/Cerner) were the most commonly integrated, reported by 63% of respondents. Secure clinical communication tools (35%) and mobile health (33%) were also widely adopted. AI decision support integration systems and virtual nursing were integrated by 31% of respondents.

Table 5: Integration of digital tools

	N	Results
Seamless Electronic Health Records (i.e. Epic, Oracle/Cerner)	43	63%
Secure clinical communication tools (i.e. Vocera, Spok)	24	35%
Mobile health	23	34%
AI decision support integration systems	21	31%
Virtual Nursing	21	31%
Automated workflow technology	15	22%
Not applicable	12	18%
Robotics	7	10%
Other	0	0%

Session 2. Education and Training

Table 1 illustrates participants responses to the polling question, “My organization’s current recruitment practices are attractive to the next generation of healthcare workers. [Strongly Disagree to Strongly Agree]” Out of 46 respondents, 60% expressed some level of agreement—either agreeing (30%) or strongly agreeing (30%)—that their organization’s recruitment strategies are appealing to the next generation. Meanwhile, 15% disagreed to some extent, with 11% disagreeing and 4% strongly disagreeing. A notable 24% remained neutral, indicating some uncertainty or ambivalence regarding the effectiveness of current recruitment efforts.

Table 1. Current recruitment attractive to next generation

	N	Percent
Strongly Disagree	2	4%
Disagree	5	11%
Neutral	11	24%
Agree	14	30%
Strongly Agree	14	30%
Total	**46**	**100%**

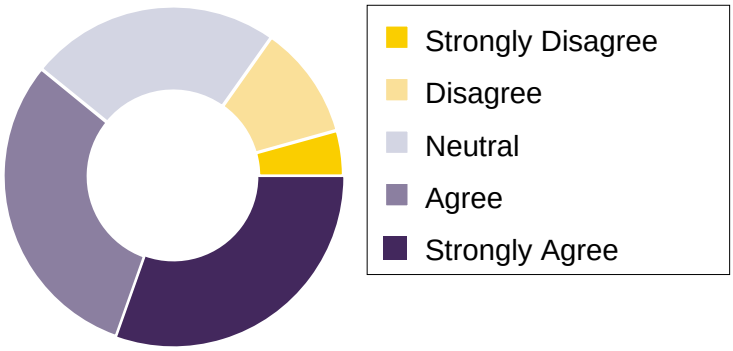


Table 2 illustrates participants responses to the polling question, “The newest generation of workers are adequately prepared to enter the workforce.” Among 46 respondents, a majority expressed skepticism about the newest generation’s readiness for the workforce. Specifically, 30% disagreed and 22% slightly disagreed that the new generation is adequately prepared. Neutral responses accounted for 22%, suggesting some uncertainty or ambivalence. Only 7% strongly agreed that the newest generation is prepared, while no respondents selected “agree.” This notable absence underscores a significant lack of confidence in workforce readiness among newer professionals.

Table 2. New generation adequately prepared, by agreement (Strongly Disagree to Strongly Agree)

	N	Percent
Strongly Disagree	1	2%
Disagree	14	30%
Slightly Disagree	10	22%
Neutral	10	22%
Slightly Agree	8	17%
Agree	0	0%
Strongly Agree	3	7%
Total	**46**	**100%**

Table 3 illustrates participants responses to the polling question, “How can healthcare organizations best align their recruitment and training practices to attract the next generation of nurses? (select the top 3 most important strategies, 1= most important, 3= least important)” Respondents highlighted several key strategies to recruit and retain the next generation of nurses. Offering competitive salaries and benefits (56%) and mentorship programs pairing new nurses with experienced staff (56%) emerged as the top-ranked approaches, with average importance scores of 1.4 and 1.2, respectively. Flexible scheduling and work-life balance initiatives followed closely at 53%. Other notable strategies included career advancement opportunities and leadership development (40%) and tuition reimbursement and continuing education support (22%). Lower-ranked tactics—such as remote work options, wellness programs, and sign-on bonuses—were less frequently cited but still contributed to the broader landscape of recruitment and retention priorities.

Table 3. Strategies to attract next generation, by importance (1=most, 3=least)

	Percent	Average Importance (out of 3)
Offer competitive salaries and comprehensive benefits packages	56%	1.4
Implement mentorship programs pairing new nurses with experienced staff	56%	1.2
Provide flexible scheduling options and work-life balance initiatives	53%	1.2

Create clear career advancement pathways and leadership development opportunities	40%	0.6
Offer tuition reimbursement and continuing education support	22%	0.3
Focus on specialty training and certification opportunities	13%	0.2
Offer remote or hybrid work options where clinically appropriate	11%	0.2
Implement wellness programs and mental health support for staff	11%	0.2
Emphasize technology integration and digital health tools in training	9%	0.2
Provide sign-on bonuses and student loan forgiveness programs	9%	0.1
Highlight organizational mission and commitment to patient care quality	9%	0.1
Promote diverse and inclusive workplace cultures	7%	0.1
I don't know	4%	0.1

Table 4 illustrates participants responses to the polling question, "What supports do nurses need to pursue additional training and education? (1= most important, 5= least important)" Survey results indicate that employer-sponsored training programs (average score: 2.6) are considered the most important form of support for professional development. Online/remote learning options (3.0) and flexible scheduling or time off for classes (3.8) also ranked relatively high, highlighting a preference for accessible and adaptable education formats. Financial assistance (4.4) was deemed less critical in comparison, suggesting that logistical and employer-driven supports may carry more weight than monetary aid. Notably, the "Other" category received the strongest importance rating (1.1), indicating that respondents may value additional, unspecified supports not listed in the survey—pointing to potential gaps in current offerings.

Table 4. Supports need for training, by importance (1=Most Important, 5=Least)

	Average Importance (out of 5)
Employer-sponsored training programs	2.6
Online/ remote learning options	3.0
Flexible scheduling and time off for classes	3.8
Financial assistance (tuition reimbursement, scholarships, grants)	4.4
Other	1.1

Table 5 illustrates participants responses to the polling question, "Shortages of preceptors and other types of faculty and preceptors seem to be the symptom of a larger underlying problem. Rate how significant you believe each of the following factors contributes to the shortage of nurse faculty and nursing preceptors."

Survey results indicate that financial barriers—especially lower academic salaries compared to clinical roles and educational debt—are viewed as the most significant contributors to the nursing faculty shortage, with an average rating of 4.7 out of 5. Educational requirements, time constraints, and institutional limitations are also rated as highly significant (4.2 each). Workload and administrative demands follow closely (4.0), while generational factors, such as retirements and fewer younger nurses entering academia, are considered somewhat less significant but still notable (3.9). Respondents overwhelmingly identified compensation issues and financial challenges as the primary drivers of the shortage, with additional emphasis on the impact of extensive educational requirements, institutional constraints, and demanding workloads. Generational shifts and limited transition support were also recognized as contributing factors, though to a slightly lesser extent.

Table 5. Contributing factors to faculty shortage, by significance (5=Extremely to 1=Not significant)

	Average Significance (out of 5)
Financial barriers (Lower academic salaries compared to clinical positions, educational debt burden)	4.7
Educational requirements and time constraints (Lengthy doctoral degree requirements, balancing education with work/family)	4.2
Workload and administrative burden (Heavy teaching loads, extensive administrative duties, research requirements)	4
Generational factors (Baby boomer retirements, younger nurses deterred by academic career)	3.9
Institutional constraints (Limited funding, inadequate resources, lack of mentorship programs)	4.2

Session 3. Retention and Work Culture

Table 1 illustrates participants responses to the polling question, “What is your current nursing turnover rate?” Among 39 respondents, the most frequently reported nurse turnover rate was between 16–25%, cited by 41% of participants. An additional 28% reported less than 10% turnover, while 18% indicated turnover rates between 10–15%. Higher turnover rates—26% and above—were less common, collectively accounting for only 13% of responses.

Table 1. Nurse turnover rate

	N	Percent
Less than 10%	11	28%
10–15%	7	18%
16–25%	16	41%
26–35%	2	5%
Over 35%	3	8%
Total	**39**	**100%**

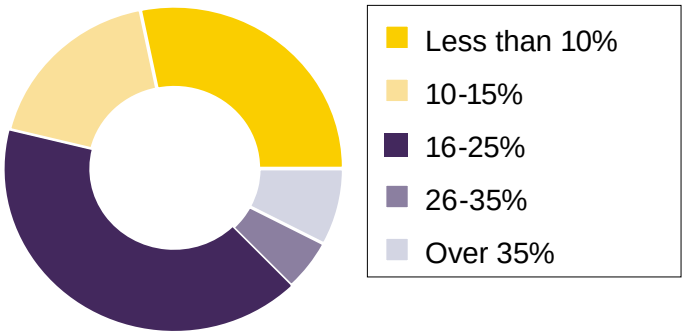


Table 2 illustrates participants responses to the polling question, “Please rate the impact of each factor on nurse retention in your organization using a scale of 1-5 (1= No impact, 2=Minor impact, 3= Moderate impact, 4= Major impact, 5=Critical impact)?” Survey responses indicate that workload and staffing levels (average score: 4.3) have the greatest impact on nurse retention, underscoring the critical importance of manageable workloads and adequate staffing. Compensation and benefits follow closely at 4.2, highlighting the influence of financial support on retention outcomes. Leadership and management support received a significant score of 4.0, signaling that strong, supportive leadership is a major contributor to retention. Both work-life balance/flexible scheduling and workplace safety and violence prevention shared a moderate-to-high impact rating of 3.8. Meanwhile, career advancement opportunities (3.5) were seen as moderately impactful, though still relevant in shaping retention strategies.

Table 2. Nurse retention factors, by impact (1=No impact to 5=Critical)

	Average Impact (out of 5)
Workload and staffing levels	4.3
Compensation and benefits	4.2
Leadership and management support	4.0
Work-life balance/ flexible scheduling	3.8
Workplace safety and violence prevention	3.8
Career advancement opportunities	3.5

Table 3 illustrates participants responses to the polling question, “Does your organization currently conduct stay interviews with nursing staff?” Organizations show varied engagement with stay interviews as a nurse retention strategy. Among respondents, 28% indicated their organizations conduct stay interviews regularly (quarterly or more). Another 18% conduct them occasionally, such as annually or less frequently. A further 18% do not currently conduct them but have plans to implement the practice. However, 23% reported they neither conduct stay interviews nor have plans to begin doing so. Additionally, 13% of participants responded that they either did not know or found the question not applicable. These results reflect a broad spectrum of adoption, with some organizations actively using stay interviews while others remain in the exploratory or non-engaged stages.

Table 3. Stay interviews

	N	Percent
Yes, regularly (quarterly or more frequent)	11	28%
Yes, occasionally (annually or less frequent)	7	18%
No, but we plan to implement them	7	18%
No, and no current plans	9	23%
Don't know/ Not applicable	5	13%

Table 4 illustrates participants responses to the polling question, "How would you rate the workplace safety for nurses in your organization regarding violence and incivility?" Nurses offered mixed assessments of workplace safety. A plurality (45%) rated conditions as fair, citing ongoing safety concerns, while 42% described the environment as good, with only minor incidents reported. Notably, 10% viewed safety as either poor or very poor, indicating more serious issues or an unsafe environment. No respondents rated their workplace safety as excellent, highlighting a general absence of high confidence in current safety standards.

Table 4. Workplace safety for nurses

	N	Percent
Excellent—very safe environment	0	0%
Good—mostly safe with minor incidents	16	42%
Fair—some safety concerns exist	17	45%
Poor—significant safety issues	2	5%
Very poor—unsafe environments	2	5%
Don't know/ Not applicable	1	3%
Total	**38**	**100%**

Table 5 illustrates participants responses to the polling question, "Which retention programs does your organization currently have in place? (Select all that apply)" Among participating organizations, tuition reimbursement and education support is the most widely implemented retention program, offered by 92% of respondents. Employee wellness and mental health support follows closely at 77%, while recognition and awards programs are available in 72% of organizations. Additionally, career ladder or clinical advancement initiatives (62%) and flexible scheduling options (59%) are relatively common. Mentorship programs are in place at 41% of respondents' organizations. Notably, only one respondent (3%) indicated that none of the listed retention strategies are currently offered by their organization.

Table 5. Current retention programs (Select all)

	N	Percent
Tuition reimbursement/ education support	36	92%
Employee wellness/ mental health support	30	77%
Recognition and awards programs	28	72%

Career ladder/ clinical advancement programs	24	62%
Flexible scheduling options	23	59%
Mentorship programs	16	41%
None of the above	1	3%

Table 6 illustrates participants responses to the polling question, “How effective are your organization’s current nurse retention strategies?” Most respondents (69%) described their retention strategies as somewhat effective, noting modest improvements. Only 5% reported significant improvement, characterizing their strategies as very effective. In contrast, 23% found their efforts yielded minimal or no impact, with 10% rating them as not very effective and 13% as not effective at all. Just 3% indicated their organization currently lacks formal retention strategies.

Table 6. Effective of retention strategies

	N	Percent
Very effective—seeing significant improvement	2	5%
Somewhat effective—seeing modest improvement	27	69%
Not very effective—minimal impact	4	10%
Not effective at all—no improvement	5	13%
Too early to tell	0	0%
We don’t have formal retention strategies	1	3%
Total	**39**	**100%**

Table 7 illustrates participants responses to the polling question, “What is the primary reason nurses leave your organization?” Among the 39 respondents, workplace stress and burnout emerged as the most frequently cited reason for nurse turnover, noted by 38%. Better compensation elsewhere followed at 28%, indicating competitive pay remains a significant driver of attrition. Other contributing factors included poor work-life balance (10%), limited career advancement opportunities (5%), and poor management or leadership (5%). Notably, none of the respondents identified workplace safety concerns as a cause, suggesting this issue may be less pressing in comparison. Additionally, 13% selected multiple reasons or were unsure, highlighting the multifaceted nature of turnover in the nursing workforce.

Table 7. Causes of nurse turnover

	N	Percent
Workplace stress and burnout	15	38%
Better compensation elsewhere	11	28%
Poor work-life balance	4	10%
Lack of career advancement	2	5%
Poor management/ leadership	2	5%
Workplace safety concerns	0	0%
Don’t know/ Multiple reasons	5	13%
Total	**39**	**100%**

Table 8 illustrates participants responses to the polling question, “Does your organization measure the financial impact of nursing turnover?” Organizations demonstrate varying levels of engagement in monitoring the financial costs associated with nurse turnover. While 36% of respondents reported tracking some expenses—primarily recruitment and training—only 23% indicated they track all related costs, including productivity loss. Meanwhile, 13% expressed plans to begin measuring these impacts, whereas 18% acknowledged they do not currently track such data and have no intention to start. Another 10% were either unsure or found the question not applicable to their setting.

Table 8. Financial impact of turnover

	N	Percent
Yes, we track all costs including recruitment, training, and productivity loss	9	23%
Yes, we track some costs (recruitment and training only)	14	36%
No, but we plan to start measuring	5	13%
No, and no current plans to measure	7	18%
Don’t know/ Not applicable	4	10%
Total	**39**	**100%**

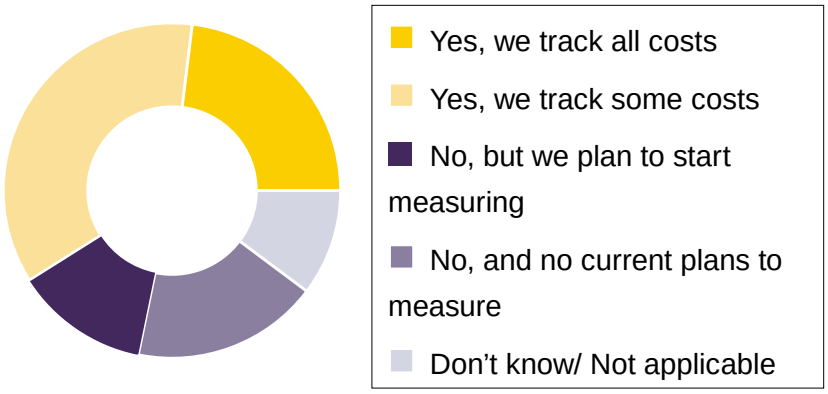


Table 9 illustrates participants responses to the polling question, “How would you rate nurse manager/ leadership training on retention strategies in your organization?” Perceptions of the quality of training for nurse managers and leaders on retention strategies are mixed. One-third of respondents (33%) rated the training as good, indicating adequate preparation, while an equal proportion (33%) described it as fair, citing limited availability. Nearly one in five (18%) reported poor training, and 3% indicated very poor or no training at all. Only 5% rated the training as excellent and comprehensive. These findings highlight the variability in leadership training across organizations. Research suggests that investing in robust, continuous leadership development—including mentorship, simulation-based learning, and tailored professional growth opportunities—can significantly enhance nurse retention and leadership effectiveness.

Table 9. Leadership training on retention

	N	Percent
Excellent—comprehensive and ongoing training	2	5%
Good—adequate training provided	13	33%
Fair—limited training available	13	33%
Poor—minimal training provided	7	18%
Very poor—no training provided	1	3%
Don't know/ Not applicable	3	8%
Total	**39**	**100%**

Table 10 illustrates participants responses to the polling question, "What is your organization's biggest barrier to implementing effective nurse retention programs?" According to respondents, the most significant obstacle to implementing nurse retention programs is lack of financial resources, reported by 41%. Competing organizational priorities followed at 21%, reflecting the tension between retention initiatives and other institutional demands. Additional barriers included limited knowledge of effective strategies (13%) and lack of leadership support (8%). Only a small portion of respondents cited regulatory constraints (3%) or noted no significant barriers (8%). These insights highlight the need for targeted investment and leadership alignment to effectively support nurse retention strategies.

Table 10. Barrier to retention programs

	N	Percent
Lack of financial resources/ budget constraints	16	41%
Competing organizational priorities	8	21%
Lack of knowledge about effective strategies	5	13%
Lack of leadership support	3	8%
No significant barriers	3	8%
Regulatory or policy constraints	1	3%
Don't know/ Not applicable	3	8%
Total	**39**	**100%**

Table 11 illustrates participants responses to the polling question, "The presence of digital tools or platforms has made my job: [Easier, Harder, No difference, Both A and B]" Nurses report a complex relationship with digital tools in their daily work. The largest proportion of respondents (41%) indicated that technology has made their job both easier and harder, reflecting the dual nature of digital integration—bringing efficiencies while also introducing new challenges. Another 36% found that digital tools have simplified their tasks, whereas 15% perceived no change in their workflow. A smaller segment (8%) said their work has become more difficult due to digital tools. These findings underscore that while digital innovations can enhance clinical practice, their effectiveness depends on thoughtful implementation and adequate support.

Table 11. Digital tools

	N	Percent
Easier	14	36%
Harder	3	8%
No difference	6	15%
Both easier and harder	16	41%
Total	**39**	**100%**

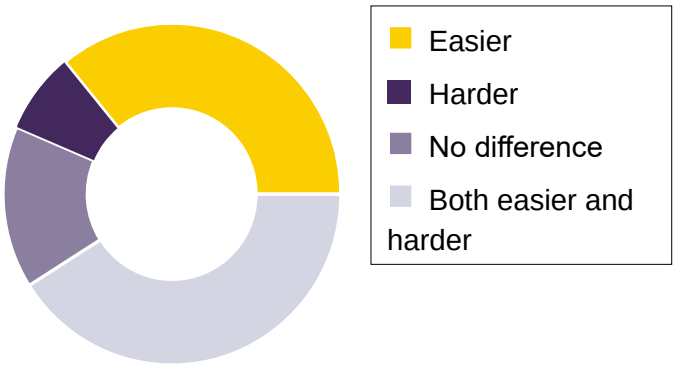


Table 12 illustrates participants responses to the polling question, “Do staff in your workplace feel empowered to report all forms of violence, including verbal, psychological, or microaggressions? [All of the time, most of the time, hardly ever, Never, Not Applicable]” Nurses’ sense of empowerment to report workplace violence varies considerably. A majority—51%—reported feeling empowered to report such incidents most of the time, while an additional 26% felt empowered all of the time. In contrast, 18% indicated they hardly ever felt empowered to report, and 3% said they never do. Another 3% responded that the question was not applicable. These results highlight persistent barriers to open communication and a fully supportive safety culture in healthcare settings. Despite growing awareness of workplace violence and its impact on staff well-being, a significant portion of nurses still do not feel consistently empowered to speak up.

Table 12. Reporting violence

	N	Percent
All of the time	10	26%
Most of the time	20	51%
Hardly ever	7	18%
Never	1	3%
Not applicable	1	3%
Total	**39**	**100%**

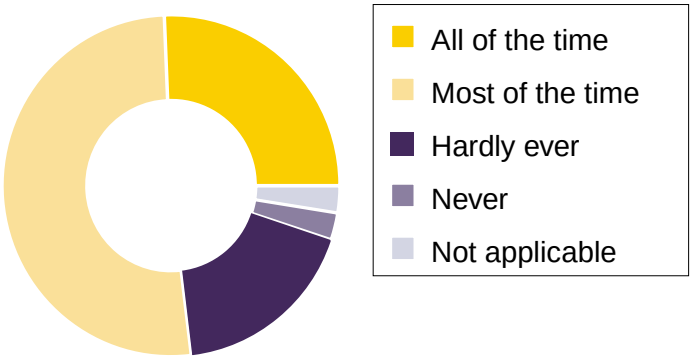


Table 13 illustrates participants responses to the polling question, “Over the past year, estimate how often have you witnessed or experienced workplace violence.” Workplace violence continues to be a prevalent issue in healthcare environments. A majority of respondents (57%) reported experiencing or witnessing such incidents at least once a month, with 26% encountering violence more than once a week and another 26% more than once a month. An additional 18% reported exposure less than once a month, while 15% said it rarely occurs. Notably, only 10% indicated they had never witnessed or experienced workplace violence, underscoring the widespread and persistent nature of this challenge in nursing settings.

Table 13. Witnessed or experienced workplace violence

	N	Percent
More than once a day	2	5%
More than once a week	10	26%
More than once a month	10	26%
Less than once a month	7	18%
Rarely	6	15%
Never	4	10%
Total	**39**	**100%**

Session 4. Models to Share

Table 1 illustrates participants responses to the polling question, “Does your organization currently use virtual or remote nursing roles?” Virtual and remote nursing roles are still emerging within healthcare organizations. Among the 30 respondents, 47% reported not currently utilizing such roles. Meanwhile, 33% indicated their organizations do offer virtual or remote nursing positions. An additional 20% stated plans are underway to implement these roles in the future. These results reflect a growing, though still limited, shift toward integrating remote work options in nursing practice.

Table 1. Virtual or remote nursing

	N	Percent
Yes	10	33%
No	14	47%
Planning to implement	6	20%
Total	**30**	**100%**

Table 2 illustrates participants responses to the polling question, “What is your organization’s current annual nursing turnover rate?” Among the 33 respondents, half reported an annual nurse turnover rate of less than 10%, suggesting relatively stable staffing in a significant number of organizations. Another 17% noted turnover rates between 10–15%, while 27% experienced higher rates in the 16–25% range. A small portion, 7%, reported turnover exceeding 25%, indicating more acute retention challenges in those settings.

Table 2. Annual turnover

	N	Percent
Less than 10%	15	50%
10–15%	5	17%
16–25%	8	27%
Over 25%	2	7%
Total	**33**	**100%**

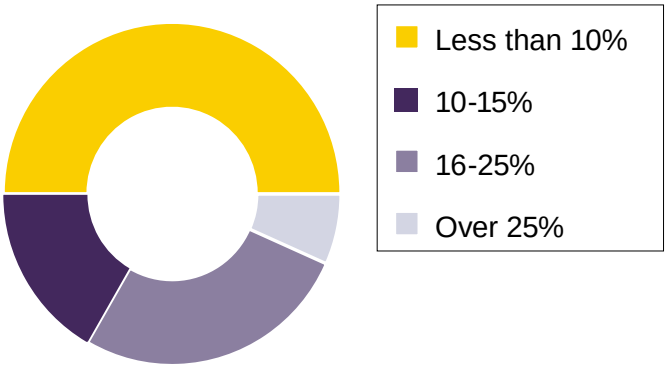


Table 3 illustrates participants responses to the polling question, “What type of tuition assistance does your organization offer employees?” The majority of organizations surveyed (77%) offer comprehensive tuition assistance programs of $5,000 or more, underscoring a strong institutional commitment to supporting continuing education. Another 13% provide limited assistance under $5,000. Only 10% of respondents reported no tuition assistance programs currently in place, and none indicated plans to introduce such support. These figures highlight widespread investment in educational benefits as a strategy to attract and retain nursing professionals.

Table 3. Tuition assistance

	N	Percent
Comprehensive programs ($5,000+)	24	77%
Limited assistance (Under $5,000)	4	13%
No programs currently	3	10%
Consideration implementation	0	0
Total	**31**	**100%**

Table 4 illustrates participants responses to the polling question, “How does your organization recruit entry-level healthcare workers?” The dominant strategy for recruiting entry-level staff is a combined approach, with 77% of respondents reporting the use of both external hiring and internal career pathway programs. A smaller segment (13%) relies solely on external hiring, while just 3% depend exclusively on internal development pathways. Notably, 6% of respondents reported active struggles with recruitment, suggesting workforce shortages or pipeline challenges in certain settings.

Table 4. Recruiting entry-level workers

	N	Percent
External hiring only	4	13%
Internal career pathway programs	1	3%
Both external and internal	24	77%
Currently struggling with recruitment	2	6%
Total	**31**	**100%**

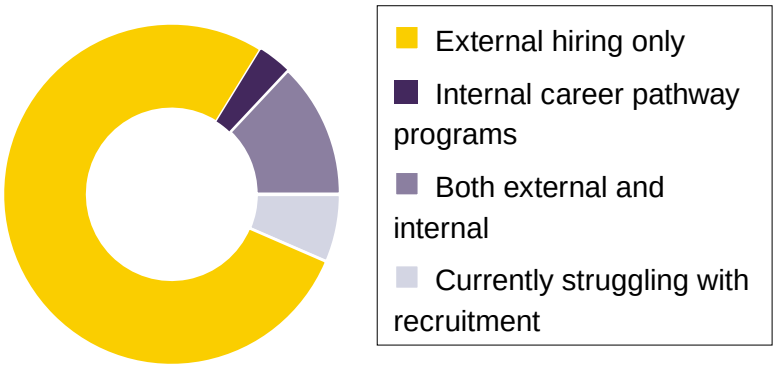


Table 5 illustrates participants responses to the polling question, “Does your organization partner with educational institutions for workforce development?” Collaborations between healthcare organizations and educational institutions appear to be a widespread strategy to support workforce development. Among the 31 respondents, 58% reported partnerships with both colleges/universities and high schools, while 35% partnered exclusively with colleges or universities. Only 3% reported partnerships with high schools alone, and another

3% indicated no active partnerships. These findings suggest a strong trend toward engaging multiple levels of the education pipeline to support nursing recruitment and preparedness.

Table 5. Partnership

	N	Percent
Yes, with high schools	1	3%
Yes, with colleges/ universities	11	35%
Yes, with both	18	58%
No partnerships	1	3%
Total	**31**	**100%**

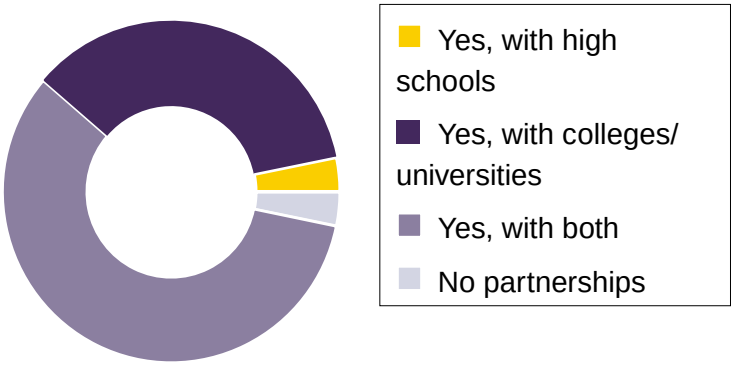


Table 6 illustrates participants responses to the polling question, “What is your biggest nursing workforce challenge?” The most frequently cited challenge among respondents is budget and funding constraints, reported by 45%, signaling that financial limitations are a dominant barrier to workforce improvement. Staff retention is the second most pressing issue, noted by 29%, underscoring concerns about maintaining a stable nursing workforce. Recruitment of new staff and training and development needs were each reported by 13% of respondents, indicating shared—but comparatively less—concern around expanding and equipping the workforce.

Table 6. Biggest nursing workforce challenge

	N	Percent
Budget/ funding constraints	14	45%
Retention of current staff	9	29%
Recruitment of new staff	4	13%
Training and development	4	13%
Total	**31**	**100%**

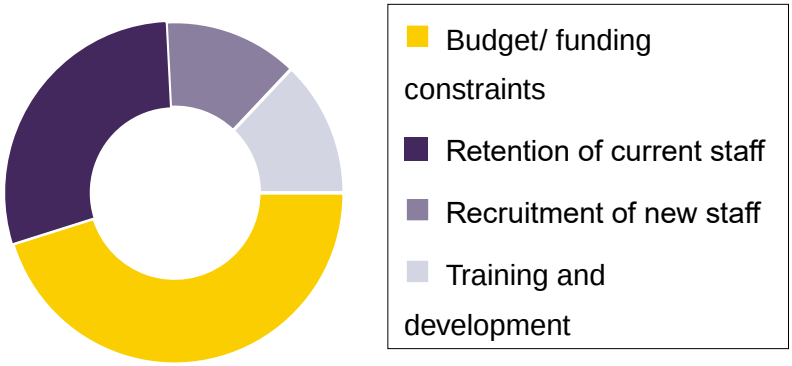


Table 7 illustrates participants responses to the polling question, “What type of new graduate support does your organization provide?” Formal residency programs are the most prevalent form of support for new nursing graduates, offered by 55% of responding organizations. An additional 21% provide informal mentoring, while 14% report offering no structured support. Notably, 10% of organizations indicated they are planning to develop formal graduate support programs. These results suggest a majority of institutions recognize the importance of structured onboarding, though gaps in support still exist.

Table 7. Graduate support

	N	Percent
Formal residency programs	16	55%
Informal mentoring only	6	21%
No structured support	4	14%
Planning to develop programs	3	10%
Total	**29**	**100%**

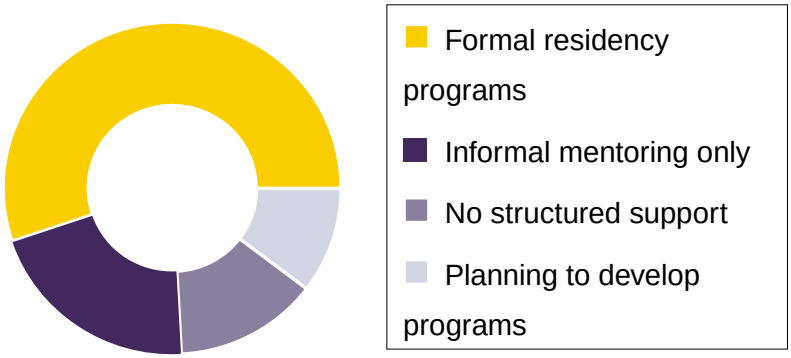


Table 8 illustrates participants responses to the polling question, “What type of healthcare facility do you represent?” The respondent pool primarily reflects larger healthcare systems, with 57% representing organizations with 500 or more beds. Medium-sized hospitals (100–499 beds) account for 32% of participants, while smaller facilities are less represented—7% from small or rural hospitals and 4% from long-term care or skilled nursing settings. This distribution suggests that insights drawn from the data may be particularly reflective of larger institutional environments.

Table 8. Healthcare facilities size

	N	Percent
Large health system (500+ beds)	16	57%
Medium hospital (100–499 beds)	9	32%
Small/ rural hospital (<100 beds)	2	7%
Long-term care/ skilled nursing	1	4%
Total	**28**	**100%**

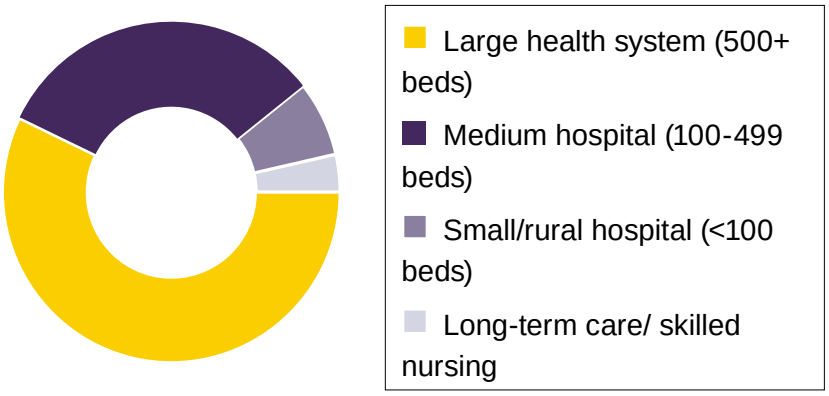


Table 9 illustrates participants responses to the polling question, “What percentage of your nursing staff has 3+ years tenure?” The data suggest that a substantial portion of nursing staff have three or more years of tenure within their organizations. A majority of respondents (59%) reported that between 50–70% of their nursing workforce meets this benchmark. An additional 15% indicated even higher tenure levels (71–85%), while 26% reported that fewer than half of their nursing staff have at least three years of experience. Notably, no organizations reported tenure levels exceeding 85%, highlighting a potential ceiling in staff longevity across the surveyed facilities.

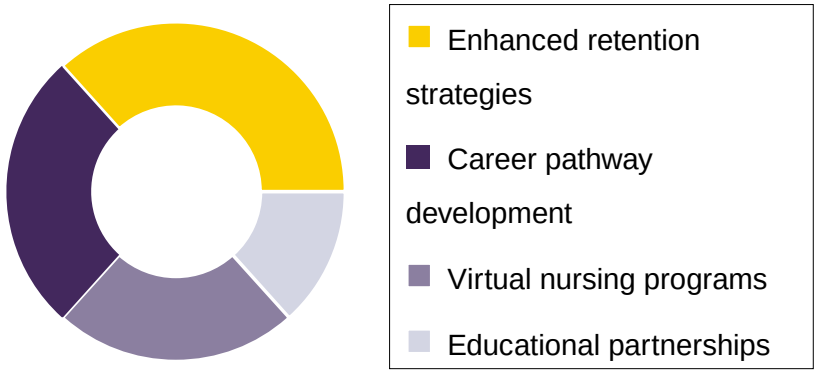
Table 9. Nursing staff tenure

	N	Percent
Less than 50%	7	26%
50–70%	16	59%
71–85%	4	15%
Over 85%	0	0%
Total	**27**	**100%**

Table 10 illustrates participants responses to the polling question, “Which workforce innovation are you most interested in implementing?” Survey findings reveal that healthcare organizations are most interested in enhanced retention strategies, with 37% of respondents selecting this as their top workforce innovation priority. Career pathway development follows at 27%, reflecting a strong interest in structured professional growth opportunities. Virtual nursing programs also garnered notable attention at 23%, signaling growing interest in flexible and tech-enabled models of care delivery. Educational partnerships were selected by 13% of respondents, rounding out the spectrum of innovations under consideration.

Table 10. Workforce innovations

	N	Percent
Enhanced retention strategies	11	37%
Career pathway development	8	27%
Virtual nursing programs	7	23%
Educational partnerships	4	13%
Total	**30**	**100%**



Analysis of Walk About Data

Walk About Question 1: Artificial Intelligence and Clinical Decision-Making

Participants were asked to engage with the following prompt, “In recent years artificial intelligence has garnered much attention, and some experts predict AI will be universally adopted, becoming a ubiquitous part of society. What are your concerns about using AI-driven tools to make clinical decisions?

Participants expressed substantial concerns about the current limitations of AI technology in clinical settings. The technology remains in its developmental stages and lacks the infallibility required for life-or-death medical decisions. This creates genuine risks for misdiagnosis and clinical errors that could have severe consequences for patient outcomes. The concern extends beyond the AI systems themselves to encompass the quality and reliability of data inputs, as stakeholders recognize that flawed or inaccurate data inevitably leads to compromised clinical guidance.

Exemplary Quotes—"AI is in its infancy and not yet 100% infallible. There is still possibility of misdiagnosis"

The emphasis on real-time monitoring and healthcare provider verification of AI-generated recommendations reflects a deep understanding that technology cannot operate in isolation from human oversight. Healthcare providers must maintain active involvement in validating AI outputs, ensuring that automated recommendations align with patient-specific circumstances and clinical realities that may not be fully captured in digital data sets.

A fundamental concern among healthcare stakeholders centers on maintaining the irreplaceable human elements that define quality patient care. The nursing profession, in particular, emphasizes the critical importance of human touch, empathy, and interpersonal connection in healing processes. These stakeholders worry that increasing reliance on AI-driven tools could diminish the compassionate, personalized care that patients need and deserve.

The concern extends to the potential erosion of clinical judgment and critical thinking skills among healthcare providers. There's a recognition that while AI can process vast amounts of data quickly, it cannot replicate the nuanced decision-making that experienced clinicians develop through years of practice and patient interaction. Over-dependence on automated systems could potentially weaken these essential clinical competencies, creating long-term risks to healthcare quality.

Healthcare stakeholders identify significant gaps in preparation and education that must be addressed before widespread AI adoption can occur safely. The lack of comprehensive training programs for staff and administrators creates risks not only for patient safety but also for legal liability. Without proper understanding of AI capabilities and limitations, healthcare organizations may implement systems inappropriately or fail to maintain necessary oversight protocols.

The emphasis on involving nurses and healthcare providers in the selection, design, and implementation of AI systems reflects a crucial insight about successful technology adoption. Rather than having AI solutions imposed by administrators or technology vendors, stakeholders advocate for practitioner-driven implementation that ensures tools meet actual clinical needs and workflow requirements. This collaborative approach helps ensure that AI systems enhance rather than disrupt established care processes.

Exemplary Quotes—"Needs to be promoted as a tool to augment care, not replace the human interaction"

Healthcare stakeholders demonstrate sophisticated awareness of AI's potential to perpetuate or exacerbate existing health disparities. They recognize that AI systems trained on historical data may inherit biases present in past medical practices, potentially leading to differential care quality across diverse patient

populations. The concern extends to ensuring that AI tools perform equally well for patients regardless of race, ethnicity, socioeconomic status, or other demographic characteristics.

This focus on equity represents a proactive approach to AI implementation, with stakeholders advocating for deliberate bias removal and inclusive design processes. They emphasize the need to actively build considerations for health disparities into AI guidance systems rather than assuming technology will be naturally equitable.

Data protection concerns, particularly around HIPAA compliance, reflect healthcare stakeholders' understanding of the sensitive nature of medical information and the potential vulnerabilities introduced by AI systems. The integration of AI tools often requires extensive data sharing and analysis, creating new challenges for maintaining patient privacy while enabling technological innovation.

While some stakeholders express concern about potential job displacement, the predominant view frames AI as a tool for workforce support rather than replacement. There's recognition that AI can help address nursing workload challenges and support professional development, particularly for novice practitioners who can benefit from AI-enhanced training and decision support systems.

The emphasis on using AI to reduce administrative burden and support critical thinking development suggests a mature understanding of technology's potential to enhance rather than diminish professional practice. This perspective positions AI as an enabler of higher-level clinical thinking rather than a substitute for human expertise.

The stakeholder responses collectively advocate for a measured, collaborative approach to AI implementation in clinical settings. This includes establishing robust data integrity and auditing systems to monitor clinical outcomes, ensuring continuous quality improvement processes, and maintaining AI as an augmentative tool that enhances human clinical expertise rather than replacing it.

The overall stakeholder perspective reflects cautious optimism about AI's potential in healthcare, balanced with realistic recognition of current limitations and implementation challenges. Success will depend on thoughtful integration that prioritizes patient safety, maintains human-centered care, addresses equity concerns, and ensures healthcare providers remain central to clinical decision-making processes. This balanced approach positions AI as a powerful tool for enhancing healthcare delivery while preserving the essential human elements that define quality medical care.

Walk About Question 2: Real-World versus Screens

Participants were asked to engage with the following prompt, "Evidence suggests new graduates entering healthcare after COVID received more screen-based or simulated learning. What must employers provide early-career professionals to prepare them for the demands of real-world practice that cannot be learned through screens and simulations?"

Responses revealed that structured mentorship and support systems form the essential foundation for preparing new healthcare graduates who have experienced predominantly virtual learning during the pandemic. Stakeholders consistently emphasized the critical need for dedicated preceptors, comprehensive peer support networks, and enhanced residency programs that extend well beyond traditional timeframes to accommodate the unique challenges these graduates face. These support structures recognize that the transition from simulation-based learning to real-world healthcare practice requires more intensive guidance than previously anticipated.

Communication skills development emerged as a predominant theme throughout participant responses, with particular emphasis on cultivating face-to-face interaction capabilities with patients, families, and physician colleagues. Participants highlighted the necessity of building resilience for navigating difficult conversations and developing effective cross-generational communication skills that cannot be adequately developed through virtual platforms. This focus on interpersonal communication reflects the understanding that healthcare delivery fundamentally depends on human connection and trust-building that requires in-person practice and refinement.

The importance of creating robust hands-on learning environments was consistently described by participants as essential for bridging the gap between simulation and reality. These environments should incorporate structured shadowing opportunities, dedicated education units, and real-time application of critical thinking skills at the point of care. Such approaches create controlled yet realistic settings where new graduates can practice essential skills while receiving ongoing support and caring for actual patients, allowing them to experience the unpredictability and complexity of real healthcare scenarios that cannot be replicated in virtual environments.

Exemplary Quotes—"Provide new nurses shadowing opportunities with experienced nurses so they can see how to interact with patients and improve their own interpersonal skills."

Cultural and interpersonal competency development was identified as another critical component for early-career preparation, encompassing mindful communication practices and the ability to work effectively with diverse colleagues and patient populations. Participants emphasized that these competencies require experiential learning and real-world application that cannot be adequately developed through screen-based training alone.

Specific implementation strategies that emerged from the responses include enhanced nurse residency programs with significantly extended training hours, recognizing that traditional orientation periods are insufficient for graduates who have received primarily virtual education. Structured shadowing partnerships with experienced nurses allow new graduates to observe authentic patient interactions and interpersonal dynamics that are impossible to learn through digital platforms. Additionally, participants advocated for

strengthened partnerships between employers and educational institutions to create seamless transitions that bring simulations to life during onboarding processes, ensuring continuity between educational and workplace learning environments.

The concept of dedicated, shelled preceptors represents a significant shift in mentorship approach, where preceptors' primary responsibility focuses on mentoring rather than simultaneously managing patient care responsibilities. This approach ensures quality guidance while reducing the additional burden on existing staff members who are already managing full patient loads. The responses consistently emphasized that while simulation-based learning remains valuable as a foundational tool, employers must develop systematic approaches to nurturing human interaction skills, critical thinking application, and professional communication competencies that can only be fully developed through real-world practice supported by comprehensive, intentionally designed support structures.

Walk About Question 3: Faculty Shortage

Conference participants were asked to respond to the prompt: "Shortages of preceptors and other types of Nurse faculty seems to be the symptom of a larger underlying problem. What steps could be taken to expand Nurse faculty and preceptor pools?" Their responses revealed a complex web of interconnected challenges that require multifaceted solutions addressing both immediate barriers and long-term structural issues.

The most prominent theme emerging from participant responses was the critical issue of inadequate financial compensation. Stakeholders consistently identified this as the primary barrier to expanding nurse faculty and preceptor pools. The compensation gap between clinical nursing positions and educational roles creates a significant disincentive for experienced nurses to transition into teaching. Faculty salaries in nursing education are notably uncompetitive compared to clinical practice, while preceptors frequently receive minimal or no compensation for their substantial teaching responsibilities. This financial disparity undermines efforts to recruit and retain quality educators, as experienced nurses face economic pressure to remain in higher-paying clinical roles rather than pursuing educational careers that could benefit the broader nursing profession.

Exemplary Quotes—" Nursing faculty are compensated lower than their educational status would expect."

Structural and organizational barriers constitute the second major theme, with participants emphasizing the urgent need for improved collaboration between healthcare institutions and nursing schools. Current systems often operate in silos, lacking shared expectations, aligned goals, and integrated staffing models that could support effective educational partnerships. Many responses highlighted how preceptor workloads have become unsustainable under existing arrangements, with insufficient organizational support for educational

activities. This fragmented approach creates inefficiencies and places unrealistic demands on individual preceptors who must balance patient care responsibilities with teaching obligations without adequate institutional backing or recognition.

The third interconnected theme focused on professional development and cultural transformation within the nursing profession. Participants emphasized the importance of cultivating a “pay it forward” mentality that should begin during graduate education and continue throughout nurses’ careers. This cultural shift requires creating clearer, more attractive pathways from clinical practice to teaching roles, along with better recognition of precepting as valuable professional development rather than an additional burden. The responses suggested that many experienced nurses might be willing to engage in educational roles if these opportunities were presented as meaningful career advancement rather than service obligations.

Among the most comprehensive solutions proposed, the co-created faculty model emerged as particularly promising. This innovative approach involves acute care registered nurses maintaining employment with hospitals while simultaneously serving as adjunct faculty for schools of nursing, with compensation provided through mutually agreed stipends. This model addresses both the compensation gap and collaboration challenges by creating shared investment between healthcare institutions and educational programs. Similarly, participants advocated for nursing education funding mechanisms similar to Graduate Medical Education (GME), which would establish sustainable funding streams for residency and fellowship programs for both new graduates and experienced nurses pursuing professional growth. The Designated Education Unit model also received significant support as an established framework that creates dedicated learning environments with structured support systems and appropriate compensation mechanisms. This approach has demonstrated success in other healthcare education contexts and could provide a scalable solution for nursing education challenges.

Exemplary Quotes—”Offer better incentive to encourage RNs to become preceptors which moves into teaching opportunities”

For practical implementation, participants recommended a phased approach beginning with immediate interventions such as providing hourly compensation for preceptors and reducing their clinical workloads during teaching periods. Short-term strategies should focus on developing formal agreements between hospitals and schools that include shared funding arrangements and clearly defined expectations for all parties. Long-term solutions require more substantial structural changes, including the creation of endowed faculty positions and the establishment of nursing-specific residency programs with dedicated funding streams that parallel medical education models.

The comprehensive nature of these responses suggests that addressing the nursing faculty shortage requires simultaneous action across multiple domains rather than piecemeal solutions. The interconnected themes of compensation, organizational structure, and professional culture must be addressed holistically to create sustainable pathways that make educational roles both financially viable and professionally rewarding. Success will depend on collaborative efforts between healthcare institutions, educational programs, and professional organizations to fundamentally restructure how nursing education is funded, organized, and valued within the broader healthcare system.

Walk About Question 4: Workplace Violence

Participants responded to The Joint Commission's comprehensive definition of workplace violence, which encompasses verbal, nonverbal, written, or physical aggression, threatening or intimidating behaviors, bullying, sabotage, sexual harassment, and physical assaults involving any combination of staff, licensed practitioners, patients, or visitors. Their responses revealed deeply concerning patterns that highlight the pervasive nature of violence in healthcare settings and the systemic failures that perpetuate these issues.

The most prominent theme emerging from stakeholder feedback was the normalization of patient-directed violence against healthcare workers. Multiple respondents described how violence from patients has become so commonplace that it is often accepted as an inevitable aspect of healthcare work, with staff said that abuse simply "comes with the job." This troubling acceptance persists even when patient aggression cannot be attributed to legitimate medical conditions such as pain, cognitive impairment, or dementia-related behavioral changes. Stakeholders emphasized that healthcare workers currently lack adequate protection from patient aggression, leaving them vulnerable to both physical and psychological harm on a daily basis.

Equally concerning was the pattern of systematic underreporting and lack of accountability surrounding workplace violence incidents. Respondents revealed that even when serious assaults occur—incidents that constitute felonies under criminal law—healthcare staff are frequently discouraged from pressing charges by hospital administrators, security personnel, or law enforcement officials. This creates a destructive cycle where violent offenders face no meaningful consequences for their actions, essentially providing tacit permission for continued aggressive behavior and perpetuating an environment where violence is tolerated rather than addressed.

Exemplary Quotes—"Happens every day. Under reported. Need to enforce the law and not let offenders of assault off easily. This is a felony and often staff are convinced by authorities not to press charges."

Beyond patient-directed violence, stakeholders identified troubling internal dynamics among healthcare workers themselves. Several responses highlighted the ironic situation where nurses and other healthcare professionals who dedicate their careers to caring for vulnerable populations sometimes demonstrate a concerning "lack of kindness to each other." These internal workplace dynamics were characterized by hostility,

absence of compassion, and aggression among colleagues, creating additional layers of workplace violence that compound the stress and trauma already present in healthcare environments.

Specific examples provided by participants painted a stark picture of the current reality in healthcare settings. These included daily occurrences of aggressive patient behavior that have become routine rather than exceptional, instances where staff members who experienced physical assaults were actively convinced not to pursue criminal charges, hostile and aggressive interactions between nursing staff members that create toxic work environments, the absence of meaningful consequences for patients who repeatedly violate facility conduct policies, and inadequate partnerships between healthcare facilities and law enforcement agencies that leave staff without proper support when violence occurs.

In response to these pervasive issues, stakeholders proposed comprehensive solutions that address multiple aspects of the workplace violence problem. Their recommendations included implementing enhanced training programs that equip staff with better tools for managing aggressive situations, developing stronger leadership programs that emphasize the importance of creating safe work environments, establishing better policies that include real consequences for violent behavior rather than empty threats, improving reporting mechanisms to ensure incidents are properly documented and addressed, and creating meaningful partnerships with law enforcement agencies to ensure that criminal behavior in healthcare settings is treated with the same seriousness as it would be in any other workplace.

The stakeholder responses collectively reveal a workplace violence crisis that extends across multiple dimensions of the healthcare environment. The problem encompasses not only patient-to-staff violence but also destructive staff-to-staff interactions, creating a complex web of aggression and hostility that threatens both worker safety and patient care quality. The systemic issues around reporting, accountability, and organizational culture identified by participants suggest that addressing workplace violence in healthcare will require fundamental changes in how these incidents are perceived, reported, investigated, and resolved. Rather than accepting violence as an unavoidable consequence of healthcare work, the stakeholder feedback calls for a comprehensive transformation that prioritizes worker safety, enforces meaningful consequences for violent behavior, and creates supportive environments where healthcare professionals can provide care without fear of aggression or retaliation.

Recommendations

The workforce shortage considerations presented at the summit describe a complex, interconnected crisis requiring fundamental paradigm shifts in how New York State approaches nursing workforce development. The suggested recommendations recognize that workforce shortages represent both a crisis and an opportunity for New York State to become a national leader in innovative workforce development while strengthening its healthcare system and regional economies. Most recommended initiatives describe leverage existing state infrastructure and convening power rather than requiring new appropriations. Where investments

are needed, they should be structured to generate return through reduced recruitment costs, improved care outcomes, and enhanced economic development.

Healthcare Workforce Platform

Concept: Create a statewide platform connecting healthcare organizations, educational institutions, and community partners to share best practices, coordinate programs, and leverage collective resources.

Implementation:

- Utilize existing State infrastructure and staff time
- Leverage current state education department partnerships
- Create virtual quarterly summits using existing state technology platforms
- Coordinate with regional workforce development councils using current health planning structure

Benefits: Accelerate innovation adoption, reduce duplicative efforts, maximize existing resource utilization.

Innovation Zones

Concept: Designate geographic regions or healthcare systems as “Workforce Innovation Zones” with regulatory flexibility to pilot innovative staffing models, training programs, and technology integration.

Implementation:

- Designate geographic regions or healthcare systems with regulatory flexibility to pilot innovative staffing models
- Streamline approval processes for evidence-based workforce innovations
- Leverage existing quality monitoring infrastructure
- Create streamlined approval processes for innovative workforce models

Benefits: Enable rapid innovation without regulatory barriers, test scalable solutions, demonstrate policy effectiveness before statewide implementation.

Ongoing Partnership Initiative #1

Concept: Convene annual Healthcare-Education Partnership Summit using the Department’s existing convening authority.

Implementation:

- Broker partnerships between healthcare systems and educational institutions

- Support the development of uniform competency standards and assessment tools
- Facilitate shared clinical placement coordination across regions

Benefits: The format creates momentum to address workforce challenges as they emerge and adapt training to meet evolving demands; DOH-lead ensures initiatives may align with broader public health goals and regulatory requirements, creating more coherent and effective health system.

Ongoing Partnership Initiative #2

Concept: Convene or create regional workforce development councils with cross-sector representation using the Department's existing convening authority.

Implementation:

- Broker partnerships between healthcare systems, educational institutions and workforce development council
- Integrate healthcare workforce planning into state economic development strategies
- Develop sustainable funding models similar to Graduate Medical Education for nursing
- Coordinate with Empire State Development for workforce-focused business attraction
- Align workforce development with housing, transportation, broadband internet, and community development policies

Benefits: Integration of workforce planning with economic development strategically improves coordination and addresses gaps, particularly in underserved regions.

Address Faculty Preceptor Shortage Crisis

Concept: Create advantages for healthcare organizations and individuals that meet faculty and preceptor needs.

Implementation:

- Develop loan forgiveness programs tied to teaching commitments in underserved areas
- Support tax incentives for healthcare organizations that provide adequate preceptor compensation
- Encourage co-created faculty models where clinical nurses serve as adjunct faculty with shared compensation

Benefits: Create compelling value propositions that maximizes resources to sustain experienced nurses and provide pathways for career advancement; builds culture of continuous learning.

Healthcare Workforce Technology Innovation Fund

Concept: Support implementation of technology-enhanced workforce models through shared funding arrangements and public-private partnerships.

Implementation:

- Leverage any federal technology grants and innovations funds
- Support virtual nursing and remote monitoring system development across regions
- Support simulation center development across regions
- Invest in broadband and technology infrastructure that enables workforce flexibility
- Support development of Artificial Intelligence and automation tools that enhance rather replace human workers

Benefits: Automate routine tasks and provide decision support to reduce administrative burdens to focus on patient care; create new roles and specializations that offer career advancement and diversification; assist with better work-life integration; address healthcare deserts and improve access to care.

New York State Healthcare Workforce Research Initiative

Concept: Partner with SUNY's Center for Health Workforce Studies to conduct ongoing research on workforce development effectiveness, creating evidence base for policy development and program improvement.

Implementation:

- Longitudinal studies of career pathway program effectiveness
- Economic impact analysis of workforce development investments
- Best practice identification and replication studies
- Policy impact assessment and recommendation development

Benefits: Enable policymakers to make data-driven decisions about workforce investments; quantify return on investment and allow for strategic reallocation of funding toward high-performing initiatives.

Regulatory Modernization

Concept: Systematically review and update outdated regulations that constrain effective workforce solutions.

Implementation:

- Work with Department of Education to review and revise scope of practice regulations to reflect evolving healthcare delivery models

- Work with Department of Education to develop interstate practice agreements that enhance workforce mobility
- Establish stakeholder engagement processes to ensure regulatory changes reflect real-world practice needs

Benefits: Deploy staff more efficiently, potentially allowing qualified professionals to work at the top of their training and enabling innovative team-based care models.