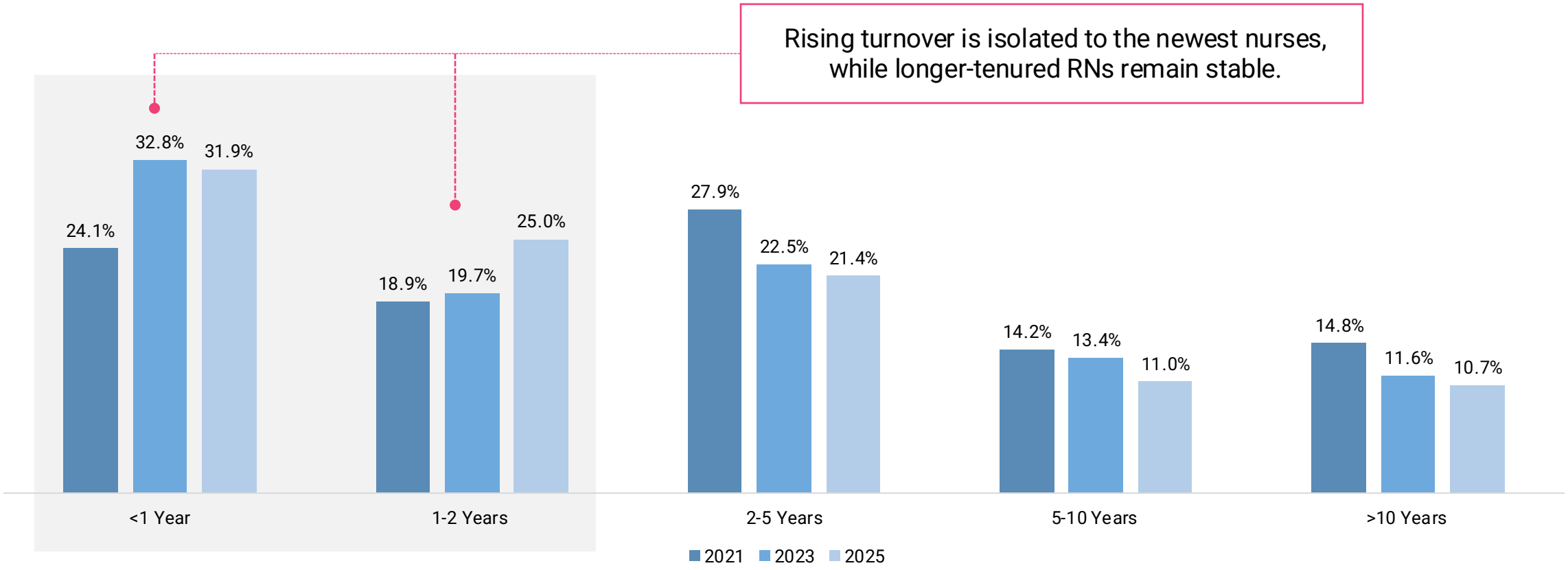
# Developing Confident, Practice-Ready Nurses

## Data-Driven Insights for Academic and Health System Leaders

July 9, 2026

# Solving The Retention Crisis Starts With Rethinking Support

## RN Turnover by Tenure, 2021-2025






Sources: THMA Research and Analysis. 2025 NSI National Health Care Retention & RN Staffing Report, NSI 2025.

# Nursing Catalyst's Approach to Benchmarking NLRN Experience in 2025

## Research Overview & Goals

The goal of this benchmarking study was to provide health systems with actionable insights to optimize their investments in NLRN transition programs. **Our objectives included:**

- Map the landscape of organizational investments in NLRN transition programs across participating systems
- Evaluate NLRN confidence levels and perceived value of existing program components
- Determine which investments to maintain, enhance, or discontinue based on NLRN outcomes
- Establish investment priorities for prepping NLRNs for evolving care delivery models

## Methodology

This study included:

1. n=32 system-level survey responses from delegates with residency program oversight, reporting out on metrics including program size, standardization, training approaches, and more
2. n=2,391 new graduate nurse survey responses from new graduates between 0-36 months in tenure, reporting out on metrics including confidence, intent to stay, and future practice readiness
3. n=18 n-depth qualitative interviews with post-residency new nurses, exploring the drivers and barriers of confidence and intent to stay

This research surfaces the core drivers of NLRN clinical competency and the gaps that remain, synthesizing survey data and qualitative insights to identify where health systems can most effectively align with academic partners upstream.

# Framing Our Conversation: NLRN Experience and Investment Impact

## Two Connected Perspectives on NLRN Readiness and System Readiness

### The NLRN Lens

Explores how NLRNs experience readiness, confidence, and belonging—what they need most from residency and early-career supports. Focus areas include:

- **Confidence:** How confident NLRNs feel across clinical and professional skills
- **Career Conception:** How they envision their careers
- **Preparedness:** What supports they say are most effective in transition

### The System Lens

Examines how organizations structure residency and supports to build a future-ready workforce.

- **Program Design:** How systems structure residency length, preceptorship, and hands-on clinical and emotional supports to accelerate readiness and confidence.

360° analysis on effective transition to practice

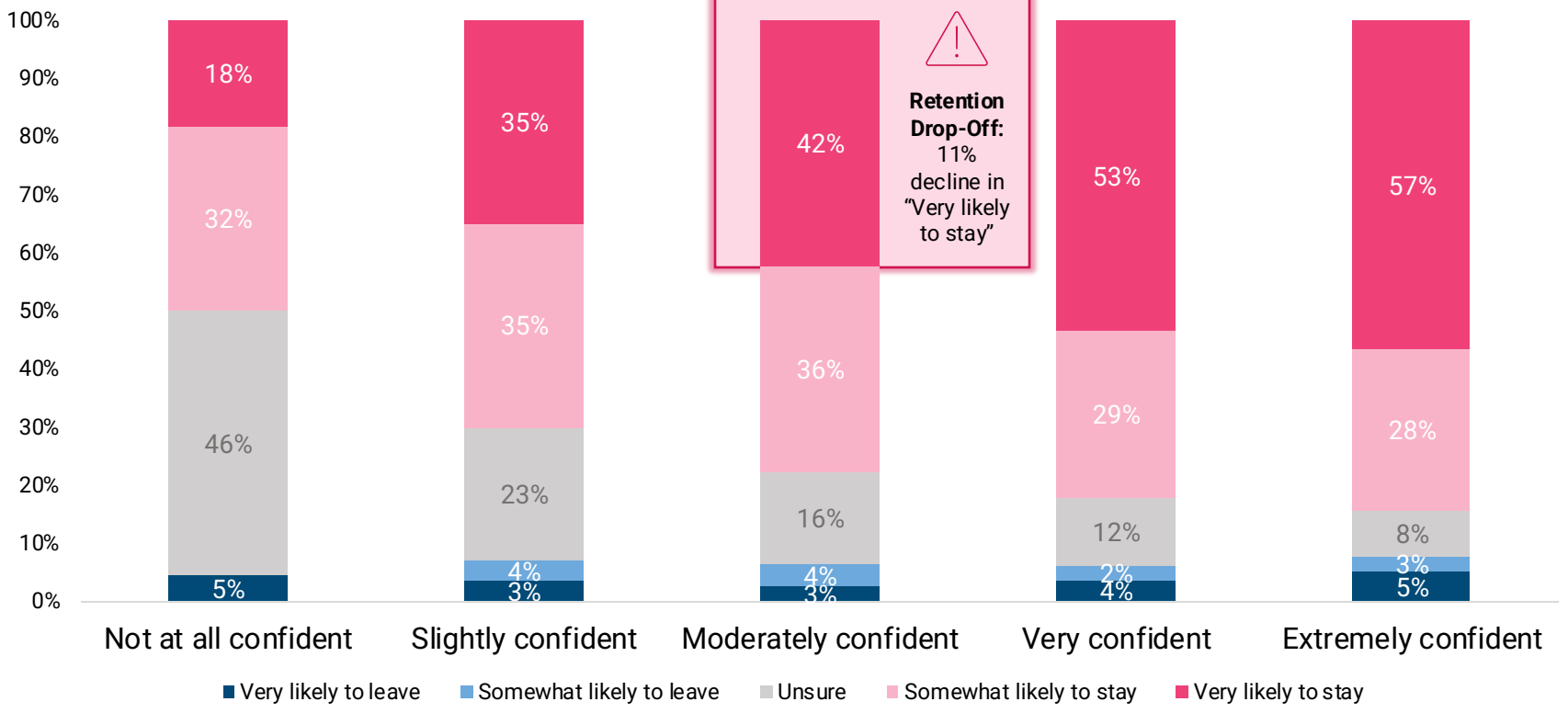


Sources: THMA Research and Analysis.

# What We Know: NLRN Confidence is a Strong Indicator of Retention

## NLRN Self-Reported Intent to Stay, by Overall Confidence in Role

*n=2,360*




**Retention Delta**
(Least → Most Confident)

**+39%** very likely to stay

**-4%** somewhat likely to stay

**-38%** unsure



Sources: THMA Research and Analysis.

# NLRN Inflection Points That Threaten Retention: Low Confidence & the Year 2 Cliff

There are Two Gaps to Close…

**In Year 1**: Develop RNs more quickly into from low-/mid-confidence into high confidence

**In Years 1-2**: Address the "post-residency cliff" of clinical confidence

# How We'll Spend Our Time Today

## Where & How We Build Confidence

- Where residency is working as intended to build clinical readiness and confidence
- Which supports make the biggest impact

## Where Gaps Remain

- Which gaps residency still has to close and where year 1 remains vulnerable

## Where Earlier Alignment Matters

- Where stronger academic practice alignment could close gaps before day one
- How to level set on the realities and future of nursing

# NLRNs Enter Year 1 Of Practice with Four Key Gaps in Preparation

## Four Key Gaps in NLRN Preparation

1 *"I didn't feel like I had much true hands-on clinical expertise—**I wasn't clinically prepared**."*

2 ***The environment.*** *NLRNs are excited by change and transformation, but unprepared for it.*

3 ***The toolkit.*** *NLRNs feel unequipped to navigate the emotional realities of nursing.*

4 ***The foundation.*** *NLRNs uncertain as to what it means to be a nurse, even after months of practice.*



Sources: THMA Research and Analysis.

# Section 1: Where & How We Build NLRN Confidence

# NLRN Preparation Gap #1: Clinical Skills

## Four Key Gaps in NLRN Preparation

1 *"I didn't feel like I had much true hands-on clinical expertise—I wasn't clinically prepared."*

2 *NLRNs are excited by change and transformation, but unprepared for it.*

3 *NLRNs feel unequipped to navigate the emotional realities of nursing.*

4 *NLRNs uncertain as to what it means to be a nurse or what to expect, even after months of practice.*

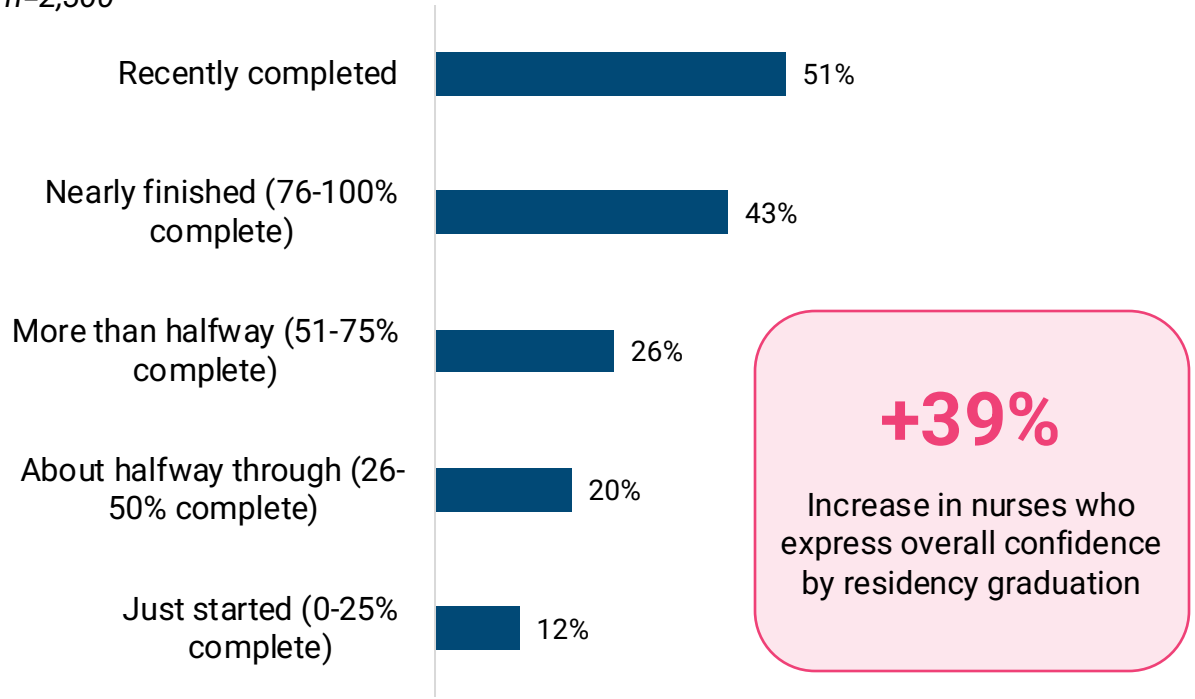


Sources: THMA Research and Analysis.

# NRPs Do as Intended—Building Confidence & Preparing for Practice

## NLRNs Expressing Overall Confidence*, by Residency Stage

*n=2,360*

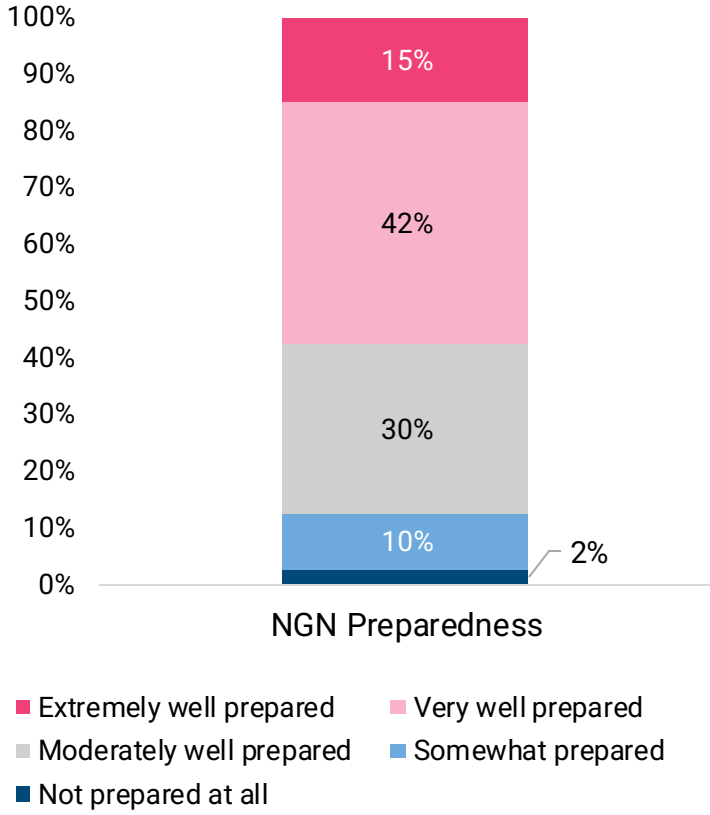



**+39%**

Increase in nurses who express overall confidence by residency graduation

## How Prepared NLRNs Feel by Residency

*n=2,360*




**Overall Confidence defined as NLRNs who responded 'Extremely' or 'Very Confident' when asked; How confident do you feel in your current nursing role?*

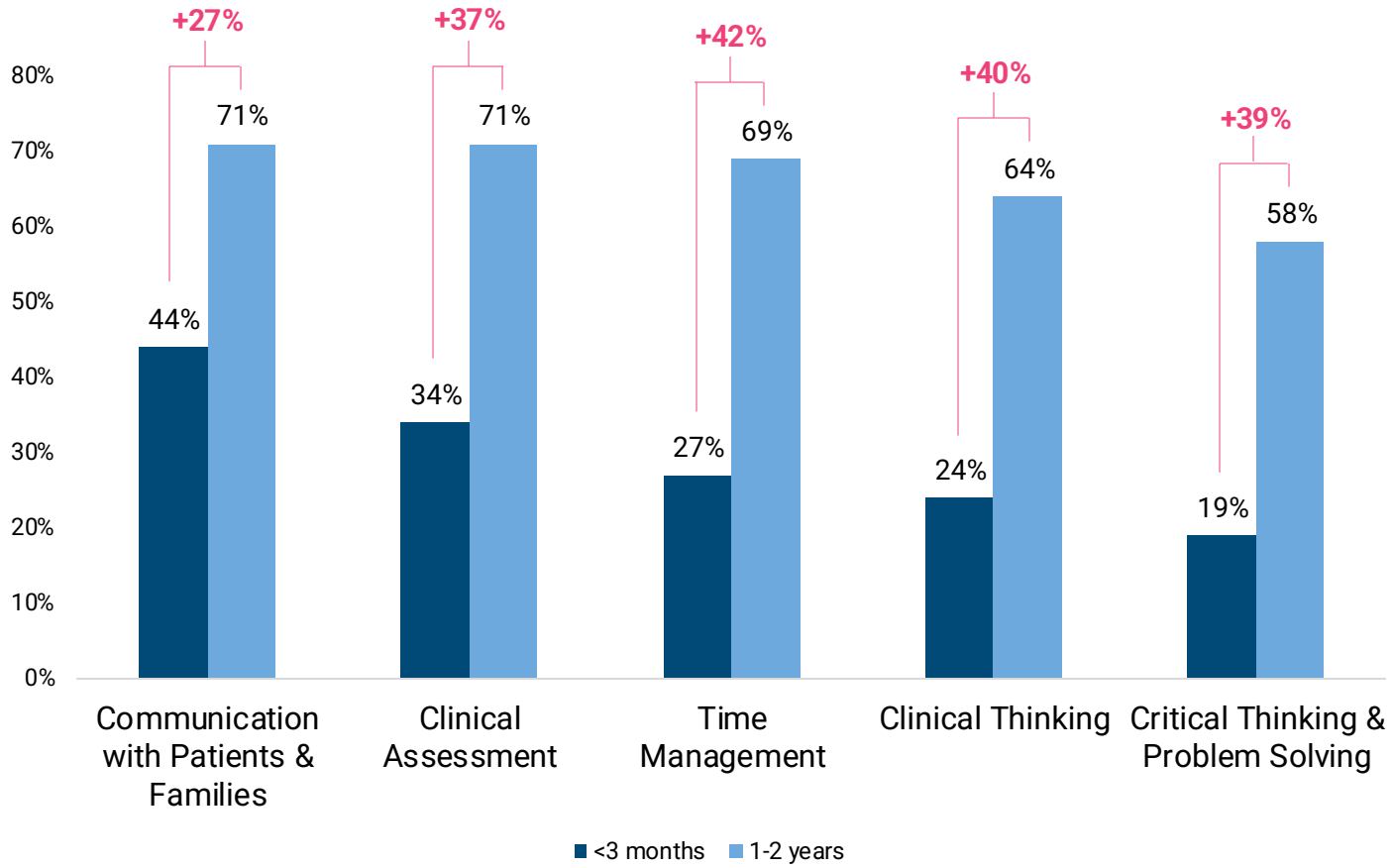
# Clinical Judgment and Cognitive Skills Surge Fastest in Year 1

**+37%**

Average confidence gain in clinical and cognitive skills across year 1

## NLRNs Reporting High Confidence* in Skills, by Tenure

*n=2,360*

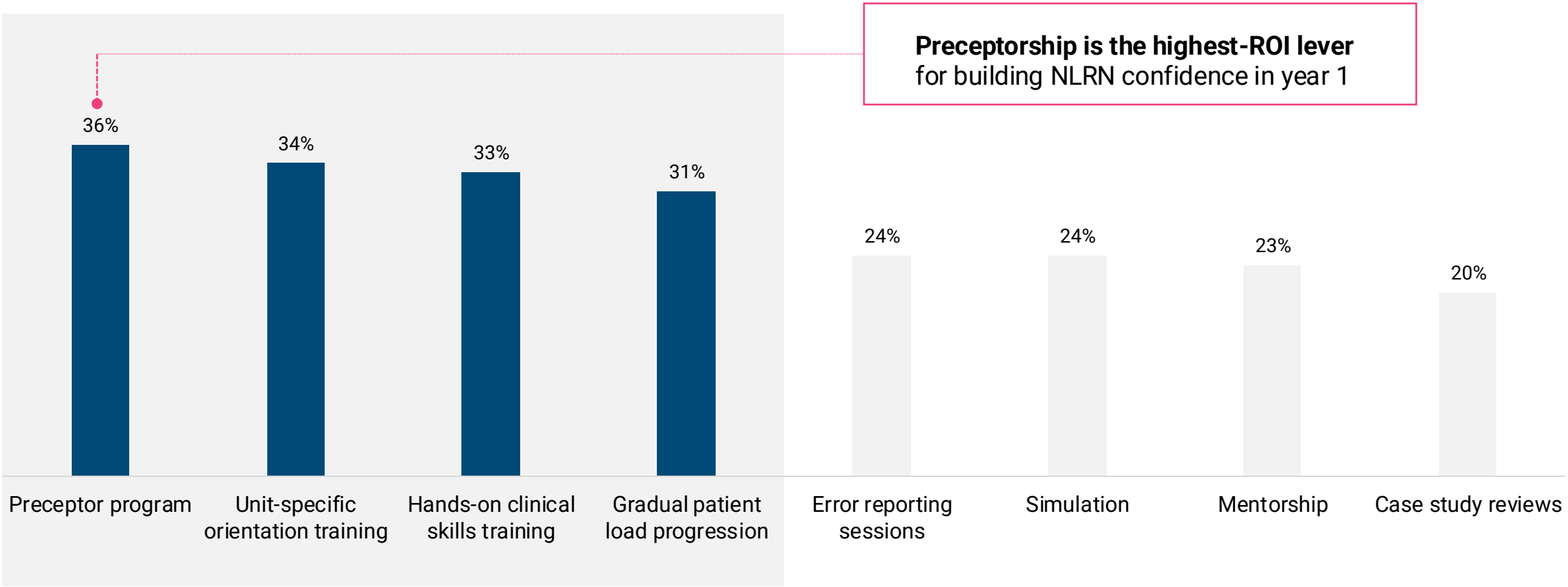



*Percent selecting extremely or very confident.

# Internally, Strengthening Precepting is Highest ROI Confidence-Builder

## Top-Ranked Confidence-Building Supports for First-Year NLRNs

*n=2,360*





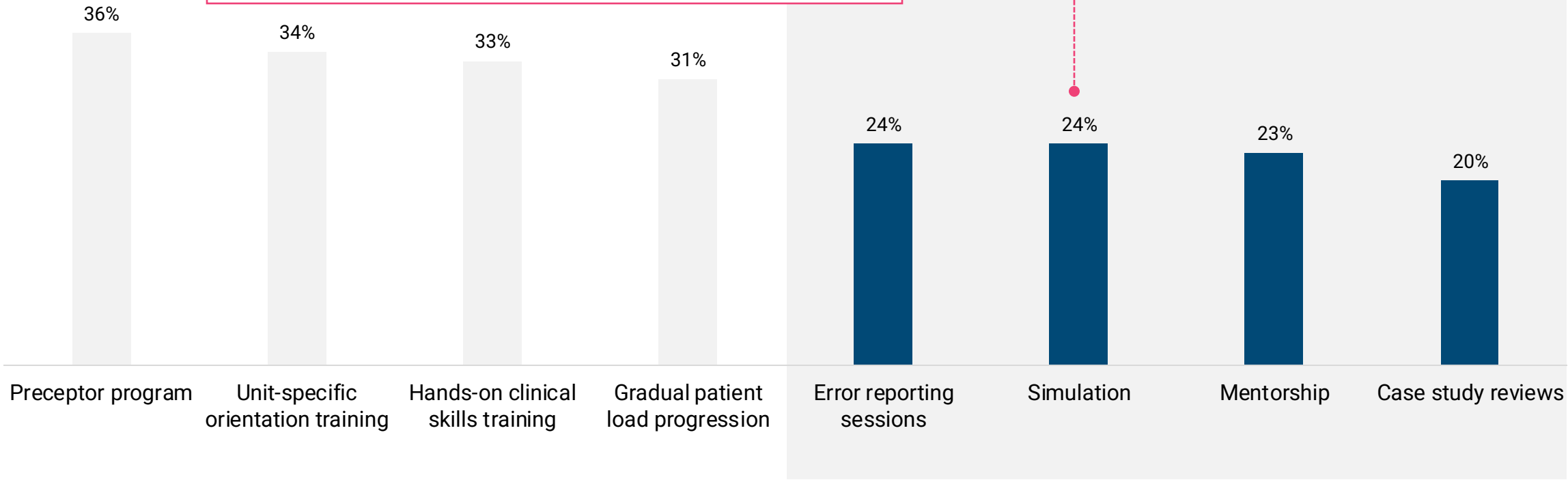

Sources: THMA Research and Analysis.

# Simulation and Mentorship Among Lowest-Rated Confidence Builders

## Top-Ranked Confidence-Building Supports for First-Year NLRNs

*n=2,360*

Only **24%** of NLRNs rate simulation as highly impactful, with minimal variation between higher- and lower-investment systems.






Sources: THMA Research and Analysis.

# NLRNs Rank Structured Supports Higher; Tenure Shifts to Complexity

## Top-Ranked Confidence-Building Supports for First-Year NLRNs

*n=2,360*

#1 Preceptor program

#2 Unit-specific orientation training

#3 Hands-on clinical skills training

#4 Gradual patient load progression

#5 Error reporting sessions

#6 Simulation

#7 Mentorship

#8 Case study reviews

*Highest ranked supports reflect a **desire for hand-holding**…*

*…while supports like **simulation and mentorship rank higher with more reflection and tenure**.*



Sources: THMA Research and Analysis.

# Section 2: Where Gaps Remain in Year 1

# NLRN Preparation Gap #2: Emerging Care Delivery Technologies

## Four Key Gaps in NLRN Preparation

*Solved!*

1 ~~*"I didn't feel like I had much true hands-on clinical expertise—I wasn't clinically prepared."*~~

*Persistent*

2 ***The environment.*** *NLRNs are excited by change and transformation, but unprepared for it.*

3 *The toolkit. NLRNs feel unequipped to navigate the emotional realities of nursing.*

4 *The foundation. NLRNs uncertain as to what it means to be a nurse, even after months of practice.*

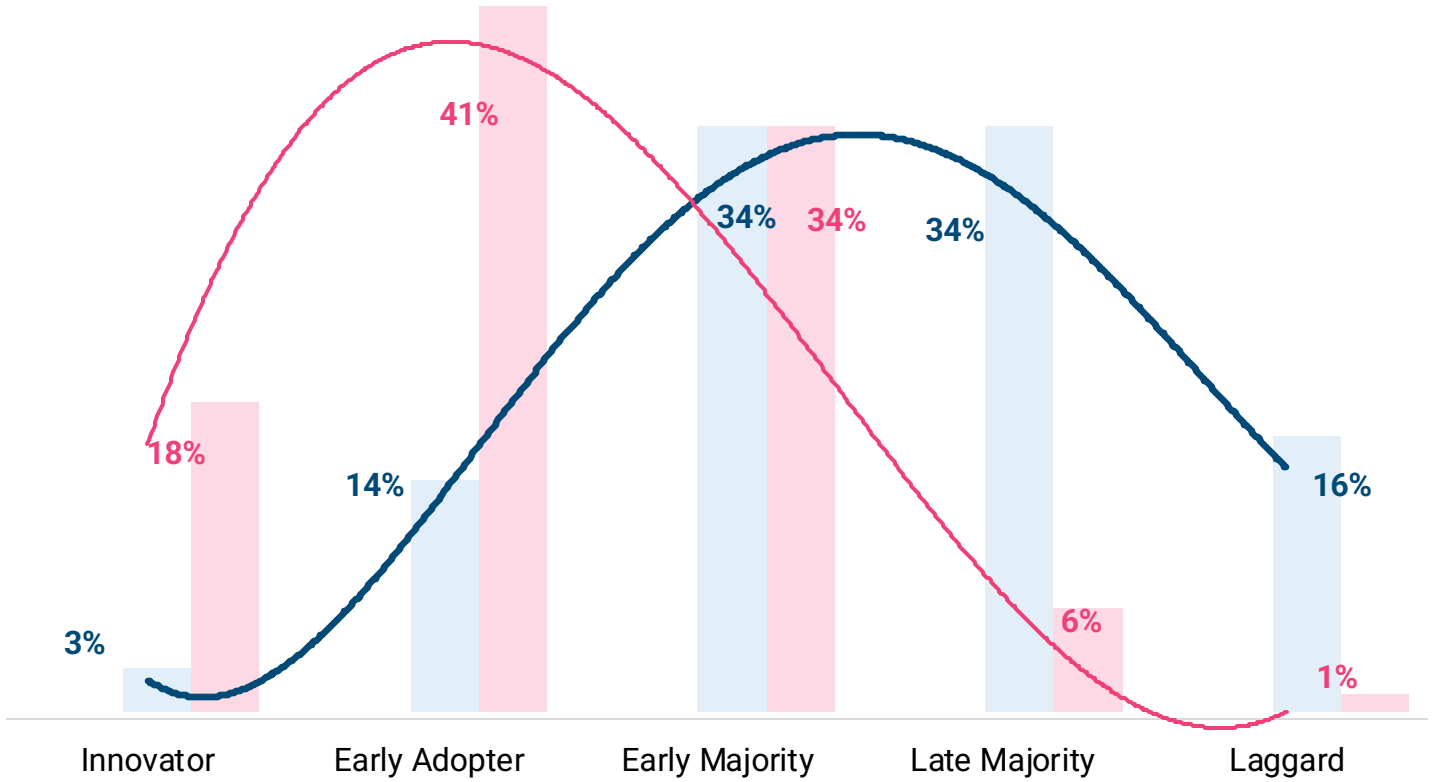


Sources: THMA Research and Analysis.

# NLRNs, By Design, Are Future-Focused

## Technology Adoption Curve: NLRN Data vs. Rogers Adoption Curve

*n=2,346*




**Rogers' Innovation Adoption Curve:**

A theory that seeks to explain how, why, and at what rate new ideas and technology spread.

Rogers' Innovation Adoption Curve

NLRN Responses

# NLRNs Unprepared for the Future Systems Are Increasingly Investing In

SYSTEM TECH *STRATEGY* → NLRN TECH *EXPERIENCE*

| | Investing or planning to | Training in residency | NLRN familiarity | NLRN confidence |
|---|---|---|---|---|
| **AI** | 94% | 34% | 35% | 17% |
| **Virtual nursing** | 91% | 22% | 38% | 25% |

**10%**

Of NLRNs nationally report **feeling prepared to practice with** emerging technologies

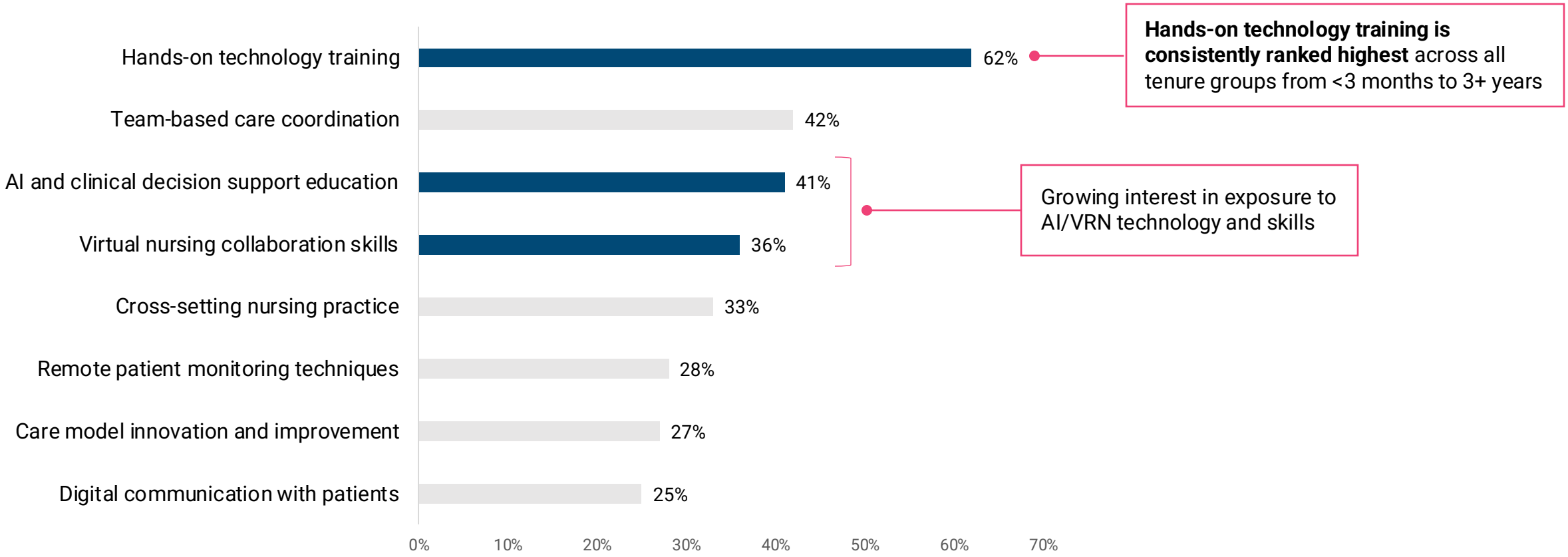


Sources: THMA Research and Analysis.

# NLRNs Overwhelmingly Request More Hands-On Tech Exposure, Earlier

## What type of additional training or education would be most helpful in preparing you for future nursing practice?

*n=2,360*



# NLRN Preparation Gap #3: Resiliency

## Four Key Gaps in NLRN Preparation

*Solved!*

1 ~~*"I didn't feel like I had much true hands-on clinical expertise—I wasn't clinically prepared."*~~

*Persistent*

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3 ***The toolkit**. NLRNs feel unequipped to navigate the emotional realities of nursing.*

4 *The foundation. NLRNs uncertain as to what it means to be a nurse, even after months of practice.*



Sources: THMA Research and Analysis.

# For Many NLRNs, Emotional Realities of Nursing Come as a Shock

**NLRN REFLECTIONS ON TRANSITION TO PRACTICE**

> *"I truly don't know if I can do this… I'm so anxious and forgetful and my brain gets all scrambled. **I feel overwhelmed**. Being a nurse is all I've ever wanted, but I don't know if I can do it."*

*"I **can't do this job**… It's like multitasking on steroids."*

*"But I think especially for me, I didn't work as a CNA before I became a nurse, so for me **I was really scared about talking to patients.**"*

*"I was staying late to chart and I feel like the best way to describe it was **I was running like a chicken with its head cut off.**"*

*"It is hard. You have to learn a million new things that nursing school did not prepare you for, **you feel burnt out and probably have some imposter syndrome.**"*

*"**Some of it comes down to coping skills** or lack thereof without a doubt."*

*"What **I didn't consider is the fact that nurses juggle 100 things** physically and mentally at the same time in a span of 1 shift."*

*"I knew I wasn't getting the accurate picture from nursing school because I have friends and relatives that are nurses…**I knew it would be hard and a painful learning curve, but I did not expect this.**"*

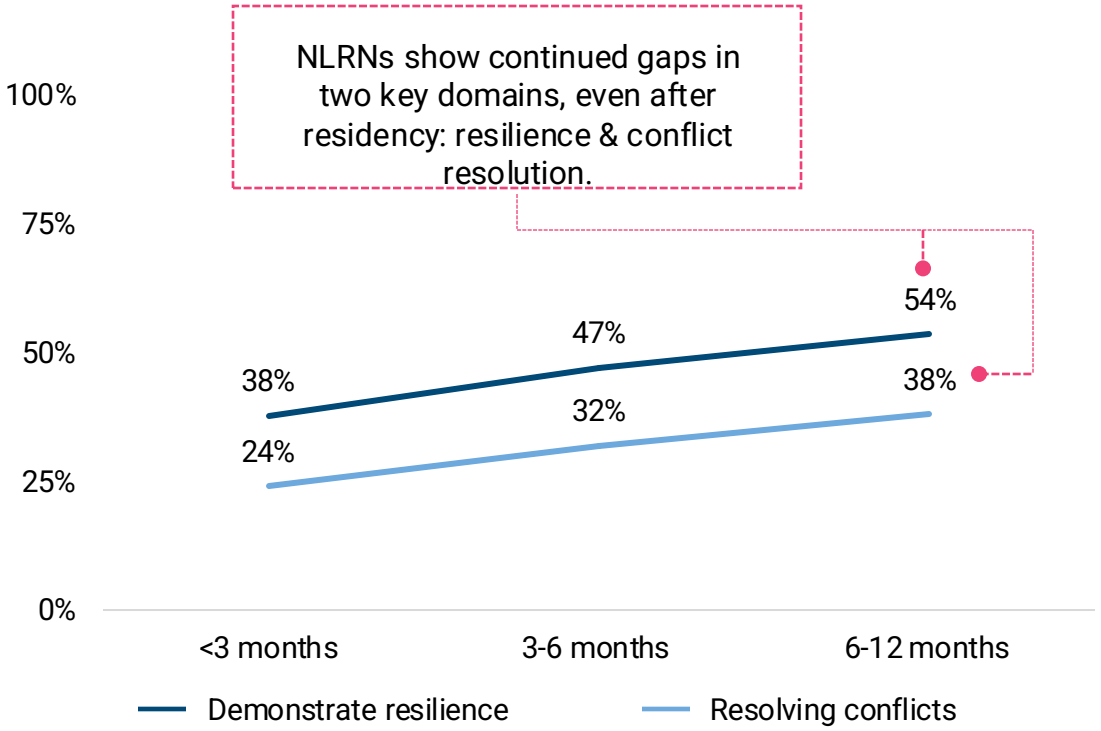


Sources: THMA Research and Analysis.

# NLRNs Face Emotional-Professional Skill Deficit, Hindering Their Growth

## NLRN Confidence in **Resilience & Conflict Resolution**

*n=2,391*




*'Confidence in demonstrating resilience' is defined as NLRNs who answered 'extremely' or 'very confident' in demonstrating resilience when facing challenging patient situations or workplace stress. 'Confidence in resolving conflicts' is defined as NLRNs who answered 'extremely' or 'very confident' in resolving conflicts constructively when they arise with team members.*

## NLRN Residency Support Requests

*n=2,391*

**#1** More specialty-specific training

**#2** More one-on-one mentoring time

**#3** Stress management and resilience training

**#4** Additional clinical skills workshops

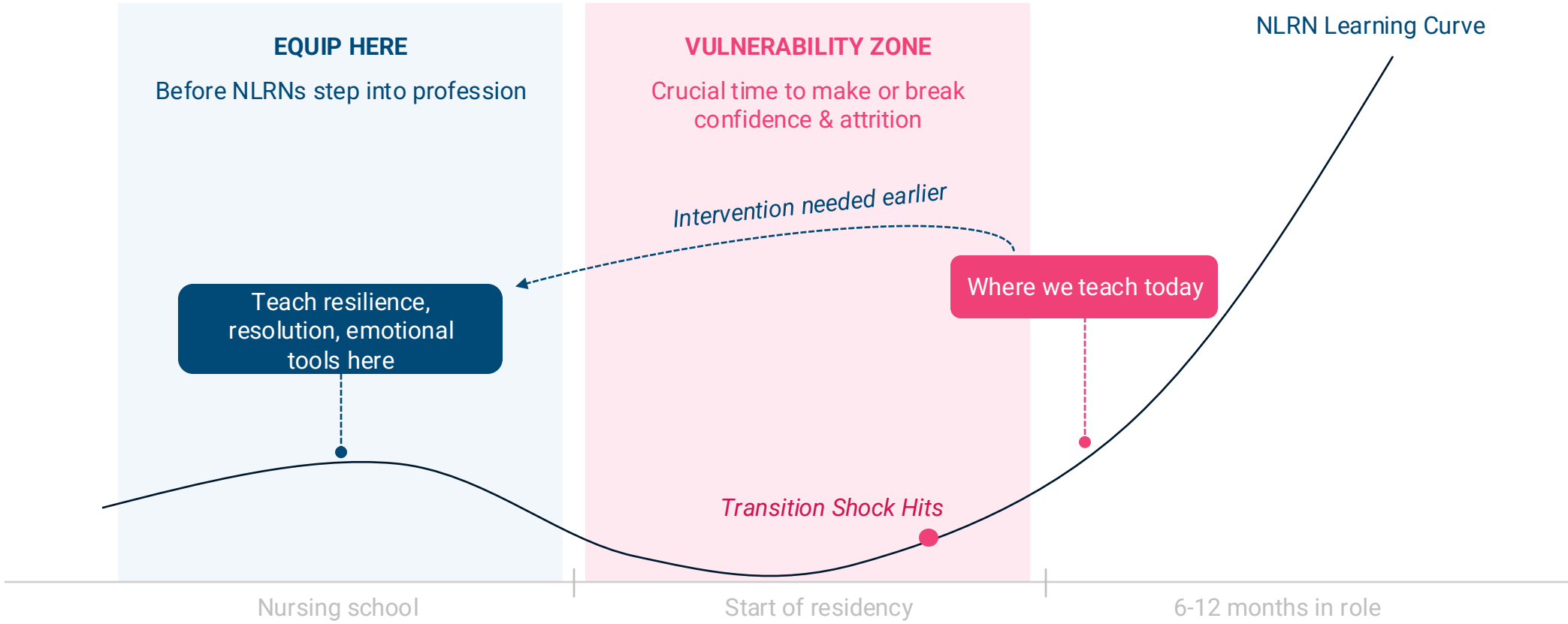
**#5** Career development and advancement planning



Sources: THMA Research and Analysis.

# What's Going On: We Build Resilience Too Late

## The NLRN Learning Curve Hits Before Key Emotional Tools are Embedded



# NLRN Preparation Gap #4: Nursing Professional Identity

## Four Key Gaps in NLRN Preparation

*Solved!*

1 ~~*"I didn't feel like I had much true hands-on clinical expertise—I wasn't clinically prepared."*~~

*Persistent*

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Sources: THMA Research and Analysis.

# Foundational Gap: Clinical Readiness ≠ Established Identity


NLRNs enter the workforce with high confidence and strong clinical preparation—and yet they consistently voice not knowing what it means to *be* a nurse or feeling unable to handle the reality of the role.

**If clinical readiness isn't the gap, what is?**



Sources: THMA Research and Analysis.

# The Challenge: NLRNs Presented with Ideals of Nursing, Not the Reality

## Florence Nightingale, Nurse Exemplar

### THE NARRATIVE THEY KNOW

Nursing actually has a vivid and widely shared and recalled identity. People enter the profession knowing what nursing *represents*.

### THE REALITY THEY FACE

But the reality they experience inside units and systems is far messier—understanding the archetype of nursing doesn't prepare NLRNs for the conflict, ambiguity, or role complexity they'll face.

### THE CONSEQUENCES OF MISALIGNMENT

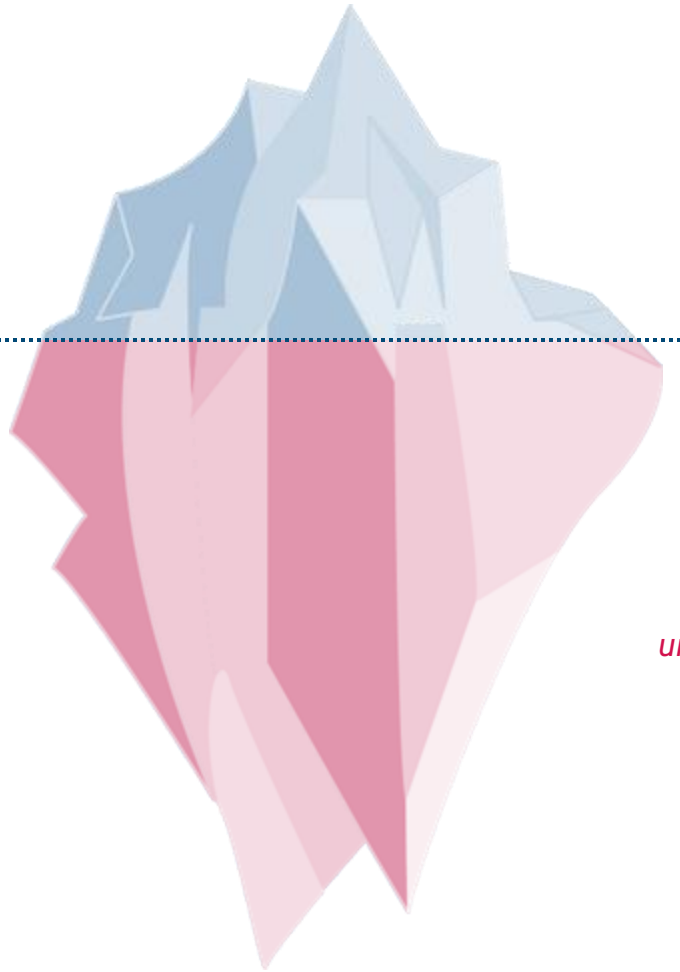
Many NLRNs don't know how *to be* a nurse in practice, hindering their development, retention, and even future aspirations within the profession.



Sources: THMA Research and Analysis.

# What's Going On: The Missing Piece of NLRN Identity is Relational

## The RN Identity Iceberg



*Clinical skills & patient care*

*Relational identity, unit norms, escalation, conflict, & knowing where you fit*

## The Wenger Reframe: Being a Nurse is Being a Part of a Community

Étienne Wenger's Communities of Practice theory (1998) argues that learning isn't just about acquiring knowledge--it's about becoming a member of a group.

### Every community has three elements that define belonging.

**Domain.** *The knowledge that defines the field.*
The clinical knowledge, skills, and protocols that define nursing. School teaches this well. NLRNs arrive confident and eligible here post-NCLEX.

**Community.** *The people and relationships that hold it together.*
This is the unit and system—including its history, hierarchies, unspoken dynamics, and norms. NLRNs arrive with no map for how to navigate and participate within it, and no one is explicitly guiding them in.

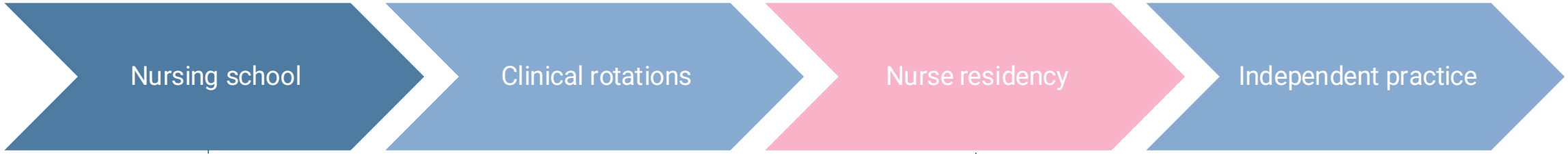
**Practice.** *The shared way of doing things that makes insiders insiders.*
The language, habits, stories, the way things are handled *here*. It's what separates someone who knows nursing from someone who *is* a nurse.



Sources: THMA Research and Analysis.

# Section 3: Where Earlier Alignment with Academic Practice Partners Matters

# Root Cause: NRP Triages Gaps From Upstream in the Nursing Pipeline




**…but transition shock hits here.**

NLRN hurdles form in nursing school…

- The nursing narrative is incomplete (or, in some cases, inaccurate)
- Resilience isn't built early enough in the process
- Emerging tech is largely absent from curriculum

The academic-practice gap isn't a new discovery—and yet, the conversation largely centers around the downstream impact and efforts to close it once NLRNs are actively transitioning to independent practice.

Today, our goal is to unpack how to better partner and align with academic-practice partners upstream in the nursing journey to improve downstream results.



Sources: THMA Research and Analysis.

# The Fix: Re-Alignment with Academic-Practice Partners on Key Gaps

| What NLRNs Experience | What's Driving It |
|---|---|
| **"Nobody told me it would be like this."** | **Misalignment #1:** What it means to be a nurse — the narrative they're given doesn't match the reality they walk into. |
| **"I don't know if I can do this."** | **Misalignment #2:** How to navigate the emotional realities — resilience is expected but never explicitly built. |



Sources: THMA Research and Analysis.

# Thank You!

**Questions?**
Email Lauren Rewers at lrewers@hmacademy.com.