



2026 Boston Healthcare Retention Playbook

CNAs, LPNs, Medical Assistants, Direct Care Workers, Healthcare Administrators

What's Inside



01

Caught in the Cycle: Hire. Train. Turnover. Repeat.

05

Creating a Successful Workplace Model

02

The Real Cost of Caregiver Turnover

06

When to Use Temporary Staffing, Direct Hire, or Both

03

Why Your Best Staff Keep Leaving

07

Next Steps for a More Stable Workforce

04

Building a Workplace Designed for Retention

01 Caught in The Cycle: Hire. Train. Turnover. Repeat.

You've seen it happen again and again.

A CNA who was reliable for months stops showing up. An LPN you spent weeks onboarding puts in her two weeks. A Medical Assistant who finally felt like part of the team takes a job across town for fifty cents more an hour.

And every time it happens, you're back to square one: scrambling to cover shifts, burning out your remaining staff, and watching the quality of care slip while you try to fill the gap.

You're not alone. Healthcare leaders across the country (especially those running facilities with 100 to 500 beds) are dealing with the same cycle: Hire. Train. Turnover. Repeat.

This playbook breaks down what healthcare leaders can do to reduce turnover, stabilize staffing, and keep their best people.

Who is this for? Healthcare and human services leaders in Boston and surrounding communities, particularly those leading community health, elder services, long-term care, developmental disability, and other mission-driven organizations.

In the following pages, you'll learn:

- ✓ **What caregiver turnover is actually costing you** (it's more than you think)
- ✓ **The real reasons your best people leave** (it's not what most leaders assume)
- ✓ **Retention strategies that work for CNAs, LPNs, Medical Assistants, and Direct Care Workers**
- ✓ **How to build a Core + Flex (full-time + temporary) workforce model that covers shifts and reduces churn**
- ✓ **When to use temporary staffing, direct hire, or both to build a more stable, cost-effective staffing model**

Let's get into it!

02 The Real Cost of Caregiver Turnover

MOST HEALTHCARE LEADERS KNOW TURNOVER IS EXPENSIVE.

Replacing frontline healthcare staff can cost tens of thousands of dollars per departure—often \$20,000 to \$60,000+ depending on the role. For licensed roles like RNs, costs average over \$60,000 per departure. At the facility level, that impact compounds quickly. A recent NSI study shows the average hospital loses between \$4.2 million and \$6.2 million annually from total RN turnover alone.

That includes recruiting, onboarding, training, overtime to cover gaps, and the productivity loss while a new hire gets up to speed.

BUT THOSE ARE JUST THE VISIBLE COSTS. THE REAL DAMAGE RUNS DEEPER.



\$20k-\$60k

Cost to replace a frontline healthcare worker (CNA, etc.)



\$60k+

Cost to replace a licensed role (RN, etc.)

(Source: NSI Nursing Solutions, 2026 National Health Care Retention & RN Staffing Report).



The Hidden Costs Nobody Budgets For

REMAINING STAFF BURNOUT:

Staff morale drops every time a colleague leaves. The people who stay start wondering if they should leave too.

CARE QUALITY EROSION:

When you're short-staffed, mistakes happen. Falls increase. Medication errors creep up. Patient satisfaction scores drop.

REGULATORY EXPOSURE:

State surveyors notice staffing patterns. Chronic understaffing is a compliance risk that can affect your license.

REPUTATION DAMAGE:

Healthcare workers talk. If your facility has a revolving door, word spreads fast: on Indeed and Glassdoor reviews, in nursing school networks, and in WhatsApp groups.



LEADERSHIP BANDWIDTH:

When you're always in hiring mode, you can't focus on improving care, building programs, or growing your census.

Even at the facility level, the costs add up quickly. A 100-bed facility with high CNA turnover can spend roughly \$100,000+ annually just replacing those roles. And when you factor in licensed staff, total turnover costs can reach several hundred thousand dollars per year.

The Compounding Problem

Turnover doesn't happen in isolation; it compounds. When one strong caregiver leaves, it increases the workload on everyone else. That accelerates burnout, leading to more departures and even greater strain on the team.

This is the turnover spiral, and once it starts, it's hard to stop without a deliberate strategy. The good news is that it can be stopped. And the facilities that figure it out gain a real competitive advantage in care quality, census growth, and in their ability to attract talent.



03 Why Your Best Staff Keep Leaving

ASK MOST HEALTHCARE ADMINISTRATORS WHY CAREGIVERS LEAVE, AND THEY'LL SAY ONE WORD: **MONEY**.

Pay matters. We won't pretend it doesn't. But research and our own experience placing thousands of healthcare workers tell a more nuanced story.

The Six Real Drivers of Caregiver Turnover

1. Unpredictable Scheduling

CNAs and LPNs need to plan their lives. When schedules change last-minute, they can't get two consecutive days off, or when they're called in on their day off, it chips away at trust. Scheduling isn't a perk, but a retention tool.

2. Burnout Without Recovery

Frontline care work is physically and emotionally demanding. When staff-to-patient ratios are consistently stretched, breaks are skipped, and there's no breathing room between shifts, your people aren't quitting on you; they're protecting themselves.



41.5%

Of nurses who quit cite **reasons other than pay** as their primary motivator

(Source: NCSBN, 2023 National Nursing Workforce Study).

3. Feeling Invisible

Many caregivers report that no one in leadership knows their name. They don't get feedback unless something goes wrong. They never hear "thank you" from anyone above their direct supervisor. Recognition doesn't have to be expensive; it has to be genuine.

4. No Path Forward

A CNA who sees no way to become an LPN at your facility will find another place that offers it. A Medical Assistant who wants to grow but feels stuck will look elsewhere. Career pathways don't just help retention; they attract stronger candidates in the first place.

5. Poor Onboarding

The first 90 days determine whether a new hire stays or starts looking. Too many facilities throw new staff into the deep end with minimal orientation, no mentor, and a "trial by fire" process. The ones who make it through aren't necessarily committed. They're often just waiting for a better opportunity.

6. Culture Mismatch

This one's harder to measure but impossible to ignore. When the culture says "we're a family" but the reality is micromanagement and blame, people leave. Culture isn't what's on the wall. It's what happens on the floor at 2 AM.

The takeaway: most turnover is preventable. The caregivers you're losing aren't leaving healthcare. They're leaving your facility for one down the road that gets these basics right.

SET UP A CONVERSATION





04 Building a Workplace Designed for Retention

(It's Not Just About Pay)

If money alone solved turnover, the facilities paying the most would have zero vacancies (which they don't). Retention is about more than compensation. It's about the full experience of working at your facility.

Here's what the best-performing healthcare organizations do differently:

SCHEDULING THAT RESPECTS THEIR TIME

- Post schedules at least two weeks in advance (three is even better)
- Offer self-scheduling tools where staff can swap shifts directly
- Create consistency: same days off each week when possible
- Stop the mandatory overtime cycle and use flexible staffing to fill gaps instead

RECOGNITION THAT FEELS REAL

- Name-specific shoutouts in team meetings
- Handwritten notes from leadership (not form emails)
- Peer-nominated recognition programs
- Milestone celebrations: 90 days, 6 months, 1 year, and beyond

For example: A Nursing Director sends a personal text to every new CNA after their first week. Her 90-day retention rate will be higher than the facility average.

PATHWAYS FOR CAREER DEVELOPMENT

- Tuition support for CNA-to-LPN or LPN-to-RN pathways
- Internal mentorship programs pairing experienced staff with new hires
- Cross-training opportunities that build skills and break monotony
- Transparent promotion criteria so people know what it takes to move up

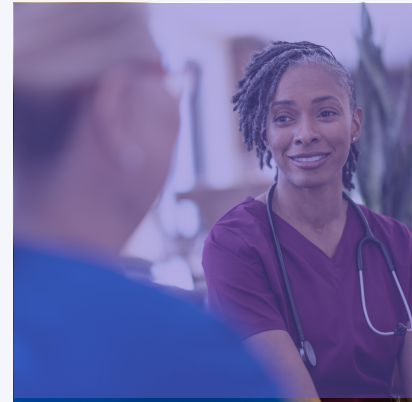
LEADERSHIP THAT LISTENS

- Monthly "stay interviews": Don't wait for the exit interview to find out what's wrong
- Charge nurses trained in conflict resolution and de-escalation
- Open-door policies that lead to real conversations and action
- Acting on feedback visibly: If staff say something needs to change, show them you heard it

COMPETITIVE (BUT SMART) COMPENSATION

Yes, pay still matters. But it doesn't have to mean being the highest payer in your market.

- Offer shift differentials that reward harder-to-fill hours
- Build in attendance bonuses that reward reliability
- Consider benefits that matter to this workforce: childcare support, transportation assistance, flexible PTO
- Benchmark quarterly (the market moves fast, especially for CNAs and Medical Assistants)





05 Creating a Successful Workplace Model

Here's a truth most healthcare leaders learn the hard way: you can't solve a staffing problem by hiring alone.

The facilities that maintain consistent coverage without burning out their teams use a model we call Core + Flex. It's not complicated, but it requires intentional planning.

What Is the Core + Flex Model?

CORE TEAM	FLEX TEAM
Your permanent, full-time staff • Direct hire employees • Committed to your facility • Deep knowledge of patients, protocols, and culture • Backbone of continuity of care	Your reliable bench of temporary and temp-to-hire staff • Pre-vetted temp workers from a staffing partner • Familiar with your facility and expectations • Deployed for census spikes, PTO, sick calls • Reduces overtime burden on core team
Goal: Stability and culture	Goal: Coverage without burnout

How This Works

When you rely entirely on full-time staff to cover every shift, you create a system where any absence (planned or not) becomes a crisis. Staff get called in on days off, overtime becomes the norm, and people start to resent their job.

The Flex layer absorbs that pressure. It gives your Core team breathing room. And when it's done right with a staffing partner who sends the right people and who knows your facility, it doesn't feel like a revolving door. It feels like an extension of your team.

How to Get Started

1

Audit your current staffing patterns.

Where are you consistently short? Which shifts rely most on overtime?

2

Identify your ideal Core-to-Flex approach.

Look at how your staffing model operates today and whether it's realistic for your needs.

3

Choose a staffing partner

who treats your Flex team like your team. That means consistent workers, proper onboarding, and accountability.

4

Track the results.

Measure overtime hours, call-out rates, and retention quarterly. Adjust the ratio as needed.

ProPivotal has placed 2,000+ healthcare workers in the past five years. We don't just fill shifts. We build teams that know your facility, your patients, and your standards.

SET UP A CONVERSATION





Beyond Core + Flex: Scaling Your Workforce Strategically

For many healthcare organizations, staffing challenges go beyond filling individual shifts. As your facility grows, so does the complexity of managing vendors, maintaining consistency, and keeping up with hiring demand.

That's where a more strategic approach comes in.

In addition to temporary and temp-to-hire staffing, ProPivotal partners with healthcare organizations through Managed Services and Recruitment Process Outsourcing (RPO) to simplify and scale your workforce.

Managed Services (MSP)

- Centralized management of all staffing vendors
- Consistent quality, pricing, and compliance
- Reduced administrative burden for your internal team

Recruitment Process Outsourcing (RPO)

- A dedicated recruiting engine aligned to your facility
- Faster time-to-fill for high-volume and hard-to-fill roles
- Scalable hiring support as your needs change

With a strategic, full-service model, we don't just help you fill roles. We help you build a more efficient, scalable workforce system at a competitive rate.

The result: fewer vendors to manage, faster hiring, and a staffing strategy that grows with your organization.

Hire 3 healthcare professionals for the same fee as one! For a limited time, we're offering a simple way to strengthen your team without added financial strain. Contact us for more information about this offer: lfiumara@propivotal.com, 612-697-2675



06 When to Use Temporary Staffing, Direct Hire, or Both

Not every staffing need is the same. The right approach depends on the role, the urgency, and your long-term goals.

Here's a practical framework for deciding:

	TEMPORARY	TEMP-TO-HIRE	DIRECT HIRE
Best for	Census spikes, sick calls, LOA coverage, seasonal demand	Roles where culture fit matters as much as skills	Key positions, leadership roles, hard-to-fill specialties
Speed	24-48 hours	48-72 hours	1-4 weeks
Cost (upfront)	Hourly rate, lower commitment	Hourly during trial, fee (or free) for conversion	Placement fee upfront, lower ongoing cost
Risk	Low: no commitment if it doesn't work	Low: try before you commit	Higher: but better long-term ROI
Retention impact	Provides relief for existing staff	Builds loyalty through "earned" placement	Strongest commitment and integration
When NOT to use	For roles requiring deep institutional knowledge	When you need someone tomorrow	When budget is tight and you need coverage now

Real-World Scenario

Statewide Healthcare Staffing at Scale

ProPivotal partnered with the Commonwealth of Massachusetts during and after the COVID-19 pandemic to address critical staffing shortages across state-run hospitals, long-term care facilities, and public health programs.

Facing widespread burnout, rising overtime costs, and ongoing gaps in CNA, LPN, RN, and direct care coverage, the Commonwealth needed a scalable, more efficient staffing solution.

ProPivotal implemented a high-volume staffing model with consistent weekly onboarding and rapid-response backfilling to maintain staffing ratios and reduce operational strain.

The result:

- **2,000+** healthcare assignments filled across five years
- **Reduced overtime** and administrative burden
- **Improved staffing stability** and continuity of care
- **Lower burnout** across existing teams

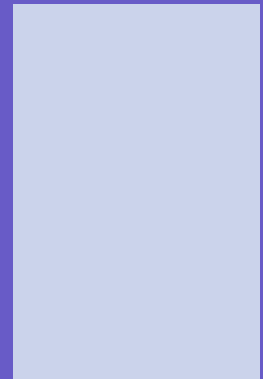
What started as an urgent response became a long-term partnership, helping the Commonwealth maintain essential services and improve care quality across the state.

The Hybrid Approach

Most smart facilities don't choose one model. They use all three strategically:

- **Temporary staff** for predictable coverage gaps and surge capacity
- **Temp-to-hire** for roles where you want to assess fit before committing
- **Direct hire** for positions critical to leadership, culture, and continuity
- **Managed Services (MSP)** to streamline vendor management, improve consistency, and reduce administrative burden across multiple staffing partners
- **Recruitment Process Outsourcing (RPO)** to scale hiring with a dedicated recruiting engine aligned to your facility's ongoing workforce needs

The key is having a staffing partner who understands your facility well enough to recommend the right model for each situation and is aligned with your goals, your operations, and the realities of your workforce.





07 Next Steps For a More Stable Workforce



If you've read this far, you're serious about fixing your staffing challenges.

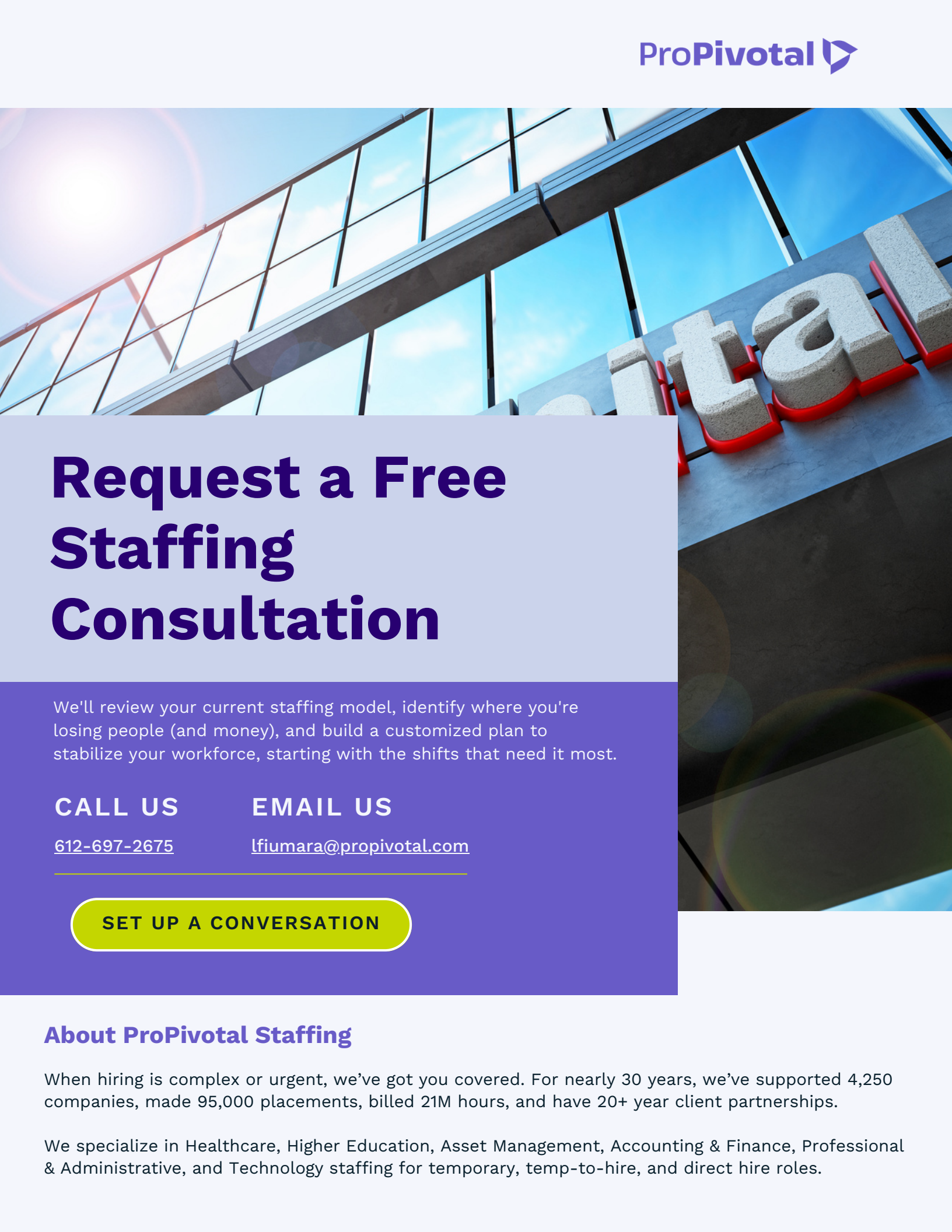
Here's what we know from nearly 30 years of staffing healthcare organizations in Greater Boston:

- **Turnover is a solvable problem when you address the real causes**
- **The right staffing model reduces costs and protects your team**
- **You don't have to figure this out alone**

Reliable staffing when care can't wait

ProPivotal has connected 2,000+ CNAs, LPNs, RNs, Medical Assistants and other healthcare workers within Massachusetts organizations in the last 5 years alone. We are the ones healthcare organizations turn to for complex and urgent hiring needs.

Our healthcare staffing team understands the pressures you face. That's why our approach combines local expertise, fast response, and a deep understanding of Massachusetts' healthcare system. With ProPivotal, you'll get more than coverage. You'll get people who care.

The background of the entire page is a photograph of a modern building with large glass windows, reflecting the sky. The building is angled, creating a sense of height and modernity. The sky is a clear, bright blue.

Request a Free Staffing Consultation

We'll review your current staffing model, identify where you're losing people (and money), and build a customized plan to stabilize your workforce, starting with the shifts that need it most.

CALL US

[612-697-2675](tel:612-697-2675)

EMAIL US

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SET UP A CONVERSATION

About ProPivotal Staffing

When hiring is complex or urgent, we've got you covered. For nearly 30 years, we've supported 4,250 companies, made 95,000 placements, billed 21M hours, and have 20+ year client partnerships.

We specialize in Healthcare, Higher Education, Asset Management, Accounting & Finance, Professional & Administrative, and Technology staffing for temporary, temp-to-hire, and direct hire roles.