

2026 WORKFORCE REPORT

NEW INTERACTIVE
DASHBOARD AVAILABLE ▶



A strong health care workforce matters for all Missourians. Rapid changes occurring in care delivery, technology and policy are reshaping the organizations that support both health and care. Although these changes will reshape elements of the system, hospital workers — at the front line of care delivery and in support of clinical care — will remain essential to delivering care for individual patients and Missouri's communities.

The Missouri Hospital Association's 2026 Workforce Report provides a view into the status of the state's hospital teams, as well as insights into the collaborative efforts and strategic investments hospitals are making to ensure a robust and resilient workforce for the future.

Health Care Workforce Landscape

Missouri’s health care workforce is navigating a period of continued headwinds alongside meaningful transformation. Hospitals and health systems across the state continue to face staffing shortages, turnover, burnout, workplace safety concerns, financial strain, and rising demand for services driven by an aging population and increased patient populations experiencing chronic disease. At the same time, the workforce landscape is shifting from short-term crisis response to a long-term strategy focused on sustainability and rapid workforce development.

Missouri health care leaders are increasingly focused on workforce stability, leadership development, safer work environments, flexible staffing approaches and earlier career exposure for students. These efforts reflect a broader recognition that workforce challenges require multiple approaches to solutions beyond recruitment. MHA supports these priorities through its work centered on workforce readiness and pipelines, empowering work environments, workplace safety, leadership development and regulatory optimization.

Geographic variation remains one of the most defining characteristics of Missouri’s workforce landscape. Urban regions such as Kansas City and St. Louis have larger labor pools and more education programs yet still experience higher turnover and competition for talent among employers. Rural and underserved regions in larger cities face more significant challenges related to workforce supply, aging provider populations and less local access to training programs.

Hospitals are responding by rebuilding care teams, modernizing workflows, expanding alternate pathways into the workforce and aligning staffing strategies with changing care delivery needs. Missouri hospitals also are increasingly utilizing emerging technologies, including AI-enabled documentation tools, digital scheduling platforms and workforce analytics, to improve workflow efficiency, support staffing flexibility and strengthen workforce stability.

At the same time, Missouri hospitals are increasingly collaborating regionally to address shared workforce challenges through partnerships with educational institutions, workforce development boards and community-based organizations.

Broader national trends reinforce these shifts, including sustained financial pressures, demographic changes, rapid technological advancements, evolving worker expectations, the need for new workforce pipelines and persistent geographic disparities in access to care.¹

Strengthening the Workforce

Missouri’s hospitals are committed to addressing workforce development and sustainability dynamically. These pillars of investment support today’s hospital team members and build opportunities for tomorrow’s workforce.

Workforce Readiness and Pipelines – Enable a sustainable pipeline of people who are available, prepared and committed to work in a health care setting as a long-term career.

Empowering Environment – Develop and sustain the critical conditions in which health care employees can grow and thrive.

Workplace Safety – Create a safe and respectful environment in which the people who care for people can do their best work.

Leadership and Professional Development – Develop leaders who are skilled in the art and science of leading people.

Regulatory Optimization – Minimize the regulatory burden on hospitals while maintaining a relentless focus on the safety of the patient.

¹ <https://www.aha.org/aha-center-health-innovation-market-scan/2025-12-09-health-care-workforce-system-under-pressure-poised-reinvention>

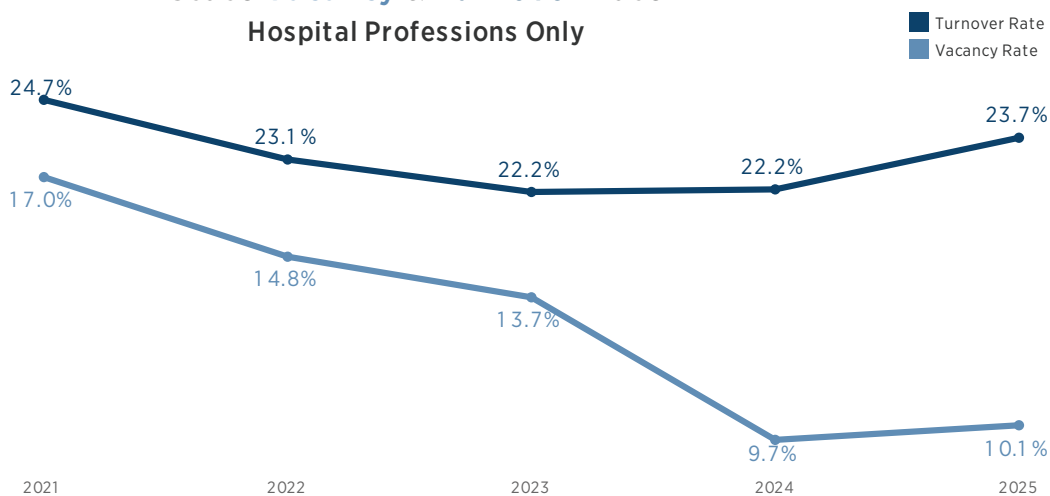


Missouri Workforce Data Overview

The data reflects a meaningful shift in Missouri’s health care workforce landscape over the past several years. While overall vacancy rates have steadily declined from 17% in 2021 to 9.7% in 2024, with a slight increase to 10.1% in 2025, this improvement suggests that hospitals have made progress in recruiting and filling open positions following peak pandemic-related shortages. However, this doesn’t mean the workforce has fully recovered. In many cases, organizations have adapted by redefining roles, adjusting staffing models or limiting job advancement to manage workforce shortages.

At the same time, turnover rates remain elevated, decreasing slightly from 24.7% in 2021 to 22.2% in 2024, before rising again to 23.7% in 2025. This indicates that while hiring has improved, retention challenges continue to place significant strain on hospitals and health systems. The widening gap between vacancy and turnover rates further shows that fewer positions may be open at any given time, but employees are still leaving at a high rate, requiring organizations to focus on backfilling roles rather than long-term stability.

State Vacancy & Turnover Rate
Hospital Professions Only



Vacancy and Turnover Dynamics

The data demonstrates that vacancy in Missouri hospitals is concentrated in specialized, hard-to-fill clinical roles rather than being broadly distributed across the workforce. The highest vacancy rates are clustered among employed physicians (16.1%), imaging and diagnostic roles such as MRI (15.9%) and CT technologists (13.2%), as well as licensed practical nurses and nurse assistants (approximately 12%), and surgical and respiratory roles (approximately 10%–11%). A variety of factors, including but not limited to specialized training, professional licensure, clinical experience and advancement within the workforce, can impact the immediately available supply of qualified candidates.

Turnover is highest among entry-level and support roles, which often serve as key entry points into the health care workforce. Positions such as nurse assistants, environmental services and other support roles are commonly lower-wage and provide a gateway to advancement opportunities within the organization or health care system overall. High turnover in these roles is likely driven by external wage competition and workload pressures. In organizations without programs to encourage growth and internal mobility, these workers may struggle with lower levels of engagement or connection to the organization’s mission.

A critical insight from this data is the mismatch between vacancy and turnover. There is minimal overlap between the roles experiencing the highest vacancy rates and those with the highest turnover rates. This reflects two distinct challenges:

- Supply constraints in specialized clinical roles
- Retention challenges in entry-level and front-line positions

These dynamics require different, targeted strategies which include strengthening education and training pipelines for specialized roles while simultaneously improving retention, engagement, and career pathways for entry-level and support staff.

Licensed practical nurses (LPNs) represent a significant pressure point, appearing on both the high vacancy and high turnover lists. With a vacancy rate of 12.1% and a turnover rate of 32%, LPN roles are both difficult to fill and retain, with many individuals advancing through LPN-to-R.N. transition pathways. While these transitions may be helping to ease the R.N. shortage, LPNs continue to play a vital role in direct patient care and should remain a focus of workforce investment. Given their dual role as both front-line caregivers and a pathway to registered nursing, strengthening the LPN education pipeline can support growth in work-ready individuals who are LPNs or R.N.s.

Missouri Hospitals Top 10 Professions With The Highest Vacancy Rate in 2025		Missouri Hospitals Top 10 Professions With The Highest Turnover Rate in 2025	
Employed Physicians	16.1%	Nurse Assistants - Includes Patient Care Technician, Certified Nurse Assistant or Unlicensed Assistive Pe..	42.7%
Magnetic Resonance Imaging (MRI) Technologist	15.9%	Environmental Services	42.5%
CT Technologist	13.2%	Phlebotomists	42.2%
Licensed Practical Nurse	12.1%	Food Service Worker/Dietary Aid	35.2%
Nurse Assistants - Includes Patient Care Technician, Certified Nurse Assistant or Unlice..	11.9%	Licensed Practical Nurse	32.0%
Surgical Technician	11.1%	Medical Assistant - Clinic	28.9%
Staff Registered Nurse	10.9%	Sterile Processing Technician	28.6%
Sonographer/Ultrasound Technologist	10.5%	Pharmacy Technician	23.2%
Respiratory Therapist	10.4%	Medical Laboratory Technician	22.1%
Licensed Practical Nurse - Clinic	9.8%	Surgical Technician	21.9%

Calendar Year
2025



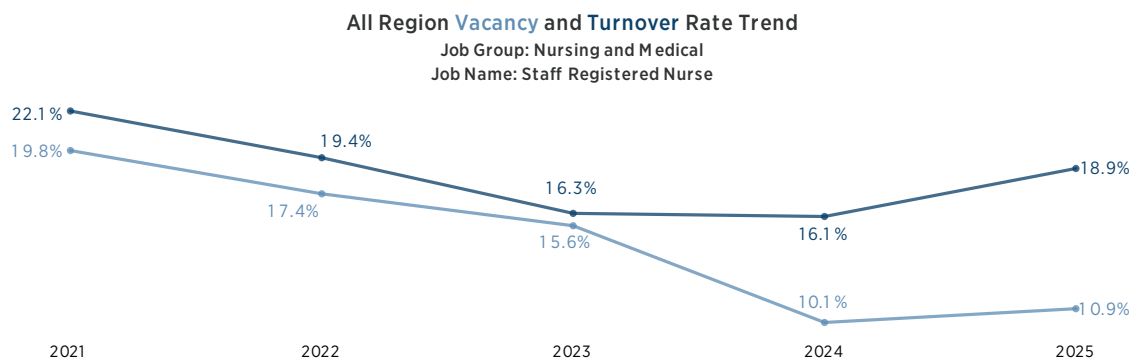
Nursing Workforce Trends

Vacancy and turnover rates for staff R.N.s declined significantly since 2021, with vacancy dropping from 19.8% to 10.9% and turnover decreasing from 22.1% to 18.9%. This reflects substantial recovery following peak pandemic disruption, driven by increased recruitment efforts, less reliance on travel staffing and a more balanced job market. However, this improvement does not necessarily indicate that workforce challenges have been fully resolved.

What is particularly notable is the sharp decline in R.N. vacancy between 2023 and 2024 (15.6% to 10.1%), indicating a significant point where hiring efforts and labor market conditions aligned to reduce open positions. This progress appears to be leveling off, with vacancy ticking back up slightly to 10.9% in 2025.

At the same time, turnover increased in 2025 — from 16.1% to 18.9%. While hospitals have become more effective at filling R.N. roles, they still struggle to retain nurses at sustainable levels. The growing gap between vacancy and turnover highlights that, although fewer positions may be open, nurses continue to exit or change roles, churning through the system.

Taken together, this data suggests that the R.N. workforce has moved out of an acute shortage phase and into a longer-term retention challenge. For hospitals, this highlights the need to continue investing in front-line managers and supervisors, who play a critical role in workforce retention through leadership practices that support employee engagement, scheduling flexibility, communication, recognition and positive team culture.



Regional Variation

The regional data highlight important variations in the registered nurse workforce across Missouri, reinforcing that challenges are not evenly distributed across the state.

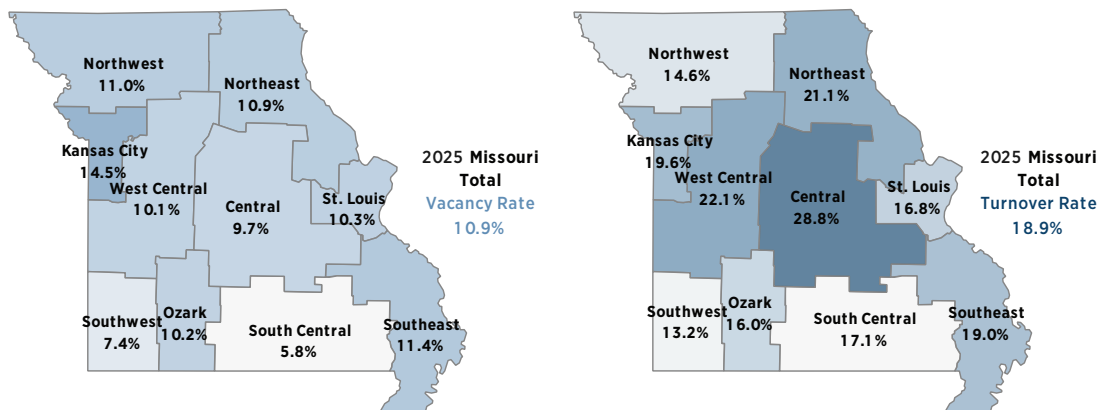
In 2025, the statewide R.N. vacancy rate was 10.9%, but regional differences range from 5.8% in the south-central region to 14.5% in the Kansas City region. Turnover variation is more pronounced, ranging from 13.2% to 28.8% depending on the region.

Some regions face greater challenges in filling positions, while others struggle more with retaining staff. Efforts to expand the nursing pipeline may be most critical in higher vacancy regions, while retention-focused strategies may be more urgently needed in regions experiencing elevated turnover. Overall, regional disparities persist despite data that indicate Missouri's R.N. workforce has stabilized.

In rural markets, Missouri's Rural Health Transformation Program design — known as ToRCH (Transformation of Rural Community Health) Care — presents an opportunity to make more strategic, regionally tailored investments in the rural workforce. ToRCH Care investments in pipeline capacity-building systems can help boost the supply of rural health care workers — and overall. Additionally, priorities such as expanding health care pathways, strengthening clinical training capacity through clerkships and partnerships, supporting EMS and maternal health workforce needs, and investing in retention supports offer a framework for targeted investments in regions facing persistent workforce constraints.

2025 All Region Vacancy and Turnover Rate

Job Group: Nursing and Medical
Job Name: Staff Registered Nurse





Retention, Workforce Stability and Workplace Environment

Retention remains one of the defining issues across the health care workforce. Organizations increasingly recognize pay alone is not enough to stabilize staffing. Burnout, emotional exhaustion, workload volume and the overall work environment continue to drive turnover.

Employers are increasingly focusing on leadership capability, employee listening, career growth, flexible staffing and organizational culture as central retention strategies. *Becker's Hospital Review* reporting on chief human resources officer priorities for 2026 highlights growing investment in front-line leader development, people-first benefit strategies, skill-based hiring, predictive workforce analytics, and stronger pipelines with schools and colleges. These trends reflect a broader shift from reactive recruitment to proactive workforce design.²

Building safe environments remains an important workforce issue. Press Ganey's March 2026 analysis found that 46.6% of health care employees reported low perceptions of safety culture, even as national scores improved overall. The same analysis found that safety culture is a leading indicator of workforce stability and employee engagement. Seven of the top 10 national drivers of employee engagement were directly related to safety culture.³

These findings reinforce the importance of investing in workplace safety, supportive leadership practices and empowering work environments that strengthen employee engagement, trust and workforce stability. Improving safety culture is increasingly understood as foundational to workforce engagement and retention.

² Source: <https://www.beckershospitalreview.com/workforce/chros-nonnegotiable-workforce-investments-for-2026/>

³ Source: <https://www.pressganey.com/resources/e-books/safety-2026/>



Technology, Workforce Redesign and Pipeline Innovation

Technology is an increasingly important component of workforce strategy, particularly when used to improve workflow efficiency, staffing flexibility and workforce sustainability. Missouri hospitals are rapidly integrating technology into workforce strategies, including AI-enabled documentation tools, digital scheduling systems, telehealth platforms and workforce analytics.

Several Missouri hospitals are beginning to report positive operational and workforce outcomes from technology-enabled staffing redesign efforts. Emerging practices include AI-supported scheduling tools that provide employees with greater flexibility and input into shift selection while helping organizations better align staffing resources with patient demand. Some organizations also are piloting internal “gig-style” staffing models that allow employees to work across units, facilities or regions based on organizational needs and employee preferences.

Early experiences suggest these approaches may improve workforce engagement, strengthen retention, and decrease reliance on external staffing agencies and travel labor. Hospitals also report growing use of ambient listening and AI-assisted clinical documentation tools designed to reduce administrative burden and allow clinicians to spend more time focused on patient care.

While implementation varies across organizations, these efforts reflect a broader shift toward using technology not simply to automate tasks, but to redesign workforce models in ways that support operational sustainability, employee experience and evolving care delivery needs.

This environment increases the importance of upskilling. Health care organizations must prepare current staff to work effectively alongside AI-enabled tools, digital platforms and redesigned team-based workflows. Upskilling is increasingly an operational necessity and an important component of workforce readiness, retention and long-term adaptability.

At the same time, building sustainable talent pipelines remains a major focus. Hospitals are expanding partnerships with high schools, colleges and workforce organizations to strengthen workforce pipelines, increase awareness of health care careers and provide hands-on learning opportunities.

Rural workforce shortages remain one of Missouri’s most persistent challenges. Many rural hospitals face difficulty recruiting physicians, nurses and allied health professionals due to smaller labor markets, limited housing availability and fewer local education programs.

In addition to the workforce categories included in this report, Missouri has a physician shortage. Presently, there is demand for approximately 1,000 physicians — including about 600 primary care physicians and 160 psychiatrists. Although Missouri is ninth in the nation for medical school enrollment, only two of three medical school graduates find a residency slot in the state. Medical school and residency locations are correlated with where a physician practices.

In response, rural providers are advancing “grow-your-own” strategies that focus on recruiting students from local communities, supporting them through education and training, and creating career pathways that encourage them to remain in rural practice. These strategies often include scholarship programs, rural training rotations, leadership development initiatives, and expanded use of telehealth and virtual care to support care delivery.

State Profile Survey Highlights

Job Group	Profession	Number of FTEs	Number of FTE Vacancies	Vacancy Rate (FTE)	Number of Employees	Average Number of Employees	Number of Vacant Positions	Vacancy Rate	Total Employee Separations	Turnover Rate
Nursing and Medical	Nurse Assistants - Includes Patient Care Technician, Certified Nurse Assistant or Unlicensed Assistive Personnel	9,013	1,421	13.6%	14,134	14,675	1,910	11.9%	6,262	42.7%
	Licensed Practical Nurse	1,515	230	13.2%	1,975	1,954	273	12.1%	625	32.0%
	Advance Practice Registered Nurse	1,721	131	7.1%	2,236	2,649	152	6.4%	253	9.6%
	Staff Registered Nurse	29,422	3,875	11.6%	39,801	39,691	4,867	10.9%	7,468	18.9%
	Physician Assistant	310	23	7.0%	449	577	28	5.9%	62	10.7%
	Employed Physicians	1,625	347	17.6%	2,020	3,166	387	16.1%	313	9.9%
Diagnostic Imaging	CT Technologist	714	107	13.0%	998	953	152	13.2%	103	10.8%
	Magnetic Resonance Imaging (MRI) Technologist	379	49	11.5%	488	478	92	15.9%	61	12.8%
	Mammography Technologist	259	21	7.6%	343	347	33	8.8%	36	10.4%
	Nuclear Medicine Technologist	278	20	6.7%	345	354	35	9.2%	35	9.9%
	Radiology Technologist	1,261	128	9.2%	1,719	1,683	185	9.7%	231	13.7%
	Sonographer/Ultrasound Technologist	1,049	106	9.2%	1,431	1,377	168	10.5%	149	10.8%
Laboratory	Medical Laboratory Technician	397	26	6.1%	467	462	27	5.5%	102	22.1%
	Medical Technologist/Laboratory Scientist	1,534	93	5.7%	1,804	1,779	118	6.1%	253	14.2%
	Phlebotomists	1,360	112	7.6%	1,767	1,745	165	8.5%	737	42.2%
Therapies	Occupational Therapist	725	52	6.7%	1,050	1,046	90	7.9%	151	14.4%
	Occupational Therapy Assistant	141	7	4.9%	223	226	12	5.1%	37	16.4%
	Physical Therapist	1,280	95	6.9%	1,716	1,705	146	7.8%	181	10.6%

State Profile Survey Highlights

Job Group	Profession	Number of FTEs	Number of FTE Vacancies	Vacancy Rate (FTE)	Number of Employees	Average Number of Employees	Number of Vacant Positions	Vacancy Rate	Total Employee Separations	Turnover Rate
Therapies	Physical Therapy Assistant	396	20	4.9%	542	538	32	5.6%	61	11.3%
	Respiratory Therapist	1,722	215	11.1%	2,473	2,464	287	10.4%	451	18.3%
	Speech Pathologist	398	29	6.9%	597	604	61	9.3%	99	16.4%
Pharmacy	Pharmacist - Clinical/Staff	1,445	86	5.6%	1,803	1,774	123	6.4%	161	9.1%
	Pharmacy Technician	1,444	59	3.9%	1,921	1,863	99	4.9%	432	23.2%
Surgery	Surgical Technician	1,320	153	10.4%	1,627	1,629	203	11.1%	357	21.9%
	Sterile Processing Technician	906	65	6.7%	989	970	80	7.5%	277	28.6%
Miscellaneous	Medical Records Coder	1,017	19	1.8%	1,134	1,124	26	2.2%	103	9.2%
	Environmental Services	4,932	390	7.3%	5,388	5,404	438	7.5%	2,294	42.5%
	Registered Dietician	343	26	6.9%	431	475	38	8.1%	57	12.0%
	Food Service Worker/Dietary Aid	2,539	164	6.1%	3,145	3,184	217	6.5%	1,120	35.2%
Clinic and Physician Practices	Staff Registered Nurse - Clinic	2,337	148	5.9%	3,151	2,795	211	6.3%	399	14.3%
	Licensed Practical Nurse - Clinic	1,512	166	9.9%	1,706	1,715	185	9.8%	302	17.6%
	Advance Practice Registered Nurse - Clinic	1,385	61	4.2%	1,616	1,097	71	4.2%	114	10.4%
	Medical Assistant - Clinic	2,751	194	6.6%	2,957	2,861	214	6.7%	828	28.9%
	Physician Assistant - Clinic	290	26	8.1%	327	170	27	7.6%	16	9.4%
	Employed Physicians - Clinic	2,126	83	3.7%	2,522	1,292	86	3.3%	129	10.0%

Conclusion

Although pressure remains on Missouri's hospital and health care workforce, there are promising signs of meaningful transformation. Organizations across the state are responding to shortages, turnover and safety concerns with innovations that strengthen pipelines, improve retention and redesign care delivery.

Missouri hospitals are increasingly approaching workforce strategy through a broader lens that recognizes the interconnected nature of the workforce pipeline, employee experience, leadership support, workplace safety and operational innovation.

Moving forward, the most effective strategies will be those that balance recruitment with retention, strengthen leadership and workplace culture, expand education and training pipelines, and align workforce planning with evolving care delivery models. By treating workforce planning as a core component of health-system sustainability, Missouri hospitals will build a stronger and more resilient workforce for the future.

Methodology

This report includes statewide and regional data from 126 hospitals and includes vacancy and turnover rates for 35 hospital- and clinic-based positions. Responses are collected by the Missouri Hospital Association, with data reported as of Dec. 31, 2025. A comprehensive interactive dashboard of workforce data, trends and color-coded vacancy and turnover maps are available at MoHospitals.org



Report prepared by
Jill Williams

Vice President of Workforce Development
Missouri Hospital Association, June 2026