

A PRESS GANEY SIGNATURE REPORT

State of Nursing 2026

As nursing practice advances from stabilization to longer-term sustainability, leaders must shift from short-term recovery to intentionally designing environments where nurses and APPs can thrive.

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Dear colleagues,

For the past several years, nursing has carried the weight of unprecedented disruption. What we're seeing in the data now is a meaningful shift from crisis to a period of recovery. The progress is promising—and a reason for celebration—but it's not evenly felt, and it's not yet secure.

In our "**State of Nursing 2026**" report, we take a clear-eyed look at where the workforce stands today. We see encouraging gains in engagement and resilience. We also see persistent variation—across roles, generations, and care environments—reminding us recovery is not a single moment, but a system-level transition.

What's becoming increasingly clear is this: Nursing's next chapter won't be defined by how we respond to crisis, but by how intentionally we design for future sustainability.

That means creating practice environments where nurses and advanced practice providers can consistently do their best work. Where safety is foundational, and zero harm our North Star. Where leaders are visible and responsive. Where feedback leads to action, and those actions are communicated. And where the conditions of work—staffing, workflow, teamwork, and culture—are aligned with the realities of providing care today.

We know outcomes don't improve in isolation. Experience, safety, and quality are interdependent, shaped by social capital—the strength of trust, relationships, teamwork and alignment to values. When those elements are strong, teams are more resilient and engaged, and the quality of care improves.

This report is designed to help leaders act on that understanding. It highlights where turnover risk is concentrated, what drives engagement for different roles, and where targeted intervention can make the greatest impact. More importantly, it outlines practical, data-informed actions to help you move from recovery to durability over the long term.

Because the goal for 2026 isn't just to stabilize the workforce. It's to build environments and create conditions where people want to stay, are given the space to grow, and feel empowered to provide the highest-quality care, for every patient, every time, no matter what.

With gratitude,



Jeff Doucette

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Press Ganey

Executive summary

2026 began with positive signals from the nursing workforce on progress in key factors that enable their engagement, resilience, and, ultimately, their ability to provide safe, high-quality care. An analysis of engagement and safety culture survey responses from more than 422,000 registered nurses and 41,000 advanced practice providers during 2025 indicates that the nursing workforce has shifted from crisis and stabilization modes to the early stages of recovery.

While this positive momentum is evident across all respondents nationally, degrees of progress vary by role, generation, and tenure—highlighting opportunities for targeted interventions to drive additional gains. Press Ganey’s “**State of Nursing 2026**” report examines new data on the nursing experience—revealing what drives retention, where turnover risk is concentrated, and which cohorts need the most support. It also outlines practical actions leaders can take to create environments where nurses can practice to the full scope of their role and grow professionally.

Key insights: Nursing trends and opportunities for 2026

Turnover remains one of the most expensive—yet preventable—risks. But turnover isn’t evenly distributed: Among all roles, turnover rates are highest among those categorized under “nursing – other” (23%), a rate similar to the previous year (24%). (For RNs, comparatively, it sits at 17%, a turnover rate that has remained unchanged since the previous year.) Turnover is also concentrated among early-career RNs: 22% for Gen Z employees, closely followed by 21% for millennials. These are roles where onboarding, support, and connection are critical. Signals of risk often appear months before resignation, through disengagement, silence, and declining trust. This makes turnover less a sudden event and more a predictable outcome of conditions—the risk of which can be mitigated through earlier, more targeted intervention.

Engagement and decompression needs aren’t uniform. Advanced practice providers (APPs), early-career nurses, and night-shift teams experience the work differently—shaped by role clarity, workload, access to leadership, and opportunities for connection. These groups face distinct pressures, ranging from administrative burden and limited participation in governance to isolation and insufficient recovery time. One-size-fits-all strategies fall short; sustaining progress requires more precise, role- and context-specific approaches to work design and support.

Resilience is improving, but it still lags behind the demands of the work. Burnout and workload strain remain widespread, with 25% of RNs reporting difficulty disconnecting from work during off hours. Those in direct care roles report significantly lower scores on questions related to access to the tools and resources they need—highlighting a critical disconnect between those delivering care and the systems meant to support them. However, year over year, resilience trends are on the upswing: “Nursing – other” has risen +0.03; RNs, +0.07; and APPs, +0.08.

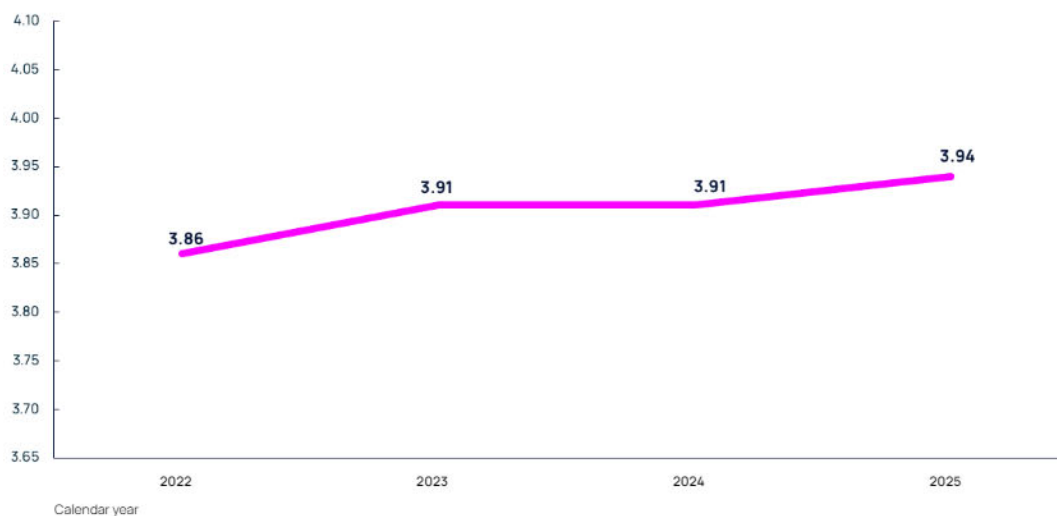
Organizations that are successfully sustaining improvement share a common foundation. They treat safety—both physical and psychological—as a baseline condition. They intentionally design work to reduce friction and enable decompression. They activate professional governance to translate engagement into shared ownership and action. And they ensure leadership is visible, accessible, and responsive—reinforcing trust through consistent follow-through. Together, these elements build the social capital—i.e., trust, relationships, and shared norms—that enables teams to perform reliably and sustain progress over time.

The opportunity for 2026 is to convert early recovery into lasting durability. This requires an operating shift from stabilization to deliberate system design—embedding the conditions that support performance, retention, and well-being into everyday operations. Nursing leadership will be central to this transition. The organizations that excel will be those that move beyond managing workforce challenges and instead design environments where nurses and APPs can consistently thrive, grow, and deliver high-quality care.

Workforce outlook: From crisis response to early-stage recovery

The nursing and APP workforce has entered a period of measurable recovery, following several years of sustained disruption, overload, and loss. Engagement is on the upswing. This rebound signals that those on the front lines are beginning to experience some relief from the acute crisis phase, and that investments made during the last two years are starting to register.

Registered nurse engagement is trending upward



However, recovery is uneven across roles, units, and experience levels. While some show gains in engagement, stability, and confidence, others are progressing more slowly or have stalled entirely. A widening variability across specialties, tenure, and generations have created pockets of strength alongside areas of persistent vulnerability.

One of the most pronounced gaps is between the day- and night-shift RN experience. Across most dimensions, night-shift nurses report significantly lower experiences, with the largest disparities in “safety culture prevention and reporting” and “pride and reputation”—pointing to distinct challenges in psychological safety and confidence in follow-through.

RN dimensions by shift



How engagement should be understood now

Engagement provides early visibility into:

- **Turnover risk**, often surfacing months before resignations occur
- **Patient safety and reliability**, through its connection to workload, communication, and teamwork
- **Patient experience**, particularly evident in trust, responsiveness, and compassion measures

When scores and performance trends vary across cohorts, a one-size-fits-all approach won't work. That's where engagement scores and key driver analysis become powerful diagnostic tools. Rising scores point to strengthening system performance, while plateaus or declines signal underlying strain—even when outcome metrics remain stable.

Better nurse experiences, better patient outcomes

Hospitals that excel in workforce experience consistently outperform in patient experience. Organizations with RN engagement in the top quartile are more than 4x as likely to achieve top-quartile scores on the “Rate Hospital 0–10.” The relationship is even stronger for safety culture: Hospitals in the top quartile for RN perceptions of safety are nearly 6x more likely to reach top-quartile patient experience scores for “Rate Hospital 0–10.” These findings reinforce the understanding that nurses’ working conditions—including their levels of engagement and perceptions of safety—are directly reflected in the patient experience.

However, upward trends offer momentum for additional gains, not immunity from potential backsliding. Improvements achieved through temporary staffing support, crisis incentives, or short-term relief measures will not endure unless they are converted into durable changes in work design, leadership support, and professional influence.

In this phase:

- Gains will accelerate if leaders respond early, consistently, and precisely
- Gains will reverse quickly if variability is ignored and/or pressure returns without structural reinforcement

Key implication for nurse leaders

With recovery well underway, leaders’ next actions—how they interpret engagement signals, where they invest, and how early they intervene—will determine whether progress is sustained or slips back into instability.

Now is the time to move from crisis mitigation to system building:

- Segment engagement data to identify variation across roles, units, tenure, and shifts—and target interventions where risk is concentrated
- Act on key drivers and signals—like safety, silence, and sense of belonging—before they translate into adverse outcomes, like turnover and harm
- Build durable conditions for engagement by strengthening staffing reliability, leadership visibility, and professional governance

Engagement and retention by role: A closer look at nurses and APPs

Registered nurses and APPs share common foundations for engagement, and their drivers reflect distinct role expectations, workload realities, leadership structures, and influence. Understanding these differences is essential to target interventions that hardwire improvements into sustained performance.

For both groups, safety culture is the dominant driver, accounting for seven of the top 10 engagement items. Organizational support and well-being also play a meaningful role, contributing three of the top 10 drivers for RNs and two for APPs. However, APP engagement is further differentiated by confidence in senior leadership, which emerges as an additional key driver—highlighting the importance of alignment, visibility, and trust at the executive level.

Registered nurses (RNs)

RN engagement remains closely tied to core conditions of the practice environment, particularly those that shape day-to-day reliability, psychological safety, and relational connection. These conditions form the micro-level social capital that enables nurses to function effectively within teams.

RN engagement is strongest when nurses:

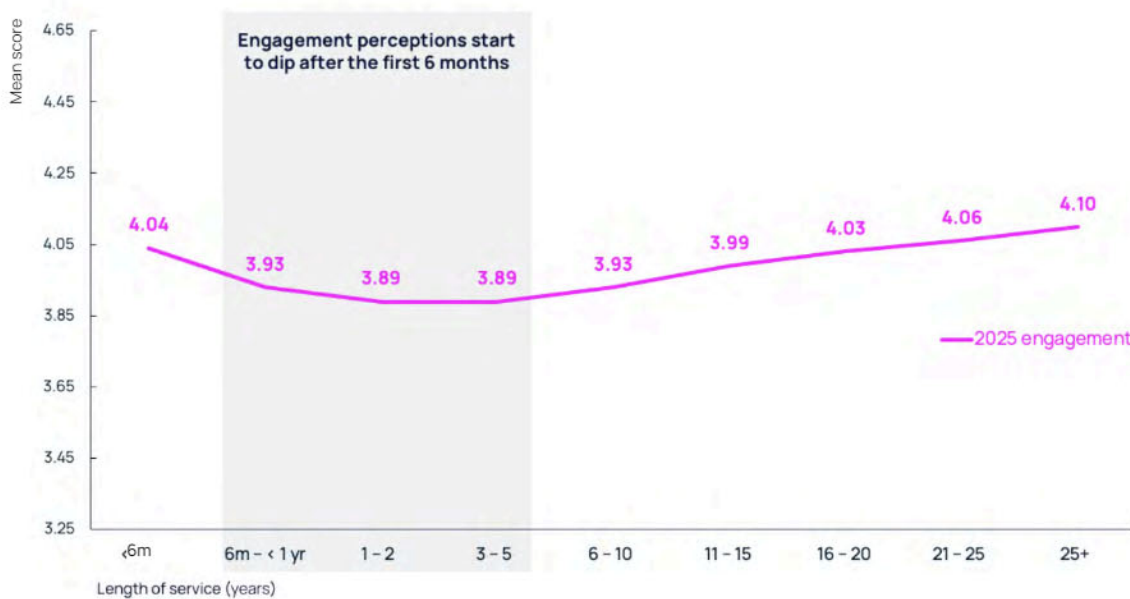
- **Feel physically and psychologically safe**, supported by staffing stability, and respectful communication, as well as when there's a visible leader presence that reinforces trust and approachability
- **Have manageable workloads**, with staffing models that let them practice at full scope and sustain reciprocal support within teams
- **Trust leaders to act on feedback**, which reinforces credibility and accountability through consistent follow-through rather than survey-only listening

Early-career nurses are disproportionately at risk, reflecting heightened vulnerability during periods of professional socialization and social capital formation.

Engagement declines quickly after the first six months of tenure—dropping from 4.04 in the first six months to 3.93 at six to under 12 months, and reaching its lowest levels between 1–2 years (3.89) and 3–5 years (3.90) before recovering later in a nurse’s tenure. This reflects a critical window to strengthen early-tenure experience through:

- **Robust onboarding and intentional social integration** to help new nurses build trust, relationships, and a sense of belonging more quickly.
- **Consistent access to coaching and mentorship** to form social capital early and guide them along their professional journey.
- **Balanced workload and visible support** to reinforce confidence and help nurses build the resilience needed to succeed early in their careers.

RN engagement by length of service



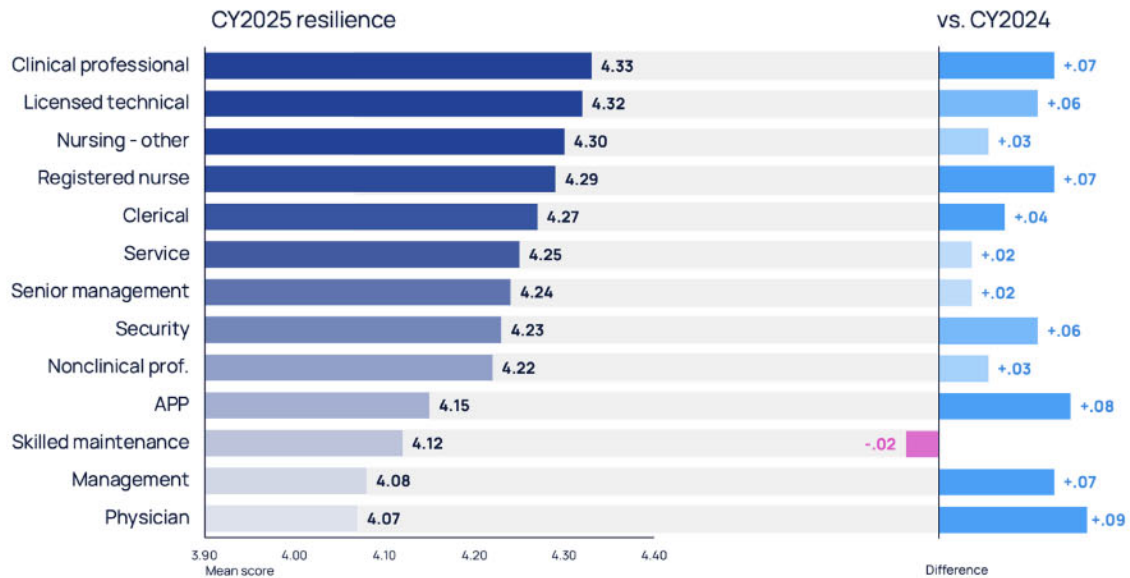
For RNs, engagement is less about abstract notions of culture, and more about systems reliability reinforced through visible, relationship-based leadership. Units that invest in psychological safety, role clarity, and authentic feedback loops build stronger social capital, retaining nurses longer, particularly during early tenure when relational assets are most fragile and formative.

Advanced practice providers (APPs)

While APP engagement patterns mirror those of physicians in terms of increases and decreases, they consistently show the lowest levels of engagement year over year. This stems from distinct stressors tied to role clarity, leadership alignment, and social capital. Despite recent improvements, this gap remains a clear call to action for targeted investment in the APP workforce.

APP engagement is also highly sensitive to conditions that limit recovery and prevent meaningful connection within their work environment. As clinical and administrative demands accumulate faster than relational replenishment, insufficient time to decompress can quickly erode resilience and engagement. Notably, APPs rank as the third lowest-scoring role for decompression, despite showing the largest year-over-year improvement—highlighting both progress and ongoing strain. At the same time, limited participation in governance and shared decision-making constrains their ability to build macro-level social capital and develop a sense of professional ownership.

Resilience by role



Driving APP engagement requires focused attention to the conditions that shape their daily work and professional contribution. This includes strengthening role clarity and scope optimization so APPs can practice at the full extent of their preparation and privileges—reinforcing trust, credibility, and professional identity.

Reducing administrative burden, particularly documentation, scheduling, and nonclinical tasks, is essential to preserving capacity for meaningful clinical and relational engagement. Equally important is alignment between medical and nursing leadership, which minimizes fragmented direction and fosters a shared sense of purpose across governance structures. Together, these factors create a more coherent, supported environment in which APPs can fully contribute and remain engaged.

Without visible leadership pathways and structured participation, APPs may feel clinically essential but organizationally peripheral—present in care delivery yet disconnected from the relational networks that confer influence, voice, and long-term engagement.

Evidence in action: McSweeney et al. (2026)

Impact of APRN leadership on engagement

A large pediatric academic health system implemented a **formal APRN leadership model** beginning in 2021 to address declining engagement and support a rapidly expanding APP workforce. Using Press Ganey engagement data (2020, 2021, 2023) and qualitative interviews (2025), the study demonstrated that **structure, proximity, and voice matter**.

A. Key components of the leadership model included:

- **Clear reporting structure:** APRNs report to lead APRNs → APRN directors → senior APRN director.
- **Clinical + administrative leadership:** APP leaders maintain clinical practice, sustaining credibility and front-line relevance.
- **Dyad alignment:** The senior APRN director reports through both nursing and physician executive leadership, reinforcing interprofessional partnership.
- **Structured participation in professional governance:** APPs engage in councils spanning practice, quality, safety, research, DEI, informatics, and professional development.

B. What improved:

- Intent to stay ("I would like to be working at this organization three years from now") increased significantly post implementation.
- Job satisfaction rebounded.
- Engagement improved most in domains influenced by local leadership visibility and authority.

C. Qualitative themes reinforced the quantitative findings:

- **Empowerment:** APPs got a "seat at the table."
- **Psychological safety:** Strong leader relationships enabled openness and trust.
- **Professional governance:** Engagement rose when APPs could shape professional practice.
- **Job satisfaction:** Leader advocacy and representation mattered as much as workload.

D. APP engagement improves fastest where leadership is formalized, proximate, and empowered. The greatest gains are seen in environments where:

- **Professional leadership models are explicitly designed,** not layered onto physician frameworks.
- **APP councils have real scope and visibility,** linking front-line practice to executive decision making.
- **Leadership reporting structures reinforce partnership,** not hierarchy or marginalization.

Decompression is the next frontier of workforce sustainability

Decompression has emerged as a critical, yet often overlooked, driver of workforce sustainability. However, 25% of RNs and 37% of APPs still report difficulty disconnecting from work, as chronic cognitive load, after-hours EHR demands, and ongoing staffing pressures erode their ability to recover. This is not simply a well-being concern or wellness “add-on”: It is an operational risk. That is, when their ability to decompress is compromised, performance, safety, and retention are all affected.

Addressing this challenge requires a shift in approach. The highest-impact solutions are structural and team-based—reducing day-to-day friction, improving workflow reliability, and embedding practices that allow work to end cleanly. In contrast, standalone resilience training, while valuable, cannot compensate for unsustainable work conditions. Sustainable decompression—and, by extension, a stable workforce—depends on systems intentionally designed to support it.

Reducing day-to-day friction

Operational friction significantly undermines clinicians' ability to decompress during a shift. When staffing is unreliable, nurses are forced into a state of constant reprioritization, increasing the risk of missed care and compounding cognitive strain. Documentation burden and poor workflow design—especially unnecessary or duplicative EHR tasks—further extends their day-to-day demands, while frequent interruptions and workarounds elevate cognitive load and make shifts feel longer and less manageable.

Taken together, these factors determine whether or not nurses conclude their shifts with loose ends or tasks left undone, which can add to their already heavy mental load and prevent them from decompressing.

Team-based decompression

Decompression huddles are a practical, evidence-informed strategy:

- Shift-based huddles and debriefs help teams prioritize remaining work, close loops, and prevent carryover stress
- Peer support embedded in daily workflows reinforces respect, recognition, and shared accountability

These brief, routine practices improve decompression while simultaneously strengthening collaboration and trust, two known drivers of engagement.

Structural vs. individualized approaches:

- Work redesign outperforms resilience training alone
- Individual coping strategies cannot compensate for unsurvivable work conditions
- Sustainable decompression requires systems that allow work to end cleanly

Organizations that focus exclusively on self-care workshops risk misdiagnosing a design problem as a personal deficit.

Nurse leader actions

Shift the question from “are nurses resilient?” to “is the work survivable?” Decompression must be treated as a design requirement of clinical operations, not an optional benefit. Nurse leaders play a critical role in:

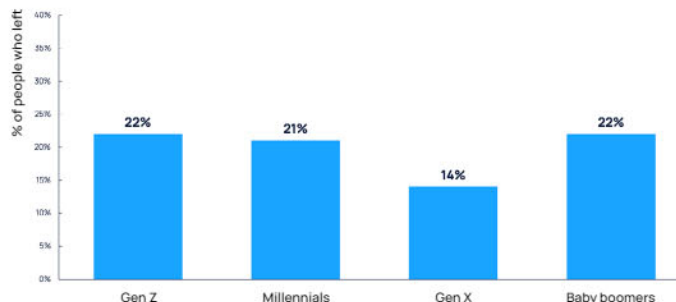
- Eliminating persistent friction
- Normalizing end-of-shift closure
- Ensuring workloads align with human recovery capacity

When decompression is structurally supported, resilience becomes sustainable—and workforce stability follows.

Different generations, different needs, same expectations of leadership

The nursing workforce is increasingly shaped by generational diversity, with distinct needs emerging across career stages. Gen Z experiences the highest rates of turnover (22%), with millennials closely behind (21%). This often occurs within the first year of practice, when support and integration are particularly important.

RN turnover rates by generation



Gen Z RNs place a premium on career development, coaching, feedback, feeling a sense of purpose, and having a voice in their work. Millennials, on the other hand, prioritize flexibility, work-life balance, and transparency from leadership, reflecting a desire for greater control and clarity in how work fits into their lives. While more stable overall, Gen X is particularly sensitive to manager effectiveness and workload sustainability—factors that directly influence their decision to stay.

It's important to note that baby boomers are exiting the workforce in growing numbers too (22%)—an exodus primarily due to retirement. More than dwindling headcount, their departure creates gaps in institutional knowledge, clinical judgment, and the formal and informal mentorship that has long supported team cohesion and new nurse onboarding. Without intentional strategies to preserve this expertise and transfer knowledge, organizations risk losing critical capabilities that underpin both care quality and workforce stability.

These dynamics make clear that one-size-fits-all retention strategies aren't sufficient. In particular, early-career experiences play an outsized role in shaping long-term engagement and retention, requiring more deliberate investment in onboarding, development, and support.

Despite these differences, one theme holds across generations: the importance of effective, relationship-based leadership. Nurses at every stage of their career respond to leaders who are visible, responsive, respectful, and communicative—and who consistently follow through on feedback. In a workforce defined by diversity of experience, leadership remains the unifying factor that shapes trust, engagement, and the decision to stay.

Where turnover risk is concentrated

Turnover patterns aren't evenly distributed across the nursing workforce. They cluster in predictable, high-risk segments where social integration, leadership connection, and structural support are most important.

The highest-risk populations are:

- **Nurses in their first year**, when weak social integration and limited relational support are most consequential
- **Gen Z nurses**, who place high value on psychological safety, inclusion, and visible leader connection
- **Nursing support roles**, where voice, role clarity, and reciprocity are often least embedded

Evidence from national unit-level analyses indicates that turnover risk is most consistently associated with specific aspects of the nursing work environment—particularly perceived staffing adequacy and front-line leadership support.*

* Losty, Pascale, & Warshawsky, 2026

Perceived staffing and resource adequacy is the strongest work-environment factor associated with nurse retention. Higher perceptions of staffing adequacy correlate with stronger intent to stay and greater job enjoyment, signaling lower turnover risk.

Perceived nurse manager leadership and support is the next most influential factor. Strong leadership perceptions are associated with higher intent to stay and job enjoyment, reinforcing retention conditions.

Together, these findings underscore how perceptions of staffing reliability and leadership support function as primary drivers of turnover risk within the work environment. Attention to the structural conditions that shape these perceptions is essential for identifying where retention efforts are most likely to stall.

Structural conditions that amplify turnover risk

Excessive nurse manager span of control represents a concentrated—and preventable—risk for nurse retention and unit performance.*

- Larger teams and higher nurse manager (NM)-to-full time equivalent (FTE) or NM-to-bed ratios reduce managers' capacity to build relationships, provide coaching, and support social integration.
- Higher NM-to-FTE and NM-to-bed ratios are significantly associated with increased RN turnover, concentrating risk at the unit level.
- Patient safety outcomes are also sensitive to span of control, with higher fall rates observed on units with higher 24-hour patient census and higher NM-to-bed ratios.

More manageable spans of control create protective conditions that support retention and engagement. Smaller spans enable stronger interpersonal connection, higher trust, and greater social capital—critical factors for retention.

Reducing span of control lets nurse managers invest more effectively in professional governance, staff development, and early-career support. In turn, this strengthens the conditions needed to sustain retention and workforce stability.

* Warshawsky et al., 2026

What's driving preventable turnover

Many factors driving turnover are both identifiable and preventable, rooted in gaps in support, connection, and growth:

- Career stagnation without visible pathways or relational sponsorship
- Work-life imbalance, particularly when leaders lack the capacity to support flexibility
- Quality of relationship with immediate leaders (a primary determinant of trust, engagement, and intent to stay)
- Weak onboarding and social integration, which limits early-career nurses' ability to build networks, belonging, and shared purpose

Silence signals eroding social capital

Often, it's not what nurses *are* telling you that reflects the health of the environment—it's what they're *not*. RN survey nonrespondents are 2x more likely to leave an organization than respondents (29% vs. 14%, respectively). Their silence represents disengagement, low trust, and a perceived lack of influence—not indifference or neutrality. Intent to stay compresses faster than leaders expect, especially in environments with delicate or strained leader-staff relationships. This underscores the need for earlier, nurse-informed actions rather than reliance on lagging indicators such as turnover rates.



RN survey nonrespondents are 2x more likely to leave an organization than respondents.

Nurse leader focus

To sustain progress and reduce preventable turnover, nurse leaders must act early, target precisely, and focus on the conditions where risk is most concentrated.

- **Segment turnover and engagement data** by role, tenure, generation, unit size, and manager span of control.
- **Use span of control as a lever for retention**, recognizing that manageable workloads enable leaders to invest in the relational work that builds social capital.
- **Intervene earlier**—when silence, disengagement, or onboarding gaps signal erosion of trust—before intent to stay collapses into turnover.

Professional governance: Turning engagement into ownership through social capital

Healthcare organizations have made meaningful gains in measuring engagement. The next challenge is converting that engagement into sustained ownership—where nurses and advanced practice providers (APPs) are not only heard, but actively shape the environments in which they work.

Engagement improves most rapidly in environments where nurses and APPs experience clear, credible pathways to influence. This occurs when they have real authority over practice and work design, reinforcing trust and strengthening professional voice, then see leadership act on their recommendations, converting participation into reciprocity and credibility.

How governance builds social capital

Governance translates engagement into action by embedding relational dynamics into how decisions are made and work is designed. It shifts leadership from positional authority to relational influence, enabling nurses and APPs to participate meaningfully in shaping care delivery. Through governance structures, connection becomes coordinated action that links front-line insight with organizational priorities.

Governance also creates psychologically safe environments where individuals can surface concerns, test ideas, and contribute across roles, tenures, and generations. These forums normalize voice and reduce the interpersonal risk associated with speaking up.

Over time, governance strengthens the norms that underpin high-performing teams: trust, reciprocity, and shared understanding. These elements of social capital accelerate collaboration, deepen engagement, and improve follow-through, ensuring that ideas translate into sustained change rather than isolated efforts.

Leadership, collaboration, and social capital

The impact of governance is most visible in how leadership converts into outcomes.

National data shows that stronger nurse manager leadership is associated with stronger collaborative RN relationships, characterized by trust, shared accountability, and effective communication.* These relationships represent the operational form of social capital at the unit level.

Importantly, collaboration isn't just a byproduct of leadership, but the mechanism through which leadership drives results. When collaboration is accounted for, the direct effect of leadership on patient falls diminishes. This indicates that teamwork—not leadership presence alone—translates leadership influence into safer care.

Professional governance is designed to strengthen this relational pathway. By reinforcing collaboration, reciprocity, and shared ownership, governance builds the social capital embodied in collaborative RN relationships. It is through these relationships that leadership influence is sustained and reflected in nurse-sensitive outcomes.

What nurse-sensitive indicators reveal about care delivery

As professional governance strengthens engagement, collaboration, and accountability, nurse-sensitive indicators (NSIs) provide a complementary lens into how reliably care is delivered in daily practice.

NSIs capture observable patterns in care delivery across units and shifts, offering a view of how foundational nursing care is executed. Because these outcomes are so closely tied to staffing continuity, communication reliability, and the conditions that support the consistent delivery of high-quality care, they serve as reference points within governance discussions about practice and work design.

Trends from the National Database of Nursing Quality Indicators® (NDNQI®) for adult critical care and medical-surgical units from 2019 to 2025 illustrate this dynamic:

- **Fall rates** increased from 2.16 in 2019 to 2.34 in 2020, then gradually declined to 2.02 by 2025
- **Hospital-acquired pressure injuries (HAPI) prevalence** rose from 2.55 in 2019 to a peak of 3.47 in 2021, followed by a decline to 2.42 by 2025

*Welch et al, 2026

- **Catheter-associated urinary tract infections (CAUTI) rates** remained stable between 0.95 and 0.97 through 2022, then decreased steadily to 0.72 by 2025
- **Central line-associated bloodstream infection (CLABSI) rates** increased from 0.68 in 2019 to 0.89 in 2021, then declined to 0.60 by 2025

These trends reflect the disruption of the 2020–2021 period, followed by steady improvement through the present. More importantly, they provide context for governance conversations focused on care consistency, workload, and practice standards.

NSIs shouldn't be viewed as isolated performance targets. Instead, they function as practice-level signals, revealing how reliably care is delivered across teams and environments.

Performance patterns often align with factors frequently addressed through governance forums, including workload predictability, team stability, and clarity of expectations. When considered alongside engagement and governance participation, NSIs help nurse leaders and councils assess whether care delivery processes are stable, consistent, and sustainable.

4 characteristics of high-impact governance structures

Not all governance models deliver the same impact. High-performing structures share several defining characteristics:

1. **Clear scope and decision authority**, signaling respect for professional judgment and reducing ambiguity.
2. **Alignment with strategic priorities**—such as professional development, safety, and quality—ensuring that relational investments drive meaningful organizational outcomes.
3. **Broad representation across roles, shifts, and generations**, leveraging diverse perspectives as a source of strength.
4. **Visible feedback loops**, demonstrating how input leads to action and outcomes, reinforcing trust and sustaining participation over time.

Professional governance marks a fundamental shift in how organizations translate engagement data into action. Rather than treating surveys as a retrospective view of workforce sentiment, leading organizations use them as a starting point for shared decision-making—enabling nurses and APPs to co-design solutions that build ownership, accountability, and social capital.

This evolution moves engagement beyond measurement toward meaningful participation, transforming it into a system of shared ownership in which the workforce not only informs change, but actively shapes the future of care delivery.

What nurse leaders can do in 2026: Data-informed, nurse-led actions

The nursing workforce is no longer in free fall. Recent gains in engagement will only hold if work is intentionally redesigned, nurses and APPs are given greater voice and ownership, and decompression, safety, and trust are embedded into daily operations.

Make decompression a leadership metric. Systematically track workload strain, recovery time, and after-hours obligations, then use those insights to address friction at the system level, not just the individual level. [New tools and listening solutions](#) help you quantify these pressures in real time and take targeted action to improve the day-to-day experience of care teams.

Segment engagement and turnover data. Move beyond enterprise-level averages by segmenting engagement and turnover data by unit, role, generation, and tenure to better understand where risk is concentrated. These insights can help leaders more precisely [target interventions](#)—particularly for early-career and high-risk groups—and improve retention.

Strengthen professional governance as both an infrastructure asset and strategic imperative. Align councils to core priorities (like workforce stability, onboarding effectiveness, and reliability). Empower councils with real decision-making authority to co-design solutions, [building social capital](#), fortifying relationships, and creating shared ownership for outcomes.

Invest in early-tenure employees and intentionally architect their experience. Strengthen manager capability and effectiveness, supporting peer integration, and creating clear, actionable career pathways for nurses and APPs. Early experiences set the tone and tenor for long-term engagement, performance, [excellence](#), and retention. And, accordingly, they require more deliberate and nuanced design.

Close the gap between leadership and front-line nurses. A visible presence across shifts, consistent listening, and transparent follow-through are essential to reinforcing credibility and alignment between levels. Trust is built when employees see that their input leads to [tangible improvements](#).

See where you stand—and where to act next

Leverage real-time insights to pinpoint turnover risk, close experience gaps, and build stronger systems that both support your workforce and improve patient outcomes. Reach out to Press Ganey at:

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About the data

The "State of Nursing 2026" report draws on experience data from 422,761 registered nurses across 312 health systems and 2,355 care locations, alongside 41,279 advanced practice providers from 290 health systems and 2,203 locations.

About the Press Ganey Signature Report Series

The Press Ganey Signature Report Series defines the annual conversation around Human Experience and performance across industries. Powered by one of the most expansive and integrated primary data ecosystems in the market, the series draws on millions of employee, consumer, member, and customer voices, alongside operational and outcomes data, to uncover the system-level forces shaping trust, loyalty, safety, and engagement. By connecting experience, culture, and performance at scale, Press Ganey provides a uniquely comprehensive view of the forces shaping outcomes across industries.

In healthcare, Press Ganey draws on one of the industry's most comprehensive and integrated data sets, spanning safety culture, workforce engagement, patient experience, clinical outcomes, and the nation's largest Patient Safety Organization.

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