



Early-Tenure Nurse Retention: Trends and Leader Strategies

SPRING 2025

Contents

Welcome	2
Executive Summary	3
About AONL and Laudio	4
Overview of Laudio data set	5
Analysis 1 Early-tenure turnover rates by specialty and span of control	7
Analysis 2 The impact of new hire check-ins on nurse retention	10
Overview of nurse manager interviews	15
Priority 1 Setting the foundation—the academic experience	16
Priority 2 Building on the foundation—introduction to practice	20
Priority 3 Retaining the new talent	25
Priority 4 Building for the future	29
Conclusion	31
Contributors	32
Appendix	33

Welcome

Dear Colleague:

The American Organization for Nursing Leadership (AONL) and its Workforce Committee are leading a national effort to understand and address nurse leaders' key workforce challenges. A major objective of the work is to better illuminate these challenges and identify specific strategies to elevate and support nurse leaders.

As part of this effort, AONL has partnered with Laudio, a software company whose mission is to inspire, empower and connect the people behind great healthcare. Frontline leaders and executives use Laudio's software platform to streamline work for leaders and help drive large-scale change through everyday human actions.

AONL and Laudio Insights, Laudio's dedicated analytics group, partner on biannual reports (spring and fall) highlighting data and best practice to inform decision-making for frontline leaders and their executives. The Spring 2024 report, *Quantifying Nurse Manager Impact*, evaluated the impact of nurse managers' purposeful interactions with their team members. The Fall 2024 report, *Trends and Innovations in Nurse Manager Retention*, combined nurse manager retention data trends with insights into managers' priorities from one-on-one manager interviews.

This Spring 2025 report, *Early-Tenure Nurse Retention: Trends and Leader Strategies*, couples new data showing where and when early-tenure registered nurses are most likely to leave the organization with the voices of nurse managers who shared the impact of the retention strategies they have applied. The findings are intended to facilitate robust discussions that drive effective, prioritized investments in supporting early-tenure nurses and the nurse managers who lead them.

The ever-evolving role of the nurse manager is critical to effective care delivery. Our goal is to provide a data-driven foundation for the ongoing transformation of healthcare – with a focus on its frontline leaders.

Sincerely,



Claire M. Zangerle
CEO, American
Organization for Nursing
Leadership
CNE and SVP, American
Hospital Association



Tim Darling
Co-Founder, Laudio
President, Laudio Insights

Spring 2024 Report, *Quantifying Nurse Manager Impact*: <https://www.aonl.org/Quantifying-Nurse-Manager-Impact>

Fall 2024 Report, *Trends and Innovations in Nurse Manager Retention*: <https://www.aonl.org/Trends-and-Innovations-in-Nurse-Manager-Retention>

Executive Summary

Many health system executives report success in improving overall nurse retention over the last two years, but early-tenure¹ nurse turnover remains stubbornly high.

High early-tenure turnover puts significant pressure on nurse managers, who must continually hire, train and support new team members, only to see many leave before reaching clinical independence. This cycle is frustrating and has clinical, operational and financial consequences.

Clinical specialty and manager span of control have a significant impact on early-tenure nurse retention

Early-tenure nurse turnover patterns align with overall nurse turnover by specialty but occur at nearly twice the rate. On average, managers with 30 nurses experience a 27% early-tenure turnover rate, while those managing 90 nurses see rates of 40%. These high turnover rates have a real financial impact. Early-tenure nurses need visibility, coaching and support, but as supervision responsibilities grow, managers struggle to provide the necessary individualized guidance.

New hire check-ins have a powerful effect on first-year nurse retention, especially when conducted by managers

This report presents a new, statistically significant link between new hire check-ins with their manager and first-year nurse retention: 30- or 45-day check-ins improve retention by 6 percentage points, while 6- or 9-month check-ins improve it by 10 percentage points. However, when assistant managers conduct check-ins, retention drops by 6 percentage points.

New hire check-ins should be a priority, yet managers face increasing administrative and operational workloads, limiting their capacity to conduct them. Executives must adjust workloads to ensure managers can consistently provide this critical support.

At every phase of a nurse's career, leaders have many opportunities to boost engagement and retention

Conversations with nurse managers revealed four key phases in the early-tenure experience, each offering opportunities to improve retention: setting the foundation, building on it, retaining new talent and planning for the future. This report outlines actionable recommendations based on these insights.

Despite complexities, the findings emphasize the need for targeted investments in early-tenure nurses and their frontline managers. This report is informed by manager interviews, an external literature review and analysis of Laudio data across multiple care settings and specialties.

¹ In this report, early-tenure refers to the first 12-18 months



About AONL and Laudio

About the American Organization for Nursing Leadership (AONL)

As the national professional organization of over 11,000 nurse leaders, AONL is the voice of nursing leadership. Our membership encompasses nurse leaders working in hospitals, health systems, academia and other care settings across the care continuum. Since 1967, the organization has led the field of nursing leadership through professional development, advocacy and research that advances nursing leadership practice and patient care. AONL is an affiliate of the American Hospital Association. For more information, visit [AONL.org](https://aonl.org).

About Laudio

Laudio enables health systems to drive large-scale change through everyday human actions. The company's AI-enhanced platform streamlines workflows for frontline leaders, strengthens interpersonal connections and aligns C-suite objectives with frontline efforts, enhancing leader efficiency, employee engagement and patient experience. Laudio makes it possible for patients, frontline team members and health system leaders to thrive together. Discover how at laudio.com.

About Laudio Insights

Laudio Insights is Laudio's analytics, research and publications division. Managers' use of the Laudio platform enables us to collect unique detailed work environment data for leaders who manage over 300,000 health system clinical and non-clinical employees in 100+ facilities in the United States. From the data, Laudio Insights creates actionable and independent analytics. Laudio Insights publishes quarterly reports, articles and other content that provide decision-making support to frontline leaders and their executives.

Overview of Laudio data set

The Laudio platform serves as a centralized hub for leaders' core daily work across employee experience, quality and safety, and patient experience. It integrates data from underlying systems, such as HRIS and time-and-attendance solutions, into actionable workflows and uses AI to prompt leader actions (e.g., employee recognition and appreciation) that drive organizational performance.

The daily data feeds and documented manager activities in the platform form the foundation of the data in this report. While managers of all sites of care, roles and specialties use Laudio, this report focuses on nurse managers and their teams. The definition of nurse manager, as used in this report, is in Appendix 2; multiple typical job titles are associated with this definition.

Laudio's data set includes over 100+ acute care hospitals and hundreds of ambulatory and clinic facilities nationally. The data set used in this analysis covers 10,000 distinct managers and over 300,000 employees, inclusive of all care sites in health systems, though most of the employees are in an inpatient setting.

Laudio's data set has a higher representation of East/Southeast regions in the US and of American Nurses Credentialing Center (ANCC) Magnet® hospitals (details in Appendix 1).



Nurse managers and their teams in the Laudio data set

About two-thirds of the nurse managers in the Laudio data set work in an inpatient setting; the remainder are in emergency departments (EDs) and outpatient/ambulatory settings (Figure 1). Unless otherwise noted, the analyses in this report are inclusive of all sites of care. The data throughout the report is as of March 2025.

Additional details about the facilities, managers and team members in the Laudio data set are in Appendix 1.

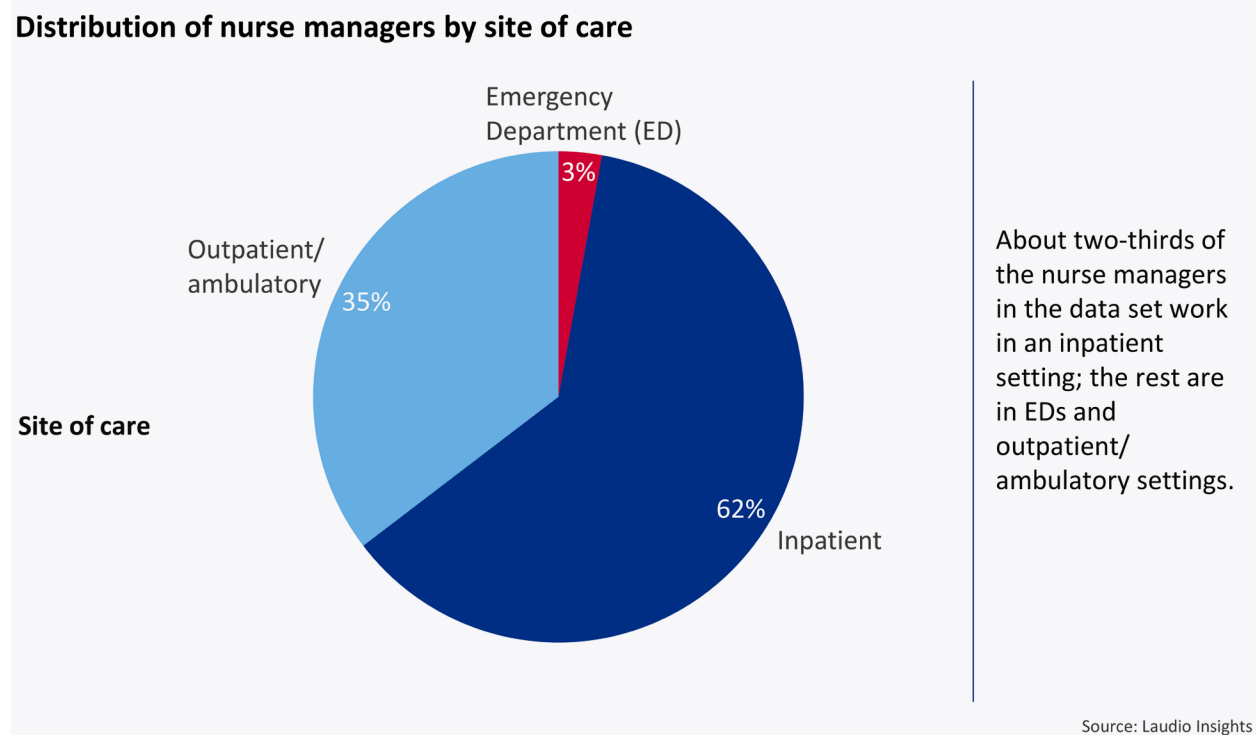


Figure 1

Analysis 1

Early-tenure turnover rates by specialty and span of control

New hires follow a similar turnover pattern to later-tenure nurses, when viewed by clinical specialty

Figure 2 shows average nurse turnover rates by clinical specialty with all-tenure registered nurse (RN) rates in light blue and early-tenure RN rates in dark blue. The chart is ordered in decreasing order of all-tenure RN turnover.

- For the all-tenure RN group, step down/progressive care units and central monitoring/telesitters have the highest rates of turnover (about 18-22% nationally). Med surg is close to the middle of the group (about 15%). The procedural units (OR and Pre-op/anesthesia/PACU) have the lowest turnover rates (about 8-10%).
- The first 18-month RN group follows a similar pattern, the main difference being elevated turnover rates (roughly twice as high as the all-tenure rates in each specialty).
- One exception is in pediatrics, where early-tenure RN turnover is lower than would be expected based on its all-tenure rate. In contrast, inpatient oncology and women's/OB are two specialties where early-tenure turnover rates are higher than would be expected based on their all-tenure rates; this may imply that the singular focus needed in these specialties might not be ideal for new hire RNs.

2024 average RN turnover rates by specialty (by FTEs), by RN tenure

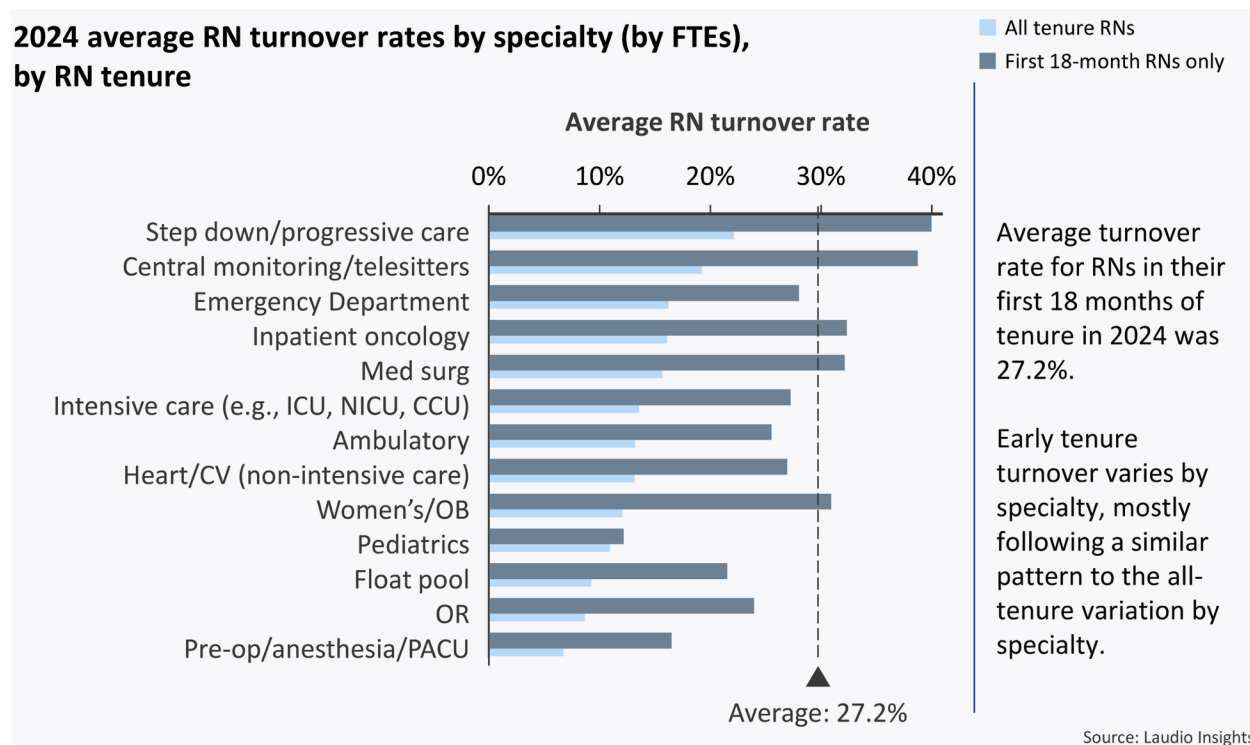


Figure 2

New hire turnover rates are very sensitive to managers' span of control

There is a different pattern when looking at nurse turnover by manager span of control, as shown in Figure 3. As in the prior figure, all-tenure RN rates are in light blue and early-tenure RN rates are in dark blue; the chart is ordered by increasing span of control.

All-tenure nurse turnover increases as spans of control increase (in light blue), once spans of control are greater than 30 headcount. Prior reports have looked at this in more detail, showing that this trend is more clearly observable when looking at each specialty (as specialties have typical span of control ranges that obscure the pattern when looking at all-tenure turnover).

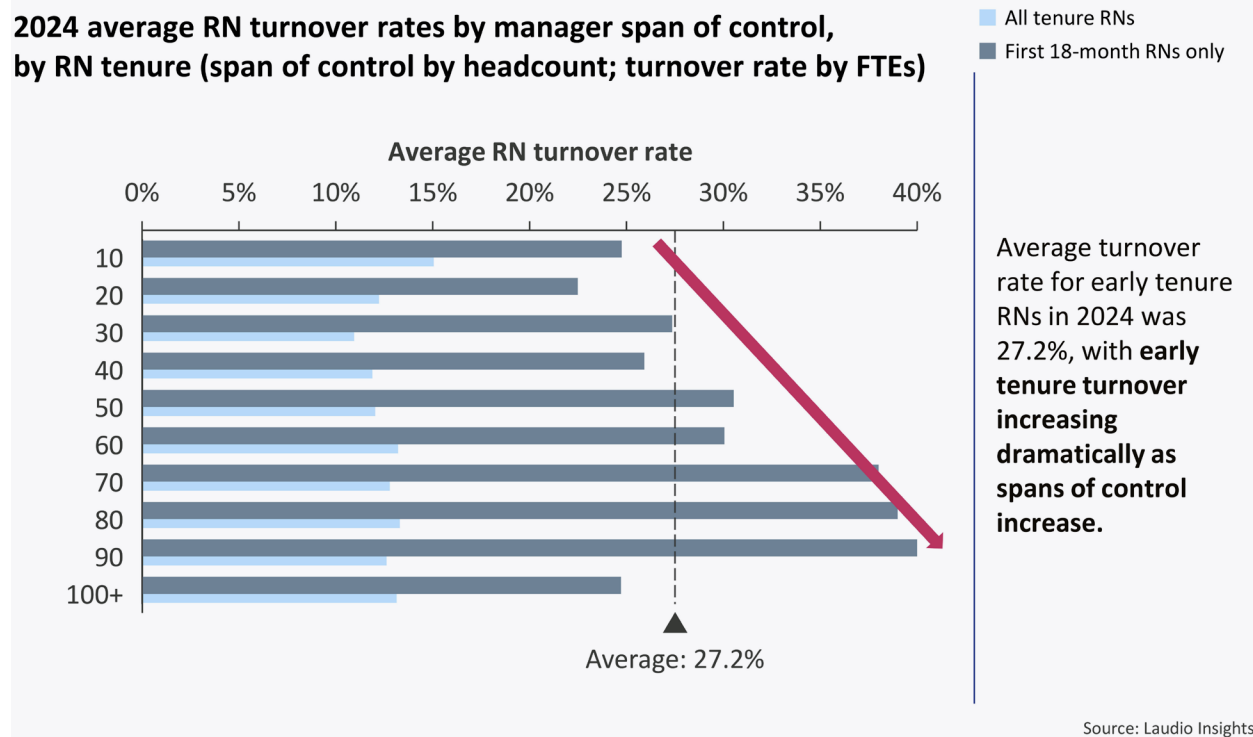


Figure 3

However, the pattern is striking when only looking at early-tenure RN turnover (in dark blue). The average early-tenure RN turnover rate is:

- About 27% for managers with 30 headcount and 45 headcount
- 40% for managers with a span of control of 90 headcount

This higher rate of turnover corresponds to significant financial impact. Consider two team models, Team A with a single manager of 90 headcount and Team B with two managers each covering 45 headcount, as shown in the table below. On both teams, 30% of the members are in their first 18 months:

Team	Headcount	Early-tenure RNs	Early-tenure RNs who leave per year (on average)
A	90	27	11 (40%)
B1	45	13.5	3.6 (27%)
B2	45	13.5	3.6 (27%)

Between these two models, the difference is about four more RNs leaving from the 90 headcount team (11 as opposed to 3.6+3.6). Using national average costs of turnover, this corresponds to over \$300,000 in additional annual costs.²

In other words, for teams with high spans of control and a high percentage of early-tenure RNs, a business case can be made to split the team into two units with separate managers. The cost of the additional nurse manager would be more than covered by the estimated \$300,000 in savings.

While there are many potential reasons for the strong association between span of control and early-tenure turnover, the obvious implication is that early-tenure RNs require significant visibility, coaching, support, recognition and guidance from their managers. And managers' time to provide this level of relationship diminishes as their spans of control increase.

The retention impact of this level of relationship is also important to RNs once they are beyond the first 18 months, but the pattern is not nearly as pronounced.

(Note that in the chart, early-tenure turnover drops for teams with over 100 headcount; this specific number is an outlier to the overall trend and the reason is not known.)

² Assumes \$56,300 cost per turnover (NSI, 2024) plus the additional \$20,000 cost of nurse residency program (Cochran, 2017).

Analysis 2

The impact of new hire check-ins on nurse retention

This report marks the first publication of a new statistically significant association between new hire check-ins and early-tenure nurse retention rates.

New hire check-ins are associated with higher retention

As shown in Figure 4, conducting 30- or 45-day new hire check-ins³ is associated with a 6 percentage point improvement in first-year RN retention (this figure includes a mix of both managers and assistant managers). The green star denotes the statistical significance of this finding with the whiskers showing the 95% credible interval, which is entirely above 0%.

6%
improvement
in first-year RN
retention

First year RN retention improvement associated with new hire check-in, by the timing of the check-in

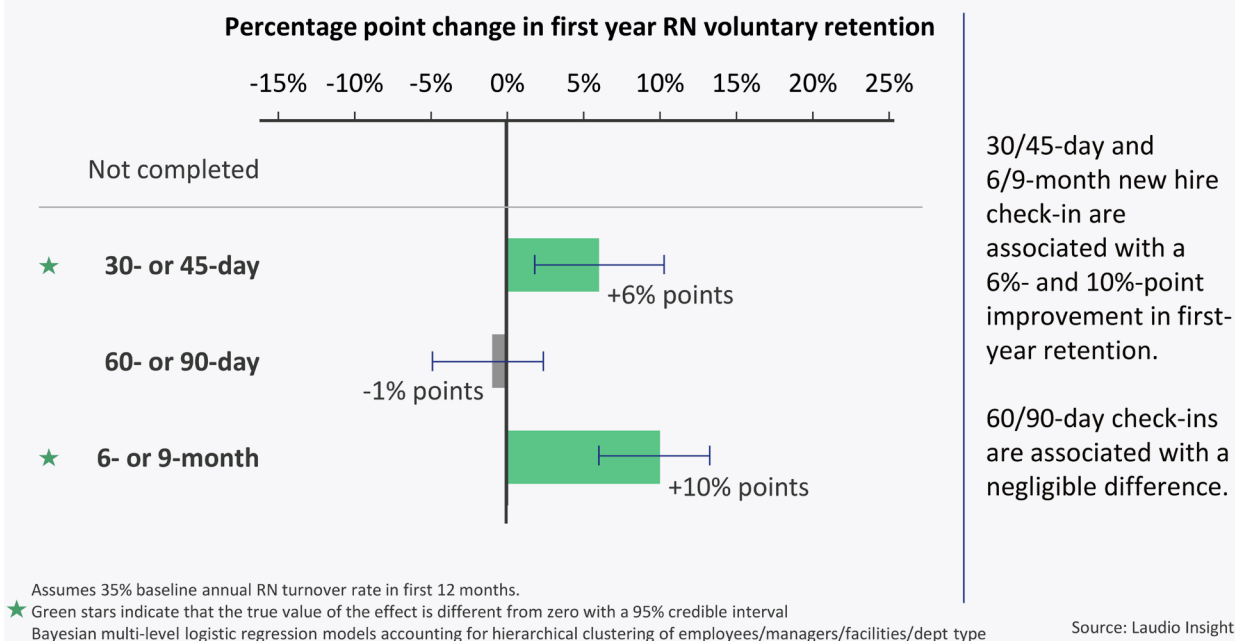


Figure 4

³ Note that managers will typically do either a 30-day or a 45-day check-in.

On average, 60- or 90-day new hire check-ins are associated with virtually no change in first-year RN retention. One possible reason for this overall net zero impact is that when assistant managers perform check-ins, they have a negative impact on retention, versus when managers perform them, as shown in the next figure. Another possibility is that in some organizations, the 90-day check-in is partly a formal process to confirm the employee has successfully onboarded; meaningful interactions may also take place during the check-in, but the conversation may focus on more process-oriented topics.

6- or 9- month new hire check-ins are associated with a 10-percentage point improvement in first-year RN retention, with statistical significance.

12-month check-ins are also associated with higher retention

Figure 5 shows that 12-month new hire check-ins are associated with a 3 percentage point improvement in reaching 18 months of tenure, with statistical significance.

In short, almost all new hire check-ins have a very strong influence on improving early RN retention rates and should be a priority for executives and managers.

3%
improvement
in reaching 18
months of tenure

RN retention improvement associated with new hire check-in between 12th and 18th month

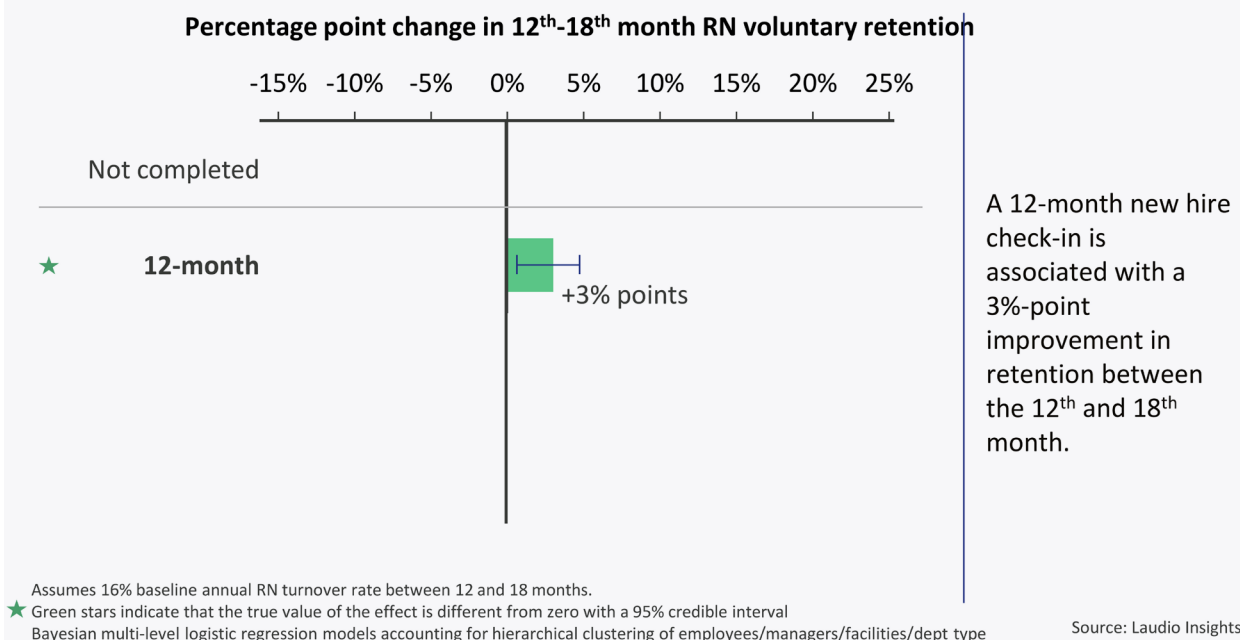


Figure 5

When a manager does the early new hire check-ins (as opposed to the assistant manager), the associated impact is far greater

Figure 6 shows the impact of completing a 30- or 45-day new hire check-in based on whether it is conducted by a manager versus an assistant manager. When a manager conducts this check-in, it is associated with a statistically significant 10 percentage point improvement in first-year RN retention. In contrast, when an assistant manager conducts the check-in, it is associated with a statistically significant 6 percentage point decrease in first-year RN retention.

10%
improvement
in first-year RN
retention

As shown in Figure 3, where there is a clear implication that new RNs especially look to their manager for coaching, feedback and a supportive relationship, it could be that managers send a strong signal by making time for these important moments. Team members who don't spend meaningful time with their manager at the 30- or 45-day mark may believe that they will not have the relationship with their manager they need, affecting whether they choose to stay or not.

This data averages the impact across many different teams and organizations so it may be measuring the variation in the assistant managers' role. In teams where assistant managers are viewed as full members of a tightly knit leadership team, for example, the impact may differ.

First-year RN retention improvement associated with the completion of a 30- or 45-day new hire check-in, by the role who completed it

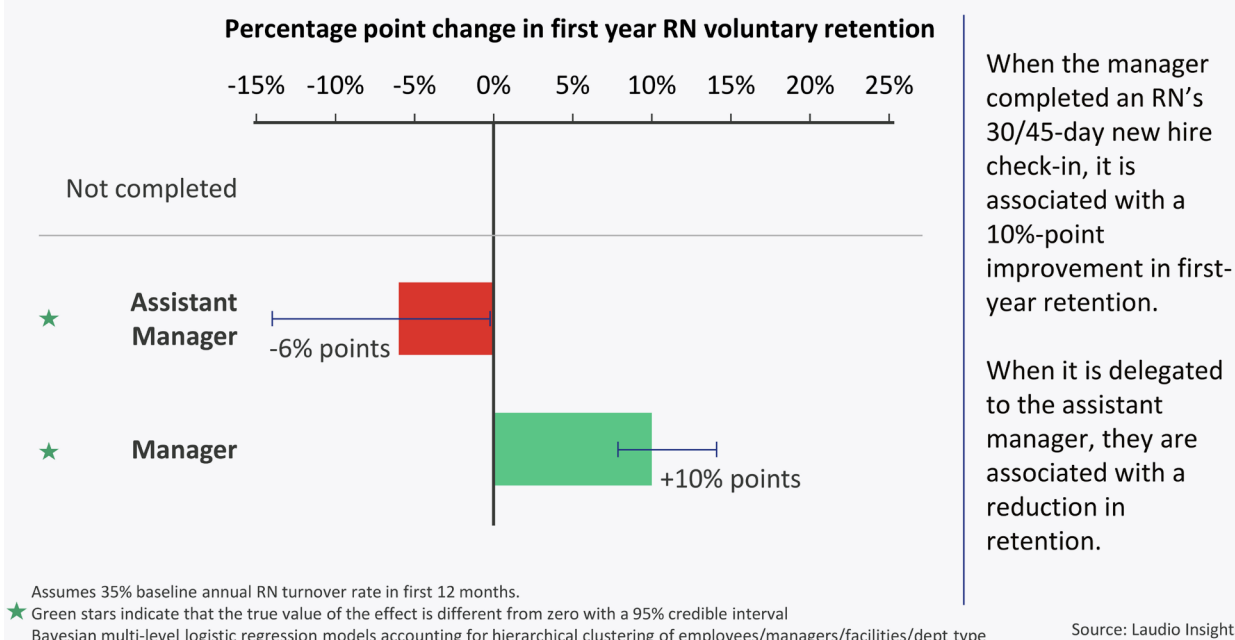


Figure 6

As shown in Figure 7, the difference in the impact on RN retention when managers conduct new-hire check-ins versus assistant managers is even more pronounced for the 60- or 90-day check-in.

First-year RN retention improvement associated with the completion of a 60- or 90-day new hire check-in, by the role who completed it

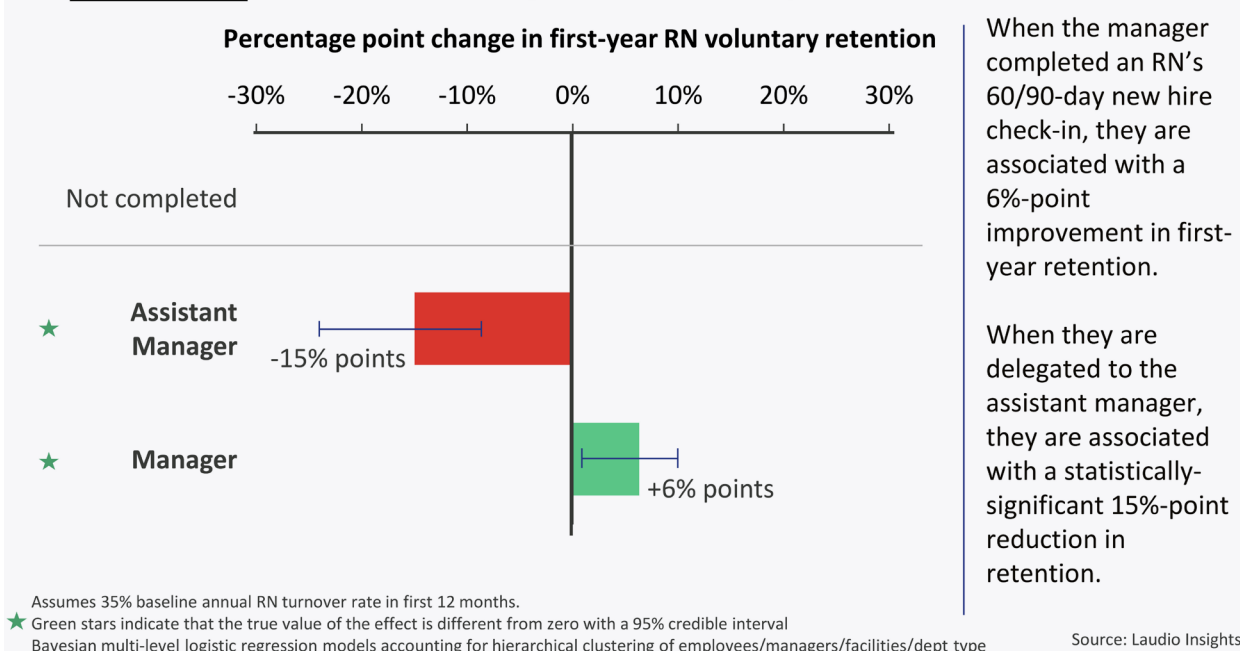


Figure 7

When a manager does the later new hire check-ins (as opposed to the assistant manager), the associated impact is also greater

Figure 8 shows the impact of completing a 6- or 9-month new hire check-in based on who conducts it. When a manager conducts this check-in, the interaction is associated with a statistically significant 13 percentage point improvement in first-year RN retention. In contrast, when an assistant manager conducts this check-in, there is no statistical impact.

Managers consistently report that spending time with their team members, including new hires, is a priority, but their time is taken up with management of broad relational and operational tasks as well as administrative work. Health system leaders need to help managers create the time and opportunity to conduct all new hire check-ins themselves despite their many conflicting priorities.

First-year RN retention improvement associated with the completion of a 6- or 9-month new hire check-in, by the role who completed it

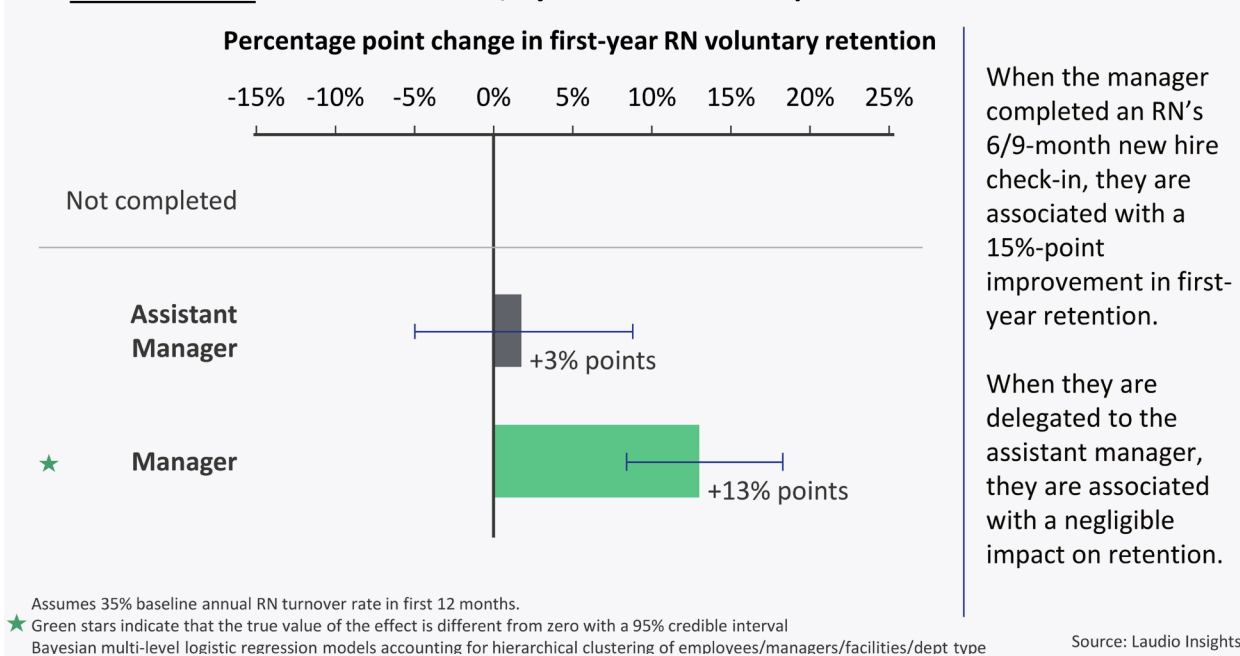


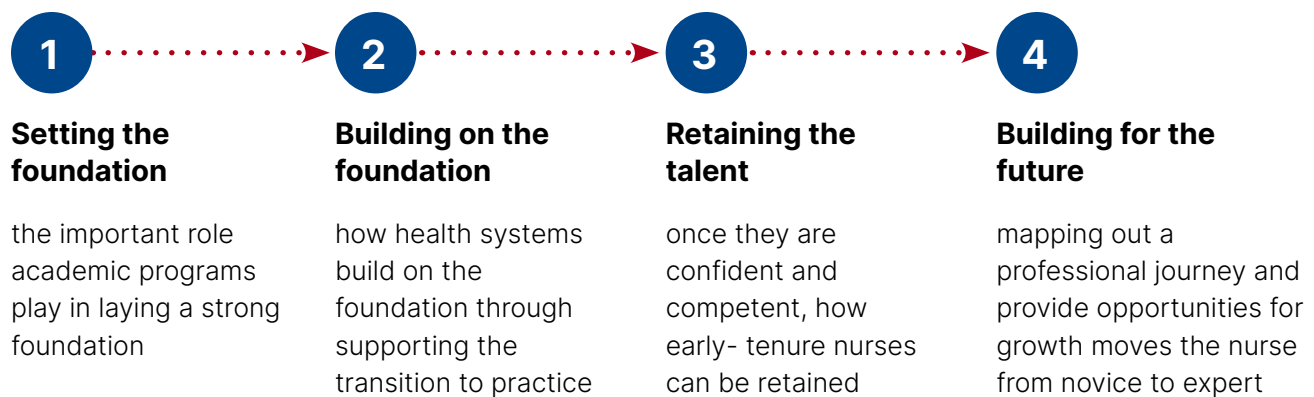
Figure 8

Overview of nurse manager interviews



Part of the challenge that CNOs and nurse managers face is how to prioritize their investments in early-tenure nurses. What interventions are most effective? Which interorganizational relationships can be built to support these interventions? How can managers and executives build return on investment (ROI) justifications for the time and resources needed to effectively onboard and retain these nurses?

In January 2025, AONL interviewed 10 nurse managers to hear their views on the retention of early-tenure nurses. In these interviews, managers were asked about the priorities of the new workforce and what challenges (and opportunities) they saw in leading early-tenure nurses. The managers shared their observations of gaps in the nurses' foundational skills and described their experiences and challenges in developing and supporting them over time.

Through conversations with the managers, four phases of the early-tenure nurse journey emerged. The phases represented windows of opportunity to ensure the successful transition into practice. The phases also represent opportunities where leaders can retain and build nursing talent for the future. The four phases that impact the early-tenure nurse include:



The priorities highlighted in this report, aligned with these four phases, have been compiled from the data analysis, best practices found in the literature, and the perspective of frontline leaders to give clarity to nurse managers and executive leaders.

In the forward-looking strategy sections below, foundational needs are marked with a brick icon  and innovations are marked with a light bulb icon . The featured quotes come directly from the manager interviews.

Priority 1

Setting the foundation – the academic experience

Overview

The first phase in the early-tenure nurse journey is their academic experience. Evidence outlines the importance of academic–practice partnerships to effectively prepare nurses for the practice environment. Preparing nurses for practice is “a shared responsibility and requires strong academic–service partnerships as practice continually evolves with new discoveries and innovation. Where academia leads in pedagogy, service leads in content” (Curley, 2024). These effective partnerships create systems for nurses to achieve educational and career advancement, prepare nurses of the future to practice and lead, provide mechanisms for lifelong learning and provide a structure for nurse residency programs (NRPs) (AACN-AONL, 2012).

The need for partnerships is evident considering the managers’ feedback that nurses today may not be adequately prepared for the complexities and demands of nursing practice. While nursing education produces highly intelligent and technically competent nurses, the nurse manager interviews reflected missing communication skills and misaligned early-tenure nurse expectations.

“Are nursing students encouraged to work in healthcare during school? Are clinical experiences giving them adequate conversational experiences?”

Perhaps because of technology and in particular social media, the new generation entering the workforce may have limited interpersonal communication skills. While individuals receive many benefits from technology, there has also been “social harm” (Haidt, 2024). Social media has limited this generation’s face-to-face interactions and their conversational abilities. The COVID-19 pandemic made this impact worse with social distancing and isolation which further limited confidence and a sense of belonging. These new workers may need more support in developing effective interpersonal communication skills.

“I spend a great deal of time on social issues with my early-tenure nurses.”

The academic setting is charged with laying the foundation for what “real life practice” looks and feels like. Simulation provides opportunities for acquiring and applying knowledge and skills using simulators, standardized patients and virtual settings. While studies demonstrate that simulation is a valuable learning strategy for increasing student self-confidence in clinical practice, managers

expressed the need for a balance between simulation and real-life experience. The goal of simulation is to resemble real life, but it cannot fully model the experience of approaching a human being (Koukourikos, 2021). Hence, opportunities for real-life interaction with patients, families and other professionals must be balanced with the use of simulation.

Interview data reflected that new nurses are entering the work environment without fully understanding the physical and emotional demands of the role. Educators have a key role to play in ensuring students' well-being and providing them with tools and strategies to nurture their well-being throughout their careers. Educators should build and sustain cultures that integrate well-being throughout the curricula in meaningful and visible ways. The Compassionate Care Initiative at the University of Virginia School of Nursing, for example, supports well-being through coursework, resiliency activities, retreats and workshop classes (Hassmiller, 2022).

"[New nurses] come in with 'rose-colored glasses' and are not prepared to deal with end of life, complications and tough family conversations."

The academic experience contributes to the foundation of professional identity, expectations and culture. A well-formed professional nursing identity enhances the nurse's well-being and growth, improves patient and workforce safety, and guides connection to the community of practice. It also provides an agreement and social contract between the nurse and society as to what attributes govern their work, regardless of role or practice setting. Building a culture of belonging in the academic setting (e.g., welcoming, supportive, inclusive, valued) enhances student nurses' potential for learning and influences career-planning decisions.

Recommendations



Academic-practice partnerships

Data supports the value of academic and practice partnerships. Academia and practice need to work together to develop strong foundations in early-tenure nurses. Key principles for developing these relationships include, but are not limited to:

- Formal, collaborative relationships with a shared vision, mutual goals and measurable outcomes.
- Mutual respect and trust that is evidenced by a reciprocal investment and commitment, active engagement and joint accountability.
- A quest for knowledge shared through joint appointments, research and best practices.
- A commitment to maximize the potential of each nurse through shared responsibility, decision-making and governance.
- Collaboration to develop sustainable transitions from academia to practice.



Culture of belonging in the academic setting

American Association of Colleges of Nursing (AACN) provides the following recommendations for building a culture of belonging in the academic setting:

- Provide a welcoming in-person or virtual classroom.
- Learn and use student names.
- Be approachable and available and provide constructive feedback.
- Incorporate culturally responsive pedagogy.
- Encourage engagement.
- Connect learning to real-world contexts.
- Provide resources and support.
- Facilitate collaborative learning.



Exposure to nursing practice before licensure

Student nurse exposure to care delivery in the form of paid roles creates a sense of belonging and loyalty to organizations early. It also gives the nursing student real-world experiences and helps provide realistic expectations for practice. Often these opportunities are part of academic-practice partnerships and include, but are not limited to, externships, internships or employment in a support role.



Mentorship models

Mentorship models for student nurses involve “matching student nurses with bedside nurses in the clinical setting which impacts the professional development of both student and mentor” (Curley, 2024). While this may not be a new strategy, it can be used with increased frequency through externships or internships.



Academic-practice leader partnerships

The need for academic and practice leaders to partner is not new. However, often the focus is clinical placement or shared faculty. A new area of focus may be to partner on advocacy projects, working to ensure nursing practice is unrestrained by policy and designed to help nurses work to their full scope of practice



Community immersion

Immersion experiences were used during the COVID-19 pandemic to expose nursing students to real-life practice. Opportunities to apply, observe and clarify abstract health promotion ideas abound when seen in everyday interactions with individuals outside of an acute care setting (Flores, 2021). This type of training contributed to growth in communication and relational skills, understanding of social determinants of health and commitment to the community. Health care organizations could consider this opportunity in their transition-to-practice programs to close the identified gaps in communication and relational skills.



Cross-disciplinary collaboration workshops

Collaboration workshops in the academic setting and the health system's transition-to-practice programs can promote confidence, competence and collaboration across disciplines. At one health system, three-day clinical communication workshops that included students or professionals from a variety of disciplines were offered each quarter.



Cross-disciplinary capstone projects

Final-year nursing students are encouraged to collaborate with peers from other health disciplines—such as pharmacy, social work and physical therapy—on real or simulated patient cases. By working in interprofessional teams, nursing students learn communication strategies, division of responsibilities and resource sharing, all of which more closely reflect the interconnected reality of health care.

Priority 2

Building on the foundation – introduction to practice

Overview

Ongoing dialogue and collaboration should occur between academic and practice leaders with a focus on the transition into practice. The practice setting needs to continue to support the sense of belonging to the profession and to the new work environment. The transition to practice should address the gaps discussed in the prior section: communication and relationship-building skills.

The culture of an organization and department consists of values, beliefs, norms, behaviors, communication, leadership style and symbols or artifacts. While we often focus on the mastery of technical skills in the transition-to-practice period, building a culture of belonging requires an understanding of culture. In a study by McKinsey & Co., one of the key drivers of early-tenure turnover is not feeling valued (McKinsey, 2023). The nurse manager interviews underscored this insight as well.

*“Encourage a culture that is open to learning from one another.
Promote bidirectional learning. Role model grace and support.”*

Historically, nurses received only 12-14 weeks of orientation to fully transition into practice. While this short orientation is still used, many organizations have implemented nurse residency programs (NRPs). NRPs support newly licensed nurses (nurse residents) as they transition from academia to practice and are proven to decrease turnover, increase support and improve satisfaction. This is training beyond a standard orientation and includes, but is not limited to, classroom instruction, clinical experience, socialization and mentorship. While many have called for health system support for practice transition programs, including NRPs, less than half of U.S. health systems have adopted them (Curley, 2024).

Adjusted for inflation, the cost of sending a nurse through an NRP can be up to \$20,000, in addition to their salary (Cochran, 2017). However, the investment hospitals already make in these early-tenure nurses can justify additional upstream and downstream investments to increase retention and therefore maximize the ROI.

In addition to orientation and residency programs, fellowships can help early-tenure nurses develop skills in their existing specialty or transition into a new specialty. Nursing fellowships offer nurses immersive learning experiences which combine clinical practice with study, mentorship and professional development. Fellowships enable fellows to learn and refine clinical skills or to develop new skills. In today's healthcare environment, fellowships are considered foundational.

Inexperienced preceptors and charge nurses may not provide the support that a new nurse needs. Investing in programs that strengthen preceptor skills, facilitate transition-to-practice, and post-orientation mentorship can impact a nurse's career trajectory, and provide ROI to the hiring organization (Curley, 2024). Preceptors and leaders need training in coaching, mentoring, emotional engagement and understanding of generational differences to successfully lead the new workforce.

The value of new hire check-ins for all RNs was discussed in the earlier section, "Analysis 2: Impact of new hire check-ins on nurse retention." New hire check-ins for new grads can be approached in the same way as for those who are later in their career.

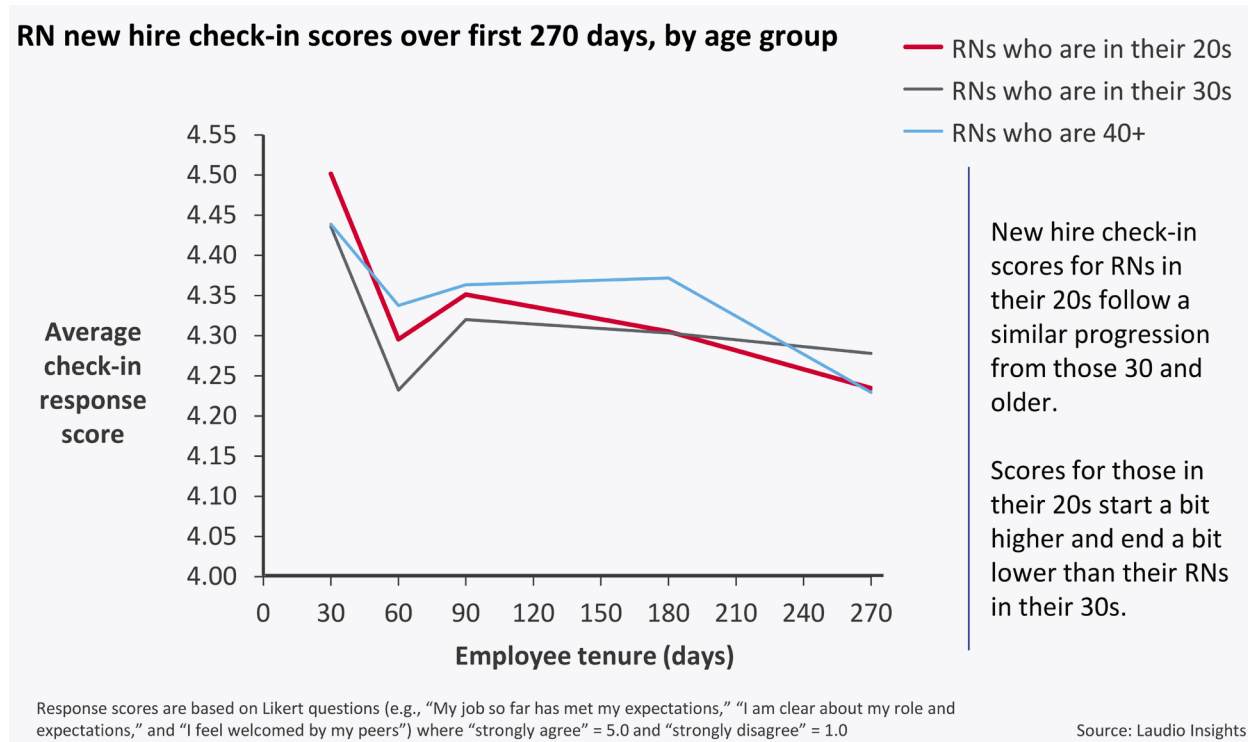


Figure 9

As shown in Figure 9, which includes job satisfaction scores from over 12,000 new hire check-ins, when new hires were asked about their perceptions of their role and the support that they receive, new grad nurses (typically those in the red line) have very similar scores and very similar score trends over time to those who are later in their careers (typically those in the grey and blue lines).

New grads typically start out with their highest job satisfaction scores at about 30 days in, see a "post-honeymoon" dip around 60 days, then a bounce back at 90 days, followed by a very slow average drop after that. If managers provide extra support and encouragement at 60 days and around 180 days, it might have the greatest impact in uplifting nurses when they most need it.

Recommendations

Orientation



Exposure to other departments

Managers believe exposure to other departments during orientation can benefit new nurses but often does not occur or is not viewed as a priority. The goal is to have new nurses rotate to and spend time in areas of the organization where collaboration is needed to promote quality patient care and efficiency. Examples include the command center, procedure areas, and the rapid response team. In addition, they may shadow nurse practitioners and physicians. This exposure to other departments should be a priority for early-tenure nurses.

"[New nurses] need to be integrated beyond their unit."



Orientation check-ins

Even the most capable preceptors cannot manage the orientation of a new nurse on their own. The nurse educator, manager, preceptor and orientee need to have regular meetings to collaborate on scheduling, goals and outcome measures. Managers should begin new hire check-ins during orientation. As noted earlier in this report, conducting 30- or 45-day new hire check-ins is associated with a 6-percentage-point improvement in first-year nurse retention.

"The manager is the key leader for the new nurse throughout orientation. They need to connect with the face that they saw in the interview. This promotes reconnection and a sense of belonging."



Phases of orientation

Phased orientation programs deliver appropriately timed knowledge and skills. Orientation programs should focus on validating and building nurses' clinical reasoning and judgment rather than documenting the accomplishment of a checklist of decontextualized tasks (Curley, 2024).

Phase 1: Competencies generic to the hospital system.

Phase 2: Competencies focused and matched to the nursing care needs of prevalent patient populations.

Phase 3: Competencies focused on atypical or more complex patient care needs and the professional role of the nurse as a clinical leader in the care environment.



Pre-orientation level setting

One nurse manager reported a successful strategy her organization employed that gives new nurses confidence and a solid footing even before orientation begins. A long-tenured, skilled unit nurse is assigned a cohort of new nurses. This nurse does not have a patient assignment but rather takes on a role akin to clinical faculty. The nurse works with their cohort to review basic skills, share unit culture, and coach on skills, policies, practice and expectations. This cohort training lasts three weeks, then the nurses from the cohort are assigned to a preceptor for the standard orientation.

"The orientation needs to be shoulder to shoulder – not a preceptor assigned to just check-in on the new nurse."

Residency



Consistent engagement in nurse residency programs

Managers reported frequent inconsistency in engagement and support of NRPs. Nurse residents are often pulled from the NRP to work on a short-staffed unit. Vizient, a national residency program, recommends required program attendance that includes a commitment to one day per month for nurse residents to receive NRP content and support. NRP coordinators may require the help of unit managers to ensure this commitment. In addition to attendance, nurse residents should actively participate in seminar activities and discussion, clinical reflection time and the evidence-based practice initiative.

"The goal of the NRP is to support newly licensed nurses as they transition toward competency over their first year, which cannot occur if they [nurse residents] are absent."



Standardized nurse residency nationwide

The traditional academic training program does not adequately prepare nurses for the complex, challenging health care environment today, making NRPs vital. But nationally, NRPs lack standardization, running anywhere from six months to two years. Nurse managers who were interviewed requested national consistency for NRPs. If they hire an early-tenure nurse who completed residency in another organization, they need to be confident that the nurse has the skills needed to practice confidently and safely.

"There needs to be a professional standard for residency programs, yet have the flexibility to address unique, individual learning needs."



Residency paths or tracks

One organization reported creating tracks in their NRP, with nurse residents rotating through four units over the course of the one-year program. At the end of the NRP, the nurse resident can join the unit that best suits them both clinically and culturally. This promotes a sense of competition among units to be the most welcoming and supportive unit for nurse residents.



Continued check-ins!

To continue regular check-ins with early-tenure nurses for 16+ months, one organization starts the NRP after the nurse finishes orientation. All inpatient nurses go through the NRP and meet weekly with the educator and residency coordinators. Every other week, meetings are scheduled with the educator and manager or assistant manager.

Fellowships



Post-residency fellowships

One manager reported that the fellowship program at her organization starts at the conclusion of the NRP and includes unit-based mentorship, career paths, professional identity and skill building. The goal is to refine and develop more complex skills. Each fellow is assigned a mentor, who attends one training class and receives a digital guidebook.



Specialty fellowships

Another organization used their nurse fellowship program to develop nurses for specialty areas such as surgical services, procedural areas or the ICU. The fellowship program runs concurrently with an NRP.

*"Provide development that uses the five senses.
Immersion promotes conversational skills and relationship building."*

Behavioral Nurses



Unexpected communication mentors

One organization reported hiring "behavioral nurses" who proactively assist in managing difficult patients. They attend huddles and get referrals from nurses. They create care plans, respond to behavioral codes and document notes in the EHR related to behavioral patient and family issues. This helps all nurses feel safe and more confident in these situations. An unexpected benefit of behavioral nurses is their ability to mentor early-tenure nurses in necessary communication skills.

Priority 3

Retaining the new talent

Overview

It takes a village to retain talent. Accommodating the need for flexibility, skill building and planned transitions requires collaboration at all levels of leadership. Early-tenure nurses are particularly vulnerable to turnover as they face a very different work environment than the more senior nurses did when they began their practice journey (Alrashidi, 2023). Of particular importance is the ability of a unit-based team to create a healthy work environment that supports the early-tenure nurses.

"...[M]anagers need to create a 'leadership team.' The load is shared within a group, and all respond to team needs. I have three strong supervisors. We are 'the leadership team' and we set a culture of shared leadership."

Foundational leadership practices, such as purposeful rounding, visibility of leaders, recognition and routine check-ins, are required. Communication with early-tenure nurses is vital, promoting a sense of belonging, creating opportunities for feedback and helping to identify "flight risks."

Early-tenure nurses want to feel connected to their team and leaders. Those first weeks of employment for nurses are incredibly important, as 20% of voluntary turnover happens in the first 45 days. During those first weeks, new employees form attachments to the organization and to their teams—and find where they fit.

"My team leaders are my eyes and ears. While I meet with all the new nurses, the team leaders provide me a lot of insight on the nurses' needs. They help me have meaningful conversations."

Studies have demonstrated that a sense of belonging is a significant predictor of success. A sense of belonging refers to the early-tenure nurse's perceived social support, a feeling of connectedness and the experience of mattering or feeling cared about (AACN, 2023). In addition to formal check-ins, leaders need to plan on informal touch points that are both professional and personal, including texting or using messaging apps to connect.

"I need to know their dog's name!"

A healthy work environment is imperative as early-tenure nurses begin their practice journey. This includes psychological safety, which means feeling safe to take interpersonal risks, speak up, disagree openly and surface concerns without fear of negative repercussions. Psychological safety is a recurring theme in health care today.

Maslow's hierarchy of needs outlines the requirements that humans must have fulfilled to survive, contribute and flourish. The basic physiological, safety and security needs form the foundation of Maslow's hierarchy. These needs must be met to achieve the higher-level needs of belonging, esteem and self-actualization. Social scientists now believe that psychological safety is one of these basic needs, a prerequisite for people to be at their best in all aspects of life, including at home, school and work.

"Psychological and physical safety yields strong, confident nurses."

A recent study found that newcomers who join an organization with higher psychological safety relative to their more tenured colleagues often lose that sense of safety and don't regain it until years later (AONL, 2024). The research showed that while new hires' psychological safety initially declined in all conditions, the trend was less severe in departments with high psychological safety. In those departments, new members' psychological safety was 5-15% higher than their colleagues in departments with low psychological safety. A single problematic interaction can destroy the psychological safety the early-tenure nurse initially experiences.

Leader preparation and selection are vital. Effective leaders (at all levels, including charge nurses, supervisors and assistant managers) impact nurse retention. Training programs promote leader networking, peer relationships and a support structure. Organizations should invest in preparing people for leadership roles proactively. All levels of leadership need training in generational differences and expectations. Many junior leaders, including supervisors and assistant managers, have less experience and training, which may be why manager conversations are more impactful.

Managers are burdened with administrative work, and that burden grows with increasing span of control. The data analysis revealed that the average turnover for early-tenure nurses was 27% but increased to approximately 40% when the manager had 90 or more direct reports. It makes sense that a reduction in administrative burden allows the manager to spend more time with direct reports. According to a McKinsey report, early-tenure nurses want flexibility and balance. When health care organizations get the drivers of retention right and employ effective nurse retention strategies, new hires are 20% more likely to remain.

"I need to understand generational differences and expectations to address the needs of individuals, but to facilitate teamwork."

Recommendations



Perform manager check-ins

The data published for the first time in this report demonstrates a 6-10% improvement in first-year retention when managers conduct 30-day, 6-month and 9-month check-ins. In addition, 12-month check-ins are associated with a 3% improvement in 12-18-month turnover.

- At one organization, the entire team gets involved in check-ins. Touchpoints occur with new nurses every two weeks for four months, as well as meetings at 30, 60 and 90 days. The manager does the 6-month and one-year evaluation. However, other meetings may be led by different leaders such as assistant managers, charge nurses, master nurses or educators. Engaging other leaders and experienced clinicians in check-ins promotes a sense of an expanded network of support.
- Another nurse manager reports that she performs dedicated sit-down conversations, including monthly touchpoints with all staff, quarterly dedicated check-ins and casual touchpoints.



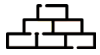
Reduce the manager's administrative burden

- AONL's Span of Control whitepaper offers sage advice to leaders in evaluating manager workload. Assessment and return on investment tools are available to aid in an evidence-based evaluation of workload and manager practice (AONL, 2025).
- Digital tools can reduce the administrative burden for managers, freeing up time to spend with staff. Tools can also help leaders connect with their teams.



Bolstering psychological safety

- Strategically assign new hires to departments or units with healthy work environments to ensure positive socialization, kicking off a virtuous cycle that builds psychological safety over time. Consider developing these "orientation units" with a supportive team that enjoys onboarding early-tenure nurses.
- When early-tenure nurses must be placed in settings with low psychological safety, invest in improving the departments' psychological safety with efforts such as manager or team skills training.
- Use careful framing to establish and reinforce the need for interpersonal risk-taking to perform well and increase confidence. For example, framing work as highly complex and uncertain clarifies the expectation new nurses may have that things will go wrong, causing them to struggle or need additional support.
- When managers and more senior nurses respond to early-tenure nurse questions, ideas or mistakes with curiosity and support, they can prevent the loss of psychological safety.



Develop leaders

- One manager reported that their department has routine charge nurse training. While not a novel idea, what is unique is that every nurse who has successfully completed orientation and residency is welcome to participate in the training. Rather than limiting the training to current charge nurses, all nurses can benefit from this opportunity for leadership development.
- Another manager reports that their organization hosts weekly manager training for all regardless of experience. This promotes a consistent culture and networking among department leaders.
- Several managers talked about understanding the unique needs and expectations of the various generations in the workforce today.

"My office is welcoming and conducive to conversation. I make it an area where staff want to come. It's not the principal's office."



Enhance the manager's office environment

Multiple managers commented on the importance of the manager's office environment. They referenced plants, low lighting, light music and artwork as well as amenities such as coffee, snacks, and chocolate. Managers reported that staff will step into the office for a reprieve, which creates the opportunity for dialogue. It was also noted that an orderly office can project "I got this..."



Mentor new nurses

- At one organization, the use of tenured or retired nurses for mentorship provides early-tenure nurses with support and wisdom. One mentor nurse is paired with a small group of early-tenure nurses. The mentor nurse follows a mentorship guide and is paid for "faculty time."
- One manager started a buddy system. She assigns each new hire a buddy who reaches out before their start date with the organization. Much of the connecting is done by text. All nurses on the unit are expected to serve as buddies.
- A mentor program for post-residency nurses is in the planning stages at another organization. The goal is to provide meaningful, ongoing support. To engage mentors in the program, they plan to offer non-wage incentives such as electronic journal subscriptions, podcast subscriptions, stethoscopes, uniforms, accessories and time-off priority.

"With proper support, high-tenure nurses love mentoring early-tenure nurses."



Conduct virtual huddles

While human resource colleagues often discourage virtual huddles due to payroll rules, early-tenure nurses embrace them. A manager suggested paying nurses for jumping on a virtual huddle from their phone or home computer. Technology enables attendance and time monitoring. Virtual huddles can promote communication with managers and enhance a sense of belonging while meeting the need for balance and flexibility.

Priority 4

Building for the Future

Overview

Forty-one percent of the total nursing workforce is made up of nurses with a mean age of 36 years or less, (Advisory Board, 2023). The Advisory Board identifies three main differences that set early-tenure nurses apart:

- Less work experience.
- Focus on the present makes them unlikely to wait for a promotion and likely to change employers frequently.
- A variety of employment opportunities and access to view hundreds of job postings in minutes on their phones.

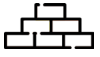
The Gen Z workforce (born 1997-2012) values individuality, authenticity, recognition and well-being. They are adaptable, tech-centric and thrive in flexible settings. Nurses in this demographic seek hybrid work, flexible schedules and healthy work environments. The Millennials (born 1981-1996) are also tech-savvy. They look for growth, purpose and collaborative work environments. These nurses appreciate leader feedback and clear paths for growth. Leaders need to understand the unique values and beliefs of these generational groups and tailor retention and growth strategies to their expectations.

While growth opportunities and clear career paths are important, the successful completion of an orientation and NRP needs to come first to establish a solid work foundation. Career journeys and growth plans can be developed during the NRP, but new opportunities such as coaching, mentoring, stretch opportunities and targeted transitions may need to wait until residency is complete.

When it comes to accelerated career trajectories, consider whether they are beneficial or harmful. Because of the large number of early-tenure nurses in organizations, high-performing nurses are quickly pulled into charge nurse and precepting roles. Asking them to learn how to be a nurse while assuming the responsibility of leadership or education roles can be harmful, putting a significant cognitive load on the early-tenure nurse and contributing to burnout. Accelerated trajectories may be beneficial, however, if carefully planned and if the nurse receives appropriate preparation and support.

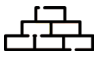
"Are we transitioning them into leadership roles too quickly? If they show promise, we put them in charge or assign them to precept."

Recommendations



Create stretch opportunities

When the early-tenure nurse wants more opportunities to grow, consider a stretch opportunity. These may include, but are not limited to, interim leadership roles, project leadership, organization-wide committee assignments, speaking or writing opportunities, and advocacy work.



Conduct stay interviews

Managers need to conduct the first stay interview six months after orientation. The goal is to understand how early-tenure nurses feel about their role and identify opportunities to better support them. The organization should create routine expectations for the completion of stay interviews, including a review of aggregate data.



Facilitate speed mentoring

One manager suggested speed mentoring, in which a panel of leaders and/or clinicians answer questions from early-tenure nurses regarding their career journey.



Offer career coaching

Some organizations provide on-call career coaches for early-tenure nurses. The coach helps them explore ideas, options and opportunities within the organization. They also facilitate the development of career pathways and development plans. Coaching promotes retention within the organization.



Plan for targeted transitions

To prevent the untoward effects of accelerated career trajectories, consider targeted transitions. With career planning, targeted transitions can promote engagement and retention. The goal is to minimize the strain of filling key roles by ensuring nurses are ready for a new opportunity. Leaders follow a system-wide process for internally sourcing and training nurses for new or hard-to-fill roles, while simultaneously backfilling roles with new hires (Alrashidi, 2023).



Conduct exit interviews

While this strategy is typically used with nurses who resign from the organization, consider employing exit interviews when nurses reduce their hours or request a transfer. The goal is to understand what drives their decision and uncover trends that can be addressed (Alrashidi, 2023).



Develop alumni programs

Alumni programs help the organization stay engaged with nurses who leave the organization. In partnership with human resources and marketing, the organization sends communications such as organizational updates, invites to events and educational opportunities to former nurses. The goal of this strategy is to perpetuate the sense of belonging with the organization in hopes that these nurses will return.



Offer peer and near-peer support programs

Like mentorship programs, peers can offer support, facilitate a sense of belonging and provide coaching or advice. Peers of similar age or experience offer unique opportunities for sharing, may be easier to approach than more senior mentors and typically develop relationships that are long lasting. Consider near-peer partners early in the nurse's transition to practice.

Conclusion

Today, while healthcare organizations are making investments in early-tenure nurses, they fall short of what is required to retain these team members who are new to the workforce and need significant support to succeed in their roles and stay with the organization. The clear message the data and analysis in this report, as well as the input from nurse managers, revealed is that health executives need to enhance support for frontline managers in their efforts to provide early-tenure nurses with the time and personalized attention they need. Prioritized investments in these nurses and their managers benefit all involved and yield significant returns for organizations by improving early-tenure nurse retention and generating substantial associated cost savings.

Additional references are attached in Appendix 3.

Contributors

Tim Darling

Co-Founder, Laudio
President, Laudio Insights

Claire M. Zangerle DNP, MBA, RN, NEA-BC, FAONL, FAAN
Chief Executive Officer, AONL
Chief Nurse Executive and SVP, AHA

Lori Wightman DNP, RN, NEA-BC, PCC, FAONL
Senior Director Professional Practice, AONL

Joel D. Ray Col (Ret.) USAF, NC, MSN, RN, NEA-BC
Chief Clinical Advisor, Laudio

Russ Richmond M.D.
CEO, Laudio

Carly Milliren MPH
Senior Biostatistician, Boston Children's Hospital

Andy Johnson PhD
Lead Statistician, Laudio

Sudip Raj Koirala
Analytics Team Lead, Laudio

Laxman Khati
Analytics and AI Engineer, Laudio

Bishal Rijal
Analytics Engineer, Laudio

Nurse managers:

Sean Brannan MSN, RN
Novant Health

Kate Buehler BSN, RN, CEN
Nebraska Medicine

Michelle Clements MSN, RN, RNC-NIC
UNC Health

Sarah Gloyne BSN, RN
Nebraska Medicine

Josh Huezo MHA, MBA, BSN, R.N., NEA-BC
El Camino Health

Annie Jojy MBA, BSN, RN
UT Southwestern

Janice Cobb Laureore MSN, RN, CNML
UNC Health

Sonya Lester BSN, RN, CCRN
UNC Health

Elizabeth Vial BSN, RN, BMTCN
UT Southwestern

Lacy Wake BSN, RN, NE-BC
Nebraska Medicine

Appendix 1

Distribution of nurse managers in the data set by geography, facility ANCC Magnet® status, facility bed size, and specialty

Distribution of nurse managers by geography

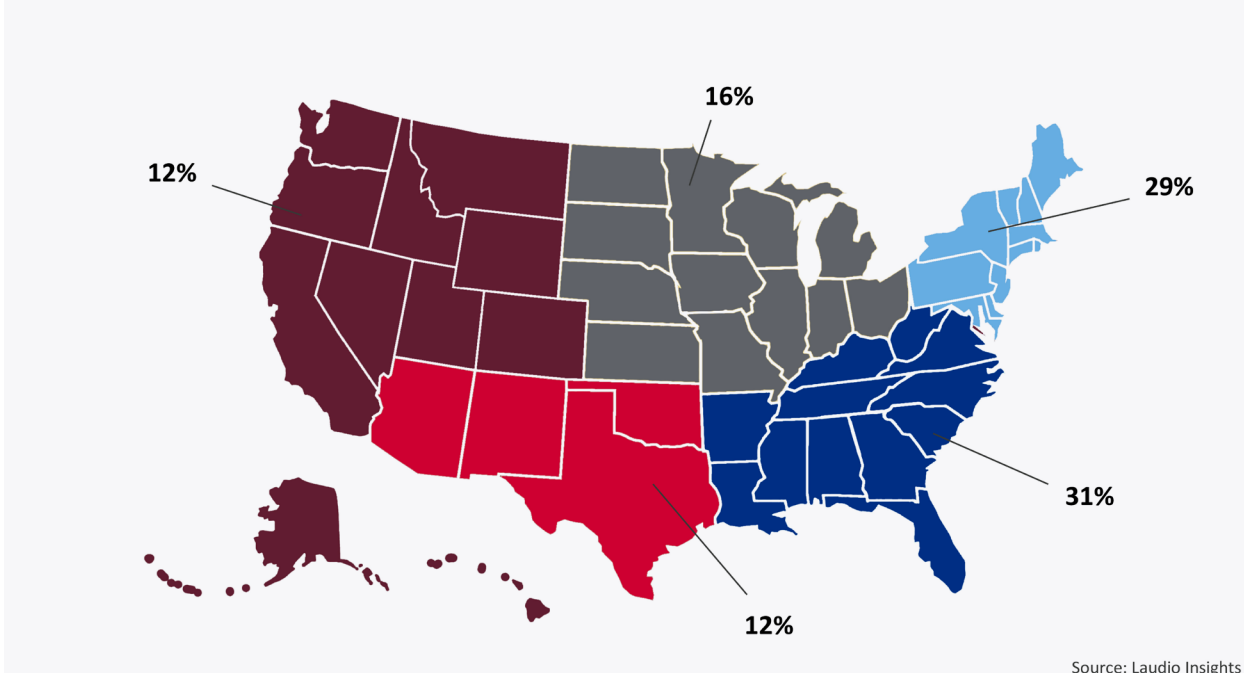


Figure 10

Distribution of nurse managers and team members by ANCC magnet status of their hospital

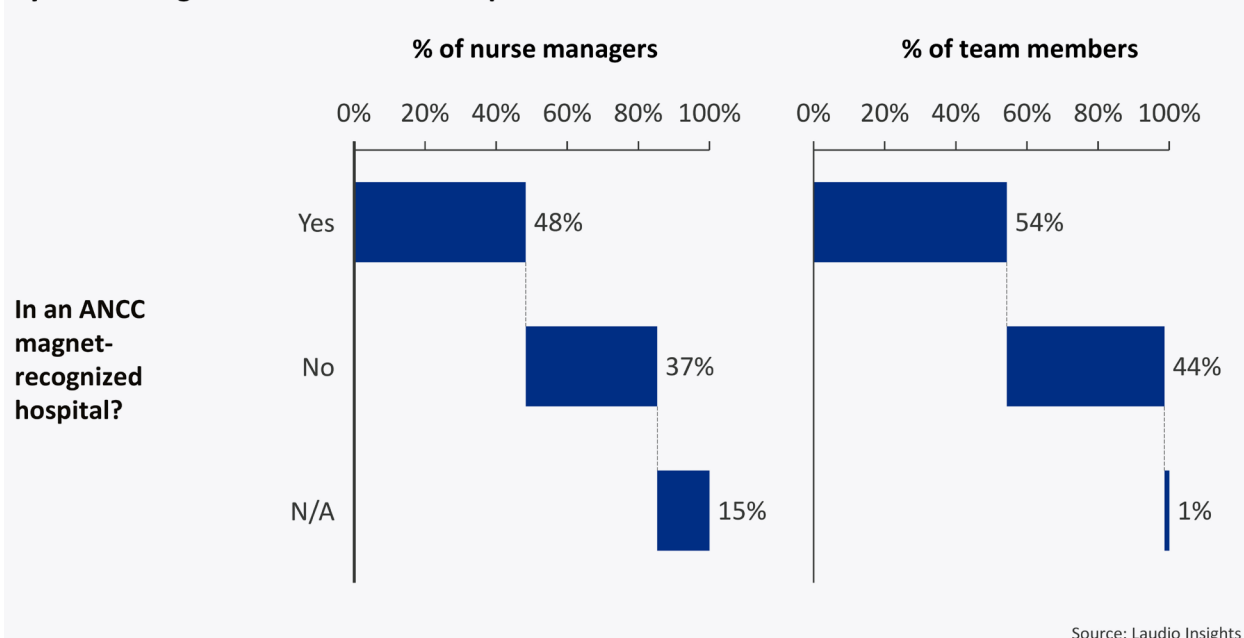


Figure 11

Appendix 2

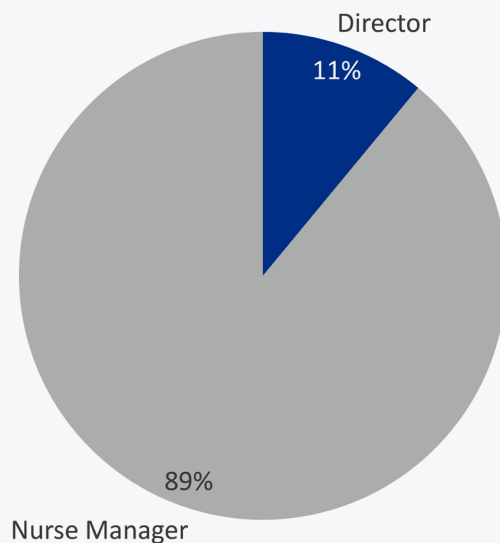
The job titles of nurse managers

This report uses the term “nurse manager” to refer to any leader of a patient-facing department. Typically, all team members report to the nurse manager directly. Some nurse managers have the specific role(s) of assistant nurse managers reporting to them. Assistant nurse managers also have direct reports but do not manage anyone with a full manager title.

Of these nurse managers, some organizations use “director” instead of “manager” as their title (Figure 12).

Overall, 11% of nurse managers have “director” as a job title.

Distribution of “nurse managers”, as defined in this report, by job title



In this report, the term “nurse managers” refers to anyone who is responsible for the operation of a cost center; typically, they have most of the team members reporting to them directly

By this definition, 11% of these “nurse managers” have “director” as a job title

Source: Laudio Insights

Figure 12

Appendix 3

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