

This report summarizes the results of the 2025 Early Career Nurses Survey. For the purposes of this survey, Early Career Nurses (ECNs) are defined as Licensed Vocational Nurses (LVNs) or Registered Nurses (RNs) who obtained their first nursing license in the past 5 years. The purpose of this survey is to gain a better understanding of ECNs' current and future needs.

The survey was available electronically from April 2025-June 2025. It was distributed to ECNs through nursing and healthcare-related organizations, social media, newsletters, and postcards sent to nurses who submitted a mailing address in the United States (US) in their licensure and re-licensure survey. There was a total of 71,060 ECNs listed in the 2024 Texas Board of Nursing re-licensure data, 55,818 had a mailing address in the US. There were 1,500 valid responses used in analysis. For information on the process of developing the survey, go to Appendix B (page 25).

Highlights

The responses of ECNs who are currently working in nursing in Texas are summarized in the highlights "Education and Previous Experience in Healthcare" through "First Job as a Nurse" and shown in greater detail on pages 7-17. The responses of respondents who are no longer working in nursing in Texas are summarized in the section "Respondents no longer working in Nursing in Texas" and in further detail on page 18.

Education and Previous Experience in Healthcare (pages 7-9)

- 68.4% of respondents had a Baccalaureate Degree in Nursing.
- 75.0% of ECNs completed their first nursing degree and obtained their nursing license within the same calendar year.
- 65.2% of respondents had previous experience in healthcare.
- Of respondents who had previous experience in healthcare, 22.8% of worked as a Certified Nursing Assistant (CNA).

Current Employment (pages 10-13)

- The majority of respondents (65.8%) worked 32-40 hours per week in the past month.
- Most respondents worked in an acute care hospital (62.0%). Acute care is the most common setting for RNs (69.9%) and LVNs (14.6%).
- The second most common setting for LVNs was Nursing Home/Extended Care (14.1%).
- 86.2% of respondents said they feel supported by their peers, and 47.8% feel supported by their supervisors.

- 43.2% of respondents said it is "not likely at all" that they'd leave the nursing profession in the next 12 months.
- 39.3% of respondents reported that increased pay would improve their job satisfaction. This was the most mentioned factor.
- 18.2% of respondents felt "not confident" in their ability to ask about their rights related to Safe Harbor.

Wellbeing (pages 14-15)

In the past 12 months:

- 33.1% of respondents indicated feeling burned out a few times a month.
- 46.6% of respondents had felt so stressed out at work that they considered leaving the nursing profession.
- 27.8% of respondents experienced workplace violence (WPV) from a patient or a patient's visitor at least once a month.

First Job as a Nurse (pages 15-16)

- 55.8% of nurses licensed for 3-5 years are no longer employed by the organization where they had their first job as a nurse.
- 58.2% of respondents reported that location was a factor that led them to accept their first job as a nurse.

Respondents No Longer Working as Nurses in Texas (page 18)

- 37.9% of respondents reported leaving the profession due to nursing salaries.
- 34.5% of respondents work as a nurse in another state.
- 31.3% of respondents who no longer work in nursing in Texas worked 4 years before leaving nursing or leaving Texas.

Recommendation 1: Evaluate the possibility of establishing a statewide nurse residency program collaborative.

- Professional nurse organizations, health systems leaders, academic institutions, and other stakeholders should investigate the time and resources needed to establish a statewide nurse residency program collaborative. The responsibilities of this group would include:
- Conducting an environmental scan of existing nurse residency programs across Texas to identify gaps in availability, standardization, healthcare settings, and geographic regions.
- Examining other successful state models and evaluate their applicability to Texas.
- Exploring the potential costs and benefits of a statewide program.
- Developing an implementation framework outlining how a Texas Nurse Residency Collaborative could be established through voluntary participation, shared resources, and funding mechanisms.

The second most selected reason for accepting their first job was the opportunity to participate in a transition to practice program (35.3%). ECNs wrote about the benefits of having a mentor or preceptor in the final comments section of the survey. The majority (62.0%) of respondents work in an acute care hospital, where structured transition support is especially critical. A systematic review found that nurse residency programs can increase employee retention.¹ These findings suggest that having a set transition to practice program would benefit ECNs and their employers.

States such as Maryland and Pennsylvania have implemented a standardized nurse residency program in at least half of their acute care hospitals and had positive outcomes.^{2,3} Iowa offers an online nurse residency program and has a grant program to help hospitals establish, expand or support nurse residency programs.⁴ Further evidence from New Jersey and Hawai'i also supports the impact of statewide residency collaboratives through significant cost savings for participating healthcare organizations, high retention rates, and expanded access to programs.^{5,6} These programs and collaboratives have leveraged shared resources, standardization, and funding

mechanisms to achieve sustainability. Although Texas is larger geographically and has more hospitals than these states, their experiences could provide insight into how these programs could be implemented in Texas.

Recommendation 2: Facilitate the submission of nurse complaints regarding or related to staffing.

- The Texas Health and Human Services Commission (HHSC) should make the process of submitting complaints related to staffing easier by creating an online reporting form.

ECNs reported that staffing numbers could be improved. 26.0% of respondents reported they would be more likely to stay with their current employer if staffing improved, and 15.4% of comments mentioned not having sufficient staff in their workplace. 8.6% of respondents wrote comments on feeling unsafe, and half of these referred to feeling unsafe due to under-staffing.

Recent amendments to the chapters of the Texas Health and Safety Code that cover nurse staffing and overtime (chapters 257 and 258), might further encourage nurses to report under-staffing.⁷ The amendments include requiring HHSC to establish a written process to report violations of chapters 257 and 258. One method that could be used for written complaints is an online reporting form. An online form is a convenient way of submitting a complaint because it is available at all times of day and does not require traveling to an office to submit it.

Recommendation 3: Mandate that all healthcare facilities offer barrier-free counseling to staff.

- All licensed healthcare facilities should be required to offer and fund access to confidential mental health services for their clinical staff, independent from and in addition to standard Employee Assistance Program (EAP). These services must:
- be provided by counselors specializing in clinician trauma and burnout,
- not require a formal diagnosis for access, and
- guarantee confidentiality from the employer, except where there is risk of imminent harm.

46.6% of respondents had felt so stressed out at work that they considered leaving the nursing profession, and 80.5% of respondents experienced WPV from a patient or a patient's visitor in the past 12 months. 26.9% of nurses no longer working in nursing reported they no longer work in the profession due to the stressful nature of the work. These results suggest that nursing can be a mentally and physically taxing profession that can eventually lead nurses to leave the profession. An approach employers could use to help prevent employee stress and burnout is free counseling. This counseling could help nurses and other employees develop skills to manage the stress of working in healthcare. Employers usually offer counseling through EAPs. However, employees may be hesitant to use EAPs due to fears that confidential information discussed with their EAP counselor will be shared with their employer and result in job loss. Additionally, employees can supplement the limited number of sessions EAPs might offer with the independent counseling sessions.

Recommendation 4: Increase funding to the Texas Peer Assistance Program for Nurses (TPAPN) to create preventative resources.

- Increase funding to TPAPN to create resources and an additional peer-to-peer program focused on preventing burnout and other mental health conditions.

33.1% of respondents indicated feeling burned out a few times a month, and only 6.2% of respondents reported not feeling burned out in the past 12 months. TPAPN is a peer-to-peer program that provides mental health and substance use support to nurses. Its established peer-to-peer structure could be used as a starting point for preventative services that pair ECNs with more experienced nurses. This program would train experienced nurses to provide immediate, empathetic support to colleagues struggling with workplace stress. This funding could also be used to create other resources focused on preventing mental health issues.

Recommendation 5: Educate ECNs on Safe Harbor.

- Nurse organizations, nursing education program directors, and nurse educators should create materials that provide ECNs information and resources on Safe Harbor laws.

18.2% of respondents felt “not confident” in their ability to ask about their rights related to Safe Harbor. Safe Harbor is “a process that protects a nurse from employer retaliation, suspension, termination, discipline, discrimination, and licensure sanction when a nurse makes a good faith request for nursing peer review of an assignment or conduct the nurse is requested to perform and that the nurse believes could result in a violation of the Nursing Practice Act or Board rules”.⁸ This was the skill or ability that ECNs reported feeling least confident in. Stakeholders should create resources to educate ECNs on Safe Harbor-related rights and incorporate them into key learning opportunities. For example, employers should include information on Safe Harbor during orientation and assess employees’ knowledge periodically to identify opportunities for further education. Resources used to educate nurses on Safe Harbor should highlight that the purpose of Safe Harbor laws are to support nurses and not to be punitive.

¹ Asber SR. Retention Outcomes of New Graduate Nurse Residency Programs: An Integrative Review. *JONA: The Journal of Nursing Administration*. 2019;49(9):430. doi:10.1097/NNA.0000000000000780

² Trandel-Korechuk S, Zipp JS, Warren JI. A Statewide Nurse Residency Program Evaluation. *The Journal of Continuing Education in Nursing*. 2023;54(9):421-430. doi:10.3928/00220124-20230816-25

³ Pennsylvania Nursing Workforce Coalition. PA Nurse Residency Collaborative (PA-NRC). Accessed July 30, 2025. <https://www.panursingworkforce.org/initiatives/pa-nurse-residency-collaborative-pa-nrc.html>

⁴ Iowa Code. § 135.178.

⁵ Cadmus E, Roberts ML. First Year Outcomes: Program Evaluation of a Statewide Nurse Residency Program. *JONA: The Journal of Nursing Administration*. 2022;52(12):672. doi:10.1097/NNA.0000000000001230

⁶ Reichhardt L, Kuwabara B, Loos JR. Leveraging the Hawai'i Nurse Residency Collaborative to Optimize Statewide Workforce Goals. *JONA: The Journal of Nursing Administration*. 2024;54(1):54. doi:10.1097/NNA.0000000000001377

⁷ Texas Health and Safety Code § 257.003 (2025)

⁸ 22 Texas Admin Code § 217.20 (2019)

Methods and Analysis

The population of this survey was determined using the Texas Board of Nursing's (BON) 2024 Licensure and Re-licensure Survey,⁹ and only includes nurses who met the following criteria:

1. initial country of licensure is the US,
2. year of licensure in the US is on or after 2019,
3. date of original Texas License Issuance date is on or after 2019, and
4. were not marked as "deceased".

Initial country of licensure in the US is used to avoid including nurses who have nursing experience but immigrated to the US later in their career. The year of initial Texas licensure was used because there were nurses whose original Texas license issuance year was before or on 2019 even if their year of initial licensure in the US was after 2019. The total population of Early Career Nurses was 71,060.

There were 2,067 total responses received. The dataset was filtered to only include respondents who:

1. completed 50% or more of the survey,
2. reported that they had an active LVN or RN license,
3. were initially licensed on or after 2019,
4. completed their initial nursing degree on or after 2015,¹⁰ and
5. are working or have worked as a nurse in Texas.

There were 1,500 responses that met this criteria. Responses were separated into those who are currently working in nursing in Texas (n=1,379), not working in nursing in Texas but are actively looking for work in Texas (n=28), and those who are not working and not actively seeking to work as a nurse in Texas (n=93). Figure 1 (page 6) shows the questions respondents were asked to determine if they are working or seeking to work in nursing in Texas. The responses of ECNs who are currently working in nursing in Texas are summarized in pages 7-17. The responses of ECNs not currently working or seeking to work in nursing in Texas are summarized in page 18. A table comparing the respondent characteristics of these two respondent groups is in Appendix A (page 19). The data was analyzed using IBM SPSS Statistics (Version 29.0.2.0)¹¹ and Microsoft Excel.¹²

⁹ 2024 Texas Board of Nursing Licensure and Re-licensure Survey.

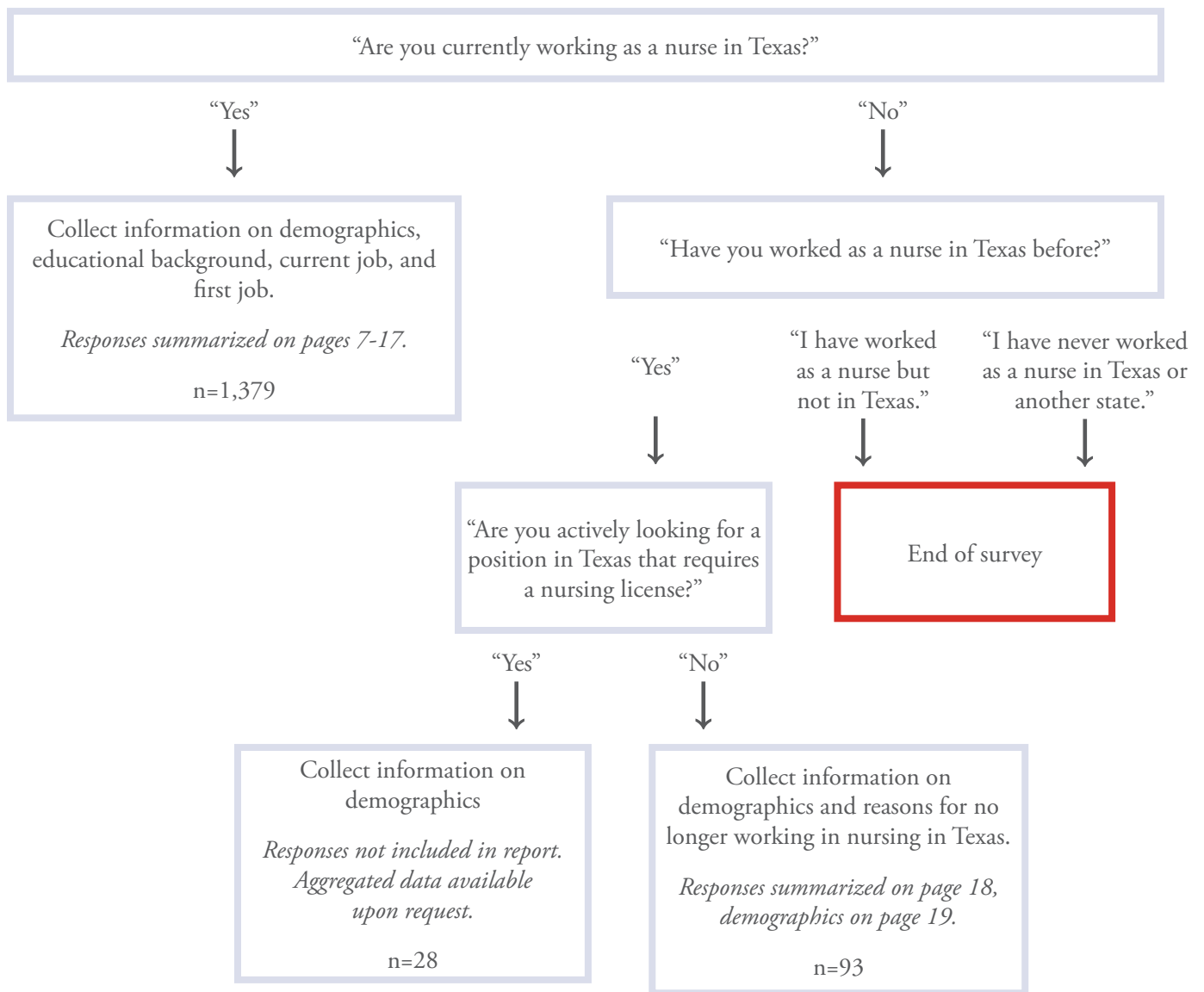
¹⁰ 2015 was determined as the cut-off year for their initial degree based on Texas BON rule 217.2(c) which states "An applicant for initial licensure by examination shall pass the NCLEX-PN or NCLEX-RN within four years of completion of requirements for graduation."

¹¹ IBM Corp. Released 2023. IBM SPSS Statistics for Windows, Version 29.0.2.0 Armonk, NY: IBM Corp.

¹² Microsoft Corporation, 2025 . Microsoft Excel, Version 2408. Redmond, WA.



Figure 1. Questions asked to determine if ECNs are currently working or seeking to work in nursing in Texas.



Respondent Characteristics

The responses of ECNs who are currently working in nursing are summarized in pages 7-17.

Age (n=1,377)

The largest age group was 21-30 years old.

Table 1. Age distribution of respondents. (n=1,377)

Age Group	Percent
20 years old or younger	0.1%
21-30 years old	47.3%
31-40 years old	32.5%
41-50 years old	13.7%
51-60 years old	5.6%
61 years or older	0.8%

Sex (n=1,367)

85.9% of respondents were female. Table 2 shows the distribution of sex by licensure level.

- 87.3% of LVN respondents were female.
- 85.6% of RN respondents were female.

Table 2. Respondents' sex by licensure level. (n=1,367)

Sex	Licensure Level		Total
	LVN n(%)	RN n(%)	
Female	172 (87.3%)	1,002 (85.6%)	1,174 (85.9%)
Male	25 (12.7%)	168 (14.4%)	193 (14.1%)
Total	197	1,170	1,367

Geographic Designations of Respondents' Primary Practice County (n=1,374)

- 86.4% of respondents practiced in a metropolitan non-border county.
- Respondents practiced in 108 out of 254 Texas counties.
- Table A1 in Appendix A (page 19) shows the distribution of respondents by public health region (PHR).

Table 3. Geographic designations of respondents' primary practice county. (n=1,374)

Geographic Designation	% of Respondents
Metropolitan Border	5.2%
Metropolitan Non-Border	86.4%
Non-Metropolitan Border	0.5%
Non-Metropolitan Non-Border	7.9%

Nursing Licensure Level and Year of Initial Licensure (n=1,379)

- 85.6% of respondents had an RN license.
- 24.7% of respondents obtained their first license in 2020. Table 4 displays the distribution of year of initial licensure by licensure level.

Table 4. Licensure level and year of initial licensure. (n=1,379)

	Licensure level		Total n (%)
	LVN n (%)	RN n (%)	
2019	39 (2.8%)	192 (13.9%)	231 (16.8%)
2020	51 (3.7%)	289 (21.0%)	340 (24.7%)
2021	37 (2.7%)	215 (15.6%)	252 (18.3%)
2022	29 (2.1%)	208 (15.1%)	237 (17.2%)
2023	23 (1.7%)	180 (13.1%)	203 (14.7%)
2024	15 (1.1%)	76 (5.5%)	91 (6.6%)
2025	4 (0.3%)	21 (1.5%)	25 (1.8%)
Total	198 (14.4%)	1,181 (85.6%)	1,379

Education and Previous Experience in Healthcare

Nursing Degrees or Certificates (n=1,345)

Table 5 shows degrees or certificates held by respondents. Respondents could select more than one response option.

- The majority (68.4%) of respondents had a Baccalaureate Degree in Nursing.
- The second most common degree was an Associate Degree in Nursing (ADN) (26.1%).
- Respondents who selected 'other' were asked to specify what other degrees or certificates they had obtained.
- 5 respondents reported having a certificate in a specific population or condition, including pediatrics, phlebotomy, wound care, or progressive care.
- 2 respondents reported having master's degrees in non-nursing fields.

Table 5. Respondents' degrees or certificates. (n=1,345)

Degree or Certificate	Number of Respondents	% of Respondents
Vocational/Practical Nursing Certificate (LVN/LPN)	217	16.1%
RN Diploma	93	6.9%
Associate Degree in Nursing (ADN)	351	26.1%
Baccalaureate Degree in Nursing	920	68.4%
Master's Degree in Nursing	43	3.2%
Doctor of Nursing Practice (DNP)	2	0.1%
PhD in Nursing or Doctor of Nursing Science (DNS)	1	0.1%
Other degree or certificate	8	0.6%

Note: Respondents could select more than one response option.

Previous Experience in Healthcare (n=1,309)

Respondents were asked if they had worked in healthcare before completing their highest nursing degree or certificate. Table 6 displays how frequently each option was selected. Respondents could select more than one response option.

- 65.2% of respondents had previous experience in healthcare.
- 22.8% of respondents worked as Certified Nursing Assistants (CNAs).
- Respondents who selected “other” were asked to specify what other previous healthcare jobs they had worked. Their responses included working as a phlebotomist and working as a medical scribe.
- Respondents could provide comments on their overall experience as an ECN. 4 out of 616 who provided comments reported that having prior experience in healthcare was beneficial during nursing school or in their career as a nurse.

Table 6. Respondents’ previous healthcare experience. (n=1,309)

Healthcare Job	Number of Respondents	% of Respondents
Certified Nursing Assistant (CNA)	299	22.8%
Nurse Aide (NA), Home Health Aide (HHA), or Medication Aide (MA)	184	14.0%
Paid or unpaid internship or externship during nursing education	152	11.6%
Medical assistant	114	8.7%
Clerk in health care setting	92	7.0%
Licensed Practical or Vocational Nurse (LPN/LVN)	62	4.7%
Emergency Medical Technician (EMT) or paramedic	58	4.4%
Any technician position in healthcare except for Patient Care Technician and Certified Pharmacy Technician	50	3.8%
Patient Care Technician (PCT)	31	2.4%
Certified Pharmacy Technician (CPhT)	28	2.1%
Manager in health care setting	21	1.6%
Dental assistant	18	1.4%
Other health-related job	104	7.9%
Was not employed in any health-related jobs before completing highest nursing degree or certificate	455	34.7%

Note: Respondents could select more than one response option.

Current Employment

Hours Working in Nursing per Week (n=1,374)

Respondents were asked “On average, how many hours did your work per week in nursing in the past month?”.

Table 7 shows the distribution of hours worked in nursing per week by survey respondents. Table A2 in Appendix A (page 20) compares the hours worked in nursing per week by license type.

- 65.9% of respondents worked 32-40 hours per week in the past month.

Table 7. Hours working in nursing per week. (n=1,374)

Hours per week	% of Respondents
1-15 hours per week	2.7%
16-23 hours per week	1.9%
24-31 hours per week	5.0%
32-40 hours per week	65.9%
41-50 hours per week	18.4%
51-60 hours per week	3.8%
61 or more hours per week	2.3%

Setting (n=1,372)

Respondents were asked to indicate the type of setting and the department/unit/area they worked most of the time in the past month. Table 8 shows respondents’ settings.

- The majority of respondents worked in an acute care hospital (62.0%).
- Acute care was the most common setting for RNs (69.9%) and LVNs (14.6%).
- The second most common setting for LVNs was Nursing Home/Extended Care (14.1%).
- Respondents who selected “other” setting were asked to specify their setting; responses included substance use treatment and rehabilitation and emergency medicine.

Table A3 (page 20) compares the proportion of respondents and the proportion of total ECNs identified in the 2024 Texas BON licensure file who work in the settings listed. Table A4 (page 20) shows the type of setting by license type. Table A5 (page 21) shows setting by public health region.

Table 8. Facility respondents worked in most of the time in the past month by license type. (n=1,372)

Facility Type	n	%
Acute Care Hospital (not including mental health or rehabilitation facilities)	850	62.0%
Ambulatory Care Setting	118	8.6%
Mental or Behavioral Health Hospital	74	5.4%
Home Health	50	3.6%
Rehabilitation, Long Term Acute Care, or Specialty Hospital	39	2.8%
Nursing Home/Extended Care	35	2.6%
School Health Service	32	2.3%
Community Health	30	2.2%
Hospice	19	1.4%
Critical Access Hospital (federally-designated rural facility)	18	1.3%
Dialysis Center	12	0.9%
Correctional Facility	10	0.7%
Insurance Claims/Benefits	10	0.7%
Public Health	8	0.6%
School of Nursing	6	0.4%
Assisted Living Facility	3	0.2%
Policy/Planning/Regulatory/Licensing Agency	1	0.1%
Other (please specify)	57	4.2%

Department/Unit/Area (n=1,374)

Respondents were asked “In the past month, what department/unit/area did you work in most of the time?”. Table 9 shows the department/ unit/area respondents work in.

- The most frequent department/unit/area respondents worked in the past month was acute care/critical care

Table 9. Department/unit/area respondents worked in most of the time in the past month. (n=1,374)

Unit/Area/Department Type	n	%
Acute Care/Critical Care	271	19.7%
Medical Surgical	152	11.1%
Emergency/Trauma	126	9.2%
Pediatrics (PICU, NICU, etc.)	118	8.6%
Psychiatric/Mental Health/Substance Abuse	67	4.9%
Perioperative	65	4.7%
Maternal-Child Health/Obstetrics	63	4.6%
Geriatric/Gerontology	49	3.6%
Home Health	37	2.7%
Adult Health	33	2.4%
Women's Health	33	2.4%
Cardiology	31	2.3%
Neonatal	31	2.3%
Oncology	31	2.3%
School Health	31	2.3%
Rehabilitation	28	2.0%
Family Health	24	1.7%
Palliative Care/Hospice	18	1.3%
Orthopedics	12	0.9%
Community	10	0.7%
Nephrology	10	0.7%
Public Health	10	0.7%
Anesthesia	2	0.1%
Occupational health	1	0.1%
Other (please specify)	121	8.8%

Note: Percentages add up to greater than 100.0% due to rounding error.

- 8.8% of respondents indicated working in other types of units than those listed as options.

- When asked to specify what those other department/units/areas are, responses included working in multiple units and neurology.

Table A6 in Appendix A (page 22) compares the distribution of department/unit/area respondents work in to the ECN population.

Perceived Support (n=1,371)

Respondents were asked if they feel supported by their peers, supervisor(s), and organization's leadership. Respondents could select all response options that applied.

- 86.2% of respondents reported feeling supported by their peers.
- 47.8% reported feeling supported by their supervisors.
- 24.8% reported feeling supported by their organization's leadership.
- 21.0% reported feeling supported by their peers, supervisors, and organizational leadership.
- 1.0% of respondents reported feeling supported by someone other than the options listed.
- Respondents who selected 'other' were asked to specify who made them feel supported. 3 feel supported by physicians and 3 feel supported by someone in their personal life.
- 6.3% of respondents reported not feeling supported by any person at their work.
- 80 respondents wrote on lacking support in the free comment section. This topic was often brought up as a reason they left a position or are dissatisfied with their current position, one respondent wrote:

“My experience as a nurse has been generally good, but I work for an organization that does not remove the barriers to provide safe, efficient, quality nursing care. It has been highly frustrating to want to provide the very best for my patients and not feel supported by my hospital.”

- 39 respondents wrote about feeling supported by peers or administration helped them through their first year(s) in nursing. One respondent wrote:

“Personally my first years[sic] as a new nurse was very challenging but what made me stay was the support of my coworkers and a couple of my directors.”

Job Satisfaction and Intent to Leave (n=1,379)

Respondents were asked to rate their level of satisfaction with their current nursing position on a scale of 1-10, with 1 being very dissatisfied and 10 being very satisfied. The mean, or average, level of satisfaction was 6.8 and the median level of satisfaction was 7.0. The median represents the middle value, meaning half of nurses stated that their level of satisfaction was less than 7.0 and the other half stated that their level of satisfaction was greater than 7.0.

Respondents were asked about the likelihood of leaving their current position, the bedside, or the nursing profession in the next 12 months. Table 10 shows the proportion of respondents who selected each option for questions on intent to leave.

- 85.4% said it is “not likely at all” that they’ll leave the nursing profession in the next 12 months.
- 32.4% of respondents said it is “somewhat likely” that they’ll leave their current position in the next 12 months.
- 17.4% said it is “very likely” that they’ll leave the bedside in the next 12 months.

Table 10. Likelihood of leaving current position, bedside, and nursing profession in next 12 months.

Likelihood of leaving in the next 12 months			
	Current position (n=1,362)	Bedside (n=1,366)	Nursing profession (n=1,297)
Not likely at all	43.7%	41.2%	85.4%
Somewhat likely	32.4%	25.8%	14.1%
Very likely	23.9%	17.4%	0.5%
Not applicable	-	15.6%	-

Respondents who indicated that they were somewhat or very likely to leave their current position (n=766) were asked to state one aspect of their job their employer could change to improve their job satisfaction or their likelihood of staying with the organization. It was an open-ended question. 644 respondents provided a response to this question. Table 11 shows the 10 most common topics stated in response to this question.

- The respondents that indicated they are somewhat or very likely to leave their current position reported they would be more likely to stay if their employer increased pay (39.3%) or improved staffing (26.0%).

- 15.2% of respondents mentioned issues related to work environment including perceptions of favoritism and discrimination.
- Pay and staffing were also topics mentioned in the free comments section of the survey. 7.2% of respondents commented on pay and 15.4% commented on staffing. One respondent explained how these two factors make it difficult to see themselves in nursing in the long-term:

“lack of resources and pay/bonuses makes this career hard to stick with...I feel stuck and burnt out. I love what I do but I can’t give patients as much care because of lack of staffing, long hours, hard on the body, exhausting mentally, physically and emotionally when all you want to do is help but also live a decent balanced life without having to sacrifice family time and mental health.”

Table 11. Factors ECNs want their employers to change to improve job satisfaction. (n=644)

What ECNs want their employer to change or improve	n	%
Pay	254	39.3%
Staffing	168	26.0%
Work Environment	98	15.2%
Appreciation	53	8.2%
Feel listened/heard	35	5.4%
Professional development and/or career growth opportunities	23	3.6%
Flexibility with scheduling	16	2.5%
Leadership	14	2.2%
Work life balance	11	1.7%
Other	61	9.4%

Note: This was an open response question.

Confidence in Skills and Abilities (n=1,338-1,348)

Respondents were asked to rate how confident they felt in various nursing skills and abilities. Respondents could indicate that they feel “not confident”, “somewhat confident”, or “highly confident”. Table 12 shows the proportion of respondents who selected a level of confidence for a skill or ability.

- 18.2% of respondents felt “not confident” in their ability to ask about their rights related to Safe Harbor.
- Safe Harbor is “a process that protects a nurse from employer retaliation, suspension, termination, discipline, discrimination, and licensure sanction when a nurse makes a good faith request for nursing peer review of an assignment or conduct the nurse is requested to perform and that the nurse believes could result in a violation of the Nursing Practice Act or Board rules.”⁷
- 84.4% of respondents felt highly confident in their ability to collaborate with others.
- With the exception of stress management and their ability to ask about their rights related to Safe Harbor, the majority of respondents felt highly confident in their skills.
- Less than 1.0% of respondents felt not confident in their ability to collaborate with others and their communication skills.
- Table A7 (page 23) shows the differences in confidence in skill or abilities by their highest nursing degree or certificate.
- Table A8 (page 24) shows the differences in confidence in skills or abilities by license type.

Table 12. Respondent confidence levels in skills or abilities. (n=1,338-1,348)

Skill or ability	n	Not Confident	Somewhat Confident	Highly Confident
Clinical skills	1,347	1.2%	28.8%	70.0%
Communication skills	1,343	0.8%	17.5%	81.7%
Critical thinking and problem-solving abilities	1,345	1.1%	29.9%	69.0%
Delegation	1,345	3.3%	33.4%	63.3%
Stress management	1,348	9.6%	49.3%	41.0%
Time management	1,345	2.8%	31.2%	66.0%
Ability to collaborate with others	1,347	0.4%	15.1%	84.4%
Ability to manage complex situations	1,346	2.7%	38.3%	59.0%
Decision-making abilities	1,347	1.6%	30.1%	68.3%
Ability to speak up whenever you have a safety concern	1,338	4.0%	26.2%	69.8%
Ability to ask about your rights related to Safe Harbor	1,343	18.2%	38.6%	43.2%

Note: Percentages across rows might not add up to 100% due to rounding error..

Stressful Experiences (n=1,369)

Respondents were asked if they had stressful experiences or looked for resources to help cope with stressful experiences at their job in the past 12 months. Respondents could select more than one response option.

- 46.6% of respondents had felt so stressed out at work that they considered leaving the nursing profession.
- 26.9% of respondents researched and/or obtained mental health services to cope with work-related stress.

Table 13. Stressful experiences at work in the past 12 months. (n=1,369)

Stressful experience	% of respondents
Felt so stressed out at work that you considered leaving the nursing profession.	46.6%
Suffered an injury at work that caused you to be temporarily or permanently unable to do your job.	5.1%
Researched and/or obtained mental health services to help you cope with work-related stress.	26.9%
None of these have happened in the past 12 months.	40.8%

Note: Respondents could select more than one response option, unless they selected “none of these have happened in the past 12 months.”

- Table A9 (page 24) compares the percent of respondents with previous experience in healthcare that have experienced a stressful event at work to respondents that do not have previous experience in healthcare.

Experiences of Workplace Violence (n=1,367-1,369)

Respondents were asked how frequently they had been bullied, verbally abused, physically abused, or treated with incivility in the past 12 months. Respondents were asked to indicate specifically how often a coworker, supervisor, manager at work, patient, or patient’s visitor had committed any of the types of violence listed in Table 14. Table 14 shows how frequently respondents experienced WPV.

- 42.3% of respondents reported experiencing WPV from a coworker, supervisor, or manager.
- 27.8% of respondents experienced WPV from a patient or a patient’s visitor at least once a month in the past 12 months.
- 80.5% of respondents experienced WPV from a patient or a patient’s visitor in the past 12 months.
- Compared to ECNs, 75.2% of nurses across the career span reported experiencing WPV in the past 12 months.¹³

Table 14. Frequency in experiences of WPV in the past 12 months.

Frequency	In the past 12 months, how often have you been bullied, verbally abused, physically abused, or treated with incivility by:	
	A coworker, supervisor, or manager at work (n=1,367)	A patient or a patient’s visitor (n=1,369)
At least once a day	2.9%	8.7%
At least once a week	7.3%	18.9%
At least once a month	14.2%	27.8%
At least once a year	17.9%	25.1%
Never	57.6%	19.5%

Burnout (n=1,365)

Respondents were asked how frequently they felt burned out in the past 12 months. Table 15 (page 15) shows the proportion of respondents that selected each answer option.

- 33.1% of respondents indicated feeling burned out a few times a month.
- 4.5% of comments were on factors related to feeling burned out. Factors included high patient loads, hostile attitudes from patients, and feeling that they lack support from their peers or supervisors.
- 6.2% of respondents have not felt burned out in the past 12 months.

¹³Texas Center for Nursing Workforce Studies. Workplace Violence Against Nurses Individual Survey. 2024.

Table 15. How frequently respondents felt burned out in the past 12 months. (n=1,365)

Frequency	Number of respondents	% of respondents
Never	85	6.2%
A few times a year or less	373	27.3%
A few times a month	452	33.1%
A few times a week	309	22.6%
Every day	146	10.7%

■ Table A10 (page 24) compares the percent of respondents with and without previous experience in healthcare that have felt burned out in the past 12 months.

First Nursing Job

How Current Position Relates to their First Job (n=1,306)

Respondents were asked how their current position relates to their first job as a nurse. 38.8% of early career nurses' current position is also their first job as a nurse.

60.8% of nurses who have been licensed for 2 years are working at their first job as a nurse.

- 23.9% of nurses who have been licensed for 3-5 years are still working at their first job as a nurse.
- 55.8% of nurses licensed for 3-5 years are no longer employed by the organization where they had their first job as a nurse.

Reason for Choosing their First Job (n=1,349)

Respondents were asked what factors led them to accept their first job as a nurse. Respondents could select more than one reason. Table 16 shows how frequently each reason was selected.

- Job location (58.2%) was the most selected reason for accepting their first job.
- The second and third most selected reasons were the opportunity to participate in a transition to practice program (35.3%) and being offered a position in their first choice of unit or practice specialty area (35.2%).
- 12.5% of respondents selected "other", reasons included the need for income to support family after having financial difficulties during nursing school and the research done at the facility.

Table 16. Reasons for accepting first job as a nurse. (n=1,349)

Reason	% of respondents
Location	58.2%
Opportunity to participate in a transition to practice program (residency program, preceptorship, etc.)	35.3%
Offered a position in my first choice of unit or practice specialty area	35.2%
Pay	34.8%
It was a facility where you completed clinical hours during your nursing education program	23.2%
Flexible scheduling or job sharing	18.9%
Benefits package	18.4%
Shift differential pay	17.6%
Sign-on bonus	16.2%
Magnet designation	12.8%
Tuition reimbursement or loan repayment	11.0%
Career ladder positions for LVNs/RNs	6.9%
Other (please specify)	12.5%

Note: Respondents could select more than one response option.

Support Offered in First Job (n=1,345)

Respondents were asked about the type(s) of support they were offered during their first job.

- 75.3% of ECNs reported participating in an orientation program.
- 65.7% were offered a nurse residency program.
- 63.6% of respondents were offered a preceptorship or mentorship.
- 45.7% were offered professional development opportunities.
- 12 respondents selected “other” and were asked to specify other types of support that were offered. 3 respondents reported shadowing other nurses.

If respondents indicated that they were part of an orientation program, nurse residency program, or preceptorship/mentorship, they were asked how many weeks their mentor or preceptor spent with them. 1,128 respondents provided a response. Responses were filtered to exclude outliers.

- The number of weeks ranged from 0-32 weeks.
- 2 respondents reported spending 0 weeks with their mentor or preceptor.
- 302 respondents reported spending 12 weeks with their mentor or preceptor.
- The median number of weeks spent with a mentor or preceptor was 12 weeks.

8.3% of respondents wrote comments about experiences with mentors or preceptors. A respondent explained how having a preceptor helped them through the challenges of the first years of their career.

“I was scared and, although I had two years of training, felt like I still knew nothing. I doubted myself a lot. I had a great preceptor and he made me feel confident and constantly tested my critical thinking.”

Others also commented on how their residency program allowed them to work in different units of the hospital and find which was the best fit.

Skills Obtained in Their Initial Degree (n=709)

Respondents were asked what part(s) of their role they felt their initial nursing degree or certificate prepared them for. This was an open-ended question.

- 349 (30.2%) respondents reported feeling that their degree or certificate gave them basic clinical skills including patient assessment and medication administration.
- 270 (23.4%) respondents reported feeling that their program had given them general skills such as critical thinking, time management, and communication.
- When divided by license type, medication administration was the skill most frequently reported by LVNs (23 or 25.3%) and critical thinking was the skill most frequently reported by RNs (136 or 22.0%).
- 116 (10.0%) respondents stated that they feel their initial degree or certificate had not prepared them for any aspect of their first job.

Comments on Experience as an ECN

Respondents could provide comments on their experience as an ECN. 616 respondents provided comments. The following themes emerged as topics in respondents' final comments.

COVID-19

59 (9.6%) respondents reported that COVID-19 had affected their education and/or transition into the workforce.

- 24 (3.9%) respondents feel they had fewer opportunities to be trained and learn than in other situations.
- 13 (2.1%) respondents reported feeling stressed and burned out during the pandemic, and some noted still having those feelings.

Feeling Hostility from More Experienced Nurses

- 86 (14.0%) respondents wrote about feeling hostility from other nurses, typically more experienced nurses, in their current or past position. 33 of these respondents reported feeling that they have encountered bullying or incivility.

"I have been bullied many times as a 'baby nurse'. Some nurses really do 'eat their young'. Nurses need to realize that they were once young nurses [*sic*]. They had to be trained, they had to be guided. It is a sad thing that this happens in the nursing profession. This really needs to be taught and focused on. Especially if we want to keep current and future nurses."

Impact of Patient Care

- 27 (4.4%) respondents stated that providing care to their patients is one of the reasons they continue to be nurses even after facing challenges. One respondent wrote:

"I stay in for the patients and to teach other nurses what I was taught to help them become stronger nurses that can help improve future of patients' lives/outcomes."

Overall Thoughts about Nursing

106 (17.2%) respondents wrote how they feel about nursing and what could improve conditions for nurses.

- 20 (3.2%) respondents expressed doubts about staying in nursing.
- 45 (7.3%) respondents provided further insight into what factors have helped them stay in the profession. The most frequent reason is changing their workplace or unit. One respondent commented on how taking a break from a demanding specialty helped them stay in the profession.

"I have recently taken a step back from the ED and although I have learned a lot in that area, I am able to work a lot more efficiently because of my initial clinical training. There were times that I believed I wanted to walk away from nursing, but now realize I needed a change of pace for a while. I am now planning to go back to the ED, as I believe it is where I belong as a professional nurse."

Work Environment

148 (24.0%) respondents commented on their work environment.

- 53 (8.6%) respondents wrote that they feel as if they are working in unsafe conditions. One respondent wrote:

"Despite being the backbone of healthcare, nurses often face inadequate support, unsafe working conditions, and a lack of recognition for their critical role, ultimately compromising both their professional growth and the quality of patient care."

- 33 (5.4%) respondents commented on their management. One respondent stated that in their experience, management is a factor that can set the tone for the start of their career.

"If you have a good team and manager, the first years are great. If you don't, the first years are ROUGH."

Respondents Not Working in Nursing and/or in Texas

The responses of ECNs who are currently not working in nursing in Texas are summarized in the sections below.

Reasons for Not Working in Nursing in Texas (n=87)

Respondents that reported that they are no longer working in nursing in Texas and are NOT actively looking for a job in Texas that requires a nursing license were asked to “mark all the following factors that may have led you to not work in nursing at this time.”

Respondents could select more than one response option. Table 17 shows how frequently each response option was selected.

- 37.9% of respondents stated that they left due to nursing salaries.
- 21.2% of the respondents that reported nursing salaries as a reason also reported that they are now working in nursing in another state.
- 9.2% of respondents selected “other”. The other reasons cited were unsafe working conditions and constantly feeling undervalued.

Number of Years Working in Nursing (n=80)

This group of respondents were also asked the year they last worked in nursing.

- 16.3% respondents worked one year before leaving the profession.
- 31.3% of respondents who no longer work in nursing in Texas worked four years before leaving nursing or leaving Texas.

Table 17. Reasons for not working in nursing in Texas. (n=87)

Reason	% of respondents
Nursing salaries	37.9%
Working as a nurse in another state	34.5%
The stressful nature of the work	31.0%
Personal reasons	18.4%
Working on holidays and/or weekends	16.1%
Decided to go back to school to obtain another degree in nursing	16.1%
Changes in career goals	12.6%
Shift work	11.5%
Decided to go back to school to obtain another degree NOT in nursing	6.9%
Other (please specify):	9.2%

Note: Respondents could select more than one response option.

Appendix A: Tables

Table A1. Characteristics of respondents currently working as nurses, respondents not working as nurses in Texas, the total population of Early Career Nurses, and the total LVN and RN population.

Characteristics	2025 Early Career Nurses Survey Respondents still working in nursing	2025 Early Career Nurses Survey Respondents no longer working in nursing in Texas	Total Population of Early Career Nurses ¹⁴	Total LVN and RN Population
Age	n=1,377	n=92	n=71,060	n=302,886
20 years old or younger	0.1%	0.0%	0.0%	0.0%
21-30 years old	47.3%	45.7%	53.8%	14.0%
31-40 years old	32.5%	40.2%	31.6%	26.8%
41-50 years old	13.7%	9.8%	11.0%	25.3%
51-60 years old	5.6%	3.3%	3.2%	20.3%
61 years or older	0.8%	1.1%	0.4%	13.6%
Sex	n=1,374	n=90	n=71,060	n=302,886
Female	85.9%	73.3%	85.4%	87.4%
Male	14.1%	26.7%	14.6%	12.6%
License Level	n=1,379	n=93	n=71,060	n=302,886
LVN	14.4%	14.0%	17.2%	19.5%
RN	85.6%	85.1%	82.8%	80.5%
Year of Initial Licensure	n=1,379	n=93	n=71,060	-
2019	16.8%	22.6%	19.2%	
2020	24.7%	19.4%	22.7%	
2021	18.3%	28.0%	24.2%	
2022	17.2%	19.4%	22.8%	-
2023	14.7%	5.4%	10.7%	
2024	6.6%	4.3%	0.4%	
2025	1.8%	1.1%	N/A ¹⁵	
Public Health Region¹⁶	n=1,374	-	n=64,026¹⁷	n=302,886
Region 1 - Northwest Texas	4.7%		3.6%	3.9%
Region 2/3 - North Central Texas	37.7%		29.9%	6.4%
Region 4/5N - Piney Woods Texas	4.7%		5.8%	30.5%
Region 6/5S - Southeast Texas	21.2%		24.9%	6.0%
Region 7 - Central Texas	11.8%		12.2%	25.7%
Region 8 - South Central Texas	8.6%		11.2%	11.4%
Region 9/10 - West Texas	6.0%		5.5%	11.7%
Region 11 - South Texas	5.2%		6.9%	4.6%

¹⁴ The total number of ECNs is an estimate. For a description of how this estimate was calculated, see Methods & Analysis section on page 4.

¹⁵ The number of ECNs in 2025 is not included in the population as this data was obtained in September 2024.

¹⁶ Texas Department of State Health Services. Public Health Regions. Accessed August 14, 2025. <https://www.dshs.texas.gov/regional-local-health-operations/public-health-regions>

¹⁷ Public Health Region data was available for 64,026 (90.1%) of ECNs.



Table A2. Survey respondents' hours working in nursing per week by license type (n=1,374)

Hours per week	License Type	
	LVNs (n=197)	RNs (n=1,177)
1-15 hours per week	5.1%	2.3%
16-23 hours per week	2.5%	1.8%
24-31 hours per week	3.6%	5.3%
32-40 hours per week	57.4%	67.3%
41-50 hours per week	20.8%	18.0%
51-60 hours per week	9.1%	2.9%
61 or more hours per week	1.5%	2.5%

Table A3. Respondents' and all ECN's primary setting.

Primary Setting ^a	% of Respondents (n=1,372)	% of Total ECN Population (n=66,425)
Ambulatory Care Setting	8.6%	4.8%
Assisted Living Facility	0.2%	1.0%
Community Health	2.2%	1.4%
Correctional Facility	0.7%	0.9%
Dialysis Center	0.9%	1.1%
Home Health	3.6%	5.2%
Hospice	1.4%	1.4%
Hospital	71.5%	71.3%
Insurance Claims/Benefits	0.7%	0.4%
Nursing Home/Extended Care	2.6%	5.2%
Occupational health	0.0%	0.2%
Policy/Planning/Regulatory/Licensing Agency	0.1%	0.0%
Public Health	0.6%	0.9%
School Health Service	2.3%	1.2%
School of Nursing	0.4%	0.2%
Other (please specify)	4.2%	4.8%

Note: Percentages down columns might not add up to 100% due to rounding error..

^a To compare respondents and ECNs distribution across setting types, the answer options "Acute Care Hospital", "Critical Access Hospital, Rehabilitation", "Long Term Acute Care, or Specialty Hospital", and "Mental or Behavioral Health Hospital" were grouped into the category "Hospital".

^b Work setting information was available for 66,425 (93.5%) ECNs.

Table A4. Respondents' primary setting by license type. (n=1,372)

Primary Setting	License Type	
	LVN (n=198)	RN (n=1,174)
Ambulatory Care Setting	14.1%	7.7%
Assisted Living Facility	1.0%	0.1%
Community Health	10.6%	0.8%
Correctional Facility	3.5%	0.3%
Dialysis Center	1.5%	0.8%
Home Health	11.1%	2.4%
Hospice	0.5%	1.5%
Acute Care Hospital (not including mental health or rehabilitation facilities)	14.6%	69.9%
Critical Access Hospital (federally-designated rural facility)	1.0%	1.4%
Mental or Behavioral Health Hospital	12.1%	4.3%
Rehabilitation, Long Term Acute Care, or Specialty Hospital	5.1%	2.5%
Insurance Claims/Benefits	1.0%	0.7%
Nursing Home/Extended Care	14.1%	0.6%
Policy/Planning/Regulatory/Licensing Agency	0.0%	0.1%
Public Health	0.5%	0.6%
School Health Service	3.0%	2.2%
School of Nursing	0.5%	0.4%
Other (please specify)	5.6%	3.9%

Note: Percentages down columns might not add up to 100% due to rounding error..

Table A5. Respondents' setting by Public Health Region (n=1,372)

Setting	Region 1 - Northwest Texas	Region 2/3 - North Central Texas	Region 4/5N - Piney Woods Texas	Region 6/5S - Southeast Texas	Region 7 - Central Texas	Region 8 - South Central Texas	Region 9/10 - West Texas	Region 11 - South Texas
Ambulatory Care Setting	7.7%	6.6%	9.2%	8.7%	11.1%	14.4%	12.2%	4.3%
Assisted Living Facility	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	1.2%	1.4%
Community Health	4.6%	3.3%	0.0%	1.0%	2.5%	0.8%	1.2%	1.4%
Correctional Facility	0.0%	0.6%	4.6%	0.7%	0.0%	0.8%	0.0%	1.4%
Dialysis Center	0.0%	0.8%	1.5%	1.0%	1.2%	1.7%	0.0%	0.0%
Home Health	1.5%	1.9%	4.6%	3.8%	7.4%	5.9%	3.7%	4.3%
Hospice	0.0%	1.0%	1.5%	1.7%	1.9%	3.4%	1.2%	0.0%
Acute Care Hospital (not including mental health or rehabilitation facilities)	64.6%	66.9%	43.1%	68.2%	54.3%	46.6%	61.0%	60.0%
Critical Access Hospital (federally-designated rural facility)	3.1%	1.4%	3.1%	0.3%	1.2%	1.7%	2.4%	0.0%
Rehabilitation, Long Term Acute Care, or Specialty Hospital	4.6%	1.7%	3.1%	3.8%	5.6%	1.7%	1.2%	1.4%
Mental or Behavioral Health Hospital	1.5%	5.4%	4.6%	3.5%	6.2%	10.2%	8.5%	4.3%
Insurance Claims/Benefits	0.0%	0.2%	0.0%	0.7%	0.6%	1.7%	2.4%	1.4%
Nursing Home/Extended Care	4.6%	1.7%	10.8%	1.4%	3.1%	3.4%	2.4%	1.4%
Policy/Planning/Regulatory/Licensing Agency	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Public Health	0.0%	1.0%	0.0%	0.3%	0.6%	0.0%	0.0%	1.4%
School Health Service	3.1%	2.9%	1.5%	1.7%	1.2%	1.7%	1.2%	5.7%
School of Nursing	0.0%	0.2%	0.0%	0.3%	1.2%	0.0%	0.0%	2.9%
Other (please specify)	4.6%	4.1%	12.3%	2.8%	1.9%	5.9%	1.2%	8.6%



Table A6.Primary department/unit/area of respondents and all ECNs.

Unit/Area/Department Type	% of Respondents (n=1,374)	% of Total ECN Population (n=66,425 ^a)
Acute Care/Critical Care	19.7%	19.3%
Adult Health	2.4%	3.4%
Anesthesia	0.1%	0.1%
Cardiology	2.3%	3.2%
Community	0.7%	0.5%
Emergency/Trauma	9.2%	9.4%
Family Health	1.7%	1.3%
Geriatric/Gerontology	3.6%	4.9%
Home Health	2.7%	2.6%
Maternal-Child Health/Obstetrics	4.6%	4.4%
Medical Surgical	11.1%	13.9%
Neonatal	2.3%	3.6%
Nephrology	0.7%	1.2%
Occupational health	0.1%	0.2%
Oncology	2.3%	2.5%
Orthopedics	0.9%	0.9%
Palliative Care/Hospice	1.3%	1.0%
Pediatrics	8.6%	8.2%
Perioperative	4.7%	4.8%
Psychiatric/Mental Health/Substance Abuse	4.9%	2.6%
Public Health	0.7%	0.5%
Rehabilitation	2.0%	2.1%
School Health	2.3%	1.0%
Women's Health	2.4%	2.9%
Other	8.8%	5.4%

Note: Percentages down columns might not add up to 100% due to rounding error..

^a Information on Unit/area/department type was available for 66,425 (93.5%) ECNs.

Table A7. Respondent confidence levels in skills or abilities by their highest nursing degree or certificate. (n=1,109-1,117)

Skill or ability	Highest Degree	n	Not confident	Somewhat confident	Highly confident
Clinical skills	ADN	219	1.4%	28.8%	69.9%
	Baccalaureate Degree in Nursing	898	1.0%	28.3%	70.7%
Communication skills	ADN	219	0.0%	19.2%	80.8%
	Baccalaureate Degree in Nursing	897	1.0%	17.4%	81.6%
Critical thinking and problem-solving abilities	ADN	218	1.4%	30.7%	67.9%
	Baccalaureate Degree in Nursing	897	0.8%	29.7%	69.6%
Delegation	ADN	219	2.7%	36.1%	61.2%
	Baccalaureate Degree in Nursing	897	3.0%	31.7%	65.3%
Stress management	ADN	219	9.6%	48.9%	41.6%
	Baccalaureate Degree in Nursing	897	9.0%	50.6%	40.4%
Time management	ADN	219	4.1%	32.0%	63.9%
	Baccalaureate Degree in Nursing	895	2.6%	30.9%	66.5%
Ability to collaborate with others	ADN	218	0.0%	16.1%	83.9%
	Baccalaureate Degree in Nursing	897	0.4%	15.4%	84.2%
Ability to manage complex situations	ADN	218	3.7%	37.2%	59.2%
	Baccalaureate Degree in Nursing	898	2.0%	39.2%	58.8%
Decision-making abilities	ADN	218	1.4%	29.4%	69.3%
	Baccalaureate Degree in Nursing	898	1.6%	30.3%	68.2%
Ability to speak up whenever you have a safety concern	ADN	219	4.1%	28.3%	67.6%
	Baccalaureate Degree in Nursing	891	4.3%	26.5%	69.2%
Ability to ask about your rights related to Safe Harbor	ADN	218	20.2%	33.9%	45.9%
	Baccalaureate Degree in Nursing	896	19.5%	40.7%	39.7%



Table A8. Respondent confidence levels in skills or abilities by license type. (n=1,338-1,348)

Skill or ability	Highest Degree	n	Not confident	Somewhat confident	Highly confident
Clinical skills	LVN	193	2.1%	28.0%	69.9%
	RN	1,154	1.0%	28.9%	70.0%
Communication skills	LVN	189	1.1%	14.3%	84.7%
	RN	1,154	0.8%	18.0%	81.2%
Critical thinking and problem-solving abilities	LVN	191	2.1%	29.3%	68.6%
	RN	1,154	1.0%	30.0%	69.1%
Delegation	LVN	190	5.8%	37.4%	56.8%
	RN	1,155	2.9%	32.7%	64.3%
Stress management	LVN	193	13.5%	44.0%	42.5%
	RN	1,155	9.0%	50.2%	40.8%
Time management	LVN	192	2.6%	30.7%	66.7%
	RN	1,153	2.8%	31.3%	65.9%
Ability to collaborate with others	LVN	193	1.0%	12.4%	86.5%
	RN	1,154	0.3%	15.6%	84.1%
Ability to manage complex situations	LVN	191	5.2%	35.1%	59.7%
	RN	1,155	2.3%	38.8%	58.9%
Decision-making abilities	LVN	192	2.6%	28.1%	69.3%
	RN	1,155	1.5%	30.4%	68.1%
Ability to speak up whenever you have a safety concern	LVN	190	3.7%	18.4%	77.9%
	RN	1,148	4.1%	27.4%	68.5%
Ability to ask about your rights related to Safe Harbor	LVN	191	9.9%	32.5%	57.6%
	RN	1,152	19.6%	39.6%	40.8%

Table A9. Stressful experiences at work in the past 12 months. (n=1,369)

Stressful experience	Has worked a healthcare job before completing their highest nursing degree:	
	No	Yes
Felt so stressed out at work that you considered leaving the nursing profession.	51.1%	43.8%
Suffered an injury at work that caused you to be temporarily or permanently unable to do your job.	5.5%	4.7%
Researched and/or obtained mental health services to help you cope with work-related stress.	27.1%	26.9%
None of these have happened in the past 12 months.	37.7%	43.2%

Note: Respondents could select more than one response option.

Table A10. Frequency of feeling burned out in the past 12 months (n=1,302).

Frequency	Has worked a healthcare job before completing their highest nursing degree:	
	No	Yes
Never	5.7%	7.0%
A few times a year or less	26.9%	28.1%
A few times a month	32.5%	32.7%
A few times a week	24.3%	22.4%
Every day	10.6%	9.8%

Appendix B: Early Career Nurses Survey Task Force & Survey Information

Survey Information

The 2025 Early Career Nurses Survey was developed with the Early Career Nurses Survey Task force and beta tested by early career nurses. If you have any questions or would like a copy of the ECN survey instrument, please contact the Texas Center for Nursing Workforce Studies at tcnws@dshs.texas.gov.

Table B1. Early Career Nurses Survey Task Force Members.

Name	Affiliation
Deven Barriault, MSN, RN, NP-D-BC	University of Texas Medical Branch
Serena Bumpus, DNP, RN, NEA-BC	Texas Nurses Association Texas Center for Nursing Workforce Studies Advisory Committee
Donna Carlin, MSN, RN	Texas Higher Education Coordinating Board Texas Center for Nursing Workforce Studies Advisory Committee
Cory D. Church, PhD, RN, NP-D-BC Taskforce Chair	Texas Tech University Health Sciences Center Texas Center for Nursing Workforce Studies Advisory Committee
April Ernst, MSN, RN, CNE	Texas Association of Vocational Nurse Educators Texas Center for Nursing Workforce Studies Advisory Committee
Nora Frasier, DNP, RN, FACHE, NEA- BC, FAONL	Methodist Mansfield Medical Center Texas Center for Nursing Workforce Studies Advisory Committee
Vincent Gore, DNP, MBA, RN, NEA-BC, ACHE	Reeves Regional Health
Deborah K. Klesel PhD, RN, MSN	University of Texas Medical Branch
Patricia Lea, DNP, RN, MSED, CCRN	University of Texas Medical Branch
Renae Schumann, PhD, RN, CLNC, CNE	Texas A&M Corpus Christi Texas Center for Nursing Workforce Studies Advisory Committee
Danette Ver Woert, PhD, MN, RN	Texas Board of Nursing
Sally Williams	DFW Hospital Council Foundation Texas Center for Nursing Workforce Studies Advisory Committee
Karen Wright, DNP, RN, NP-D-BC, NEA-BC	Parkland Health Texas Center for Nursing Workforce Studies Advisory Committee

