AONL | American Organization for Nursing Leadership

# An Early Warning System for Nurse Burnout: Metrics and Strategies

FALL 2025

laudio INSIGHTS

# Contents

# 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 illuminate these challenges and identify specific strategies to elevate and support nurse leaders in addressing them.

As part of this effort, AONL has partnered with Laudio, a purpose-built software and analytics company whose mission is to inspire and amplify the people who deliver great healthcare. Frontline leaders and executives use Laudio 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 practices to inform decision-making for frontline leaders and their executives. The Spring 2025 report, *Early-Tenure Nurse Retention: Trends and Leader Strategies*, coupled data on trends in new hire retention with the voices of nurse executives and managers who shared their strategies for early tenure retention and engagement.[1]

This Fall 2025 report, *An Early Warning System for Nurse Burnout: Metrics and Strategies*, brings new actionable data showing the points at which nursing teams are the most stressed, as measured by eight available and predictive burnout metrics. This data is coupled with strategies shared by nurse executives and managers who have worked on or improved these metrics. The findings are intended to promote constructive conversations about using existing indicators to identify when nursing teams need additional support and enable leaders to provide support proactively.

The evolving and complex roles of the nurse manager and nurse executive are critical to effective and sustainable care delivery. Our goal is to provide a data-driven foundation for the ongoing transformation of healthcare — with a focus on supporting its frontline leaders.

Sincerely,

**Claire M. Zangerle**
Chief Executive Officer, AONL
Chief Nurse Executive, AHA

**Tim Darling**
Co-Founder, Laudio
President, Laudio Insights

1. Available at: https://www.aonl.org/Early-Tenure-Nurse-Retention-Trends-and-Leader-Strategies

# Background

Contemporary literature demonstrates that burnout is an ever-present concern for healthcare leaders. Burnout is defined as a state of physical and emotional fatigue caused by prolonged stress in the workplace (Li, 2024). Surveys have also documented a growth in nurse burnout in recent years with nurses reporting feeling burnt out, emotionally drained and fatigued (Martin, 2023). Prior peer-reviewed articles have shown burnout is a function of unhealthy work environments and role-specific stressors (Mabona, 2022 and Akkoc, 2020).

Health systems use early warning systems to identify patients at risk of deterioration in real-time. This concept can be applied to early warning predictors to identify nurses and nursing teams that are at risk of burnout (King, 2023).

This report, written for both nurse executives and managers, describes eight RN burnout predictors to identify role-specific stressors and provide strategies for proactive intervention at both levels. The data and guidance in this report are based on a leading national workforce dataset as well as executive and manager interviews.

Nurse executives and managers operate in complex environments, frequently without the full support they need. While no leader can solve these challenges alone, they can take a variety of targeted actions to create more sustainable work lives for themselves and their teams.

These eight predictors are supported by established peer-reviewed articles on role overload and role conflict, with all but one having statistically significant associations with higher turnover rates.[2,3] The predictors are available to most health systems, are predictive and were consistently discussed in interviews with managers and executives.

Most of the available data on nurse burnout comes from surveys where nurses report their own perceptions and experiences. This approach makes it hard for leaders to recognize burnout risks early, act in real-time and respond consistently.

Research shows that early warning systems help improve patient outcomes by supporting timely escalation when a patient's condition worsens (Chong, 2022). Similarly, the eight burnout predictors in this report function as an "early warning system" that leaders cannot afford to ignore. Acting on them is not optional; it is a strategic imperative. Prioritizing interventions that support sustainable nursing careers directly drives measurable outcomes: higher retention, fewer vacancies, more consistent staffing and better patient experience. The end point is unmistakable: patient quality and safety rise or fall on the ability to respond decisively to these indicators.

2. King, 2023, Mabona, 2022, and Akkoc, 2020 in particular, which details burnout as a composite of role stressors, role overload and role conflict.
3. The prevalence of RNs consistently floating is the one metric that does not pass the statistical significance test, partly because it is rarer than it used to be and is more prevalent in certain department types. It is included because it was discussed in detail in most of the interviews as a known dissatisfier, validating its association with role conflict. The others have statistically significant association with all-tenure RN turnover and/or early-tenure RN turnover, as discussed in the Analysis 1 section.

# Executive Summary

Analysis has been completed on a large national workforce data set to define the eight RN burnout predictors (see box on the right for a list of the eight). Analysis has also been done to identify the upper threshold of the percentages of RNs on a team who, when they are consistently beyond the threshold of any of the predictive metrics, define an overall team that is at an elevated risk of burnout and turnover. These analyses form the first section of this report.

The data set was also analyzed to identify managers and executives who have maintained or improved one or more of these metrics to an exemplar level. Those leaders were interviewed and their guidance form the second section of this report.

**KEY TAKEAWAY**

**The eight RN burnout predictors**

**Role overload indicators**

1. Consistently arriving early
2. Consistently skipping breaks
3. Consistently leaving late
4. Not taking PTO (in past 6 months)
5. Consistently calling out

**Role conflict indicators**

6. Consistently precepting
7. Consistently serving as charge
8. Consistently floating

**The eight RN burnout predictors lead to turnover over time**
RNs consistently leaving late, precepting, not taking paid time off (PTO), having unscheduled absences and being in charge are behaviors associated with a statistically significant 2-6 percentage point increase in RN turnover rate over time.

Of all the burnout predictors, consistently leaving late has the greatest association with higher overall RN turnover. The most impactful turnover indicators for early-tenure RNs are joining a team where many RNs on the team are consistently skipping breaks and/or not taking PTO.

All these findings are statistically significant and published here for the first time.

**Four of the eight RN burnout predictors have worsened between 2023 and 2025**
If nurse leaders are to prevent burnout rather than react to it, they should actively interpret and intervene when the predictive metrics flash early warning signs.

The eight RN burnout predictors help identify an upper threshold for the percentage of RNs on a team who are experiencing role overload (e.g., are consistently leaving late) or role conflict (e.g., are consistently floating).

Between 2023 and 2025, four of the burnout predictors have increased (arriving early, leaving late, not taking PTO and serving as charge), indicating rising team-level stress. Of these increasing four, one of them, leaving late, also has the strongest association with higher RN turnover. The changes imply that, while staffing stability has improved, the demands placed on individual RNs during their shifts are increasing and are perhaps unsustainably high.

**The RN burnout predictors vary greatly by department type**
Different departments naturally face varied drivers of burnout. For example, the prevalence of RNs consistently skipping breaks is much higher in emergency departments (EDs), while the prevalence of RNs consistently floating is much higher in women's/obstetrics (OB) departments. The differing thresholds by department type are needed for any given department to gauge how they compare against similar departments, with similar operating characteristics.

**What leaders can do**
Burnout metrics are not warnings to observe; they are strategic indicators executives and managers should act on. The eight metrics provide a pathway for both executives and managers to take more proactive approaches to RN burnout prevention.

Our interviews with nurse executives and managers point to four immediate priorities:

**For executives:**

1. **Build for visibility.** Integrate siloed data, create dashboards/alerts and protect time for managers to be present on units.
2. **Built for sustainability.** Redesign roles (e.g., dedicated charge nurses), invest in float pools and stay interviews.

**For managers:**

1. **Know your team.** Pair data insights with firsthand knowledge from rounding, huddles and stay interviews.
2. **Leverage the team around you.** Share responsibility with assistant managers, educators, charge nurses and preceptors to spread accountability for well-being.

Missed signs of burnout not only lead to turnover, they also erode patient safety, inflate overtime expense and undermine team morale. Yet the indicators are already in your time and attendance data. The challenge is making them visible, actionable and part of leadership practice.

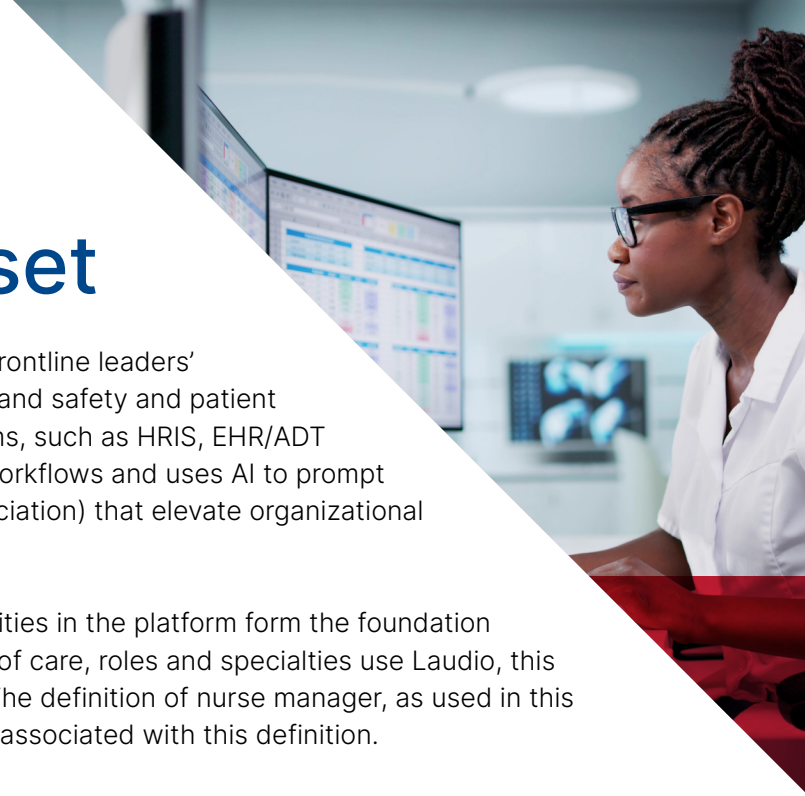
While acknowledging the current environment's complex and unrelenting demands on managers' time, this report's findings reveal prioritized, specific ways leaders can intervene early to best support their teams. By providing measurable ways to gauge the sustainability of any nursing team, the report underscores the importance of investments in making similar data available to all leaders on a regular basis. The report also underscores the investments that executives should consider for supporting their managers who are encountering obstacles in pursuit of sustainable teams, accounting for both data visibility and workplace culture factors.

# About AONL and Laudio

**About the American Organization for Nursing Leadership (AONL)**
As the national professional organization of over 12,000 nurse leaders, AONL is the voice of nursing leadership. Our membership encompasses nurse leaders working in hospitals, health systems, academia and other settings across the care continuum. Since 1967, the organization has led the field of nursing leadership through professional development, advocacy and research that advance nursing leadership practice and patient care. AONL is an affiliate of the American Hospital Association. For more information, visit AONL.org.

**About Laudio**
Laudio, an Ascend Learning brand, empowers healthcare leaders to drive large-scale change through everyday human actions. Laudio's mission is to amplify and inspire the people who deliver great healthcare. The company's AI-enhanced platform — purpose-built for frontline leaders — streamlines leader workflows, strengthens interpersonal connections and aligns C-suite objectives with frontline efforts, boosting operational efficiency, employee engagement and patient experience. Laudio makes it possible for patients, frontline workers and health system leaders to thrive together. Discover how a 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 150+ hospital and health system sites 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.



# The Laudio data set

The Laudio platform serves as a centralized hub for frontline leaders' core daily work across employee experience, quality and safety and patient experience. It integrates data from underlying systems, such as HRIS, EHR/ADT and time and attendance solutions, into actionable workflows and uses AI to prompt leader actions (e.g., employee recognition and appreciation) that elevate organizational culture and 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 150 acute care hospitals and hundreds of ambulatory and clinic facilities nationally. The data set used in this analysis covers 10,000 distinct managers, representative of all roles, and over 300,000 employees, and all sites of care.

The benchmarking data in this report is based on anonymized operational data from about 1,500 clinical nursing departments. For the charts that zoom in on a single department type, in all cases, there are at least 50 departments present in the benchmark. This type of benchmarking data is available on an ongoing and detailed basis, even to health systems that are not otherwise on the Laudio platform.

Laudio's data set has a higher representation of East/Southeast regions in the U.S. 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 EDs and outpatient/ambulatory settings (Figure 1). The analyses in this specific report are limited to hospital settings. The data throughout the report is as of June 2025.

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

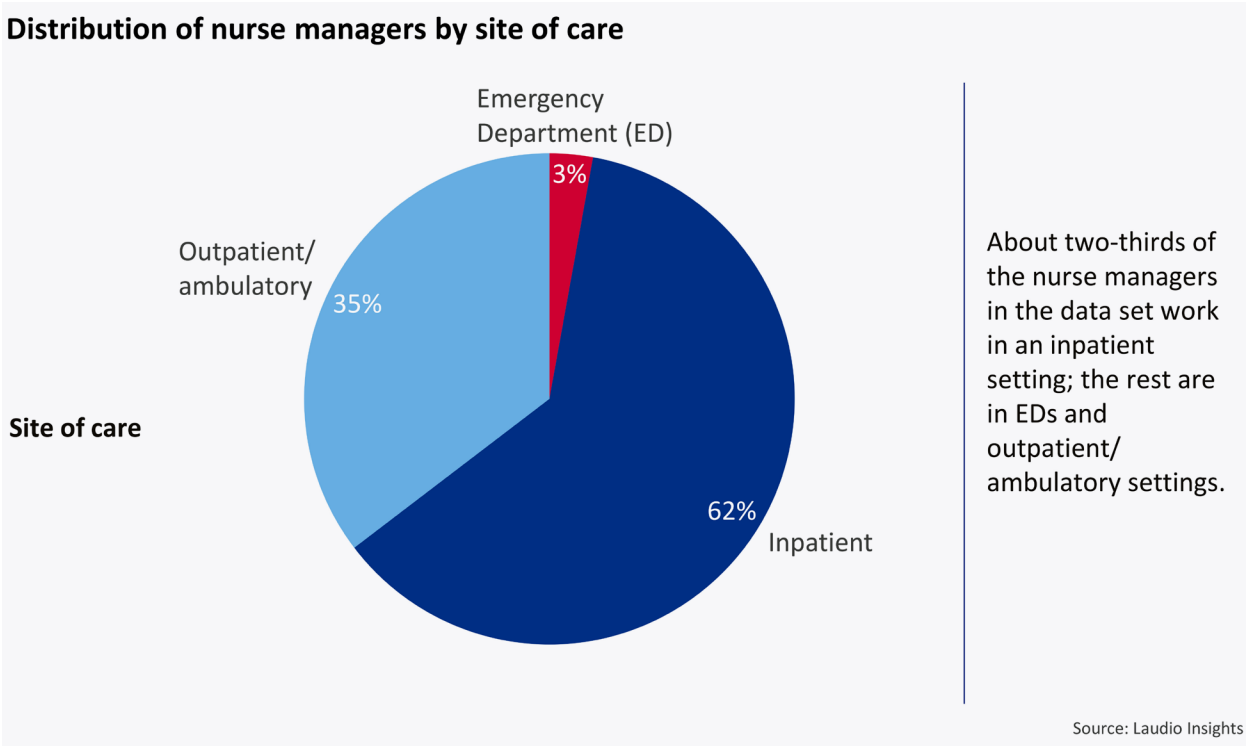
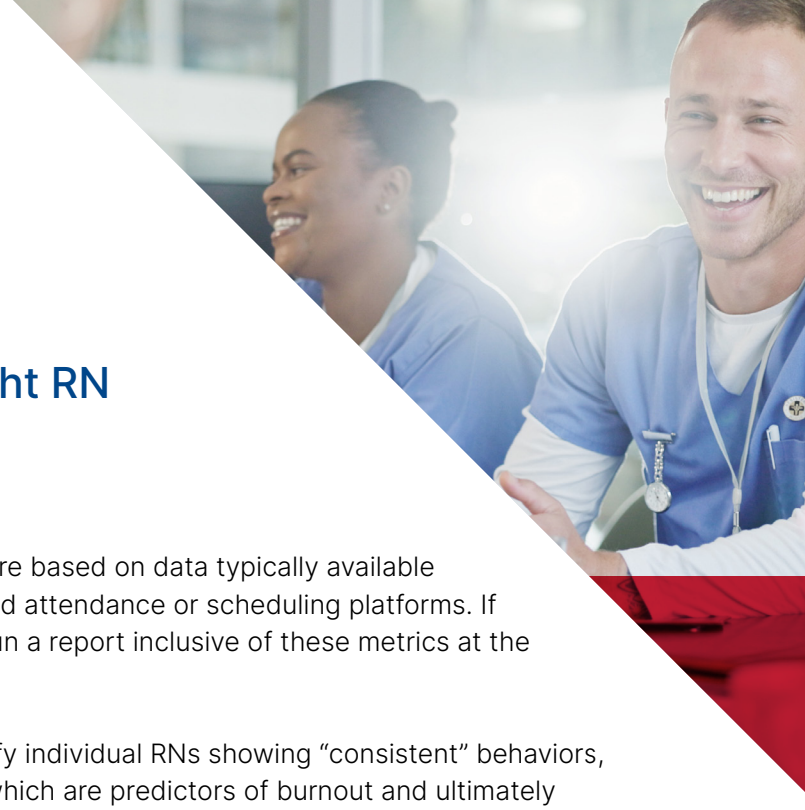



*Figure 1*



# Analysis 1

## Percentiles and trends in the eight RN burnout predictors

**Introduction to the eight RN burnout predictors**
The eight burnout predictors featured in this report are based on data typically available to nurse managers and executives in existing time and attendance or scheduling platforms. If they are not readily available, it is often possible to run a report inclusive of these metrics at the team member level.

A threshold is applied to the team members to identify individual RNs showing "consistent" behaviors, such as consistently leaving late or not taking PTO, which are predictors of burnout and ultimately turnover. The thresholds are defined below. 95% of hospital-based RNs are below these thresholds. An RN can be considered at risk for role overload or role conflict when above one or more of these levels; a team is at risk of burnout when many RNs on the team are above these thresholds (as detailed below).

### The eight RN burnout predictors

| **An RN is consistently…** | **…if at or above these thresholds**[4] |
|---|---|
| Role overload indicators | |
| 1. Arriving early | >=50% of shifts |
| 2. Skipping breaks | >= 8% of shifts |
| 3. Leaving late | >=50% of shifts |
| 4. Not taking PTO | in past 6 months |
| 5. Calling out (unscheduled absence) | >= 10% of scheduled shifts |
| | |
| Role conflict indicators | |
| 6. Precepting | >=20% of total hours worked |
| 7. Serving as charge | >=35% of shifts |
| 8. Floating | >=20% of total hours worked |

All the metrics measure aspects of physical and emotional fatigue, which constitute major contributors to burnout (Li, 2024).

The first five metrics are representative of role overload: when work cannot be completed in a certain timeframe. The last three metrics are representative of role conflict: when there is misalignment in expectations and responsibilities and a lack of predictability in a nurse's workday (King, 2023). These types of role-related stressors have been shown to lead to RN burnout (Akkoc, 2020).

4. All are measured over trailing 6 months

One metric, precepting, may be considered representative of both role overload and role conflict. While precepting is necessary to support current high volume of new hires, it can also contribute to role overload as it typically adds to the workload of an RN with a full patient complement. Precepting can contribute to role conflict as the nurse balances the onboarding of a new nurse with the priorities of caring for their own patients.

To create sustainable teams, nurse leaders should intentionally address both role overload and role conflict. At the department level, the sustainability of the team can be viewed as keeping the number of RNs who are above each threshold reasonably low. A "reasonably low" number of RNs can be considered as staying below the 75th percentile at the team level, as detailed in Figure 2. When teams go beyond the 75th percentile, they are associated with higher levels of turnover, as detailed in Figure 3.

**KEY TAKEAWAY**

**When 30% or more of nurses serve in charge duties, it signals system strain as dedicated charge roles are essential to protect sustainability and retention.**

For example, a team with 5-10% of RNs dedicated to the charge nurse role is well below the 75th percentile. But when about 30% of RNs are consistently in charge, it may be an indicator that there are too few dedicated charge nurses and the work is instead being absorbed by many of the team members in addition to their overall responsibilities. The data suggests that providing a dedicated charge nurse, who is trained and focused on the unit's overall flow, operations and support, may be more cost-effective in the long term than distributing the charge nurse responsibilities among nurses who are also managing their own patient care load. This distribution can lead to greater burnout and turnover among the nursing staff.

**Department-level thresholds for the eight RN burnout predictors**

**Department-level percentiles and two-year change for the eight RN burnout predictors (2025)**

**% of RNs in each department who are consistently …**

| | 75th percentiles | 2023 -> 2025 change |
|---|---|---|
| *Role overload indicators* | | |
| Arriving early | 5% | ↑ |
| Leaving late | 14% | ↑ |
| Skipping breaks | 13% | – |
| Not taking PTO | 50% | ↑ |
| Calling out | 4% | – |
| *Role conflict indicators* | | |
| Precepting | 4% | – |
| Serving as charge | 35% | ↑ |
| Floating | 3% | ↓ |

The 75th percentile has increased (i.e., worsened) for four metrics over the last two years.

Three have stayed the same (noted with the grey bars).

One has improved (RNs consistently floating).

Data as of June 2025 over trailing six months

Source: Laudio Insights

*Figure 2*

As shown in Figure 2, when a team has 35% or more of RNs who are consistently in charge, that team is in the highest quartile on this burnout predictive metric. Similarly, there may be individual RNs who, in a six-month period, are not taking PTO. But when about 50% of the RNs in a team have no PTO over that time, it may indicate a team under unsustainable stress and becomes predictive of burnout.

Of the eight burnout predictors, four have seen their 75th percentile thresholds increase (i.e., worsen) over the last two years, as shown in the right column of Figure 2.

One predictor, the percentage of RNs consistently floating, has decreased (i.e., improved). And three have remained constant (the metrics with the grey bars in the right column).

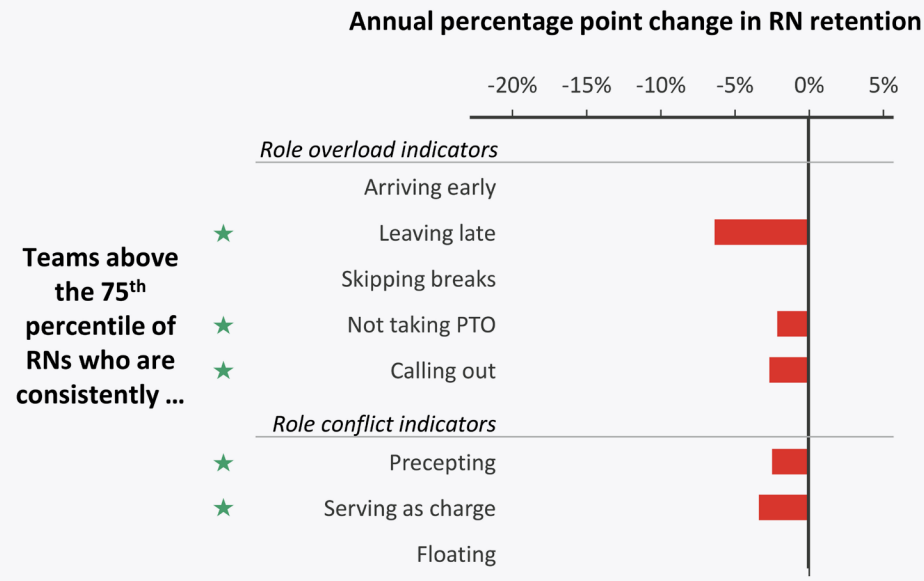
Note that, at the 75th percentile, these metrics are intended to illuminate team-level stress as opposed to the specific stress on individual RNs on the team.

**KEY TAKEAWAY**

**While health systems have improved recruiting and retention, RN workload still exceeds capacity, demanding bold new strategies to sustain the workforce.**

The data indicates that, over the last two years, health systems have made measurable improvements in staffing and reduced much of the dependency on floating RNs. However, the degradation in the other metrics implies that the cognitive and physical workload required of individual RNs continues to exceed their capacity. These trends, coupled with an altruistic culture of selfless commitment to patients, point towards a role that is becoming increasingly less sustainable. Potential strategies to counteract this are discussed in the second half of this report.

**RN retention change associated with department-level percentiles for the eight RN burnout predictors**




Of all the burnout predictors, teams with many RNs consistently leaving late have the greatest association with turnover. Four other predictors also have associations with decreased retention.

If predictors need to be prioritized, these may be the best to work on first.

★ Green stars indicate that the true value of the effect is different from zero with 95% confidence
Bayesian multilevel logistic regression models accounting for hierarchical clustering of employees/managers/facilities

Source: Laudio Insights

*Figure 3*

This report marks the first publication of a new statistically significant association between many of these RN burnout predictors and reduced nurse retention rates in the subsequent six months. The timeframe of six months was chosen to identify systemic trends in departments; also, while it might not be unusual for an RN to work a three-month block without PTO, working a six-month block without taking any PTO for either personal responsibilities and/or well-being raises concerns.

As shown in Figure 3, when teams are above the 75th percentile thresholds for RNs consistently leaving late, precepting, not taking PTO, having unscheduled absences and being in charge, there is an associated 2-6 percentage point lower annual RN retention rate in the subsequent six months. The green stars denote the statistical significance of each row with a 95% credible interval.

Of all the burnout predictors, teams with many RNs who are consistently leaving late have the greatest association with higher overall turnover.

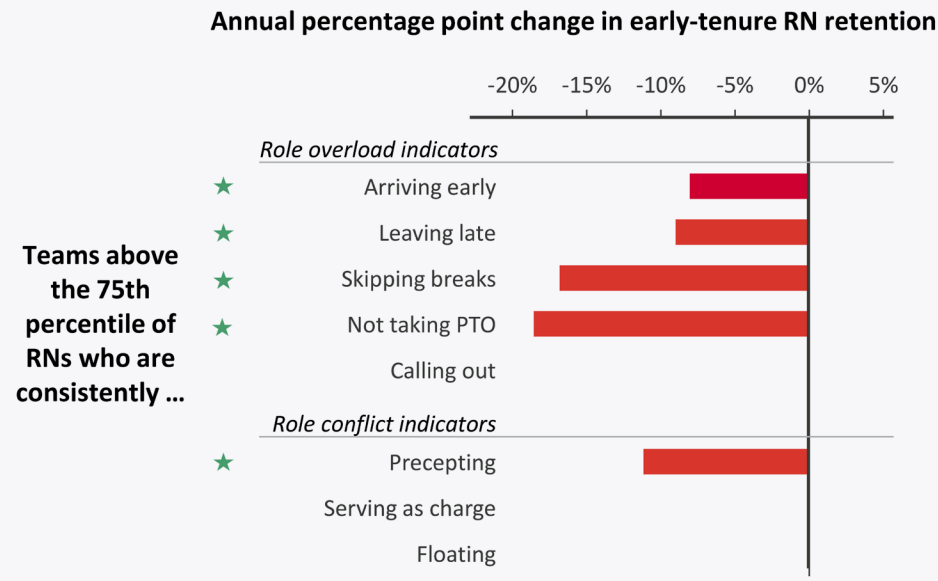
As nurse leaders seek to build sustainable teams, they should prioritize the reduction of instances where nurses leave late; the focused distribution of charge roles should also be at the top of the list of initiatives aimed at reducing burnout and turnover. Technology can be one part of the solution – as discussed in the Strategies and Recommendations sections of this report.

These associations with higher turnover reinforce a recent survey showing that, for 70% of nurses who have left a job, "stressful work environment" was one of the reasons. (Shah, 2021).

**KEY TAKEAWAY**

**Leaders should prioritize reducing late departures and balancing charge role distribution to build sustainable teams with high levels of retention.**

**RN retention change associated with department-level percentiles for the eight RN burnout predictors for early-tenure RNs only**




Of all the burnout predictors, teams with many RNs consistently not taking PTO and skipping breaks have the greatest association with early-tenure RN turnover.

Four other predictors also have associations with decreased early-tenure RN retention.

★ Green stars indicate that the true value of the effect is different from zero with 95% confidence
Bayesian multilevel logistic regression models accounting for hierarchical clustering of employees/managers/facilities

Source: Laudio Insights

*Figure 4*

Figure 4 shows the same analysis as is in Figure 3 but examines the impact that these systemic team patterns have specifically on early-tenure RN retention. The most impactful metrics for early-tenure RNs are when they are part of teams where many RNs are consistently skipping breaks and not taking PTO. These teams are associated with 15 to 20 lower percentage points for annual retention rates of early-tenure RNs. Arriving early, leaving late and many RNs frequency precepting for these new nurses, are also associated with lower early-tenure retention rates. This pattern may signal to early-tenured nurses a work culture of chronic overload and inadequate recovery, which can quickly lead new nurses to question their long term fit and seek employment elsewhere.

The values for team with over 75 headcount are very similar for most of the burnout predictors as those for teams under 75 headcount (chart not shown), implying that the burnout predictors are not associated with team size.

**KEY TAKEAWAY**

**Skipped breaks and unused PTO are indicators of role overload (page 10): they are associated with higher early-tenure nurse turnover as they send new nurses the message that the unit's culture is unsustainable.**

# Analysis 2

## The eight RN burnout predictors by department type

Figures 5 and 6 show the eight RN burnout predictors as rows with columns for 10 department types. Five department types are in Figure 5 and another five in Figure 6.

The red cells denote areas where a department type's 75th percentile threshold is significantly higher than most other department types. For example, as shown in Figure 5, EDs have an elevated risk of burnout from RNs consistently skipping breaks, compared to other department types.

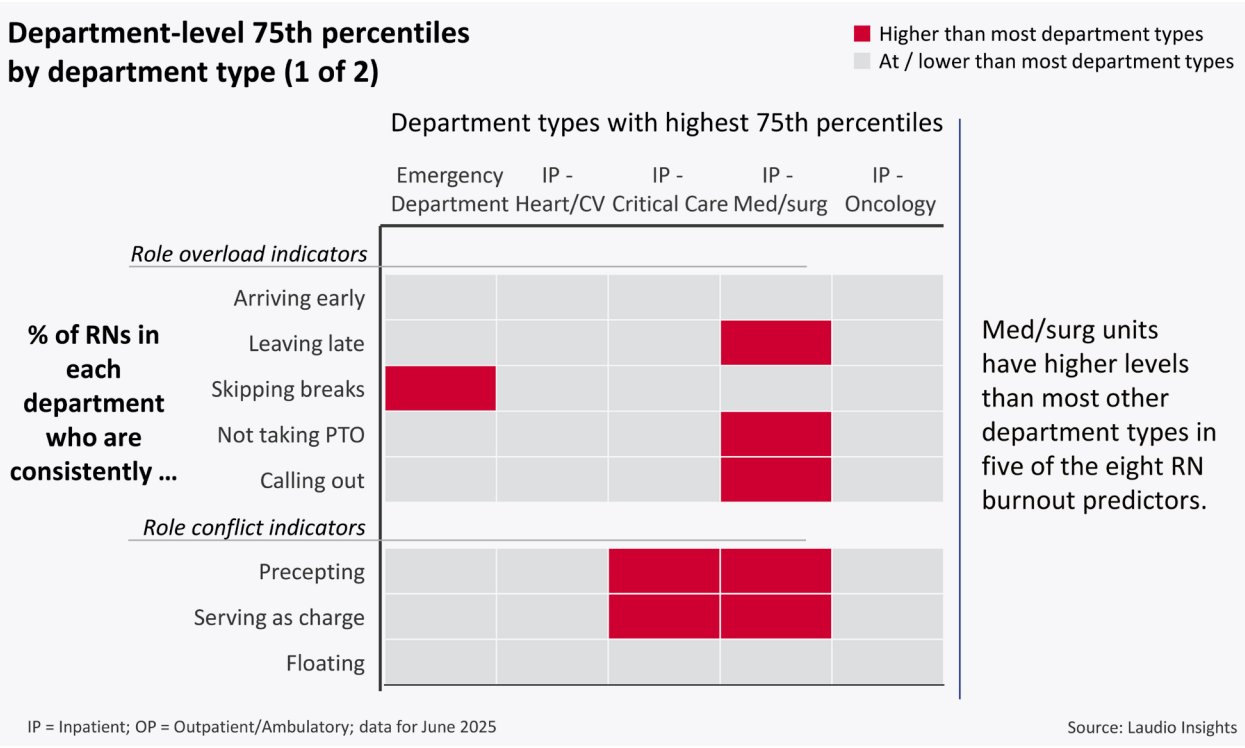



*Figure 5*

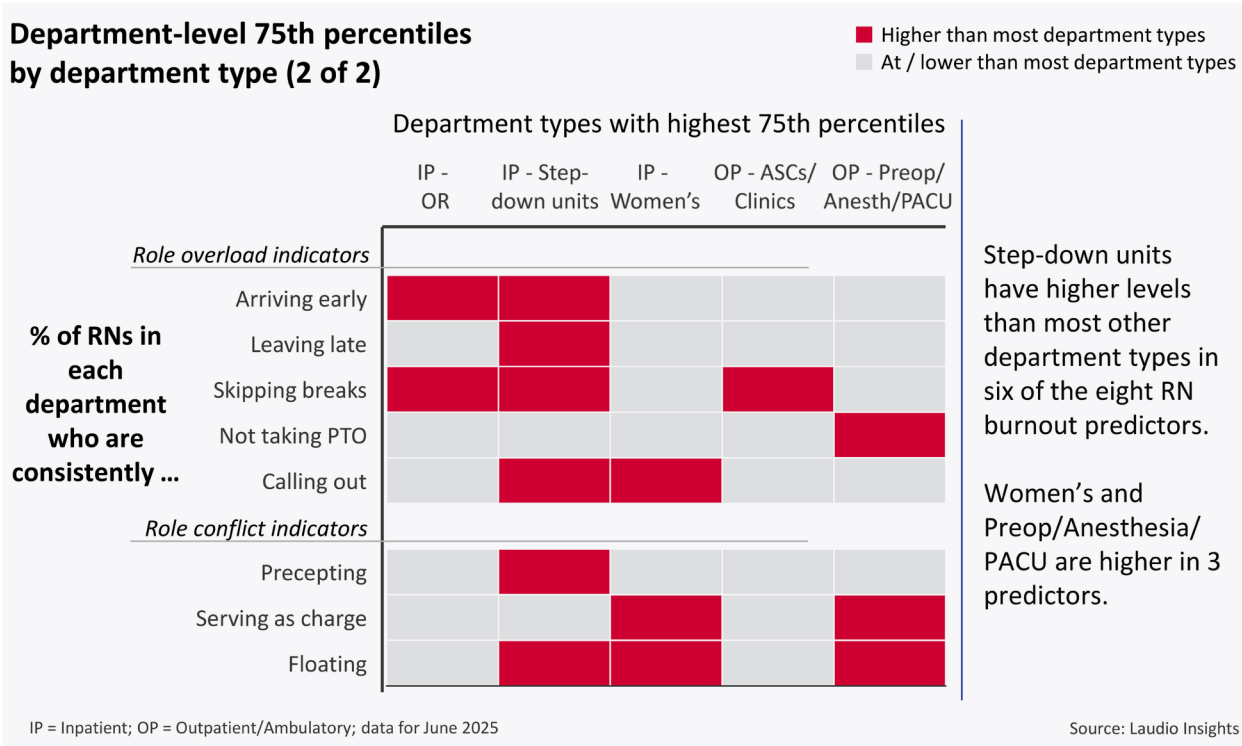



*Figure 6*

# Role overload indicators

## Arriving early, skipping breaks and leaving late

When RNs have too much work to do in the time scheduled for their shift, they are likely to consistently arrive early, skip breaks and leave late.[5] All three of these can result in increased cost and burnout — creating an ROI for technology solutions. These types of events are often more prevalent for newer nurses who need more time to complete tasks or who may still be building prioritization and time management skills.

### Consistently arriving early

As shown in Figure 6, operating rooms (ORs) have a much higher prevalence of RNs consistently arriving early to their shifts, relative to other department types. Nurse leaders attributed this behavior primarily to the critical importance of on-time surgical starts. In practice, surgical nurses frequently encounter barriers such as supply chain delays, equipment malfunctions or facility constraints that threaten timely case initiation. To mitigate these risks, many adopt the practice of arriving well before their scheduled start time to ensure adequate opportunity to resolve potential challenges and safeguard surgical workflow continuity.

**KEY TAKEAWAY**

**On-time surgical starts should be a shared accountability across all roles and departments, not a burden OR nurses have to shoulder through consistent early clock-ins.**

5. An RN is considered to be consistently arriving early or leaving late if they do so in 50% or more of their shifts. An RN is considered to be consistently skipping breaks if they do so in 8% of their shifts or more. Only 5% of hospital-based RNs nationally are at or above any of these individual thresholds.

### Consistently skipping breaks

As shown in Figure 5, EDs have a much higher prevalence of RNs consistently skipping breaks relative to other department types. In interviews with ED managers, skipping lunch was the most frequently observed instance of skipped breaks, and was attributed to the overall pace of the unit, patient acuity and lack of secure patient coverage for patient care. Given that the ED is notably a high-stress clinical work environment, improving the process and hygiene around lunch breaks presents a clear opportunity for reducing burnout and turnover.

Although units and departments with higher levels of patient acuity face the challenge of skipping breaks, outpatient and ambulatory clinics are also among the top quartiles. This may relate to geographically separated standalone departments where adequate coverage for break relief is often more challenging.

### Consistently leaving late

As shown in Figure 5, med/surg departments have a much higher prevalence of RNs consistently leaving late, relative to other department types. Med/surg may rank among the highest quartile on this metric as they typically have the highest number of RNs new to practice. This would align with current national trends of higher turnover in new to practice RNs in med/surg units. Strategies for managers and executives to address these indicators are included in a later section.

## Consistently not taking PTO and calling out

When RNs are consistently not taking PTO,  it creates both staffing risks to the team and is predictive of team-wide burnout. RNs who are not taking PTO are not taking the breaks from work that they need for a sustainable work life and are therefore contributing to team-wide burnout risk. Unscheduled absences also create an undue burden on those who remain to do the work. They are expensive in terms of dollars, safety, quality, and team as traveler nurses may have to be called in. Other RNs may have to float in to fill the gap and these absences can lead to potential safety risks for the patient and for the remaining staff.

### Consistently not taking PTO

As shown in Figure 5, med/surg departments have a much higher prevalence of RNs consistently not taking PTO, relative to other department types. This may be related to the number of RNs new to practice. While organizations often have strict policies regarding the PTO practices of new hires, it may be worth investigating if newly hired RNs may need PTO earlier or more frequently than traditional policies allow. This could help reduce burnout among this vulnerable group. When the consistent lack of PTO usage is widespread across a department or organization, it may indicate a need to assess the culture and wellness strategies. Nurse leader interviews revealed that PTO underuse in surgical services is often caused by generational patterns, with older nurses tending to reserve time off for future needs rather than taking it for rest and recovery.

**KEY TAKEAWAY**

**When consistent underuse of PTO is widespread, it signals the need to examine organizational culture and strengthen wellness strategies.**

### Consistently calling out (unscheduled absence)

All three of the departments denoted with red cells (women's health/OB, step-down/progressive care units and med/surg) were  highlighted in the Spring 2024 AONL-Laudio report, *Quantifying Nurse Manager Impact,* as among the units with the highest spans of control.

6. An RN is considered to be consistently absent (unscheduled) if the call outs account for 10% or more of their scheduled shifts. An RN is not taking PTO if they have taken no hours of PTO in the prior six month period. Only 5% of hospital-based RNs nationally are at or above either of these individual thresholds.

## Role conflict indicators

**Consistently precepting**

When many team members are consistently precepting,[7] it may indicate a team that constantly adds new graduates and new hires. It may also mean that precepting is a major addition to team members' responsibilities. Such teams are often rapidly growing, with changing service lines, capacity expansion and/or high turnover difficulties. They are caught in a downward cycle, continually adding responsibilities to existing staff to replace those who left. Such conditions are predictive of burnout for those shouldering extra burdens.

As shown in Figures 5 and 6, Critical care, step-down units and med/surg have a much higher prevalence of RNs consistently precepting, relative to other department types, which is consistent with higher levels of average RN turnover (AONL and Laudio, 2025).

**KEY TAKEAWAY**

**Rapid growth is leading to a consistent demand for preceptors: leaders should respond with sustainable role design to prevent burnout.**

**Consistently serving as the charge nurse**

When an individual RN consistently serves as a charge nurse or floating,[8] they may own that responsibility. When a team has many RNs who do so, it can predict teamwide burnout.

As discussed earlier, the charge role in the role clarity measures has the greatest impact on turnover. This may be particularly challenging for ORs, women's health/OB or other service lines where staff often float between multiple units, each requiring the charge nurse role. It also appears challenging to keep 33% of a department's nurses adequately trained to be a charge nurse, which could further contribute to turnover and burnout.

Interviews indicated that frequent transitions back and forth between peer and charge roles can cause elevated stress among both charge nurses and team members. When too many RNs from the team serve as charge nurses, the resulting lack of process consistency impacts patient safety and quality of care. These negative outcomes can reinforce burnout because team members feel that care is not optimally provided, creating a vicious cycle (Hessels, 2019 and Poghosyan, 2010).

**Consistently floating**

As shown in Figure 6, step-down/progressive care units, preop/anesthesia/PACU and women's health/OB have a higher prevalence of RNs consistently floating, relative to other department types.

This level of floating in these areas is indicative of the nature of the business. These are all areas with somewhat unpredictable volumes and, as such, their staffing is often too light or too heavy; this leads to nurses floating to other areas or being sent home when not needed.

7. An RN is considered to consistently precept if they do so in 20% or more of their total hours worked. Only 5% of hospital-based RNs nationally are at or above this individual threshold.
8. An RN is considered consistently in charge if they do so in 35% or more of their shifts. An RN is considered to consistently float if they do so in 20% of their total hours worked. Only 5% of hospital-based RNs nationally are at or above any of these individual thresholds.

The preop/anesthesia/PACU and women's health/OB departments often include many different cost centers. For example, inpatient women's health often includes labor and delivery, antepartum, mother/baby units and nursery. These service lines may more routinely float among departments as part of their normal staffing plans. Interviews indicate that some RNs consider floating between these units, though related, to be a dissatisfier.

The percentage of consistently on-call RNs could also be considered. This metric was not included in this report as it typically only affects a few department types — such as women's health/OB, OR and preop/anesthesia/PACU — but being consistently on call may have even greater significance in predicting burnout when these units are already among the highest in floating.

The leader of a team with many RNs consistently in charge or floating may consider how best to staff these responsibilities. It may be preferable to choose a few team members whose formal role is to do so (i.e., documented in their job description and mutually agreed on) for most, or all, of their working hours. Additional detail on how both managers and executives can support such teams is discussed in the next section.

# Overview of the nurse executive and manager interviews

Developing strategies to predict and recognize early indications of burnout is paramount in creating a sustainable nursing workforce. Nurses describe their workloads as unsustainable and growing in complexity, with many continuing to indicate a desire to leave the profession despite the improvements in staffing (Lee, 2024). And despite recent improvements in retention in the past few years,[9] RNs new to practice continue to exit at a much higher rate than their more experienced counterparts (Rousch, 2024). Healthcare executives should develop comprehensive and systematic methods of addressing these concerns amid increasing financial constraints and policy pressures.

The eight RN burnout predictors were introduced in the beginning of this report (in "Analysis 1: Percentiles and trends in the eight RN burnout predictors.") When a department is in the 75th percentile in one of the burnout predictors, executives may need to provide support and additional investments to bring the team back into balance.

There are actions that both nurse executives and managers can take to improve each metric. While executive strategy should be more global and strategic in nature, manager actions in recognizing the presence of burnout predictors and taking targeted actions at the departmental level are no less vital.

In August 2025, researchers interviewed four nursing executives (in addition to many others who contributed ideas and feedback to this report) and nine nurse managers who improved one of the key metrics in their department over the last year or so. In these interviews, managers were asked what steps they took to drive the improvements and what challenges they encountered along the way. The managers shared their approaches and lessons learned. In these interviews, executives and managers were asked what steps they took to drive the improvements and what challenges they encountered along the way. They shared their approaches and lessons learned.

9. For example, as reported in 2025 NSI National Health Care Retention & RN Staffing Report.

## Two priorities emerged from these interviews from both an executive and nurse manager perspective

### Top two priorities for nurse executives

**Build for visibility**
Executives should strengthen early detection of burnout by integrating technology and streamlining reports on skipped breaks, unused PTO and extended shifts. Pairing data with frontline context through leadership huddles and manager presence ensures subtle signs of strain are recognized and addressed before they escalate.

**Build for sustainability**
Executives should consider redesigning roles to reduce unnecessary burdens and clarify responsibilities. Dedicated charge nurse positions, robust float pools and workload redistribution models ease pressure on core teams. These tactics succeed only when reinforced by a culture of well-being that sustains balanced workloads, clear roles and long-term retention.

### Top two priorities for nurse managers

**Know your team**
Managers should pair scheduling and time-and-attendance data with firsthand knowledge of their staff to spot early burnout risks. By understanding individual goals, stressors and workload patterns, managers can intervene proactively and prevent issues before they escalate.

**Leverage the team around you**
Managers should recognize that with wide spans of control, they cannot carry the burden alone. Assistant nurse managers, educators, coordinators, preceptors and team leaders should be engaged as extensions of leadership to track risks and support staff in real time.

By fully integrating these roles (e.g., building routines where charge nurses monitor breaks, preceptors surface new-to-practice RNs' stress levels and educators reinforce resilience), managers can create a coordinated leadership team that shares accountability and acts together to reduce burnout.

In the sections below, foundational actions are marked with a brick icon and innovative ideas are marked with a light bulb icon. The featured quotes come directly from the manager interviews.

# Executive Priority 1

## Build for visibility

### Overview

Effective identification of burnout predictors requires two distinct forms of visibility. The first is **data visibility**, achieved through workforce systems that capture indicators such as overtime, PTO utilization and late clock-outs. The second is **cultural visibility**, which reflects organizational norms surrounding personal well-being, including the degree to which leaders model healthy behaviors, know the needs of team members and create environments where breaks are respected and boundaries are reinforced. Taken together, these perspectives provide a more comprehensive foundation for assessing and mitigating burnout risk.

**Data visibility**
Healthcare executives and nurse managers can utilize various systems of record, such as human resource information systems (HRIS), time and attendance systems and scheduling software, to access role overload predictors. These systems can also provide visibility into instances of precepting and floating, which are measures of role conflict. However, limitations exist around how readily available and actionable this data is for executives and leaders.

Many of these data resources have been available for decades, initially on paper and spreadsheets, but are now increasingly digital. While sophisticated scheduling, time and attendance, and other related platforms have made early identification of burnout predictors easier, they are still often extremely fragmented and siloed systems inside multiple platforms that lack real-time visibility.

Systems also often lack granularity and context. For example, they may track break schedules but not whether breaks were taken. Early arrival could be personal choice or pre-shift preparation. Systems might show unused PTO but not whether an employee requested and was denied time off.

> *"It takes more than IT systems to identify predictors of burnout."*

Furthermore, pattern recognition can be exceedingly difficult for managers with high spans of control. Nurse managers leading large teams can struggle to recognize predictive patterns of burnout without the support of automated tools. Nurse managers often have limited time to analyze multiple reports amid operational demands and few systems provide dynamic alerts or visual trends.

As a result, nurse executives are critical in ensuring that workforce data becomes both accessible and actionable for managers. Executives should champion strategies that simplify access to information, integrate siloed systems and present data in ways that reduce complexity rather than add to it.

By implementing software platforms that surface actionable, real-time insights — accompanied by context and practical guidance — nurse executives can empower managers to move from simply viewing data to acting on it. This shift transforms basic data visibility into proactive intervention, enabling early identification of burnout predictors and timely actions to mitigate the impact on both staff well-being and patient care.

**Cultural visibility**

While technology has expanded access to potential burnout indicators, these tools remain fragmented, limited in context and insufficient on their own. High spans of control, cultural norms and the subtleties of individual choice versus organizational pressure make it challenging for nurse managers to recognize patterns solely from data.

Managers consistently emphasized that their physical presence on the unit or within the department is the principal factor in recognizing burnout risk. This presence provides cultural visibility – a direct view into how staff experience their work; how norms around breaks, boundaries and recovery are practiced; and how individual team members are truly doing. By engaging closely with their teams, managers come to understand personal needs and aspirations, build trust so staff feel comfortable confiding in them and detect stressors that workforce systems cannot capture. This cultural visibility complements data visibility, creating a fuller, more accurate picture of burnout risk.

Managers shared stories from their experiences, such as staff repeatedly clocking in early to compensate for unreliable supplies or equipment, skipping breaks to "help the team" or honor a promise to a patient and consistently clocking out late due to documentation demands. While patterns like early arrival, missed breaks and extended shifts are recognized burnout predictors, staff may interpret these behaviors as demonstrations of commitment, making signs of strain harder to detect. In these situations, manager presence is essential to discern the cultural norms at play and to understand the individual needs of team members.

> *"There is a lot of pressure to reduce length of stay and ensure timely discharges that drive nurses to skip breaks or stay late. IT systems only tell part of the story."*

Healthcare executives are essential in advancing an organizational culture that prioritizes wellness, ensuring that managers have the protected time necessary to spend time with their teams. Reducing administrative, committee and reporting burdens allows managers to focus on cultivating relationships, fostering trust and maintaining cultural visibility: activities that are foundational to early recognition and prevention of burnout. By championing this balance, nurse executives not only reinforce the value of leader presence but also institutionalize wellness as a strategic priority across the organization.

True early identification of burnout requires a balanced approach of combining system-generated insights with consistent, in-person observation and relationship-building that fosters open dialogue. Only by integrating both digital and human perspectives can leaders fully understand and address the predictors of burnout.

## Executive strategies for data visibility

**Integrate and centralize data**
Partner with HR and IT executives and technology vendors to integrate scheduling, time and attendance and HRIS data to surface patterns to managers in one central location. This integration enables a more comprehensive and action-oriented view of workforce data, making it easier to spot and address potential burnout predictors.

**Verify that breaks are being taken**
Implement "break confirmation" prompts in time systems, if feasible, to capture actual vs. scheduled breaks.

**Automate alerts**
Configure triggers to leaders when a nurse has increasing or significant instance of any of the eight burnout predictors, such as regularly clocking-in early or out late, consistently skipping breaks and holding high unused PTO balances.

**Report pattern recognition to support managers**
Highlight consistent patterns over weeks and months rather than single events to better identify emerging trends indicative of increased risk for burnout.

**Identify burnout patterns early using AI-powered flagging**
Use predictive analytics to alert when a nurse's time pattern matches known burnout predictors. Predictive AI can identify these patterns before they are visible to leaders, enabling timely interventions to support the well-being of their nursing staff.

## Executive strategies for cultural visibility

**Protect time for leader rounding**
Establish protected time for nurse managers to round on their teams. Managers can find it challenging to sustain this practice, so it is important to vigilantly guard this protected time.

**Leverage stay interviews for targeted intervention**
Talk to nurses to find systemic causes behind unused PTO or chronic overtime. This approach helps identify underlying issues that may not be evident in standard data reports, allowing for targeted intervention and added context to time and attendance data.

**Prioritize follow-ups with burnout index scoring**
Integrate attendance and scheduling data with HRIS indicators to prioritize follow-ups. This approach will enable a more comprehensive view of workforce data, making it easier to identify and address potential burnout predictors with individual nurses.

**Train leaders on burnout predictors**
Prioritize burnout pattern recognition and intervention as a core skill for nurse managers. Nurse managers are the first line of defense in recognizing burnout in their teams, as they are closest to daily operations and can observe early signs of stress and fatigue.

# Executive Priority 2

## Build for sustainability

### Overview

In the first section of this report, eight RN burnout predictors were identified, reflecting indicators of role overload and role conflict. Role overload arises when nurses cannot reasonably complete required work within the available time, while role conflict emerges when competing expectations and responsibilities create uncertainty in the nurse's daily role. Each predictor captures dimensions of physical or emotional fatigue that contribute to burnout.

To build sustainable teams, nurse executives should strategically mitigate these factors through intentional redesign of both roles and work. While leaders have achieved meaningful progress, particularly in strengthening staffing and reducing floating through innovative recruitment and retention strategies, the persistence of role overload predictors underscores the ongoing physical and cognitive workload challenges that RNs continue to face.

Given that hospitals and health systems operate under mounting financial pressures and shifting policy demands, reluctance to invest in the processes, personnel and technologies required to address workload challenges remains widespread. Yet dismissing these challenges creates a contagion effect that accelerates burnout, disengagement and turnover. These dynamics erode workforce stability, increase costs and undermine organizational performance. Proactive investment is therefore essential to break this cycle and sustain a resilient nursing workforce that is above national benchmarks in turnover and vacancy rates.

**Building workload sustainability**

In redesigning work and roles for long-term sustainability, no single solution fits every organization. The challenges are inherently complex and effective strategies are multifactorial. Executives should weigh the underlying causes of workforce strain alongside the resources and capabilities unique to their setting to develop solutions that are both practical and sustainable.

Sustainable workloads begin with adequate staffing that is responsive to patient acuity. The growing availability of workload data systems embedded within electronic health records provides valuable tools for evidence-based staffing decisions and the design of staffing models. Yet appropriate staffing is only the foundation. The physical and cognitive drain experienced by RNs is often shaped as much by how work is structured and managed as it is by the raw resources available to accomplish it — which is why continued workflow improvements are necessary.

Increasing occurrences of role overload indicators — such as early clock-ins, late clock-outs, skipped breaks and unused PTO — may reflect the intensity of nursing work but can also stem from poor time and attendance practices. Nurse executives report that it is usually a combination of both, underscoring the need to understand the underlying "why."

> *"Skipping breaks and leaving late cannot be normalized."*

While managers can often address time and attendance at the unit level, uncovering and resolving deeper causes frequently requires executive action, especially when role redesign is necessary. Although "top of license" practice is a longstanding guiding principle in nursing, its consistent realization remains elusive in many organizations. Nurse executives emphasized the importance of deploying people, process and technology strategies aimed at reducing workload strain and enabling nurses to fully practice at the top of their license.

New models of care provide critical pathways for redistributing workload. Virtual nursing and nurse assistant care partner teams create more balanced assignments and reduce the physical and cognitive demands on individual nurses. Similarly, roles that surround and support nursing care — such as care coordinators, patient experience staff and proceduralists — can streamline admissions and discharges, manage patient and family needs and assume advanced procedures such as line insertions or complex wound care. These models create capacity for nurses to focus on core responsibilities and elevate overall team efficiency.

> *"I must be constantly forward looking, leaning into innovation and disrupting old standards."*

Emerging technologies represent another powerful lever for building workload sustainability. Nurse executives should continually evaluate and adopt innovations that reduce administrative and physical burdens while expanding time for direct patient care. Just as telemonitoring and virtual sitters have improved efficiency and patient safety, documentation automation and clinical decision support tools promise to further streamline charting, strengthen safety and enhance nurses' ability to prioritize care.

**Building role sustainability**

Leadership assignments such as charge nurse or preceptor expand the scope of nurse responsibilities but also introduce significant role conflict. When as many as 30% of RNs are consistently rotating into the charge role, nurses are frequently required to shift between peer and supervisory functions. While a strong charge nurse program can build a succession plan for future leaders, when the pool of charge nurses grows too large, it generates ongoing role transitions that create uncertainty and stress for both the charge nurse and the staff they lead.

The requirement for nurses to frequently float across multiple clinical areas adds another layer of role conflict. Floating not only disrupts continuity within the home unit (e.g., by leaving colleagues feeling understaffed and incomplete) but also places nurses in unfamiliar environments where workflows and expertise may not align. This dual disruption undermines delivery, diminishes confidence in care delivery and amplifies stress for both the individual nurse and the broader team.

Nurse executives can reduce these conflicts by clarifying expectations, stabilizing charge assignments, limiting consecutive preceptor responsibilities and minimizing unnecessary role transitions. Strengthening orientation for cross-unit coverage and fostering inclusive practices also help nurses adapt more effectively when floating is unavoidable. Taken together, these strategies reduce stress, promote role clarity and sustain collaboration across units.

**Building wellness culture sustainability**

In the interviews, nurse executives repeatedly emphasized that addressing the challenges of sustainable workloads and roles should occur within the broader context of a global wellness strategy. Such a strategy embeds well-being into the organization's fabric and may include promoting mindfulness practices, fostering teamwork and collaboration and prioritizing the wellness of nurse managers so they can model permission to disconnect and establish healthy boundaries.

> *"Supporting managers is a priority in our organization."*

Executives described multiple approaches to staying connected with their teams and understanding frontline realities, ensuring they remain aligned with the experiences of nurses while also supporting the managers who lead them. Across these conversations, a consistent theme emerged: supporting nurse managers is vital. Working at the intersection of organizational priorities and frontline care, nurse managers are uniquely positioned to hear concerns firsthand and translate them into meaningful action.

> *"I may be an executive, but my badge still says RN."*

By cultivating an environment where every nurse feels seen, heard and valued, executives reinforce that wellness is not a temporary program but a shared cultural commitment essential to sustaining the workforce. Nurse managers, as the closest leaders to staff, are central to this effort. Ensuring managers are supported allows them to model well-being for their teams, strengthen connections and serve as the first line of defense against burnout.

## Executive strategies for workload sustainability

**Redefine roles for efficiency**
Assess nursing roles to identify non-clinical tasks that contribute to workload and reassign the appropriate responsibilities. Redesign workflows to align these tasks with roles that do not require clinical licensure and consider creating new support positions to carry them out. These actions free RNs to focus on direct patient care and consistently practice at the top of their license.

**Integrate virtual nursing models into bedside roles**
Frame virtual nursing as a strategy to actively diminish and manage nursing workload. Virtual nurses can assume responsibility for clinical audits, chart reviews, admissions and discharges and provide real-time guidance through an "ask the nurse" mentor model, redistributing tasks that often overwhelm bedside staff. By integrating virtual and bedside roles, organizations can strengthen team cohesion, create flexibility in practice and ensure a more sustainable workload for nurses.

**Integrate technology for workload sustainability**
Establish systematic processes for scanning, evaluating and piloting emerging technologies that can integrate into long-term strategies for role redesign and workload reduction. Nurse managers should partner with executives, clinical leaders and frontline staff to assess technologies such as virtual nursing, AI-enabled decision support, robotics and smart monitoring devices for both feasibility and impact. Embedding this evaluation into strategic planning ensures that technology adoption is purposeful, sustainable and focused on reducing the workload of nurses.

## Executive recommendations for role sustainability

**Redesign the charge nurse role for permanence and stability**
Structure charge nurse positions to provide greater permanence and stability, thereby reducing the role conflict created by constant transitions between peer and charge responsibilities. Establishing more consistent charge assignments strengthens accountability for team workflows and efficiency while alleviating the stress that frequent role shifts place on both the charge nurse and the staff they lead.

**Reduce strain in preceptor roles**
Limit consecutive preceptor assignments to prevent fatigue and role strain, ensuring that nurses have adequate recovery time between teaching responsibilities. Consider adjusting patient loads for preceptors, providing structured recognition and support and offering supplemental training or shared precepting models to distribute the workload more evenly. Establish a policy of frequent check-ins by managers and educators to ensure that preceptors receive timely guidance, feedback and encouragement. These actions help sustain the effectiveness of preceptors, protect their well-being and preserve the quality of nurse onboarding and professional development.

**Redesign floating through partnerships**
Move away from traditional "we all float" models by creating intentional systems that identify nurses with an interest in learning other units and building cross-unit partnerships. Develop structured processes that match float assignments to skill sets and preferences, while ensuring that receiving units recognize and value float nurses as integral contributors supporting the hospital's mission. This approach reframes floating from a burden into a collaborative strategy, strengthening both staff engagement and organizational resilience.

## Executive strategies for sustaining a culture of well-being

**Prioritize an overarching culture of well-being**
Create a culture of well-being by embedding burnout prevention into daily leadership practices. Incorporate discussions of well-being and workload into routine leader one-on-one meetings and purposefully track and act on burnout warning indicators.

**Model and support taking time off**
Nurses may feel less inclined to take time off unless they see their leaders doing so as well. This is important because it sets a positive example for employees, encouraging them to prioritize their well-being and prevent burnout.

**Establish forums for nurse voices**
Morning huddles, town halls and "Ask the Chief Nurse" sessions create consistent opportunities for nurses to feel seen, heard and valued. Ensure a structured process for closing the loop by communicating actions taken on feedback, reinforcing trust and demonstrating that staff input directly informs organizational decisions.

**Created structured support teams**
Support forums can provide both immediate and ongoing care for staff during critical moments. Implement programs such as Code Lilac to support individuals facing patient loss or personal crises and develop "Partners in Caring Teams" to celebrate staff and deliver extra support to teams in need. Expand these efforts through employee resource groups organized around cultural or shared experiences, such as military service, to further strengthen belonging, resilience and connection across the workforce.

**Prioritize nurse manager well-being**
Nurse managers are a cornerstone of workforce well-being. Ensure they have protected time to disconnect, model healthy habits such as taking breaks and maintain work-life balance. Offer support by reducing administrative burdens and ensuring the organization implements integrated technologies that simplify workflows and enable ease of use and action. As the primary influencers for most of the nursing workforce, nurse managers who are supported in these ways are best positioned to model wellness and sustain a culture of well-being across the organization.

# Manager Priority 1

## Know your team

### Overview

Nurse managers carry primary accountability for the clinical, financial and operational performance of their units. Prior AONL-Laudio reports studied these responsibilities, such as *Trends and Innovations in Nurse Manager Retention* (Fall 2024), which examined the increasing complexity of the nurse manager role, and *Quantifying Nurse Manager Impact* (Spring 2024), which addressed the challenges of large spans of control of many nurse managers. Within this demanding environment, nurse managers' ability to truly know their teams emerges as essential yet increasingly difficult. Spans of control, competing priorities and limited time for personal connection make this expectation challenging, yet it remains the most critical factor in recognizing early signs of stress and preventing the escalation of burnout.

Across all interviews, a consistent theme emerged: The manager's personal connection with their team is paramount in preventing burnout. While data from time and attendance systems and other workforce platforms provide valuable signals, managers uniformly described these metrics as supplemental to their firsthand knowledge of staff members, their scheduling preferences, individual needs and professional challenges. This relational insight equips managers to interpret data in context, anticipate risks and take proactive action to mitigate burnout predictors before they escalate into widespread team fatigue.

> *"IT systems can be cumbersome, but they do help to identify patterns of those who are systematically staying late. But it is in conversations, huddles and one-on-ones that I learn the 'why.' "*

Managers reported the reason for increased instances of burnout predictive metrics is most often learned through connections with their teams in morning huddles, one-on-one meetings, leader rounding, stay interviews and being physically visible.

When examining the occurrence of role overload metrics, such as early clock-ins, late clock-outs, skipped breaks, absenteeism and failure to take PTO, the underlying causes cover a wide spectrum. These range from challenging patient or family situations to documentation burdens, lack of trust in relief coverage or even commitments made to patients that make it difficult for nurses to step away. Managers emphasized that different causes necessitate different solutions, underscoring why it is essential for leaders to know their teams personally if they are to address burnout effectively.

Role conflict metrics (i.e., increased frequency of charge nurse responsibilities, precepting and floating) are often more difficult to assess because time and attendance or workforce data systems provide limited visibility into these responsibilities. Managers emphasized the need to spend additional time with charge nurses and preceptors due to the significant stress associated with these roles and the unit's reliance on their effectiveness. Floating presents an even greater challenge, as managers have reduced visibility into the experiences and stressors nurses encounter while working on other units.

> *"Consistency: it's a must-do as a leader."*

**KEY TAKEAWAY**

**The single most powerful defense against burnout is a manager's personal connection with their team. The data may reveal patterns, but trust, consistency and presence uncover the 'why' and lead to the highest impact solutions.**

Managers emphasized that knowing the team is reciprocal; the team should also know the manager, recognizing their leader as fair and consistent in decision-making, follow-through and communication. Such consistency is essential to building trust and creating an environment where staff feel secure in sharing the underlying causes of burnout. Most importantly, managers describe consistency as the foundation of psychological safety, a driver of positive culture and a critical factor in sustaining managerial credibility when addressing sensitive issues such as burnout.

Managers frame their knowledge of their teams as the cornerstone of workforce resilience. By understanding not only the data but also the individual needs, strengths and challenges of their staff, managers can anticipate risks, tailor interventions and create environments of trust and psychological safety.

## Recommendations to support knowing your team

**Be visibly present on the unit**
Be seen through rounding and informal interactions. Managers noted that "keeping an ear to the ground" allows them to notice staff concerns in real time, rather than relying on formal meetings or metrics that could be delayed. Visibility demonstrates investment in the team and creates opportunities for staff to share challenges openly.

**Conduct candid and intentional check-ins**
Use huddles, team meetings and one-on-one conversations to build trust and uncover potential burnout drivers. These regular touchpoints encourage staff to speak candidly about workload pressures, patient challenges or personal barriers to leaving on time.

**Review workforce data systems in context**
Examine time and attendance, scheduling and HRIS data to identify patterns such as consistent late departures, missed breaks or absenteeism with the awareness that data is valuable but incomplete without personal insight into the underlying reasons.

**Normalize conversations about self-care**
Integrate reminders about breaks and personal well-being into meetings and huddles. Encourage staff to take "real breaks" from their desks or the floor and highlight the long-term health impact of working without rest. This normalizes self-care and reinforces that well-being is a leadership priority.

**Acknowledge and validate team member experiences**
Show empathy by recognizing the personal impact of workplace pressures and reminding staff of the health risks of skipping meals or leaving late. The validation of communicating to team members that they are seen and understood can alleviate stress and strengthen resilience.

**Model fairness and consistency**
Demonstrate consistency in decision-making, follow-through and communication so staff view leadership as fair and trustworthy. Managers emphasized that fairness builds the psychological safety required for staff to disclose challenges and collaborate on solutions.

**Provide support for new-to-practice RNs**
Engage directly with new-to-practice RNs to understand their unique needs, challenges and aspirations, recognizing that they are at higher risk for burnout and turnover. Early-tenure RNs particularly struggle in units where role overload metrics, such as late departures, skipped breaks, late clock-outs and skipping PTO, are persistent challenges. Managers emphasized that these new nurses often face difficulties with workload management, delegation and confidence in clinical decision-making. Proactive strategies such as structured 30/60/90-day check-ins, targeted mentorship and open dialogue help managers build trust, surface concerns early and provide tailored support to new RNs that fosters resilience and long-term retention.

**Address chronic late clock outs with targeted interventions**
Monitor units where significant numbers of team members consistently clock out late, as this behavior has the strongest correlation with turnover. Managers stressed that late departures often reflect unresolved workflow issues, delayed discharges or inadequate relief coverage, which compound fatigue and disengagement. Leaders should pair workforce data with staff dialogue to uncover root causes, provide time management coaching and intervene early with operational or staffing adjustments. By addressing chronic late clock-outs proactively, managers can reduce a major contributor to turnover while strengthening overall team resilience.

**Provide support for high-stress roles**
Champion charge nurses and preceptors, acknowledging the high stress and unit dependency on their effectiveness. Managers described spending more time with these individuals to sustain their well-being and performance, recognizing that burnout in these roles has a ripple effect on the entire team.

**Empower staff through open dialogue**
Invite staff to share their readiness for roles such as precepting or charge responsibilities through direct, empathetic questions. One manager reported asking her preceptors, while "being 100% honest with me," to share how they felt about precepting. This approach respects autonomy, uncovers concerns early and allows leaders to balance team needs with individual capacity.

# Manager Priority 2

## Leverage the team around you

### Overview

As previously discussed, the role and span of nurse managers are both complex and extensive. The fiscal and operational realities facing most health systems mean these challenges are not likely to diminish quickly, as limited resources constrain the ability to add leadership support or reduce spans of control. At the same time, many organizations are making concerted efforts to mitigate these pressures through role redesign, expanded support structures and the use of technology to ease administrative burdens. While progress is evident, executive leadership should continue to monitor the weight of responsibility that nurse managers carry.

While managers maintain ultimate responsibility for the engagement and retention of their teams, they cannot maintain sole responsibility. No single person has the capacity to do this. It takes communal support and the intentional engagement of others to build a culture. Sustaining engagement and resilience should become a collective endeavor rather than an individual burden, creating the conditions for long-term workforce stability.

> *"It is not a single person's responsibility to create a team's ability to thrive."*

**KEY TAKEAWAY**

**Managers cannot carry the weight of culture and burnout prevention alone: shared accountability and distributed leadership are essential.**

Managers should leverage the team and resources around them including educators, clinical coordinators, assistant nurse managers, preceptors and team leaders, to share responsibility for monitoring signs of burnout and implementing strategies to address them.

> *"I go out on the floor at 1:30 every afternoon and I ask my charge, 'how are things going?' and they tell me, 'so-and-so had lunch' and 'so-and-so is about to go'... this is how I know we are all supporting each other and holding each other accountable."*

This distributed approach allows for greater visibility into daily challenges and ensures timely intervention. For example, preceptors can provide early feedback on the stress levels of new graduates, charge nurses can track whether staff are taking breaks or leaving on time and educators can integrate resilience-building practices into training and orientation. One manager described the role of her team leaders as "rounding in place," noting that a central responsibility throughout the day is to monitor for signs of strain among individuals or the team that may serve as early indicators of

burnout. By engaging team members as partners, managers extend their reach and build a collective capacity to support staff well-being.

> *"I have 256 direct reports. I can't do it alone. I use my team leaders; they 'round in place' while they are doing bedside care. They help me to stay informed of the needs and concerns of the team. Our educators and preceptors all bring visibility to me."*

## Strategies to support leveraging the team around you

**Leverage assistant nurse managers for span of control relief**
Distribute leadership responsibilities by assigning assistant nurse managers specific areas such as scheduling oversight, daily rounding or recognition. This expands managerial reach and ensures more consistent support for staff.

**Empower charge nurses to build connections**
Support staff through regular check-ins and willingness to offer a hand. Model behaviors that build relationships among team members and support teamwork, communication and patient flow.

**Engage preceptors as well-being partners**
Collaborate with preceptors not only to guide new staff but to surface early signs of stress among both preceptees and themselves. Create time for one-on-one check-ins to ensure preceptor well-being.

**Engage educators as partners to reinforce resilience practices**
Collaborate with educators to integrate discussions of self-care, delegation and workload management into orientation and ongoing training. Educators can facilitate conversations about resilience and embed a well-being focus early in staff development.

**Leverage clinical coordinators for workflow insight**
Rely on clinical coordinators (or experienced clinical staff and leaders) to identify operational stressors, such as documentation backlogs or discharge delays, which contribute to burnout. Their vantage point helps managers address systemic issues before they escalate.

**Establish feedback loops across the leadership team**
Establish structured mechanisms where assistant managers, charge nurses and preceptors regularly report staff concerns or observed stressors. These feedback loops allow managers to intervene quickly and with precision.

**Model collaboration as a leadership standard**
Demonstrate partnership by visibly engaging educators, coordinators and frontline leaders in problem-solving. Modeling collaboration signals that leadership is unified in prioritizing well-being.

# Conclusion

The data presented in this report underscores both the urgency and opportunity before health system leaders. Burnout is not an inevitable outcome of modern healthcare; it is a measurable risk that leaders can identify early and mitigate through deliberate strategies. By combining predictive analytics with proactive frontline leadership practices, nurse executives and managers can move beyond reactive interventions toward the intentional design of sustainable nursing roles and teams. Doing so will not only reduce turnover and burnout but also strengthen the foundation for safe, high quality and enduring patient care.

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## Executive interviewees

**Donna Beecroft** MSN, RN, NE-BC

**Jason Cooke** MHA, BSA, RN

**Loraine Frank-Lightfoot** DNP, MBA, RN, NEA-BC

**Timothy Layman** DNP, MBA-HC, MSN, RN, NE-BC

## Manager interviewees

**Ann Carey** DNP, RN, NE-BC

**Christina Cunningham** RN, MSN, CEN

**Valarie Driscoll** MSN, RN

**Tiara Hector** BSN, RN

**Josh Hoover** Radiology director

**Colleen Mistovich** MSN, RN, CEN, SANE, SANE P

**Andrea Nicholson** MSN, RN

**Jordan Propst** RN, BSN, CMSRN

**Amanda Williams** MSN, RN, RN-BC

# Appendix 1

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

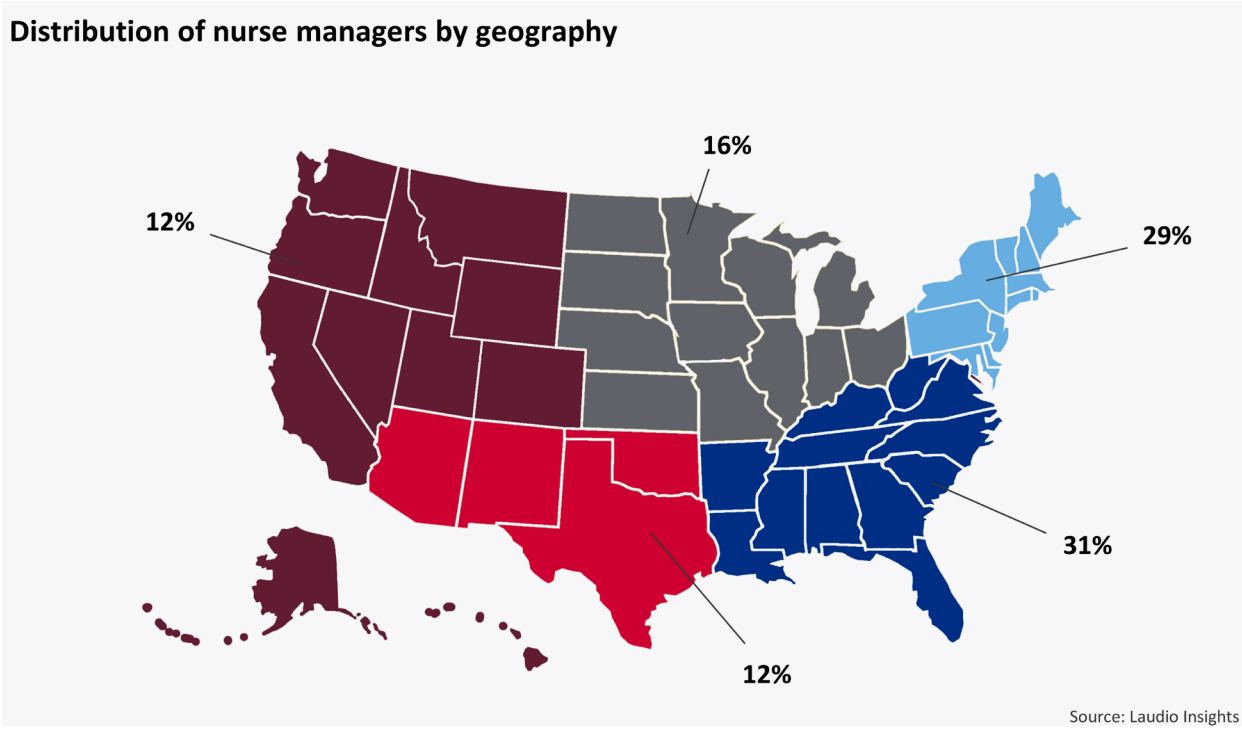



*Figure 7*

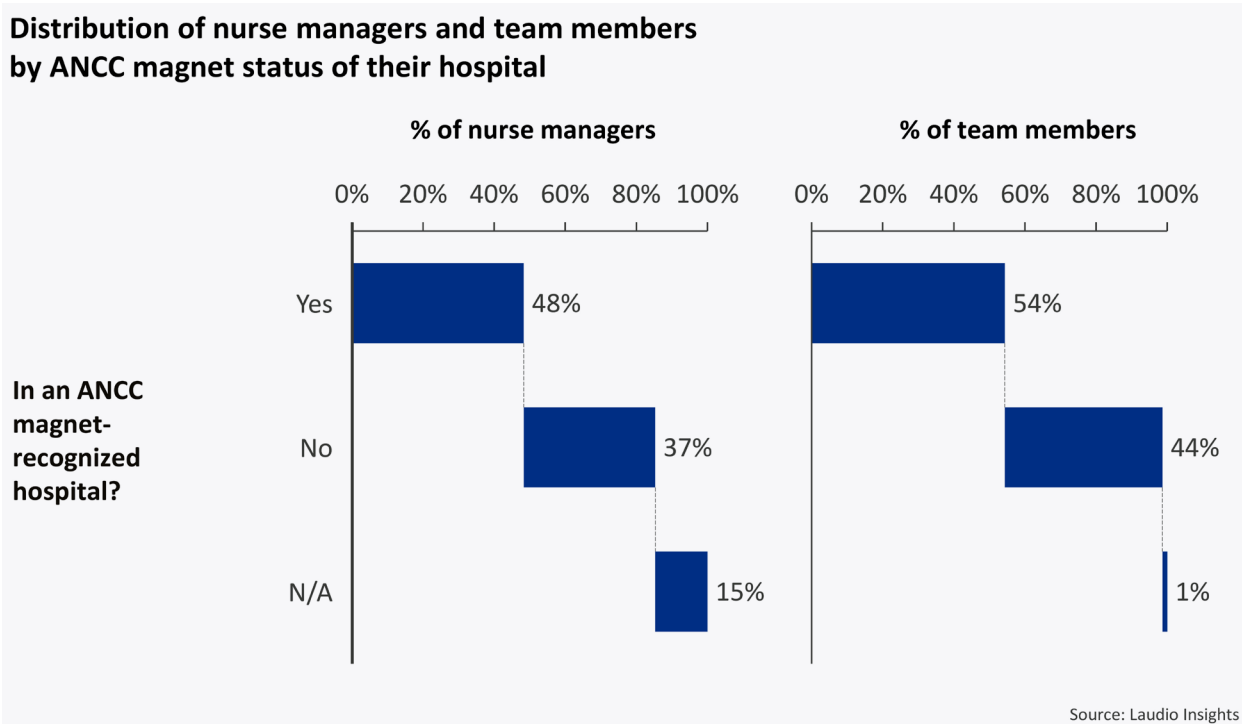



*Figure 8*

# Appendix 2

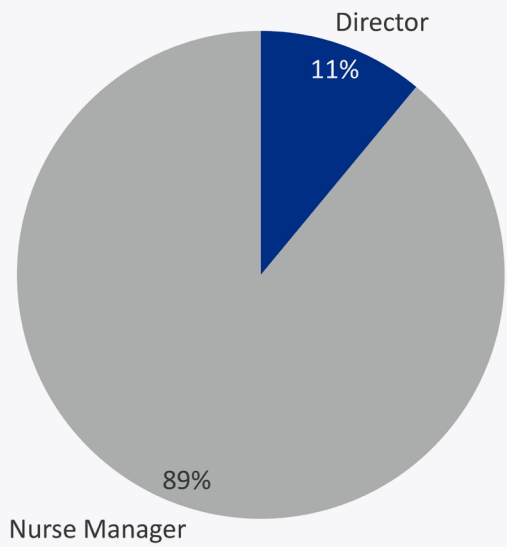
## The job titles of nurse managers

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 9).

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 9*

# Appendix 3

## Additional details of the data set and models used in analyses

**Details on the benchmark data set**

The data used in this report is based on Laudio's Workforce Benchmark data set.

- Only RNs in a hospital setting (or attached ambulatory and clinic locations) are included.
- Only departments with 15 or more team members are included in the percentile calculations.
- Each metric was calculated over the trailing six months. The six-month window used is from January to June 2025.
  - The June 2025 data set includes 95% of the same departments as the June 2023 data set.
- 95,000 RNs were included in the benchmark data set, covering 1,950 departments, inclusive of the department types shown and additional clinical ones.
  - For the analyses that are specific to a single department type, on average, there are over 100 departments in each department type with a minimum of at least 35 departments included.

**Details on the regression analysis**

For the statistically significant finding, Bayesian multilevel logistic regression models (MLwiN 3.07) with non-informative priors were used to estimate RN retention as a function of a collection of employee, manager, and facility attributes as well as documented manager-employee interactions.

These models include random effects to account for hierarchical clustering due to organizational structure (i.e., employees within managers, within facilities, within organizations). Attributes include employee age, specialty and tenure, among others. Per diem employees are excluded.

This analysis estimates RN retention as a function of manager change and residual variation at the system, facility, manager, and individual level. Variation within each level was estimated using random intercept terms.

# Appendix 4

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