



Better, But Not Well

CHANGES IN OREGON NURSE WELL-BEING AND
WORKPLACE CONDITIONS FROM 2022 TO 2025



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ABSTRACT

The COVID-19 pandemic significantly affected the well-being of the nursing workforce, increasing stress, burnout, and strain across healthcare settings throughout the state. This report compares Oregon nurse outcomes in 2022 and 2025 to assess how well-being and workplace experiences have changed over this period. Overall, registered nurses (RNs) reported lower levels of negative emotions and burnout-related symptoms, along with modest increases in perceived workplace support in 2025 compared to 2022. Fewer nurses also reported the need for key workplace improvements, including increased staffing and better patient ratios, suggesting some ease of workplace pressures. Despite these gains, however, many nurses continue to experience high levels of stress and report ongoing gaps in workplace conditions. These findings indicate that while the most acute impacts of the COVID-19 pandemic may have lessened, recovery is a work in progress that requires continued investment in the well-being of the nursing workforce.



INTRODUCTION

The COVID-19 pandemic placed unprecedented strain on the nursing workforce, intensifying longstanding challenges related to stress, burnout, and workforce stability. In Oregon, nurses experienced high levels of emotional distress during the early stages of the pandemic, including concerns about personal safety, the risk of infecting family members, and the psychological toll of rapidly changing work environments (Allgeyer, 2020; Allgeyer, 2021b). As healthcare systems simultaneously faced surges in patient volume and staffing shortages, Oregon nurses experienced increased workloads, role changes, and disruptions to both their professional and personal lives.

Beyond its immediate impacts, the pandemic also functioned as a significant disruption to the relationship between nurses and their workplace. Prior research suggests that major events, or “shocks,” can prompt employees to reevaluate their connection to their organization, influencing decisions about engagement and retention (Allgeyer, 2021a; Holtom et al., 2005; Mitchell et al., 2001). In the context of COVID-19, the scale and duration of the crisis led many nurses to reconsider their roles, workplace conditions, and long-term career plans. This period is associated with increased turnover, workforce instability, and heightened concern among healthcare leaders regarding the sustainability of the nursing workforce (Chan et al., 2021; Johnson, 2022).

As the acute phase of the pandemic subsided, attention shifted toward understanding the longer-term impacts on the nursing workforce. In Oregon, recent analyses indicate that while some indicators of workforce strain have

stabilized, challenges related to emotional well-being, burnout, staffing, and system capacity persist (Allgeyer, 2021b; Allgeyer, 2022). At the same time, there is limited understanding of how nurses’ day-to-day experiences and well-being have evolved during this transition period. To address this gap, this report examines changes in nurse-reported well-being and workplace conditions between 2022 and 2025. By comparing key indicators of workplace emotions, burnout-related symptoms, perceived support, and the need for workplace improvements, this report aims to better understand patterns of recovery and identify areas where challenges remain.

Understanding these trends is critical for informing efforts to support a stable, resilient, and sustainable nursing workforce in the aftermath of the COVID-19 pandemic.

METHODS

Data for this report were drawn from the 2022 and 2025 surveys of Oregon nurses as part of [Oregon Center for Nursing’s Well-being Project](#). For each survey, all licensed nurses in Oregon were invited to participate via an email from the Oregon State Board of Nursing. The 2022 survey was conducted from April 20 through May 2, and the 2025 survey was conducted from June 9 to June 30. For the purposes of this paper, the sample included only RNs practicing in Oregon; respondents who indicated they were practicing outside of Oregon or were not licensed as RNs were excluded.

The final sample included 4,356 nurses in 2022 and 1,885 nurses in 2025 (N = 6,241). To maintain a clear and concise focus, results are included if at least 50% of respondents in either year reported experiencing the outcome, or if there was a difference of 10 percentage points or greater between 2022 and 2025. Descriptive statistics were calculated for all variables, and differences between years were assessed using chi-square tests. A *p*-value of less than 0.05 was considered statistically significant, and results that were not statistically significant are labeled as “ns” (not significant) in the tables.

RESULTS

Workplace Emotions

Oregon RNs reported improvements across nearly all workplace emotions between 2022 and 2025 (see Table 1). Negative emotions—including stress, anxiety, exhaustion, feeling overwhelmed, and feeling undervalued or unappreciated—declined over time. Reports of feeling disconnected from work also decreased, and positive emotions, such as happiness, increased. Despite these improvements,

negative emotions remain widespread among nurses. Even in 2025, many nurses continue to report experiencing stress, frustration, and other forms of emotional strain, indicating that the overall emotional burden of nursing work remains high.

Notably, frustration showed little change over time, in contrast to other emotional indicators. This persistence may reflect ongoing concerns related to broader aspects of the healthcare system, such as workload demands, staffing challenges, or organizational constraints, rather than short-term stressors associated with the peak of the pandemic. Understanding the drivers of persistent frustration will be important for identifying system-level changes that can more effectively address ongoing sources of strain within the nursing workforce. Taken together, these findings suggest that while some aspects of emotional well-being have improved, underlying sources of strain, particularly those contributing to frustration, may remain unresolved.

TABLE 1
CHANGES IN WORKPLACE EMOTIONS, 2022-2025

WORKPLACE EMOTIONS	2022	2025	CHANGE	P-VALUE
Stress	83%	78%	-5	<.001
Frustration	80%	78%	-2	ns
Anxiety	69%	62%	-7	<.001
Exhaustion	68%	54%	-14	<.001
Overwhelmed	63%	54%	-9	<.001
Undervalued	62%	53%	-9	<.001
Unappreciated	60%	51%	-9	<.001
Disconnected	37%	27%	-10	<.001
Happiness	30%	40%	+10	<.001

Workplace Symptoms

Patterns observed in workplace emotions were also reflected in reported increases in workplace symptoms (see Table 2). Oregon RNs reported declines across all measured symptoms between 2022 and 2025, including emotional exhaustion, work-related dread, trouble sleeping, physical exhaustion, and compassion fatigue. These findings suggest that the most acute psychological and physical strain reported by nurses in 2022 had eased somewhat by 2025.

Despite these improvements, many nurses continue to report increases in workplace-related symptoms, suggesting ongoing emotional and cognitive challenges. Emotional exhaustion and work-related dread were the symptoms most frequently reported as having increased across both time periods. Increases in physical symptoms also remain common, with many nurses reporting increases in trouble sleeping and feeling physically exhausted. Similarly, increases in compassion fatigue and doubts about their career path remained

widespread, indicating the continued psychological strains associated with the profession. Overall, these findings indicate that while workplace symptoms improved between 2022 and 2025, key indicators of emotional and physical strain remain common among nurses.

TABLE 2
CHANGES IN REPORTED INCREASES IN WORKPLACE SYMPTOMS, 2022-2025

WORKPLACE SYMPTOMS	2022	2025	CHANGE	P-VALUE
Emotional exhaustion	67%	57%	-10	<.001
Work-related dread	60%	50%	-10	<.001
Trouble sleeping	56%	48%	-8	<.001
Physical exhaustion	55%	47%	-8	<.001
Questioning career path	54%	44%	-10	<.001
Compassion fatigue	52%	43%	-9	<.001

Workplace Stressors

While workplace emotions and symptoms provide insight into Oregon nurses' experiences, workplace stressors may help identify the conditions contributing to those outcomes (see Table 3). From 2022 to 2025, reports of heavy workload and burnout decreased significantly. Despite this, they remained the most reported stressors across both time periods and continued to affect most of the Oregon RN workforce. At the same time, significantly fewer nurses reported working too many hours in 2025, indicating some improvement in workload-related pressures.

In contrast, insufficient communication increased between 2022 and 2025, making it one of the few stressors to worsen over time. This may reflect changes in communication patterns following the acute phase of the COVID-19 pandemic, during which more frequent communication was required. Together, these findings suggest that while some workplace stressors have improved, others persist or have emerged, indicating that the work environment continues to present challenges for Oregon RNs.

TABLE 3
CHANGES IN WORKPLACE STRESSORS, 2022-2025

WORKPLACE STRESSORS	2022	2025	CHANGE	P-VALUE
Heavy/increased workload	70%	56%	-14	<.001
Burnout	63%	54%	-9	<.001
Insufficient communication	48%	52%	+4	.003
Working too many hours	34%	22%	-12	<.001

Workplace Support and Ongoing Needs

In addition to understanding the stressors contributing to these experiences, it is important to examine the extent to which nurses feel supported and where gaps in workplace conditions remain. Nurses reported modest increases in perceived support between 2022 and 2025 (see Table 4). Both the proportion of

nurses reporting adequate support at work and outside of work increased. However, levels of support differed substantially, as nurses consistently reported much higher levels of support outside of work than within the workplace.

TABLE 4
CHANGES IN PERCEIVED ADEQUATE SUPPORT, 2022-2025

ADEQUATE SUPPORT	2022 %	2025 %	CHANGE	P-VALUE
Support at work	32%	37%	+5	.002
Support outside of work	71%	73%	+2	.025

This gap in perceived support within the workplace is reflected in the continued need for improvements in working conditions. While there were notable decreases in the share of nurses indicating the need for more nurses, additional support staff, and improved patient ratios (see Table 5), smaller changes were observed in areas such as recognition. This pattern suggests that the greatest improvements were related to staffing and workload conditions, rather than meaningful recognition or organizational culture. These improvements may also reflect recent policy changes in Oregon, including legislation establishing minimum nurse staffing

standards and patient ratio requirements in hospitals (Oregon House Bill 2697, 2023). Overall, despite these declines, a substantial proportion of nurses continue to report that workplace changes are still needed. Even in 2025, only a small proportion of nurses reported having adequate support at work, and many continued to identify the need for improvements in staffing and workplace conditions. Taken together, these findings highlight a persistent imbalance in which nurses report strong support outside of work but more limited support within their work environments.

TABLE 5
CHANGES IN NEEDED WORKPLACE IMPROVEMENTS, 2022-2025

NEEDED WORKPLACE IMPROVEMENTS	2022 %	2025 %	CHANGE	P-VALUE
More nurses	68%	45%	-23	< .001
More support staff	60%	46%	-14	< .001
Meaningful recognition	51%	46%	-5	< .001
Patient ratios	43%	28%	-15	< .001

DISCUSSION

Overall, findings from this study suggest that Oregon nurse well-being improved between 2022 and 2025, with declines observed across many negative emotions, workplace symptoms, and stressors. These findings indicate that some of the most acute strain experienced during the height of the COVID-19 pandemic may have eased over time. However, these indicators remain widespread, suggesting that the overall burden of nursing work continues to be substantial for many Oregon RNs.

Prior to the COVID-19 pandemic, approximately 17% of the U.S. workforce reported daily sadness, 47% experienced daily stress, and 41% of healthcare workers reported insufficient sleep (Gallup, 2026; Silver et al., 2022). Among nurses, approximately 31% had symptoms of depression, 35–40% reported burnout, and 48% reported high levels of emotional exhaustion (Aiken et al., 2023; Dyrbye et al., 2019; French et al., 2022). During the pandemic, emotional strain increased across the broader workforce, with

daily stress among U.S. workers rising to 53% in 2022 before declining to 50% in 2025 (Gallup, 2026). However, evidence suggests that the psychological burden experienced by nurses was substantially greater, with national data showing that more than half of nurses experienced burnout symptoms on a regular basis during the pandemic (U.S. Department of Health and Human Services, 2022). Similarly, Oregon nurses reported particularly high levels of workplace challenges in 2022, including 83% reporting stress and 63% reporting burnout.

Although conditions improved between 2022 and 2025, levels of emotional strain among Oregon nurses remained substantially elevated relative to both the general workforce and national nursing estimates.

In 2025, 78% of Oregon RNs continued to report stress, compared to 50% of U.S. workers nationally (Gallup, 2026). Similarly, 53% of Oregon nurses continued to report burnout-related stressors in 2025, a level that remains notably high relative to pre-pandemic estimates that approximately 35–40% of nurses nationally experienced burnout symptoms (Dyrbye et al., 2019; French et al., 2022). These findings suggest that while emotional strain increased nationally following the pandemic, nurses—and particularly Oregon nurses—appear to have experienced disproportionately high levels of stress and emotional burden. Although some recovery is evident, the persistence of elevated stress and burnout indicators suggests that nurse well-being remains an ongoing workforce concern.

Findings related to workplace stressors and the lack of support help explain why this recovery remains incomplete. While workload-related pressures have eased, they continue to shape nurses' day-to-day experiences. At the same time, challenges such as communication and organizational processes persist, and workplace support, although improving, remains more limited than support outside of work. Some improvements in perceived workplace conditions may reflect recent policy and system-level efforts in Oregon, including the passage of House Bill 2697 aimed at improving staffing and patient ratios. These findings underscore the importance of policy interventions that directly address nurses' working conditions and highlight the value of incorporating nurses' perspectives when designing and implementing workplace changes. However, continued gaps suggest that implementation and impact may vary across practice settings.

Importantly, these findings have implications for workforce retention. Symptoms such as work-related dread and questioning one's career path reflect ongoing strain that may contribute to attrition, even if the workforce remains stable in overall supply. National data indicate that a substantial share of nurses have considered leaving the workforce, including approximately 20% planning to leave within five years during the pandemic and upward of 40–67% reporting intent to leave their current job more recently (McKinsey & Company, 2023; Mensik, 2021; U.S. Department of Health and Human Services, 2022). In this context, persistent levels of emotional and cognitive strain among nurses in Oregon suggest that reducing attrition will require continued improvements in workplace conditions, rather than solely focusing on workforce supply.

At the same time, the persistence of these emotional and burnout symptoms highlights an important but less understood dimension of workforce well-being: how nurses respond to ongoing strain. While many nurses continue to experience high levels of emotional and physical challenges, they may differ in the extent to which they seek or receive support to manage these difficulties. Understanding these differences is critical, as access to and use of support resources may shape both individual well-being and longer-term workforce outcomes.

Overall, these findings show that the Oregon nursing workforce is recovering but not yet fully restored. While improvements in well-being and workplace conditions are encouraging, key indicators of strain remain elevated, and structural challenges within the work environment persist. Continued attention to staffing policies, workplace support, communication, and organizational practices will be essential to improving retention and ensuring a stable and resilient healthcare system moving forward.

LIMITATIONS

This analysis relies on self-reported survey data collected from registered nurses in Oregon. While these data provide valuable insight into perceived workplace conditions and well-being, they reflect reported experiences rather than objective measures of workload, staffing, or organizational practices.

In addition, this report compares responses across two time points and does not follow the same individuals over time. As a result, observed changes may reflect differences in aggregate responses rather than changes within the same nurses. Shifts in the composition of respondents, including differences in practice setting, role, or experience level, may also influence the observed trends. While the findings suggest improvements in several indicators of well-being and workplace conditions, this report also does not isolate the specific factors driving these changes.

Finally, this study focuses on reported experiences of emotions, symptoms, stressors, and support but does not directly measure outcomes such as turnover, job transitions, or workforce mobility. As a result, while indicators such as work-related dread and questioning one's career path may signal potential workforce risk, they should be interpreted as early indicators rather than direct measures of attrition. Future analyses can examine how these reported experiences relate to workforce outcomes, including retention and patterns of help-seeking among nurses.

NOTE: The survey included a broad range of questions related to workplace experiences, emotional well-being, and support systems. Key measures included questions such as: *“During the last three months, which of the following feelings have you regularly experienced at work?”*; *“During the last three months, have you experienced an increase in any of the following?”*; *“Do you feel like you have adequate emotional support at work?”* (and outside of work); *“Select all work-related stressors you have experienced in the last three months”* and *“What changes in your work environment would make the biggest impact in supporting you?”*



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