



From Shortage to Success:

A Practical Workforce Strategy for Rural
and Regional Healthcare Employers

Prepared by Max Populi, LLC
September, 2026



Executive Summary

A practical workforce strategy for healthcare employers that need a broader path to permanent clinical talent.

Healthcare employers across the United States are being asked to solve a staffing problem local labor markets can no longer carry alone.

Hospitals, long-term care facilities, home health agencies, hospice providers, outpatient clinics, and other healthcare organizations all depend on skilled clinical workers who are becoming harder to find, harder to recruit, and harder to keep. For rural and regional employers, the pressure can be even greater. They are often recruiting from smaller local talent pools while competing against larger systems, higher-paying markets, travel contracts, agency roles, and candidates' personal preferences for larger cities or more flexible schedules.

At the same time, demand for care continues to grow. The U.S. Bureau of Labor Statistics projects healthcare occupations to generate approximately 1.9 million openings each year, on average, from 2024 to 2034 due to employment growth and the need to replace workers who leave the field permanently.¹ HRSA projects registered nurse shortages nationally through 2038, with nonmetro areas expected to face larger shortages than metro areas.²

The workforce pipeline is also constrained by education capacity. According to the American Association of Colleges of Nursing, U.S. nursing schools turned away 80,162 qualified applications from baccalaureate and graduate nursing programs in 2024 because of limits such as faculty, clinical sites, classroom space, clinical preceptors, and budgets.³

For healthcare leaders, the result is familiar: open roles stay open longer, existing teams carry more of the burden, traveler and agency costs continue to rise, and long-term workforce planning becomes harder.

This white paper examines a practical alternative: building a permanent international healthcare talent pipeline through a guided recruitment, credentialing, immigration coordination, relocation, and onboarding model.

Healthcare occupations are projected to generate about 1.9 million openings each year from 2024 to 2034.¹

“As a global and strategic talent search firm, we deliver patient-ready healthcare talent without borders.”

SHREE KUMAR, MAX POPULI

HRSA projects registered nurse shortages nationally through 2038, with nonmetro areas expected to face larger shortages than metro areas.²

The approach is illustrated through Max Populi's work with the largest regional hospital system in western Alabama, where the organization helped recruit and support a pipeline of internationally trained nurses through the TN visa pathway for qualified Canadian and Mexican professionals. At the time of the publication, Max Populi reports 83 nurses hired with approximately 47 nurses working onsite at the hospital, another 36 in the credentialing pipeline, and fewer than 1% lost out of the total hires.

While the client serves as the primary case study, the model is not limited to nursing. Max Populi has also applied this broader international recruitment strategy to help healthcare employers fill other difficult clinical roles, including allied health positions such as therapists and lab technologists. These roles are essential to daily operations, but many healthcare facilities struggle to fill them through local recruiting alone.

“When the local talent pool is too small, the hiring strategy has to get larger.”



That broader application matters because the healthcare workforce challenge is not isolated to one position, one facility type, or one region. Acute-care nursing shortages may be the most visible issue, but rural and regional employers also face persistent hiring challenges across laboratory services, therapy, primary care, home health, hospice, and long-term care.

Max Populi's model is built for this level of complexity. As an NPA Worldwide member-owner with more than 20 years of healthcare staffing experience, Max Populi brings together international sourcing partnerships, healthcare recruiting knowledge, credentialing support, candidate engagement and communication, employer and legal coordination, and relocation and onboarding assistance. The goal is not simply to identify candidates. It is to help healthcare organizations move qualified professionals through a multi-step process that many employers are not experienced or staffed to manage alone.

Because the model is built for volume and repeatability, it can also give healthcare employers a more practical cost structure than one-off recruiting. Instead of paying for isolated searches role by role, employers can work with a partner that already has the recruiting relationships, screening process, credentialing support, candidate communication, and replacement protections in place.

Beyond Nursing

- ✓ Lab technologists
- ✓ Physical therapists
- ✓ Occupational therapists
- ✓ Primary care physicians

For healthcare leaders, the question is no longer whether local recruiting should continue. It should. The more useful question is whether local recruiting alone is enough.

For many rural and regional healthcare organizations, the answer is increasingly no.

International recruitment is not a quick fix, and it does not remove the need for employer participation. The process still requires planning, communication, licensing, documentation, and coordination. But with the right partner, it can become a manageable, repeatable workforce channel that helps healthcare employers reduce dependence on temporary labor and build a more stable clinical team over time.

This case study shows what that can look like in practice: a healthcare employer facing difficult nursing shortages, a staffing partner with an established international recruitment process, and a growing pipeline of nurses willing to build their careers in a community that needed them.

For CEOs, nursing leaders, HR executives, and healthcare operators who are struggling to fill critical roles, the lesson is clear: when the local talent pool is too small, the hiring strategy has to get larger.

Key Takeaways

- Rural and regional healthcare employers are competing for a limited local clinical workforce.
- Nursing, lab tech, and therapists shortages are part of a large healthcare talent challenge.
- International recruitment can create an additional long-term talent channel when local recruiting is not enough especially in acute care, skilled-nursing, home health and hospice settings.
- The TN visa pathway can help qualified Canadian and Mexican healthcare professionals work in eligible U.S. roles.
- Max Populi's model supports both candidates and employers through sourcing, credentialing, immigration coordination, relocation, onboarding, and ongoing communication.
- This case study demonstrates how this model can help a regional healthcare employer build a pipeline of permanent nursing talent.

KEY STATISTICS

47

Approximate nurses working onsite at the client hospital

36

Additional nurses in the credentialing pipeline

83

Approximately total hires

<1%

Fewer than 1% lost

U.S. nursing schools turned away 80,162 qualified applications in 2024 because of limits related to faculty, clinical sites, classroom space, clinical preceptors, and budgets.³

Sources

1. U.S. Bureau of Labor Statistics. "Healthcare Occupations." Occupational Outlook Handbook. U.S. Department of Labor. Accessed July 6, 2026.
2. National Center for Health Workforce Analysis. Nurse Workforce Projections, 2023-2038. Health Resources and Services Administration. December 2025. Accessed July 6, 2026.
3. American Association of Colleges of Nursing. "Nursing Faculty Shortage Fact Sheet." Accessed July 6, 2026.

The Workforce Problem: Why Healthcare Employers Need New Talent Channels

Local recruiting still matters.
For many healthcare employers,
it is no longer enough.

Healthcare employers are not just facing a temporary hiring slowdown. They are facing a workforce supply problem.

For rural and regional facilities, that problem can be especially difficult to solve. Local recruiting remains important, but many healthcare organizations are drawing from smaller labor markets while competing with larger systems, travel contracts, agency roles, higher-paying regions, and candidates' preferences for more urban or flexible work settings.

At the same time, the demand for healthcare workers continues to grow. The U.S. Bureau of Labor Statistics projects healthcare occupations to generate approximately 1.9 million openings each year, on average, from 2024 to 2034 due to employment growth and the need to replace workers who leave the field permanently.⁴

The nursing pipeline is also under pressure. HRSA projects registered nurse shortages nationally through 2038, with nonmetro areas expected to face larger shortages than metro areas.⁵ The American Association of Colleges of Nursing also reported that U.S. nursing schools turned away 80,162 qualified applications from baccalaureate and graduate nursing programs in 2024 because of limits including faculty, clinical sites, classroom space, clinical preceptors, and budgets.⁶

Those numbers help explain what healthcare leaders already see in practice: the local candidate pool is not expanding quickly enough to meet demand.

“Local recruiting should continue. But healthcare employers cannot keep asking local hiring to solve a problem it cannot solve alone.”

The problem is not limited to registered nurses. Nursing shortages may be the most visible staffing issue, but healthcare employers also need lab technologists, physical therapists, occupational therapists, primary care providers, long-term care nurses, home health professionals, hospice clinicians, and other skilled healthcare workers. When any of these roles remain open, the effects can spread beyond one department.

A lab vacancy can strain diagnostic services. A therapy vacancy can affect recovery and discharge planning. A home health or hospice vacancy can limit care options for patients and families. A primary care vacancy can reduce access in communities that already have few providers.

For rural and regional organizations, every vacancy can be harder to absorb because there may be fewer nearby candidates, fewer backup options, and fewer competing employers willing to share the burden. When everyone is recruiting from the same limited pool, the same roles tend to stay hard to fill.

That is why more healthcare leaders are beginning to think beyond traditional local recruiting.

Local recruiting should continue. So should retention work, internal career development, partnerships with schools, and efforts to improve culture and scheduling. But when those efforts are not enough to meet staffing needs, employers need additional ways to reach qualified candidates.

When the local pool is limited, recruiting one position at a time may not be enough. Healthcare employers need a repeatable way to build a broader clinical talent pipeline.

International recruitment can become one of those additional channels when it is handled carefully and with the right support. It gives healthcare employers access to qualified professionals who are willing to relocate, complete credentialing requirements, and build careers in communities where their skills are needed.

The goal is not to replace local hiring. The goal is to stop asking local hiring to solve a problem it cannot solve alone.

Why New Talent Channels Matter

- Rural and regional healthcare employers often recruit from smaller local labor pools.
 - Healthcare demand is growing while education and training pipelines remain constrained.
 - Nursing shortages are part of a broader clinical workforce challenge.
 - Allied health, lab, therapy, home health, hospice, long-term care, and primary care roles can also be difficult to fill.
 - International recruitment can add another long-term talent channel when local recruiting is not enough.
-

Sources

4. U.S. Bureau of Labor Statistics. "Healthcare Occupations." Occupational Outlook Handbook. U.S. Department of Labor. Accessed July 6, 2026.
5. National Center for Health Workforce Analysis. Nurse Workforce Projections, 2023-2038. Health Resources and Services Administration. December 2025. Accessed July 6, 2026.
6. American Association of Colleges of Nursing. "Nursing Faculty Shortage Fact Sheet." Accessed July 6, 2026.

\$60k+

The average cost of turnover for a bedside RN was \$61,110 in the 2025 NSI National Health Care Retention & RN Staffing Report.⁷

9.6%

NSI reported a national RN vacancy rate of 9.6%, with 41.8% of hospitals reporting an RN vacancy rate of 10% or more.⁸

83 days

NSI reported an average RN Recruitment Difficulty Index of 83 days, or approximately three months.⁸

SECTION 03

The Cost of Inaction: Travelers, Vacancies, Burnout, and Lost Access

When clinical roles stay open, the cost is measured in more than recruiting spend.

When healthcare leaders consider a new workforce strategy, cost is usually one of the first concerns.

That concern is reasonable. International recruitment requires planning, coordination, and investment. But when clinical vacancies remain open month after month, the more useful question may be broader: What is the organization already paying for the problem?

The cost question is legitimate, but it should be evaluated against the full cost of the staffing problem. When roles remain open, healthcare employers may pay through traveler contracts, agency labor, overtime, repeated internal recruiting time, delayed starts, and turnover. A staffing partner with established international recruitment infrastructure can spread process value across multiple hires, making the model more practical for employers hiring at volume.

When nursing positions remain open, existing teams may carry more overtime or less predictable schedules. When lab roles are difficult to fill, diagnostic services can be strained. When therapy, home health, hospice, long-term care, or primary care roles remain vacant, patients may have fewer care options close to home.

For many healthcare organizations, the short-term answer is temporary labor. Travelers, agency staff, overtime, premium pay, and internal schedule adjustments can all help protect coverage. These tools can be necessary, but they are not a permanent staffing strategy.

The longer the vacancy remains unresolved, the more expensive the cycle can become.

In a volume-based agreement, the employer is not simply paying for a resume. The value includes sourcing, screening, references, background and credentialing support, candidate communication, process coordination, and replacement protections if a hire does not work out within the agreed period.

The 2025 NSI National Health Care Retention & RN Staffing Report found that the average cost of turnover for a bedside RN was \$61,110. The same report estimated that nurse turnover costs the average hospital between \$3.9 million and \$5.7 million, and that each percentage-point change in RN turnover can cost or save the average hospital an additional \$289,000 per year.⁷

Vacancies also take time to fill. NSI reported a national RN vacancy rate of 9.6%, with 41.8% of hospitals reporting an RN vacancy rate of 10% or more. The report also found that the average RN Recruitment Difficulty Index was 83 days, or approximately three months.⁸

“The question is not only what a new workforce strategy costs. It is what unresolved vacancies are already costing.”

For rural and regional healthcare employers, those gaps can be harder to close. Smaller labor markets may offer fewer replacement candidates. Larger systems and travel roles may draw nurses away. Temporary labor may help in the moment, but it can make workforce planning less predictable if it becomes the primary solution.

That is why temporary coverage should be viewed as a bridge, not the destination.

A permanent workforce strategy asks a different question. Not only, “How do we cover this shift?” but also, “How do we reduce the chance that this same gap keeps returning?”

International recruitment can become part of that answer when local recruiting is not producing enough qualified candidates. It creates another pathway to permanent clinical talent, especially for roles and locations that are difficult to fill through traditional methods alone.

This does not mean local hiring becomes less important. It means local hiring should not have to carry the entire workforce strategy by itself.

For this health system, working with Max Populi created an additional pipeline of internationally trained nurses willing to relocate, complete credentialing requirements, and build their careers in western Alabama.

The cost of inaction may not appear in one line item. It may show up in traveler spend, overtime, turnover, burnout, delayed hiring, reduced access, or leadership time spent solving the same staffing problem again and again.

The question is not only what a new workforce strategy costs.

The question is what unresolved vacancies are already costing.

Chartis reported that 46% of rural hospitals had negative operating margins and 432 were vulnerable to closure in its 2025 analysis.⁹



Sources

7. NSI Nursing Solutions, Inc. 2025 NSI National Health Care Retention & RN Staffing Report. March 2025. Accessed July 6, 2026.
8. NSI Nursing Solutions, Inc. 2025 NSI National Health Care Retention & RN Staffing Report. March 2025. Accessed July 6, 2026.
9. Chartis Center for Rural Health. “2025 Rural Health State of the State.” February 10, 2025. Accessed July 6, 2026.

The Cost of Inaction

- Unfilled roles affect more than hiring. They can affect schedules, budgets, morale, and patient access.
- Temporary labor can protect short-term coverage, but it does not create permanent workforce stability.
- RN turnover and vacancies carry measurable financial and operational costs.
- Rural and regional employers may have fewer replacement options when roles stay open.
- International recruitment can add a permanent talent channel when local recruiting is not enough.



Case Study: 600-bed Healthcare System in Western Alabama

How one regional healthcare employer added an international nursing pipeline to address hard-to-fill roles.

For healthcare employers in rural and regional markets, the workforce challenge is not theoretical. It shows up in open roles, stretched teams, traveler dependence, and the constant pressure to maintain coverage in critical departments.

A regional Alabama health system faced that kind of challenge

The health system has served West Alabama for more than a century. Three facilities make up the regional health system. The 600-bed cornerstone facility offers specialty units and advanced services, including cancer, cardiology, surgical, intensive care, emergency, women's, diagnostic, home health, and laboratory services.

Like many regional healthcare organizations, the hospital needed a more dependable way to recruit qualified nurses for hard-to-fill roles. Local recruiting remained important, but the available local labor pool was not large enough to meet every need. The facility was competing for the same limited group of nurses as other healthcare employers, while also trying to maintain stable coverage across demanding clinical areas.

The staffing challenge was not simply about filling individual openings. This system, as for many healthcare organizations, the deeper issue was stability. A permanent nursing pipeline would support better workforce planning than repeated short-term recruiting cycles or continued reliance on temporary coverage alone.

The client needed qualified nurses who were willing to relocate, complete the required credentialing and licensing steps, and commit to building their careers in western Alabama. Max Populi offered a model designed to meet that need by connecting the facility with qualified international nurses and supporting the process from recruiting through onboarding.

The partnership centered on the TN visa pathway for qualified Canadian and Mexican professionals. For eligible healthcare roles, this pathway can give employers access to qualified candidates beyond the local market, while still

REGIONAL HEALTH SYSTEM

LOCATION:

Western Alabama

SYSTEM INCLUDES:

Three regional medical center facilities, including 600-bed cornerstone facility

SERVICES INCLUDE:

emergency care, intensive care, surgical services, cancer care, cardiology, women's services, home health, laboratory services, and other specialty services

“The candidates were not only identified. They were moved through the steps required to become ready to work, relocate, onboard, and begin contributing to the hospital system's care teams.”

KEY STATISTICS

47

Approximate nurses working onsite at the client hospital

36

Additional nurses in the credentialing pipeline

83

Approximately total hires

<1%

Fewer than 1% lost

A CANDIDATE MAX POPULI WOULD NOT GIVE UP ON

A Canadian nurse had previously moved for a hospital opportunity in another state, only to be denied licensure because of a clinical-hours issue. When she later applied for an opportunity through Max Populi, the same issue could have ended the process again.

Instead, Max Populi worked with health system leadership, the Alabama licensing board, and a local nursing education partner to find a path forward. The candidate completed the needed clinical hours, received documentation, obtained licensure, and began working.

requiring candidates to meet licensure, credentialing, and practice requirements before beginning work.

For the hospital, the strategy created another recruiting channel. It did not replace local hiring. Instead, it added a broader path to permanent nursing talent at a time when traditional local recruiting alone was not solving the problem.

The process required coordination on both sides. Max Populi sourced and screened candidates, supported credentialing steps, helped candidates navigate licensing requirements, coordinated with immigration resources as needed, supported relocation and onboarding, and maintained communication with hospital contacts throughout the process.

That ongoing communication was an important part of the model. International recruitment can take several months from offer acceptance to start date, and candidates must move through multiple steps before they can begin working. Max Populi stayed in close contact with candidates during that period while also keeping the hospital informed on where each candidate stood in the process.

At the time of publication, Max Populi reports approximately 47 nurses working onsite, another 36 in the credentialing pipeline, and fewer than 1% lost to attrition.

Those numbers matter because they show more than recruiting activity. They show the creation of a workforce pipeline. The candidates were not only identified. They were moved through the steps required to become ready to work, relocate, onboard, and begin contributing to the health system's care teams.

The partnership also showed the value of problem-solving when challenges came up. In one case, a Canadian nurse who had previously been denied licensure in another state because of a clinical-hours deficiency applied to an opportunity through Max Populi. Rather than dismissing the candidate as too difficult to place, Max Populi worked with health system leadership, the Alabama licensing board, and a local nursing education partner to identify a path for the candidate to complete the required clinical hours, obtain licensure, and begin working.

That story is important because it reflects the larger approach behind the project. International recruitment is rarely a simple handoff from recruiter to employer. It requires follow-through, documentation, communication, and the willingness to solve problems that can otherwise stop a qualified candidate from reaching the bedside.

Not every candidate journey is simple, and not every barrier can be resolved. This example is not meant to suggest the process is infallible. It shows the value of having a partner that knows how to look for solutions when a qualified candidate encounters a licensing challenge.

For this client, the result was a growing group of internationally trained nurses willing to join a West Alabama healthcare organization that needed them. For Max Populi, the project demonstrated how an international recruitment model can work when a healthcare employer is ready to participate, communicate, and support candidates through the process.

This health system client is a recent example of a strategy Max Populi has used with other high-acuity hospital clients, including Level I and Level II trauma environments. The project shows how that model can be applied in a regional healthcare setting with difficult-to-fill nursing needs.

This case study does not suggest that international recruitment is the answer to every healthcare staffing challenge. It does show that when local talent pools are limited, employers may need to add new channels for permanent clinical talent.

For regional healthcare leaders facing similar shortages, the lesson is practical: the staffing problem may not be solved by waiting for more local candidates to appear. It may require a structured way to reach qualified professionals who are ready to relocate, meet U.S. credentialing requirements, and commit to communities that need them.



The Max Populi Process

- | | |
|---------------------|-------------------------|
| ✓ Candidate sourced | ✓ Licensure |
| ✓ Screened | ✓ Travel and relocation |
| ✓ Offered | ✓ Onboarding |
| ✓ Credentialing | ✓ Working onsite |

The Max Populi Model: From Search to Start

International healthcare hiring requires more than candidate sourcing. It requires a guided process from first contact to first day on the job.

International healthcare recruitment is not the same as filling a local opening.

A traditional local search may focus on sourcing, screening, interviews, offer negotiation, and start date coordination. Those steps still matter, but international recruitment adds more layers. Candidates may need credentialing support, state licensure, immigration coordination, documentation guidance, travel planning, housing support, relocation assistance, onboarding preparation, and consistent communication throughout the process.

That is the work Max Populi is built to manage.

Max Populi brings more than 20 years of healthcare staffing experience to a model designed for difficult clinical hiring needs. As an NPA Worldwide member-owner, the firm can also draw on international recruiting relationships that help expand the candidate pool beyond local and regional markets.

Max Populi began by recruiting healthcare talent within the United States, including physicians, nurses, allied health professionals, healthcare leaders, and other clinical workers. As healthcare employers faced deeper shortages and stronger competition for the same local talent, Max Populi expanded its strategy to include qualified international healthcare professionals.

That broader strategy now supports nursing as well as allied health and other difficult-to-fill clinical roles. In addition to registered nurses, Max Populi's model can help employers recruit lab technologists, physical therapists, occupational therapists, long-term care nurses, home health and hospice clinicians, and primary care physicians.

The common need is not one job title. It is access to qualified healthcare professionals in roles and locations where local recruiting alone is not producing enough candidates.

Max Populi's process begins with the employer's need. The team works to understand the role, required qualifications, facility type, location, timeline, and level of support needed. Candidate fit is evaluated not only by experience, but also by credentialing readiness, communication, motivation, relocation interest, and fit for the employer's environment.

Once a candidate moves forward, Max Populi helps guide the steps between offer and start. Those steps may include credentialing documentation, state licensure requirements, English exam requirements when applicable, immigration coordination, relocation planning, housing support, and onboarding communication.

From Search to Start

- 1 Employer need identified
- 2 Candidate sourced
- 3 Candidate screened
- 4 Employer interview and offer
- 5 Credentialing and documentation
- 6 State licensure steps
- 7 Immigration coordination
- 8 Travel, housing, and relocation planning
- 9 Orientation and onboarding
- 10 Working onsite

This support matters because international recruitment can take several months from offer acceptance to start date. During that time, candidates need to stay informed and committed. Employers also need visibility into progress so they can prepare for arrivals, orientation, unit placement, and staffing plans.

Max Populi helps maintain that connection. The team communicates with candidates throughout the process and keeps employers informed as candidates move through credentialing and onboarding milestones. In this project, this included regular status updates and consistent communication about where candidates stood in the pipeline.

For healthcare employers, the value is not only the candidate pool. It is the structure surrounding the search.

International recruitment is complex. Licensing rules vary. Documentation requirements can change. Candidates may have questions or delays. Employers may need guidance on what happens next. A strong partner does not pretend the process is simple. A strong partner knows how to move through it.

That is what Max Populi brings to the relationship: healthcare recruiting experience, global sourcing connections, credentialing support, candidate guidance, employer communication, relocation coordination, and problem-solving when obstacles appear.

For rural and regional healthcare employers, that can be the difference between an international recruiting idea that sounds promising and a workforce strategy that produces clinicians ready to work.

The model reduces friction, but it does not eliminate every risk. Candidates may still withdraw for personal, family, relocation, licensing, or performance-related reasons, just as domestic hires may leave for reasons outside the employer's control. The goal is not to promise a perfect process. The goal is to create a more structured, better-supported one.

Built-In Value at Scale

One of the advantages of working with an experienced staffing partner is that the employer is not building the process from scratch. Max Populi already has international recruiting relationships, healthcare screening experience, credentialing knowledge, candidate communication practices, and employer coordination processes in place.

For healthcare organizations hiring multiple clinicians, that matters. A volume-based partnership can create a more affordable and predictable approach than repeated one-off searches. It also gives employers access to support that may be difficult to recreate internally, including candidate screening, reference support, credentialing coordination, relocation guidance, and replacement protection under the agreed terms.

The result is a broader value proposition than traditional resume sourcing. Max Populi is helping employers manage a multi-step hiring process that includes candidate readiness, compliance-related documentation, communication, relocation, onboarding, and continuity planning.

“A strong partner does not pretend the process is simple. A strong partner knows how to move through it.”

BEYOND NURSING: ALLIED HEALTH AND OTHER CLINICAL ROLES

Nursing shortages are often the most visible workforce challenge, but they are not the only difficult-to-fill healthcare roles.

Max Populi's international recruitment model can also help healthcare employers address staffing needs across:

- Lab technologists
- Physical therapists
- Occupational therapists
- Long-term care nursing roles
- Home health and hospice roles
- Primary care physicians

These roles are critical to daily operations and patient access. When local recruiting does not produce enough qualified candidates, international recruitment can give healthcare employers another path to clinical talent.

Why the TN Visa Strategy Matters

TN hiring is simpler than hiring H1B workers. It is smoother when the right process and partner are in place.

The TN pathway can open another recruiting channel, but employers still need a process to move candidates from eligibility to readiness.

For rural and regional healthcare employers, international recruitment can sound complicated before the conversation even begins. Immigration, credentialing, licensure, documentation, relocation, and onboarding all have to be handled correctly.

The TN visa pathway gives qualified Canadian and Mexican professionals a structured way to work in eligible U.S. roles. U.S. Citizenship and Immigration Services explains that the TN nonimmigrant classification allows qualified Canadian and Mexican citizens to seek temporary entry into the United States for professional-level work under the United States-Mexico-Canada Agreement, formerly NAFTA.^{10,11}

For healthcare employers, the TN strategy matters because it can create an additional path to qualified clinical talent, including registered nurses, when local recruiting alone is not producing enough candidates.

It is not a shortcut. Candidates must still meet the requirements for the role, the visa category, state licensure, credentialing, and the employer's hiring process. The U.S. position must require a USMCA professional, and the candidate must have the required professional qualifications.¹²

That is why the strategy works best with an experienced recruitment partner. Max Populi helps employers and candidates move through the steps between interest and readiness, including sourcing, screening, offer coordination, credentialing support, licensing guidance, immigration coordination, relocation planning, and onboarding communication.

This case study shows this strategy in practice. By working with Max Populi, the health system added a pipeline of qualified international nurses willing to relocate, complete required credentialing steps, and build their careers in western Alabama.

The lesson for healthcare leaders is not that TN hiring is simple. The lesson is that it can be manageable when the right process and partner are in place.

NOTE: This section is informational only and should not be treated as legal advice. Max Populi and healthcare employers should consult qualified immigration counsel for role-specific or candidate-specific guidance.

TN Visa at a Glance

- Applies to qualified Canadian and Mexican citizens in eligible professional roles.
 - Falls under the United States-Mexico-Canada Agreement, formerly NAFTA.
 - Requires a prearranged full-time or part-time job with a U.S. employer.
 - The role must be included under USMCA professional categories.
 - The candidate must have the required professional qualifications.
 - Healthcare candidates must still satisfy credentialing, licensure, and employer requirements.
 - The process differs for Canadian and Mexican professionals.¹⁰
-

Sources

10. U.S. Citizenship and Immigration Services. "TN USMCA Professionals." Last reviewed or updated June 4, 2025. Accessed July 6, 2026.
11. NSI Nursing Solutions, Inc. 2026 NSI National Health Care Retention & RN Staffing Report. March 2026. Accessed July 2026.
12. U.S. Citizenship and Immigration Services. "NAFTA (TN) Visas." I-9 Central. Last reviewed or updated June 26, 2024. Accessed July 6, 2026.



SECTION 07

Results: What the Health System Gained

The result was not just a group of placements. It was the beginning of a more stable workforce pipeline.

The clearest measure of this partnership is not only how many nurses Max Populi identified. It is how many candidates moved through a complex process and became part of the health system's long-term staffing strategy.

As of time of publication, Max Populi reports approximately 47 nurses working onsite and another 36 in the credentialing pipeline. Max Populi also reports very low candidate loss to date.

Those numbers matter because international recruitment can stall at many points. A candidate may be sourced and screened, but still need to complete credentialing. A nurse may receive an offer, but still need state licensure. A candidate may be qualified, but still need immigration documentation, relocation support, housing coordination, and onboarding preparation before beginning work.

The value of this program is that candidates continued moving through those steps.

The nurses recruited through Max Populi were not simply handed off after an interview. They were supported through the path from interest to readiness, including screening, offer coordination, background checks, reference checks, credentialing, licensure, immigration coordination, relocation planning, and onboarding communication.

For the health system, that created more than a short-term recruiting win. It created access to a broader pool of qualified nurses at a time when local recruiting alone was not enough to meet the need.

A single placement can fill one opening. A pipeline can help leaders plan beyond the next vacancy.

That distinction is especially important for rural and regional healthcare employers. When hard-to-fill roles stay open, leaders may be forced to rely on travelers, agency staff, overtime, or repeated recruiting cycles. Those options may help close short-term gaps, but they do not always create the stability healthcare teams need.

This partnership gave the organization another channel for permanent nursing talent. Nurses were already working onsite, and additional candidates were continuing through credentialing. That combination allowed the health system to look beyond one open role at a time and begin building a longer-term workforce pipeline.

This program created access to a broader pool of qualified nurses at a time when local recruiting alone was not enough to meet the need.

The project supported nursing specialties including med surg, ER and dialysis.

This client is also a recent example of a strategy Max Populi has deployed successfully in other high-acuity hospital environments, including Level I and Level II trauma settings.

From a financial and operational perspective, the project also illustrates one of the advantages of working with a staffing partner at scale.

Recruiting one clinician at a time can be expensive, especially when each search is handled separately and the employer must absorb the time, infrastructure, screening, and administrative burden internally. In a volume-based partnership, the cost structure can become more practical because the employer is not paying only for individual candidate introductions. The value includes the broader process: sourcing, screening, references, background checks, credentialing support, candidate communication, progress coordination, relocation guidance, onboarding support, and replacement protection under the terms of the agreement.

Max Populi can also provide a replacement guarantee, giving employers additional protection if a hire does not work out during the agreed period.

This value is important because many healthcare leaders assume that using a recruiting firm will automatically be too costly. In a one-off search, that concern may feel reasonable. But when a healthcare employer needs to fill multiple difficult roles, a partner with an established process, candidate pipeline, screening systems, credentialing knowledge, and replacement protections can often provide greater total value than trying to recreate the entire process internally.

The cost question should not be framed as recruiting partner versus no cost. It should be framed against the full cost of the staffing problem: repeated searches, internal recruiting time, traveler reliance, agency usage, overtime, turnover, delayed starts, and the leadership burden of solving the same vacancy cycle again and again.

This client's experience also helps answer an important question for healthcare leaders considering international recruitment: will the candidates be ready to contribute?

That is where nursing leadership perspective matters.

Retention should also be addressed, but carefully.

International recruitment is not infallible. No hiring process is. Candidates are people, and personal circumstances can change. A candidate may withdraw or leave for family reasons, relocation challenges, performance concerns, licensing issues, or life events outside the employer's or recruiter's control.

That context matters because the goal is not to promise that every candidate will complete the process or stay forever. The goal is to create a more structured, better-

BEYOND ACUTE CARE: APPLYING THE MODEL ACROSS HEALTHCARE SETTINGS

The workforce challenge facing healthcare employers is not limited to acute-care nursing.

Max Populi's local and international recruitment model has also helped clients fill allied health and other difficult clinical roles, including:

- Lab technologists
- Physical therapists
- Occupational therapists
- Long-term care nursing roles
- Home health and hospice roles
- Primary care physicians

These roles may look different from facility to facility, but the underlying challenge is often the same: local recruiting does not always produce enough qualified candidates for the roles healthcare organizations need to keep services running.

For long-term care, home health, hospice, laboratory services, therapy, and primary care, staffing gaps can affect daily operations, patient access, discharge planning, continuity of care, and service availability.

This case study shows how a guided international recruitment process can help a healthcare employer build an additional pipeline for difficult-to-fill roles. The same model can help other healthcare organizations think beyond the local talent pool and consider where an international talent channel may support ongoing clinical needs.

COMMON CONCERNS

Common Concerns Healthcare Leaders Raise

International recruitment can raise understandable questions. For many healthcare leaders, the concern is not whether they need more candidates. It is whether the process is practical.

Is international recruitment too expensive?

International recruitment requires investment, but the cost should be evaluated against the full cost of unresolved vacancies, traveler use, overtime, repeated searches, and internal recruiting burden. For employers hiring at volume, a staffing partner can create a more affordable and predictable structure than repeated one-off searches. The employer is not paying only for candidate sourcing. The value includes screening, references, background checks, credentialing support, process coordination, candidate communication, and replacement protection under the agreed terms.

Is the process too complicated?

The process is complex. That is why the partner matters. Employers need guidance through sourcing, screening, credentialing, licensure, immigration coordination, relocation, onboarding, and communication.

Will candidates be ready to work?

Candidates must meet role requirements, state licensure requirements, credentialing requirements, and employer expectations before starting. Max Populi helps candidates and employers move through the steps required before arrival and onboarding.

Will candidates stay?

No hiring process is infallible. Candidates can leave for personal, family, relocation, performance, or life circumstances. Max Populi helps reduce avoidable attrition through screening, communication, credentialing support, and continued engagement, but realistic expectations are important.

How much work falls on the employer?

Employer participation is still required. International recruitment works best as a partnership. Max Populi helps guide the process and communication so healthcare teams are not left to figure out every step alone.

supported process that reduces avoidable loss and gives the employer a plan when challenges arise.

For comparison, NSI Nursing Solutions reported a national hospital staff RN turnover rate of 17.6% in 2025.¹⁵ That benchmark should be used as context, not as a direct one-to-one comparison, because hospital staff RN turnover and international recruitment pipeline attrition are not the same measure.

Max Populi helps reduce avoidable candidate loss through early screening, clear expectations, credentialing support, candidate communication, relocation guidance, and continued engagement during the months between offer acceptance and start date. That communication matters because international candidates are making a significant personal and professional commitment. They are preparing for credentialing, relocation, a new employer, and often a new community.

For healthcare leaders, the most important result is not just the number of hires. It is whether the model creates lasting workforce value.

In this client's case, the partnership produced nurses working onsite, an active credentialing pipeline, and a broader path to permanent clinical talent. It also showed that international recruitment can be managed as a structured workforce strategy rather than a one-time hiring experiment.

That is the larger lesson for rural and regional healthcare employers.

When traditional recruiting does not produce enough qualified candidates, the answer may not be to keep searching the same local market harder. The answer may be to add another qualified talent channel, one that gives healthcare professionals a path to communities that need them.

Max Populi's work here shows what that can look like in practice: a healthcare employer willing to look beyond the local labor pool, a partner equipped to manage the complexity, and a growing pipeline of nurses ready to serve patients in West Alabama.

Sources

13. NSI Nursing Solutions, Inc. 2026 NSI National Health Care Retention & RN Staffing Report. March 2026. Accessed July 2026.

Max Populi's coaching classes helped me to ace the MET and complete my credentialing to onboard at the hospital. This whole process was seamless every step of the way."

DIALYSIS RN



What Healthcare Leaders Should Consider Before Engaging an International Recruitment Partner

International recruitment works best when leaders treat it as a long-term workforce channel, not a last-minute hiring fix.

International recruitment can open a new path to qualified clinical talent, but it works best when healthcare leaders approach it with clear goals, realistic expectations, and the right partner.

For rural and regional healthcare employers, the need often begins with a familiar problem: local recruiting is still active, but it is not filling enough roles. Positions stay open. Travelers and agency staff remain part of the staffing plan. Existing teams continue to carry the burden. Hard-to-fill specialties remain hard to fill.

At that point, the question is not whether local recruiting should stop. It should not. The better question is whether the organization needs an additional talent channel.

International recruitment may be a fit when a healthcare employer has recurring vacancies local recruiting has not solved, especially in roles where patient access, staff coverage, or service continuity are at risk. It may also be a fit when the organization is repeatedly paying for short-term coverage but still lacks a plan for long-term workforce stability.

The process, however, requires preparation.

Healthcare leaders should understand which roles are most difficult to fill, how many hires are needed, what internal teams will participate, and how success will be measured. They should also be prepared for a multi-month process that includes sourcing, interviews, offers, credentialing, licensure, immigration coordination, relocation planning, and onboarding.

International recruitment is not a shortcut around hiring complexity. It is a way to manage that complexity with a broader candidate pool and a partner that already understands the steps.

That partner matters.

A healthcare employer should not evaluate an international staffing partner only by the number of resumes presented. The better measure is whether the partner can help the employer and candidate move from search to start. That includes candidate screening, reference checks, background checks, credentialing support, legal coordination when needed, candidate communication, relocation guidance, onboarding support, and replacement protection under the terms of the agreement.

Cost should also be evaluated in context.

Hiring through a staffing partner requires investment, but so do vacancies, travelers, overtime, repeated searches, delayed starts, internal recruiting time, and turnover. For employers hiring multiple clinicians, a volume-based agreement can often create a more practical cost structure than repeated one-off searches. The employer is not paying only for candidate access. The value is in the process, support, coordination, and protection built around the hire.

That distinction is important for healthcare leaders who assume a recruiting firm will be too costly. In a large or ongoing hiring need, the comparison should not be recruiting partner versus no cost. It should be recruiting partner versus the full cost of trying to solve the same hard-to-fill roles through limited internal resources or temporary coverage alone.

Healthcare leaders should also set realistic expectations.



No recruitment model removes all hiring risk. Candidates may leave the process or leave a role for personal reasons, family needs, relocation concerns, licensing issues, performance concerns, or life events outside the employer's or recruiter's control. That is true for domestic hiring and international hiring.

The goal is not a perfect process. The goal is a better-supported one.

A strong international recruitment partner helps reduce avoidable loss by screening carefully, setting clear expectations, staying in close communication with candidates, supporting credentialing steps, and helping the employer plan for onboarding. Replacement protection can also help employers manage risk if a hire does not work out during the agreed period.

For healthcare organizations considering this path, the strongest programs are built as partnerships. The staffing firm manages much of the process, but the employer still plays an active role. HR, nursing leadership, credentialing, legal, finance, and operations may all need to participate at different points.

This case study shows what can happen when that partnership works. The health system added a pipeline of qualified international nurses, with nurses already working onsite and additional candidates moving through credentialing. Max Populi helped guide the process, but the employer's participation was still part of the outcome.

For healthcare leaders facing similar shortages, the decision is not whether international recruitment is simple. It is not. The decision is whether the organization is ready to build a structured path to qualified talent beyond the local market.

QUESTIONS TO ASK AN INTERNATIONAL HEALTHCARE STAFFING PARTNER

Before choosing a partner, healthcare leaders should ask:

- What healthcare roles have you successfully supported?
- Have you worked with hospitals, long-term care providers, home health, hospice, allied health, or primary care employers?
- What international recruiting relationships do you already have in place?
- How do you screen candidates before presenting them?
- What credentialing and licensure support do you provide?
- How do you keep candidates engaged during a process that can take months?
- How often will our team receive candidate status updates?
- What support do you provide for relocation, housing, and onboarding?
- What happens if a candidate withdraws or does not work out?
- What replacement protection is included?
- How should we measure success?



Is Your Organization Ready to Consider International Recruitment?

Use these questions to evaluate whether international recruitment may be a fit.

Workforce Need

- ☐ Do we have recurring vacancies local recruiting has not solved?
- ☐ Which roles are most difficult to fill?
- ☐ Are these vacancies affecting scheduling, coverage, patient access, staff workload, or service continuity?
- ☐ Are we relying too heavily on travelers, agency staff, overtime, or repeated searches?
- ☐ Do we need one hire, or do we need a broader workforce pipeline?

Internal Readiness

- ☐ Are we prepared for a multi-month hiring process?
- ☐ Who will participate from HR, nursing leadership, credentialing, legal, finance, and operations?
- ☐ Do we have a clear interview and offer process?
- ☐ Can we provide timely feedback when candidates are presented?
- ☐ Are we prepared to support orientation, onboarding, relocation, and community transition?

Cost and Value

- ☐ Are we evaluating recruitment cost against the full cost of vacancies, travelers, overtime, turnover, and internal recruiting time?
- ☐ Would a volume-based hiring agreement create a more practical cost structure than repeated one-off searches?
- ☐ What services are included in the staffing partner's process?
- ☐ Does the partner support screening, references, background checks, credentialing, communication, relocation, and onboarding?
- ☐ Is there a replacement guarantee, and what are the terms?

Candidate Readiness and Risk

- ☐ How will candidates be screened for qualifications, motivation, relocation readiness, and fit?
- ☐ What credentialing, licensure, and documentation steps are required before start?
- ☐ How will candidates be kept engaged during the process?
- ☐ What level of candidate loss should we realistically expect?
- ☐ How will we define and track attrition?
- ☐ What is the plan if a candidate withdraws, does not complete the process, or leaves after starting?

Partner Evaluation

- ☐ Does the staffing partner have healthcare recruiting experience?
- ☐ Has the partner supported similar roles or facility types before?
- ☐ Does the partner have access to established international recruiting relationships?
- ☐ Can the partner explain the process clearly without placing the full burden on the employer?
- ☐ Does the partner provide regular updates and clear communication?
- ☐ Does the partner understand credentialing, licensure, relocation, onboarding, and candidate support?
- ☐ Can the partner support hiring across nursing, allied health, lab, therapy, long-term care, home health, hospice, or primary care needs, if applicable?

Conclusion: A Practical Path from Shortage to Stability

Healthcare staffing shortages are not going away on their own. Employers need more ways to reach qualified clinical talent.

Healthcare workforce shortages are not a future concern. They are already shaping how hospitals, long-term care facilities, home health agencies, hospice providers, outpatient clinics, and other healthcare organizations operate today.

For rural and regional employers, the challenge is often even more direct. Local recruiting remains necessary, but the local talent pool may not be large enough to meet every need. Temporary labor can help protect short-term coverage, but it cannot replace a long-term workforce strategy. Internal recruiting teams can work hard and still be limited by the number of qualified candidates available in the market.

That is why healthcare leaders need more than another job posting, another traveler contract, or another one-time search.

They need a broader talent channel.

International recruitment can be one part of that answer when it is approached with planning, clear expectations, and the right partner. It gives healthcare employers access to qualified professionals who are willing to relocate, complete credentialing requirements, and build their careers in communities where their skills are needed.

But the process must be managed carefully.

International recruitment is not risk-free. It is not instant. It is not a shortcut around credentialing, licensure, immigration coordination, onboarding, or candidate support. Like any hiring process, it involves people, and people can face personal, family, relocation, performance, or life circumstances that affect the outcome.

The value of an experienced staffing partner is not that it makes every risk disappear. The value is that it

brings structure, communication, process knowledge, candidate support, employer coordination, and replacement protection to a complex hiring challenge.

This case study shows what that can look like in practice.

By working with Max Populi, a regional health system added a pipeline of internationally trained nurses, with nurses already working onsite and additional candidates moving through credentialing. The project demonstrates how a healthcare employer can look beyond the limits of the local labor pool and begin building a more stable path to permanent clinical talent.

It also shows why this model matters beyond one hospital or one role. Nursing shortages may be the most visible workforce challenge, but healthcare employers also face difficult hiring needs across allied health, laboratory services, therapy, long-term care, home health, hospice, and primary care. When local recruiting does not produce enough qualified candidates, a guided international recruitment model can give employers another path forward.

For healthcare leaders, the question is not whether local recruiting should continue. It should.

The question is whether local recruiting alone is enough.

For many rural and regional healthcare organizations, the answer is increasingly clear. Building a dependable workforce requires a broader strategy, one that combines local hiring, retention, internal development, and access to qualified international talent.

Max Populi helps healthcare employers build that additional path. As an NPA Worldwide member-owner with more than 20 years of healthcare staffing experience, Max Populi brings international recruiting relationships, healthcare search knowledge, candidate screening, credentialing support, employer coordination, relocation guidance, onboarding support, and practical experience with hard-to-fill clinical roles.

For organizations ready to move from repeated staffing gaps to a more structured workforce plan, the next step is a conversation.

“Healthcare leaders do not need to abandon local recruiting. They need to stop asking it to solve the entire workforce problem alone.”

Build a Broader Path to Healthcare Talent

If your healthcare organization is struggling to fill critical nursing, allied health, lab, therapy, long-term care, home health, hospice, or primary care roles, Max Populi can help you evaluate whether international recruitment is a fit.

Schedule a free consultation to discuss your workforce needs, hiring goals, and opportunities to build a permanent clinical talent pipeline.

Shree Kumar - Global Talent Scout

Phone: (412) 228-1966

Email: skumar@maxpopuli.com

Website: maxpopuli.com

Affiliate Organizations



Max Populi | maxpopuli.com

**From Shortage to Success: A Practical Workforce
Strategy for Rural and Regional Healthcare Employers.**

September, 2026

