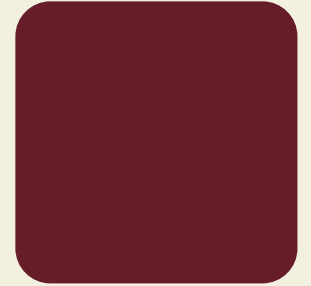


The Cost of Turnover in Allied Health Roles: 2023-2026 Longitudinal Study

WeLearn Learning Services

April 2026



Executive summary

Allied Health Labor Market Trends: 2023–2026 Longitudinal Study
450 hospitals | 844K workers | 15 allied health roles

Turnover trends

- Hospital turnover declined from 25.9% (2021 peak) to 18.3% but remains above pre-pandemic norms; RN turnover at 16.4%
- CNA turnover persists at 36–42%, turning over entire staff every ~3 years; SNF turnover averages 82%

Financial impact

- RN turnover costs rose to \$61K per event (+17% in 2 yrs); each 1% reduction saves \$289K/hospital/year
- Vacancy and productivity loss account for 44–83% of total turnover costs; high-turnover facilities see 1.5x more complaints

Workforce shortages

- HRSA projects 108,960 RN FTE and 141,160 physician FTE shortfalls; LPN deficit reaches 30% by 2038
- 37+ states face CNA shortfalls by 2028; home health aide demand (+36%) outpaces supply (+17%)

What's working

- Top systems cut contract labor 60–100% from peak — HCA 4.3% of compensation (from ~10%), CommonSpirit saved \$640M

Market & regulatory shifts

- \$31B allied health staffing market normalizing; digital platforms tripled share as insourcing becomes structural
- NLC expanded to 43 states; 6 allied health compacts active; 10 innovation models in 22+ states building pipeline

Implications for health systems

- Compensation alone has short-term effect; career pathways, earn-learn models, and internal pipelines show sustained ROI
- CMS staffing rule repeal + \$200M federal campaign create window for systems to invest in grow-your-own programs

Sources: NSI 2025/2026, BLS 2024–2034 Projections, HRSA Dec 2025, SIA 2025, AHCA/NCAL Mercer IEM 2026, ASRT, AHA.

Hospital turnover declining from pandemic highs, but still elevated

Metric	CY2020	CY2021	CY2022	CY2023	CY2024
All hospital employees	19.5%	25.9%	22.7%	20.7%	18.3% ↓
Staff RNs	18.7%	27.1%	22.5%	18.4%	16.4% ↓
5-year change (all)					-1.2 pts
5-year change (RN)					-2.3 pts

5-year trend: 19.5% → 25.9% (peak) → 22.7% → 20.7% → 18.3%



Key insight

- All employee turnover ↓ ~8 pts, RN turnover ↓ ~11 pts since CY2021 peak. Hospitals turned over 103.1% of their RN workforce in 5 years.
- In 2024, **287,300** staff RNs terminated while **385,200** hired (net +97,900).

Hospital employment: 5.64M as of Dec 2024.

Survey: 450 hospitals, **844,205** workers, **218,626** RNs.

¹ 2022–2025 NSI National Healthcare Retention & RN Staffing Reports, pp. 4–12. ² NSI 2025: 450 hospitals, 844,205 workers.



Hospital allied health turnover by role: Nursing assistants lead at 36–42%



Role	Turnover	Risk	BLS wage	Pipeline Δ^*
Nursing assistants (CNA)	36–42%	Critical	\$39,530	+22.6%
Phlebotomists	22%	High	\$43,660	-7.8%
Medical assistants	21%	High	\$44,200	+0.8%
Cardiovascular techs	14%	Moderate	\$67,260	+7.3%
Pharmacy techs	14%	Moderate	\$43,460	+8.9%
Radiologic techs	14%	Moderate	\$77,660	+25.7%
MRI techs	14%	Moderate	\$88,180	(under Rad)
Surgical techs	13%	Moderate	\$62,830	+6.7%
LPNs	12%	Lower	\$62,340	+11.7%
Lab techs	11%	Lower	\$61,890	-11.4%

CNA turnover (36–42%) vs national hospital avg (18.3%). CNAs turn over entire staff every ~3 yrs. Lab tech pipeline -11.4% (IPEDS program completions*) is alarming given rising demand.

¹NSI 2025, pp. 8–10. ²Kansas Hospital Assoc. 2025. ³BLS OEWS May 2024. ⁴IPEDS 2019–2024. * Pipeline Δ = % change in IPEDS-tracked postsecondary program completions; applies only to allied health roles requiring accredited certificate/degree programs (e.g., Lab Tech, Rad Tech, Surgical Tech, LPN, Pharmacy Tech). Does not apply to roles trained primarily via employer-based or state certification programs (e.g., HHA, PCA).

Early tenure turnover shifting: <1 year declining, 1–2 year increasing

2023 NSI Study

First-year employees: Highest turnover cohort

➤ <1 year tenure:
Elevated turnover rates

➤ 1–2 year tenure:
Moderate rates



First-year turnover was the dominant attrition driver in hospitals.



2025 NSI Study

Shifting pattern: <1 year declining

➤ <1 year tenure:
Declining turnover ↓

➤ 1–2 year tenure:
Increasing rates ↑



Retention challenges shifted to the second-year cohort.

Onboarding programs (80.9% of hospitals have nurse residency, 3.8/5.0 effectiveness) improving first-year retention.

Focus now: Engagement and career development for 1–2 year cohort.

Programs: HCA/Galen apprenticeship, Intermountain Health career pathways.

¹ NSI 2023 Report. ² NSI 2025, pp. 14–16. ³ NSI 2025: 80.9% nurse residency programs, p. 18.

Cost per RN turnover has risen to \$61K — up 17.3 in 2 years

\$52K

2023 NSI
Cost per RN turnover

\$61K

2025 NSI
Cost per RN turnover

\$289K

Cost per hospital for
each 1% turnover Δ

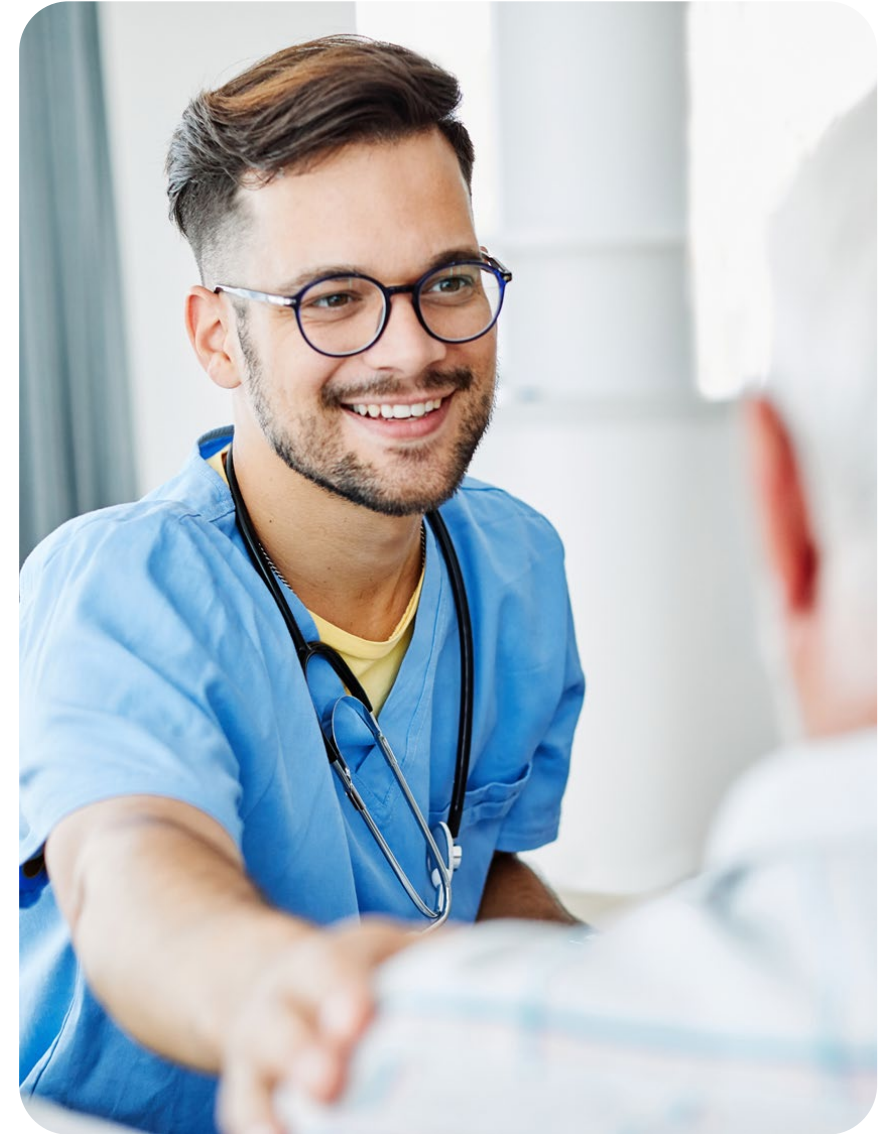
Cost trend:

2022: \$44K → 2023: \$52K → 2024: \$56.3K → 2025 (CY24): \$61.1K → 2026 (CY25): \$60.1K

Financial impact at scale

- Each 1% change in RN turnover = ~\$289,000/year per average hospital
- 287,300 staff RNs separated from U.S. hospitals in 2024, driving \$17.5B+ in replacement costs¹
- Estimated national cost of RN turnover: ~\$17.5 billion annually
- ↑ 17.3% increase in cost per turnover in just 2 years (\$52K → \$61K)
- NSI 2026 (CY2025 data): cost per RN turnover moderated to \$60,090; turnover rate rose to 17.6%¹

¹ NSI 2025 Report (CY2024), pp. 12–14; NSI 2026 Report (CY2025), pp. 10–13.





Estimated turnover cost by allied health role — BLS May 2024 wages

Role	Category	BLS May 2024	Cost %	Turnover cost	Turnover rate
CNA	Clin. support	\$39,530	20%	\$7,906	36–42%
Medical assistant	Clin. support	\$44,200	20%	\$8,840	21%
Phlebotomist	Clin. support	\$43,660	20%	\$8,732	22%
Pharmacy tech	Clin. support	\$43,460	20%	\$8,692	14%
Surgical tech	Clin. prof.	\$62,830	21%	\$13,194	13%
Radiologic tech	Clin. prof.	\$77,660	21%	\$16,309	14%
Resp. therapist	Clin. prof.	\$80,450	21%	\$16,895	12%
MRI tech	Clin. prof.	\$88,180	21%	\$18,518	14%
Sonographer	Clin. prof.	\$89,340	21%	\$18,761	14%

Methodology



BLS May 2024 median wages applied.³ Turnover cost estimated at 20% of wages (clinical support) and 21% (clinical professional) per NSI methodology.¹ Turnover rates from NSI 2026 (CY2025).² These are estimates — no primary study provides turnover costs for individual allied health roles. PT supply-demand gap: 14K demand vs 12K graduates/yr.⁴

¹ NSI 2025 Methodology, p. 7 (cost % of wages). ² NSI 2026 Report, CY2025 turnover rates. ³ BLS OEWS May 2024. ⁴ APTA Supply-Demand 2025.

Imaging, cardiology, and oncology techs: highest lost revenue per vacancy

Role category	Revenue impact	Vacancy risk	BLS wage range
Imaging (CT/MRI/X-ray)	Very high — procedural	Critical	\$77K-\$89K
Cardiology techs	Very high — cardiac proc.	Critical	\$67,260
Oncology techs	Very high — treatment	Critical	\$58K-\$80K
Surgical techs	High — OR throughput	Significant	\$62,830
Respiratory therapists	Moderate — patient vol.	Elevated	\$80,450
Lab/Phlebotomy techs	Moderate — diagnostic	Moderate	\$43K-\$61K

Revenue Impact Legend

"Very High" = role generates >\$1M net annual revenue (cath lab, nuclear med, rad therapy) per AMN 2024¹; "High" = \$500K-\$1M; "Moderate" = <\$500K. Vacancy Risk based on: vacancy rate (ASRT 2025²), pipeline trend (IPEDS³ — accredited program completions only), and time-to-fill. "Critical" = vacancy >15% with declining pipeline; "Significant" = vacancy 10-15%; "Elevated" = vacancy 8-10%; "Moderate" = vacancy <8%. CT tech vacancy at all-time high of 19.4% (ASRT 2025).



¹ AMN Allied Healthcare Revenue & ROI Report 2024 (net annual revenue by role). ² ASRT 2025 Staffing Survey (July 2025). ³ IPEDS 2019-2024 completions data — applies only to roles requiring accredited postsecondary programs (see Appendix for limitations).



Eight key cost categories drive total turnover impact

Recruitment

Direct costs: advertising, interviewing, screening, onboarding¹²



Service/errors

New employees take longer, less adept at problem solving¹³



Onboarding

Training and management time for new employees¹²



Training investment

10–20% of salary over 2–3 years, lost at departure²³



Lost productivity

1–2 years for new employee to reach prior productivity level¹³



Lost knowledge

Institutional knowledge and experience leave with employee¹



Lost engagement

Remaining employees disengage, reducing team output¹



Cultural impact

Team cohesion disrupted; staff question organizational stability¹



¹ Razmpour et al., "RETAIN Framework," Nursing Outlook, Aug 2025 (DOI: 10.1016/j.outlook.2025.102517). ² PeopleKeep 2024. ³ IntelyCare Jan 2026.

Vacancy and productivity loss account for 44–83% of total turnover costs

44–83%
Of total costs are vacancy/productivity

32.7%
Avg replacement cost (health svcs)

6–12mo
Ramp to full productivity

Vacancy costs: period between departure and replacement (reduced capacity, overtime, agency costs) — 44–83% of total cost¹

- Productivity ramp: 6–12 months to full productivity; clinical roles take longer (credentialing)¹
- Remaining 12–56%: direct costs (recruitment, onboarding, training)¹
- Allied health examples: CNA replacement \$7,906 (20% of \$39.5K); MRI Tech \$18,518 (21% of \$88.2K)³
- Health services roles avg 32.7% of annual salary to replace²



¹ IntelyCare, "Cost of Nurse Turnover," Jan 2026 (44–83% vacancy cost share). ² BLS OEWS May 2024. ³ NSI 2025 Methodology, p. 7 (20–21% of wages).

Higher turnover directly linked to lower quality ratings and more complaints

-0.3 pts
5-star rating drop per 10% turnover ↑

1.5x
More resident complaints

1.5x
More abuse citations



Evidence base

CMS star ratings decline ~0.3 points for each 10% increase in nursing facility turnover¹

- High-turnover facilities see 1.5x more resident complaints than low-turnover facilities¹
- Likelihood of citation for resident abuse is 1.5x higher at high-turnover facilities¹
- 10-percentage-point increase in RN turnover → ~36 additional patient falls/year per 1,000 daily inpatients²
- Vivian Health 2025: 31% of clinicians terminate contracts early due to unsafe conditions³

Turnover is not just a financial problem — it is a patient safety and quality problem.
Retention investments have direct quality-of-care returns.

¹ MissionCare SNF Report 2025, Sec. 6 (star ratings, complaints, abuse citations). ² Mauricio et al., JAMA Network Open, Dec 2025 (patient falls). ³ Vivian Health 2025 (n=471).

Supply–demand gaps persist — pipeline cannot keep pace

Role	Gap metric	Data period	Source	Trend
Physical therapists	12,070 FTE shortfall; 8.2% by 2027	2024–2027 proj.	APTA PTJ Mar 2025 ¹	Worsening
Respiratory therapists	7,664 grads/yr vs 8,800 openings	AY 2023–2024	CoARC 2024; AARC ²	Worsening
Radiologic techs	15.6% vacancy (2.6x since 2019)	2024 survey	ASRT/RSNA Oct 2024 ³	Worsening
Pharmacy techs	74–93% hospitals short; 22% vacancy	2022 survey	ASHP 2022 Survey ⁴	Stable-high
Clinical lab techs	20–25K shortage (12–15% of WF)	2024–2025	Lab surveys 2025	Worsening
Medical assistants	44% practices: hardest to recruit	2024 survey	MGMA ⁵	Stable-high
CNAs	73K+ deficit by 2028; LTSS +44%	2024–2028 proj.	Mercer 2024; HRSA ^{5,6}	Worsening
LPNs	245,950 FTE deficit (30%) by 2038	2021–2038 proj.	HRSA Dec 2025 ⁶	Worsening
Sonographers	Pipeline constrained by clinical cap.	2024–2034 proj.	BLS	Emerging
Occupational therapists	10.4% vacancy (WI hospitals)	2024 survey	WI Hosp Assoc 2025 ⁷	New data

¹APTA PTJ Mar 2025. ²CoARC 2024. ³ASRT/RSNA Oct 2024. ⁴ASHP 2022. ⁵Mercer Aug 2024; MGMA 2024. ⁶HRSA Dec 2025. ⁷WI Hospital Assoc. 2025.

Internal training pipeline programs show 50% lower turnover for staff, while contract labor insourcing gains traction

Strategy type	Adoption	Turnover impact	Cost/savings	Evidence	Trend
Internal training pipeline	~65% of large systems (Guild: 11K+ workers across HCA, CommonSpirit, OSF, Providence)	50% lower turnover for enrolled staff (Guild 2025, n=11,000+)	\$100M+ saved (one Guild partner: 300K+ shifts avoided); OSF: \$82.4M	■■■■■ Strong	↑↑
Contract labor insourcing	73% of hospitals plan to cut agency (NSI 2025, n=450 hospitals)	-3.5 pts contract labor % (CommonSpirit: 5.2%→2.0%; HCA: ~10%→4.3%)	CommonSpirit \$640M cum.; HCA \$400M; BSMH \$156M/yr (EMMA bonds FY22-24)	■■■■■ Strong	↑↑
Career ladder/pathways	55% of hospitals expanding paths (AHCA May 2025)	5-8 pt turnover reduction (PLOS ONE Sept 2024 meta-analysis)	\$289K saved per 1% pt turnover reduction per hospital/yr (NSI 2025)	■■■■ Good	↑
Flexible scheduling	47% of HC workers report flex scheduling (Mercer IEM 2026)	2-4 pt retention lift (Mercer IEM 2026: only 47% can flex schedule)	Moderate — indirect savings via reduced agency fill	■■■ Moderate	→
Compensation increases	92% of SNFs increased comp (AHCA May 2025, n=15K+ facilities)	Short-term 6-12mo effect; fades without career pathway (PLOS ONE)	\$61K per avoided RN turnover event (NSI 2025)	■■■■ Good	→
AI/tech augmentation	15-20% piloting (AHA 2026 Scan: Aidoc, Casamba, Philips)	30-50% documentation time saved (Mass General, Providence, ARUP)	ROI emerging — \$300/shift (ShiftMed); 75% credentialing time ↓ (Medallion)	■■ Limited	↑↑
Apprenticeship/Earn-Learn	~25% expanding (DOL: 23 states; HCA/Galen 25+ campuses)	2.9x internal mobility for learners (Guild 2025)	\$56M collective earnings uplift; \$5,250/yr employer tuition (HCA model)	■■■■ Good	↑↑
State/Federal funding	All 50 states; CMS doubled to \$200M (CMS Quality Conference, Mar 2026)	Varies — NC CC: 1,655 LPNs; CO: 85% completion; FL: 95% board pass	\$3.4B cumulative WIOA + \$300M+/yr HRSA Nurse Corps + \$200M CMS	■■■ Moderate	↑

Methodology: Adoption rates from cited surveys (n shown). Turnover impact from published studies/case reports. Cost/savings from EMMA bond disclosures, 10-K filings, or program reports.

Evidence: ■■■■■ Strong = multi-system data (n>5K); ■■■■ Good = single large study or 3+ case studies; ■■■ Moderate = surveys; ■■ Limited = pilot data.

¹ Guild June 2025 (11K+ workers, 50% lower turnover). ² NSI 2025 (450 hospitals, \$289K/1% pt). ³ AHCA May 2025 (92% of SNFs). ⁴ EMMA Bond Disclosures FY22-FY24 (HCA, CommonSpirit, Geisinger, BSMH). ⁵ AHA 2026 Workforce Scan. ⁶ Mercer IEM 2026 (healthcare employee survey).

Career ladders reduce turnover 5–8 points, generating \$1.4M–\$2.3M/hospital/yr



Evidence base

- Each 1% RN turnover = \$289K/hospital/year (NSI 2025)
- Career ladders deliver 5–8 pt turnover reduction (PLOS ONE 2024 review)
- Implied savings: \$1.4M–\$2.3M per hospital annually
- 55% of hospitals expanding career paths (AHCA 2025)
- Lotis Blue 2026: 80% clinicians intend to stay when career visibility is clear
- Mercer 2026: only 48% compensated for new skills (vs 60% all industries)

Concrete program examples

- JHU Bayview (MD): CNA Career Ladder—12% turnover reduction yr 1
- Cleveland Clinic (OH): Allied Health Scholars — tuition-free
- Kaiser (CA): \$100M+ Training Fund — 30+ allied health roles
- NC CC System: CNA-to-LPN bridge — 22 colleges, 1,655 LPNs

¹ NSI 2025, p. 7. ² PLOS ONE Sept 2024. ³ AHCA May 2025. ⁴ LotisBlue 2026 (n=1,000).
⁵ Mercer IEM 2026. ⁶⁹ Individual institution reports.

CMS staffing rule repeal creates pipeline opportunity; \$200M campaign active

CMS staffing rule repeal

- Dec 2, 2025: HHS repealed minimum staffing standards
- Removed: 3.48 hrs/resident/day requirements
- Eliminated 24/7 onsite RN requirement
- CMS Campaign: up to \$40K loan repay + \$10K stipend
- Campaign doubled to \$200M (March 2026)

Implication: Regulatory floor removed → financial incentives create pipeline opportunity

Medicaid & budget impact

- One Big Beautiful Bill: \$1T+ in total spending reductions (CBO)
- 10.9M–16M could lose coverage
- New Medicaid work requirements: October 2026
- Provider tax freezes pressure state budgets
- Rural/safety-net: highest closure/reduction risk

Implication: Constrained budgets ↑ demand for cost-effective training

¹ HHS Dec 2, 2025. ² CMS Campaign March 2026. ³ CBO; Center for American Progress. ⁴ HIMSS; NGA 2026.