



MAINE'S HOSPITAL WORKFORCE:

CURRENT & FUTURE NEEDS



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MARCH 2026

Executive Summary

Maine hospitals are showing measurable progress in stabilizing portions of the healthcare workforce. Compared to 2025, hospitals report a substantial reduction in open positions and significantly lower reliance on contracted traveler staffing.

However, several structural workforce pressures remain. Vacancy rates continue to be elevated in certain specialized professions, including diagnostic imaging and therapy roles. In addition, a growing share of the hospital workforce is nearing retirement age, creating long-term pipeline concerns. Sustained investment in workforce development, education partnerships, and retention strategies will be essential to ensure Maine's healthcare system can meet the needs of residents in the years ahead.

Introduction

In early 2026, the Maine Hospital Association (MHA) conducted its annual workforce survey to assess current hospital workforce needs and evaluate projected future pressures based on the age distribution of the existing workforce. The survey collected data on vacant budgeted full-time and part-time positions, the number of employees aged 55 and older by occupation, and—new this year—the vacancy rate by profession. Hospitals were also asked about investments in salary increases, contracted labor expenses, and workforce development initiatives. Of the 32 hospitals surveyed, 29 responded, representing a 91% response rate.

Statewide, hospitals are actively recruiting for 2,512 vacant budgeted positions compared to 4,227 in 2025, representing a 40 % year-over-year reduction in budgeted open positions. The number of contracted or traveler staff also declined significantly, falling from 1,905 in 2025 to 991 in 2026—a 48% reduction. At the same time, the number of employees aged 55 and older increased from 5,592 to 6,322, highlighting continued long-term workforce sustainability challenges.

While the 2026 workforce survey shows a significant reduction in reported vacancies compared to the prior year, discussion with hospitals suggests that the decline may reflect multiple factors beyond improved workforce supply. Hospitals noted several operational and strategic changes that may influence how vacancy data appears year-to-year.

First, many organizations reported implementing more rigorous internal review processes for approving new job postings. In recent years, hospitals frequently maintained open postings for positions that remained unfilled for extended periods. More recently, organizations have reassessed these positions and, in some cases, removed them from budgets or paused recruitment until operational needs are reassessed. As a result, some roles that previously appeared as vacancies in workforce reporting may no longer be listed as open positions.

Introduction

Second, hospitals indicated that posting practices have evolved. In the past, organizations often posted multiple openings for the same role simultaneously (for example, five individual postings for nurses in a single department). Some organizations now post a smaller number of positions—or a single continuous posting—and recruit against that listing until positions are filled. This approach reduces the number of visible vacancies while still representing the same underlying workforce need.

Third, some hospitals have adopted alternative staffing strategies that may reduce vacancy counts without fully eliminating workforce pressures. Examples include international nurse recruitment programs, internal workforce redeployment strategies, and increased use of productivity and staffing reviews before positions are refilled. In some cases, organizations are evaluating whether certain positions must be replaced immediately when employees leave, or whether existing teams can absorb responsibilities through workflow redesign or process improvements.

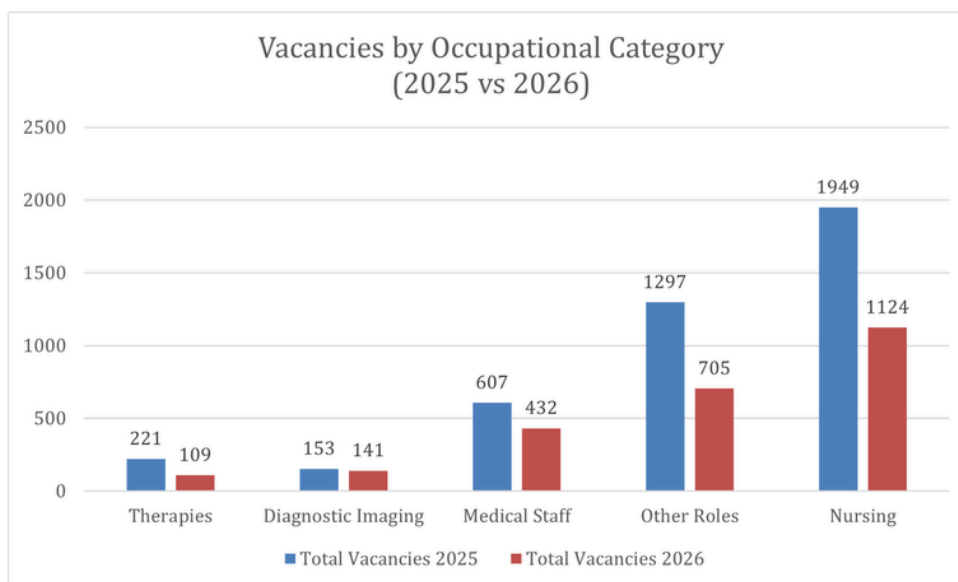
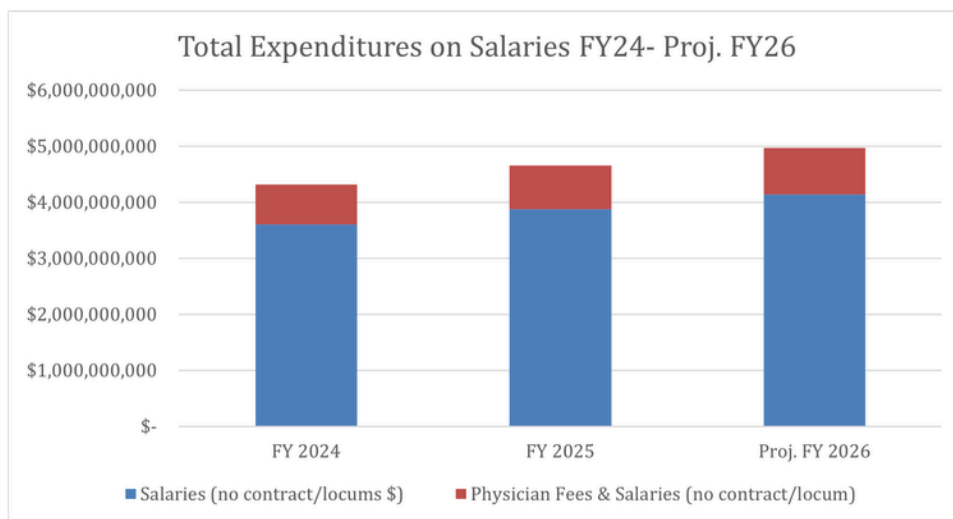
Hospitals emphasized that financial pressures continue to influence workforce planning decisions. Budget constraints may lead organizations to delay recruitment or eliminate positions that were previously budgeted but remained unfilled. Consequently, vacancy data may partially reflect financial decision-making rather than a true reduction in workforce demand.

Taken together, these factors suggest that the decline in reported vacancies likely reflects both real improvements in workforce stability and changes in how hospitals manage and report open positions. For this reason, vacancy data should be interpreted alongside other indicators, such as total workforce size, aging workforce trends, and reliance on contract or traveler staff.

Understanding these dynamics provides important context for the survey results and highlights the continued need for coordinated workforce development efforts to address long-term staffing challenges across Maine's healthcare system.

Key Metrics

- Total vacant positions: 2,512 (2026) vs. 4,227 (2025).
- Salaries increased by \$ 533,312,870 between FY2024 and FY2026 and \$264,446,265 between FY2025 and FY2026.
- Salaries increased by approximately 7% between FY25 and end of FY26. When adjusted for inflation over the same period (approximately 2.7%), this represents a wage increase of roughly 4%.
- Contracted and traveler staff declined from 1,905 (2025) to 991 (2026), a reduction of 48%.
- Employees aged 55 and older increased by 13%, rising from 5,592 to 6,322.
- Maine hospitals spent nearly \$13 million on workforce development initiatives in FY2025, which is an average of \$330 per FTE per year.
- Statewide average vacancy rate across surveyed professions: 14.9 %.



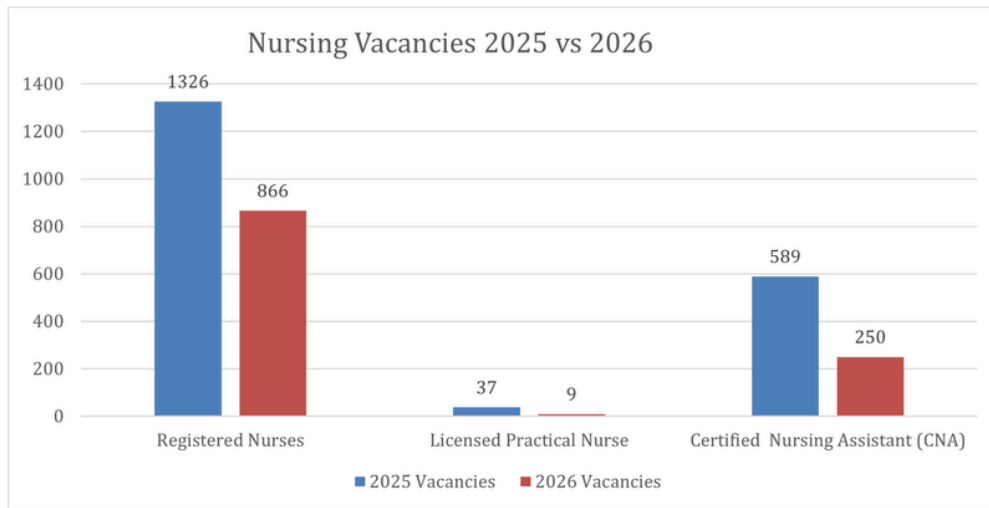
Nursing Workforce

Maine hospitals have made measurable progress in reducing nursing vacancies. Registered nurse vacancies declined by 35%, from 1,323 open positions in 2025 to 866 in 2026. Reliance on traveler nurses also dropped substantially, falling from 844 in 2025 to 442 in 2026. These changes suggest improvements in recruitment pipelines, workforce stabilization efforts, and retention strategies across Maine hospitals.

However, hospitals noted that some of the observed decline in vacancies may also reflect changes in internal hiring and job posting practices. As noted in the introduction, many organizations have implemented more structured review processes before posting open positions and some hospitals have shifted away from posting multiple openings for the same role and instead maintain a single ongoing posting used to recruit for multiple positions within a department. While this approach helps streamline recruitment and reduce the appearance of numerous open roles to potential applicants, it can also reduce the total number of postings reflected in workforce vacancy data even when underlying staffing needs remain.

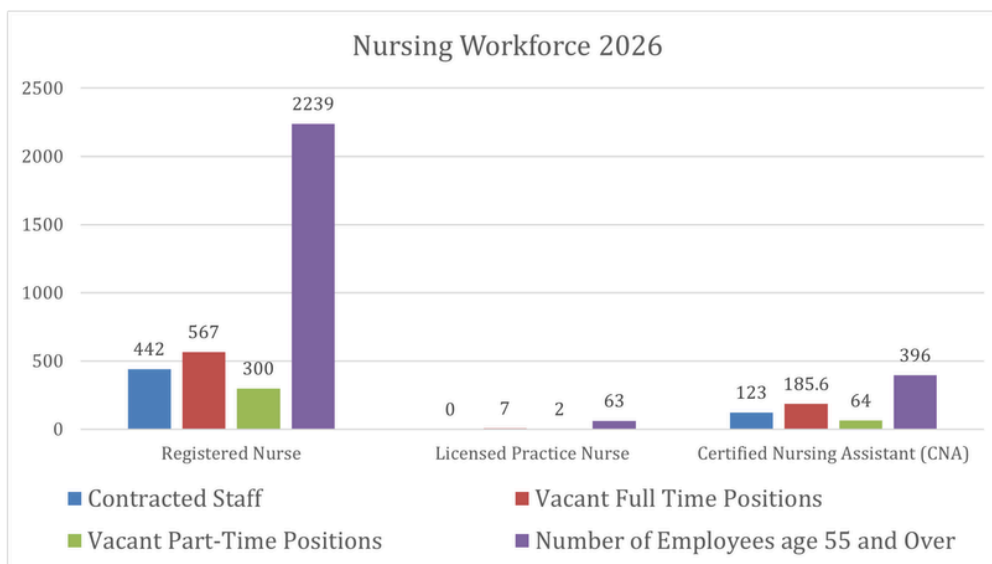
The number of registered nurses aged 55 and older decreased slightly compared to the previous year, although this occupation still represents the largest group of employees approaching retirement. The overall vacancy rate for registered nurses across Maine hospitals was 10.1%, slightly above the national average of 9.6%. Despite recent improvements, registered nurses remain the single largest vacancy category statewide, reflecting the continued high demand for nursing professionals across the healthcare system.

Nursing Workforce



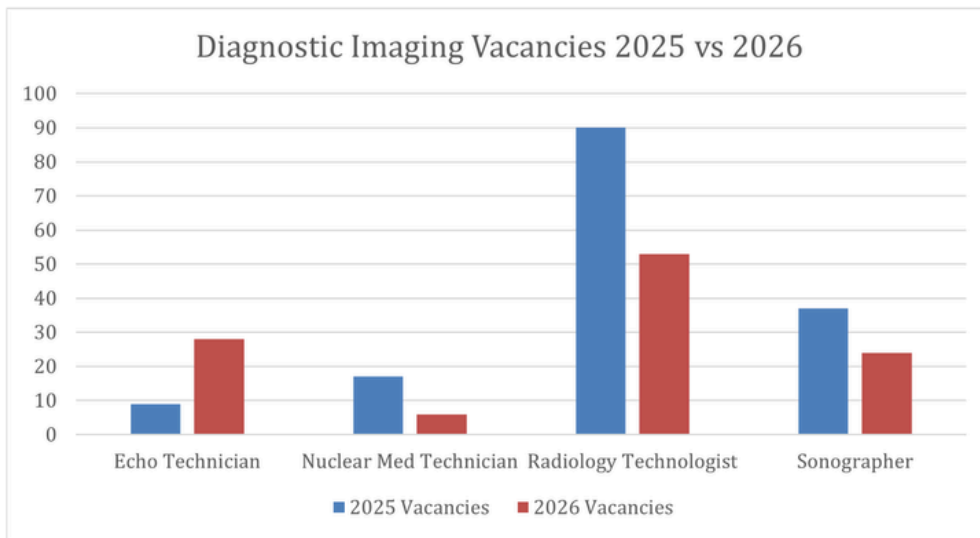
Vacancies also declined significantly among other nursing roles. Licensed Practical Nurse vacancies declined by 76% between 2025 and 2026, while Certified Nursing Assistant vacancies declined by 58%. Despite this reduction in vacancy volume, the 2026 CNA vacancy rate of 12.8% indicates continued recruitment and retention challenges in this critical entry-level role. Hospitals report that CNA turnover remains high, driven in part by wage competition with other sectors and the demanding nature of the work.

Taken together, these findings suggest meaningful progress in stabilizing the nursing workforce while also highlighting ongoing challenges related to workforce supply, turnover, and long-term replacement needs.



Diagnostic Imaging Workforce

Diagnostic imaging professions—including radiologic technologists, CT technologists, MRI technologists, ultrasound technologists, and echo technicians—account for 141 vacancies in 2026 across reporting Maine hospitals. Overall, vacancies in diagnostic imaging declined by approximately 8% between 2025 and 2026, indicating some progress in recruitment across several imaging specialties.



Within this category, trends varied significantly by role. Budgeted open positions declined by -70% for radiology technologists and -35% for ultrasound technologists, suggesting improvement in stabilizing portions of the imaging workforce. At the same time, vacancies increased substantially for echo technicians, rising by 211%, highlighting persistent recruitment challenges in certain highly specialized roles.

Despite improvements in some areas, vacancy rates remain elevated across nearly all diagnostic imaging professions, reflecting ongoing workforce pressures. Because imaging departments often operate with limited staffing, even a single vacancy can significantly affect service availability. In some facilities, only a small number of staff are trained to operate specific imaging modalities.

Diagnostic Imaging Workforce

As a result, the loss of one or two employees can disrupt scheduling, delay diagnostic testing, reduce patient access to services, and increase reliance on contract staff. Current vacancy rates for diagnostic imaging roles include:

Diagnostic Imaging Role	Vacancy Rate
Echo Technician	38.70%
Ultrasound Technician	25.30%
Radiology Technician	20.60%
Nuclear Med Technician	17.10%
CT Technician	15.30%
Mammography Technician	8.90%
MRI Technician	7.80%

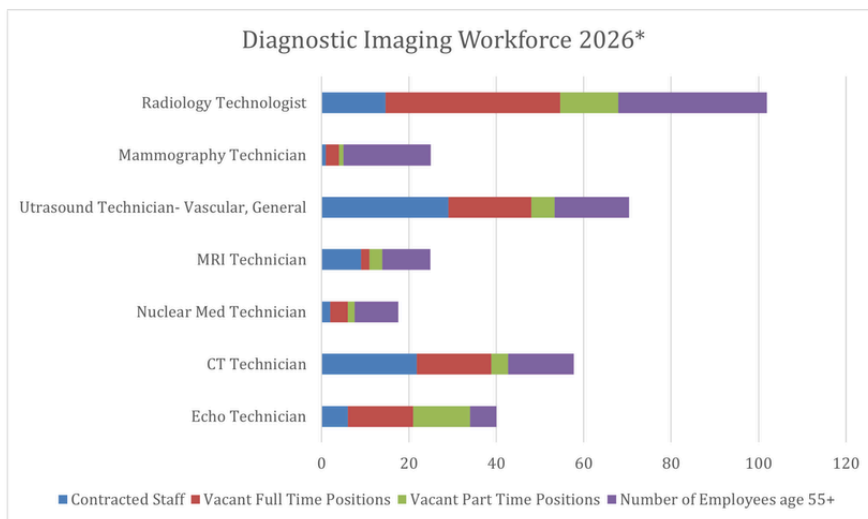
Diagnostic Imaging Workforce

Hospitals highlighted diagnostic imaging as an emerging workforce risk area for Maine hospitals. While the total number of imaging professionals statewide is relatively small compared to other clinical occupations, these roles are essential to hospital operations and patient care. Imaging services support nearly every clinical service line, including emergency care, inpatient diagnosis, and outpatient specialty services.

Workforce pipeline challenges further complicate recruitment efforts. Hospitals report that diagnostic imaging training programs in Maine are limited in number and geographically concentrated, which can make it difficult for students in some regions of the state to access training. In addition, many imaging specialties require modality-specific training, meaning technologists cannot easily transition between disciplines such as MRI, CT, ultrasound, and nuclear medicine. Rural hospitals often face additional challenges when recruiting technologists who are trained across multiple modalities.

Long-term workforce pressures are also emerging due to an aging workforce. Survey responses indicate that 301 diagnostic imaging professionals are age 55 or older. As a substantial share of this workforce approaches retirement eligibility, hospitals anticipate increased recruitment pressures in the coming decade. Because these roles require specialized education and clinical training, developing replacement pipelines may take several years.

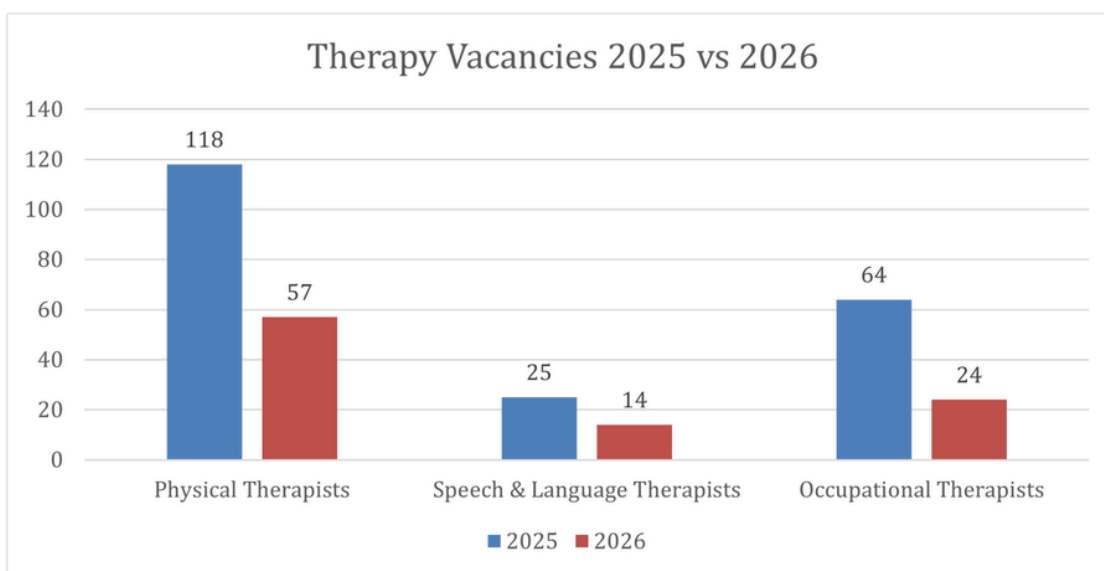
Expanding training capacity, increasing awareness of imaging careers among students, and strengthening partnerships with community colleges and other training programs could help address these workforce challenges. Many diagnostic imaging professions offer relatively short training pathways and strong wages, suggesting that targeted workforce development initiatives could help expand the pipeline if educational opportunities are made more widely available.



***Graph displayed does not include Maine Health’s diagnostic imaging employees 55 years and older (173 in total) due to inability to categorize down to role. Total diagnostic imaging employees over 55 years is 301.**

Therapy Workforce

Therapy professions—including physical therapy, occupational therapy, and speech-language pathology—reported 109 vacancies statewide in 2026, a 51% decrease from 2025. Although vacancy levels have improved across all therapy roles, workforce aging trends and persistent recruitment challenges indicate that demand for therapy professionals will likely remain high in the coming years.



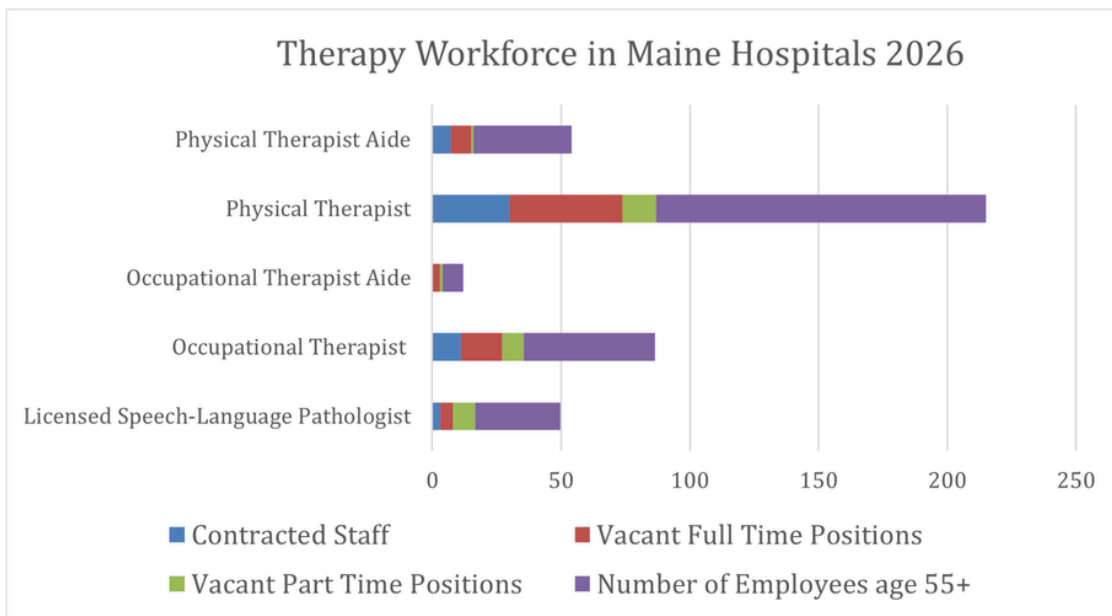
Physical therapists represent the largest share of contracted staff and open vacancies within the therapy workforce. Hospitals report ongoing difficulty recruiting both permanent employees and temporary or contracted therapy staff, particularly in rural communities. Organizations also noted that the availability of contract therapists has declined in some specialties, making it more difficult to rely on temporary staffing to fill short-term gaps.

The therapy workforce also faces long-term pressures related to workforce aging. The number of therapy professionals aged 55 and older increased from 265 in 2025 to 373 in 2026, indicating that a growing share of this workforce may reach retirement eligibility in the coming decade. As experienced clinicians retire, replacing these roles may take time due to the educational and training requirements associated with therapy professions.

Additional structural factors may also contribute to recruitment challenges. Hospitals report increasing competition for therapy professionals from for-profit outpatient clinics and private therapy practices, which often operate in the same communities and compete for the same workforce. In some cases, therapists may be drawn to private-sector positions offering more predictable daytime schedules or alternative practice settings.

Therapy Workforce

Educational and compensation dynamics may also influence workforce supply. Newly licensed physical therapists are now required to complete a Doctor of Physical Therapy (DPT) degree, which represents a significant educational investment. Hospitals noted that compensation for many therapy roles is often comparable to, or only modestly higher than, registered nurse salaries, despite the additional years of education required for a doctoral-level credential. This mismatch between educational requirements and compensation may discourage some potential entrants to the field. As a result, individuals who pursue careers in physical therapy often do so because of a strong personal commitment to the profession, rather than purely financial incentives.

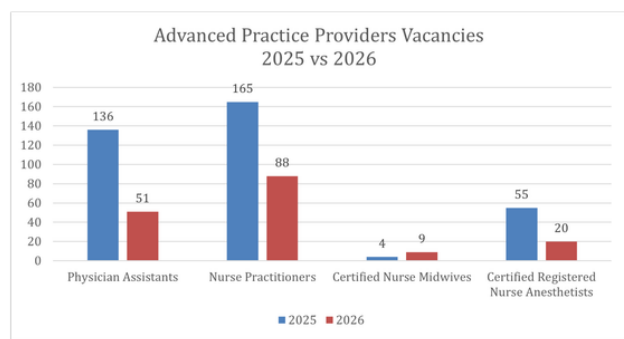
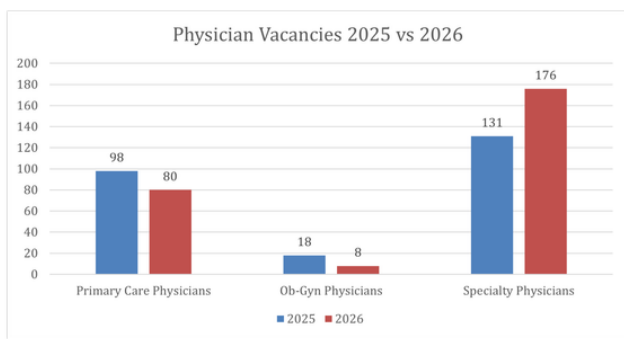


Vacancies among physical therapists, occupational therapists, and speech-language pathologists declined by 52%, 62%, and 44% respectively compared to 2025 levels. However, vacancy rates remain elevated, ranging from approximately 9% to 20%, reflecting sustained demand for therapy services driven in part by Maine’s aging population and increasing rehabilitation needs.

Taken together, these factors suggest that while therapy workforce vacancies have improved in the short term, structural workforce pressures—including competition for talent, educational requirements, compensation dynamics, and an aging workforce—may continue to affect recruitment and staffing stability in the years ahead.

Provider Workforce

Provider workforce trends reflect both current recruitment challenges and future supply concerns. Unlike general staff posting data, provider vacancies reflect the true demand across the state as hospitals struggle to meet access needs. Maine hospitals report 432 vacant physician and advanced practice provider positions in 2026, down from 816 vacancies in 2025. Although reliance on contracted providers has declined, recruitment remains difficult in several specialties, particularly in rural and underserved regions.



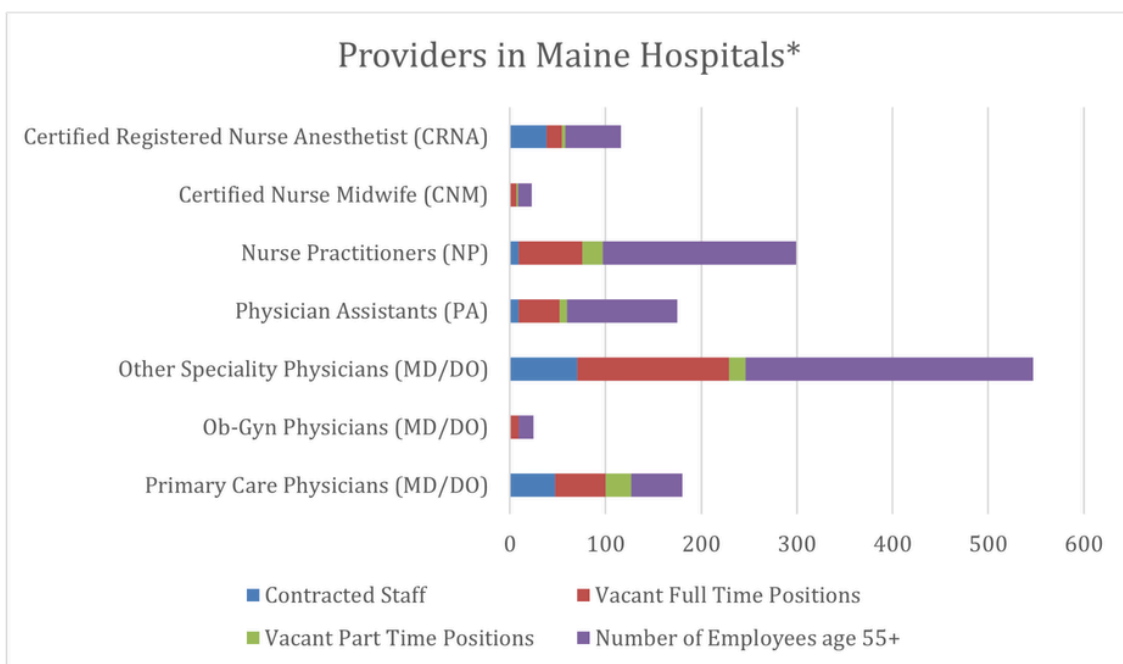
Hospitals continue to report persistent recruitment challenges across several physician specialties. Certain roles—such as anesthesia and other highly specialized fields—are difficult to recruit nationwide, and these challenges are often magnified in smaller or rural communities where candidate pools are limited, and recruitment cycles can be lengthy.

Workforce aging is also a growing concern. Hospitals report 754 physicians and 389 advanced practice providers aged 55 or older, indicating that retirements may accelerate over the next decade. Because physicians require extensive education and training, replacing experienced providers can take years and may affect access to care in smaller communities.

Pipeline challenges in primary care are also emerging. Nationally, fewer medical students are choosing primary care specialties relative to other fields, which may further constrain the availability of family medicine and general internal medicine physicians. This may be driven in part by primary care providers increasingly managing complex medical, behavioral health, and social needs, contributing to workforce strain and burnout.

Provider Workforce

Advanced practice providers—including nurse practitioners and physician assistants—play an increasingly important role in maintaining access to care. Hospitals are expanding team-based care models that integrate advanced practice providers into both primary and specialty care settings. While these models help extend care capacity, advanced practice providers cannot fully replace physician roles in all specialties, highlighting the need to strengthen both physician and advanced practice provider pipelines.



***Displayed graph does not include physician level 55+ and older data for Maine Health due to data access limitations. Maine Health reports a total of 385 physicians aged 55+. The total number of physicians, including those at Maine Health, who are 55 and older is 754.**

Other Critical Roles

In addition to major clinical workforce categories, Maine hospitals report ongoing staffing needs across several other clinical and operational roles that are essential to hospital operations and patient care with 705 open and budgeted positions reported. These positions include respiratory therapists, licensed clinical social workers, environmental services professionals, revenue cycle staff, security personnel, and emergency medical services (EMS) professionals among others. While these roles vary widely in training requirements and responsibilities, shortages in any of these areas can affect hospital operations, patient flow, and access to care.

Respiratory Therapy

Respiratory therapists represent a specialized clinical workforce responsible for managing patients with respiratory illness, supporting ventilator management, and providing critical respiratory care across inpatient, emergency, and intensive care settings. While vacancy levels for respiratory therapists are lower than in some other clinical professions, hospitals continue to report recruitment challenges due to the specialized training required for the role with 31 open positions across Maine hospitals.

Hospitals noted that workforce development partnerships with community colleges and “earn-while-you-learn” training programs have helped strengthen the respiratory therapy pipeline in recent years. In some regions, these programs allow existing healthcare employees to pursue respiratory therapy education while remaining employed, improving both recruitment and retention. Continued investment in these training partnerships will be important to maintaining a stable respiratory therapy workforce.

Other Critical Roles

Licensed Clinical Social Workers

Hospitals also report workforce pressures among licensed clinical social workers with 36 open positions across the state, who play a critical role in behavioral health support, discharge planning, care coordination, and addressing social determinants of health. Hospitals noted that demand for social workers has increased in recent years as healthcare systems respond to rising behavioral health needs and more complex patient care transitions.

Educational pipeline constraints may also affect the supply of social workers. Training programs report difficulty securing sufficient clinical placements for students, which may limit the number of graduates entering the workforce each year. Expanding clinical training opportunities may help strengthen this workforce pipeline.

Environmental Services Professionals

Environmental services (EVS) professionals are essential to hospital infection control, patient safety, and operational efficiency. Hospitals report growing recruitment and retention challenges for these roles due to wage competition with other industries, which is highlighted by 37 open positions. In many communities, EVS staff can earn similar wages in sectors such as hospitality or retail while facing fewer workplace hazards.

Within healthcare settings, EVS professionals must meet specialized infection prevention protocols and respond to complex cleaning requirements associated with clinical environments. Hospitals noted that the increasing complexity of these responsibilities, combined with competitive labor markets, has started to shift thinking about how this role is categorized driving some hospitals to increase pay.

Revenue Cycle and Billing Professionals

Hospitals also reported increasing demand for billing, coding, and revenue integrity staff and currently have 63 open positions across the state. The complexity of healthcare reimbursement, including prior authorization requirements and evolving payer policies, has increased administrative workload in these roles.

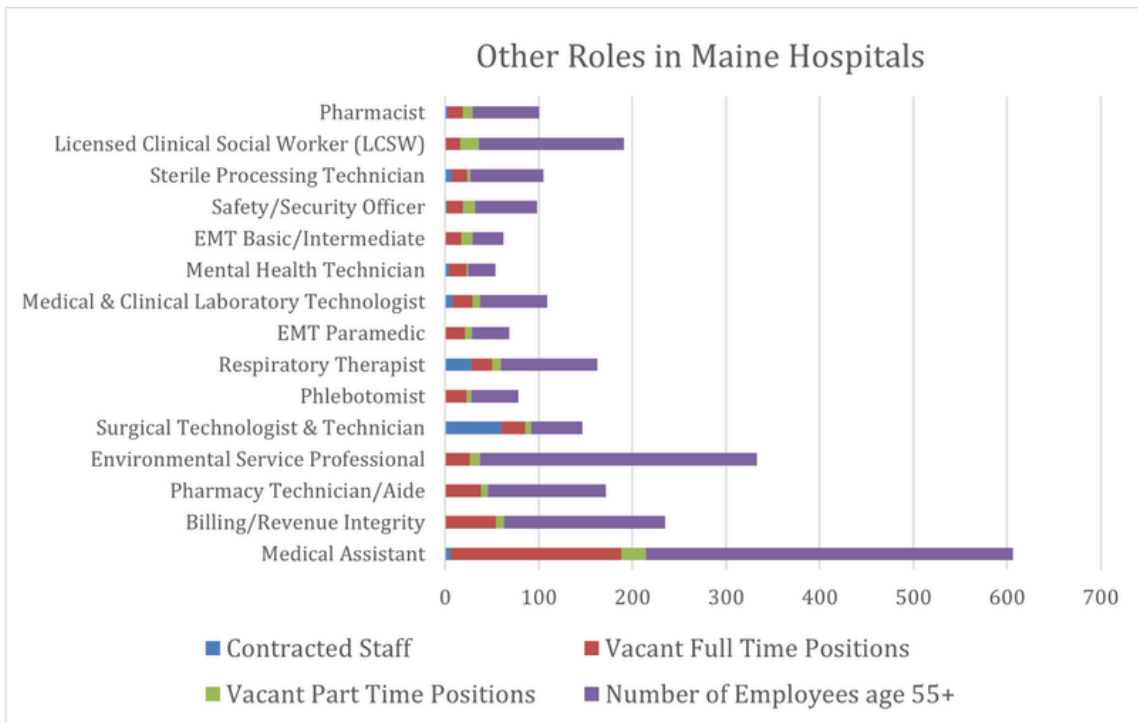
Some hospitals have addressed workforce challenges in this area by outsourcing portions of the revenue cycle to external vendors. As a result, workforce shortages in revenue cycle functions are not fully reflected in hospital employment data. Nonetheless, hospitals report that recruitment and retention challenges remain for these specialized administrative roles.

Other Critical Roles

Emergency Medical Services and Paramedicine

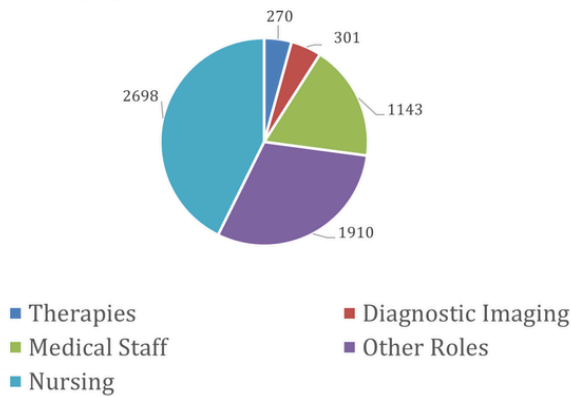
Emergency medical services (EMS) professionals—including EMTs and paramedics—play a critical role in patient transport and emergency response, particularly in rural regions of Maine. Maine hospitals reported 58 open positions in 2026 and vacancy rates of 14.6% for EMT Basic/Intermediate roles and 20.2% for Paramedics. Hospitals report growing demand for paramedics and advanced EMS personnel to support patient transfers between facilities and access to higher levels of care.

Training programs and EMS organizations report that they often lack comprehensive statewide data on workforce demand, which can make it difficult to align training capacity with healthcare system needs. Strengthening coordination between healthcare providers, EMS agencies, and training programs may help ensure that the EMS workforce pipeline meets the needs of Maine’s healthcare system.



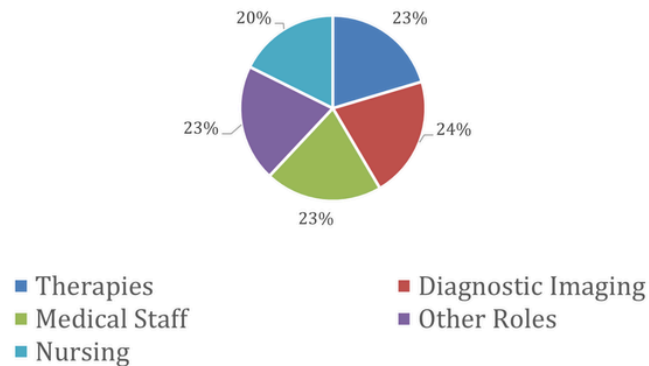
Maine's Aging Hospital Workforce

Aging Workforce by Profession (55+)*

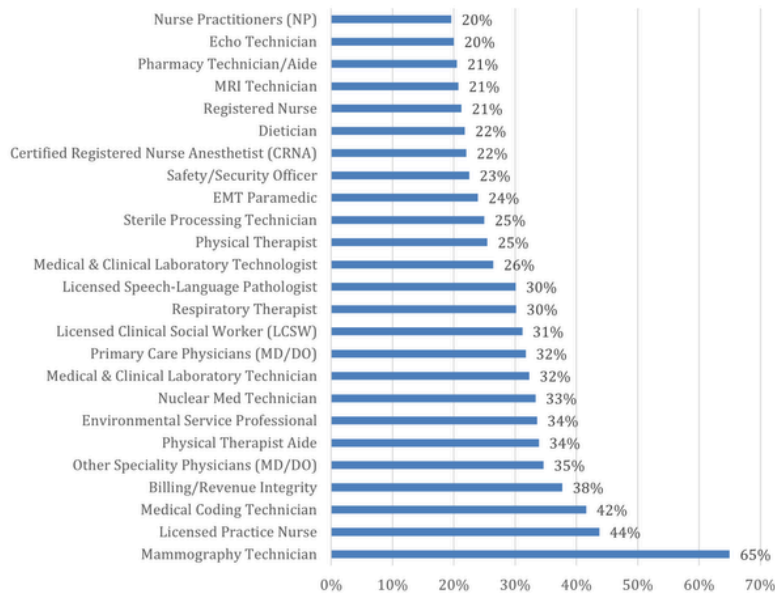


***Graphs displayed do not include 385 physicians and 173 diagnostic imaging staff aged 55+ who work at Maine Health due to inability to break down by specific occupational role**

Percentage of total workforce aged 55+ by Profession*



Percentage of total workforce aged 55+ by occupational role (20% or more)



Maine's Aging Hospital Workforce

While vacancy reductions may indicate short-term stabilization, the continued growth of the aging workforce signals long-term structural risk. Workforce planning must prioritize pipeline development to offset projected retirements over the next five to ten years.

The survey results also highlight the continued aging of Maine's hospital workforce. In 2026, hospitals report 6,322 employees age 55 and older—an increase of 730 or 12% over 2025. Across surveyed hospitals, more than 1,100 physicians and advanced practice providers alone fall within this age group, in addition to significant numbers of nurses, therapists, and other clinical professionals. Each health profession is equally impacted by an aging workforce as the percentage of employed workforce aged 55 and older is nearly even within each group, ranging from 20-24%.

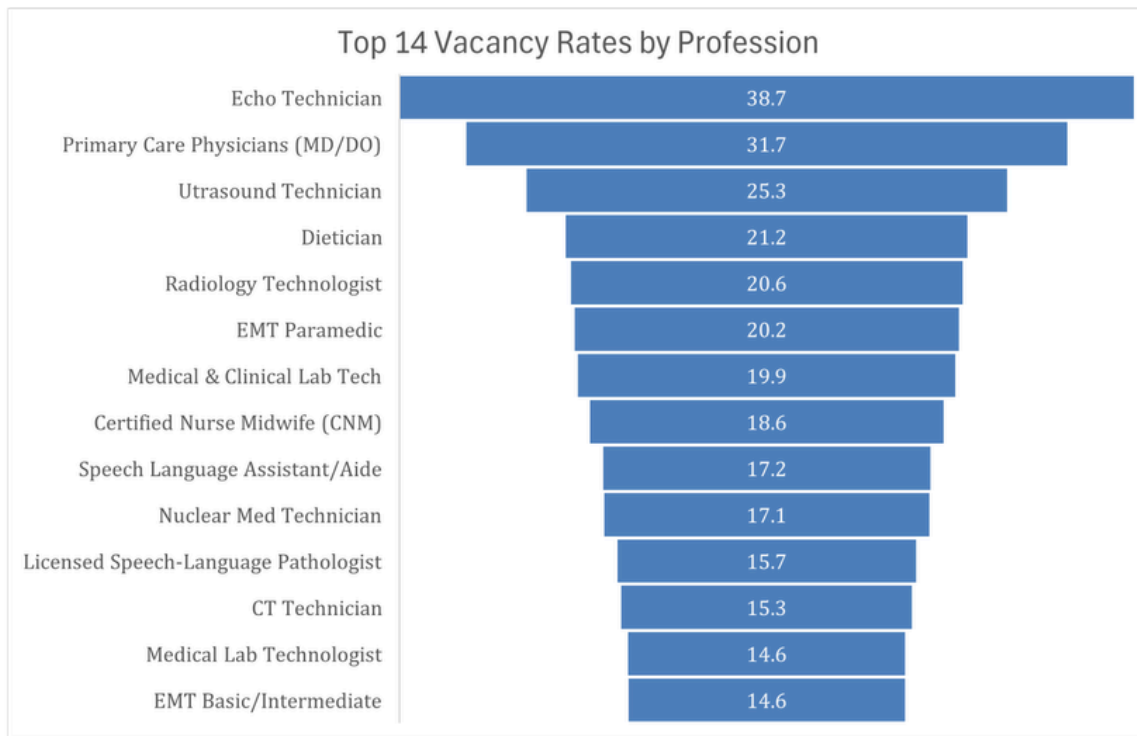
These trends are consistent with broader demographic patterns in Maine, which has one of the oldest populations in the United States. For hospitals, however, the implications are particularly significant because many healthcare professions require lengthy education and training pipelines, especially physicians and those roles that require advanced degrees, such as speech and language pathologists and licensed clinical social workers. When experienced clinicians retire, replacement workers cannot be developed quickly, especially in professions that require graduate-level education or specialized certifications.

Hospitals also noted that retirement-related turnover may occur unevenly across regions, potentially exacerbating existing workforce challenges in rural communities where recruitment is already difficult. Smaller hospitals often rely heavily on long-tenured employees who possess broad skill sets and deep knowledge of local healthcare systems. Replacing these workers may require both recruitment and expanded training opportunities.

These trends underscore the importance of long-term workforce planning. Strategies such as strengthening education pipelines, expanding clinical training opportunities, supporting “earn while you learn” models, and developing internal career advancement pathways may help hospitals prepare for future workforce transitions. Continued monitoring of workforce age distribution will also be critical in identifying professions where retirement-related turnover may significantly affect healthcare access in the coming years.

Workforce Vacancies

For the first time, the 2026 survey captured total budgeted positions and vacancy rate by occupation. This new metric allows better comparison of workforce strain across professions by contextualizing vacancies relative to workforce size. Healthcare vacancy rates are primarily driven by severe burnout, high turnover, an aging workforce nearing retirement, and an increased demand for services from an aging population. Further exacerbating the crisis are educational bottlenecks, such as limited nursing faculty and clinical sites, high-stress environments, and geographic maldistribution of professionals. While total vacancies declined compared to 2025, vacancy rates remain elevated in select clinical and technical professions, indicating ongoing structural workforce shortages.



****To calculate vacancy rates for Maine Health providers, NLH percentages of budgeted FTEs were applied to MH total budgeted positions (11% PCPs, 4% Obstetrics, 85% specialty)***

Conclusion & Implications

Maine hospitals are making measurable progress in stabilizing the healthcare workforce, as reflected in reduced vacancies and decreased reliance on traveler staffing. However, these improvements must be viewed in context. Declines in reported vacancies reflect not only gains in recruitment and retention but also changes in hiring practices and financial constraints that may mask real workforce demand.

Significant challenges remain. Persistent shortages in key specialties, including diagnostic imaging and therapy, combined with a rapidly aging workforce, pose serious long-term risks to healthcare access, particularly in rural communities. Because many healthcare roles require extensive education and training, replacing experienced clinicians will take time, and pipeline constraints continue to limit workforce growth.

At the same time, Maine’s aging workforce presents an important opportunity. Innovative retention strategies, such as flexible scheduling, phased retirement, mentorship and preceptor roles, and less physically demanding care models, can help experienced clinicians remain in the workforce longer, preserving critical expertise, supporting workforce needs, and strengthening training for the next generation.

Taken together, these trends underscore that Maine’s healthcare workforce continues to face structural pressures. Sustained investment in workforce development, education and training capacity, rural healthcare infrastructure, and innovative retention strategies will be essential to ensuring the healthcare system can meet the needs of Maine residents in the years ahead.

Additional Data:

Financial Metric	Audited Financial Data			Percentage Change	
	FY 2024	FY 2025	Proj. FY2026	FY24-26	FY 25-26
Salaries (no contract/locums \$)	\$ 3,611,023,624	\$ 3,879,890,229	\$ 4,144,336,494	15%	7%
Physician Fees & Salaries (no contract/locum)	\$ 707,454,222	\$ 782,762,903	\$ 825,943,856	17%	6%
Premium Pay/Incentives	\$ 177,075,421	\$ 216,556,850	\$ 174,103,693	-2%	-20%
Overtime Pay	\$ 22,761,923	\$ 24,253,963	\$ 18,482,467	-19%	-24%
Salary Market Adjustments	\$ 35,950,512	\$ 39,318,337	\$ 38,137,290	6%	-3%
Fringe Benefits	\$ 927,842,106	\$ 1,019,079,364	\$ 1,066,943,999	15%	5%
Contracted Labor*	\$ 370,656,987	\$ 295,535,883	\$ 213,864,349	-42%	-28%
Locums	\$ 84,558,723	\$ 85,054,016	\$ 38,177,479	-55%	-55%



Maine Hospital Association

**MAINE'S LEADING
VOICE FOR HEALTHCARE**

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