Past Event: 2026 NCSBN Scientific Symposium - Profiling Nurses who Experience High Levels of Burnout: Data from the National Nursing Workforce Survey Video Transcript

Event
2026 NCSBN Scientific Symposium

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Presenter
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- [Richard Smiley] Welcome, my name is Richard Smiley, and I am a statistician at NCSBN. And I am here to present a study on "Profiling Nurses Who Experience High Levels of Burnout: Data Taken From the National Nursing Workforce Survey."

This study was conducted with co-authors Anita Skarbek, Daria Waszak, and Patricia Moulton Burwell from the National Forum State Nursing Workforce Centers, and my colleagues Charlie O'Hara and Mikayla Reed from NCSBN.

In this talk, I will discuss the background of the issue at hand. We'll discuss the methods used to address this, including going in depth on the National Nursing Workforce Survey and look at the particular questions that were used for this study.

We will also explore the results related to the demographic characteristics from the survey. We will explore results related to employment characteristics of the survey, and then we will summarize the findings at the end.

So some background: high levels of burnout and stress experienced by nurses have been identified as central drivers of workforce attrition. Now, this is especially crucial in recent times because of concerns about a pending nursing workforce shortage. And it is essential that we retain as many nurses as we can, especially experienced ones.

Now, we know that there's ample evidence that high levels of burnout are often rooted in longstanding issues such as short staffing and high workloads. And so with this in mind, we wanted to dive into data from a national survey we've been conducting called the National Nursing Workforce Survey.

And we thought that a description of the nurses who experience high levels of workload stress and burnout and other aspects of that would be worth exploring. So as a way of background, I'd like to talk a little bit about the National Nursing Workforce Survey.

This survey is a collaborative partnership with the National Forum of State Nursing Workforce Centers, which is referred to as "The Forum," and NCSBN. The survey arose from the discontinuation by HRSA of the National Sample Survey of Registered Nurses in 2008.

Prior to that, HRSA had been conducting a survey on registered nurses every four years, and it was used by many researchers and eagerly anticipated. The dropping of the 2012 survey, which was anticipated, resulted in NCSBN and The Forum getting together to address concerns about not having that data.

And so they partnered to get a survey out the door in 2013, which surveyed registered nurses. Afterwards the survey added LPNs and was conducted in 2015, 2017, 2020, 2022, and 2024. For the 2024 survey, which is the focus of this talk, data was taken in the following manner.

For 24 jurisdictions, data were collected from a mail-out sample survey to nurses in those jurisdictions. For 18 jurisdictions, the data were collected from email surveys sent to the jurisdictions.

For another 10 jurisdictions, data were taken directly from the e-Notify data system, which is internal at NCSBN and which contains data that have been collected directly from nurses upon license renewal. And in addition, there was one state that contributed their own internal survey data to us for use.

And so those modes were used to form the basics for the collection of data. As far as the instrument itself, The Forum's minimum supply data set was used for the bulk of the questions.

And what the minimum supply data set collects are data such as demographics, so you could have age, gender, race, education level, et cetera, and questions about employment status. So that would be, are you currently working in nursing? Are you working full-time, part-time?

What are your hours? What's your setting? Are you in a hospital or nursing home? What's your specialty role? Do you have a specialty field? What's your job title? And those types of questions, and those questions have been standardized across many workforce surveys.

So we're making use of questions that many other workforce surveys use. After the data are collected, there's a non-response analysis conducted on the survey to adjust for bias and make sure that there are no groups that are over-represented. So there's adjustments for age and gender because some subgroups of those respond more frequently than others to surveys.

And so there are adjustments made for that. In addition, the mail-out survey is stratified by state, meaning that every state receives the same number of surveys mailed out, and we want to make sure that the states that contain larger populations are appropriately represented in the response.

So that balances out the response mode. As far as the response itself, the mail-out survey had a response on the average of nearly 15%, which is pretty consistent with the previous year's survey and what we've been getting for the last few cycles.

The email survey was around 9%, and the e-Notify data, as is shown on the slides, were over 600,000 RNs and over 100,000 PNs. So ultimately, the data collected across all the survey modes contained the responses of almost one million nurses.

For this study on burnout, we specifically looked at the group of people who responded to the burnout questions that were included on the survey. And specifically, these items were taken from the Maslach

Burnout Inventory Human Services Survey. And there were a bunch of questions, and we focused on two.

The two questions where we looked at is respondents were specifically asked to indicate how frequently they felt that they were burnt out or at the end of the rope in the past year or two. They would ask, you know, what is the frequency that they felt that they were at these levels?

And the question was a seven-point scale ranging from never or maybe only a couple of times a year to a few times a week or every day, which are very high frequency. And so we took those responses, and we took the seven-point scale and collapsed it to a two-point scale, a binary scale, which is commonly used in the research on this.

And specifically, the binary scale took "a few times a week" and "every day" as being one category, as being high frequency, and all the other categories were taken to be not high frequency. And that was the basis of the study variable that you used, and that's what you'll see for the rest of the presentation that we are presenting in terms of frequency of either being burnt out or at the end of the rope.

So now we will move on to the results of the study. We will start with the demographic variables, and what I'm going to do here is show a series of slides. What you see here are a series of four graphs, and in the upper left-hand corner, you can see there's a graph that depicts the population with the burnout question.

And specifically, what we are looking at is the proportion of RNs who reported that they expressed extreme levels of burnout, that they were in the high-frequency group of burnout, and this is what percent of RNs under 35 reported the high frequency, as shown by the bar on the left.

In the center, you see the bar of those aged 35 to 54 that reported it, and then on the right, you see the age 55 or older. Finally, you see a dashed line going across the entire graph that depicts the average value across all respondents.

And for this graph, you can see that for the RNs, you can tell that those in the 55-and-over range were reporting less extreme levels of burnout than those in the other two age groups. And that's upper left, that's the RNs. Then you can see on the upper right-hand corner, that same graph is depicted, but this time it's for the PN population with a similar pattern of the older group being less than the others.

The bottom two slides once again show RNs and PNs, but in this case, it's for the end-of-the-rope question, which is even a more extreme level of burnout. So immediately you do notice that there's less people that report being at the end of the rope, but the figures are still high.

It's on the average over 20% in each group. And as you can see, to a lesser extreme, the older age group is still not as high as the other two in reporting it. So, that's that. And this way of looking at it, we will see for all of the subsequent variables in terms of what is going on.

So for gender, you will notice that for the RNs in both the burnout category and the end-of-the-rope question, those who were non-binary were reporting slightly higher levels of burnout than the other two groups. Whereas for the PN category, the non-binary reported slightly less levels of burnout, and for the end of the rope, there was no difference between the groups.

And that's what's happening with gender. For race and ethnicity, the Asian groups were slightly, as you can see, slightly below the lines in most of these graphs.

But otherwise, most of the groups are pretty close to the mean value in terms of what they are or are not doing with respect to burnout. For nursing education, the highest levels of nursing education depicted from the left to the right on each graph.

And as you can see, there is a slight increase for the RNs from those who have less education feeling more burned out, stressed, and maybe more at the end of the rope than those with the higher level of education.

And a slightly similar pattern is apparent for the PNs as well. But overall, these are still all pretty close to the median, but there is a slight trend there. For rural versus urban setting, the graph shown here indicates that there's basically almost no difference in the rural and urban settings for those whose primary employment placed them as being in a rural setting versus those whose primary employment placed them being in an urban setting.

And now we will look at the breakdown by the employment characteristics. So first of all, let's look at employment status. Those who reported working full-time, once again, reported slightly higher levels of burnout than those who were reporting working part-time or per diem.

And since most of the people in this group are working full-time, by definition, that mean line is much closer to the full-time group than it would be to the other two groups. But in comparison across these, you can see there's not a lot of difference, but the full-time seems to be a little bit more stressed.

So next up, we will look at characteristics of the nurse's employment situation. So as you can see here, we're looking at comparing nurses who provide direct care, travel nurses who provide telehealth, or nurses that work in two or more positions.

And as you can see here, the travel nurses depict much higher levels of stress, of burnout, and being at the end of the rope than the other groups do.

And this is particularly true of the RNs. This pattern is still present for the PN population but not as strongly, not as solidly. And so this is something definitely to take note of, that travel nursing shows up as being very stressful. Now, we also asked in the survey questions regarding changes in the nurse's employment situation.

And of specific note here is that those who reported an increase in their workload, in addition to those who are travel nurses and those who reported leaving nursing, all had much higher measures than the other categories of people who reported no change, retired, working in telehealth, or changing their setting.

Of note, we do ask the question of people who... Since this is a workforce survey, we are asking questions of people who are all nurses even if they're no longer working in nursing. So it's probably not surprising that those who left nursing show up as commenting on their role. How did you feel?

I felt very stressed. I felt at the end of my rope. This shows up, that they ended up leaving nursing as a result. And as we mentioned, the work increase also is very key on this slide. So looking at practice

settings, we can observe that those who worked in hospitals and nursing homes reported much higher levels of burnout and being at the end of the rope than those who worked in other settings.

And as we can see, this is true across the RNs and the PNs. And so the findings from the study: the study showed that nurse respondents aged 55 or older reported feeling burnt out less often than nurses in younger age groups. RNs who worked as travel nurses experienced high levels of feeling burnt out or at the end of their rope more often than RNs not serving as travel nurses.

Feeling burnt out or at the end of the rope is more frequent among RNs and PNs who experienced an increase in workload. And finally, the study showed that respondents who left nursing reported feeling burnt out or at the end of their rope much more often than nurses who did not leave nursing.

Thank you for attending. And if you have any questions, please put them in the Q&A panel.

- [Jason Schwartz] Richard, nice job. A number of questions have already come in.

I'm sure we're going to get even more, so let me just start with the first one. Did you look at differences by specialty area? Can you talk about that a little bit?

- Sure. Thanks, Jason. We did in fact investigate responses by specialty area and what was noticeable is that, for RNs, the areas that were very high intensity with respect to feeling burnt out or feeling at the end of the rope are kind of what you would expect, those with providing direct care.

So specialties like acute care, medical surgical, providing emergency care, those specialties were very highly burnt out or feeling stressed and burnt out. Whereas specialties such as school health and public health were relatively low on that scale.

In the case of PNs, rehab and gerontology reflected high levels of burnout, whereas once again, school health was low.

- Richard, thank you for that. And then here are a couple of questions that came in, I think as you were discussing breakdowns by gender, but they may be more broad. The question simply was, were the differences you observed significant and also how these differences may compare with the past?

- The differences didn't seem to be all that big, and I know historically the literature has shown that variations on that—different studies were finding different things. So that kind of suggests that there just may not be that much going on with that variable with respect to burnout or stress.

And that's the best I can say on that. You know, our study is like... They were very close to each other. And maybe the only thing is we didn't have that high a sample of non-binary responses, but those were reflecting higher levels of stress and burnout.

But male versus female, there wasn't that much of a difference.

- That all makes sense, Richard. As part of this study, did you have a chance to look at how other healthcare professions were observing similar findings, maybe during this time period or even during other time periods?

- We did not really look at the levels of other health professions although we are aware that nursing is not the only profession that is experiencing these degrees. We were focused primarily on nursing when

we looked through this. So I don't have numbers to compare across other professions that I would say for that.

- Thank you, Richard. Question that came in: What do you see as the implications of the study's findings?

- Well, the primary implications are that, you know, we were finding examples of places where, like with age groups, younger age groups may be feeling more stress, and travel nurses are feeling more stress. And we think there should be more investment put into that. And especially with respect to travel nurses, younger nurses, there's probably more research that should be done in figuring out ways to mitigate the worst aspects of this stress and burnout because it's important to have a healthy workforce and a workforce that wants to stay in the profession.

We know that these aspects are related to people leaving the profession. So that's the implications.

- Very good. Now, the study reports respondents having high levels of burnout or being at the end of their rope. Are these levels new or has this been the case for a long time now?

- Well, we started tracking this just after the pandemic and I can report that the levels... This is a 2024 study. In 2022, these levels were even higher. And in fact both RNs and PNs were reporting high levels of burnout. The percentage at that time that was reporting high level burnout was over 45%.

And so in fact, even though these levels are high, they came down from the previous survey. So we're hoping things are going in the right direction for that.

- Richard, thanks for that. Here's a question that came in: As part of the study, did you collect any information from respondents in terms of ideas or suggestions that nurses had that would improve the situation relative to burnout?

- As part of the general study, that was not directly a question that we asked. I think we may have had a couple of comments of people volunteering things, but in general, that had not been our focus because this is a subgroup of a broader study on nursing.

And so I can say that since that wasn't a target, I don't think I can provide that information directly.

- I appreciate that, Richard. And then I think we have time for one last question, which is whether any correlation was observed between level of education and burnout level.

- Yeah, it did seem that what we were seeing was that those with a lower level of education were experiencing more stress and burnout. I think one of the slides kind of showed that as the amount of education went up, the level of stress was slightly declining.

It wasn't big but it was there. There was definitely a pattern that was showing that was the case.

- Well, Richard, thank you for the presentation. Thank you for handling so many questions from the audience. Thank you to the audience as well for providing all those questions. And at this point, you'll want to return to the lobby and select which of two concurrent sessions you'd like to attend.

So thank you very much, and I'll catch you after a future session.