

UNLOCKING LOYALTY: NURSE RETENTION IN HEALTHCARE

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INTRODUCTION

Issues with nurse retention in healthcare were magnified through and beyond the COVID-19 pandemic, but they are not new, with the shortages being described as an almost-universal challenge. [1] In Australia, health workforce data shows sustained growth, but demand is outstripping supply, particularly in acute, aged care, and regional services.[2] The result is a nursing workforce that is under sustained pressure, with high rates of intent to leave and churn across hospitals.

Turnover refers to the admission and departure of staff [3], with nurses, it is not only a human resources metric, but also a patient safety, quality and financial issue. Research has linked higher nurse turnover with higher costs, reduced continuity of patient care, and poorer health outcomes.[4] Systematic reviews show that nursing turnover is associated with work environment, lower job satisfaction, higher burnout and, in some settings increased errors and adverse events. [5] The direct and indirect costs associated with nurse turnover are significant and include cost of vacancy advertising, recruitment, onboarding, overtime and backfill, lost productivity, as well as the loss of intellectual capital. [6,7] The antecedents of turnover are complex, reviews of nurse turnover and retention consistently identify elements such as workload, the psychosocial environment, support, fairness, psychological safety, and career development as key drivers.[8]

This article explores nurse retention through a different lens, aggregating insight from nurse experience surveys across Australian healthcare organisations. Insync is an Australian research and advisory company that specialises in employee, patient, and stakeholder surveys. Insync's dedicated health team partners with public and private hospitals, primary health services, and aged care providers to measure workforce experience, culture, and engagement. De-identified data from these surveys is aggregated across clients for benchmarking purposes, and reported at a level that protects individuals, teams, and organisations. Insync does not disclose organisation-identifiable results without explicit approval, and all analysis for this article is based on aggregated, de-identified data from healthcare organisations that understand and agree to Insync retaining their de-identified data for research and benchmarking purposes.

Using this dataset, we examined trends in nurses' intent to stay between 2019 and 2024, identified key retention drivers, and translated these insights into six practical strategies that healthcare leaders can use to "unlock loyalty" and keep nurses in the roles and professions where they are needed most.

METHOD

This study analysed employee survey data collected by Insync from 2019 through to 2024 across 30 private and public Australian health organisations. The data set comprised of 63,786 responses from registered nurses, registered midwives, enrolled nurses, and endorsed enrolled nurses. Surveys were run for individual organisations at different times, aligned to

local workforce engagement or culture programs. By identifying common questions related to employees' intent to stay, the researchers sought to uncover key retention challenges and provide insights into strategies for improving staff retention. Intent to stay questions varied slightly across projects, such as, "I would like to be working at our organisation two years from now", "I would like to be working at this organisation three years from now". Responses are based on percent favourable (agree and strongly agree), and the data is broken out by length of service (LOS).

Data was aggregated across client organisations and by calendar year. All data was de-identified at a respondent level and at an organisation level before aggregation. Results presented in this paper are descriptive, focusing on directional trends as well as practical insights gleaned from a thematic review of the qualitative data based on the comments of newly employed nurses <1yr. This analysis was undertaken within Insync's standard data governance framework. Data is stored securely, access is restricted to the research and analytics team, and results are only reported at an aggregated level, in line with client contracts and ethical good practice for workforce analytics.

RESULTS

The results obtained highlight a concerning downward trend in nurses' likelihood of staying within their first year of employment, particularly in public hospitals, where this cohort, comprising 20-25% of the workforce, shows the lowest retention likelihood in five years.

GRAPH 1: THIS GRAPH DEPICTS NURSE RESPONSES REGARDING THEIR INTENT TO STAY WITH THEIR CURRENT EMPLOYER.

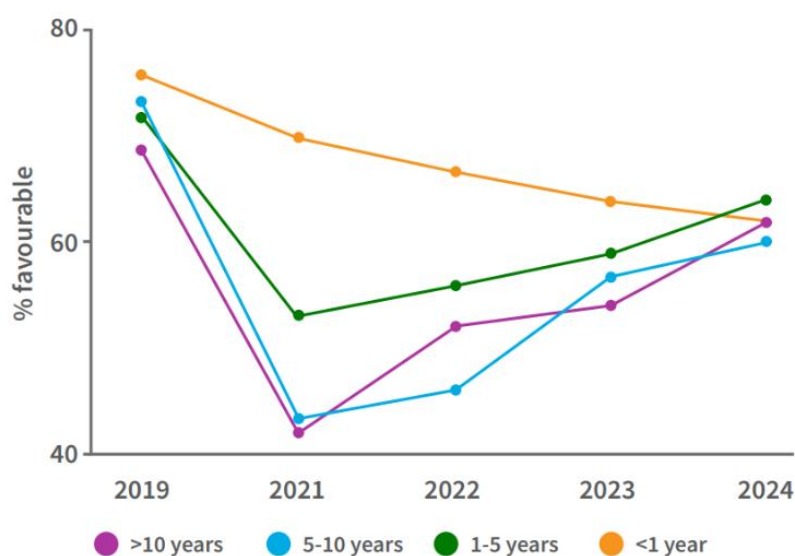


TABLE 1: RESPONSES ARE BASED ON % FAVOURABLE (AGREE AND STRONGLY AGREE), AND THE DATA IS BROKEN OUT BY LENGTH OF SERVICE (LOS)

LOS	<1 year	1-5 years	5-10 years	>10 years
2019	76	72	73	69
2021	70	53	43	42
2022	67	56	46	52
2023	64	59	57	54
2024	62	64	60	62

By correlating the survey items with intent-to-stay indicators (correlations of 0.6 and above), the researchers identified consistent retention factors, or influencers, across organisations, with only minor local variations. These findings are aligned with systematic reviews of nurse retention and turnover, which highlight central retention themes of work environment, a positive workplace culture, effective leadership, psychological safety, and flexibility.[9] Sample verbatim comments from newly hired nurses (>1 year with the organisation) are included in the table below for illustrative purposes.

TABLE 2: KEY INFLUENCES ON RETENTION, WITH THE CORRELATION COEFFICIENT INDICATING THE STRENGTH OF THE RELATIONSHIP BETWEEN EACH SURVEY QUESTION AND THE INTENT TO STAY ITEM. STRONG CORRELATIONS ARE 0.6 OR HIGHER. A STRONG CORRELATION DOES NOT INDICATE CAUSATION.

Item	Correlation coefficient
The organisation cares about me/my wellbeing <i>"I feel heard"</i>	0.82
Work-life balance <i>"Work-life balance with regards to rostering (means a lot)"</i>	0.71
My work is meaningful <i>"The commitment to high quality care makes my experience here incredibly rewarding"</i>	0.71
Sense of belonging <i>"In my place of work, I can feel a sense of belonging as well as support"</i>	0.75
Patient safety is a core focus <i>"The patient comes first"</i>	0.69

DISCUSSION

Given the exodus of experienced nursing talent throughout the pandemic, and into the current period, together with the high proportion of nurses who are either actively considering leaving or are unsure whether they will stay, retention requires urgent attention.[10] Healthcare organisations can adopt the strategies outlined below to slow the churn flywheel and move from reactive recruitment across to proactive retention.

1. A clear, well-defined retention strategy, with achievable employee turnover targets:

There is no single solution to mitigate nursing turnover. [11] Therefore, a retention strategy should deliberate the needs and desires of the employees who have been targeted for retention. [12] Additionally, organisations are encouraged to add these explicit, innovative, and measurable strategies for nurses to their workforce plans. To keep these visible, tenure-specific turnover targets should be reviewed regularly at both the executive and unit level.

2. A deep analysis into the cause of employee turnover, as well as the reason nurses stay:

This can be achieved through robust employee engagement surveys that include intent to stay items, focused pulse surveys in identified high-risk units or work areas, or through the use of stay interviews. Stay interviews are targeted 15-minute interviews with structured prompts, run in hotspots. Stay interviews can effectively help organisations identify and address intention to stay, and the reasons for this, enabling these elements to be proactively managed. [13]

3. A compelling employee value proposition (EVP), so employees want to stay:

A compelling EVP is more than a slogan, it is the lived bundle of rewards, conditions, flexibility, culture, and meaning that an organisation offers its people. EVPs are strongly linked to intention to stay. From an employee's perspective, an effective EVP answers the question "what's in it for me?" with respect to working at an organisation and helps to

develop strong employer branding. [14] Organisations are encouraged to make their EVP tangible, unique and compelling, as well as realistic and evidence-based. [14] Organisations should avoid over-promising on elements such as flexibility or professional development if they cannot deliver, because trust erodes quickly when the EVP does not match lived experience. [15] Co-designing the EVP with nurses and other frontline staff might help to align promises with operational reality.

4. Hire the right people from the start, so nurses feel the job matches what was sold:

The turnover of new graduate and early-career nurses in their first 12–24 months is a major concern. A fundamental element contributing to the retention of qualified staff is ensuring that newly hired employees are successfully assimilated into an organisation's culture at the time of hire. Person-organisation, person-group and person-job fit are all negatively related to turnover intention. [16] Therefore, when people do not fit the organisation, role or team, they are more likely to intend to leave, even in a healthcare context where staff are in short supply. In a context of chronic nursing shortages, high turnover and poor person-organisation or person-job fit mean that "just filling the vacancy" with the wrong candidate is a false economy.

5. Keep people focused on safe, high-quality, person-centred care:

Many nurses choose the profession because they genuinely want to improve patients' lives. When they are given the space to concentrate on safe, high-quality, patient focused care and can clearly see its impact, their motivation and wellbeing lift, and they are more likely to stay. Meaningful contact with patients builds a strong sense of purpose and compassion satisfaction, which in turn reinforces their commitment to both their employer and the wider profession. [17]

For healthcare organisations, actively supporting nurses' core drive to provide excellent patient care is a pivotal strategy in building a stable and engaged workforce. It requires more than just verbal encouragement, it demands the implementation of robust systems, supportive staffing models, and practical policies that enable nurses to focus on the aspects of their work that matter most. Importantly, when nurses can see and feel the value of their work, through direct patient outcomes, positive team relationships, and organisational support, they become more engaged and more likely to remain with their employer, even during periods of adversity or change.

6. Be flexible, because retention improves when employees can shape work around life:

In the wake of the pandemic, the expectation of flexibility within the workplace has shifted dramatically, becoming a fundamental requirement for many employees, nurses included. Increasingly, staff are seeking adaptable schedules that allow them to effectively balance their professional responsibilities with personal commitments such as caring for children, supporting family members, and engaging in other meaningful life activities. This shift reflects a broader change in societal values, where work is no longer viewed as the sole priority but rather as one aspect of a well-rounded life. [18]

However, introducing greater flexibility is not without its challenges. Organisations often encounter difficulties maintaining consistent productivity and clear communication when staff schedules are less rigid. There may also be concerns about how flexible arrangements could affect workplace culture, potentially disrupting established routines or team dynamics. To address these issues, it is essential that healthcare leaders carefully consider the unique context of their organisation and thoughtfully design flexible systems that meet both operational needs and employee expectations. This means actively engaging staff in the process, monitoring outcomes, and remaining open to ongoing adjustments as needs evolve. [19]

For nurses specifically, a positive and supportive work environment is crucial to retention. Ensuring good working conditions, such as safe staffing levels, fair rostering, and respectful workplace relationships provides a strong foundation. Yet, these conditions must be complemented by genuine flexibility in how, when, and where nurses work. When organisations offer options like self-scheduling and part-time roles, nurses feel empowered to shape their work around their personal circumstances. This not only improves morale and job satisfaction but also enhances nurse retention. [20]

CONCLUSION

This study confirms that nurse retention in Australian healthcare is not just a workforce issue, but a material risk to patient safety, quality of care and organisational sustainability. Despite continued growth in the nursing workforce, demand continues to outpace supply, and our analysis of 63,786 survey responses across 30 organisations shows a clear downward trend in nurses' intent to stay, particularly among those in their first year and in public hospitals. For many services, this early-stage attrition is eroding capability at exactly the time when experienced nurses are already leaving the system.

Across diverse organisations and contexts, the retention story is remarkably consistent. Nurses are more likely to stay when they feel that their organisation genuinely cares about their wellbeing, when they can balance work and life, when their work feels meaningful, when they experience a sense of belonging, and when patient safety is visibly non-negotiable. These are not "soft" factors. They are reliable indicators of whether nurses feel able to do the job they signed up for, in an environment that is fair, safe and sustainable.

The six strategies outlined in this paper translate those insights into a practical retention agenda. A clear retention strategy with tenure-specific targets, robust analysis of why nurses leave and why they stay, and a compelling, realistic employee value proposition set the strategic frame. Hiring for fit rather than simply filling vacancies, enabling nurses to focus on safe, high-quality, person-centred care, and designing flexibility that works both for staff and for the service complete the operating model. Together, these levers shift organisations from reactive recruitment to deliberate, data-driven retention. There are limitations to this work. The data are cross-sectional and descriptive, correlation does not imply causation, and survey responses are influenced by local context and timing. Further research could extend this analysis to specific specialties and examine the impact of targeted retention interventions on both workforce and patient outcomes. However, the consistency of patterns across organisations suggests that the core drivers identified here are robust and highly actionable.

For healthcare leaders, the implication is clear. Retention cannot be left to generic wellbeing programs or ad hoc initiatives. It requires an explicit strategy, informed by high-quality workforce analytics, grounded in the lived experience of nurses, and rigorously tracked over time. Organisations that invest in understanding their data, co-design their employment proposition with nurses, and systematically remove the barriers to delivering safe, meaningful care will be better placed to "unlock loyalty". In a tight and competitive labour market, those services will not only hold on to their nurses, they will build the kind of stable, engaged workforce that is essential for safe, high-quality, person-centred care into the future.

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