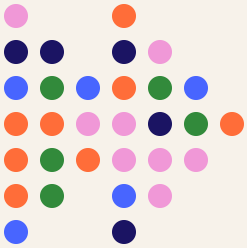
August × asha American Seniors Housing ASSOCIATION

Clinical leaders carry the accountability.



Do they have the authority?

The role of the clinical leader has evolved, and many organizations may be underutilizing their expertise.

A Note From August Health

For decades, my purpose has been helping clinical leaders in senior living thrive through education, well-designed technology and a strong community of peers. It's an honor to partner with ASHA on our third annual survey of the people who lead care in senior living.

This year, we heard from nurse leaders at every level: those at the helm of their organizations, those in regional roles and a purposeful sample of nurses leading in the community. We learned that investments in onboarding and training are positively impacting retention and outcomes. Nearly half are using predictive analytics or AI-driven alerts to better manage risk.

What resonated with me most is where they find meaning: in building relationships, developing their staff and caring for residents and families. Yet, findings suggest that the power they have to effect change in their organizations depends on whether their authority matches what they are held accountable for. This gap is an important signal worthy of further study.

I'm grateful to every nurse who shared their experience. Meaningful progress comes from listening to the people closest to care, then turning what we learn into better tools, stronger support and more opportunities for nurses to lead.



Liz Jensen, PhD, MSN, RN-BC

Senior Director, Nursing Success & Care Innovation
August Health

A Note From ASHA

Clinical leaders are the people who hold care together in senior living, and their experiences deserve a place at the center of our industry's conversations as we collectively work to help our residents "live longer better."

Now in its third year, this survey, conducted in partnership with August Health, has become a valuable benchmark for how clinical leaders experience their work. This year, we broadened the lens, hearing from executives and regional leaders as well as leaders working in our communities every day.

The findings are both encouraging and instructive. Respondents demonstrate a deep commitment to their residents, teams, and organizations. They also indicate that investments in onboarding, training, and leadership development are contributing to stronger perceptions of care quality, job satisfaction, and retention. At the same time, the survey highlights meaningful opportunities for operators to further strengthen support for clinical leaders in ways that can improve workforce stability and enhance the quality of clinical services.

Taken together, these insights provide a more complete picture of the people responsible for leading care delivery in senior living communities. They offer valuable guidance for operators seeking to improve performance and outcomes, while also helping inform ASHA's advocacy efforts on Capitol Hill as we promote greater understanding of the essential role senior living plays in supporting older adults, their families, and our nation's health care system.



David Schless
President & CEO
American Seniors Housing Association

Meet the Taskforce

Our third annual Clinical Leaders Survey gives clinical leaders a direct voice, capturing how they're navigating rising resident acuity, workforce pressures, technology, and professional challenges. This year's taskforce helped shape it by making sure the questions reflected the real issues clinical teams face every day.

Thank you to each member for your time, your input, and your leadership.
This report is stronger because of you.



Lynn Chalk
Vice President, Clinical Services
MBK Senior Living



Gloria Hughes
Chief Operating Officer
Innovation Senior Living



Alli Padelford DNP, RN, CLNC
Vice President of Clinical & Compliance
New Perspective Senior Living



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Camille Jordan
Senior Vice President and Chief Clinical Officer
Brookdale Senior Living



Sara Padilla
Vice President, Health Services
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Executive Summary

Clinical leaders are accountable for a long list of results: care-related risk, regulatory compliance, staffing levels and hours. Yet only one in five say their authority fully matches that accountability (21%), and that gap shapes how empowered they feel to effect change. When the two fully match, 75% feel highly empowered. When they match only slightly or not at all, no one does.

Even so, the vast majority are satisfied or very satisfied in their roles (91%). What they find most rewarding is the people: developing their clinical teams and building relationships with residents and families. In other words, leaders aren't short on reasons to love the work. They're short on the authority to shape it.

Initial findings from a small sample of community-level leaders suggest the gap is widest closest to the resident. More than a third feel not empowered at all (35%), compared with 8% of corporate leaders. These are the leaders who see the day-to-day realities of care first, yet they may have the least say in the decisions that shape it.

The survey also explored resident outcomes, staff retention, and technology. Among the findings:

RESIDENT OUTCOMES AND CLINICAL VISIBILITY

34%

of leaders have reliable access to data on readmissions, highlighting the gap in downstream outcomes visibility

STAFF RETENTION

69%

of leaders credit improved onboarding or leadership development for greater staff retention

TECHNOLOGY

45%

of clinical leaders are piloting or using AI-driven alerts to identify residents at risk, up from 35% a year ago

About the Survey

Clinical leaders in senior living are being asked to do more every year: care for residents with higher needs, answer for more of the organization's results, and make sense of new technology along the way. August Health and ASHA created this survey to understand what that looks like from their seat, and what they need to do the work well. Now in its third year, the State of Senior Living Clinical Leadership Survey was most recently fielded in September 2026.

What it asked

33 questions across four areas: resident outcomes & clinical visibility, technology, staff retention, and the clinical leadership experience, in addition to demographics. Two questions were open-ended.

Who responded

77 clinical leaders across the senior living industry completed the survey, representing organizations of varying populations, sizes, locations and technology stacks. Job roles range from Chief Clinical Officers to a small sampling of community level roles, including Health & Wellness Directors. Of those, 60 work at the corporate or regional level and 17 at the community level.

How it was analyzed

Results are reported as a percentage of completed responses. Differences between community and corporate leaders were tested for statistical significance, and open-ended responses were grouped by theme.

How to read the findings

Participation was voluntary, so the results are directional and not representative of the industry as a whole. Community-level leaders were included for the first time this year. Their findings come from a small sample and should be read as early signals.

77 clinical leaders completed the survey



- 60 at the corporate or regional level
- 17 at the community level

RESPONDENTS BY ROLE

SVP or VP of Clinical	47%
Health & Wellness Director or Director of Nursing	17%
Regional VP or Regional Director of Clinical	12%
Chief Clinical Officer	10%
Other	8%
Senior Director or Director of Clinical	6%

83% have 11 or more years of experience in senior living

39% are with organizations caring for 2,501 or more residents

Key Findings

Authority lags behind accountability.	Only one in five clinical leaders says their authority fully matches what they're accountable for (21%).
When authority matches, leaders feel empowered.	Among leaders whose authority fully matches their accountability, 75% feel highly empowered to effect change. Among those with little or no match, no one does.
Early signals show the gap is widest closest to the resident.	In a small sample of community-level leaders, 35% feel not empowered at all, compared with 8% of corporate leaders.
Investments in people are paying off.	Training is both the top area of new investment (60%) and the one leaders credit most for better resident care (43%).
Visibility into broader resident outcomes is limited.	Most leaders can reliably track compliance with scheduled assessments (82%), but only a third can track readmissions (34%).
Retention gains come from developing people.	Nearly seven in ten credit improved onboarding or leadership development with their biggest retention gains (69%).
AI is moving from interest to implementation.	Nearly half of leaders are piloting or using AI to identify residents at rising risk (45%).
Fragmentation is still the day-to-day technology problem.	Leaders report nearly eight in ten care teams log into two or more systems per shift (79%).

THE CLINICAL LEADERSHIP EXPERIENCE

Leaders Find the Work Rewarding, But Authority Lags Behind Accountability

91%

are satisfied or very satisfied with their current job

21%

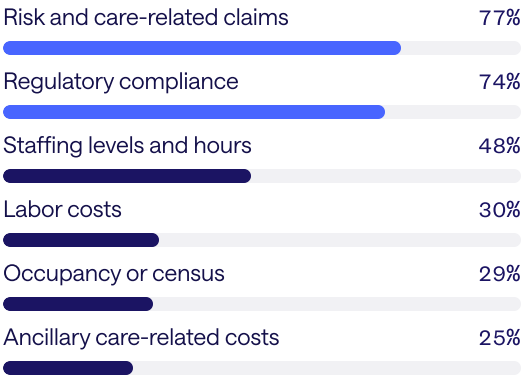
say their influence and authority completely match their accountability

The vast majority of clinical leaders report being satisfied or very satisfied with their current job (91%). When asked what makes the work rewarding, corporate leaders most often pointed to mentoring and developing clinical staff, while community leaders pointed to their relationships with residents and families.

That satisfaction exists alongside real constraints. Leaders at both the corporate and community level named work/life balance among their top stressors, and the list of what they answer for is long. The majority of respondents shared that they are accountable for metrics such as risk and care-related claims (77%) and regulatory compliance (74%), and nearly half are accountable for staffing levels and hours (48%).

Perhaps the most telling constraint is the gap between authority and accountability. When asked how well their influence and authority match what they're accountable for, more than half of respondents said it mostly does (58%), while only one in five said it matches completely (21%). The difference shows up in how empowered leaders feel. Among leaders whose authority fully matches their accountability, 75% feel highly empowered to effect change. That drops to 20% among those whose authority mostly matches, and to none among those whose authority matches only slightly or not at all. In other words, "mostly" isn't enough.

WHAT CLINICAL LEADERS ANSWER FOR



THE CLINICAL LEADERSHIP EXPERIENCE

Early Signals Show Empowerment Gap Is Widest Closest to the Resident

This year's survey included a small sample of community-level leaders, such as Health & Wellness Directors and Directors of Nursing. While limited, these initial findings indicate that leaders working in the community have a very different experience than their corporate peers. In fact, only 6% of community leaders feel highly empowered to effect change, compared with 33% of corporate leaders. More than a third feel not empowered at all (35%), compared with just 8% of their corporate counterparts.

The differences extend beyond empowerment. Community leaders were less likely to be very satisfied with their job (12%, compared with 48% of corporate leaders) and more likely to name staffing budgets as a top stressor (59%, compared with 5%). Additionally, more than half said they have no role in technology decisions (53%), compared with only 3% of corporate leaders.

These early signals point to an area worth exploring more closely in future surveys.

FEEL NOT EMPOWERED AT ALL

35% of community leaders

8% of corporate leaders

READING THESE RESULTS

Community-level findings reflect a small sample and should be read as early signals.

HOW THE EXPERIENCE DIFFERS BY LEVEL	COMMUNITY (N=17)	CORPORATE (N=60)
Highly empowered to effect change	6%	33%
Not empowered at all	35%	8%
Very satisfied with their job	12%	48%

Community level (n=17) includes Health & Wellness Directors, Directors of Nursing, and four write-in community roles. Corporate level (n=60) includes corporate and regional leaders.

THE CLINICAL LEADERSHIP EXPERIENCE

Leaders Want to Be Trusted to Use Their Experience

When asked what would need to change for them to feel more empowered, leaders at both levels described the same need, but in slightly different terms.

CORPORATE LEADERS

Corporate leaders want a place in executive decisions. Many voiced a desire for clinical to be recognized as a partner at the senior leadership level, with the authority to make clinical decisions that aren't always driven by financial considerations.

"A seat at the senior executive table so I can represent clinical needs in a clinical way."

"Authority to make clinical decisions to improve clinical outcomes, not always financial focused."

COMMUNITY LEADERS

Community leaders, on the other hand, want trust and respect inside their own building. They asked for more autonomy, less micromanaging, and a real say in changes that affect their residents and teams.

"Hold me accountable but do not micromanage. Take my opinions seriously and not act like I have no input."

"Being able to be heard and allowed to demonstrate role outcome."

Quotes are open-ended responses to "What would need to change for you to feel more empowered in your role?"

In both cases, leaders are asking to be trusted with the judgment they already have.

THE CLINICAL LEADERSHIP EXPERIENCE

The Role Now Calls for More Than Clinical Expertise

70%

of clinical leaders named at least one business skill when asked what skills would help them most in their role

86%

of Chief Clinical Officers and SVP/VPs named at least one business skill

The skills clinical leaders want to build say a lot about how the job is changing. When asked which skills would help them most, seven in ten named at least one business skill: AI applications (35%), strategic and business planning (30%), data interpretation (18%), or financial acumen (17%). Among Chief Clinical Officers and SVP/VPs, that number rises to 86%.

These priorities mirror what leaders are being asked to take on. Beyond clinical outcomes, many are accountable for labor costs (30%), occupancy or census (29%), and ancillary care-related costs (25%).

Many are also involved in technology decisions, with 43% expected to evaluate the evidence and recommend whether to purchase. In other words, leaders are looking for the skills to match responsibilities they already carry.

People development remains a priority as well. A quarter of leaders want to strengthen their coaching and team development skills (25%), and it matters most below the VP level. That fits with what leaders find rewarding about the work: mentoring and developing clinical staff was the most common answer (57%).

SKILLS THAT WOULD HELP MOST WITH CURRENT ROLE

Top six responses. Select up to 2.



RESIDENT OUTCOMES & CLINICAL VISIBILITY

Leaders Are Investing in People and Partnerships to Improve Outcomes

60%
invested new or increased resources in in-services and training

90%
have integrated at least one health care program or partnership

34%
have reliable access to their readmission rate

When it comes to improving resident care, clinical leaders are putting their resources into the people who deliver it. Over the past year, in-services and training topped the list of new or increased investments (60%), followed by caregiver staffing (49%), nursing staffing (48%), and wages and benefits (43%).

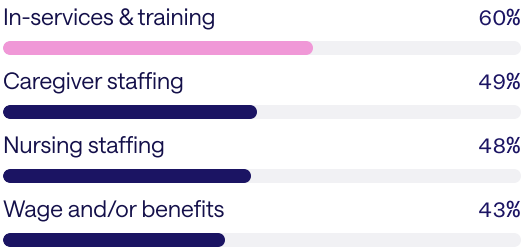
Those investments also appear to be paying off. When asked which had the largest positive impact on resident care outcomes, leaders again pointed to training first (43%), followed by nursing staffing and caregiver staffing (36% each).

Outside partners are playing a growing role as well. Nine in ten leaders have built at least one external program or partnership into their clinical model, most often preferred partnerships for services like therapy, hospice, and home health (81%) and preferred pharmacy partnerships (81%). Service partnerships in particular have grown, up from 71% in 2025. In addition, three-quarters say integrating these programs and partnerships has had at least some impact on their outcome measures (75%), including 26% who report outcomes have demonstrably improved.

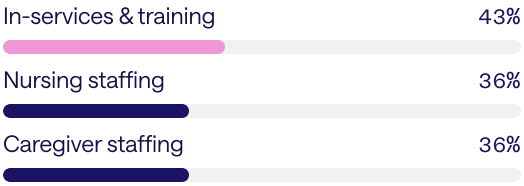
Formal accreditation is less widespread. About seven in ten organizations participate in at least one accreditation program (71%), and among those that do, only one in five say it has had a high impact on outcomes.

9 in 10
have integrated at least one health care program or partnership into their clinical model

NEW OR INCREASED INVESTMENT, PAST YEAR



LARGEST POSITIVE IMPACT ON RESIDENT CARE OUTCOMES



RESIDENT OUTCOMES & CLINICAL VISIBILITY

Visibility Into Resident Outcomes Remains Limited

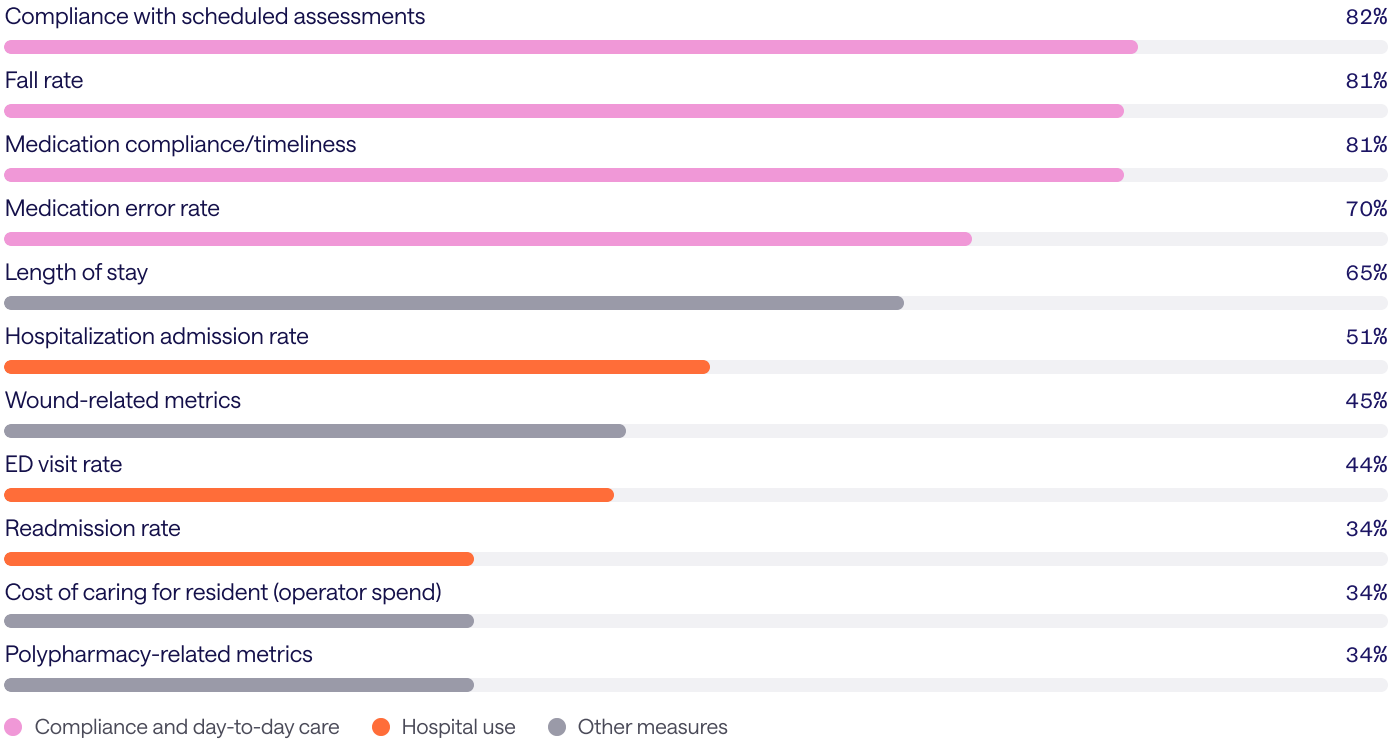
While leaders are investing in better outcomes, they can't always see whether those outcomes are improving. Most have a handle on compliance and day-to-day care, with the majority able to reliably track compliance with scheduled assessments (82%), fall rate (81%), and medication compliance and timeliness (81%).

However, they have a less consistent view of broader resident outcomes. Only half can reliably track hospital admissions (51%), fewer can track emergency department visits (44%), and just a third can track readmissions (34%).

1 in 3

clinical leaders has reliable access to their readmission rate

OUTCOME MEASURES LEADERS HAVE RELIABLE ACCESS TO



Question: "Which of these outcome measures do you have reliable access to? Select all that apply."

STAFF RETENTION

Retention Gains Are Coming From How Organizations Develop Their People

58%
say an improved onboarding experience helped them retain staff

38%
point to leadership/management development

47%
say care-delivery technology helps them retain staff

Staffing has been a consistent theme since this survey began. In 2024, hiring and retention ranked alongside training and upskilling as the top workforce challenges, and in 2025, training and upskilling moved ahead. This year, the survey asked a different question: what's working?

The answer has more to do with how organizations support their people than how many they hire. When asked which strategies have made the biggest impact on their ability to retain staff, leaders most often pointed to an improved onboarding experience (58%), followed by leadership and management development (38%). In fact, nearly seven in ten credit at least one of the two (69%).

Technology is playing a part as well. Nearly half of leaders say technology has had a positive impact on retention (47%), while very few report a negative one (3%).

Taken together, these findings suggest the staffing conversation is becoming less about filling open roles and more about building an environment where people can succeed once they arrive.

69%
credit improved onboarding or leadership development with their biggest retention gains

BIGGEST IMPACT ON ABILITY TO RETAIN STAFF

Top five strategies. Select up to 3.



CARE-DELIVERY TECHNOLOGY'S IMPACT ON RETENTION OF NURSES, MED TECHS, AND CAREGIVERS



TECHNOLOGY

AI Is Moving From Interest to Implementation

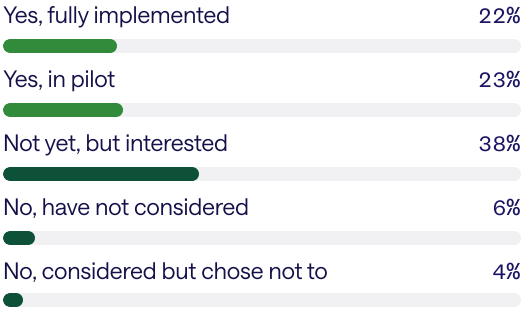
45%
are piloting or using predictive analytics or AI-driven alerts

79%
of care teams log into two or more separate technologies per shift

86%
play at least one role in technology decisions

Clinical leaders are beginning to put AI to work. When asked whether they use predictive analytics or AI-driven alerts to identify residents at rising or high risk, 45% said they are either piloting it (23%) or have fully implemented it (22%). That's up from about 35% in 2025. At the same time, the share who are interested but not yet using it fell from roughly 46% to 38%, which suggests that interest is turning into action.

USING PREDICTIVE ANALYTICS OR AI-DRIVEN ALERTS



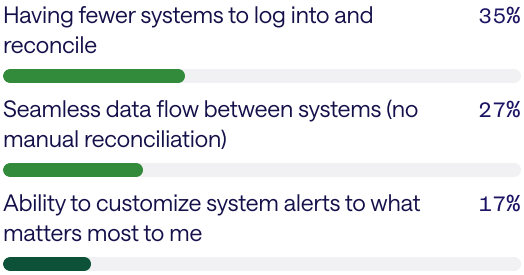
Fragmentation Is Still the Day-to-Day Problem

While leaders are adopting more technology, the practical challenge is getting it all to work together. Nearly eight in ten say their care teams log into two or more systems per shift (79%), with most using two to three (70%).

It's no surprise, then, what leaders would fix first. When asked to name the one technology pain point they would solve tomorrow, the top answer was having fewer systems to log into and reconcile (35%), followed by seamless data flow between systems (27%). Together, more than six in ten chose one of the two (62%).

THE ONE TECHNOLOGY PAIN POINT TO SOLVE TOMORROW

Top three responses



TECHNOLOGY

Clinical Leaders Shape Technology Decisions Without Owning Them

86%
play at least one role in technology decisions and investments

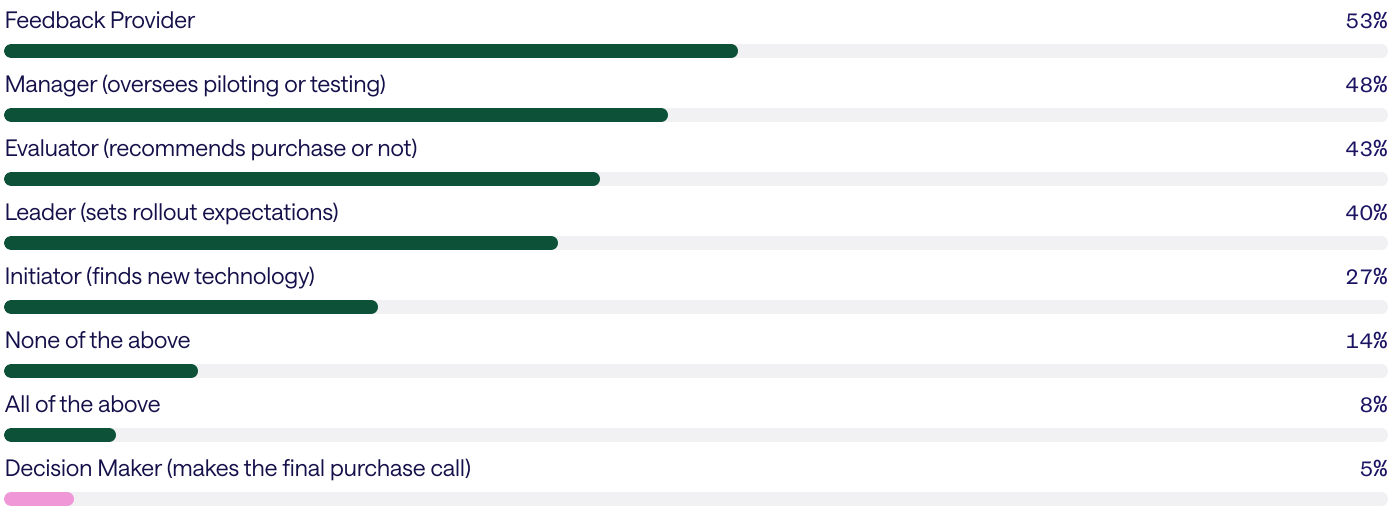
5%
make the final purchase call with no further approval needed

Clinical leaders are deeply involved in how technology gets chosen and rolled out. The majority play at least one role in the process (86%), whether that's providing feedback and subject matter expertise (53%), overseeing pilots and testing (48%), or evaluating the evidence and recommending whether to purchase (43%).

However, the final call usually sits elsewhere. Leaders most often named the CEO or President as the final decision maker (42%), followed by the COO or VP of Operations (16%) and a cross-functional committee (16%). Only 13% said the decision rests with the CNO or VP of Clinical. In other words, clinical leaders are central to determining whether technology works clinically, even when they are not the final buyer.

ROLE IN TECHNOLOGY DECISIONS

"What is your role in technology decisions and investments in your organization? Select all that apply."



8% of respondents selected "All of the above"; those responses are shown separately and not added to individual roles.

KEY TAKEAWAYS

Closing the Gap Between Accountability and Authority

Clinical leaders in senior living find the work rewarding, and they carry a great deal of responsibility for how their organizations perform. However, their authority doesn't always match what they're accountable for. When it does, leaders are far more likely to feel empowered to effect change.

For owners and operators, this points to an opportunity. Clinical leaders already answer for risk, compliance, and staffing, and most help evaluate and roll out technology. As such, organizations should consider where clinical leaders could have a stronger voice in the decisions tied to those results, whether that's staffing, programs, or the systems their teams use every shift.

For executive clinical leaders, the early signals from community-level leaders are worth a closer look. While the sample was small, leaders closest to residents reported feeling far less empowered than their corporate peers. If investing in staff development is improving retention and resident outcomes, it stands to reason that developing and empowering community-level leaders is a good place to start.

For the industry, the opportunity is to recognize that clinical leadership isn't one role. It spans the boardroom and the building, and supporting it means looking closely at every level. Leaders are already showing what works: they credit training, onboarding, and leadership development with better resident care and stronger retention. Seven in ten also want to build business skills, from AI to strategic planning. Applying that same investment to clinical leaders themselves, and giving them a stronger voice in the decisions they help carry out, is how senior living can make the most of the clinical expertise within its own walls.

FOR OWNERS/OPERATORS

Consider where clinical leaders could have a stronger voice in the decisions tied to their results.

FOR EXECUTIVE CLINICAL LEADERS

Don't just ask community leaders for input. Act on it.

FOR THE INDUSTRY

Clinical leadership isn't one role. Support it at every level.

Complete results for every closed-ended question, in the order they were asked. Percentages are based on all 77 completed responses. For questions that allowed more than one answer, totals exceed 100%. For single-answer questions, totals may not equal 100% due to rounding.

RESIDENT OUTCOMES & CLINICAL VISIBILITY

Q1 In the past year, where has your organization invested new or increased resources to strengthen clinical staff/services? Select all that apply.

Nursing staffing	48%
Caregiver staffing	49%
Med tech staffing	39%
Recruiting marketing	36%
New hire incentives	25%
In-services & training	60%
External education (e.g., tuition reimbursement)	27%
Wage and/or benefits	43%
External partnerships for care coordination services	29%
Virtual or on-call nursing services	9%
N/A	5%
Other	8%

Q2 Which investments have had the largest positive impact on resident care outcomes? Select up to 3.

Nursing staffing	36%
Caregiver staffing	36%
Med tech staffing	23%
Recruiting marketing	6%
New hire incentives	9%
In-services & training	43%
External education (e.g., tuition reimbursement)	4%
Wage and/or benefits	23%
External partnerships for care coordination services	14%
Virtual or on-call nursing services	4%
N/A	8%
Other	1%

Q3 Which of these outcome measures do you have reliable access to? Select all that apply.

None of the above	1%
Hospitalization admission rate	51%
ED visit rate	44%
Readmission rate	34%
Length of stay	65%
Cost of caring for resident (operator spend)	34%
Fall rate	81%
Medication error rate	70%
Compliance with scheduled assessments	82%
Polypharmacy-related metrics	34%
Wound-related metrics	45%
Medication compliance/timeliness	81%

Q4 Which of these quality validation/accreditation programs does your organization participate in? Select all that apply.

ACHC Assisted Living Accreditation	12%
CARF Accreditation	8%
Joint Commission Accreditation for Assisted Living	12%
Joint Commission / Alzheimer's Association Memory Care Certification	14%
Memory Care Licensing	35%
National Center for Assisted Living (NCAL) National Quality Award Program	21%
None of the above	29%
Other	5%

Q5 To what degree does participating in a quality/validation/accreditation program impact resident outcomes?

High impact, outcomes have demonstrably improved	14%
Some impact	23%
Low impact, outcomes have not demonstrably improved	8%
Unsure	22%
Too early to tell	6%
N/A	26%

Q6 Which of the following health care programs have you integrated into your clinical care or clinical partnership model? Select all that apply.

ACCESS Model	1%
ACO REACH	6%
External care coordination services (e.g., Nurse navigators, care managers)	17%
GUIDE Model	17%
IE-SNP/I-SNP/D-SNP	4%
MAHA ELEVATE	1%
MSSP	3%
Preferred external partnerships (e.g., PT/OT, hospice, home health)	81%
Preferred pharmacy partnership (e.g., services, pharmacist consultant)	81%
None of these	10%
Other	1%

Q7 To what degree has integrating these health care programs or partnerships impacted your outcome measures?

High impact, outcomes have demonstrably improved	26%
Some impact	49%
Low impact, outcomes have not demonstrably improved	5%
Unsure	8%
Too early to tell	4%
N/A	8%

STAFF RETENTION

Q8 In the past year, what strategies have made the biggest impact on your ability to retain staff? Select up to 3.

Hired more nurses	13%
Hired more caregivers	19%
Hired more med techs	13%
Increased wages	36%
Improved onboarding experience	58%
Changes in benefits (e.g., insurance, PTO, tuition reimbursement)	10%
Technology for shift scheduling, PTO tracking	17%
Changes in policies to support work/life balance (e.g., flexible scheduling)	16%
Partnered with vocational/trade schools (eg., train onsite, commit to staying)	1%
Upskilling or career ladders	14%
Leadership/management development	38%
N/A	6%
Other	3%

Q9 How have investments in care-delivery technology (e.g., EHR/eMAR, Point of Care documentation, Fall detection technology, etc.) impacted job retention of nurses, med techs, and caregivers?

Positive impact, it helps me retain staff	47%
Not a significant impact	23%
Negative impact, I'm losing staff due to tech burden	3%
Unsure	19%
N/A	8%

Q10 On average, what percentage of your shifts are filled by agency or contract staff?

0%	42%
1–10%	52%
11–25%	6%
26–50%	0%
50%+	0%

TECHNOLOGY

Q11 How many separate technologies does your care team typically log into during one shift?

1	21%
2–3	70%
4–5	8%
6+	1%

Q12 Are you using predictive analytics or AI-driven alerts in your clinical workflows to identify rising-risk or high-risk residents?

Yes, fully implemented	22%
Yes, in pilot	23%
Not yet, but interested	38%
No, have not considered	6%
No, considered but chose not to	4%
N/A	6%

Q13 Where is technology making the biggest day-to-day impact on your role? Select up to 2.

Using predictive analytics and insight reporting powered by AI	13%
Catching resident risk earlier (falls, decline, wandering)	31%
Empowering effective shift-handoffs	3%
Reducing time spent on documentation	25%
Improving visibility into compliance metrics	35%
Improving visibility into incidents and resident status	36%
Making the case for staffing or budget decisions	3%
Reducing the number of data and reports I have to reconcile	8%
Operations teams can self-access & understand focus areas	6%
Empowering our partnership with health care providers	6%
Easier to prepare records for requests (e.g., insurance claim, litigations)	4%
N/A	10%
Other	0%

Q14 If you could solve one technology pain point tomorrow, what would it be?

Having fewer systems to log into and reconcile	35%
Simplifying credential management (usernames/passwords)	6%
Ability to customize system alerts to what matters most to me	17%
Better data on financial/operational KPIs for leadership	4%
Extended visibility across communities	6%
Seamless data flow between systems (no manual reconciliation)	27%
N/A	3%
Other	1%

Q15 What is your role in technology decisions and investments in your organization? Select all that apply.

None of the above	14%
Initiator: I find new technology and make the ask to evaluate it	27%
Feedback Provider: I participate in evaluating new technology and provide subject matter expertise	53%
Manager: I oversee piloting or testing of new technology	48%
Evaluator: I'm expected to evaluate the evidence and recommend purchase or not	43%
Decision Maker: I make the final purchase call; no further approval needed	5%
Leader: I set rollout expectations, communicate the plan, hold teams and vendors accountable, and monitor outcomes	40%
All of the above	8%

Q16 If you are not the final decision maker on clinical technology purchases, who typically is?

CEO/President	42%
COO / VP Operations	16%
CFO	5%
CIO / CTO	1%
CNO / VP Clinical	13%
A committee (cross-functional)	16%
N/A, I am the final decision maker	5%
Other	3%

THE CLINICAL LEADERSHIP EXPERIENCE

Q17 Overall, how would you rate your current job satisfaction?

Very dissatisfied	1%
Dissatisfied	8%
Satisfied	51%
Very satisfied	40%

Q18 What is the most stressful factor impacting your job satisfaction? Select up to 2.

Regulatory paperwork	16%
Staffing budget	17%
Lack of clinical authority	12%
Staff turnover	30%
Compensation	8%
Promoting positive clinical/care culture	13%
Being the only clinical leader across multiple communities	10%
Lack of direct management of community nurses	5%
Not having a 'seat' at the table for decision making	18%
Challenging to keep work/life balance	32%
Other	4%

Q19 What's the most rewarding part of your job? Select up to 2.

Direct resident/family relationships	27%
Mentoring and developing clinical staff	57%
Seeing measurable improvement in resident outcomes	42%
Autonomy in clinical decision-making	9%
Team culture and camaraderie	25%
Being trusted as a clinical authority	17%
Professional growth and learning	9%
Ability to maintain work/life balance	3%
Other	1%

Q20 What's one thing your organization could change tomorrow that would make the biggest difference in your job satisfaction?

Open-ended question. Individual responses are not shown.

Q21 Which skill(s) would help you most in your current role? Select up to 2.

Financial acumen	17%
AI applications for my role	35%
Change management	3%
Data interpretation	18%
Delegation and scope of practice	8%
Coaching or team development	25%
Strategic/business planning	30%
Compliance/regulatory expertise	21%
Conflict resolution	12%
Other	6%

Q22 How are you currently investing in your own professional development? Select all that apply.

Attending conferences or industry events	73%
Pursuing an additional certification or credential	25%
Enrolled in a degree or formal education program	5%
Participating in a mentorship program (as mentor or mentee)	16%
Self-directed learning (webinars, podcasts, reading)	66%
Active in a peer network or professional association	39%
None of the above	10%
Other	1%

Q23 Which of the following financial and operational metrics are you directly responsible or accountable for managing? Select all that apply.

Labor costs	30%
Staffing levels and hours	48%
Regulatory compliance (survey citations, complaints)	74%
Risk and care-related claims (falls, elopement, skin integrity)	77%
Ancillary care-related costs (therapy, DME, etc.)	25%
Occupancy or census	29%
None of the above	9%
Other	5%

Q24 Does your influence and authority match what you're actually held accountable for?

Not at all	4%
Slightly	17%
Mostly	58%
Completely	21%

Q25 How empowered do you feel to effect change in your organization?

Not empowered at all	14%
Empowered in certain areas	58%
Highly empowered	27%

Q26 What would need to change for you to feel more empowered in your role?

Open-ended question. Responses are summarized by theme on page 10.

ABOUT THE RESPONDENTS

Q27 What title best describes your current role?

Chief Clinical Officer (or equivalent)	10%
Senior Vice President or Vice President of Clinical (or equivalent)	47%
Regional Vice President or Regional Director of Clinical (or equivalent)	12%
Senior Director or Director of Clinical (or equivalent)	6%
Health & Wellness Director or Director of Nursing (or equivalent)	17%
Other	8%

Q28 How many residents are being cared for across all of your organization's Assisted Living and Memory Care communities? (exclude Independent Living)

1–500 residents	19%
501–1,000 residents	10%
1,001–2,500 residents	31%
2,501–5,000 residents	14%
5,001+ residents	25%

Q29 How many years of experience do you have in senior living?

0–2	0%
3–5	5%
6–10	12%
11–20	40%
21+	43%

Q30 How many total communities are in your organization's portfolio?

1–10	22%
11–25	27%
26–50	16%
51–99	21%
100+	14%

Q31 How many states does your organization operate in?

1	14%
2–5	26%
6–10	36%
11–20	12%
21–40	12%
41+	0%

Q32 How many of those states are you personally accountable for?

1	27%
2–5	25%
6–10	26%
11+	13%
N/A	9%

Q33 What business lines does your organization own and/or operate? Select all that apply.

Assisted Living	99%
Memory Care	100%
Independent Living	84%
Active Adult	3%
Skilled Nursing	25%
CCRC/Life Plan	13%
Home Health	8%
Hospice	6%
Therapy	5%
Primary Care	5%
Pharmacy	6%
Staffing agency	0%
Other	4%