



# Prioritizing Nursing Well Being to Strengthen the Workforce 2024 Washington Nursing Burnout Survey and Next Steps

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Contract #CBO23449 WCN supports a healthy Washington by engaging nurses' expertise, influence, and perspective and by building a diverse, highly qualified nurse workforce to

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Data for this report was collected in collaboration with the Nurses4All project of the Center for Health Outcomes and Policy Research at the University of Pennsylvania School of Nursing, the National Council of State Boards of Nursing, and the Washington State Board of Nursing. Visit <https://bit.ly/N4A-info> for more information about the Nurses4All study.

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## Summary of Key Findings

Elevating nursing retention is one of the four cornerstones of the Washington Center for Nursing strategic plan. In 2023, the Washington Center for Nursing and the Washington Nursing Action Coalition developed a joint committee to begin developing a plan for addressing nurse well-being and retention. The first step was conducting a statewide survey of LPN, RN and ARNP nurses. Data for this report was collected in collaboration with the Nurses4All project of the University of Pennsylvania Center for Health Outcomes and Policy Research, the National Council of State Boards of Nursing, and the Washington State Board of Nursing. The survey captured several data points related to individual mediating factors of Burnout and Well-being along with work system factors. These two components are integral to the National Plan for Health Workforce Well-being (National Academy of Medicine, 2022). Key findings for each factor are listed below.

### Individual Meditating Factors

- **Resiliency**  
Most nurses felt they were resilient, which significantly increased with age and educational status.
- **Emotional Exhaustion**  
Nurses between 20-30 years old had the highest emotional exhaustion scores. About one-third of Washington nurses felt emotionally drained from their work every day or a few times a week, with more (41%) feeling used up at the end of each workday or a few times a week.
- **Job Satisfaction**  
Nurses ages 71+ had the greatest job satisfaction across all of the questions. Nurses were most dissatisfied with feeling valued by their employer, opportunities for advancement, retirement, and tuition benefits.
- **Racism's Impact on Professional Well-being**  
Nurses between 41-50 years are significantly more likely to indicate that their professional well-being has been negatively impacted by racism. One-third of Unrepresented Nurses of Color indicated that their professional well-being has been negatively impacted by racism.
- **Intent to Stay with Current Employer**  
Nurses between 20-30 years and over 71 years were significantly more likely to indicate they were not planning on staying with their current employer. The greatest personal reason for leaving was dissatisfaction with salary, wages, and bonuses, with 63.20% of 31–40-year-old nurses indicating this as a major reason. The greatest work environment reason was dissatisfaction with management or administration, which was indicated by 68.60% of nurses who were leaving.

- **Plan to Leave Washington State**  
Nurses between 51-60 years of age were most likely to indicate that they somewhat or strongly agree that they plan to leave Washington State as soon as possible (14.7%).

### **Work System Factors**

- **Practice Environment Scale**  
The highest percentage of nurses agreed that physicians and nurses have good working relationships (87.1%), followed by a supervisor who is a good manager and leader (72.50%). The lowest percentage of nurses agreed that they have enough staff to get the work done (46.6%) and that they have a chief nursing officer who is highly visible and accessible to staff (37.8%).
- **ARNP Practice Environment**  
ARNPs most frequently agreed that they do not have to discuss every patient care detail with a physician (92.7%), and in their organization, they freely apply all of their knowledge and skills to provide patient care (90.8%). The lowest agreement was found on administration treating ARNPs and physicians equally (47.9%), and in their organization, there is consistent communication between ARNPs and administration (58.2%).
- **Employer Retention Strategies**  
All of the retention strategies were indicated by less than 17% of nurses, but the highest was mental health and stress services (16.7%).

The next steps for Washington State include the development of workgroups to develop an action plan following the National Plan for Health Workforce Well-being (National Academy of Medicine, 2022).

## Introduction

Before the COVID-19 pandemic, nursing workforce recruitment, retention, and the prevention of turnover were critical issues facing nurse managers and healthcare systems. During the pandemic and post-pandemic, chronic nursing workforce shortages further add to this dire workforce situation. In 2023, the national hospital RN turnover rate was 18.4%, with the highest turnover in telemetry, emergency services, and step-down units. The average cost of turnover for a bedside RN was \$53,600. The national RN vacancy rate was 9.9%, and the average time to recruit an RN was 86 days (NSI Nursing Solutions, 2024). All of these numbers indicate a continuing retention problem. An adequate nurse workforce supply is essential for healthcare systems to provide safe, quality patient care and sustain nursing staff and patient satisfaction.

It is projected that the RN workforce will expand by 6% in the United States through 2032, paired with 193,100 openings each year (U.S. Bureau of Labor Statistics, 2024). A greater increase is anticipated for ARNPs, which is expected to increase by 38% through 2032 (U.S. Bureau of Labor Statistics, 2024b). Nationally, in 2023, nursing schools turned away 65,766 qualified applications in BSN and graduate programs due to faculty shortages and other issues (AACN, 2024). In Washington State, a 61% LPN shortage, 26% RN shortage, and a 46% Nurse Anesthetist shortage.

Recent national surveys have focused on mental health, burnout, and emotional exhaustion as some of the factors impacting nurse retention. A national survey on the mental health and well-being of nurses found that younger nurses were more likely to have higher levels of burnout, more plans to leave their nursing role, and less job satisfaction. About half of the nurses in this survey also indicated that they did not seek mental health support even though it was needed. Reasons included lack of time, that they should be able to handle it themselves, and lack of confidence in mental health treatment (Berlin, Burns, Hanley, et al., 2023). In a 2022 survey, 57% of nurses reported feeling exhausted, and one-third of nurses with less than 10 years of experience did not feel they were emotionally healthy. Nurses also indicated that work-life balance, compensation, and a safe environment were important to their work satisfaction (American Nurses Foundation, 2023). There is also an increasing focus on the full mental health spectrum, from mental wellness to emotional distress and unwell mental health.

Nurse well-being was included as one of the key recommendations in the 2020-2030 Future of Nursing report. Specifically, that nursing education programs, employers, nursing leaders, licensing boards, and nursing organizations should initiate the implementation of structures, systems, and evidence-based interventions to promote nurses' health and well-being, especially as they take on new roles to advance health equity (National Academies of Sciences, Engineering, and Medicine, 2021). In addition to the Future of Nursing Report, the National Academies have produced two reports on clinician burnout. The first recommends a systems approach to professional well-being, which considers the multiple individual mediating factors and work system factors that play a role in clinical burnout and professional well-being (National Academies of Sciences, Engineering, and Medicine, 2019). The second report takes

this one step further by recommending a national plan for health workforce well-being (National Academy of Medicine, 2022).

Elevating nursing retention is one of the four cornerstones of the Washington Center for Nursing strategic plan. In 2023, the Washington Center for Nursing and the Washington Nursing Action Coalition developed a joint committee to start to develop a plan for addressing nurse well-being and retention. The committee developed a survey to collect some initial data and examined multiple models and resources in order to develop the next steps.

Figure 1: Washington Center for Nursing Strategic Plan



## Methodology and Data Limitations

A set of Washington-specific questions was developed by the WCN joint committee that was included in a larger staffing survey in collaboration with the Nurses4All project of the University of Pennsylvania Center for Health Outcomes and Policy Research, the National Council of State Boards of Nursing, and the Washington State Board of Nursing. In addition to the Washington-specific questions, several questions from the overall survey were utilized in this report, including questions on resiliency, emotional exhaustion, job satisfaction, and selected questions from the Practice Environment scale.

Survey collection was conducted by the National Council of State Boards of Nursing via emails sent to all licensed nurses in Washington State (N=112,921). Data collection began in November 2023 and was ongoing at the time of this report. Preliminary data analysis for the current report utilized an initial sample of 6,604 nurses obtained in March 2024. This is a response rate of 5.8%. Please note that not all nurses completed all parts of the survey, and the number that completed each section is included in the headers. A full dataset will be obtained after data collection is complete during the Summer of 2024 for further detailed analysis.

SPSS was utilized for data cleaning, coding, and analysis. Most analysis is divided by three demographic characteristics. The number of responses for each category is below. Where appropriate, Chi-squared analysis was utilized to determine significant differences between groups.

Table 1: Number of Responses by Age Interval

20-30 years	31-40 years	41-50 years	51-60 years	61-70 years	71+ years	Total
325	799	890	985	1,182	310	4,491

Table 2: Number of Responses by Underrepresented Person of Color

Underrepresented Nurse of Color	Non-Hispanic, White	Total
738	5,866	6,604

Table 3: Number of Responses by Highest Education Obtained

Diploma/Associate Degree	BSN	Graduate Degree	Total
1,310	2,072	1,207	4,589

Preliminary findings from this report were presented and feedback was received during several presentations in May 2024. These included:

- Nurses Week Webinar: May 8, 2024
- WA CTC Allied Health/Health Science Leadership Meeting- May 15, 2024
- Washington Nurses of Color Group- June 5, 2024

- CNEWS- May 9, 2024
- WABON Nurse Leaders call May 10, 2024

This initial examination of the data has several data limitations:

- The initial dataset did not include nurse license type (LPN, RN, ARNP). This will be included in the full dataset and included in a more detailed analysis.
- The initial dataset did not include employment setting (hospital, nursing home, etc.). This will be included in the full dataset and utilized in a more detailed analysis.
- There is the potential for response bias, as nurses who are more concerned about burnout, staffing, and workplace issues may be more likely to complete the survey.
- This report includes the first descriptive analysis of the initial dataset. A more detailed, multivariate analysis will be conducted of the larger data set in conjunction with workgroups in the next phase of the project.

## Quantitative and Qualitative Analysis of Survey Data

### Individual Mediating Factors

A national survey on the mental health and well-being of nurses found that younger nurses were more likely to have higher levels of burnout, more plans to leave their nursing role, and less job satisfaction. About half of the nurses in this survey also indicated that they did not seek mental health support even though it was needed. Reasons included lack of time, that they should be able to handle it themselves, and lack of confidence in mental health treatment (Berlin, Burns, Hanley, et al., 2023).

In a 2022 survey, 57% of nurses reported feeling exhausted, and one-third of nurses with less than 10 years of experience did not feel they were emotionally healthy. Nurses also indicated that work-life balance, compensation, and a safe environment were important to their work satisfaction (American Nurses Foundation, 2023).

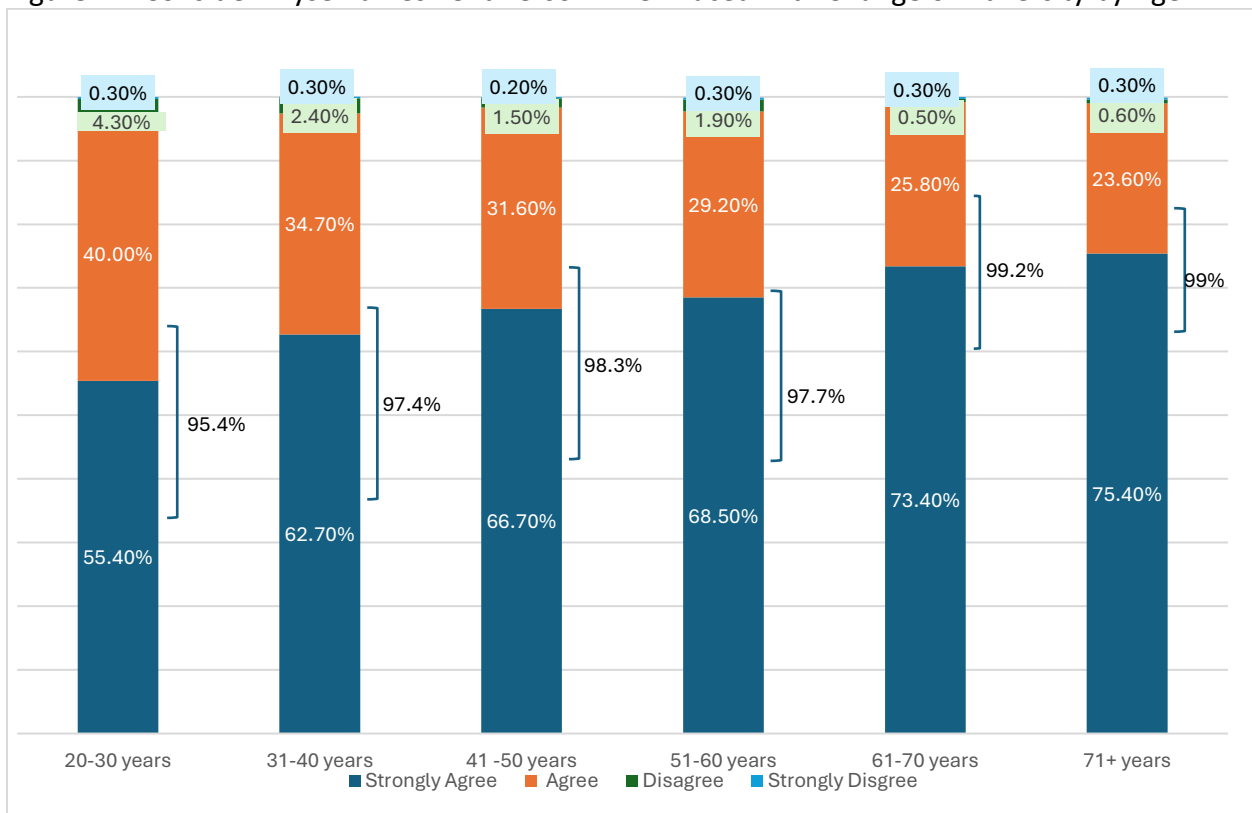
## Resiliency

(N=4,658)

Nurses were asked one question on resiliency. “I consider myself a resilient person when faced with change or adversity.”

Most nurses agreed or strongly agreed that they were resilient, which significantly increased with age. A recent Press Ganey study found similar results on their measure of resiliency with greater resilience in older generations of nurses (Press Ganey, 2024).

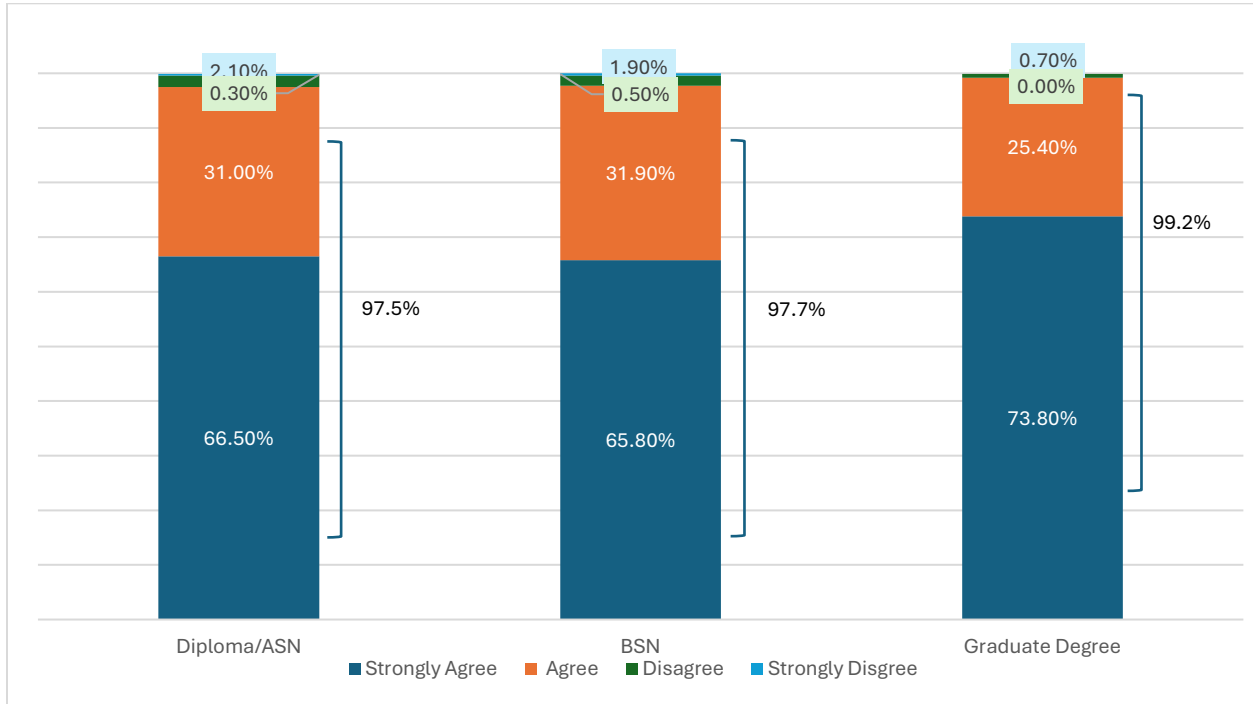
Figure 2: I Consider Myself a Resilient Person when Faced with Change or Adversity by Age\*\*



\*\* Chi-square  $p < .01$

Nurses with a graduate degree were significantly more likely to agree or strongly agree that they felt they are resilient.

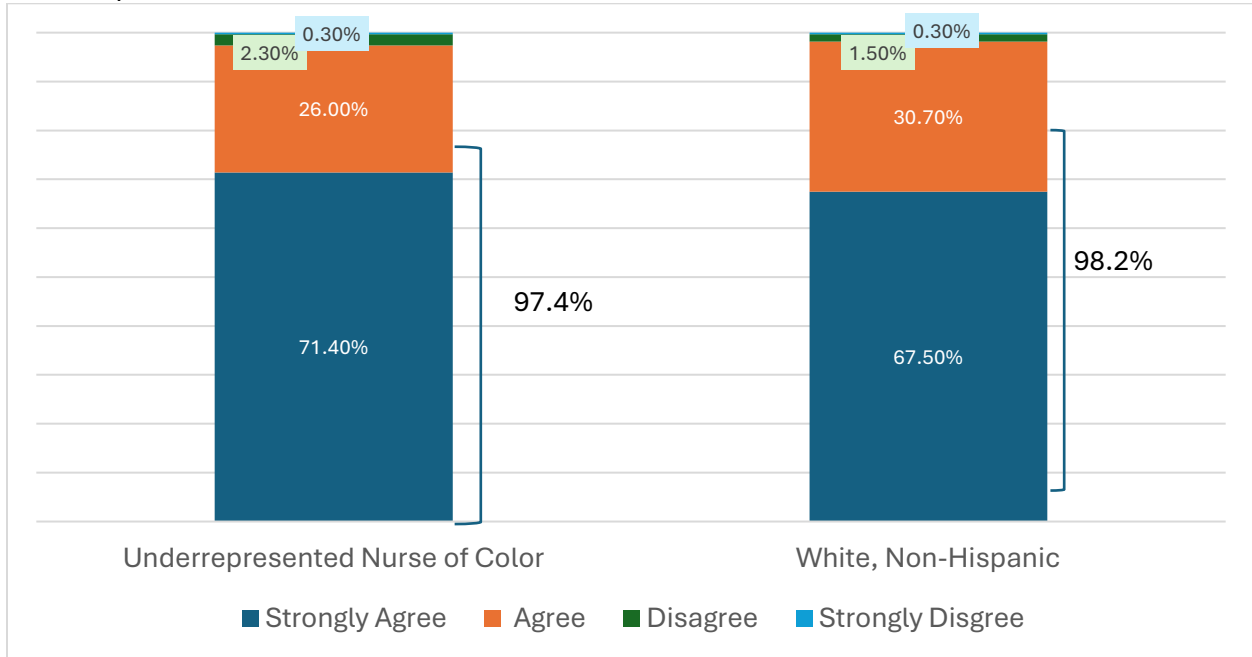
Figure 3: I Consider Myself a Resilient Person when Faced with Change or Adversity by Highest Education\*\*



\*\* Chi-square  $p < .01$

White, non-Hispanic nurses were significantly more likely to agree or strongly agree that they felt they are resilient.

Figure 4: I Consider Myself a Resilient Person when Faced with Change or Adversity by Underrepresented Nurse of Color\*



\* Chi-square  $p < .05$

## Emotional Exhaustion

(N=4,609)

Nurses were asked several questions regarding burnout. These questions form the Emotional Exhaustion Subscale of the Maslach Burnout Inventory (Maslach, Jackson, Letter, 1997). The Maslach Burnout Inventory (MBI) is recognized as the leading measure of burnout and has been validated by 35+ years of extensive research. The MBI measures burnout as defined by the [World Health Organization](#) (WHO) and is used in 88% of burnout research publications (Boudreau, Boudreau & Mauthe-Kaddoura, 2015)

A recent meta-analysis of 35 studies representing 77,740 nurses worldwide examined nurse burnout before and during the COVID-19 pandemic. The mean Emotional Exhaustion score across all of the studies was 21.28, which is in the middle of the average range (Rizzo, Yildirim, Oztekin, De Carlo, Nucera, Szarpak, Zaffina & Chirico, 2023).

The inventory includes nine questions, which are summed to provide an emotional exhaustion subscale score.

Table 4: Maslach Burnout Inventory Emotional Exhaustion Questions on Survey

Please mark how frequently you have each feeling (from never to every day)
I feel emotionally drained from my work.
I feel used up at the end of the workday.
I feel fatigued when I get up and have to face another day on the job.
Working with people all day is really a strain for me.
I feel burned-out from my work.
I feel frustrated by my job.
I feel I'm working too hard on my job.
Working directly with people puts too much stress on me.
I feel like I'm at the end of my rope.

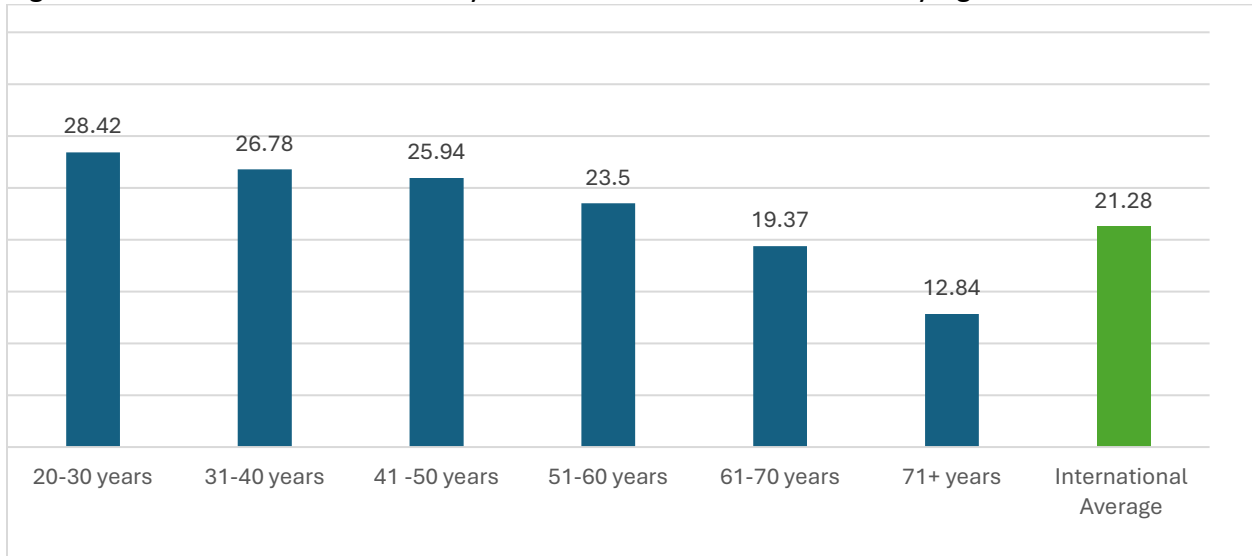
These total scores provide a categorization of emotional exhaustion ranging from low to high.

Table 5: Categorization on MBI-HSS Scores

Range of Experienced Burnout			
	Low	Average	High
<b>MBI Subscale</b>	(lower third)	(middle third)	(upper third)
<b>EE (Emotional Exhaustion)</b>	<=18	19-26	>=27

Nurses between 20-30 years old (28.42) and between 31-40 years old (26.78) had an average high emotional exhaustion score between 41–50 years old (25.94) and 51-60 years old (23.5) had higher average emotional exhaustion scores than the international study. Nurses over age 71 had the lowest emotional exhaustion scores.

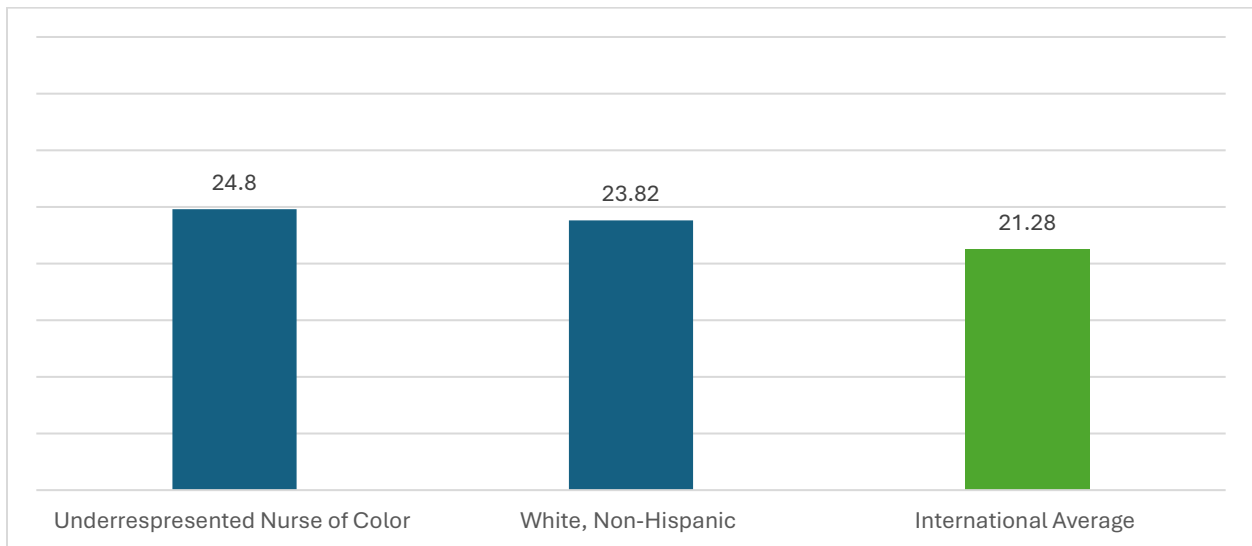
Figure 5: Maslach Burnout Inventory Emotional Exhaustion Subscale by Age Intervals\*\*



\*\* Chi-square  $p < .01$

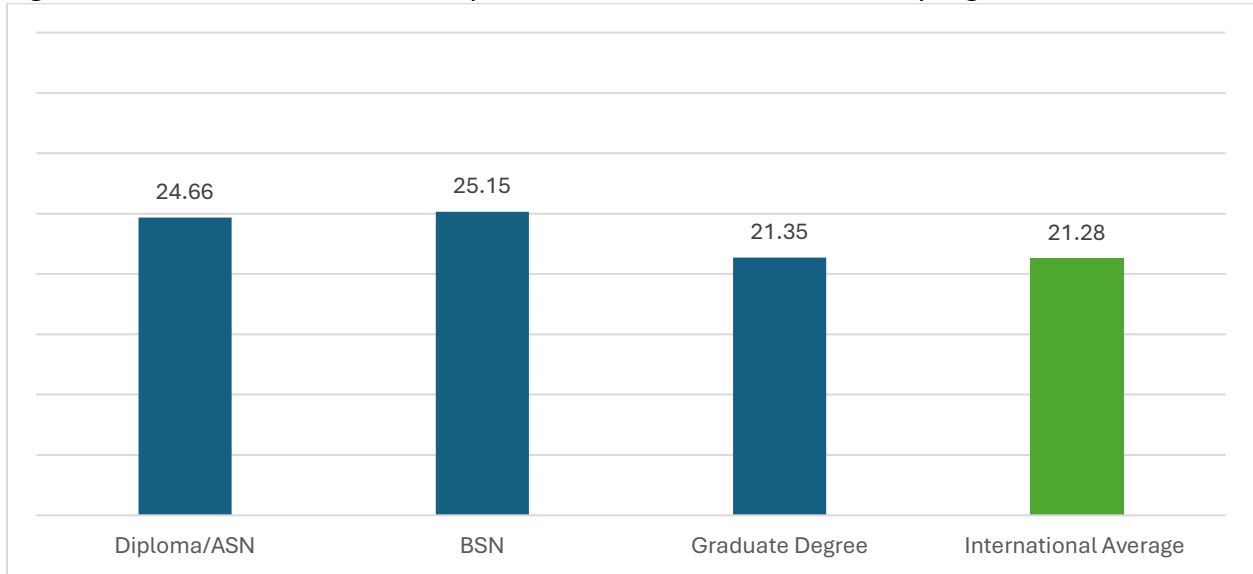
All nurses, regardless of whether they were an underrepresented nurse of color, had higher average emotional exhaustion scores than nurses internationally.

Figure 6: Maslach Burnout Inventory Emotional Exhaustion Subscale by Underrepresented Nurse of Color



All nurses, regardless of education level, had average emotional exhaustion scores higher than the international average.

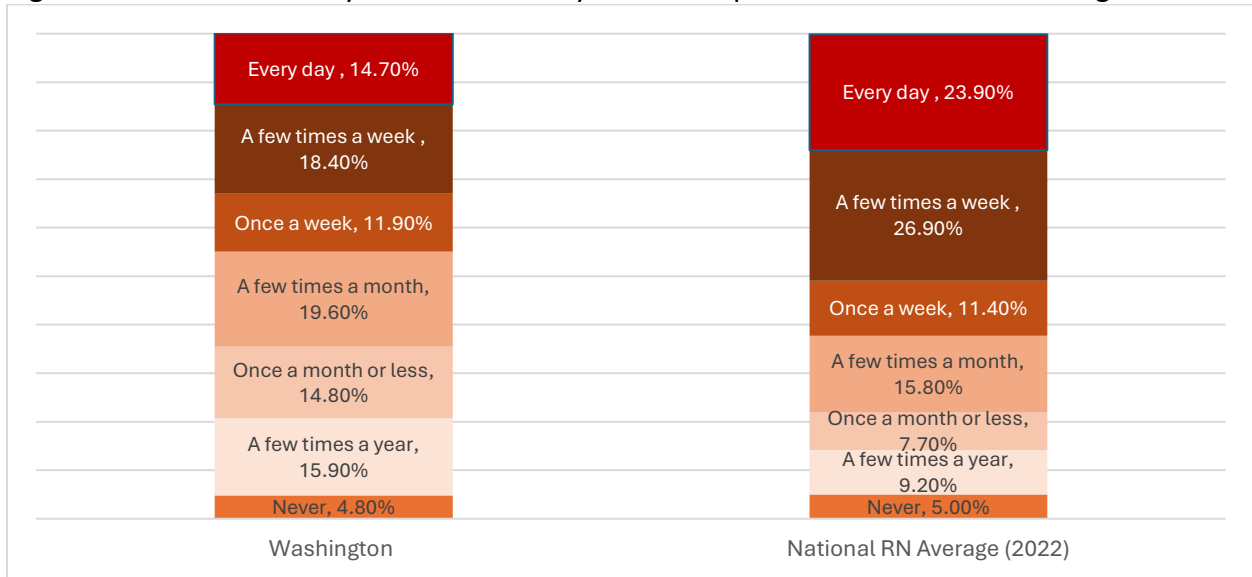
Figure 7: Maslach Burnout Inventory Emotional Exhaustion Subscale by Highest Education



Selected questions are compared with a national average available through the National Council of State Boards of Nursing and National Forum of State Nursing Workforce Centers National Nursing Workforce Survey (Smiley, Allgeyer, Shobo, Lyons, Letourneau, Zhong, Kaminski-Ozturk, Alexander, 2023). These comparative numbers represent 239,525 nurses across the United States but did not include data from Missouri, North Carolina, New Mexico, Washington, or Wyoming. These data were also collected in 2022 and near the end of the pandemic, so this may impact comparability with 2024 Washington data.

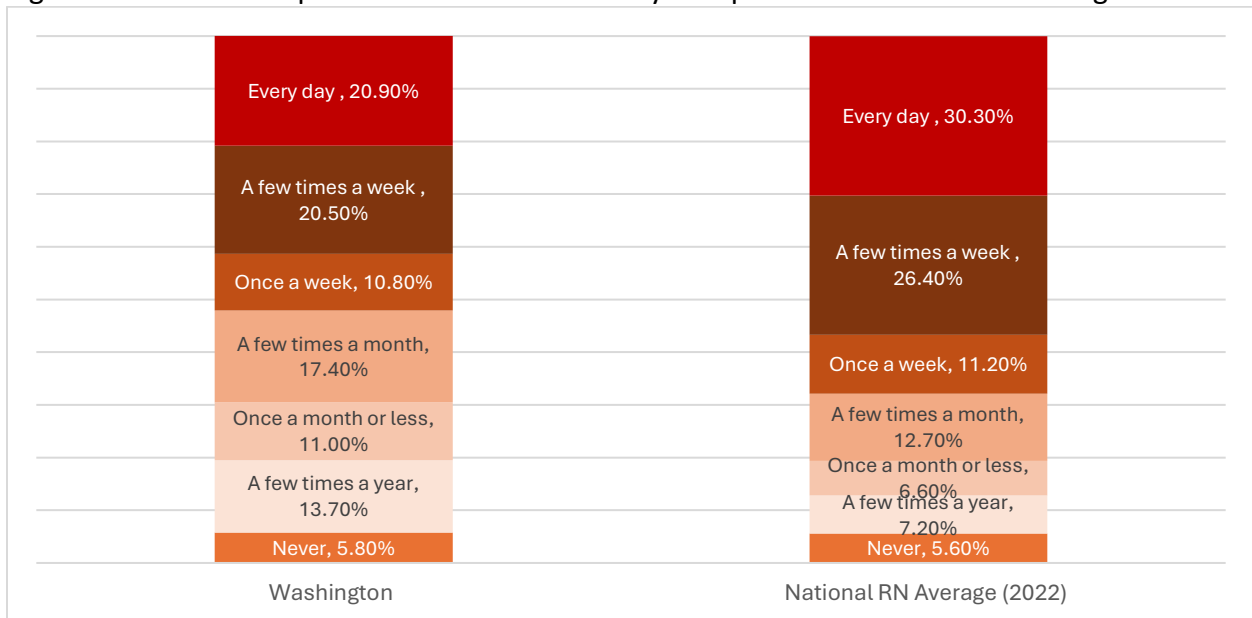
About one-third of Washington nurses (33.1%) felt emotionally drained from their work every day or a few times a week. Washington nurses indicated a lower frequency as compared to the national sample. In another national survey, 47% of RNs strongly agreed that they often feel emotionally drained (AMN, 2023).

Figure 8: I Feel Emotionally Drained from My Work Comparison with National Average



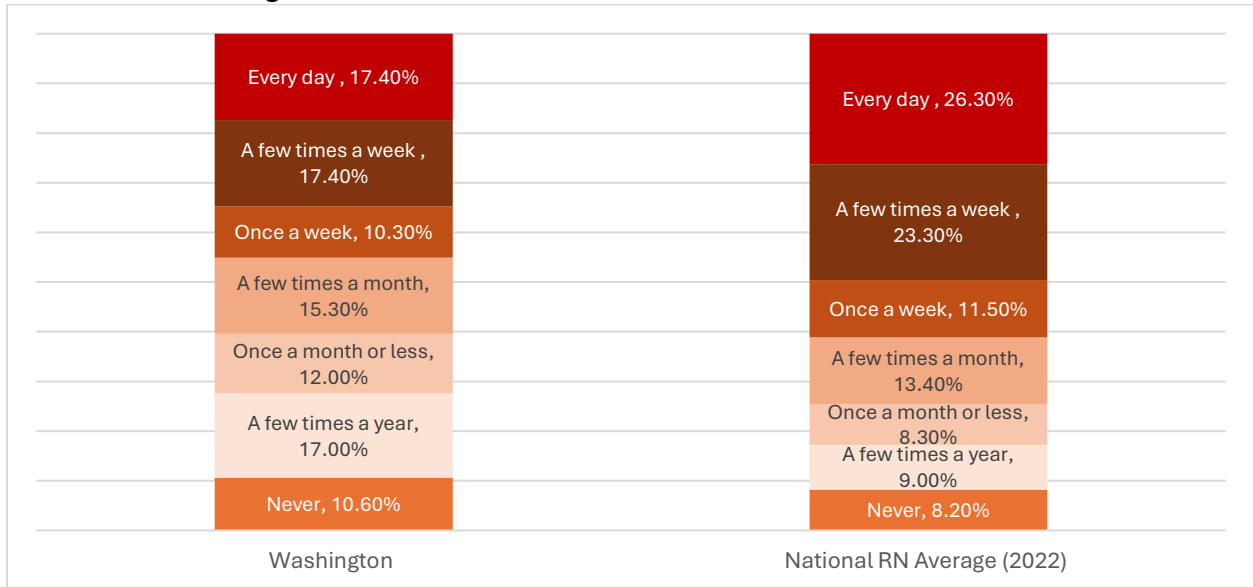
A little less than half of Washington nurses (41.4%) feel used up at the end of the workday every day or a few times a week. Washington nurses indicated a lower frequency as compared to the national sample.

Figure 9: I Feel Used Up at the End of the Workday Comparison with National Average



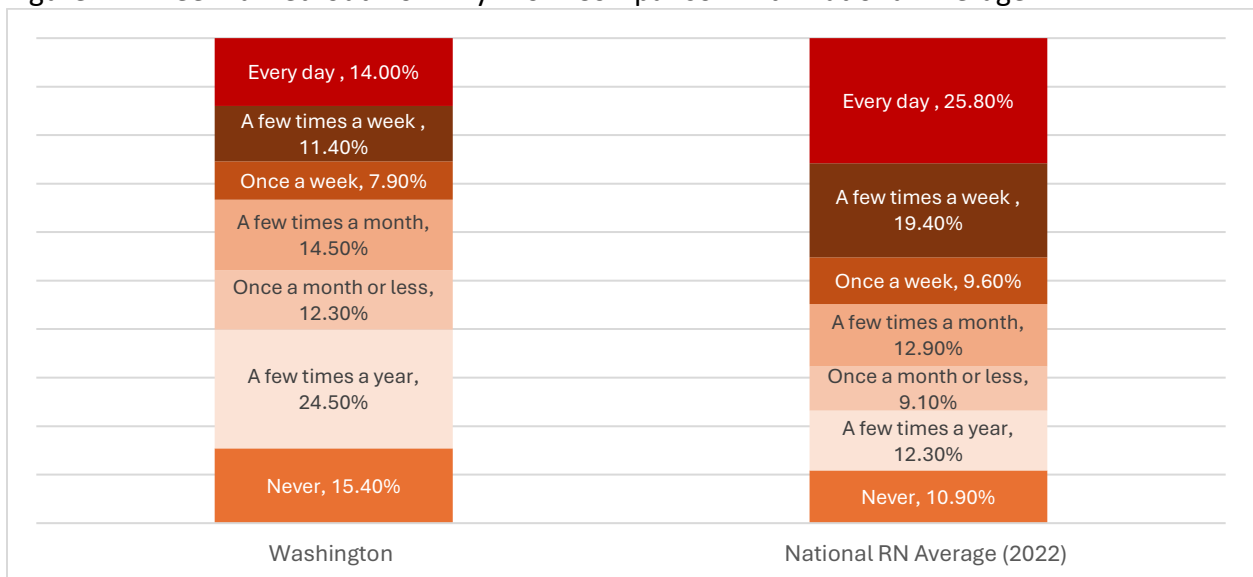
About one-third of Washington nurses (34.8%) felt fatigued when they get up and have to face another day on the job every day or a few times a week. Washington nurses indicated a lower frequency as compared to the national sample.

Figure 10: I Feel Fatigued When I Get Up and Have to Face Another Day on the Job Comparison with National Average



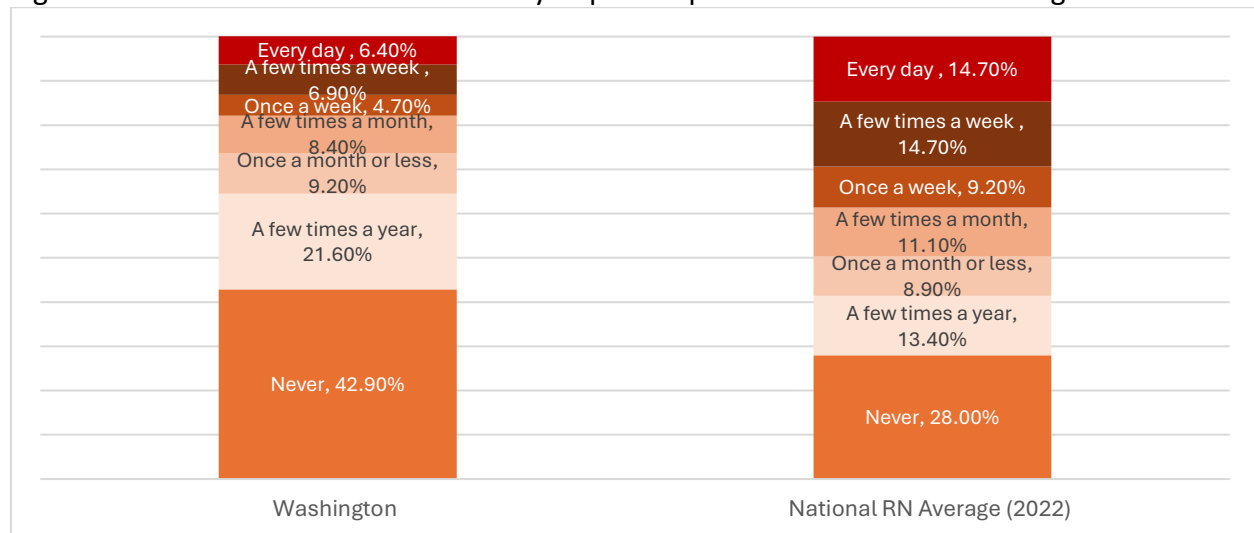
About one-quarter of Washington nurses (25.4%) felt burned-out from their work every day or a few times a week. Washington nurses indicated a lower frequency as compared to the national sample. In another national survey, 37% strongly agreed that on most days, they feel burned out (AMN, 2023).

Figure 11: I Feel Burned-out from My Work Comparison with National Average



Few Washington nurses (13.3%) felt at the end of their rope every day or a few times a week. Washington nurses indicated a lower frequency as compared to the national sample.

Figure 12: I Feel Like I’m at the End of My Rope Comparison with National Average



## Job Satisfaction

(N=2,462)

Nurses were asked the following question regarding job satisfaction, “How satisfied are you with the following aspects of your primary job?” Response options ranged from Very Dissatisfied to Very Satisfied. Data is presented in an overall graph with just very satisfied across all questions, followed by a detailed breakdown of each question. Results are presented by age interval, underrepresented nurse of color, and highest education.

### Job Satisfaction by Age Intervals

The greatest percentage of nurses that were very satisfied across all questions were nurses ages 71+, except for opportunities for advancement and retirement benefits, which were 61-70 year-olds.

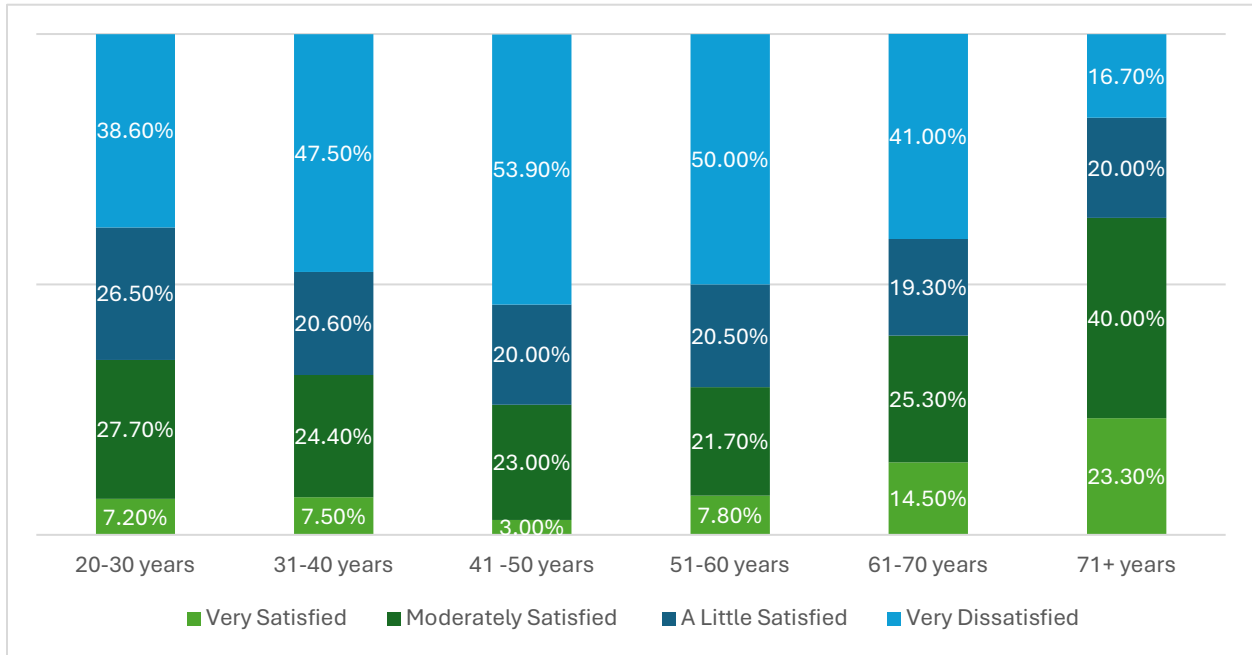
Table 6: Very Satisfied in Primary Job by Age Intervals

	20-30 years	31-40 years	41-50 years	51-60 years	61-70 years	71+ years
Valued by Employer**	7.20%	7.50%	3.00%	7.80%	14.50%	23.30%
Work/Life Balance*	20.50%	13.90%	12.70%	16.40%	25.60%	29.00%
Control Over Your Work Schedule**	16.90%	18.80%	18.10%	16.30%	28.30%	64.50%
Opportunities for Advancement**	6.10%	3.20%	5.90%	4.70%	17.70%	10.50%
Independence at Work**	20.50%	18.80%	17.60%	27.70%	42.10%	61.30%
Salary/Wages**	13.30%	5.60%	8.40%	12.70%	23.80%	26.70%
Healthcare Benefits**	13.90%	10.40%	8.70%	11.60%	25.20%	35.00%
Retirement Benefits**	7.60%	5.30%	7.80%	10.50%	20.70%	20.00%
Tuition Benefits**	4.90%	3.30%	5.00%	6.70%	14.70%	25.00%

\*\* Chi-square p< .01 \* Chi-square p< .05

For the question regarding whether they felt valued by their employer, the greatest percentage of nurses between ages 41-50 (73.9%) and 51-60 (70.5%) were a little satisfied or very dissatisfied.

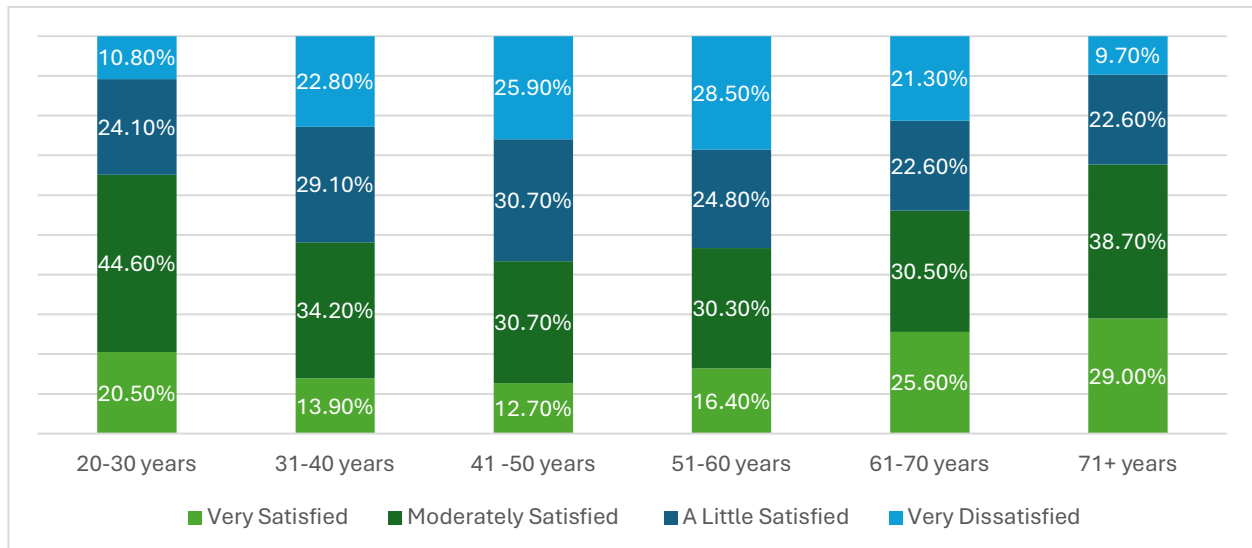
Figure 13: Valued by Employer in Primary Job by Age Intervals\*\*



\*\* Chi-square  $p < .01$

For the question regarding work/life balance, the greatest percentage of nurses between ages 41-50 (56.6%) and 51-60 (53.3%) were a little satisfied or very dissatisfied.

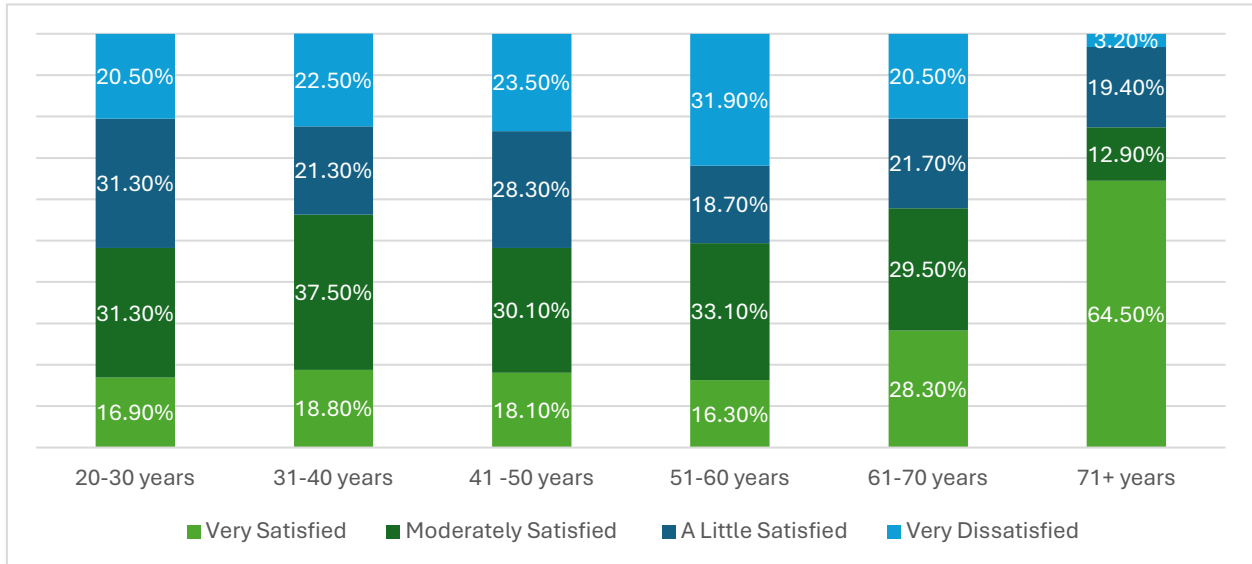
Figure 14: Work/Life Balance in Primary Job by Age Intervals\*



\* Chi-square  $p < .05$

For the question regarding control over their work schedule in their primary job, the greatest percentage of nurses over age 71 (77.4%) were moderately satisfied or very satisfied.

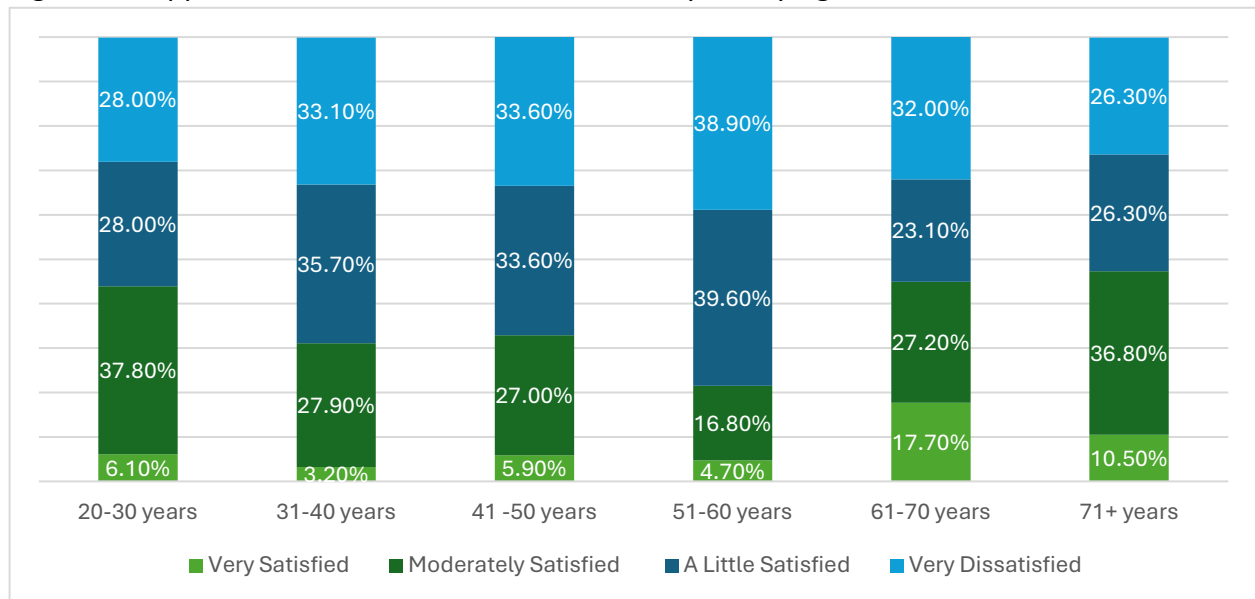
Figure 15: Control Over Your Work Schedule in Primary Job by Age Intervals\*\*



\*\* Chi-square  $p < .01$

For the question regarding opportunities for advancement in their primary job, the greatest percentage of nurses ages 51-60 (78.5%) were dissatisfied or very dissatisfied.

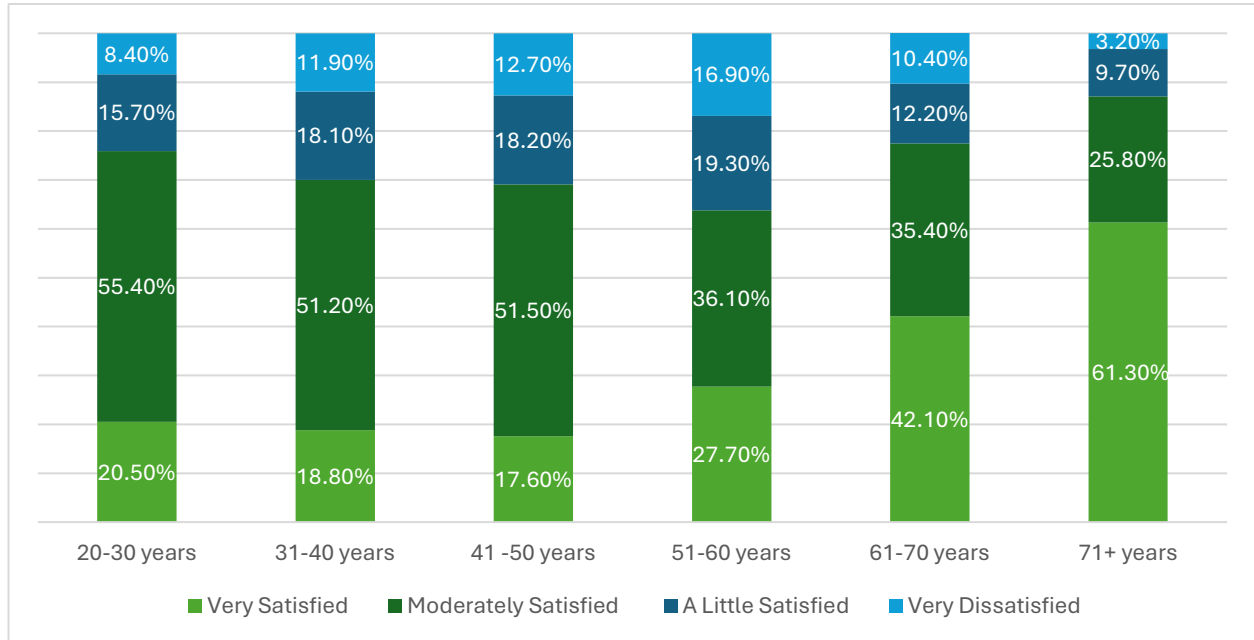
Figure 16: Opportunities for Advancement in Primary Job by Age Intervals\*\*



\*\* Chi-square  $p < .01$

For the question regarding independence at work in their primary job, the greatest percentage of nurses ages 61-70 years (77.5%) and 71+ years (87.1%) were moderately satisfied or very satisfied.

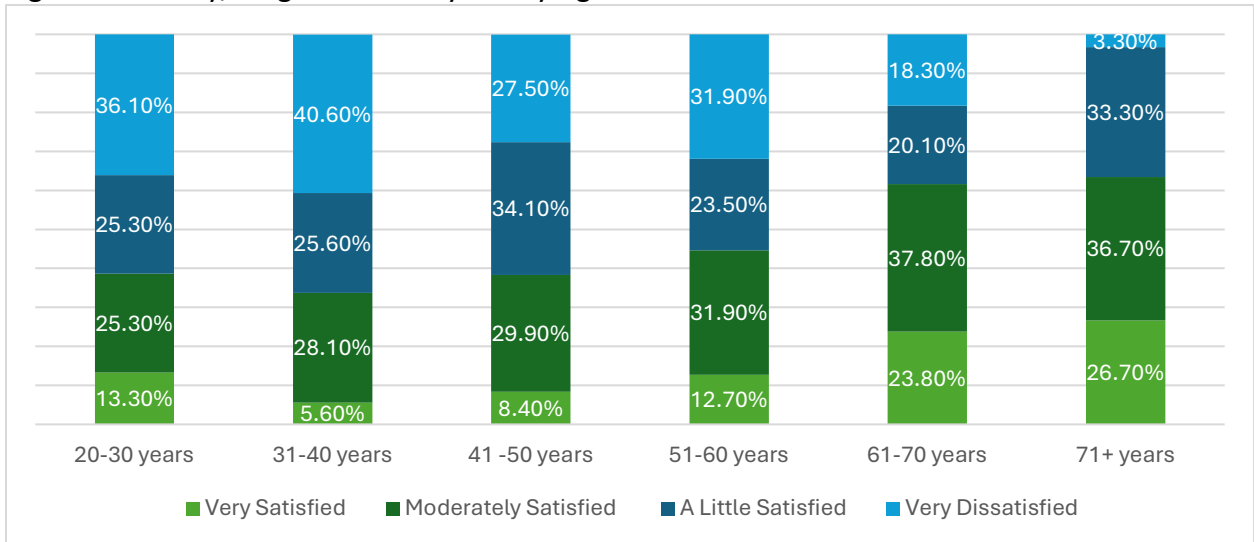
Figure 17: Independence at Work in Primary Job by Age Intervals\*\*



\*\* Chi-square  $p < .01$

For the question regarding salary/wages in their primary job, the greatest percentage of nurses ages 61-70 years (61.6%) and 71+ years (63.4%) were moderately satisfied or very satisfied.

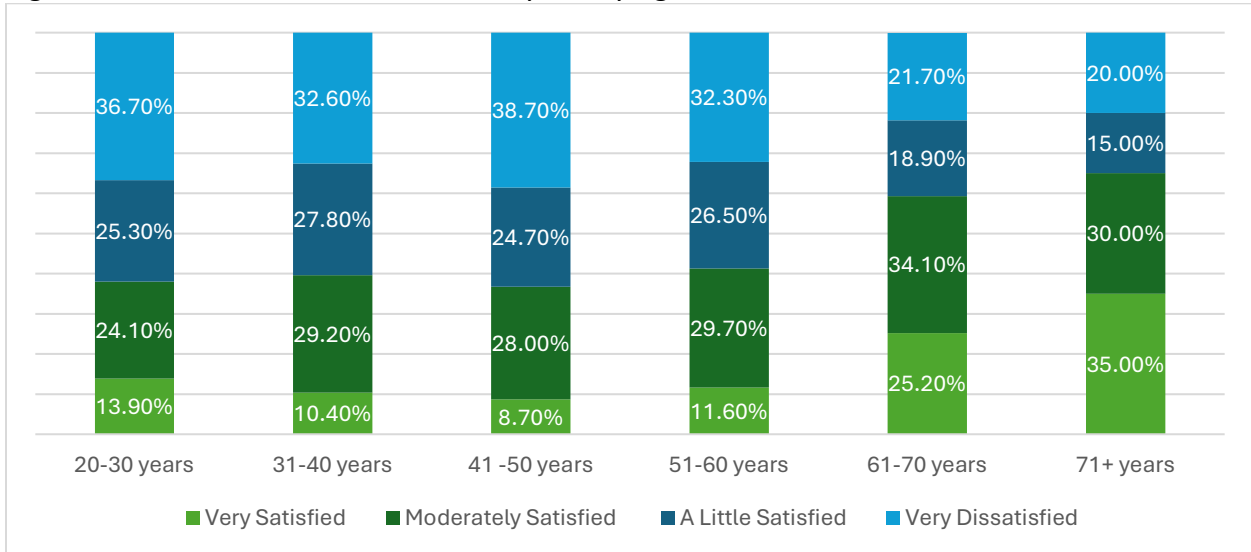
Figure 18: Salary/Wages in Primary Job by Age Intervals\*\*



\*\* Chi-square  $p < .01$

For the question regarding healthcare benefits in their primary job, the greatest percentage of nurses ages 61-70 years (61.6%) and 71+ years (63.4%) were moderately satisfied or very satisfied.

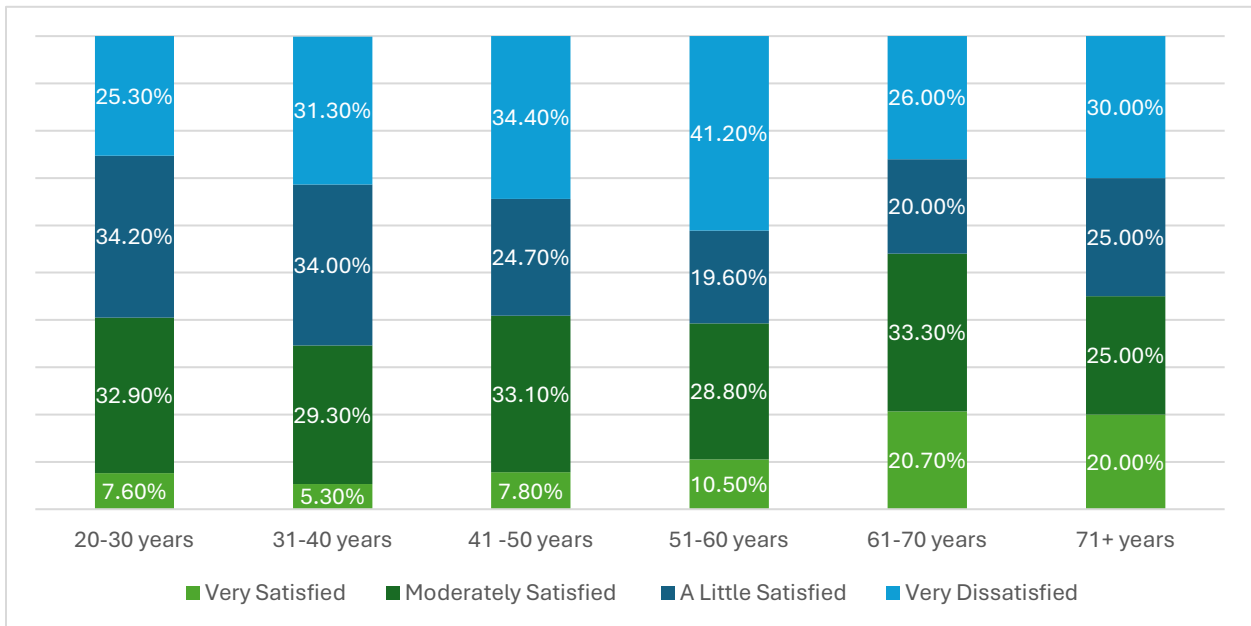
Figure 19: Healthcare Benefits in Primary Job by Age Intervals\*\*



\*\* Chi-square  $p < .01$

For the question regarding retirement benefits in their primary job, the greatest percentage of nurses ages 31-40 years (65.3%) were a little satisfied or very dissatisfied.

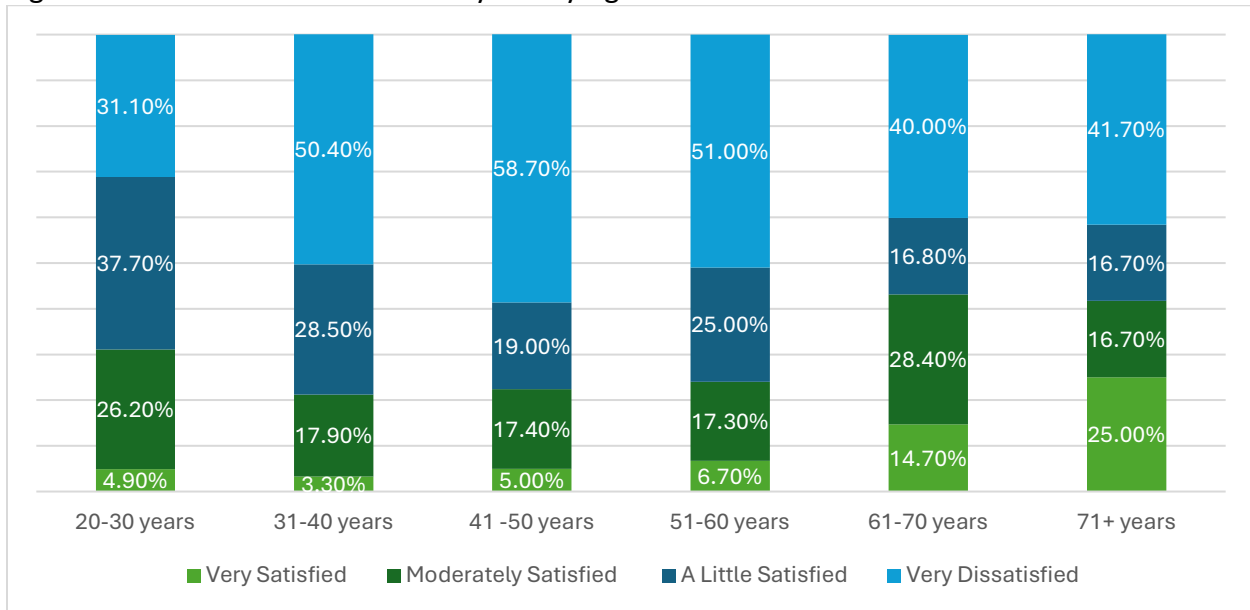
Figure 20: Retirement Benefits in Primary Job by Age Intervals\*\*



\*\* Chi-square  $p < .01$

For the question regarding tuition benefits in their primary job, the greatest percentage of nurses ages 31-40 years (78.9%) were a little satisfied or very dissatisfied.

Figure 21: Tuition Benefits in Primary Job by Age Intervals\*\*



\*\* Chi-square  $p < .01$

### Job Satisfaction by Underrepresented Nurses of Color

Outside of tuition benefits, underrepresented Nurses of Color are less likely to be very satisfied in their primary job across all questions than were White, non-Hispanic nurses. The only significantly greater question was salary/wages.

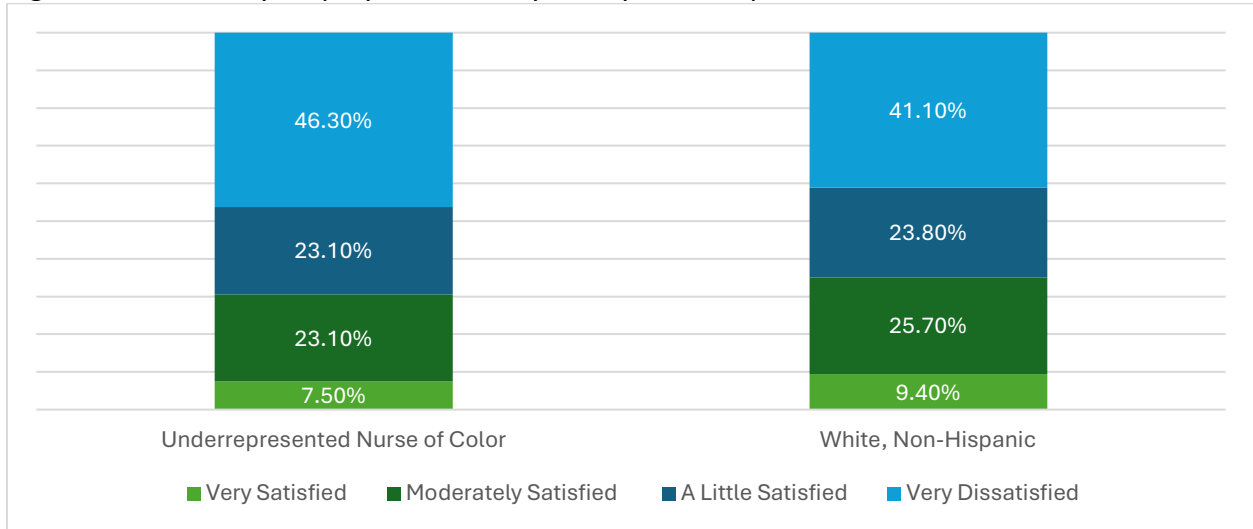
Table 7: Very Satisfied in Primary Job by Underrepresented Nurses of Color

	Underrepresented Nurse of Color	White, Non-Hispanic
<b>Valued by Employer</b>	7.50%	9.40%
<b>Work/Life Balance</b>	15.00%	18.30%
<b>Control Over Your Work Schedule</b>	14.30%	22.40%
<b>Opportunities for Advancement</b>	5.80%	8.80%
<b>Independence at Work</b>	20.10%	27.40%
<b>Salary/Wages**</b>	5.40%	13.40%
<b>Healthcare Benefits</b>	10.90%	14.30%
<b>Retirement Benefits</b>	5.10%	11.80%
<b>Tuition Benefits</b>	7.10%	6.60%

\*\* Chi-square  $p < .01$

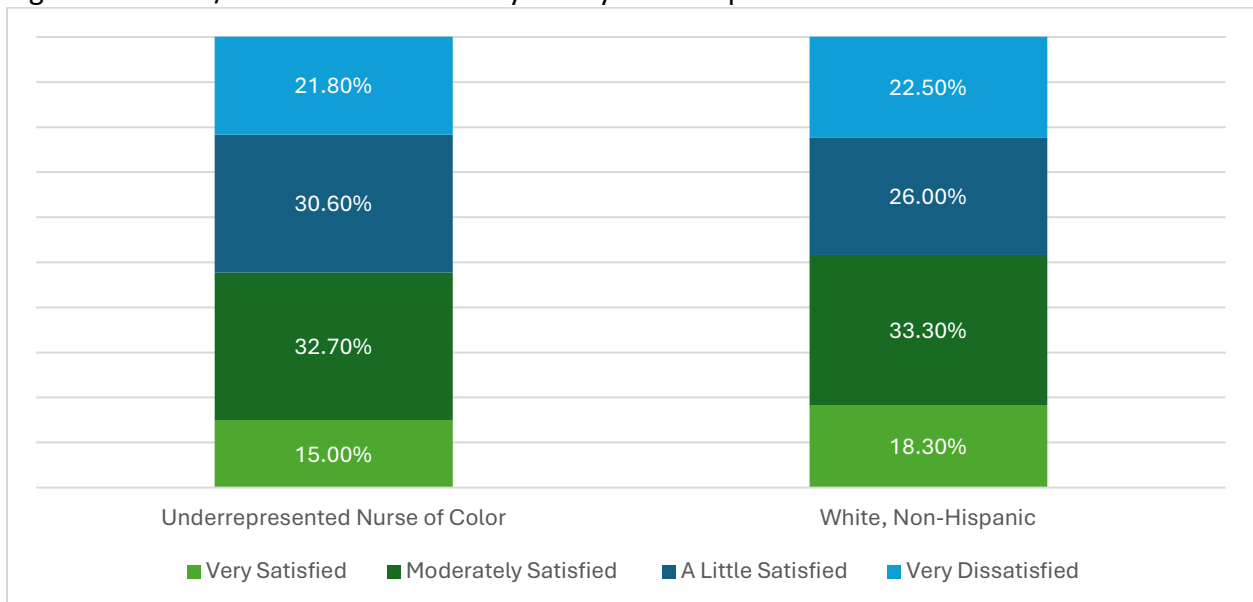
For the question regarding whether they felt valued by their employer, underrepresented Nurses of Color (69.4%) and White, Non-Hispanic nurses (64.9%) were a little satisfied or very dissatisfied.

Figure 22: Valued By Employer in Primary Job by Underrepresented Nurse of Color



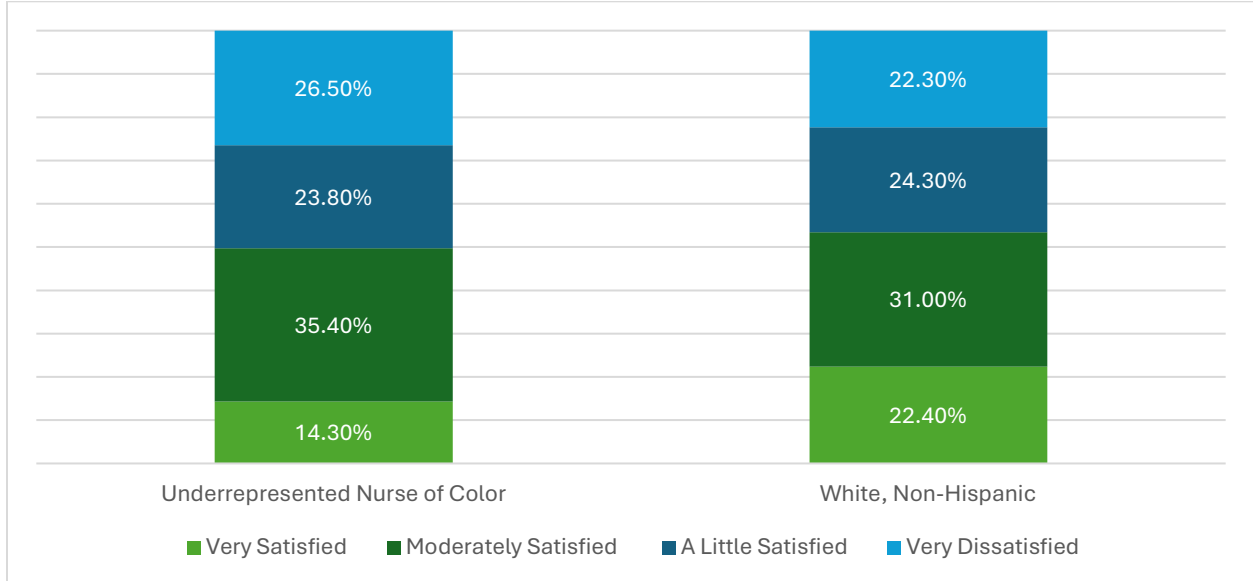
For the question regarding work/life balance, about half of Underrepresented Nurses of Color (52.4%) and White, Non-Hispanic (48.5%) were a little satisfied or very dissatisfied.

Figure 23: Work/Life Balance in Primary Job by Underrepresented Nurse of Color



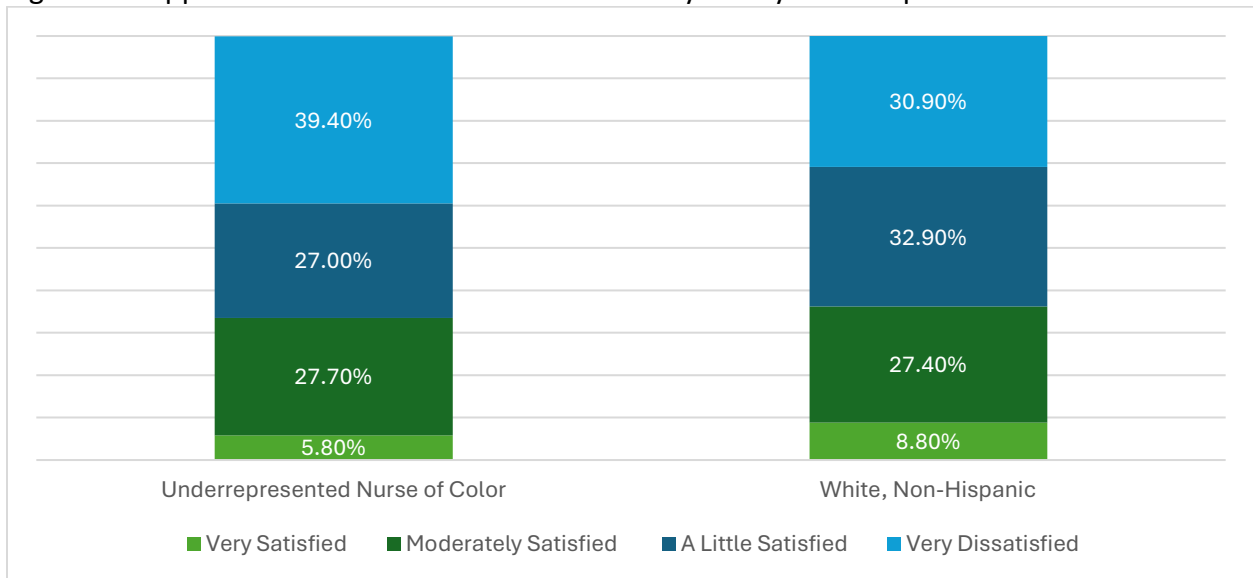
For the question regarding control over their work schedule in their primary job, about half of Underrepresented Nurses of Color (50.3%) and White, Non-Hispanic (46.6%) were a little satisfied or very dissatisfied.

Figure 24: Control Over Your Work Schedule in Primary Job by Underrepresented Nurse of Color



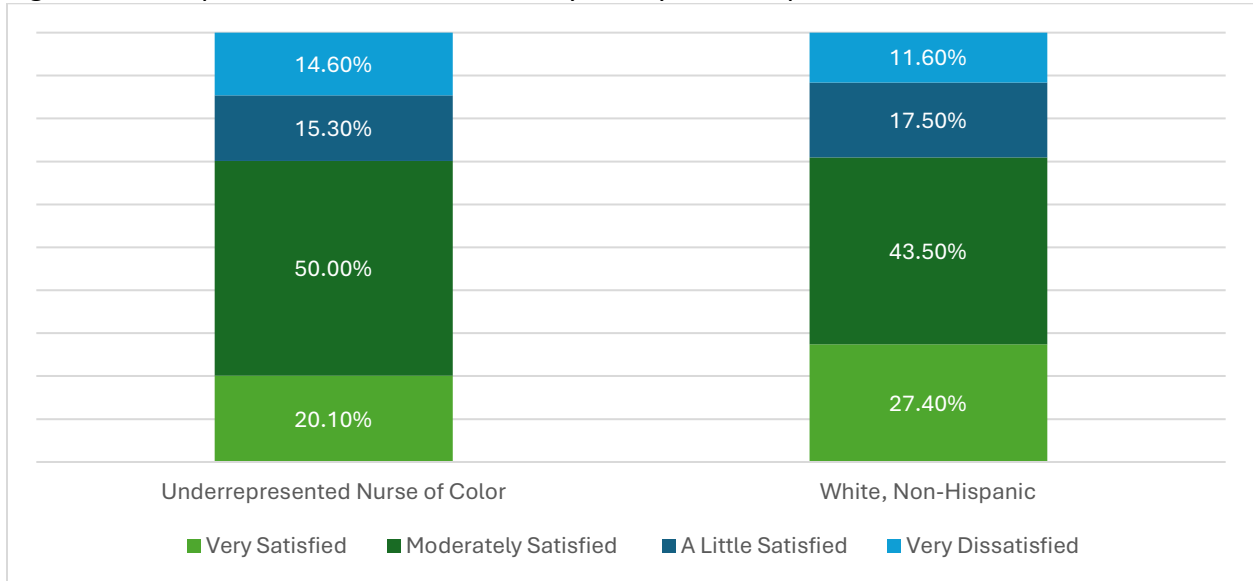
For the question regarding opportunities for advancement in their primary job, underrepresented Nurses of Color (66.4%) and White, non-Hispanic (63.8%) were a little satisfied or very dissatisfied.

Figure 25: Opportunities for Advancement in Primary Job by Underrepresented Nurses of Color



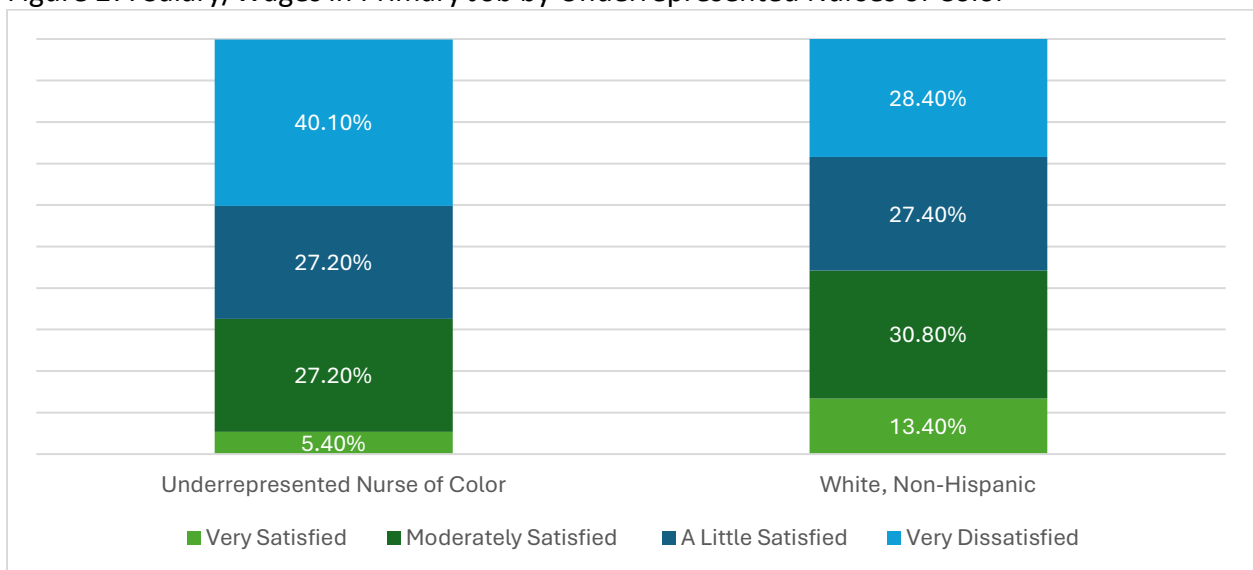
For the question regarding independence at work in their primary job, underrepresented Nurses of Color (70.1%) and White, non-Hispanic Nurses (70.9%) were moderately satisfied or very satisfied.

Figure 26: Independence at Work in Primary Job by Underrepresented Nurses of Color



For the question regarding salary/wages in their primary job, White, non-Hispanic nurses (44.2%) were significantly more moderately satisfied or very satisfied than underrepresented Nurses of Color (32.6%).

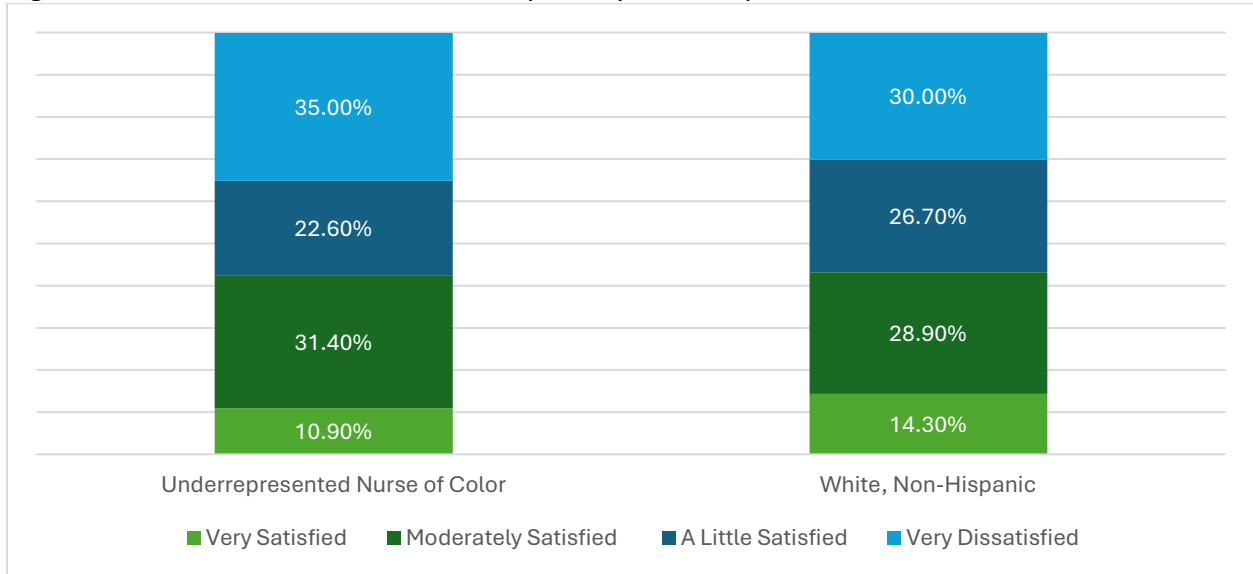
Figure 27: Salary/Wages in Primary Job by Underrepresented Nurses of Color\*\*



\*\* Chi-square  $p < .01$

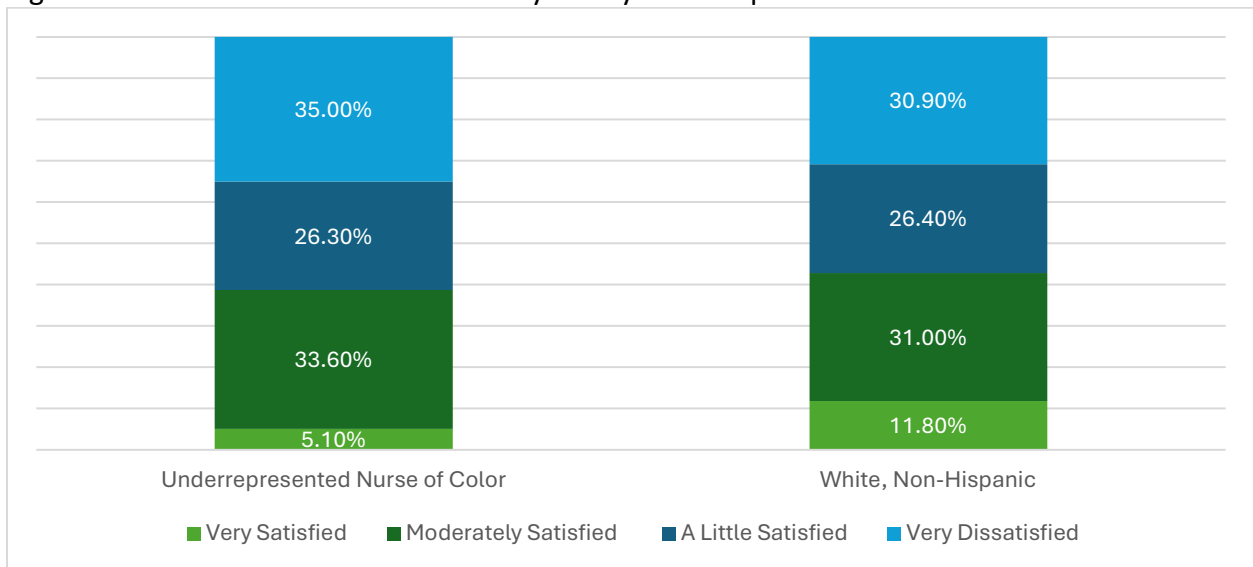
For the question regarding healthcare benefits in their primary job, underrepresented Nurses of Color (57.6%) and White, non-Hispanic nurses (56.7%) were a little satisfied or very dissatisfied.

Figure 28: Healthcare Benefits in Primary Job by Underrepresented Nurses of Color



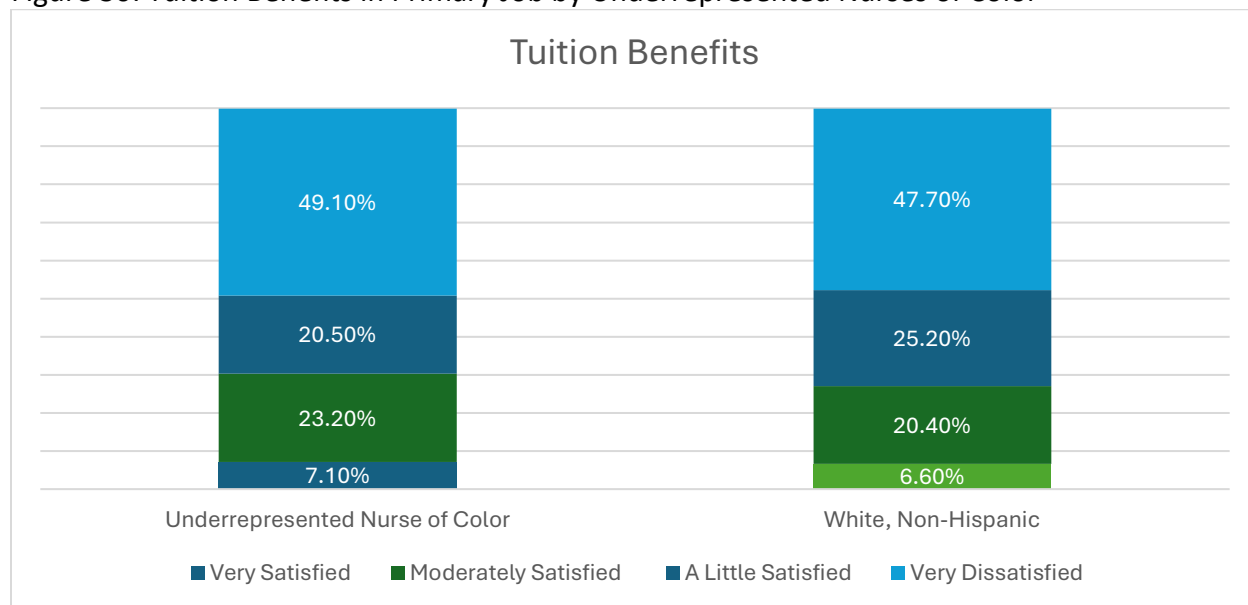
For the question regarding retirement benefits in their primary job, underrepresented Nurses of Color (61.3%) and White, non-Hispanic nurses (57.3%) were a little satisfied or very dissatisfied.

Figure 29: Retirement Benefits in Primary Job by Underrepresented Nurses of Color



For the question regarding tuition benefits in their primary job, underrepresented Nurses of Color (69.5%) and White, non-Hispanic nurses (72.9%) were a little satisfied or very dissatisfied.

Figure 30: Tuition Benefits in Primary Job by Underrepresented Nurses of Color



### Job Satisfaction by Highest Education

When examined by highest education level, the greatest percentage of nurses that were very satisfied across all questions were nurses with a graduate degree which was significantly higher for healthcare benefits and retirement benefits.

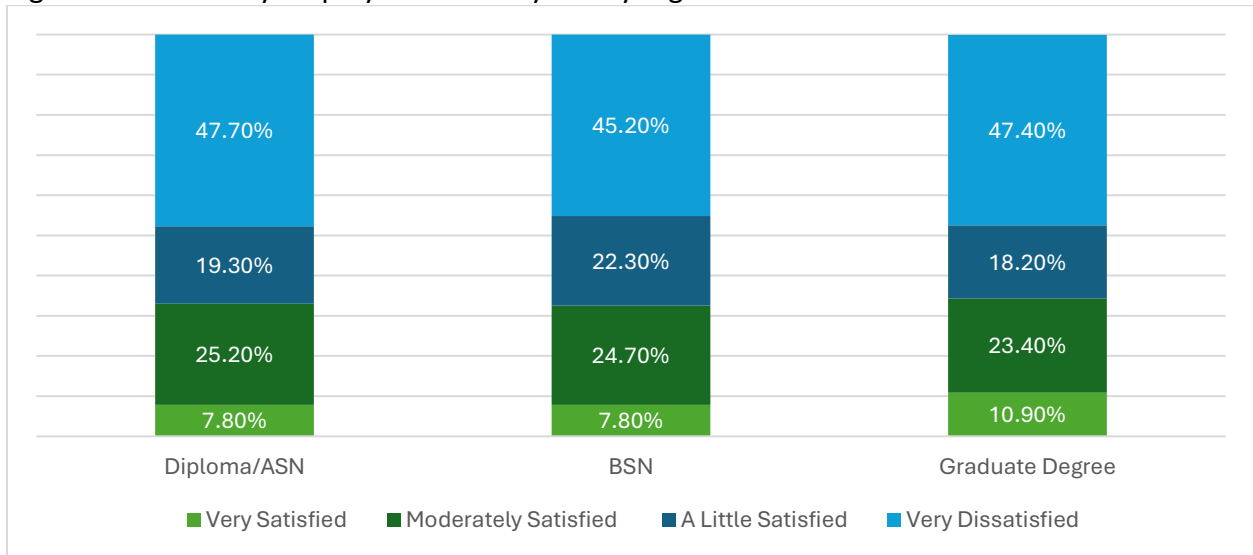
Table 8: Very Satisfied in Primary Job by Highest Education

	Diploma/ASN	BSN	Graduate Degree
Valued by Employer	7.80%	7.80%	10.90%
Work/Life Balance	18.40%	16.90%	18.30%
Control Over Your Work Schedule	17.90%	19.70%	29.20%
Opportunities for Advancement	7.00%	6.80%	9.90%
Independence at Work	25.50%	24.90%	33.50%
Salary/Wages	13.40%	11.10%	16.70%
Healthcare Benefits**	9.70%	12.20%	24.10%
Retirement Benefits**	6.70%	8.30%	20.20%
Tuition Benefits	2.20%	6.90%	11.90%

\*\* Chi-square  $p < .01$

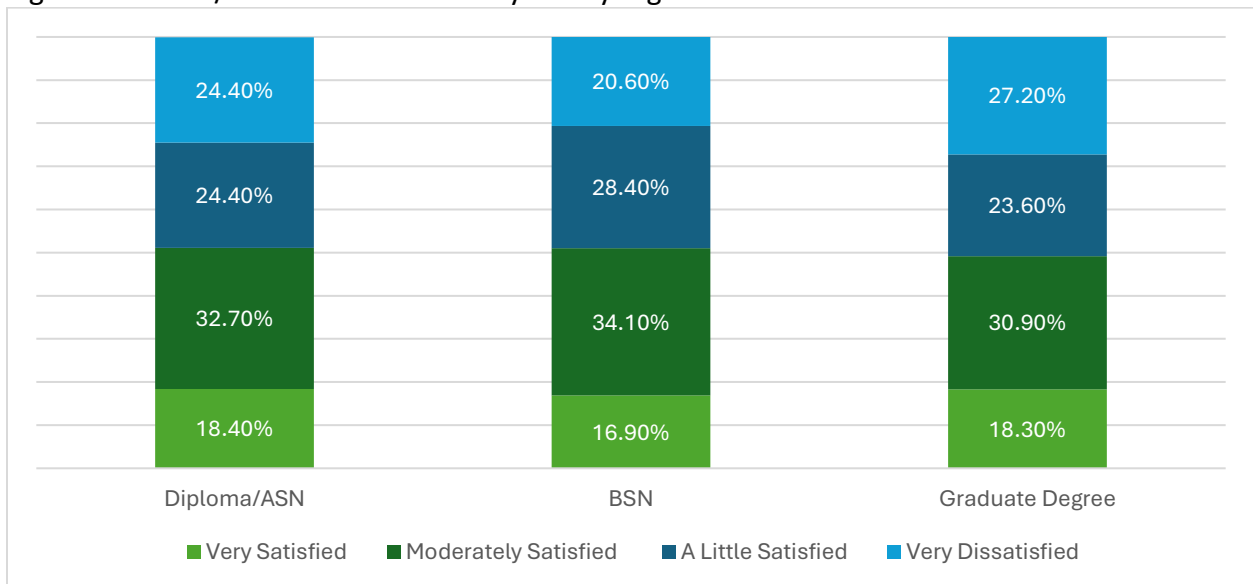
For the question regarding whether they felt valued by their employer, Diploma/ASN (67%), BSN (67.5%), and Graduate Degree (65.6%) nurses were a little satisfied or very dissatisfied.

Figure 31: Valued By Employer in Primary Job by Highest Education



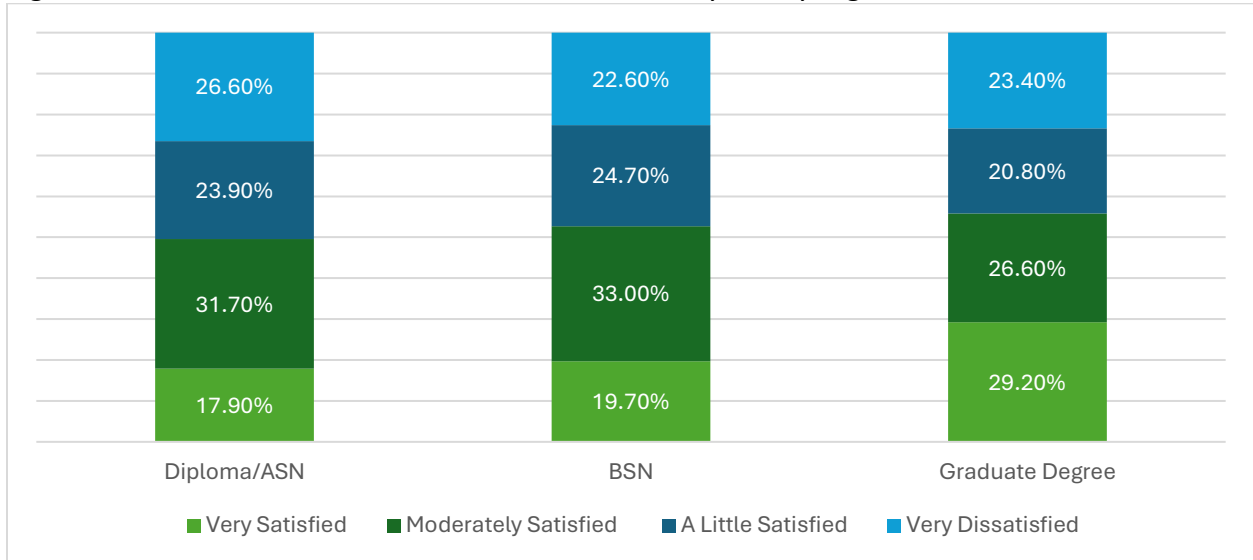
For the question regarding work/life balance, Diploma/ASN (51.1%), BSN (51%), and Graduate Degree (49.2%) nurses were moderately satisfied or very satisfied.

Figure 32: Work/Life Balance in Primary Job by Highest Education



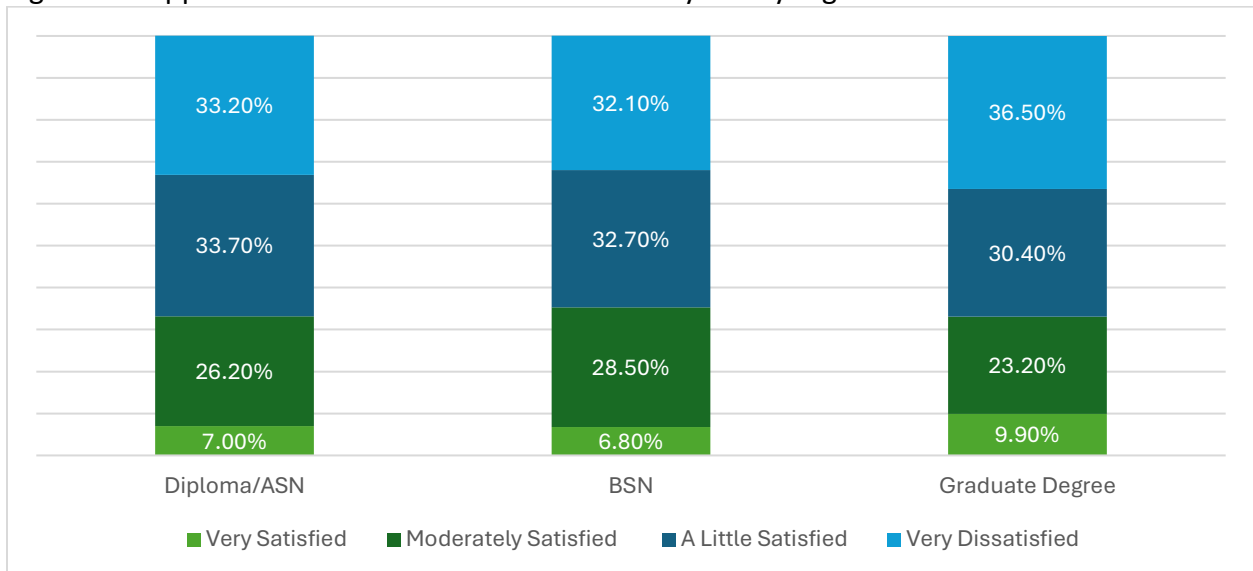
For the question regarding control over their work schedule in their primary job, Diploma/ASN (49.6%), BSN (52.75), and Graduate Degree (55.8%) nurses were moderately satisfied or very satisfied.

Figure 33: Control Over Your Work Schedule in Primary Job by Highest Education



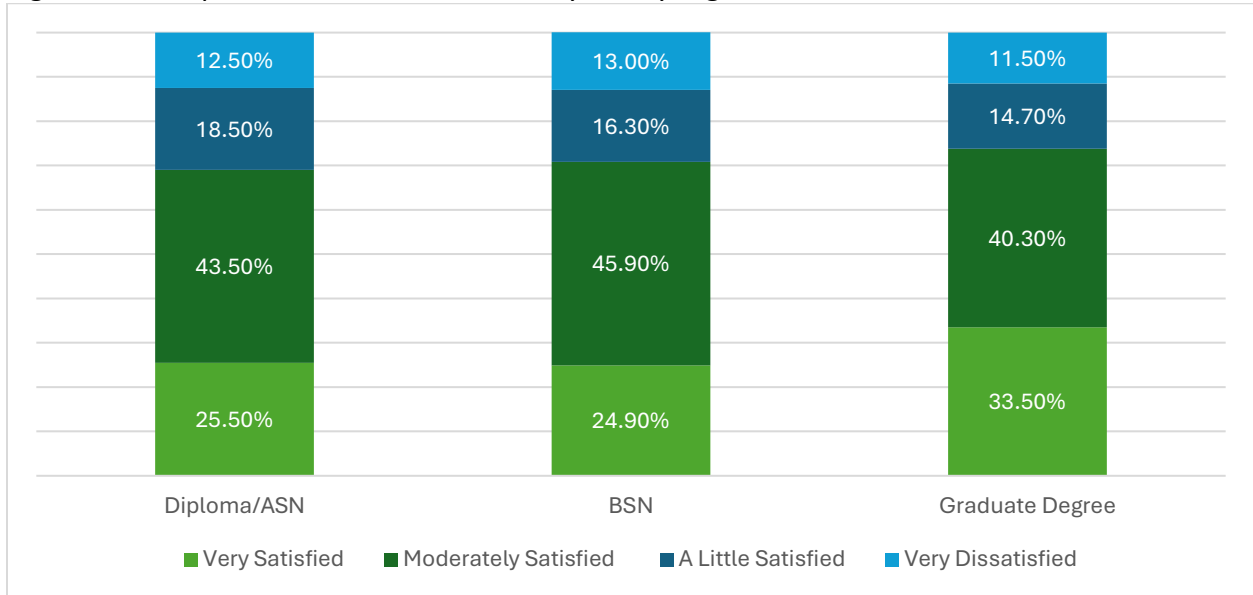
For the question regarding opportunities for advancement in their primary job, Diploma/ASN (66.9%), BSN (64.8%), and Graduate Degree (66.9%) were a little satisfied or very dissatisfied.

Figure 34: Opportunities for Advancement in Primary Job by Highest Education



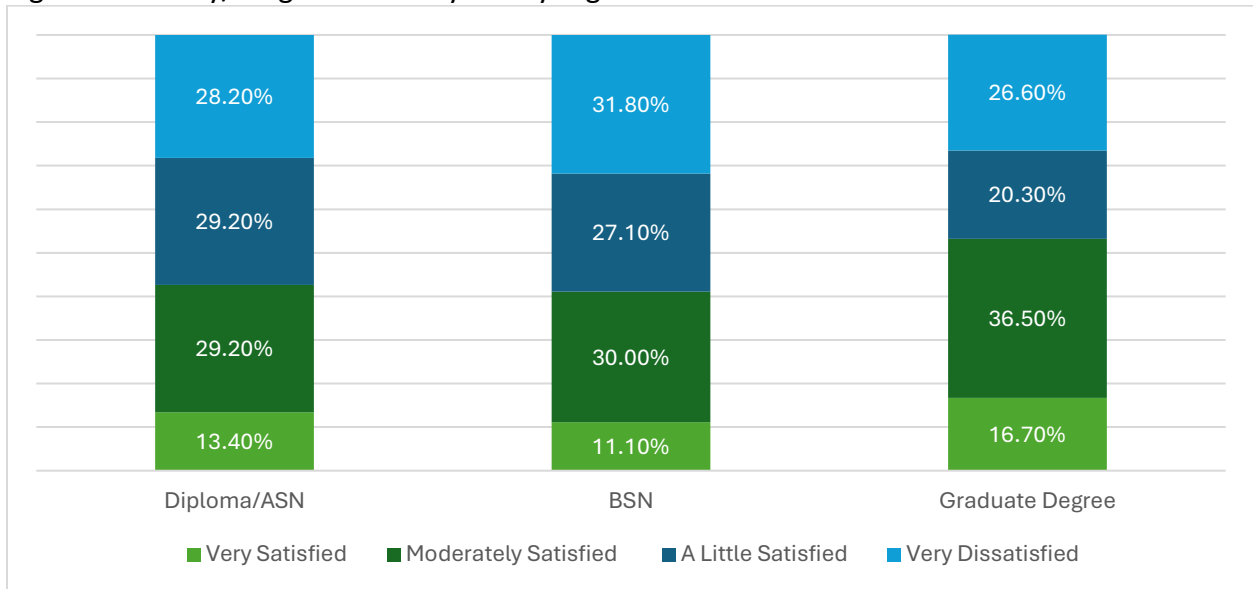
For the question regarding independence at work in their primary job, Diploma/ASN (69%), BSN (70.8%), and Graduate Degree (73.8%) nurses were moderately satisfied or very satisfied.

Figure 35: Independence at Work in Primary Job by Highest Education



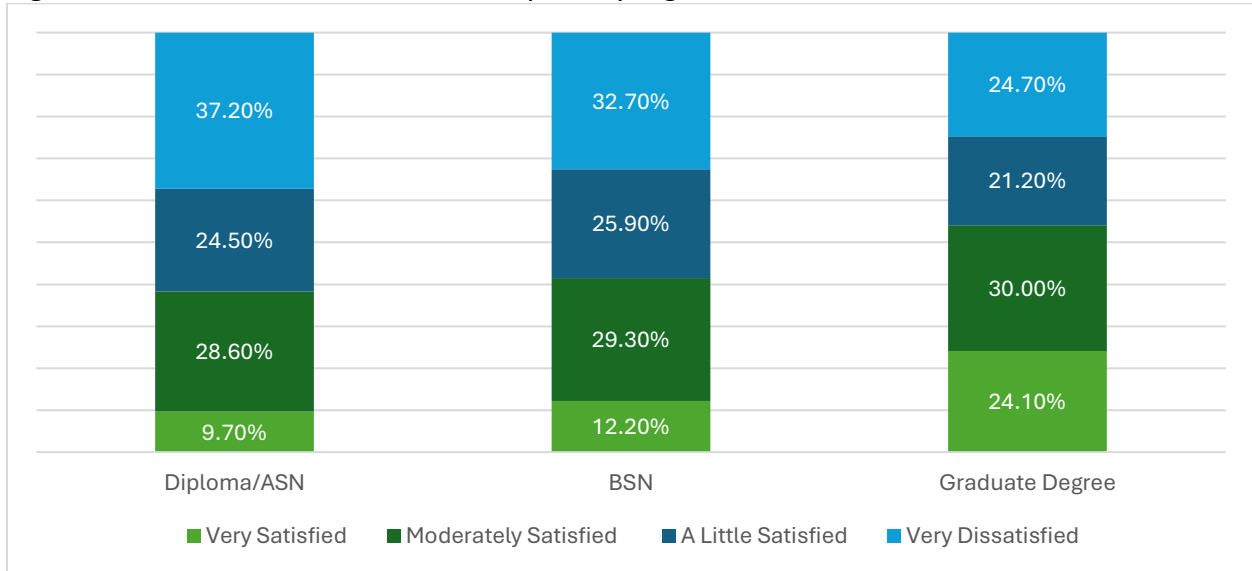
For the question regarding salary/wages in their primary job, Diploma/ASN (57.4%), BSN (58.9%), and Graduate Degree (46.9%) nurses were a little satisfied or very dissatisfied.

Figure 36: Salary/Wages in Primary Job by Highest Education



For the question regarding healthcare benefits in their primary job, Diploma/ASN (61.7%) were significantly more likely to indicate that they were a little satisfied or very dissatisfied than Graduate Degree nurses (45.9%).

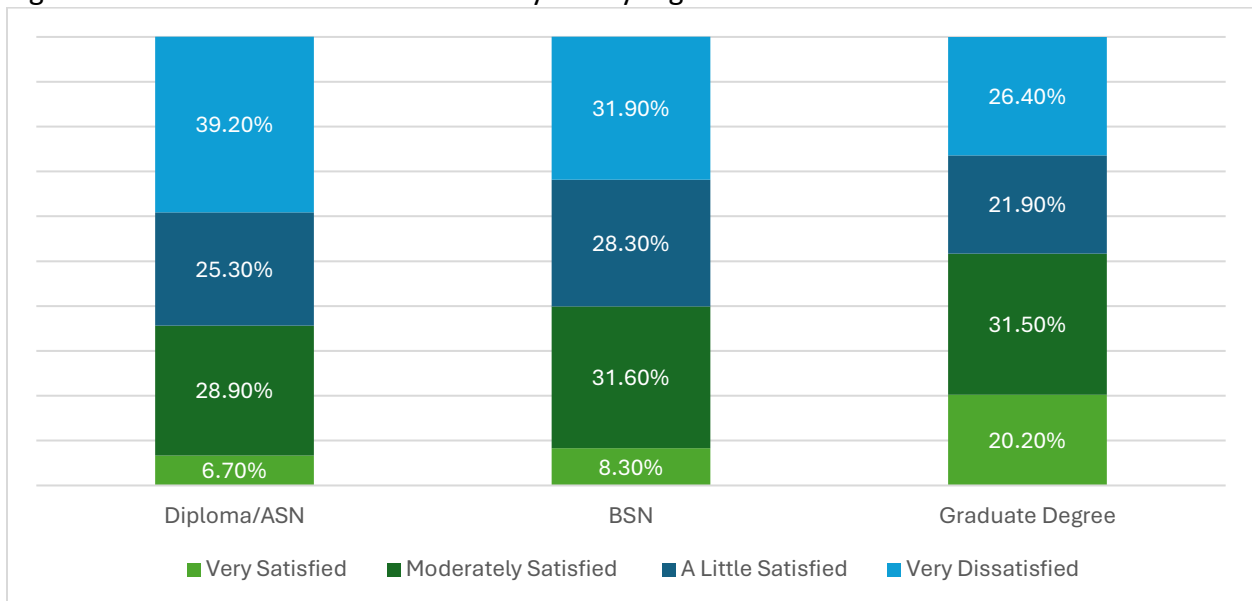
Figure 37: Healthcare Benefits in Primary Job by Highest Education



\*\* Chi-square  $p < .01$

For the question regarding retirement benefits in their primary job, Diploma/ASN (64.5%) were significantly more likely to indicate that they were a little satisfied or very dissatisfied than Graduate Degree nurses (48.3%).

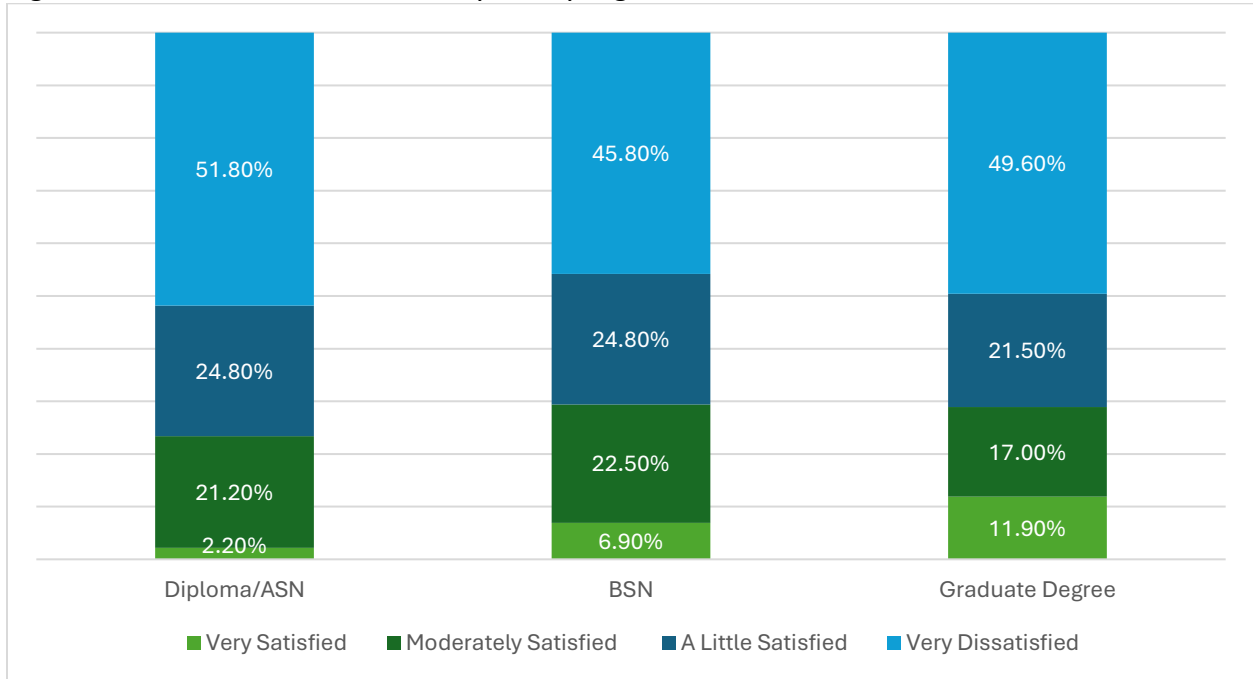
Figure 38: Retirement Benefits in Primary Job by Highest Education



\*\* Chi-square  $p < .01$

For the question regarding tuition benefits in their primary job, Diploma/ASN (76.6%), BSN (70.6%), and Graduate Degree (71.1%) nurses were a little satisfied or very dissatisfied.

Figure 39: Tuition Benefits in Primary Job by Highest Education



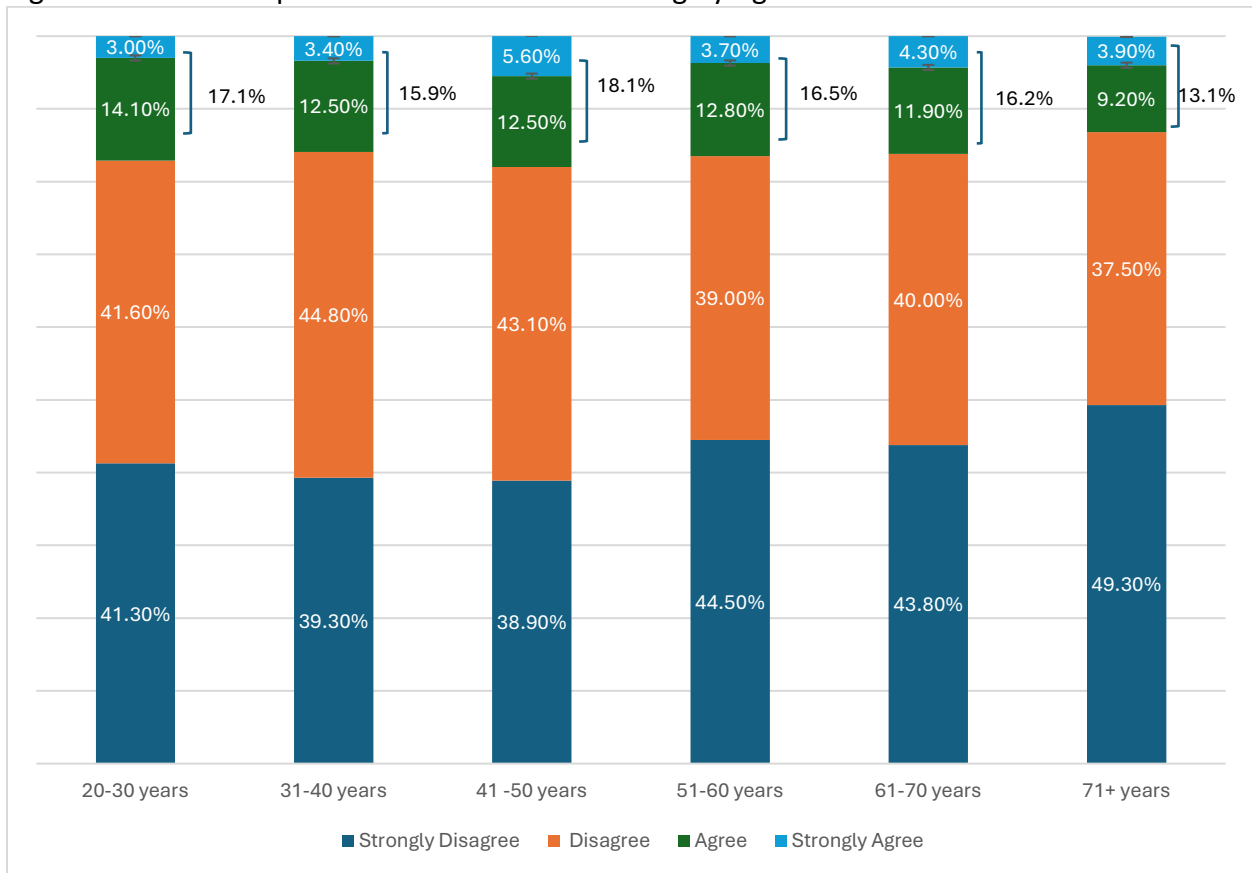
## Racism Impact on Professional Well-being

(N=4,428)

Nurses were asked one question on racism and well-being. “Racism has negatively impacted my professional well-being.”

Nurses between 41-50 years are significantly more likely to agree or strongly agree that their professional well-being has been negatively impacted by racism.

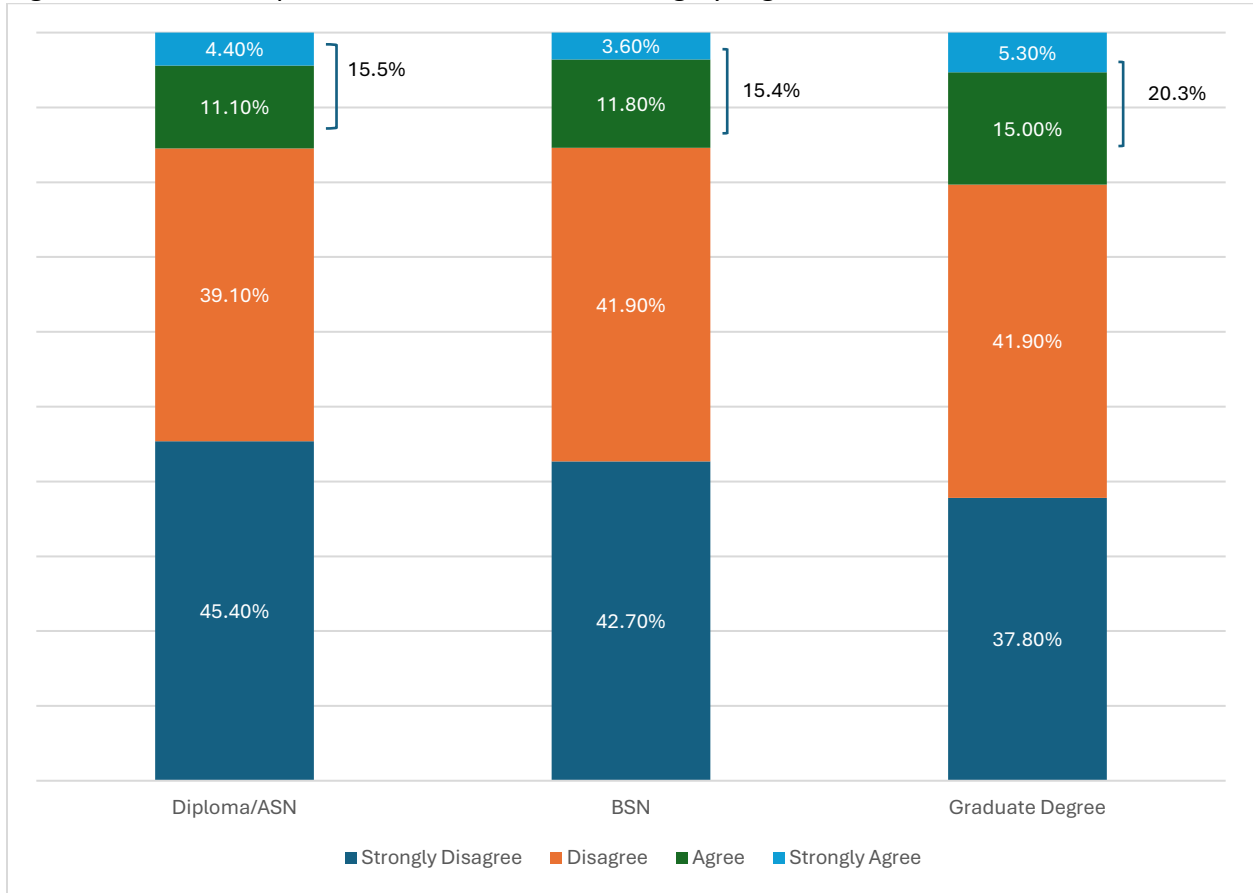
Figure 40: Racism Impact on Professional Well-being by Age Interval\*



\* Chi-square  $p < .05$

Twenty percent of graduate degree nurses agreed or strongly agreed that their professional well-being has been negatively impacted by racism.

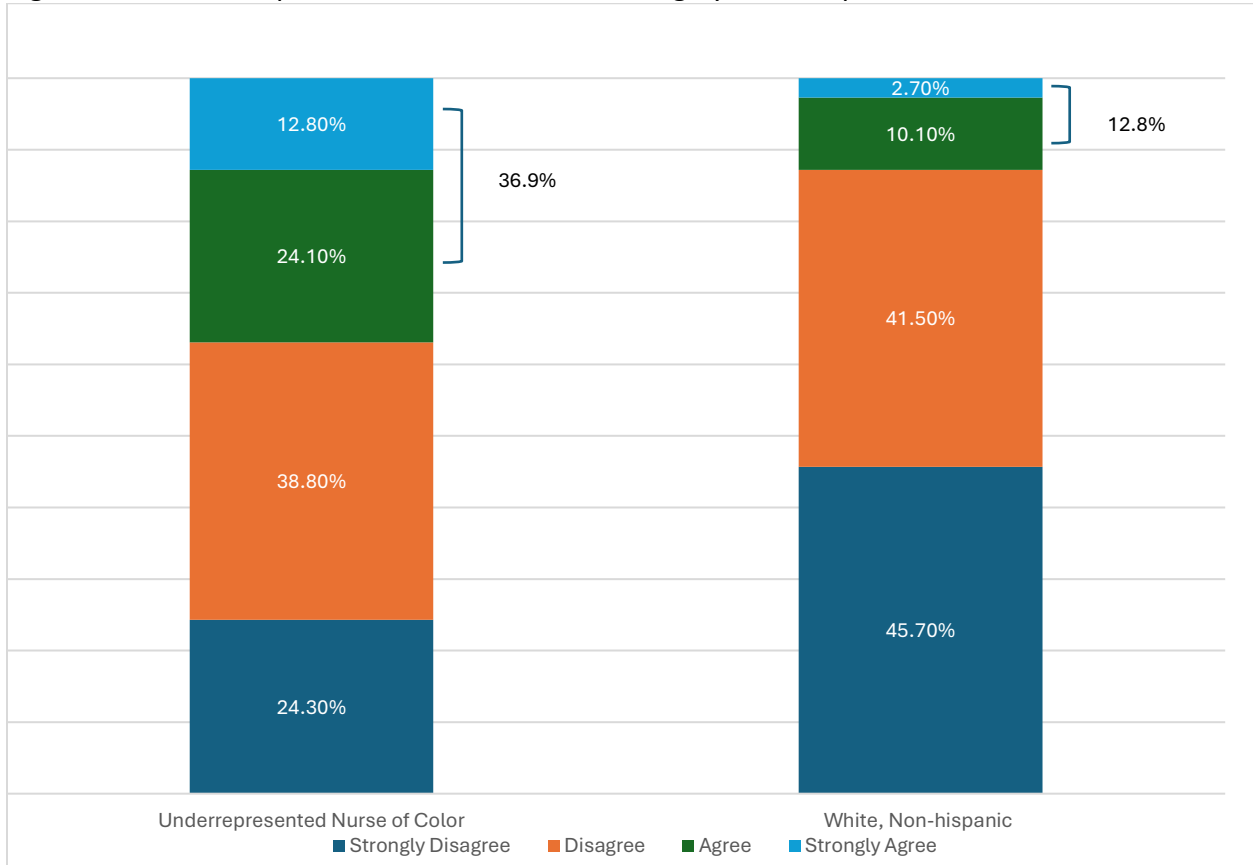
Figure 41: Racism Impact on Professional Well-being by Highest Education\*\*



\*\* Chi-square  $p < .01$

One-third of unrepresented Nurses of Color agreed or strongly agreed that their professional well-being has been negatively impacted by racism.

Figure 42: Racism Impact on Professional Well-being by Underrepresented Nurse of Color\*\*



\*\* Chi-square  $p < .01$

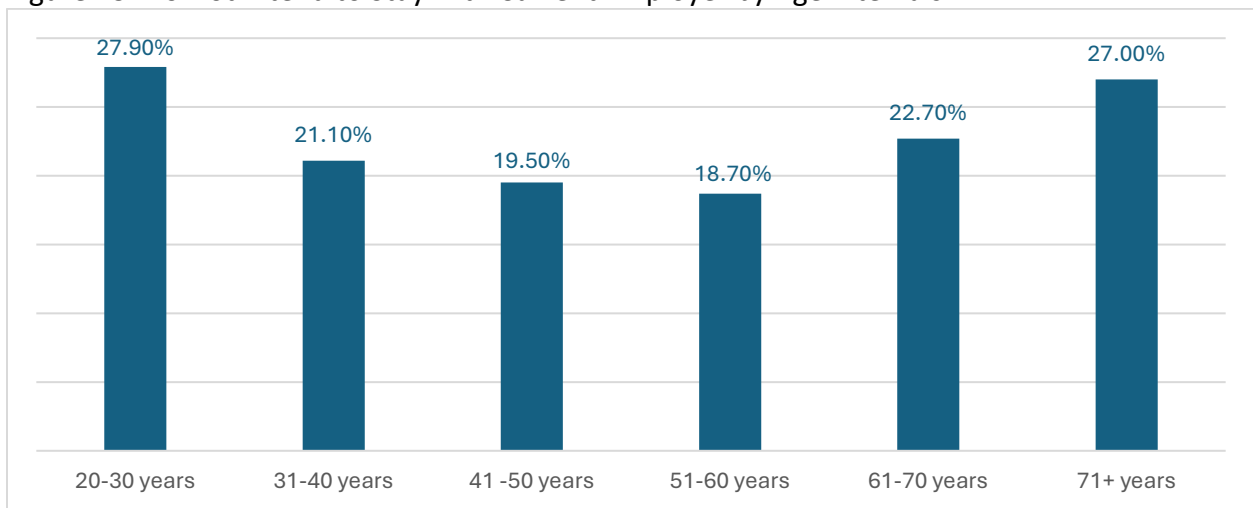
## Intent to Stay with Current Employer

(N=6,604)

Nurses were asked if they were planning to be with their current employer one year from now.

Nurses between 20-30 years and over 71 years were significantly more likely to indicate they were not planning on staying with their current employer. In a national survey, 26% of RNs indicated they were somewhat or extremely unlikely to be working with their current employer in a year (AMN Healthcare, 2023).

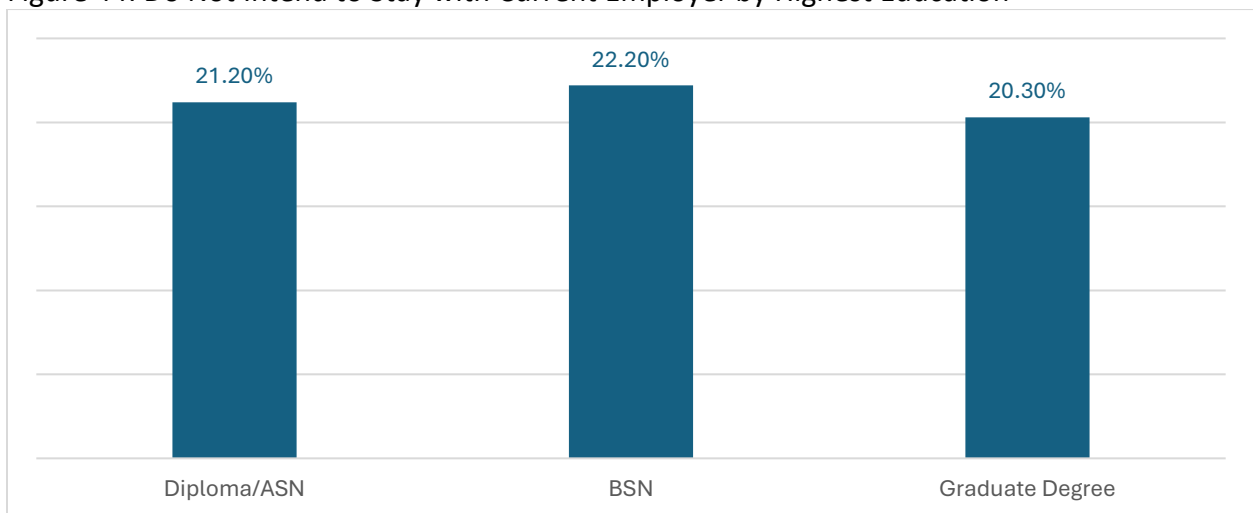
Figure 43: Do Not Intend to Stay with Current Employer by Age Intervals\*\*



\*\* Chi-square  $p < .01$

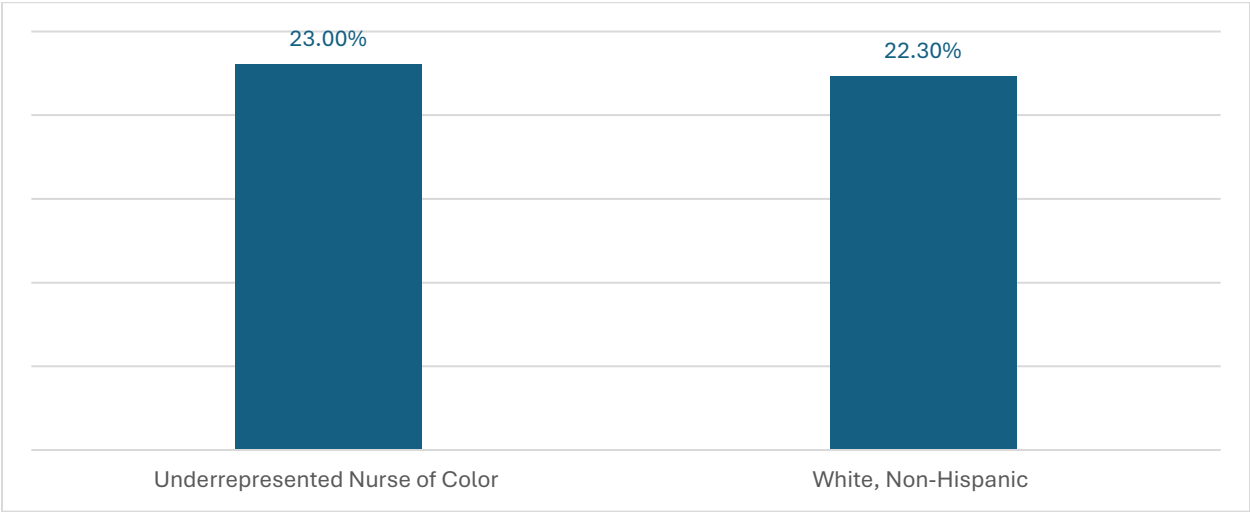
There was not a significant difference in the percentage of nurses by their highest education level.

Figure 44: Do Not Intend to Stay with Current Employer by Highest Education



There was not a significant difference in the percentage of nurses by minority status.

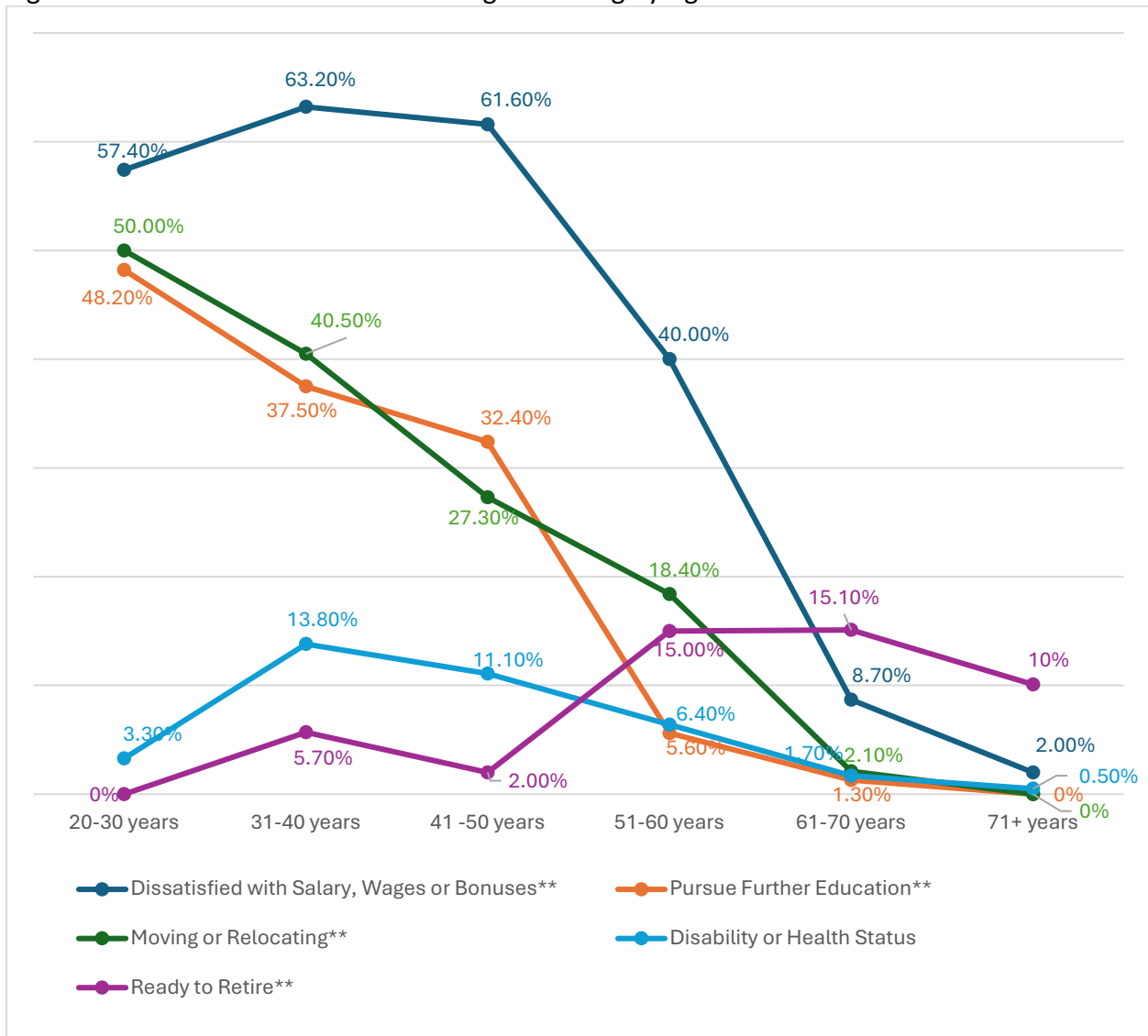
Figure 45: Do Not Intend to Stay with Current Employer by Underrepresented Nurse of Color



Nurses planning to leave were asked to indicate their reason for leaving (please note that multiple answers could be selected) (N=1,087). Answers were divided into three sets of data: Work Environment, Personal Reasons, and Burnout/Discrimination.

The greatest personal reason for leaving was dissatisfaction with salary, wages, and bonuses, with 63.20% of nurses age 31–40 indicating this as a major reason. Dissatisfaction with salary, wages, and bonuses, along with moving/relocation and pursuing further education, significantly decreased across age intervals. Ready to retire significantly increased across age intervals.

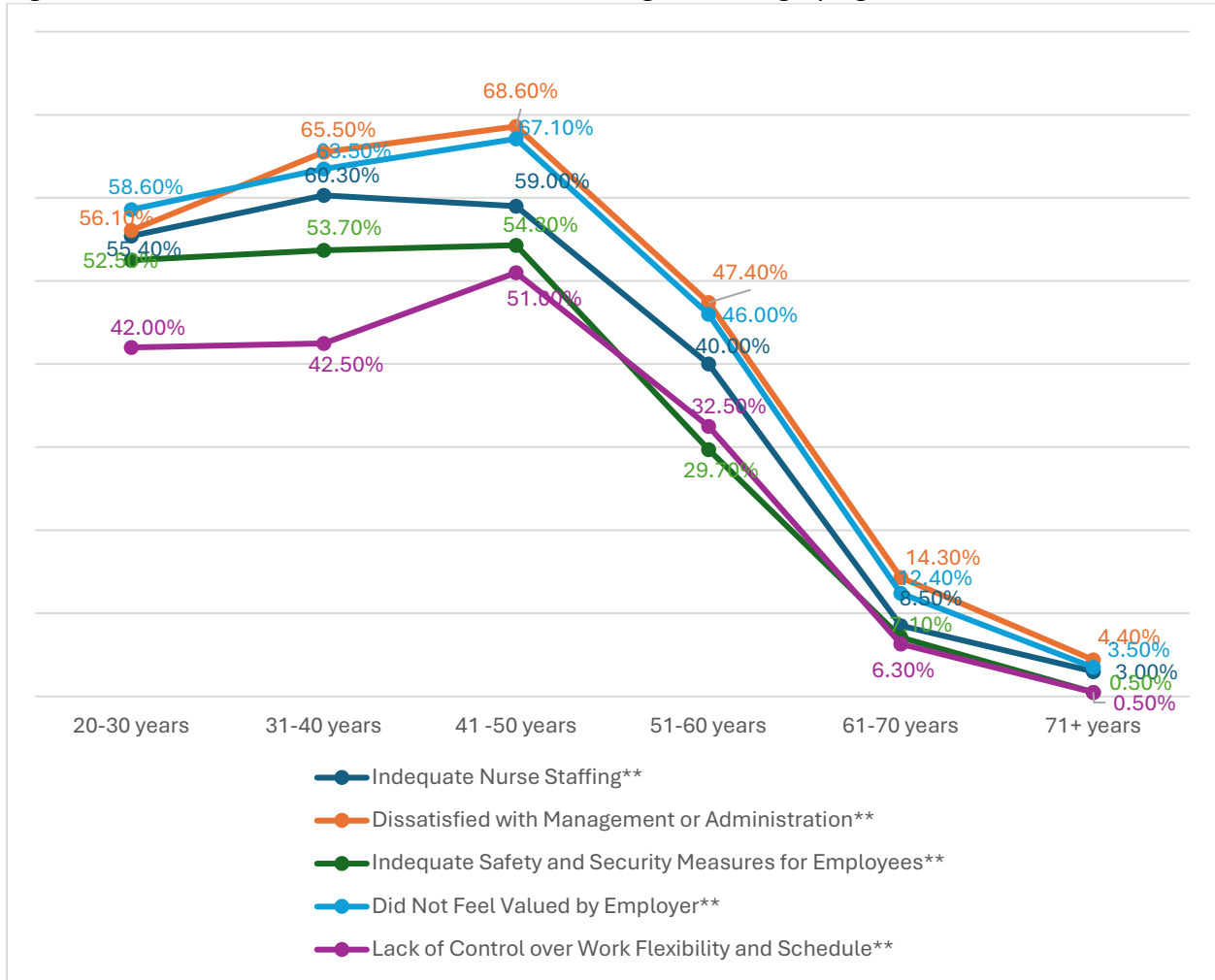
Figure 46: Personal Reasons Contributing to Leaving by Age Intervals



\*\* Chi-square  $p < .01$

All work environment reasons significantly decreased across age intervals. The greatest work environment reason was dissatisfaction with management or administration, which was indicated by 68.60% of nurses who were leaving.

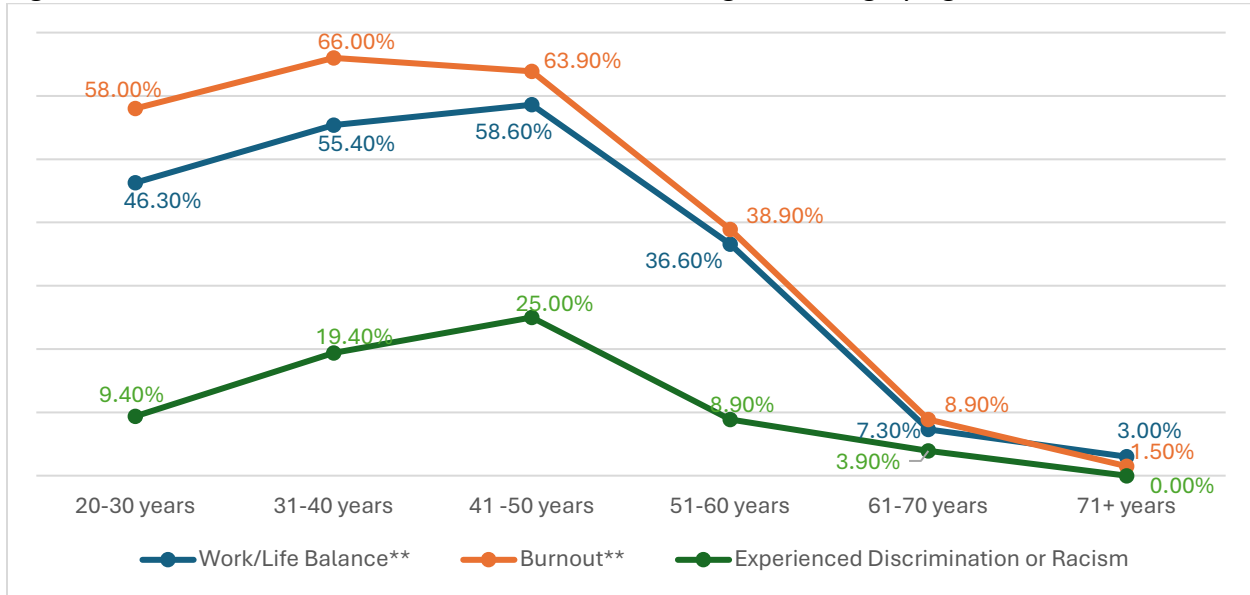
Figure 47: Work Environment Reasons Contributing to Leaving by Age Intervals



\*\* Chi-square  $p < .01$

Nurses indicating work/life balance and burnout significantly decreased across age intervals. Nurses age 31-40 years old were most likely to indicate burnout (66.0%).

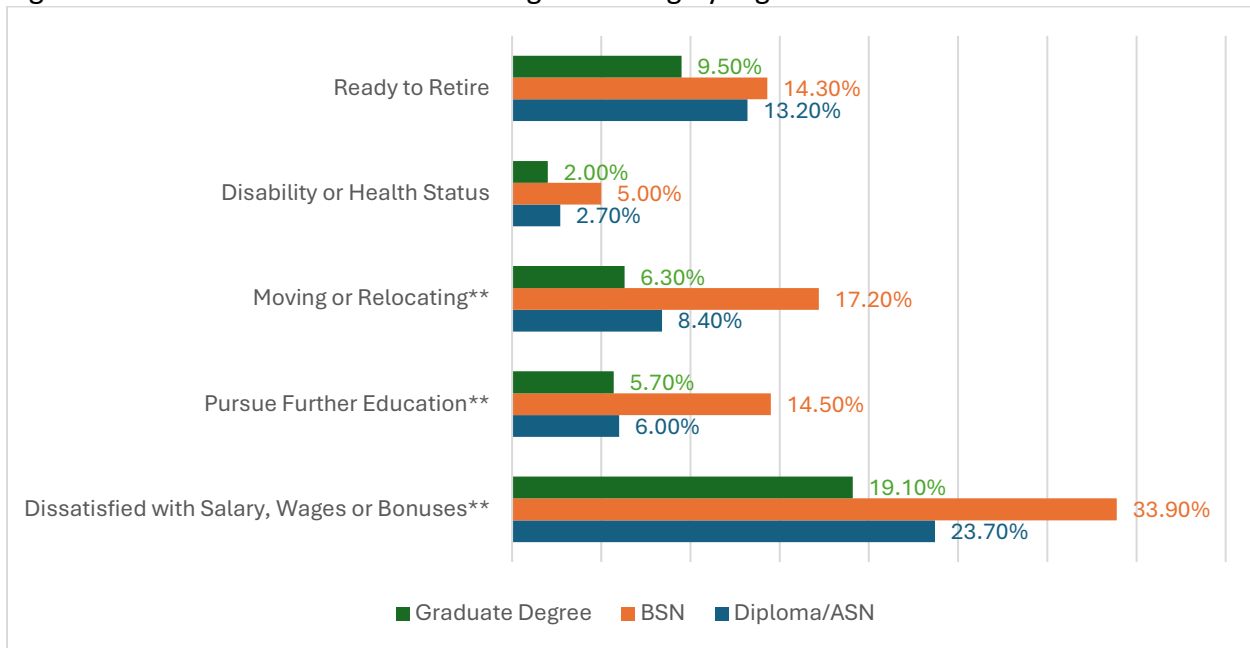
Figure 48: Burnout/Discrimination Reasons Contributing to Leaving by Age Intervals



\*\* Chi-square  $p < .01$

BSN nurses were significantly more likely to indicate moving/relocating (17.20%), pursuing further education (14.50%) and dissatisfaction with salary, wages or bonuses (33.90%).

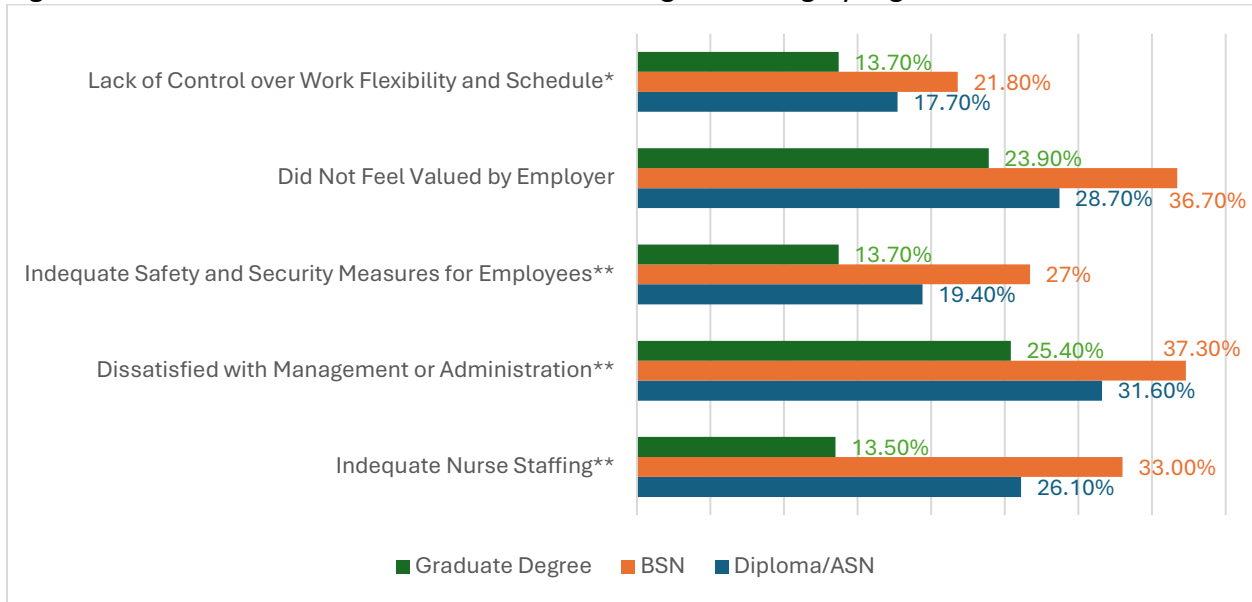
Figure 49: Personal Reasons Contributing to Leaving by Highest Education



\*\* Chi-square  $p < .01$

BSN nurses were significantly more likely to indicate a lack of control over work flexibility/schedule (21.80%), inadequate safety and security measures for employees (27%), dissatisfaction with management or administration (37.30%), and inadequate nurse staffing (33.00%) as reasons contributing to leaving their employer.

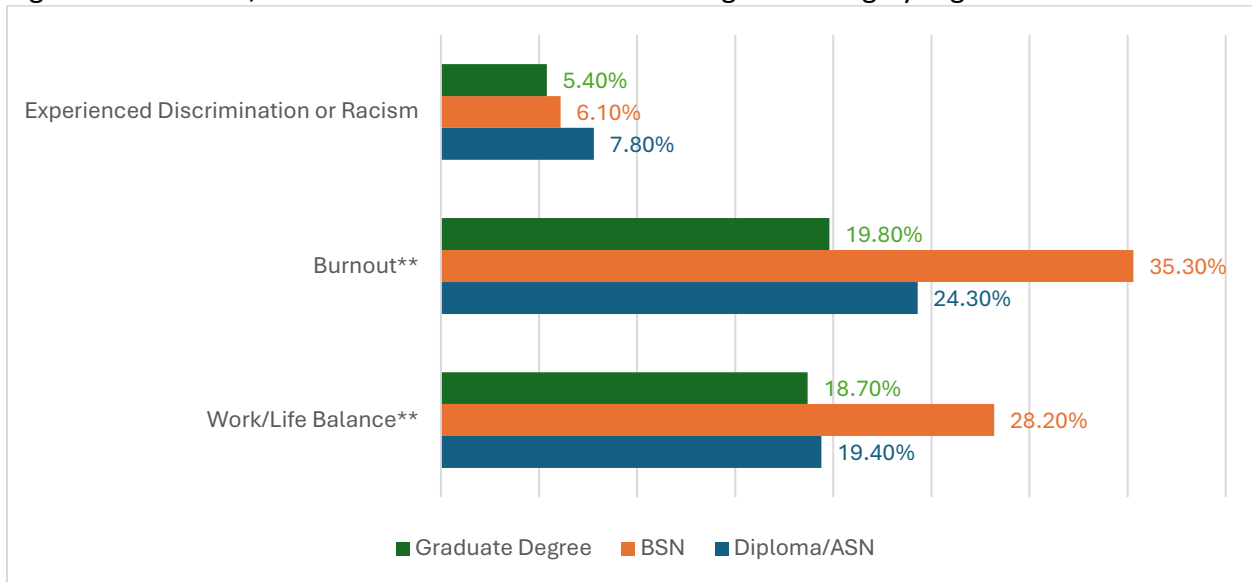
Figure 50: Work Environment Reasons Contributing to Leaving by Highest Education



\*\* Chi-square  $p < .01$  \* Chi-square  $p < .05$

BSN nurses were significantly more likely to indicate burnout (35.30%) and work/life balance (28.20%) as reasons contributing to their leaving their employer.

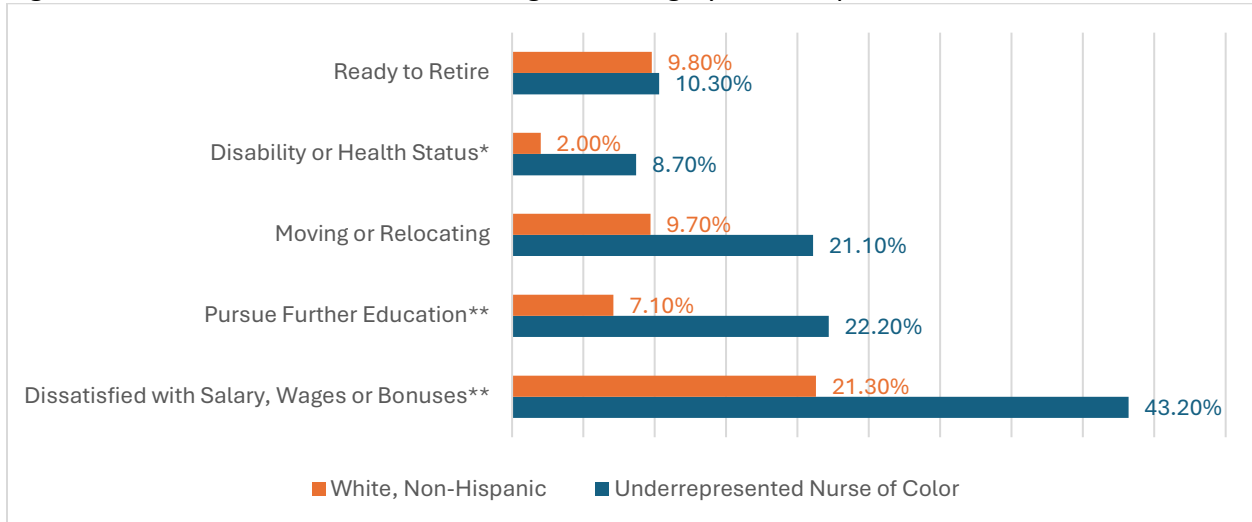
Figure 51: Burnout/Discrimination Reasons Contributing to Leaving by Highest Education



\*\* Chi-square  $p < .01$

Underrepresented Nurses of Color were significantly more likely to indicate dissatisfaction with salary, wage, or bonuses (43.20%), pursue further education (22.20%), or disability/health status (8.70%) as contributing to their reasons to leave.

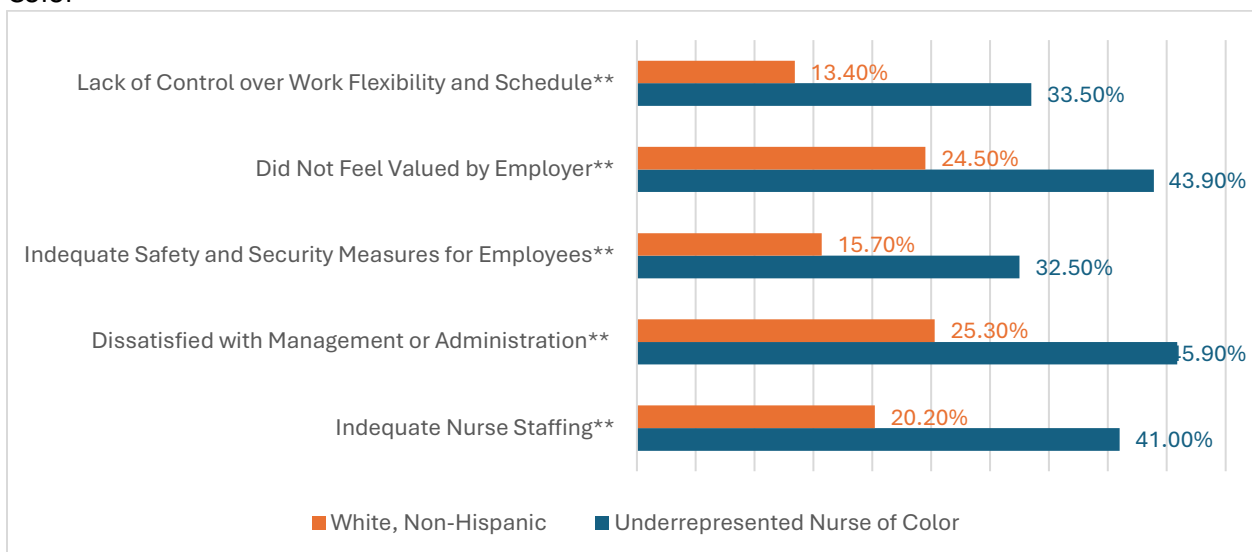
Figure 52: Personal Reasons Contributing to Leaving by Underrepresented Nurse of Color



\*\* Chi-square  $p < .01$

Underrepresented Nurses of Color were significantly more likely to indicate dissatisfaction with management or administration (45.90%), did not feel valued by their employer (43.90%), inadequate nurse staffing (41%), lack of control over work flexibility and schedule (33.50%), and inadequate safety and security measures for employees (32.50%) as reasons for leaving their employer.

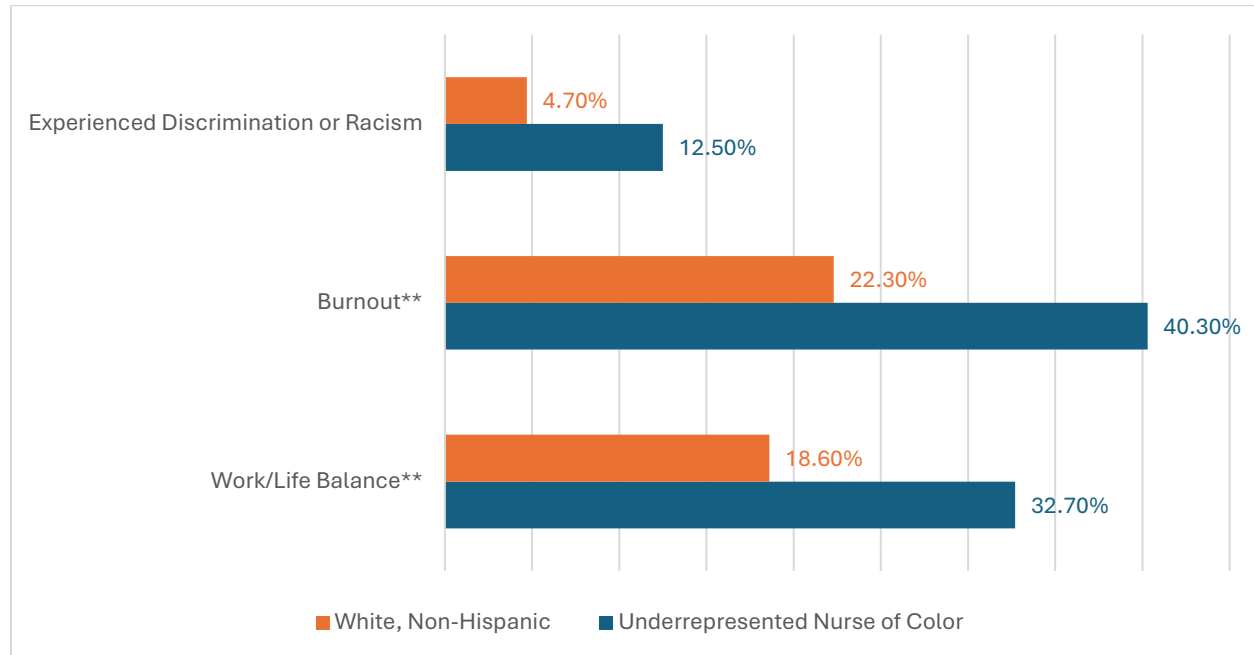
Figure 53: Work Environment Reasons Contributing to Leaving by Underrepresented Nurse of Color



\*\* Chi-square  $p < .01$

Underrepresented nurses of color were significantly more likely to indicate burnout (40.30%) and work/life balance (32.70%) as reasons for leaving their employer.

Figure 54: Burnout/Discrimination Reasons Contributing to Leaving by Underrepresented Nurse of Color



\*\* Chi-square  $p < .01$

Nurses were also asked to indicate other reasons for leaving (N=238). The top three themes and exemplar quotes are listed below.

- About one-third of the comments indicated that they are pursuing a new position, are travel nurses and will be changing contracts, have graduated and will be in a new role, moving, or other reasons. Some indicated that they want to leave their particular setting such as a hospital, nursing home, remote work, not remote work, etc. A few indicated that they are retiring.

*“Want to get out of hospital setting, tired of vaccine requirements and masking, exposure to potentially sick people to bring home illness to family with chronic health issues.”*

- Several comments indicated issues with management including a focus on productivity and nursing doing more with less, more concerned about money than patient care, and lack of adequate training and orientation.

*“Marked disconnect between the multitude of management level nurses. Too many management levels too few bedside. Too many directives without consulting nurses that actually do the work. This is prevalent throughout most hospitals. The up note here is the staff has hunkered down and works well as a team for the most part (better than many hospitals) This is in spite of, not because of, management.”*

- A few nurses indicated workplace violence, civility, or safety as concerns. This included bullying, a hostile work environment, and a lack of safety policies.

*“Administrator told me that being abused by patients is part of the job of being a nurse.”*

*“Crime and inflation have risen rapidly in the area in the past 3 years. This is impacting patient behavior (violence) and quality of life in and out of work.”*

Additional comments of interest included:

*“Unsafe ratios!!!! I have 7 patients in med-surg. That is unacceptable. Infections, readmissions, and deaths go up when ratios are over 4 patients a nurse. Ratios correlate with nurse satisfaction directly. It is so stressful to work when you are worried about a patient getting hurt or getting sued for poor care due to bad ratios. Young nurses are leaving the bedside and even the profession due to HIGH RATIOS.”*

*“The home visiting job I do is very heavy emotion work due to the issues my clients experience. I feel burnout even with adequate self-care. I enjoy nursing but have been trying to pursue other options. Maybe starting my own nurse consulting business. The amount of charting and time spent on it is making me feel dissatisfied. Too much sitting at this job also leads to job dissatisfaction.”*

*“I’ve been there six years and we’re looking for our fifth assistant manager and fifth manager. They are constantly in meetings and unavailable. They are encouraged to work from home often. It seems like they get no support from management actually manage their area. They have no idea how to do our jobs.”*

*“Participated in 'unit-based committee' (supposed to be partnership with management), but management bowed out and wouldn't accept any of the suggestions we brought forward. I'm tired of working for an organization who won't take a proactive approach to listening to employee's needs and requests from the frontline.”*

*“I left my role as a bedside nurse/charge nurse in a PICU 3 years ago for school nursing (due to hospital burnout). Now, I have returned to the PICU per diem and really miss that work and the team that I had there. Hospital nursing is a better fit for me, but I needed 2+ years to reset my nervous system after leaving mid-pandemic. My answers would be different if I was answering about the hospital vs the school.”*

*“Nursing rewards based on your years and service, and it doesn't take into account how good of a nurse you are or how much extra work you do versus other nurses. So will I continue to do projects and committees and do things to make my work better and I am more conscientious about the care I get my patients and other nurses I get paid the same as those that just come into work and get the bare minimum done even when I work places that they try to reward this behavior, I find that it's very political and often even if I get a reward, I am*

*standing next to someone who is just friends with the boss it's very demoralizing to be someone who is a hard worker and conscientious, and to be paid the same and reward is the same as people who are just there to get a paycheck and don't really care it's time nursing starts to change the pay scale up and make it a little bit more fair about the type of work in the amount of work people do instead of just the hours they work We also have mandatory overtime on weekends where I work."*

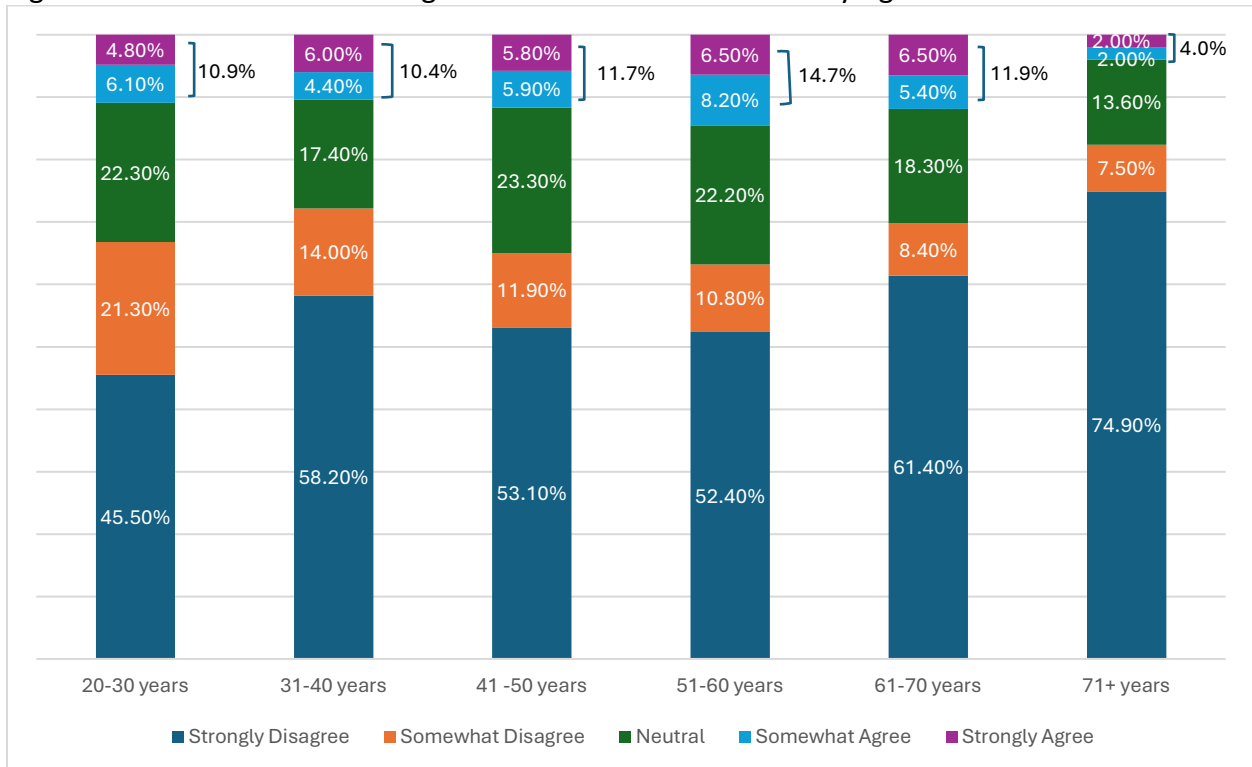
*"Workload per nurse with increased documentation and responsibilities leaving little time for true patient care. Poor support on CNA staffing having nurses do more ADL's and again little time for critical thinking and proper care. Overworking doctors which trickles down to nurses and patients. Layoffs hospital wide making nurses do more like getting supplies and restocking. This is all detrimental to patient care. Patients don't understand and demand more and become angry. It's a broken system just getting worse."*

### Plans to Leave Washington State (N=4,406)

Nurses were asked to indicate whether they agreed or disagreed with several statements about whether they plan to leave Washington State.

Nurses between 51-60 years of age were most likely to indicate that they somewhat or strongly agree that they plan to leave Washington State as soon as possible (14.7%).

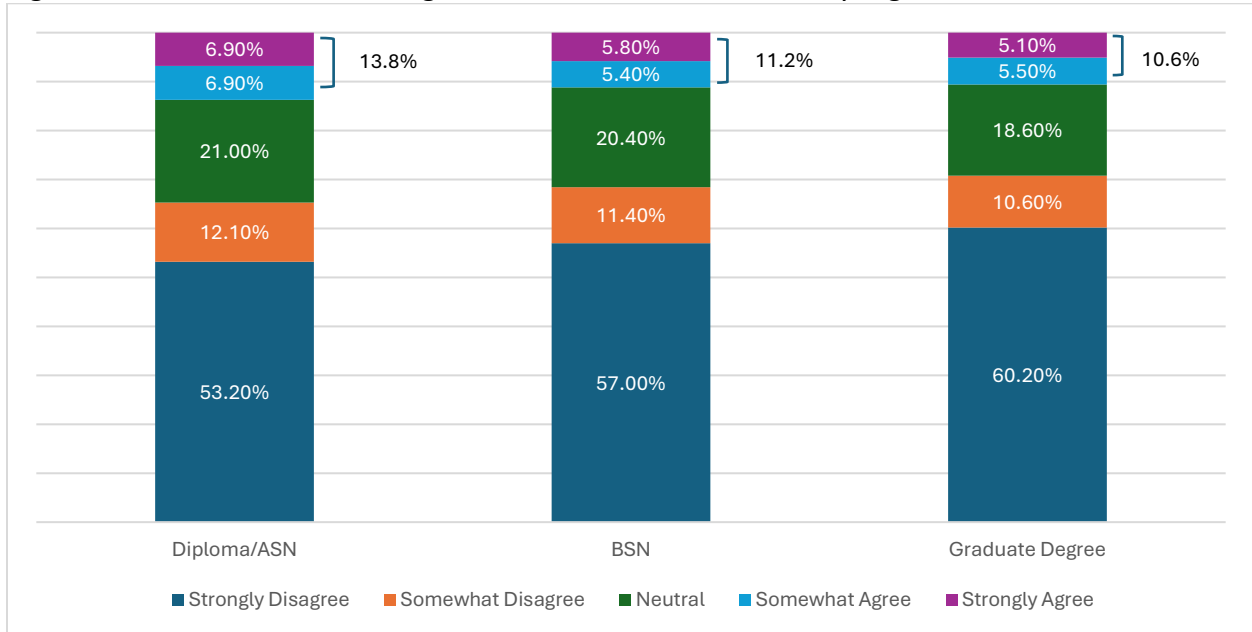
Figure 55: Plan to Leave Washington State as Soon As Possible by Age Intervals\*\*



\*\* Chi-square  $p < .01$

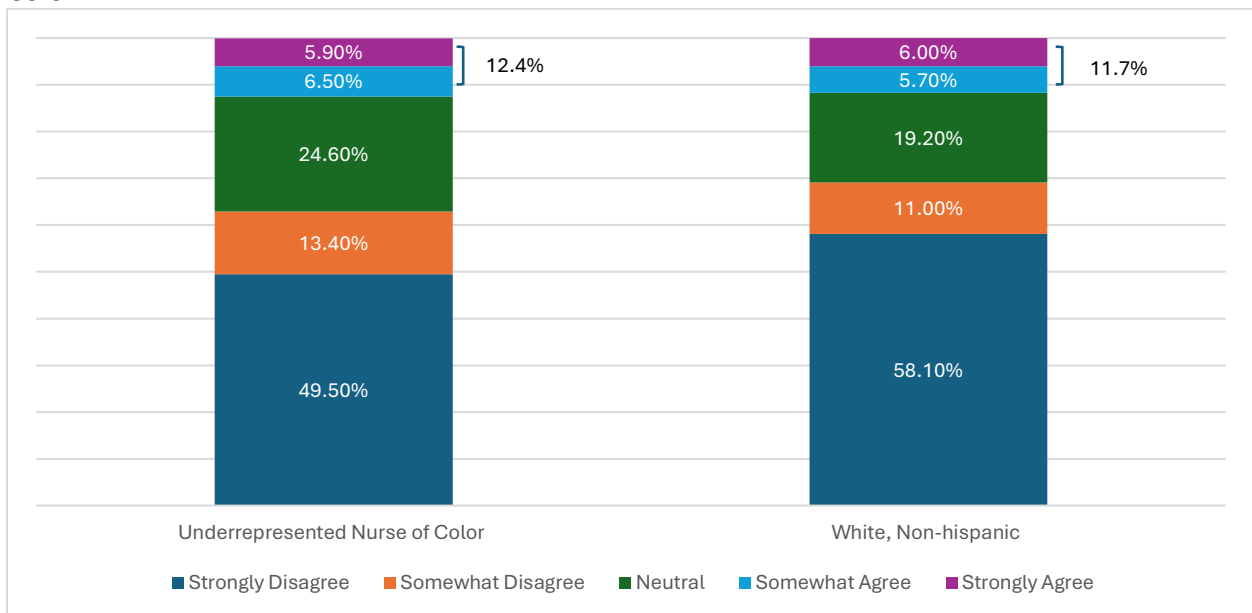
Nurses with a Diploma/ASN were slightly more likely to somewhat or strongly agree that they plan to leave Washington State as soon as possible (13.8%), as compared to nurses with a BSN (11.2%) or Graduate Degree (10.6%).

Figure 56: Plan to Leave Washington State as Soon As Possible by Highest Education



Underrepresented Nurses of Color were slightly more likely somewhat or strongly agree that they plan to leave Washington State as soon as possible (12.4%) as compared to White, non-Hispanic nurses (11.7%).

Figure 57: Plan to Leave Washington State as Soon As Possible by Underrepresented Nurse of Color



## Work System Factors

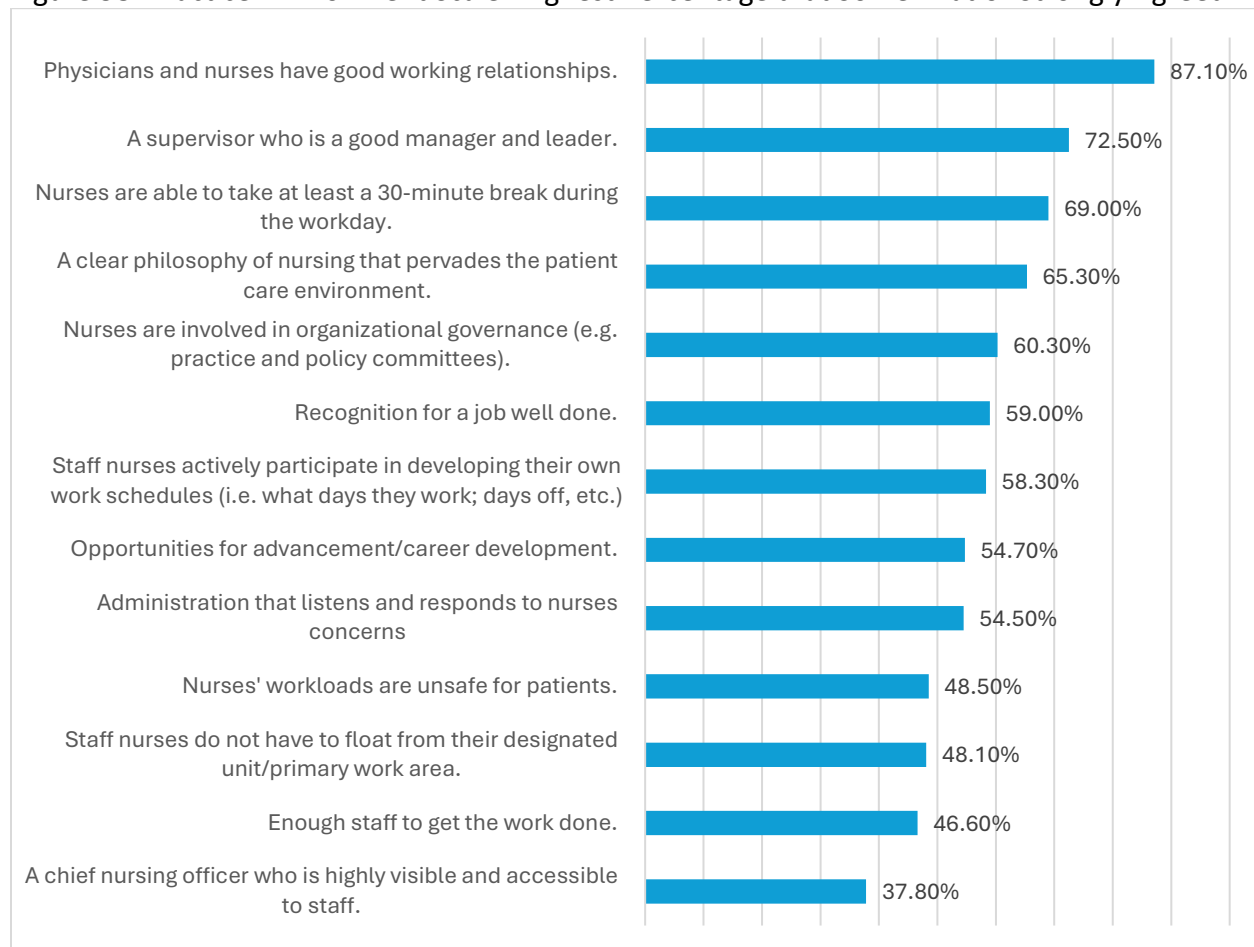
### Practice Environment Scale

(N=3,567)

Participants were asked to select questions from the Practice Environment Scale (Swiger, Patrician, Miltner, Raju, Breckenridge-Sproat, Loan, 2017; Lake, 2002:). These questions have also been incorporated into the National Quality Forum National Database of Nursing Quality Indicators (NDNQI). The questions asked participants about what they have observed in their work setting, even if it does not apply directly to them.

The highest percentage of nurses somewhat or strongly agreed that physicians and nurses have good working relationships (87.1%), followed by a supervisor who is a good manager and leader (72.50%). The lowest scoring questions were that they have enough staff to get the work done (46.6%) and that they have a chief nursing officer who is highly visible and accessible to staff (37.8%).

Figure 58: Practice Environment Scale: Highest Percentage that Somewhat or Strongly Agreed



## ARNP Practice Environment (N=402)

APNP participants also completed specific questions regarding their practice environment. ARNPs most frequently somewhat or strongly agreed that they do not have to discuss every patient care detail with a physician (92.7%), and in their organization, they freely apply all of their knowledge and skills to provide patient care (90.8%). The lowest agreement was found on administration treating ARNPs and physicians equally (47.9%), and in their organization, there is consistent communication between ARNPs and administration (58.2%).

Table 9: Practice Environment Scale: ARNP Specific Questions Percentage that Somewhat or Strongly Agree

I do not have to discuss every patient care detail with a physician.	92.7%
In my organization, I freely apply all of my knowledge and skills to provide patient care.	90.8%
Physicians in my practice setting trust my patient care decisions.	89.1%
In my practice setting, I have colleagues who I can ask for help.	88.3%
Physicians support my patient care decisions.	88.0%
In my organization, APRNs and physicians collaborate to provide patient care.	87.6%
APRNs are an integral part of the organization.	87.6%
My organization creates an environment where I can practice independently.	87.3%
In my organization, I can provide all patient care within my scope of practice.	86.8%
In my organization, physicians and APRNs practice as a team.	84.6%
I feel valued by my physician colleagues.	83.2%
My organization does not restrict my abilities within my scope of practice.	83.1%
In my practice setting, staff members have a good understanding about APRN roles.	80.4%
Physicians and APRNs have similar support for care management (e.g. assistance with vital signs, tests, patient follow-up etc.)	79.0%
In my organization, APRN role is well understood.	75.4%
Patient care assignments are made considering clinicians' workload.	73.2%
Patient care assignments are made considering efficient driving time between cases.	70.0%
Physicians may ask APRNs for advice to provide patient care.	69.4%
Administration informs APRNs about changes taking place in the organization.	69.2%
Administration is well informed of the skills and competencies of APRNs.	69.0%
Established processes for handoff to other clinicians at the end of the workday or before time off.	68.5%
I regularly get feedback about my performance.	67.3%
I feel valued by my organization.	67.1%
Physicians seek APRNs's input when providing care.	66.2%
Administration is open to APRN ideas to improve patient care.	66.0%
APRNs are represented in important committees in my organization.	62.7%
Administration shares information equally with APRNs and physicians.	61.7%
Administration makes effort to improve working conditions for APRNs.	61.6%
Administration take APRN concerns seriously.	60.8%
On days off, I do not routinely receive any type of communication e.g., calls, texts regarding patient care issues.	60.6%
There is enough ancilliary staff to support APRN patient care.	60.4%
In my organization, there is consistent communication between APRNs and administration.	58.2%
Administration treats APRNs and physicians equally.	47.9%



## Employer Retention Strategies

In a national RN study, nurses indicated that several employer changes would be extremely effective for reducing stress (AMN Healthcare, 2023). These included:

- 43% increasing mental health support
- 47% increasing time per patient
- 53% reducing the documentation burden
- 57% implementing flexible scheduling
- 61% allowing more input into decisions that impact nurses
- 63% creating a safer working environment
- 68% increasing support staff for nurses
- 70% reducing the number of patients per nurse
- 69% increasing salaries

In the same study, 26% of RNs indicated that their employer supported a culture of wellness, 24% of RNs indicated that employer-offered programs for mental health support are extremely or very effective, and only 20% indicated that they have utilized employer-offered mental health programs (AMN Healthcare, 2023).

In the Washington study, nurses were asked whether these and a number of other retention strategies have been implemented at their facility. The implementation of any of the retention strategies was indicated by less than 17% of nurses, but the highest was mental health and stress services (16.7%).

Table 10: Retention Strategies that have been Implemented at their Facility

Mental Health and Stress Services	16.70%
Improve Nurse Staffing	16.50%
Enable Breaks Without Interruption	16.40%
Not Having to Routinely Work Unscheduled Hours	15.20%
Enhance Personal Safety and Security Measures	12.00%
Opportunities to Influence Workplace Policies	11.40%
Resilience Training/Spaces and Time for Meditation	11.20%
Increase Number of Support Staff	10.70%
Reduce Bullying and Incivility among Coworker or Managers	9.30%
More Varied Options for Shift Length	7.80%
Appoint Wellness Officer(s)/create Wellness Committees	7.40%
Right to Decline Assignments Outside my Specialty	7.30%
Reduce Mandatory Rotating of Nights, Weekend and Holidays	6.00%
Spend Less Time Absorbing Responsibility of Other Departments	5.40%
Nurse Influence on Selection and Implementation of Technologies	5.40%
Reduce Time Spent on Documentation	3.60%
Reduce Emphasis on Meeting External Quality Metrics	1.70%

## Recommendations, Future Studies and Next Steps

The WCN/Washington Action Coalition joint committee recommends two next steps:

1. Utilize the National Plan for Health Workforce Well-Being (National Academy of Medicine, 2024) as the model for the development of a statewide plan through a phase two of the project.

The National Plan is an evidence-based, comprehensive plan that includes seven priority areas, goals, potential strategies, and connected resources/toolkits. The plan also includes potential strategies for many organizations, as recommended in the Future of Nursing 2020-2030 report (National Academies of Sciences, Engineering, and Medicine, 2021).

Figure 59: National Plan for Health Workforce Well-Being Priority Areas and Actors



2. Additional analysis of survey data and the development of workgroups to create a statewide strategic plan.

Additional data analysis will be conducted using the final dataset, including additional demographic variables. Multivariate data analysis will examine the interaction of individual mediating factors to help inform the development of a statewide plan. In addition, several qualitative questions, including open-ended feedback regarding reasons for staying and leaving employers and overall recommendations for Washington state, will be analyzed.

The creation of the statewide action plan will be accomplished through the development of seven workgroups related to the seven priority areas of the National Plan for Health Workforce Well-Being. Volunteers will be recruited through emails distributed by all major nursing organizations, social media, and during presentations. In addition, an item on the survey asked for volunteers to serve on a committee, which resulted in over 1,100 nurses indicating their interest. These workgroups, which are slated to start in July 2024, will:

- Determine who else needs to be at the table and recruit additional volunteers for their group.
- Learn more about the evidence, strategies, and resources for their priority area from the National Plan for Health Workforce Well-Being.
- Examine preliminary results and feedback included in this June 30<sup>th</sup> report.
- Determine additional questions/answers and data analysis from the survey.
- Collect other data sources/evidence as needed for planning.
- Gather additional strategies/resources from other state-based Centers for Nursing and other entities.
- Utilize consensus building to prioritize strategies and outline action plans.
- Finalize a statewide action plan by June 2025.

## Dissemination Plan

Initial dissemination plans for this report includes:

- This report will be uploaded to the Washington Center for Nursing website, and an infographic created describing key findings and phase two plans.
- Links to the report will be sent to the Washington Center for Nursing Board. The WCN Board includes:
  - Antwinett O. Lee, EdD, MSN-CNS, RN, Multicultural Nurses Association
  - Melissa L. Hutchinson, DNP, ARNP-CNS, CCNS, CWCN-AP, CCRN, ARNP Position
  - Steven C. Simpkins, PhD, RN, CNEWS 2-year Community/Technical College Position
  - Michelle James, MBA, MM, BSN, RN, CCRN, CENP, NWONL Position
  - Edna Cortez, RN, WSNA Position
  - Katie Eilers, MSN, BSN, RN, Public Health Association
  - David Keepnews, PhD, JD, RN, FAAN, WSNA Position
  - Jane Hopkins, RN, SEIU Position
  - Christina Nyirati, PhD, RN, CNEWS 4-year College/University Position
  - Wendy Williams-Gilbert, PhD, RN, At Large Position
  - Christina Finch, MHA, BSN, RN, CPN, NWONL Position
  - Carol Denison, LPN, LPN Position
  - Tricia Jenkins, RN, BSN, CEN, SEIU Staff Nurse Position
- In addition, the Washington State Board of Nursing, and all major nursing and healthcare organizations will receive the report to send out to their members. An invitation to participate in the next phase workgroups will also be sent with the report.
- Results and plans for the next steps were presented at the National Forum of State Nursing Workforce Centers conference in San Diego on June 17, 2024.
- A press release with key findings and next steps will be sent out in late Summer 2024.
- This report will be utilized by phase 2 workgroups in the development of a statewide plan, which will be communicated with stakeholder groups and policymakers.
- Development of a webpage on the Washington Center for Nursing website dedicated to WCN retention work, survey results, action plans, and resources developed by phase 2 workgroups.

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