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Recruitment. Retention. Results.

2026 NSI National Health Care Retention & RN Staffing Report

*Published by: NSI Nursing Solutions, Inc.
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Preface

We are proud to present the annual NSI National Health Care Retention and RN Staffing Report. In January 2026, **NSI Nursing Solutions, Inc.** invited acute care hospitals from across the country to participate in the nation's most comprehensive survey on healthcare turnover, retention initiatives, vacancy rates, recruitment metrics and staffing strategies.

The healthcare labor market remains strong with demand continuing to outpace supply. According to the US Bureau of Labor Statistics, employment in healthcare is projected to grow much faster than the average for all occupations through 2034. During this period, about 1.9 million openings are projected each year due to employment growth and the need to replace workers who permanently leave their position. Both of which are driven by the fact that people are living longer and that all Baby Boomers will reach retirement age by 2030. While supply varies geographically, on a national level a major crisis is evident and deteriorating. The remaining questions are: how do we protect our human capital investment and how do we staff while controlling labor costs?

NSI Nursing Solutions, Inc. provides industry insight to help hospitals benchmark performance, identify best practices, and understand emerging trends. We sincerely extend our appreciation to all 527 participating facilities for making this report possible. Your feedback and suggestions were encouraging and valuable. As promised, all information is provided in the aggregate to maintain the confidential and sensitive nature of the data.

Should you have any questions or recommendations on expanding the scope or depth of this survey, please feel free to contact me at bcolosi@nsinursingsolutions.com. I welcome your participation in future studies conducted by NSI Nursing Solutions, Inc.

Brian Colosi, BA, MBA, SPHR

NSI Nursing Solutions, Inc.

President

March 2026

About NSI Nursing Solutions, Inc.

NSI Nursing Solutions, Inc. is a national high-volume nurse recruitment and retention firm. Since 2000, we have successfully recruited U.S. experienced RNs (averaging ~15 years) as your employees, who fit your culture, and do so in an average time-to-fill of ~32 days. At NSI, we provide an industry leading one (1) year guarantee and the best part is that our services are risk-free...since you must hire the nurses before we are paid.

We have helped many clients and can help you! I encourage you to call Michael Colosi, EVP, Business Development, at (717) 575-7817 or macolosi@nsinursingsolutions.com to learn how NSI can satisfy your staffing needs.

Partial Listing of Survey Participants

NSI Nursing Solutions, Inc. appreciates and thanks all participating hospitals and health systems for their energies in completing the survey. Your support and dedication make this annual report possible. We encourage all hospitals to participate in future studies.





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Executive Summary

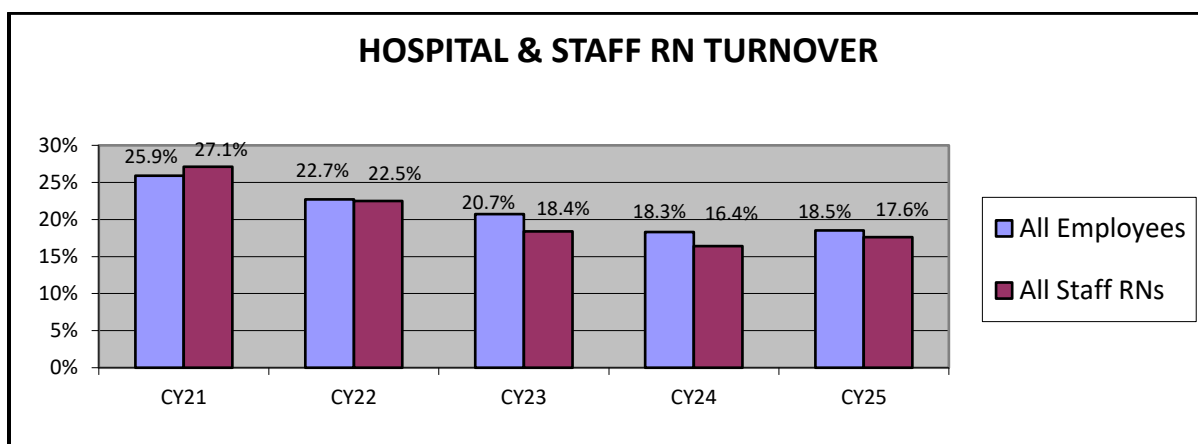
With people living longer, the growth in population, and the fact that all Baby Boomers will reach retirement age by 2030, recruitment and retention will remain a top healthcare issue for years to come. Last year, the hospital workforce increased by 176,500 employees, a 3.04% add rate. Of this, 53,500 RNs were hired which represents a 2.9% RN add rate. While the hospital workforce continued to grow, hiring momentum did slow by 2.4% from the prior year.

Turnover continues to remain elevated. Nationally, the hospital turnover rate is 18.5%, a nominal increase from CY24, and RN turnover is recorded at 17.6%, a 1.2% increase. Registered Nurses working in pediatrics, surgical services, and women's health reported the lowest turnover rate, while nurses working in behavior health, emergency services and telemetry experienced the highest. Of note is that RN retirement is on the rise and frequently cited as why nurses voluntarily resigned.

The cost of turnover can have a profound impact on diminishing margins and needs to be managed. According to the survey, the average cost of turnover for a bedside RN is \$60,090 resulting in the average hospital losing between \$4.2m – \$6.2m. Each percent change in RN turnover will cost/save the average hospital an additional \$295,000/yr. The 1.2% increase in RN turnover negatively impacted the bottom line by \$360k.

Nationally, the RN vacancy rate stands at 8.6% with a third (33.1%) of the hospitals reporting a vacancy rate of ten percent or higher. The RN Recruitment Difficulty Index decreased to seventy-eight days. In essence, it takes over 2.5 months to recruit an experienced RN. The RN labor shortage is not going away any time soon. Based on survey responses, NSI estimates the current national RN shortage at 158,600. After increasing pay scales and inflating sign-on bonuses, hospitals still have an average of forty-three (43) unfilled RN FTEs.

To alleviate financial stress, hospitals need to focus on controlling the high cost of labor with contract labor being a top target. The greatest potential to offset margin compression is in the top budget line item (labor expense). Every RN hired saves \$66,081. An NSI contract to replace 20 travel nurses could save your institution \$1,322,000...and this is just the first year estimated savings. Contact Michael Colosi at (717) 575-7817 to learn how NSI can improve your bottom line.



Methodology

In January, acute care hospitals were invited to participate in the “NSI National Health Care Retention & RN Staffing Survey”. To maintain consistency and integrity, all facilities were asked to report data from January through December 2025. I am pleased to announce that 527 hospitals from forty states responded. In total, this survey covers 965,886 healthcare workers, and 262,405 registered nurses.

Per request, the survey was expanded to understand the impact of Magnet Recognition on nurse staffing and turnover. We are happy to report that eighty-seven such hospitals provided data. The addition of these metrics or findings in no way is intended to encourage or discourage participation in the American Nurses Credentialing Center (ANCC) Magnet Recognition Program.

All findings are reported in the aggregate. Since organizations track and report turnover differently, it is important to establish a consistent methodology. To this end, raw data was collected on employee counts, terminations, hires, FTEs budgeted/filled, etc... Temporary, agency and travel staff were specifically excluded. Also, this survey does not measure transfers or “internal terminations.” Formulas and metrics can be found in Appendix A – Quick Reference Guide.

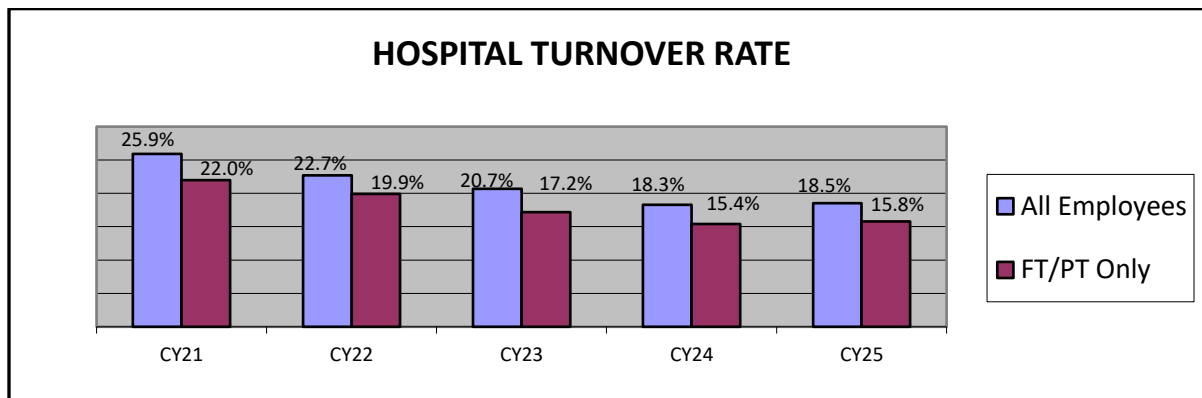
According to the findings, hospitals continue to be split on which employment classifications to include when calculating turnover. A majority (54.0%) include all employment classifications, such as full time, part time, per-diem, prn, casual, occasional, etc. when reporting turnover. The remaining facilities only include full-time and part-time employment classifications. Given this split, respondents provided data on all employees and for full/part-time staff only. For comparative purposes, we will adjust for this distinction and report for both methodologies. **Hospitals who only include FULL and PART-TIME classifications and exclude all other employment classifications in their metrics are directed to utilize the “Full/Part-Time” statistics for benchmarking purposes.**

Hospital Staffing & Turnover

According to NSI’s Hospital Executive Level Priorities (H.E.L.P.) survey, recruiting and retaining quality staff remains a top healthcare issue. It is what keeps CEOs, CNOs and CHROs up at night. Since turnover has a direct correlation to staffing and is a leading indicator of future financial pressure, and patient & employee satisfaction, it is easy to understand why healthcare executives are concerned. Compounding this is the growth in population, the increased need for nursing care as people live longer, and the fact that all Baby Boomers will reach retirement age by 2030.

On the employment front, 1.08m hospital employees exited their position last year. During this same period, hospitals were able to hire 1.25m workers. This resulted in approximately 176,500 employees being added to payroll, a 3.04% add rate. Although the workforce continued to grow, hiring momentum did slow by 2.4% when compared to the prior year.

From a retention perspective, the national turnover rate for acute care hospitals experienced a nominal increase and currently stands at 18.5%, with the median recorded at 19.5%. Given varying bed size and geography, turnover ranged from 7.6% to 33.1%. The following graph illustrates annual turnover rates since 2021. Reflecting on the past five years, the average hospital turned 106% of its workforce. Those only measuring “Full/Part-Time” separations reported an average turnover rate of 15.8%, with a median of 16.5%.



To further benchmark performance, the following table provides the percentiles for hospital turnover. The top tier organizations or those in the 90th percentile have a turnover rate of 13.8% and below; 11.4% for those measuring Full/Part-Time only. Conversely, facilities with a turnover rate of 26.5% and higher are in the bottom decile; 23.0% for those measuring Full/Part-Time only.

METRIC	HOSPITAL TURNOVER	HOSPITAL FULL/PART TIME TURNOVER
90 th Percentile	13.8%	11.4%
75 th Percentile	17.0%	13.6%
Median	19.5%	16.5%
25 th Percentile	23.3%	19.4%
10 th Percentile	26.5%	23.0%
NATIONAL AVERAGE	18.5%	15.8%

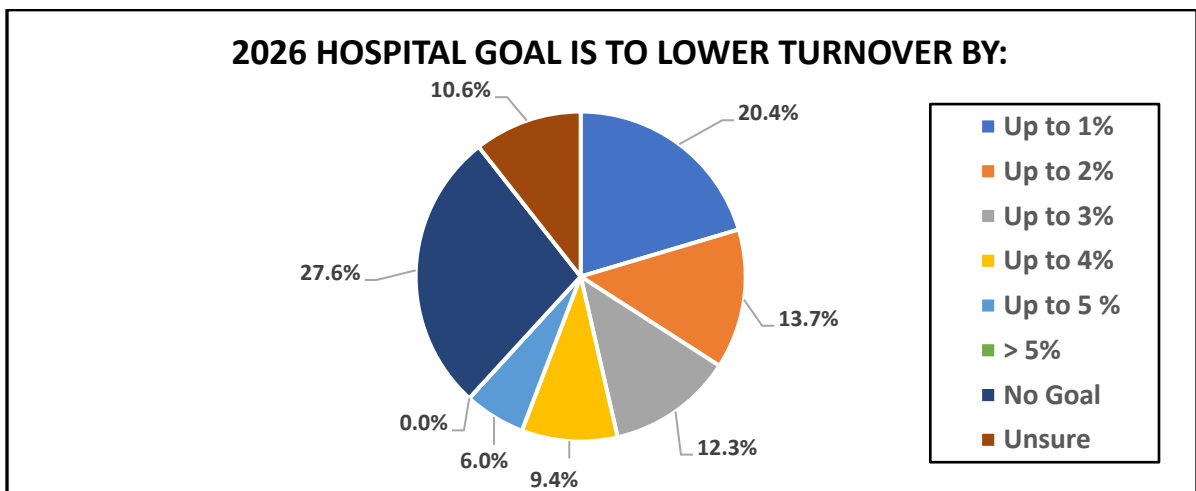
Voluntary terminations accounted for 94.9% of all hospital separations. To further understand turnover, respondents were asked to identify the top five reasons why employees resigned. Participants were asked to select from a list of twenty common causes. Personal issues, relocation, career advancement, retirement and education are the primary drivers of turnover. Finishing the list of top ten reasons why employees left include: scheduling conflicts, salary, commute, culture, and workload/staffing ratios.

The following table records the average hospital turnover rate by region. Organizations who only include Full/Part-Time employment classifications in their metrics are directed to the column on the right. The number in parenthesis reflects the year-over-year change.

All regions were tightly clustered around the national average and recorded changes ranging from -1.4% to +1.6%, South-Central and West, respectively. Hospitals in the West and South-East consistently outperformed the nation while the North-East and North-Central regions trended higher than the national average. Although recording the greatest decrease in turnover, the South-Central region experienced mixed results.

REGION	HOSPITAL TURNOVER	FULL/PART TIME TURNOVER
North-East – (CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, RI & VT)	18.8% (+1.0%)	16.2% (+0.8%)
North-Central – (IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, & WI)	19.6% (+0.2%)	16.4% (+0.5%)
South-East – (AL, FL, GA, KY, MS, NC, SC, TN, VA & WV)	17.7% (-0.2%)	15.3% (+0.3%)
South-Central – (AR, LA, OK, & TX)	18.6% (-1.4%)	15.2% (-1.4%)
West – (AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA & WY)	17.4% (+0.3%)	15.5% (+1.6%)
NATIONAL AVERAGE	18.5% (+0.2%)	15.8% (+0.4%)

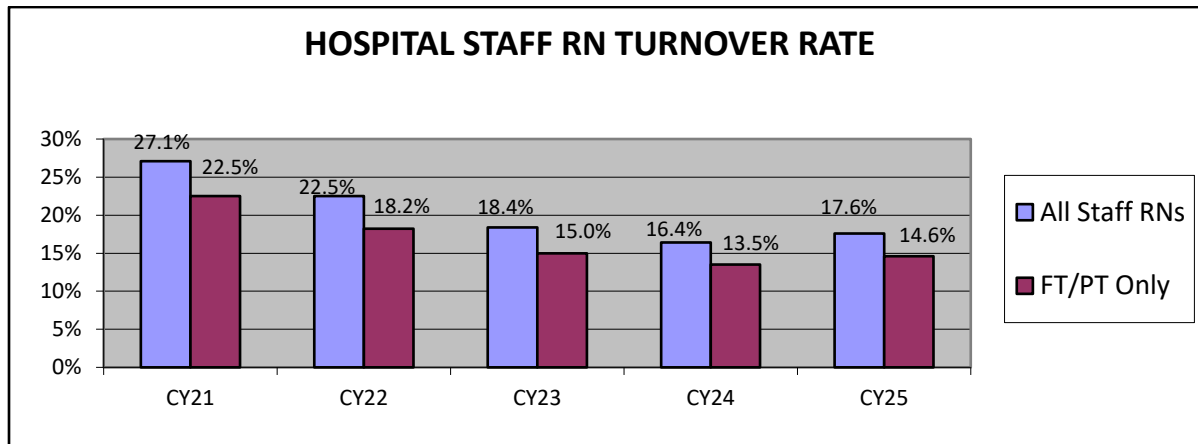
In 2025, hospital turnover increased marginally by 0.2%. However, this increase was in contrast to their goal of reducing turnover by 2.6%. For 2026, hospitals have committed to lowering turnover by 2.5%. Establishing a measurable goal needs to be a core component of any retention strategy. At present, twenty-seven percent (27.6%) have not established a measurable goal.



Registered Nurse Staffing and Turnover

Last year, 324,090 acute care registered nurses exited their position. Hospitals responded by hiring 377,650 RNs, resulting in over 53,500 additional nurses added to the rolls. This 2.9% add rate is lower than the prior year (5.6%) and further illustrates the slower pace of hiring.

Turnover continues to be elevated for hospital RNs with a national average of 17.6%. This is a 1.2% annual increase and directly responsible for the bump in hospital turnover. The median increased by two points to 18.6%. Given varying bed size, RN turnover ranged from 5.6% to 40.0%. Hospitals that only measure “Full/Part-Time” separations reported an average rate of 14.6%, a 1.1% increase, with a median of 14.1%. In the past five years, the average hospital turned 102% of its RN workforce.



To further benchmark performance, the following table provides the percentiles for staff RN turnover in hospitals. The top tier organizations or those in the 90th percentile have a turnover rate of 11.5% and below; 9.2% for those measuring Full/Part-Time only. Conversely, hospitals with a turnover rate of 25.7% and higher are in the bottom decile; 22.6% for those measuring Full/Part-Time only.

METRIC	STAFF RN TURNOVER	STAFF RN FULL/PART TIME TURNOVER
90 th Percentile	11.5%	9.2%
75 th Percentile	13.8%	11.1%
Median	18.6%	14.1%
25 th Percentile	21.6%	18.7%
10 th Percentile	25.7%	22.6%
NATIONAL AVERAGE	17.6%	14.6%

Magnet Recognized hospitals performed similar to the benchmark with an average RN turnover rate of 17.4%. Magnet facilities that only include “Full/Part-Time” registered nurses in their turnover calculations recorded at 14.5%.

The cost of turnover can have a profound impact on hospital margin. Although retention is viewed as a key strategic imperative, less than half (46.1%) of the respondents track this metric. The cost of turnover for a staff RN is \$60,090, causing an average loss between \$4.2m and \$6.2m. Breaking this down further, each percent change in RN turnover will cost/save the average hospital \$295,000 per year. Based

on performance, hospitals lost \$5.19m on average in 2025. The 1.2% increase in RN turnover is responsible for inflating this loss by \$360k.

The following table records the average registered nurse turnover rate by region. Again, hospitals who only include Full/Part-Time employment classifications in their metrics are directed to the column on the right. The number in parenthesis reflects the annual change.

All regions, with the exception of South-Central, reported an increase in nurse turnover from the prior year, ranging from -0.9% to +3.3%. The North-East recorded the greatest increase with a rate close to the national average. The South-East and West regions are above the national average, while the North-Central and South-Central were below.

REGION	STAFF RN TURNOVER	FULL/PART TIME RN TURNOVER
North-East – (CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, RI & VT)	17.9% (+3.3%)	14.8% (+2.9%)
North-Central – (IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, & WI)	16.2% (+0.4%)	13.5% (+0.2%)
South-East – (AL, FL, GA, KY, MS, NC, SC, TN, VA & WV)	18.7% (+1.4%)	16.3% (+1.7%)
South-Central – (AR, LA, OK, & TX)	17.1% (-0.9%)	13.4% (-0.3%)
West – (AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA & WY)	18.4% (+2.3%)	15.0% (+1.6%)
NATIONAL AVERAGE	17.6% (+1.2%)	14.6% (+1.1%)

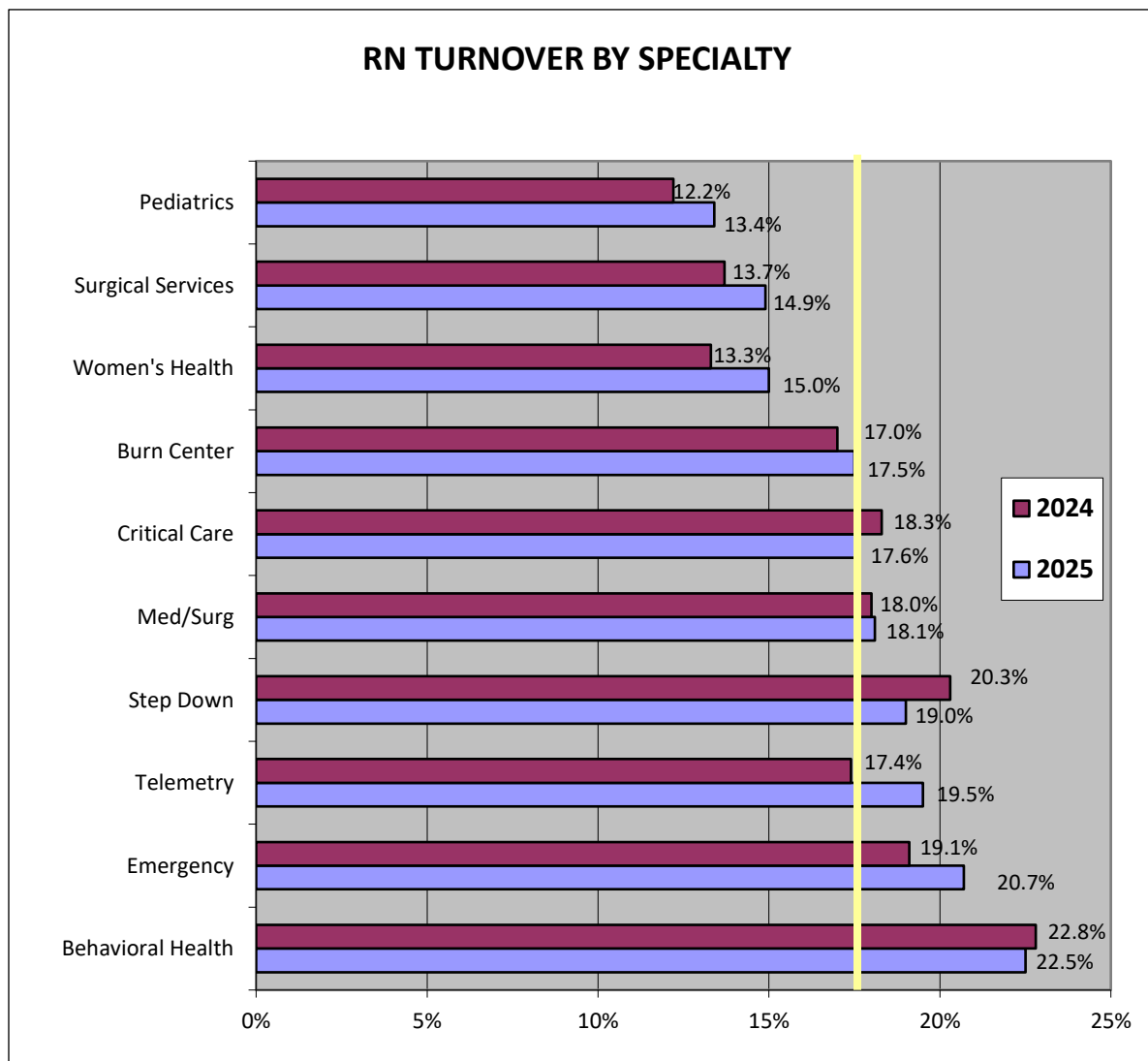
Respondents were also asked to identify the top five reasons why staff RNs voluntarily resigned. Participants were asked to select from a list of twenty common reasons. Personal issues, relocation, retirement, career advancement, and scheduling conflict were at the top of the list. Of note is that retirement has been consistently climbing in frequency and is currently the third most common cause identified. Rounding out the top 10 reasons why RNs voluntarily resigned are: education, salary, commute, working conditions, and workload/staffing ratios.

To better understand how hospitals met their staffing needs, respondents were asked to identify strategies utilized when faced with a nursing shortage. The most common strategies to staff the bedside include: flexing part-time or per diem employees, offering overtime, enhancing recruitment incentives, authorizing critical staffing pay, relying on travel/agency nurses, utilizing the internal staffing pool, modifying the nursing care model, hiring more ancillary staff, mandating float, and increasing the RN salary scale.

Registered Nurse Turnover by Specialty

Registered nurse turnover varies by discipline. The following graph compares the average turnover rate by specialty for the past two years. The solid yellow line represents the national average (17.6%). Turnover for nurses in behavior health, emergency services, telemetry, step down, and medical/surgical all exceeded the national average. Looking back over the past five years, RNs in telemetry, step down, and emergency services were the most mobile with a cumulative turnover rate of 117.8%, 115.4% and 113.6%, respectively. Essentially, these departments will turn over their entire RN staff in less than four and a half years. During this same five year period, nurses in surgical services and pediatrics exited at a much slower rate of 78.8% and 75.6%, respectively.

When we consider the average age of nurses and the anticipated wave of retirements about to break, we need to keep in mind that some specialties will be impacted at a quicker pace. Although hospitals should conduct their own internal analysis, this is particularly true for surgical services and behavioral health. Managing retention should be a strategic imperative, particularly given the high cost of turnover and the ongoing RN shortage.



Hospital RN Vacancy Rate

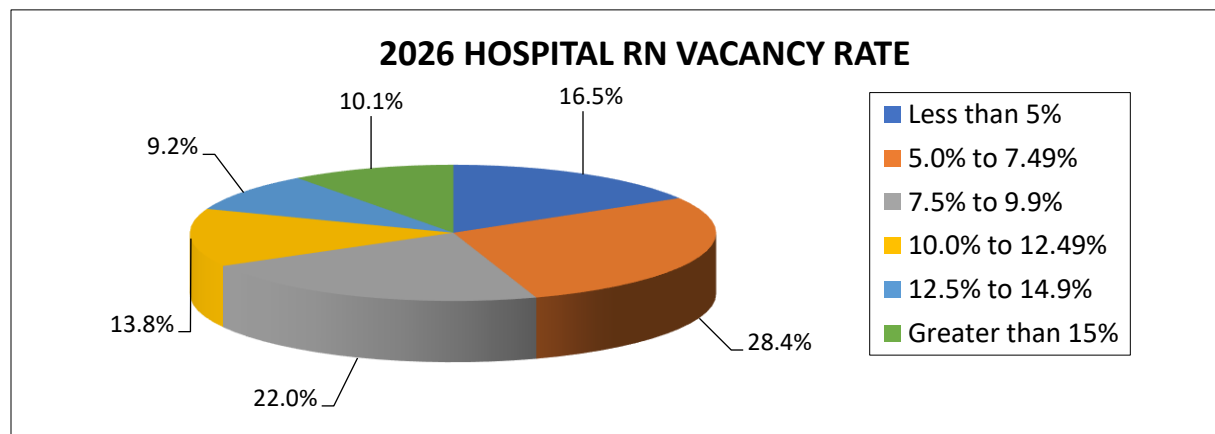
Hospitals have been successful in lowering the RN vacancy rate to the lowest level this decade. Although progress, a significant labor shortage remains. The RN vacancy rate continues to be elevated and currently stands at 8.6%. **See footnote below.* In essence, this equates to the average hospital having forty-three (43) RN FTEs unfilled. A high vacancy rate has a direct impact on quality outcomes, the patient experience and can lead to excess labor costs.

Interestingly, hospitals who achieved Magnet Recognition experienced a 7.3% vacancy rate. This is 1.3% below the benchmark. To maintain survey integrity and adjusting for hospital size, the average Magnet facility has thirty-seven (37) unfilled RN full-time equivalents.

A high vacancy rate coupled with a high RN Recruitment Difficulty Index (*see page 11*) is a clear indication that the labor shortage will continue to challenge hospitals. Based on the survey, the current U.S. nursing shortage is estimated at 158,600 RNs. To further illustrate the magnitude of the staffing crisis, a third of all hospitals (33.1%) reported a vacancy rate of ten percent and higher. As RN demand increases, as nurses move away from the bedside, and as Baby Boomers reach retirement, expect the vacancy rate to remain critical.

When the labor market tightens, hospitals bridge the gap by authorizing overtime and critical staffing pay, by hiring travel nurses, by bolstering their internal staffing pool, and by increasing pay scales. All of which are costly strategies, especially when nurse travel rates average \$91/hour and range to \$160/hour. Last year, seventy-three percent (73.5%) of hospitals projected a decrease in travel staff utilization, yet it remained a top strategy when faced with a shortage. This disconnect is important to recognize as we consider alternative solutions to improving the hospital margin.

RN VACANCY RATE	2022	2023	2024	2025	2026
Less than 5%	6.5%	5.0%	32.1%	20.2%	16.5%
5.0% to 7.49%	3.6%	7.3%	7.8%	28.3%	28.4%
7.5% to 9.9%	8.6%	12.3%	12.3%	10.1%	22.0%
10.0% to 12.49%	12.2%	13.4%	15.1%	14.1%	13.8%
12.5% to 14.9%	7.9%	10.6%	13.4%	11.1%	9.2%
Greater than 15.0%	61.2%	51.4%	19.3%	16.2%	10.1%
AVERAGE	17.0%	15.7%	9.9%	9.6%	*8.6%

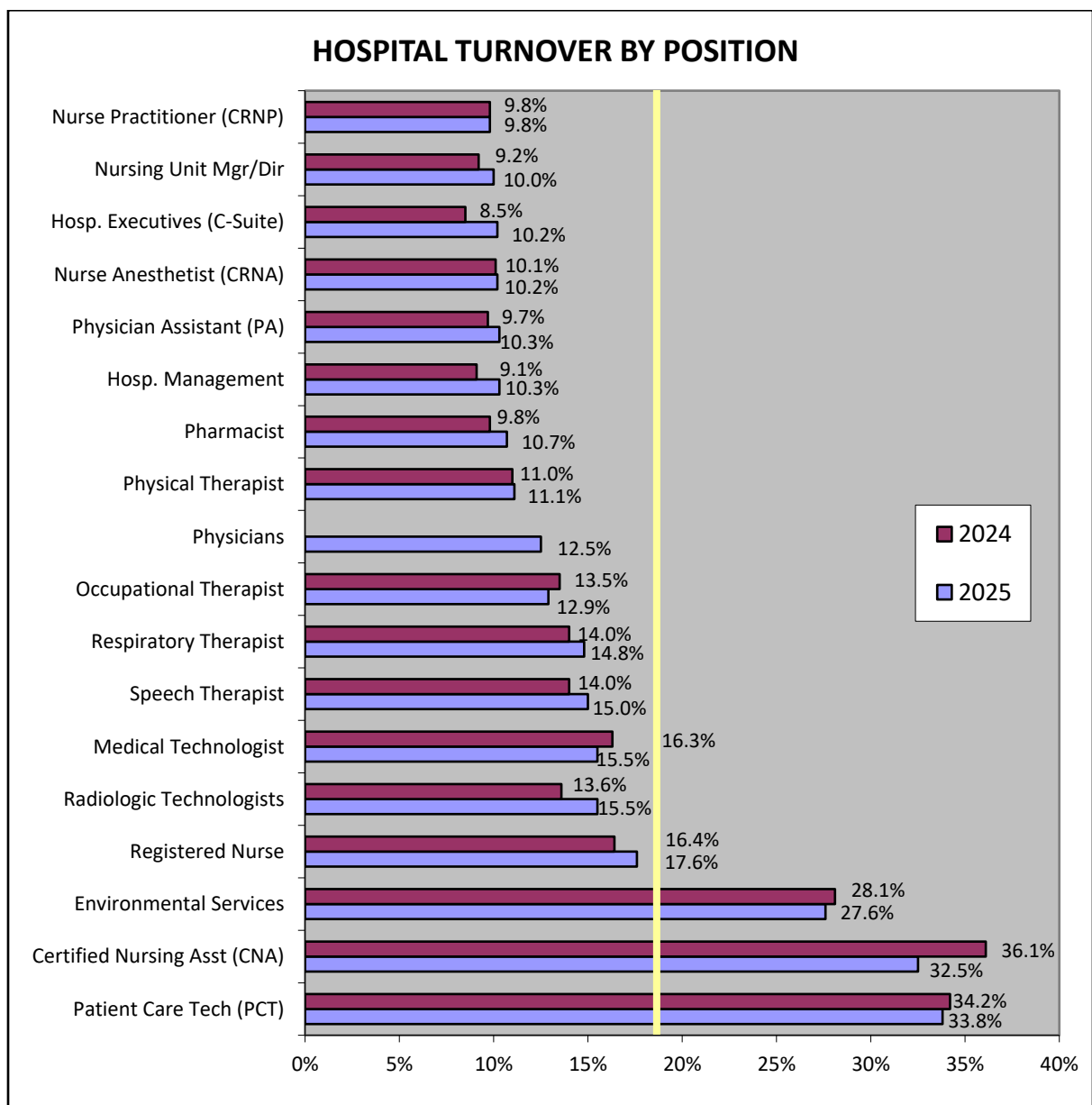


**The RN Vacancy Rate in previous reports were based on the average of the range selected. Beginning 2026, NSI collected data on RN FTEs filled & vacant, and modified the formula to where RN Vacancy Rate = (Unfilled RN FTEs/Budgeted FTEs)*100.*

Hospital Turnover by Position

For the past eight years, all advanced practice and allied health professionals recorded turnover rates below the hospital average. This holds true for 2025. The following chart compares the average turnover rate for common occupations in the acute care setting for the past two years. Hospital employed physicians were newly added to the survey. The solid yellow line represents the current hospital turnover rate (18.5%).

Last year, most positions experienced a decrease in turnover. Certified Nursing Assistants recorded the greatest decrease at -3.6%. The C-suite, hospital management, speech therapists, radiologic technologists and registered nurses all experienced an increase in turnover greater than a percent. PCTs and CNAs continue to outpace all other job titles when it comes to turnover and will virtually turn over their entire staff every three years. Pharmacists continue to be the most stable clinical position with a five-year cumulative turnover rate of fifty-one percent (51.8%).



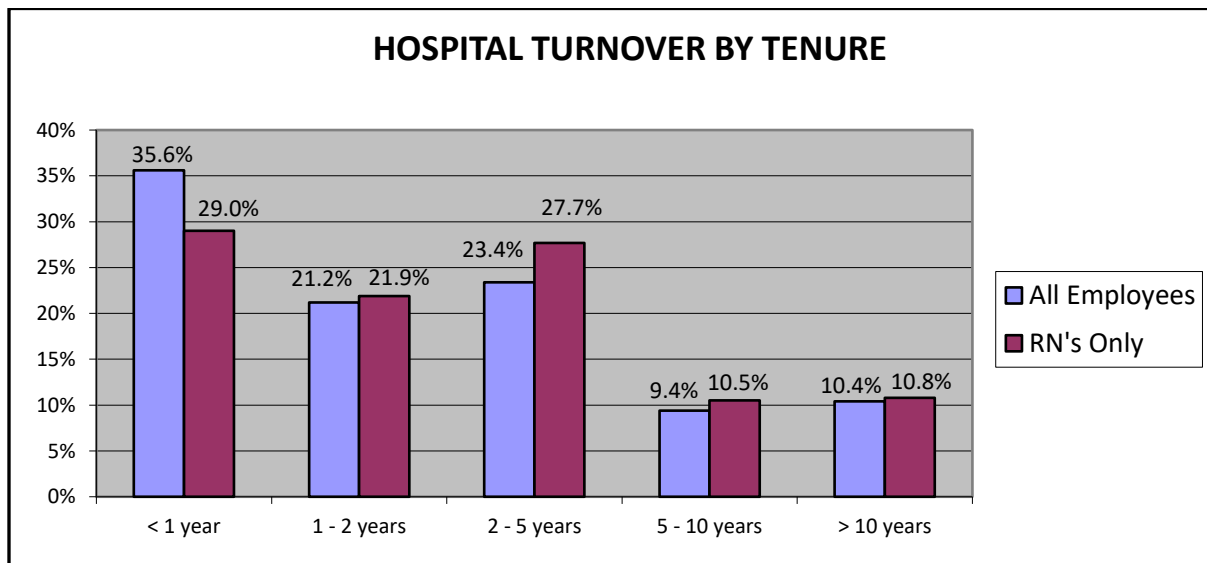
Hospital Turnover by Tenure

The average tenure of a hospital employee is 6.9 years and ranges to 20 years of service. Registered nurses recorded a similar average at 6.8 years and ranged to 15 years. The following graph illustrates the years of service for all employees and for staff RNs who left during the survey period. As consistent with prior surveys, close to thirty percent (29.5%) of all new hires left within a year. This same group accounted for over a third (35.6%) of all turnovers. The majority (56.8%) of exited employees had less than two years of service, while employees with more than five years of tenure experienced a greater level of organizational commitment.

First year turnover continues to outpace all other groups and accounted for up to 54.2% of a hospital's total turnover. When expanding this to include all employees with less than two years of service, the range jumped to eighty-six percent (86.0%). Obviously, this is not the typical or average facility. However, a large portion of all separations are caused by employees with less than two years of tenure.

Although not as dramatic, when viewing registered nurses, a similar trend is noted. Over twenty-two percent (22.7%) of all newly hired RNs left within a year, with first year turnover accounting for twenty-nine percent (29.0%) of all RN separations. *See footnote below. The median and mode were recorded at 28.1% and 25.0%, respectively.

Hospitals recognize the significance of protecting their Human Capital Investment and are becoming more strategic when it comes to nurse retention. According to the survey, seventy-four percent (74%) of respondents have a formal retention strategy with the vast majority (80.8%) having a strategy to protect newly hired nurses. Nurse Residency programs are a common strategy. Based on a 5-point Likert scale, this program has a 3.9 effectiveness rating. When it comes to the more tenured nurses, sixty-two percent (62.4%) of hospitals have implemented strategies to retain this group. Since all Baby Boomers are nearing retirement age, hospitals are encouraged to understand their risk exposure and develop a strategy to protect this knowledge loss.



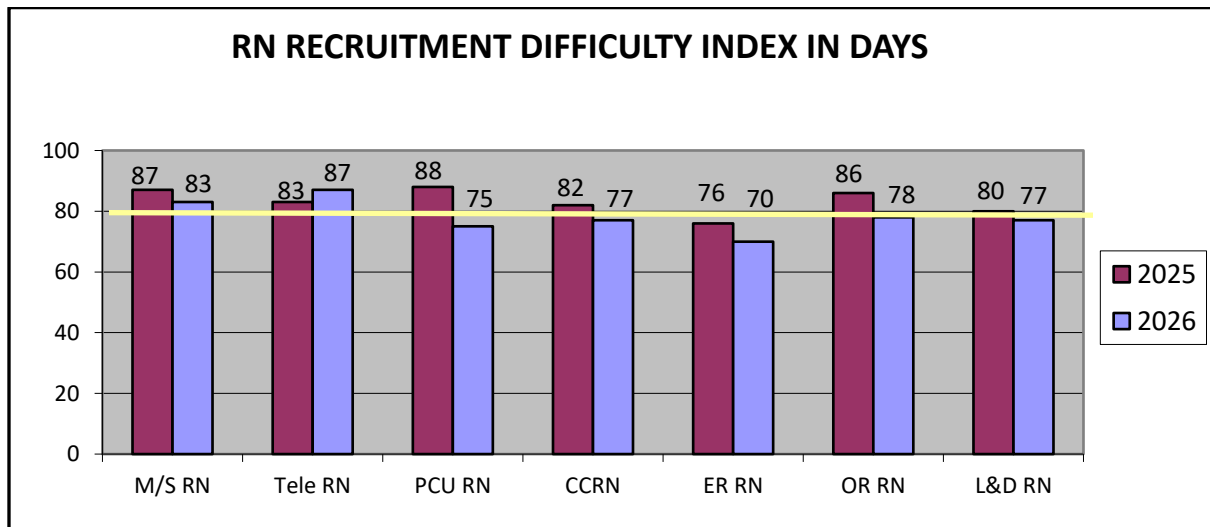
**This metric includes all RNs, experienced or newly graduated, who leave employment with a hospital based on service years at the organization. It should not be confused as a measure of Graduate Nurse turnover.*

RN Recruitment Difficulty Index

The RN Recruitment Difficulty Index (RDI-RN) gauges the average number of days it takes a hospital to recruit an experienced registered nurse. Participants were asked to identify the range which best describes their performance, given specialty. Although time-to-fill decreased for almost all specialties, it still took over two and a half months to hire. The average time to recruit an experienced RN ranged from 56 to 102 days, pending specialty.

The following chart illustrates the average number of days it takes to recruit by specialty. The yellow line is the current RN Recruitment Difficulty Index and represents the average time to fill regardless of specialty. Currently, this stands at seventy-eight days, which is five days quicker than the prior year. Although time-to-fill decreased, hospitals continue to be challenged, which begs the question; is this acceptable or should we think differently? Contracting with a recruitment firm can help Talent Acquisition expand the candidate pipeline, improve quality, and improve the hospital margin. With an average time-to-fill of ~30 days, NSI has the national reach and proven track record to quickly hire experienced registered nurses. Contact Michael Colosi at (717) 575-7817 or macolosi@nsinursingsolutions.com to learn how NSI can help.

Upon review by specialty, telemetry nurses are the most difficult to recruit and took an average of eighty-seven days to fill. Med/Surg nurses also posted above the average at eighty-three days. ER nurses reported the quickest time-to-fill, but the position was still vacant for over two months (70 days).

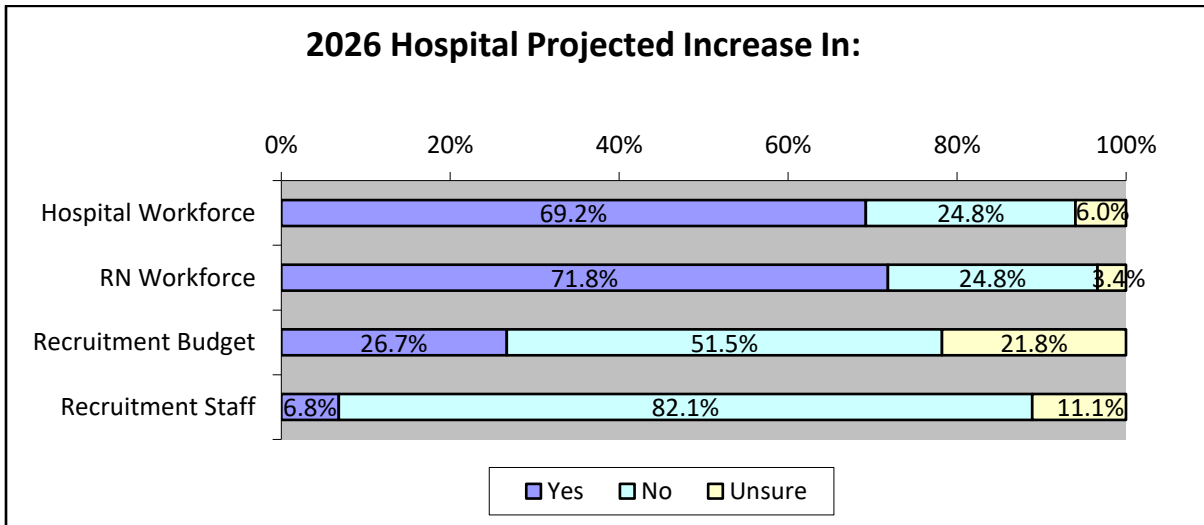


When it comes to recruiting RNs, not all regions perform the same. The West and South-Central regions outperformed all others with an average time-to-fill of seventy and seventy-four days, respectively. The North-Central found it more difficult to recruit with an average RDI-RN above the national average and recorded at eighty-two days. The South-East and North-East regions mirrored the national average.

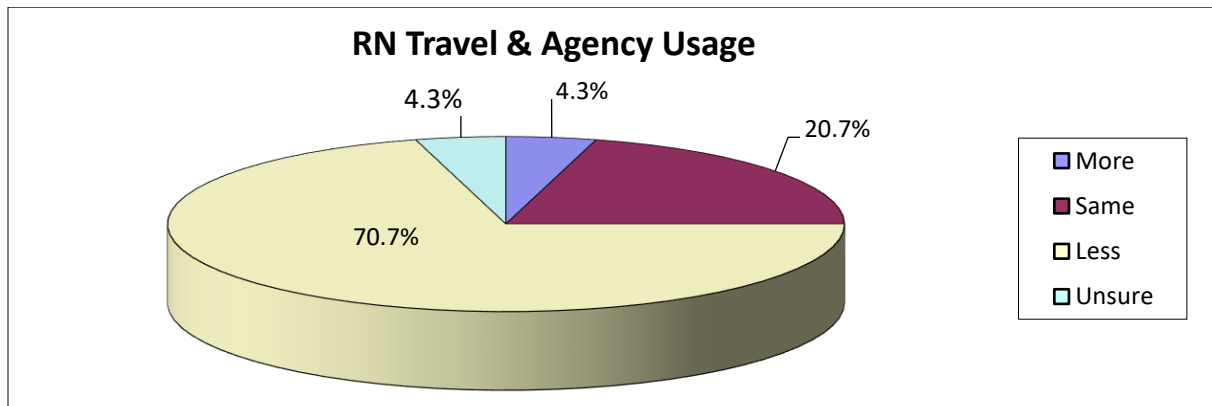
Of particular note is that Magnet recognized hospitals out-performed the benchmark by 10 days. These facilities had an average time-to-fill of sixty-eight days. Although not addressed in the survey, RNs may be attracted to the high standards of care and/or the culture or empowerment associated with this initiative.

Workforce Projections

Labor demands are forcing hospitals to use costly approaches to staff beds. These include travel nursing, overtime, critical staffing pay, closing beds, etc... While hospitals expect to grow their workforce, only twenty-six percent (26.7%) anticipate increasing the recruitment budget and fewer than seven percent (6.7%) plan to increase their recruitment staff. Currently, the Human Resources FTE to employee ratio, in an acute care setting, is .92 per 100 employees. The average recruitment staff FTE per 100 employees is .26. Given the chart below, it is anticipated that Talent Acquisition will continue to be stretched thin.



To improve hospital margins, controlling labor costs is a must. Hospitals feel this pressure with seventy percent (70.7%) indicating a desire to decrease reliance on travel/agency staff. While wanting to decrease this reliance, travel/agency staffing is still a common choice when faced with a shortage. This dependency is a drain on financial resources. When comparing the cost difference between employed RNs vs travel RNs, the amount is staggering. To help wean hospitals, NSI is ready to assist. For every 20 travel RNs eliminated, a hospital can save, on average, \$1,322,000. Contact Michael Colosi at (717) 575-7817 or macolosi@nsinursingsolutions.com to learn how NSI Nursing Solutions, Inc can improve your bottom line.



Conclusion

The health care industry has shown positive signs of recovery with a net positive margin averaging 1.3% and an employment growth rate exceeding the average of all other industries. Inflation & rising costs, the aging population, the mandate on quality & safety, the squeeze in reimbursements, the competition for patient volume, the shift in the delivery of care, the shortage of physicians, nurses & allied professionals, and the uncertainty of governmental interference have all stressed the industry.

As a leading indicator of future organizational pressure, hospitals must understand and trend turnover. The value hospitals place in their people will have a direct correlation to their commitment, confidence and engagement. Operational considerations must address how employment decisions are made and include programs that build relationships, commitment, and confidence early in the employment cycle. Enhancing culture and building programs to reinforce these values is critical to driving retention.

In addition to the nursing care needs of people living longer and the subsequent rise in chronic conditions, there is a need to replace workers, particularly RNs, who retire. By the year 2030, all Baby Boomers will have reached retirement age. Maintaining adequate levels of nursing staff is critical to reducing burnout, patient errors and mortality rates, and is linked to higher job satisfaction.

A quantifiable measure of the severity of a hospital's vacancy rate is contract labor and overtime usage. Management must identify contract labor costs and not view it as an "operating expense", but rather as aggregated within the position control system. Inclusion within the payroll cost-line, will provide greater insight into the actual direct cost of labor.

To strengthen the bottom line, hospitals need to build retention capacity, manage vacancy rates, expand the recruitment pipeline and control labor expenses. Building and retaining a quality workforce is paramount to navigating the staffing paradigm. Let NSI Nursing Solutions, Inc. help!

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2026 NSI Quick Reference Guide

Hospital Turnover Statistics	
Hospital Turnover Range	7.6% to 33.1%
Average Hospital Turnover Rate*	18.5%
Average Hospital Turnover Rate (Full and Part Time employees only)*	15.8%
Staff RN Turnover Range	5.6% to 40.0%
Average Staff RN Turnover Rate*	17.6%
Average Staff RN Turnover Rate (Full and Part Time staff RNs only)*	14.6%
1 st Year Employee Turnover Rate	29.5%
1 st Year RN Turnover Rate	22.7%
Cost of Each RN Turnover**	\$60,090
Annual Average Hospital Cost of RN Turnover**	\$5.19m
Average Annual Cost/Savings per 1% Change in RN Turnover	\$294,976
Percent of Involuntary Turnover	5.1%
2026 Hospital Retention Goal (To lower turnover by...)	2.5%

*Turnover = (# of separations/average # of employees)*100

**Based on the average of the selected range.

Hospital Staffing & Recruitment Metrics	
Average Hospital RN Vacancy Rate [^]	8.6%
Average RN Time-to-Fill**	78 days
Percent Anticipating to Increase Workforce	69.2%
Percent Anticipating to Increase RN Workforce	71.8%
Percent Anticipating to Increase Recruitment Budget	26.7%
Percent Anticipating to Increase Recruitment Staff	6.8%
HR to Employee Ratio (per 100 employees) ^{^^}	.92
Recruitment to Employee Ratio (per 100 employees) ^{^^}	.26
Percent Anticipating to Decrease Travel/Agency Usage	70.7%

[^]RN Vacancy Rate = (Unfilled RN FTEs/Budgeted FTEs)*100

^{^^}HR ratios = (# of HR or Recruitment FTEs/Total # of employees)*100

Staff Nurse vs. Travel Nurse Cost Savings	Hourly / Annually
Hospital Average Travel Nurse Fee	\$91.23 / \$189,758
Hospital Average RN Pay (includes 25.8% for benefits)	\$59.46 / \$123,676
Cost Difference (Travel Nurse fee – Staff RN pay)	\$31.77 / \$66,081
For every 20 Travel RNs eliminated, the average hospital can save	\$1,321,632