



The 2024 US Nursing Workforce Report

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Like many of you, I keep a stack of journals on my bedside stand and slowly chip away at reading them over the course of several weeks. Recently, the February 2025 issue of *American Nurse* reached the top of the pile, and an intriguing article on the *2024 Nursing Trends and Salary Survey* caught my eye. Survey return was 1,228 responses made up of a total of 426 nurse managers and 802 clinical bedside nurses.

In 2023, 57% of nurse managers saw an increase in the number of open positions; this decreased to 41% in 2024. Nurse managers also reported that job turnover decreased slightly from 54% to 48% in the past year although recruitment of new nursing staff remains a challenge.

States with mandates for specific staffing ratios have created a new set of problems related to orientation, precepting, and performance expectations for newly hired registered nurses. Orientation time and precepting requirements have decreased significantly due to administrative expectations for new hires to assume their positions sooner than usual to maintain hospital compliance with state mandates. Managers suggested that they have been encouraged to turn a blind eye to substandard performance issues, discouraging them from removing or retraining poor performers,

something that had never been tolerated in previous years but is needed now to maintain staffing numbers.

Understaffing remained chief among the concerns of nurses. Similarly, recruitment was listed as a key concern, in particular within remote regions of the country; nurses were concerned about how rurality may negatively impact patient care due to limited medical resource availability. Others were concerned that their hospitals may not survive due to staffing constraints and reimbursement issues. The growing influence of non-clinician administrators in medical decision making, staffing, and other patient management considerations was identified as something that keeps nurses “up at night,” with respondents identifying that decisions made by non-clinician administrators may have significant negative consequences on the lives of patients and their family members.

Both clinical nurses and managers pointed to complex, high-intensity technology as a significant contributor complicating the hospital work environment and staffing, and leading to burnout and mental health issues. Retirements among experienced nurse mentors have challenged the development of a new generation of expert clinical nurses capable of managing complex technology



alongside other physical and psychosocial needs of patients and families. Furthermore, nurses described the rapid loss of younger nurses from the profession due to an inability to deal with work-related stress as highly troubling. A total of 17% of nurses stated they plan to retire in 2 years, with 19% planning retirement in 5 years.

Salary was cited as a barrier to nurse retention, with no movement in salaries to compensate for the increasing workload that nurses are assuming as staffing ratios increase. Fifteen percent of nurses reported earning salaries of \geq \$130,000/year, whereas the majority of nurses responding to the survey earned \leq \$69,000/year. Low academic nurse salaries were also cited as a barrier to hiring qualified faculty, and this in turn contributes to an inability to increase nursing school enrollment. Most responded that a higher salary would be a stimulus to consider a new position.

Reading these survey findings should cause each of us to reflect on our experiences within the workplace and ways that we can improve our practice culture and support each other to be the best we can be. The survey points to key elements we all should be confronting in the workplace, and top on the list is eliminating toxic workplace cultures. Gossip and passive aggressiveness contribute to toxic cultures and both are within our control to eliminate. Innovative approaches to care

were suggested, such as expanding telehealth positions to make patient care more flexible/available to patients with disabilities or those in remote locations. Additionally, widespread use of nursing ethics committees to provide improved support in complex care circumstances, and making nurse billing a reality instead of including nursing care as part of the room charge were suggested. Additionally, important wisdom was also shared, including the importance of genuine caring to make nurses' contributions highly visible, and the benefits of learning and participating in clinical research to open new career doors. Lastly, experienced nurses advocated for clinicians to learn from their mistakes while not dwelling on them, as well as not being afraid to ask questions or to ask for assistance when it is needed.

In summary, each of us must work to ensure our workplaces are healthy and supportive. Respect for self and others, commitment to life-long learning, self-care, performance reflection, and leaning on the caring tenets of nursing are essential to support our profession. When we support our profession and better our work life, ultimately our patients benefit. We spend considerably more time at work than we do with our families; making the workplace satisfying will cause each of us to give our best to those in our service, namely our stroke patients...who deserve nothing less.

References

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