



MONTHLY EXECUTIVE BRIEFING

The Healthcare Talent Market Is Shifting. The Workforce Challenge Isn't.

A monthly executive briefing on healthcare workforce trends, recruitment strategy, and talent intelligence.

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Hiring Is Changing. Workforce Pressure Remains.

Healthcare employment continued to grow in August, adding **13,000 jobs**—well below the sector's average monthly gain of **32,000** over the prior 12 months. Home health care added about 11,000 jobs and hospitals about 8,000.¹

That isn't a booming market, and it isn't a collapsing one. Hiring is changing. The pressure inside healthcare organizations is not.

Nurses Aren't Leaving Nursing. Some Are Leaving Employers.

AMN Healthcare's 2026 Healthcare Workforce Outlook Survey of 4,040 healthcare professionals found that **79%** of nurses intend to remain in nursing, but only **51%** plan to stay with their current employer—a 28-point gap. Only 18% of nurses consider current staffing levels adequate, and 41% report satisfaction with their workload.²

Career Development Is a Retention Strategy

New research released September 28 by AONL and Laudio—drawing on data for 41,500 RNs and 70,500 clinical-ladder applications—found that nurses who advanced through clinical ladder programs early in their tenure were associated with a **10-percentage-point increase** in second-year retention.³

The financial stakes are clear. NSI reports average staff RN turnover of 17.6%, an estimated **\$60,090** cost for each RN turnover, and an average annual hospital cost of \$5.19 million.⁴ Career development isn't only an employee-development strategy. It can be a workforce-retention strategy.

ON THE MARK PERSPECTIVE

The nursing shortage and an organization's nursing shortage aren't necessarily the same problem.

Some nurses aren't leaving nursing—they're leaving employers. That connects recruiting strategy directly to retention, workload, leadership, internal mobility and employee experience.

OCTOBER BY THE NUMBERS

Healthcare jobs added, August **13,000¹**

Nurses planning to stay with their current employer **51%²**

Second-year retention, early clinical-ladder advancement **+10 pts³**

Estimated cost of each RN turnover **\$60,090⁴**

BOTTOM LINE

Healthcare hiring is slowing. Workforce pressure isn't. The organizations that respond best will treat retention and development as part of the talent pipeline—not separate from it.



Time-to-Fill Isn't the Same as Time-to-Capacity

The Physician Signal

AAPPR's 2026 benchmarking report, based on more than 10,000 physician and provider searches, found a median physician time-to-fill of 119 days. But the typical physician began work 229 days after the position was posted—reflecting credentialing, privileging, licensing and onboarding.⁵

119 days

Median physician time-to-fill

229 days

Typical time from posting to start

Half of physician searches remained open at year-end, up from 47% in 2023. Recruiters carried a median of 36.5 searches each, while median internal physician-recruitment budgets declined 7.4% year over year.⁵ A dashboard that tracks only time-to-fill can understate how long the organization operates without that physician providing care.

The TA Capacity Signal

In NSI's 2026 report, **71.8%** of hospitals anticipated increasing their RN workforce—yet only **26.7%** anticipated increasing their recruitment budget, and just **6.8%** planned to add recruitment staff.⁴

Across industries—these figures are not healthcare-specific—SHRM's 2026 benchmarking found a 67% increase in median requisitions per recruiter at extra-large organizations, and a median 97% of nonexecutive positions filled externally, versus 93% in 2025.⁶

THE EXECUTIVE QUESTION

Are we responding to workforce pressure by recruiting harder—or by building a workforce that is easier to retain, develop and deploy?

SOURCES

1. U.S. Bureau of Labor Statistics. *The Employment Situation – August 2026*.
2. AMN Healthcare. *2026 Healthcare Workforce Outlook Survey*. Sept. 2026.
3. AONL & Laudio. *Innovations in Clinical Ladder Programs: Trends and Strategies*. Fall 2026.
4. NSI Nursing Solutions. *2026 NSI National Health Care Retention & RN Staffing Report*.
5. AAPPR. *2026 Physician and Provider Recruitment Benchmarking Report*. Sept. 2026.
6. SHRM. *2026 Recruiting Executives Benchmarking: Attracting Critical Talent*. June 2026.
7. American Hospital Association. *2026 Health Care Workforce Scan*.

FOUR EXECUTIVE ACTIONS

01**Look beyond vacancy**

Determine why recurring vacancies exist.

02**Measure the full timeline**

Time-to-fill isn't the same as time-to-capacity.

03**Build before you buy**

Treat development and internal mobility as talent pipelines.

04**Measure TA capacity**

Hiring goals without recruiting capacity create their own constraint.

THE BOTTOM LINE

The answer isn't simply more recruiting. The AHA's 2026 Workforce Scan points the same way—redesigning staffing models, upskilling existing workers and redefining roles.⁷ The strongest organizations will combine recruiting, retention, development, workforce design and intelligence.