



Nursing Leadership Insight Study

Navigating Evolving Challenges and Opportunities in a Complex Health Care Landscape

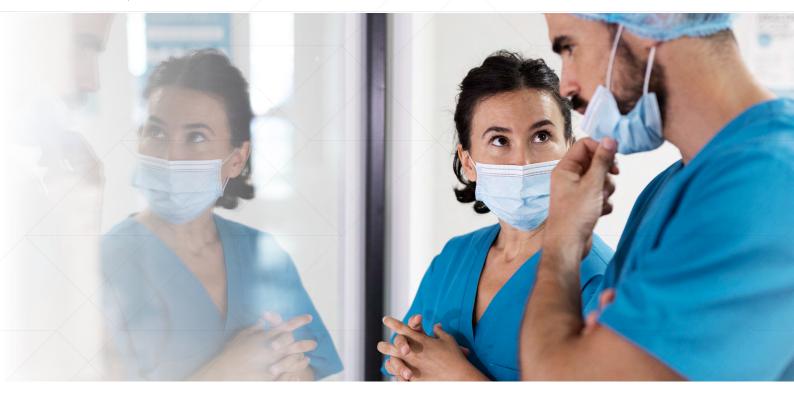
March 2025











The American Organization for Nursing Leadership, the AONL Foundation and Joslin Insight have conducted nursing leadership insight studies regularly since July 2020. This sixth report presents the latest findings on nurse leaders' challenges, such as staffing, workplace violence, emotional well-being and innovation.

The latest Nursing Leadership Insight Study explores health care's evolving challenges through the perspective of nurse leaders primarily from acute care settings. Staff recruitment and retention remain the top concern, though less pronounced than in the November 2023 survey. While progress is noted in the emotional health and well-being of staff, challenges like workplace violence and financial constraints persist. New priorities in 2025, such as adopting new technologies and staff onboarding, reflect a shift toward operational efficiency. This report provides emerging insights from industry thought leaders on these pressing issues.



This survey is the sixth in a longitudinal series monitoring key areas over time. Conducted January 8-22, 2025, it garnered 3,128 responses, the highest response rate in the series, with 73% fully completed, and a margin of error of 2.18% at a 99% confidence level.



RESPONDENT PROFILE

The AONL Foundation surveyed nurse leaders across the United States. Most respondents identified as white, over the age of 45 (72%) and from urban acute care hospitals. Leadership roles included 32% directors, 25% managers, 15% chief nursing officers and chief nursing executives (CNOs/CNEs) and 5% vice presidents, with 79% holding senior positions overall. Respondents primarily worked in short-term acute care (44%), health systems (15%), academic health care providers (8%) and health system corporate offices (6%). Smaller percentages came from outpatient community-based clinics (4%), critical access hospitals (3%), specialty hospitals (3%), long-term acute care hospitals (2%), ambulatory surgery specialty care (2%), post-acute care facilities (1%) and behavioral health facilities 91%). Locations were 51% urban, 34% suburban and 15% rural.

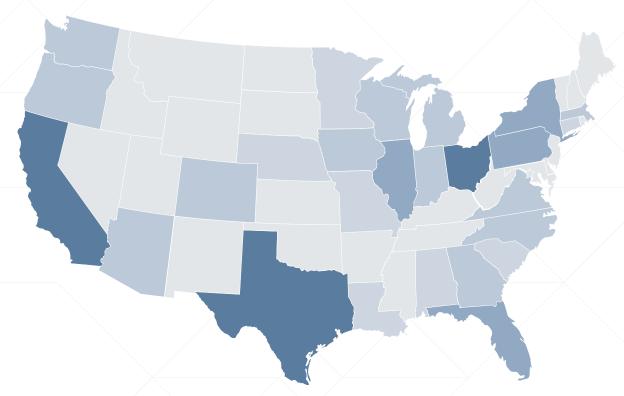


Figure 1 - Nurse leaders' primary work setting zip code, January 2025



TOP CHALLENGES TODAY

The January 2025 survey highlights the most pressing challenges faced by health care organizations today, with staff recruitment and retention being the top concern, identified by 49% of respondents. Closely related, staffing emerged as a significant issue, with 37% citing it as a key challenge. The emotional health and well-being of staff ranked third, highlighted by 34% of respondents, reflecting ongoing concerns about burnout and mental health. Financial resource availability was identified by 30%, emphasizing the strain of limited budgets on health care operations. Additionally, workplace violence, bullying and incivility were cited by 25%, underscoring the need for safer and more respectful work environments. These findings reveal a clear focus on workforce stability, staff well-being and safety and financial sustainability as critical priorities for nurse leaders.

This year's top challenges question is not strictly longitudinal due to changes in survey categories, including the addition of "staffing" as its own category. Nonetheless, notable shifts in priorities are evident. For example, staff recruitment and retention, still the top concern, dropped from 69% in 2023 to 49% in 2025, although likely due to responses shifting to the "staffing" category. Similarly, the emotional health and well-being of staff saw a decline as a top concern, from 45% to 34%, suggesting modest progress. This improved trend also aligns with related findings elsewhere in the report. Emerging priorities since 2023, such as adopting new technologies and innovation (21%) and supply chain disruptions (12%), reflect an increasing emphasis on operational efficiency and modernization. Today's trends underscore the evolving nature of health care challenges, with a growing need to balance persistent workforce issues with systemic and technological advancements.

What are your organization's current top three challenges? Select top three. (n = 2,992)

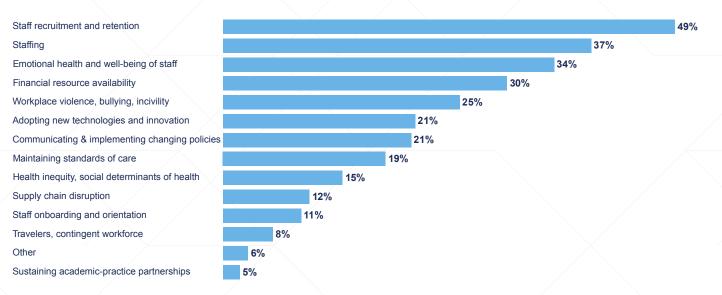


Figure 2 - Nurse leaders indicate their top three challenges, January 2025



Experienced

Prefer not to answer 1%

No

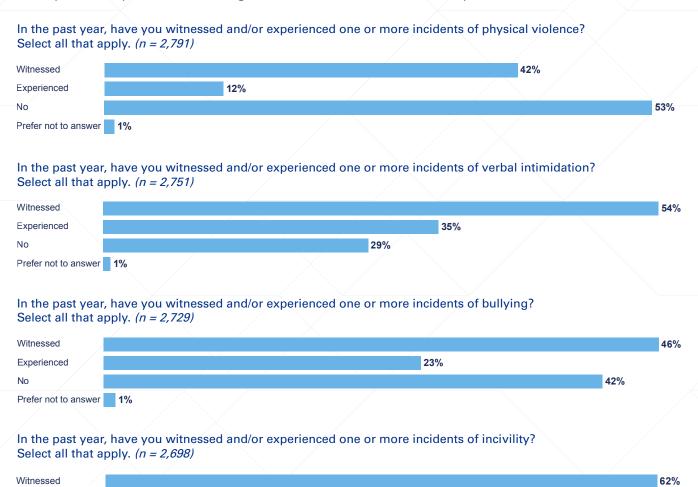
WORKPLACE VIOLENCE, INTIMIDATION, BULLYING and INCIVILITY

The data from the January 2025 survey highlights the persistent issue of workplace violence and uncivil behavior in professional environments. Incivility was the most frequently reported, with 62% of respondents indicating they had witnessed incivility and 53% reporting personal experiences. This suggests rudeness and disrespectful behavior continue to be a widespread problem, potentially impacting workplace morale and productivity.

Verbal intimidation, defined as threats and coercive behavior, was reported by 54% of respondents as being witnessed and experienced by 35%. These actions are deeply concerning as they contribute to a toxic work environment and can have lasting impacts on employees' mental health and engagement.

Bullying and physical violence were less frequently experienced but still pose significant concerns. Bullying, defined as repeated harassment or targeting, was witnessed by 46% of respondents and experienced by 23%.

Physical violence, defined as aggression and assault, although the least reported, was still witnessed by 42% and experienced by 12%, demonstrating that it remains a serious issue in workplaces.



Figures 3 - Nurse leaders share whether they have witnessed or experienced physical violence, verbal intimidation, bullying or incivility, January 2025

12%

53%



These findings emphasize the importance of addressing harmful workplace behavior, from incivility to physical violence. Health leaders can use this data as a call to action, implementing training programs, clear policies, security measures and supportive reporting systems to foster safer and more respectful work environments. By taking these steps, they can enhance employee well-being and boost organizational effectiveness.

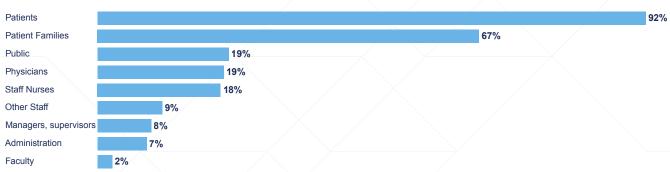
When considering the source of these actions, physical violence overwhelmingly originates from patients (92%) and patient families (67%). This underscores the unique challenges faced by health care workers in direct patient care roles. The public is the next highest contributor at 19%, followed by smaller percentages attributed to staff nurses (18%), physicians (18%) and other staff (9%). Notably, instances of violence from administration, managers/supervisors and faculty are rare, each under 8%.

Intimidation, on the other hand, shows a more balanced distribution of contributors. Patient families (67%) and patients (63%) remain the top sources, but physicians (42%), staff nurses (32%) and administration (25%) also contribute significantly. Additionally, intimidation from managers/supervisors (22%) and other staff and the public (17% each) indicates broader workplace tensions, beyond patient interactions.

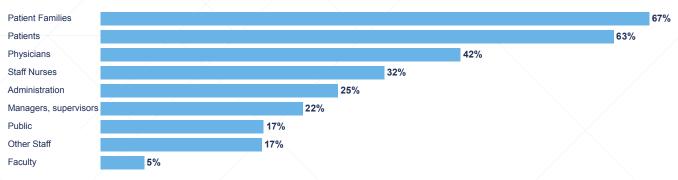
The sources of bullying and incivility are even more evenly distributed, with patient families (54%), patients (51%) and staff nurses (50%) being the most frequent contributors. Physicians (43%), managers/supervisors (27%), other staff (25%) and administration (24%) also play a significant role. Unlike physical violence, bullying and incivility reflect complex interpersonal dynamics among colleagues, administrators and patients.

Considering all the data, these patterns highlight the multifaceted nature of workplace violence and emphasize the importance of tailored interventions. For example, addressing patient and family aggression may require improved communication, de-escalation training or increased security, while workplace bullying and incivility may benefit from robust internal policies, conflict resolution training and leadership accountability.

From whom have the acts of physical violence come? Select all that apply. (n = 1,286)

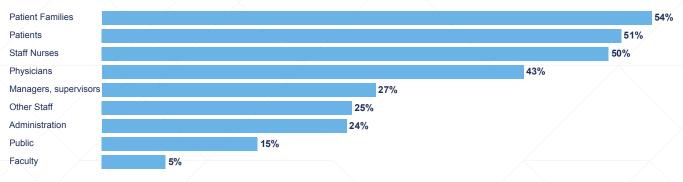


From whom have the acts of intimidation come? Select all that apply. (n = 1,925)



Figures 4 - Nurse leaders indicate the source of workplace violence or intimidation and bullying or incivility, January 2025





Figures 4 - Nurse leaders state the source of workplace violence, intimidation and bullying and incivility, January 2025

WHATTHREATENS PSYCHOLOGICAL SAFETY

Psychological safety in the workplace is essential for employee well-being and organizational success, yet it is frequently undermined by negative behaviors and conditions, as evidenced in the data. Incivility is one of the most damaging factors, reported in the January 2025 survey by 73% of employees as impacting their sense of psychological safety. Lack of support from leadership or colleagues (48%) and verbal intimidation (43%) also play significant roles in creating an environment where employees feel their sense of psychological safety is threatened. Bullying (31%), bias (30%) and even physical violence (20%) further erode psychological safety, with each being reported by a significant portion of respondents.

In the past year, which of the following factors have impacted your sense of psychological safety? Please select all that apply to what you have witnessed or personally experienced. (n = 2,548)

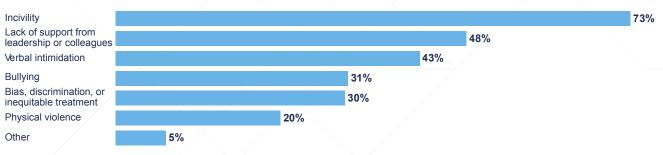


Figure 5 - Nurse leaders indicate what negatively impacts their sense of psychological safety, January 2025



SENSE OF BELONGING

Comparing the January 2025 survey to the late 2024 data, there is an improvement in nurse leaders' sense of belonging. In January 2025, 60% rated their belonging as high (38%) or very high (22%), an increase from 57% in November 2024 (high: 38%, very high: 19%). The percentage of those feeling neutral remained the same at 27%. The overall proportion of nurse leaders reporting low (8%) or very low (4%) belonging decreased to 12% in January 2025 from 15% in November 2023. These findings suggest a modest improvement in leaders' sense of belonging, with more respondents reporting stronger connections to their workplace.



A closer look at the data by role reveals disparities in the sense of belonging among nurse leaders. CNOs and CNEs reported the strongest sense of belonging, with 71.9% rating it as high (37.6%) or very high (34.3%) and only 8.9% rating it as low (4.0%) or very low (4.9%). Directors followed, with 63.1% reporting high (41.0%) or very high (22.1%) belonging, while 11.0% reported low (7.5%) or very low (3.5%) belonging. Nurse managers had the lowest sense of belonging, with just 53.8% rating their belonging as high (39.1%) or very high (14.7%), while 15.6% reported low (11.1%) or very low (4.5%). These role-specific differences underscore the importance of tailoring support and interventions to address the unique challenges faced by nurse managers, who appear to experience a more significant sense of disconnection within their organizations.

EMOTIONAL HEALTH

When comparing the 2025 data to late 2023, nurse leaders' emotional health has shown slight improvement. In January 2025, 66% of respondents rated themselves as emotionally healthy (53%) or very emotionally healthy (13%), compared to 64% in November 2023 (52% emotionally healthy, 12% very emotionally healthy). The percentage of those feeling neutral decreased slightly from 24% in November to 23% in January, while those identifying as not emotionally healthy (9%) or not at all emotionally healthy (1%) remained consistent. These scores represent the highest levels of emotional health recorded since the question was introduced in July 2020, at the onset of the pandemic. Despite this progress, with 10% still reporting suboptimal emotional health, there is a clear need for sustained efforts to foster supportive environments.







Breaking down the data by roles reveals a disparity, particularly for nurse managers. Among CNOs and CNEs, 76.3% rated themselves as emotionally healthy (60.8%) or very emotionally healthy (15.5%), with just 5.1% falling into the "not emotionally healthy" categories (4.9% not emotionally healthy and 0.2% not at all emotionally healthy). Directors reported slightly lower emotional health levels, with 68.2% feeling emotionally healthy (55.8%) or very emotionally healthy (12.4%) and 9.3% in the "not emotionally healthy" categories (8.4% not emotionally healthy and 0.9% not at all emotionally healthy). Nurse managers, however, had the lowest scores, with only 52.5% feeling emotionally healthy (44.9%) or very emotionally healthy (7.6%) and a concerning 15.8% falling into the "not emotionally healthy" categories (13.4% not emotionally healthy and 2.4% not at all emotionally healthy). The data highlights the vulnerability of the nurse manager role, underscoring the need for targeted interventions to support their well-being and resilience in leadership roles.

EMOTIONAL HEALTH SINCE FEBRUARY 2021

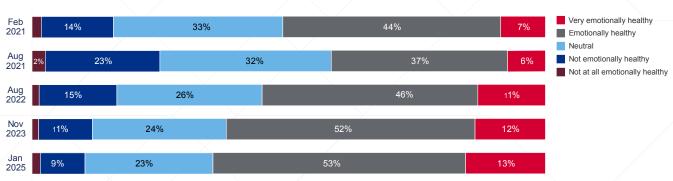


Figure 8 - Nurse leaders emotional health from February 2021, August 2021, August 2022, November 2023 and January 2025



ADVANCEMENTS IN REDESIGNING HEALTH CARE

The January 2025 survey identifies key advancements organizations will prioritize for health care redesign. Virtual care (32%), including telehealth, virtual nursing and patient monitoring, remains a top focus, reflecting its growing role in care delivery. Interdisciplinary collaboration (30%), upskilling leaders (21%) and teambased models of care (21%) highlight the role of teamwork and leadership development in improving patient outcomes.

Other priorities include top-of-licensure scope of practice (20%) and workforce well-being tools (19%), emphasizing a focus on optimizing workforce capabilities and improving care delivery. The application of Al in patient care (16%) and Al-driven improvements in business operations efficiency (12%) highlight the growing role of technology in transforming health care. Innovations to enhance workforce security (12%) and advocacy for policy change (10%) reflect ongoing efforts to address systemic challenges.

Which of the following advancements will your organization continue to use for the redesign of health care? Select up to two. (n = 2,681)

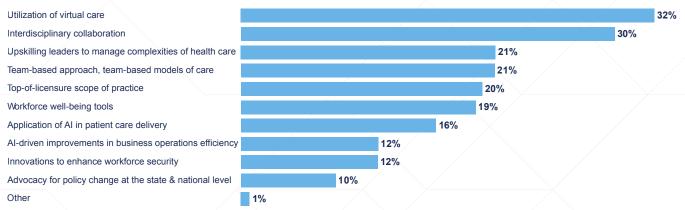


Figure 9 - Nurse leaders indicate two advancements their organization is likely to use for the redesign of health care, January 2025

Considering roles, the data highlights statistically significant differences in health care redesign priorities.

- Managers: Managers prioritized interdisciplinary collaboration and workforce well-being tools, with strong statistical evidence supporting this focus. They placed less emphasis on upskilling leaders and ensuring work is performed at the top of the licensure scope of practice.
- CNOs/CNEs: CNOs and CNEs prioritized upskilling leaders and advocacy for policy change, focusing on strengthening leadership capacity and driving systemic improvements. They placed less emphasis on interdisciplinary collaboration and workforce well-being, the key focus areas for managers.
- Directors: Positioned between managers and CNOs/CNEs, directors indicated a slight emphasis on workforce well-being tools, aligning partially with managers' focus.

These contrasting priorities among nurse leader roles underscore the diverse approaches to care redesign and the need for alignment across leadership tiers to achieve cohesive and effective care strategies.



SOLUTIONS FOR IMPROVING STAFFING

The January 2025 survey assessed the effectiveness of various strategies to address staffing challenges, with respondents rating each on a scale of 1 to 5, where 5 indicates "very effective." The most effective strategies identified by nurse leaders were listening and responding to feedback from staff (average 3.51) and partnering with nursing schools (average 3.44). Notably, listening and responding to feedback was the only solution with a median score of 4, highlighting its unique importance among the options evaluated. The findings emphasize collaboration, responsiveness to staff needs and fostering relationships with nursing schools.

Other strategies rated above average included allowing days off when necessary (average 3.43), increasing nurse recognition (average 3.39), and increasing shared governance (average 3.35). Measures such as increasing wages or bonuses, allowing adequate time for meals and breaks and offering flexible scheduling also scored well, each with averages around 3.28 to 3.30.

Overall, these results underscore the importance of targeted, staff-focused strategies in nurse well-being and retention.

How effective have the following solutions been at improving the staffing situation at your organization? On a scale of 1-5, 5 being very effective. (n = 52 to 2,307)

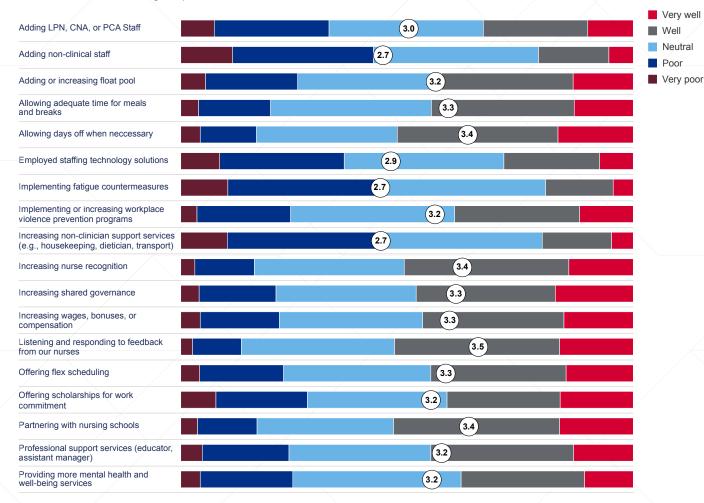


Figure 10 - Nurse leaders rate the impact solutions have on improving the staffing situation at their organization, January 2025



DAY IN THE LIFE OF A NURSE LEADER

The AONL Foundation asked a series of questions to provide insight into the daily tasks of nurse leaders to understand what tasks bring them the most joy and frustration. Their daily responsibilities highlight both the challenges and rewards of leadership in health care:

- TopTasks Requiring the Most Attention: Administrative work (93%) continues to dominate nurse leaders' time, highlighting the significant operational responsibilities of their roles. Meetings with direct reports and colleagues (82%) underscore their commitment to communication and fostering team collaboration. Quality improvement initiatives (78%) reflect their dedication to enhancing care delivery and maintaining high standards. Conflict resolution (71%) emphasizes the ongoing need to address interpersonal and organizational challenges effectively. Finally, rounding (70%) reinforces their critical connection to frontline staff and patients, ensuring visibility and engagement in daily care activities.
- Tasks Providing the Most Joy: Awards and recognition (56%) bring nurse leaders the greatest joy, as they celebrate team and individual accomplishments. Employee engagement and retention efforts (54%) provide fulfillment, reflecting their dedication to fostering a positive and supportive work environment. Meetings with direct reports and colleagues (51%) offer satisfaction through collaboration and relationship-building. Mentoring, guiding and conducting performance reviews (50%) highlight the rewards of supporting staff growth and professional development. Lastly, rounding (40%) allows leaders to connect directly with their teams and patients, providing a sense of purpose and impact.
- Tasks Causing the Most Frustration: Capacity issues and constraints (48%) are the most significant source of frustration for nurse leaders, highlighting the challenges of managing limited resources and operational pressures. Conflict resolution (41%) also contributes to stress, as leaders navigate complex interpersonal dynamics. Incident reports, injuries and complaints (40%) further add to their burden, reflecting systemic issues that require attention. Supply chain disruptions (33%) create additional challenges in maintaining smooth operations, while administrative work (33%) adds to the frustration, underscoring the balance between operational demands and leadership responsibilities.

This combination of responsibilities illustrates the multifaceted nature of nurse leadership, where balancing operational efficiency, staff well-being and patient care remains a constant priority.



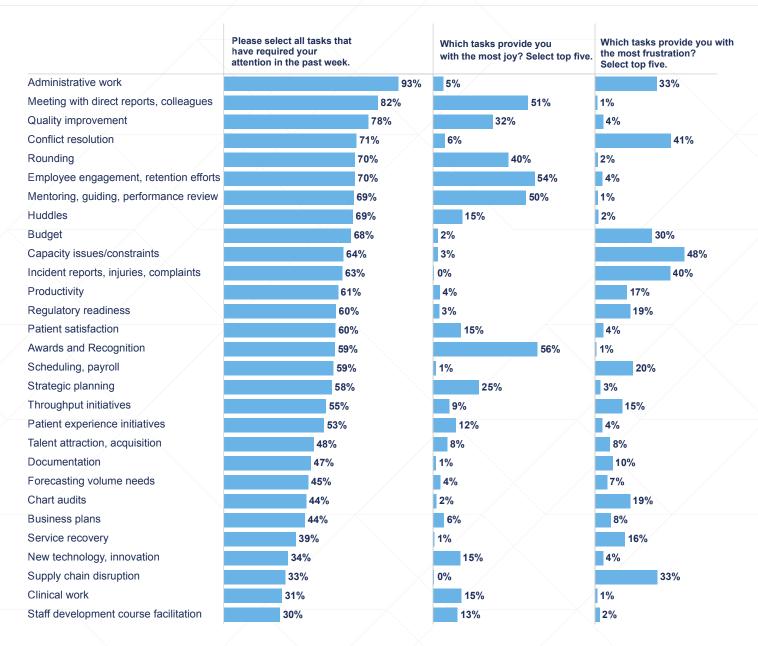


Figure 11 - Nurse leaders indicate tasks completed in the past week, five tasks that create joy, and five tasks that create frustration, January 2025

Comparing the November 2023 data to the January 2025 survey, several key shifts can be observed in the tasks requiring nurse leaders' attention:

- Administrative Work: Attention to administrative work increased from 91% in November 2023 to 93% in January 2025, reflecting its consistent prominence in nurse leaders' roles.
- Meeting with Direct Reports/Colleagues: Focus on this task rose from 77% in November 2023 to 82% in January 2025, highlighting an increased emphasis on communication and collaboration.
- Conflict Resolution: Attention to conflict resolution increased from 67% in November 2023 to 71% in January 2025, indicating a growing need to address interpersonal challenges.
- Mentoring, Guiding, and Performance Reviews: Time spent on mentoring and performance reviews rose from 66% in November 2023 to 69% in January 2025, reflecting a steady focus on workforce development.
- Capacity Issues and Constraints: Attention to capacity issues grew from 56% in November 2023 to 64% in January 2025, showing increasing operational pressures on nurse leaders.
- New Technology and Innovation: Focus on technology and innovation saw a slight increase from 32% in November 2023 to 34% in January 2025, reflecting incremental prioritization in this area.

Most tasks requiring attention saw increases since the last survey, particularly in areas like administrative work, communication with colleagues, conflict resolution and capacity management. These shifts reflect the evolving and growing demands placed on nurse leaders, especially in managing operations and supporting their teams.



INTENTTO LEAVE

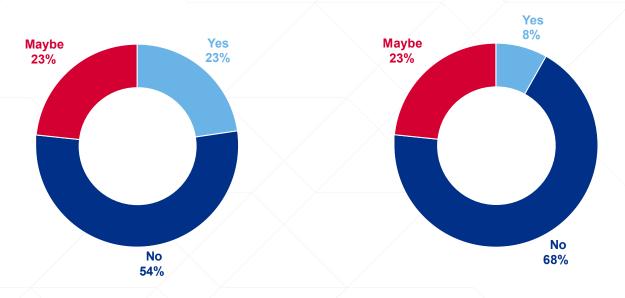
In November 2023, nurse leaders were asked if they planned to leave their positions within the next six months. At that time, 12% said "yes," 23% said "maybe" and 65% said "no." In the January 2025 survey, the question was changed to whether they planned to leave in the "foreseeable future." With the change, responses showed an increase in those planning to leave, with 23% answering "yes," 23% "maybe" and 54% "no." While the change in wording means these results are not directly longitudinal, the data suggests a growing trend of uncertainty and turnover intention among nurse leaders. For the 23% of respondents planning to leave, further insights were gathered in January 2025 regarding their timelines:

- 7% intend to leave within one month
- 16% plan to leave within the next six months
- 21% anticipate leaving within one year
- 21% expect to leave within two years
- 35% are unsure when they will leave

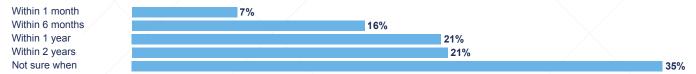
This breakdown highlights that while some departures may be imminent, a significant portion of nurse leaders are either planning to leave in the medium term or remain uncertain about their timeline. Among those planning to leave their roles, the majority (68%) indicated they do not intend to leave the nursing profession, while 8% reported plans to leave nursing altogether. Another 23% were unsure, reflecting some uncertainty about their long-term career paths within the field. These findings underline the importance of proactive retention efforts and addressing factors contributing to turnover intention.

Do you intend to leave your position in the foreseeable future? (n = 558 to 2,462)

For those who intend to leave in the foreseeable future: Do you intend to leave nursing altogether? (n = 92 to 1,126)



For those who intend to leave their position in the foreseeable future: When do you intend to leave your position? (n = 79 to 393)



Figures 12 - Nurse leaders indicate intent to leave their position in the and if they intend to leave nursing altogether, January 2025



When asked about their reasons for leaving, the most common response was seeking a promotion or new opportunity, cited by 39% of respondents. Additionally, 37% reported their work negatively impacts their health or well-being, a significant drop from 44% in the November 2023 survey. Retirement was also a significant factor, with 26% identifying it as a reason for leaving. Notably, 41% of respondents have been in nursing for more than 30 years, with 12% over age 65. Workplace dynamics further contributed, with 26% citing challenges with other leaders or colleagues and 24% pointing to a lack of resources or staff to perform their jobs effectively. These findings highlight a combination of personal aspirations, health and well-being concerns and systemic workplace challenges that are driving turnover among nurse leaders, emphasizing the need for organizations to address these issues to retain their most experienced leaders.

For those who intend to leave their position in the foreseeable future: What is your primary reason for leaving? Select all that apply. (n = 1,130)

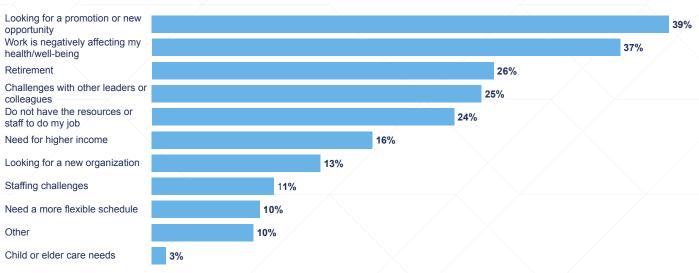


Figure 13 - Nurse leaders share their main reason for considering leaving, January 2025

SOLUTIONS TO IMPROVE WORK SATISFACTION

The January 2025 survey asked all nurse leaders about organizational solutions that positively impacted their work satisfaction. The top response, chosen by 57% of respondents, was the ability to take a day off when needed, underscoring the importance of flexibility in managing workload and personal needs. Other highly impactful solutions included supporting work-life balance (48%) and providing professional development opportunities (45%), highlighting the significance of fostering personal and professional growth. Encouraging transparent communication (34%) and increasing salary and compensation (31%) were also notable, reflecting the need for clear communication and financial recognition.



Which of the following solutions has your organization implemented to improve your work satisfaction? Select all that apply. (n = 2,287)

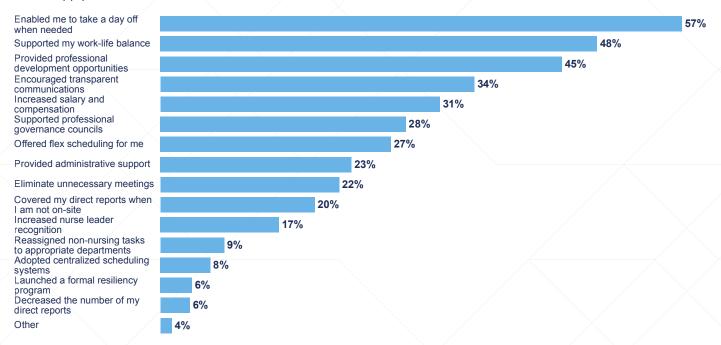


Figure 14 - Nurse leaders suggest solutions to improve their work satisfaction. January 2023

PERCEIVED ORGANIZATIONAL SUPPORT

Since 2020, the AONL Foundation has tracked nurse leaders' perceptions of organizational support through the Survey of Perceived Organizational Support (SPOS). This January 2025 survey marks the highest levels of perceived support recorded since the SPOS questions were introduced. The SPOS measures how valued respondents feel by assessing their perceptions of their organization's care for their well-being, acknowledgment of their contributions, and responsiveness to concerns. Using a Likert scale, this tool provides insights into how organizations can foster a stronger sense of support, value and appreciation in the workplace.

Do you agree or disagree with the following statements? (n = 2,747)

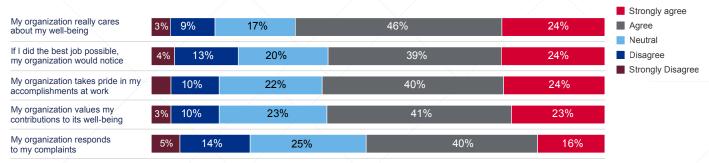


Figure 15 - Nurse leaders respond to five Survey of Perceived Organizational Support questions, January 2025

The latest SPOS results highlight notable changes compared to surveys from 2022 and 2023. Perceptions of organizational recognition for job performance ("My organization would notice if I did the best job possible") increased consistently, rising from an average of 3.51 in 2022 to 3.58 in 2023, and further to 3.67 in 2025. Similarly, perceptions of organizational care for well-being improved from 3.63 in 2022 to 3.74 in 2023, reaching 3.78 in 2025, signaling steady positive progression.

Pride in accomplishments also showed modest improvement, increasing from 3.61 in 2022 to 3.69 in 2023, and then to 3.71 in 2025. The sense that organizations value contributions rose incrementally, from 3.59 in 2022 to 3.62 in 2023, and further to 3.70 in 2025. These findings reflect gradual but consistent improvements in nurse leaders' perceptions of organizational support over time.



EVOLVING ROLE OF THE NURSE LEADER OVER NEXT 5 YEARS

In the 2025 survey, nurse leaders were asked how they foresee the role of nurse leadership evolving over the next five years. Their qualitative responses reveal a profession at a crossroads, grappling with increasing complexities, expanding responsibilities and shifting priorities within the ever-changing health care landscape. From leveraging technology to addressing burnout, the insights highlight the challenges and opportunities nurse leaders anticipate as they navigate the future of their industry. This analysis summarizes their perspectives in seven key themes that provide a comprehensive look at the evolution of nurse leadership.

- Increased Use of Technology and AI: Nurse leaders highlighted the growing importance of proficiency with technology and artificial intelligence (AI) to enhance workflows, address administrative burdens and improve patient care. Respondents noted AI is expected to play a significant role in areas such as staff education, clinical decision-making and resource optimization. However, many also emphasized the need to balance technological integration with maintaining personal connections with staff and patients, ensuring a human-centered approach to leadership.
- Workforce Advocacy and Retention: Retention and staff satisfaction were identified as critical priorities
 by respondents, with many noting the direct correlation between these factors and patient outcomes.
 Strategies like flexible scheduling, mentoring and addressing generational gaps in workforce
 expectations were highlighted as essential. Concerns about workplace violence, intimidation, bullying
 and incivility were also prominent, with calls for robust safety policies, training to mitigate violence and
 fostering secure, supportive work environments.
- Burnout and Support: Survey participants frequently raised concerns about increasing workloads and
 administrative tasks with limited support, leading to high levels of burnout and attrition from leadership
 roles. Many pointed to the need for systemic changes, such as providing administrative assistance and
 reducing task burdens, to retain leaders and sustain the leadership pipeline. Without these adjustments,
 respondents suggested, leadership sustainability will remain a significant challenge.
- Evolving Responsibilities and Complexity: The expanding scope of nurse leadership was a
 recurring theme in the responses, encompassing clinical, administrative and financial management
 responsibilities. Many respondents observed leaders are often required to "do more with less" while
 navigating budget constraints, changing health care models and resource limitations. Strategic thinking
 and innovative approaches were viewed as essential for balancing operational demands with long-term
 organizational goals.
- Mentorship and Development: The importance of mentorship was emphasized by many nurse leaders,
 particularly in supporting new nurses and cultivating future leaders. Respondents stressed the need to
 guide staff in areas such as professionalism, critical thinking and work-life integration to ensure their
 growth and satisfaction. Partnerships with nursing education programs were also seen as crucial for
 addressing staffing gaps and preparing new hires for the challenges of the profession.
- Increased Focus on Community Health: Survey respondents frequently highlighted the role of nurse
 leaders in protecting the health of the community by fostering culturally competent care and reducing
 disparities in health care to improve outcomes.
- Strategic Influence: Nurse leaders shared the importance of having a seat at the decision-making table to
 advocate for nursing priorities, such as staffing, workplace safety and improved patient outcomes. Many
 viewed strategic influence as vital for driving positive change within organizations and across the health
 care system.



The findings from the January 2025 survey underscore the multifaceted challenges and opportunities facing nurse leaders in the coming years. As health care grows increasingly complex, nurse leaders must adapt by embracing technology, advocating for their workforce and developing innovative strategies to ensure high-quality, patient-centered care. However, systemic changes, including increased support, mentorship and strategic engagement, will be critical to sustaining leadership pathways and addressing burnout. The voices of nurse leaders emphasize the central role they play in shaping the future of health care, and their insights provide a roadmap for advancing the profession while improving outcomes for patients and staff.

CONCLUSION

The January 2025 Nursing Leadership Insight Study offers a comprehensive view of the evolving role of nurse leaders and the challenges they face in a complex and dynamic health care landscape. Building on insights gathered since 2020, this report highlights persistent issues, emerging priorities and opportunities for transformation within the profession.

Key challenges identified in the latest survey include recruitment and retention, staffing, workplace violence, and the well-being of staff. The study also highlights emerging priorities, such as leveraging technology and artificial intelligence, mentoring new nurses and building healthier communities. Nurse leaders are increasingly called upon to adopt innovative approaches to workforce management, operational efficiency and patient-centered care, while also addressing the emotional and physical toll of their roles. The findings underscore the intricate balance nurse leaders must achieve between addressing systemic issues and fostering supportive environments for their teams.

This report offers solutions for enhancing nurse leader satisfaction, including allowing leaders to take time off, supporting work-life balance, professional development opportunities and transparent communication. The integration of AI and other technological advancements also presents a unique opportunity for organizations to begin alleviating administrative burdens and foster more meaningful interactions with staff and patients. Prioritizing workplace safety measures to reduce violence and implementing robust policies to protect staff is essential to creating healthy work environments and sustaining a motivated workforce.

Despite the growing complexity of nurse leadership roles, the study reveals a resilient and adaptable workforce committed to driving health care transformation. Since the peak of the pandemic, leaders' emotional health and SPOS scores have shown consistent improvement. By prioritizing workforce well-being, addressing systemic challenges and fostering innovation, organizations can empower nurse leaders to thrive in their roles. These efforts are vital to ensuring high-quality care and a sustainable future for nursing leadership.

In conclusion, the insights from the January 2025 Nursing Leadership Insight Study highlight the challenges and opportunities that lie ahead for nurse leaders. While the profession continues to navigate evolving demands, the commitment to advancing health care through innovation, advocacy and leadership remains steadfast. Addressing these challenges with strategic, collaborative and inclusive solutions will not only strengthen the role of nurse leaders but also enhance outcomes for patients, staff and organizations alike.





The American Organization for Nursing Leadership (AONL) is a national professional association representing over 12,000 nurse leaders. Its mission is to transform health care through expert and influential nursing leadership, with a vision of nursing leadership as one voice advancing health for all. AONL is dedicated to promoting professional development for nurse leaders, supporting policy initiatives, fostering a diverse and inclusive community and advancing nursing leadership through education, advocacy and community engagement.

For more information, visit AONL's official website at www.aonl.org



The AONL Foundation for Nursing Leadership Research and Education was established in 2010 to support the research and educational priorities of AONL. Its mission is to provide resources that create opportunities to bridge science and practice to shape the future of nursing leadership, envisioning a healthier tomorrow advanced through nursing leadership.

For more information, visit the AONL Foundation website at www.aonlfoundation.org

*M***Joslin** Insight

Joslin Insight is a consulting firm focused on delivering strategic market insights for healthcare organizations. Its mission is to empower healthcare leaders with data-driven solutions that drive operational efficiency, improve patient care, and enhance organizational growth. Joslin Insight works closely with clients to leverage research, analysis, and expert guidance, helping them navigate complex healthcare challenges and identify opportunities for innovation and improvement. The firm is committed to fostering collaboration, providing actionable insights, and supporting healthcare organizations in their pursuit of excellence.

For more information, visit www.joslininsight.com





Thank you for contributing your perspectives to this Nursing Leadership Insight Study. This provides valuable information on how AONL can continue to support and further fortify nursing leadership practice.





