



**COMPENDIUM 2.0**

# Strengthening Nurse Manager Retention

Practical strategies to reduce turnover, support leadership development and build sustainable roles for nurse managers.

# 1. A Message from AONL Leaders

Developed through the contributions of nurse managers, academic leaders and health system executives across the country, the American Organization for Nursing Leadership's (AONL) [Compendium 2.0](#) builds on the foundation of our original compendium. It elevates proven, practical strategies that strengthen nursing leadership and improve workforce sustainability.

Compendium 2.0 identifies seven essential domains where strategic action has the greatest impact. This chapter is focused on nurse retention, addressing how organizations can create environments where nurses choose to stay and grow.

To make Compendium 2.0 as accessible and actionable as possible, we are releasing it in three phases. The second release includes this chapter, as well as a section exploring nurse recruitment and talent attraction, where nurse leaders and talent acquisition teams collaborate to create candidate-focused processes and design flexible roles that meet the changing expectations of today's workforce.

Visit [Compendium 2.0](#) to read each chapter. An additional section will follow in October, addressing the following domains:

- A culture of inquiry, where curiosity is supported, communication is open and leadership models the behaviors needed to question assumptions and improve care.
- Leadership, addressing how organizations grow the “leader within,” invest in transition-to-practice programs, offer advancement pathways and create systems for support, mentorship and succession planning.

Our first release included chapters addressing:

- [Academic practice partnerships](#), where education and practice leaders collaborate to create innovative models that prepare, develop and retain nurses while improving care quality.
- [A healthy work environment](#), in which respect, well-being and psychological safety are core tenets. Healthy work environments require teamwork, reduced administrative burden and attention to workplace violence and burnout.
- [Total rewards](#), exploring how organizations align salary, benefits and incentives with workforce expectations, recognizing that competitive pay alone is not enough without supportive work environments.

Whether you're reading the first chapters or returning for later releases, we hope this work not only informs your strategies but also inspires new ideas, bold questions and shared accountability for shaping the future of care.



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## 2. Why Nurse Manager Retention Still Demands Urgent Focus

Nurse managers continue to face mounting pressures as care delivery grows more complex — with workloads, emotional strain, workplace violence and other disruptive behaviors only intensifying since the pandemic (AONL, 2024; Darling, 2024b; Leadership, 2025). While the field has seen progress in reducing nurse leaders' intent to leave, many nurse managers still plan to exit their roles, citing these ongoing stressors and their impact on health and well-being (AONL, 2024; Leadership, 2025).

When nurse managers leave, it disrupts continuity, creates uncertainty for staff and often weakens communication and decision-making — factors that can accelerate broader team turnover. Manager departures are associated with up to a 4% annual decline in nurse retention (AONL, 2024). Financial constraints and a competitive hiring market make it difficult to replace these valued team members, including nurse managers and nurses. The share of front-line health care managers overseeing multiple departments has grown from 12% to 21% in two years — a 33% annual increase — putting the role on an unsustainable trajectory that could reach 50% within three years (Darling, 2024b).

As more veteran nurse managers leave their roles, organizations are replacing them with newer, less experienced leaders (Darling, 2024a) — further underscoring the need for successful retention strategies. With this in mind, the Nurse Manager Retention Committee revisited AONL's initial Nursing Workforce Leadership Compendium to follow up with organizations with exemplary retention approaches and share practical insights that others can apply.

## 3. How the Committee Identified and Reassessed Exemplars

The Nurse Manager Retention Committee reviewed all 24 exemplars from the [initial compendium](#) to identify which organizations to revisit. Each committee member independently evaluated the exemplars based on their relevance to current practice issues and potential to provide measurable retention data. Using a survey, members voted to either select or decline each exemplar for follow-up.

The committee organized the exemplars into categories that it later consolidated into three main areas — coaching/support, staffing/scheduling and support roles — then interviewed three organizations to see how their strategies had evolved since the original compendium.

To protect the anonymity of participating organizations in Compendium 2.0, examples drawn from follow-up interviews with Compendium 1.0 exemplars are presented without identifying details or citations. These examples are integrated alongside peer-reviewed literature to highlight both real-world practice and evidence-informed strategies. Citations are provided for examples sourced from the literature.

## 4. Improving Nurse Manager Retention: Summary of Best Practices

Nurse manager retention improves when organizations invest in leadership development, shared decision-making and operational support that align with nurse managers' day-to-day realities. Across successful programs, several best practices consistently emerge:

- Provide consistent, structured mentoring and coaching that support both personal growth and professional development.
- Strengthen shared governance structures that give nurse managers a voice in shaping the systems and policies that affect their daily work.
- Implement coordinated staffing systems to reduce administrative burden and improve workloads across units.

### A. Design coaching programs that work

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Nurse managers stay in their jobs longer when they have support from colleagues and their workplace. Research shows that collegial relationships, multidisciplinary networks and workplace social support improve nurse manager well-being, job satisfaction and retention (AONL, 2022; Adriaenssens et al., 2017; Lyle-Edroso et al., 2023; Penconek et al., 2024). To strengthen these support systems, many organizations have introduced coaching and mentoring initiatives. These programs range from formal residency and mentoring programs to leadership practices that develop nurse managers at all levels.

Research defines coaching as a partnership that helps individuals reach their potential through focused, time-limited goals that translate advice into action (Richardson et al., 2023; Thompson et al., 2012). In contrast, mentoring emphasizes long-term professional socialization, often unfolding over time within a relationship centered on shared experience and guidance rather than performance outcomes (Richardson et al., 2023).

Coaching must be practical, relational and embedded in the realities of nurse managers' work. Nurse managers — especially those new to their roles — may find it hard to fully engage with coaches if they don't have time, clarity about what to expect or trust in the process. Internal coaches without clear boundaries can erode psychological safety, and poorly matched pairings or vague goals can leave participants feeling frustrated or unsupported (Richardson et al., 2023).

Program design also matters. If participation is forced, or if coaching initiatives lack structure or relevance to the manager's specific challenges, participants may come away feeling less confident or supported, particularly if expectations were unclear or the coaching relationship felt evaluative rather than developmental (Richardson et al., 2023).

To avoid these pitfalls, organizations should:

- Match nurse managers with experienced coaches.
- Offer trial sessions to ensure a good fit.
- Set clear expectations around confidentiality and roles.

Because nurse managers must be willing to reflect and grow to benefit from coaching (Richardson et al., 2023), leaders can reinforce psychologically safe and open environments by modeling their own vulnerability. The following best practices are illustrated through a combination of follow-up examples from Compendium 1.0 and peer-reviewed literature.

### **Follow-up example: Mentoring to support transition and connection**

A nurse leader mentoring program at a large acute-care hospital reduced turnover from 8.2% to under 3% by building regular, structured support into managers' existing workflows. The program began in 2021 with monthly mentorship circles led by the chief nursing officer (CNO) and 15 nursing directors. These sessions created a psychologically safe space to discuss real-time challenges.

Discussion topics addressed immediate needs: managing restructuring, rebuilding confidence after sentinel events and improving difficult workplace relationships. The CNO modeled vulnerability by sharing her own challenges, making it easier for others to do the same. This approach proved so effective that the operations division adopted it for their directors.

Starting as a Magnet designation requirement, the program evolved into a broader support system. Initially, directors then led small group sessions with managers. Now, to reduce meeting burden, directors rotate leading discussions at monthly manager council meetings, reaching all 45-50 managers at once. The team uses Microsoft Copilot for note taking and combines mentoring with existing meetings to streamline administrative work while preserving honest discussion.

**Steps to achieve success:** Senior leaders partnered with their organization's development teams for expertise and support; consistently modeled the behavior they want to see; and stayed flexible enough to address challenges as they arise. Above all, nurse managers need safe spaces where showing uncertainty isn't seen as weakness but as a way to learn together.

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### **Peer-reviewed example: Mentorship with monthly meetings and strengths assessment**

One pilot mentoring program paired 15 mentors — each with at least three years of leadership experience — with mentees who had fewer than two years in their roles.

Over six months, each pair committed to meeting monthly and participated in six training sessions based on the Hale Mentoring Up framework (Hale & Phillips, 2019). Participants also completed the Clifton StrengthsFinder assessment to help mentees identify and build on their strengths.

When researchers evaluated the program through focus groups, they found two factors that contributed to strong mentoring relationships: interpersonal skills — such as trust, flexibility, and a shared commitment to learning — and organizational skills that helped participants build both internal and external networks.

Other studies describe leadership development and residency programs that incorporate mentoring as a core component (Ecoff et al., 2024; Ficara et al., 2021).



### **Peer-reviewed example: Residency with structured mentorship and choice-based pairing**

Krivanek et al. (2023) describe a year-long residency program for assistant nurse managers that combined quarterly courses (on teams, communication, change management and work environment) with monthly mentoring sessions. Participants chose their own experienced mentors and signed agreements outlining their partnership. After implementing this program, first-year retention rates improved from 94.3% to 98%, and 12% of participants earned promotions to nurse manager positions.

Several factors likely drove this success. Allowing participants to choose their own mentors created better personal fit and trust from the start. The formal agreements and monthly schedule provided structure and accountability that informal mentoring often lacks. Most importantly, the program integrated classroom learning with real-world application through mentoring conversations, helping managers immediately practice new skills with experienced guidance. The year-long commitment gave relationships time to develop depth beyond surface-level advice.

### **Peer-reviewed example: Peer support and mentoring embedded in monthly skill-building**

A 12-month residency for newly hired nurse managers with less than two years of experience was designed to build leadership competency and retention through five core strategies: structured learning opportunities; psychological safety, professional peer networks, accessible resources and direct support and mentorship (Ficara et al., 2021). Guided by AONL's Leader Within competency [framework](#), nurse managers attended monthly two-hour sessions addressing key competencies. Nursing directors who developed the program served as mentors, dedicating half of their day to supporting new leaders through one-on-one role-play, feedback, role modeling and coaching. The program reported a one-year retention rate of 90%.

## **B. Support shared decision-making through peer councils and governance structures**

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When nurse managers have opportunities to shape policies and systems that affect their work, they report higher satisfaction, greater commitment and a stronger sense of belonging. Peer-led councils and shared governance bodies can serve as powerful retention tools — especially when supported by executive leaders and tied to meaningful operational change (Creative Health Care Management, n.d.-a; Bradley University, n.d.; Kutney-Lee et al., 2016).

The following best practices are illustrated through a combination of follow-up examples from Compendium 1.0 and peer-reviewed literature.

### **Follow-up example: Shared governance to drive retention**

A large, Florida-based health system created a retention-focused nurse manager council during the COVID-19 pandemic, giving nurse managers direct influence in policies affecting their work. These included nurse manager onboarding, competencies and a plan for flexible scheduling.

Twelve managers from six hospitals met monthly to strengthen nurse leadership across the system. They established seven core competencies all nurse managers must demonstrate annually, from budget management to performance improvement, and created a peer support program where experienced

managers guided new ones. When the council identified system-wide problems, it worked with leaders to implement solutions. For example, after managers reported delays in human resources processes, their feedback led to changes that reduced response times to under three days.

The results showed the value of front-line leader input. Nurse manager turnover dropped from 17% to 6% and nurse resident retention reached 94%. The council recently added nurse managers from emergency departments, outpatient clinics and ambulatory care, expanding its scope beyond inpatient units. Recognizing its impact, health system leaders moved the council under the Professional Growth and Development department, connecting it directly to nurse leader career advancement and training initiatives. As a result, the council can better influence how nurse managers are trained and supported across the system.

**Steps to achieve success:** Organizations implementing similar programs should establish guidelines for decision-making authority and clear processes for acting on manager recommendations. Success requires both executive support to implement changes and nurse managers who can balance unit-level and system-wide priorities.

### **Peer-reviewed example: Shared governance and peer councils**

Thomas and colleagues (2019) created a nurse manager council to build connection and trust among nurse managers while providing peer support. Leaders believed that giving nurse managers more decision-making power through shared governance could help them feel more empowered — something often missing in larger organizations.

The council set goals and met monthly. These meetings gave managers a forum to share successes, learn from each other and improve their decision-making skills. Leaders measured effectiveness by tracking nurse managers' job satisfaction, intent to leave and resilience levels before and after implementing the council.

The results showed promise. Over six months, job satisfaction improved slightly, and resilience increased by four percentage points, though not statistically significant. More notably, no managers left during this period, and one manager who had been considering leaving decided to stay. After the program, 90% of participants said the council added value. Managers reported better learning, networking and collaboration, and described feeling more connected as a unified group.

## **C. Coordinate staffing centrally to reduce burden**

Managing daily staffing needs remains a core stressor for nurse managers. Organizations that centralize or coordinate staffing through dedicated teams, structured systems or IT platforms have seen improvements in retention, burnout and workload equity. These approaches create space for nurse managers to focus on leading their teams, not just filling shifts.

The following best practices are illustrated through a combination of follow-up examples from Compendium 1.0 and peer-reviewed literature.

### **Follow-up example: Coordinated staffing leadership team**

After the pandemic forced rapid staff redeployment, leaders at a large, East Coast-based academic medical center recognized they needed a more structured approach to managing their 500-nurse workforce across 13 units.



Instead of having nurse managers scramble to fill shifts, nurse leaders created a dedicated team consisting of one nurse manager and three assistant nurse managers with wide-ranging clinical backgrounds to coordinate staffing. This team operates 16 hours daily, leading huddles with charge nurses to assess unit needs, factoring in how sick the patients are, how experienced the available staff is and how complex the patient needs are. The team adjusts assignments, deploys a 15-person float team, modifies team structures or activates the on-call system to address unit needs, with 12-hour onsite coordination provided on weekends.

Initially, nurses were resistant to being reassigned to different units because they felt it disrupted their workflow and created additional challenges, but this resistance gradually diminished as charge nurses were given more authority to participate in staffing decisions, allowing them to advocate for their teams' needs and priorities. Over time, staff members observed that the system worked in a reciprocal manner: When one unit provided support by floating a nurse to another team, they would receive similar support when facing staffing shortages themselves. This mutual exchange fostered trust among the nursing staff.

Results have shown an impact. Manager on-call coverage dropped below 2% and nurse leader retention remained strong through the pandemic. Units consistently met staffing targets, maintaining patient-to-nurse ratios of four to five patients per nurse during the day and five to six at night. Nurse leaders retained 12 of 13 nurse managers during the pandemic, crediting the staffing coordination program for reducing burnout and creating a sustainable workload. Most significantly, the program created greater situational awareness across units, moving from territorial responses to collaborative problem-solving.

**Steps to achieve success:** For organizations considering similar programs, leaders recommend several approaches. Staff the coordination team with experienced nurses who understand clinical complexity, empower charge nurses in daily decisions, create forums for open dialogue about challenges and focus on the full picture of patient and staff needs rather than just numbers.

### **Peer-reviewed example: Centralized scheduling**

In addition to mitigating critical staffing shortages, transitioning to a centralized scheduling model has demonstrated both increased satisfaction and time savings for nurse managers (Morse et al., 2024). Tuonimin et al. (2020) compared nurse managers' daily tasks during rescheduling of sudden staffing absences by comparing a paper-based system and emails and a digital staffing system. Nurse managers documented each step they took to cover sudden, unexpected staff absences — including conversations, phone calls, emails and other coordination tasks. After implementation of the IT-based system, the number of nurse manager tasks during rescheduling significantly decreased, along with the number of unstaffed shifts and unplanned shift changes, (Ficara et al., 2021).

## 5. Bridge the Research-to-Practice Gap

While the evidence base for nurse manager retention strategies continues to evolve, several key research constraints affect how organizations can implement evidence-based solutions.

The committee identified the following limitations in the available, peer-reviewed literature:

- **Limited availability of peer-reviewed literature on interventions to improve nurse manager retention.** The current body of literature lacks rigorous, peer-reviewed studies that specifically test and evaluate interventions aimed at enhancing nurse manager retention. Instead, most existing studies focus on identifying and describing factors that are associated with nurse managers' intent to leave or remain in their roles, such as job satisfaction, workload, leadership support and organizational culture. This gap makes it difficult to know which interventions actually improve retention.
- **Available literature focuses more on contributory factors than on tested interventions.** While understanding factors that influence retention is important, the overemphasis on correlational findings without corresponding intervention studies makes it difficult to translate knowledge into action. The absence of intervention-based research means that nurse leaders and health care organizations have little evidence-based guidance on what actually works to retain nurse managers.
- **Outcomes were reported, but with inconsistencies in measurement tools and outcome values.** Various interventions were introduced as exemplars in the original AONL Compendium to improve nurse manager retention, yet measurable outcomes were not available for the follow-up interviews conducted for this content and in the reviewed published literature. Among the reviewed studies that assessed interventions or retention-related outcomes, there was significant variability in how outcomes were defined and measured. Some studies lacked sufficient information describing the instruments used to collect data, making it difficult to assess the reliability and validity of findings. In other cases, outcome measures — such as turnover rates, job satisfaction scores or intent-to-leave metrics — were not consistently reported or standardized across studies. This inconsistency limits the comparability of results and the ability to synthesize findings across studies.

## 6. Take Evidence-Informed Action Steps

The committee drew the following evidence-informed action steps from both published research and real-world programs featured in this compendium. Together, they offer practical strategies organizations can implement to better support, retain and develop nurse managers:

- **Assess internal drivers of turnover.** While research identifies common reasons for nurse manager turnover (Dolinta & Freysteinson, 2023), organizations should first assess their own specific drivers of turnover to develop interventions that address their particular challenges. Nurse managers leave for various reasons — excessive workload, lack of administrative support, role ambiguity, burnout and insufficient recognition — and these factors vary across settings and individuals. Organizations should use formal assessment methods such as one-on-one interviews, surveys and exit interviews to identify their specific drivers of turnover. Leadership teams should then design interventions based on these findings and align them with retention research. The original compendium provides a foundation of known contributing factors.
- **Develop and sustain structured coaching programs.** Nurse managers can benefit from the individualized support coaching brings. It can enhance their leadership capacity, confidence and resilience. Evidence suggests coaching is particularly effective during transitions to new roles or when navigating complex organizational change. Organizations should invest in certified leadership coaches or train internal leaders to provide coaching with structured goals and metrics for success.
- **Establish formal mentoring structures.** Mentorship has long been recognized as a key strategy for professional development and retention. Unlike coaching, which is often performance-driven, mentoring provides nurse managers with long-term guidance and psychosocial support. It also helps nurse managers navigate their careers. Structured mentor-mentee programs — ideally with mentor training and accountability measures — can help nurse managers feel more supported and connected to their organizations.
- **Rethink scheduling and workload management.** Workload and scheduling challenges are a persistent source of stress for nurse managers. While many organizations use scheduling platforms, digital platforms alone cannot solve these issues. Clinical leaders must stay involved in operational planning to ensure staffing decisions align with patient care priorities, workload demands and workflow realities. Managers or centralized staffing teams often still need to contact individual nurses to adjust schedules or fill urgent gaps. The idea of a four-day workweek, though appealing in theory, often results in compressed workloads and longer days. Without real support or redistribution of tasks, this model may backfire.
- **Reinforce prior compendium strategies.** The committee recommends that health care leaders build upon the foundational findings from AONL's initial compendium to reinforce and contextualize these recommendations. Doing so promotes continuity and supports evidence-informed decision-making across nurse manager retention strategies.
- **Track and use outcome measures.** While measured outcomes were not available for exemplars that were revisited for follow-up for this chapter, the original compendium offers a starting place for organizations to review real-time interventions aimed at improving nurse manager retention.

## 7. Operationalize Nurse Manager Retention Strategies

To meaningfully address nurse manager retention, organizations must implement actionable strategies that incorporate change management, evidence-informed program development and ongoing evaluation. This section offers a practical framework for translating recommendations into measurable outcomes.

**A. Lead change with intentional management.** Successfully implementing retention initiatives requires a thoughtful change management approach. Organizations should anticipate resistance, engage stakeholders early, communicate the rationale for change clearly and provide ongoing support to nurse managers and their teams throughout the transition. Organizational leaders must be visibly involved and committed to modeling desired behaviors and reinforcing organizational priorities.

**B. Design programs with structure and purpose.** Effective retention strategies should be embedded within structured, thoughtfully developed programs. Key components include:

- **Baseline assessments.** Before launching interventions, conduct assessments to understand current conditions, needs and priorities. These may include surveys, focus groups or interviews to identify gaps in support, stressors and factors influencing retention.
- **Guiding frameworks.** Use well-established frameworks to guide program development and ensure alignment with best practices:
- **Curriculum.** Develop leadership development curricula focused on competencies relevant to nurse managers such as communication, conflict resolution, strategic thinking and emotional intelligence.
- **Mentoring.** Integrate structured mentoring programs as part of ongoing support.
- **Evaluation.** Incorporate continuous improvement processes with clearly defined outcomes and feedback loops to refine programs over time.

**C. Measure impact with clear evaluation plans.** Establish robust evaluation plans to measure the effectiveness of interventions. This includes:

- Clearly defining outcomes (e.g., turnover rates, job satisfaction, burnout levels, intent to stay).
- Selecting or developing validated instruments to assess outcomes.
- Collecting both quantitative and qualitative data to provide a holistic understanding of program impact.
- Revisiting and restating the measures used to ensure consistency and comparability across programs and over time.

## 8. Take Collective Action to Share and Sustain Progress

The following actions can help nurse leaders and organizations work together to accelerate progress and create lasting change:

- Act quickly and thoughtfully. Given the mounting pressures on nurse managers and their critical role in patient care, organizations must act now to address retention challenges. Health care leaders must disseminate best practices and move forward with retention efforts — rapidly, but responsibly. Every contribution to this area, even if early or imperfect, adds to the growing body of knowledge and informs future efforts.
- Share what you learn. Nursing leaders and organizations have a professional obligation to share their learnings, successes and challenges. Nurse leaders should disseminate their findings on retention strategies through scholarly journals and professional conferences. This shared knowledge creates opportunities for academia and industry to generate new research and translate it into evidence-based interventions.
- Build a community of practice. Addressing nurse manager retention is a shared responsibility that spans individual, organizational and professional levels. Creating a Community of Practice, where nurse leaders regularly share resources, strategies and real-world experiences, can strengthen collective efforts and support ongoing learning.

## 9. Track Progress with Consistent Evaluation Methods

To improve and justify their retention efforts, organizations need data that shows whether nurse manager programs are working. The following strategies can help measure impact:

- Align evaluation methods with program goals. Evaluation tools and approaches must be selected based on the specific goals of the program. For instance, if the program aims to reduce nurse manager turnover, metrics should include retention rates, intent-to-stay scores and time-in-role data. If the focus is leadership development, evaluation may include assessments of leadership competencies and self-efficacy conducted before and after the nurse manager joins the program. Leaders can also look to examples by AONL and Laudio of how to connect leadership performance and operational data to nurse manager retention efforts. See the [2025 AONL Nursing Leadership Insight Study](#) and [2024 Trends and Innovations in Nurse Manager Retention](#), an AONL-Laudio report for examples.
- Use nationally recognized definitions and metrics. Organizations should standardize how they define outcomes to ensure comparability and support benchmarking across organizations. For example, organizations must clearly define what constitutes “retention” (e.g., staying in the same role, within the organization or within the profession). Where possible, organizations should adopt definitions from nationally recognized bodies such as the American Nurses Association or AONL.
- Incorporate metrics that reflect retention across leadership levels. Organizations should not limit evaluation to front-line nurse managers alone. Instead, they should measure retention efforts and their outcomes across multiple levels of nursing leadership, including assistant nurse managers, directors of nursing and executive-level roles. This broader view provides a more comprehensive understanding of leadership stability and succession planning within the organization.



## 10. Leading the Future: A Message from AONL's Compendium 2.0 Committee Chairs

Nurse leaders' career paths are changing. The [2025 AONL Insight Study](#) reveals that 46% of nearly 3,000 nurse leaders surveyed are considering significant career moves, with 23% intending to leave their roles.

Recognizing the need for timely, practical support, AONL convened the Workforce Compendium 1.0, a collaborative effort pulled together swiftly to help support nurse leaders' immediate post-pandemic needs. In the original Compendium, AONL published case scenarios of how leaders tackled complex problems that nurse leaders were confronting daily, while committing to collecting the data and analyzing the results in a future rendition.

The [Compendium 2.0](#) accomplishes our goal and expands on 1.0's practical examples. The forward-thinking organizations featured in this iteration demonstrate how investments in leadership development, workflow redesign, and partnerships tangibly improved outcomes, engagement, and patient experience.

Nurse retention represents one of seven interconnected domains in Compendium 2.0. As this chapter demonstrates, when organizations invest in structured mentoring programs, give managers voice in policy decisions and coordinate staffing centrally to reduce administrative burden, they can reduce leadership turnover while supporting nurse managers' professional development.

These insights are designed to meet you where you are — whether you're redesigning team structures, seeking to create a culture of inquiry, or re-evaluating your talent attraction and retention strategies. With constant change, nurses at all levels need practical tools and the confidence to question the status quo while building workplaces that sustain and inspire the next generation.

Thank you to all the nurse leaders who courageously pioneered these approaches. Their bold strategies are reshaping our industry and amplifying nurses as leaders in health care.



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