From applicant to clinician: how home-based care hiring breaks down

Discover how streamlining the hiring process in home-based care can enhance clinician retention and productivity while addressing staffing challenges.

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For many home health and hospice organizations, growth conversations eventually arrive at the same conclusion: *we need more clinicians*.

It's an understandable response. Demand for care continues to climb and competition for qualified clinicians remains fierce. When organizations remain understaffed or new patients must be turned away, it’s easy to assume the answer is simply bringing more people into the hiring funnel.

Yet many organizations already have candidates entering that funnel every day.

Applications are submitted, interviews are scheduled, offers are accepted, and new clinicians express genuine excitement about joining the organization. Despite that, many providers still struggle to

increase capacity, reduce turnover, or sustain profitable growth. Somewhere between accepting an offer and becoming a productive clinician, momentum begins to disappear.

If every step requires waiting for paperwork, repeating information, or wondering what happens next, the hiring process begins to feel fragmented rather than welcoming. And that fragmentation carries consequences far beyond the HR department.

In this blog, we challenge leaders to look beyond recruiting numbers and examine the entire hiring journey.

The statistic that changes the conversation

Few workforce metrics receive more attention in home health and hospice than turnover. Annual clinician turnover has remained stubbornly high for years, becoming so common that many organizations now view it as an unavoidable cost of doing business.

Recent workforce research presented during a home-based care leadership webinar places annual clinician turnover between 75 and 80 percent. That aligns closely with Viventium's own 2025 Workforce Management Report, which found turnover approaching 79 percent. Regardless of which benchmark organizations use, the takeaway is the same: Organizations are replacing a significant portion of their workforce every year.

The challenge is that turnover is often treated as the problem itself. When in reality, turnover is frequently the outcome of everything that happened before it.

Speed still matters, and organizations that respond quickly to candidates consistently outperform those that allow applications to sit untouched.

Industry research shows that only 55 percent of candidates are interviewed within four days of applying, while approximately 45 percent of scheduled interviews result in no-shows. Those numbers underscore just how quickly interest can fade when communication slows, but that is only one chapter of the story.

In many organizations, the most significant leaks in the hiring funnel occur after the interview.

Where the hiring funnel leaks

Because delays often occur across multiple departments, no single team sees the entire picture. Human resources may be waiting on compliance documentation, operations may be waiting on credentialing, and payroll may still be waiting for employee information to transfer from one system to another. Individually, each department believes it’s completing its responsibilities. Collectively, the workflow has stalled.

For clinicians, however, there is no distinction between departments. They simply experience one employer.

Here's where the hiring funnel leaks are really happening:

Onboarding: create momentum, not administrative delays

Traditional onboarding frequently relies on a collection of disconnected manual processes that were never designed to work together. New hires complete paper forms that must be entered into multiple systems, documents are printed, scanned, and emailed between departments, professional licenses require verification through separate processes, and compliance tasks move independently from payroll setup–all while visits often cannot begin until every administrative requirement has been completed.

According to workforce data shared during our recent webinar, organizations relying on heavily manual onboarding processes often require 35 to 40 days, and sometimes even longer, before a clinician is fully cleared to begin working. Organizations with connected workflows are reducing that timeline to approximately 11 or 12 days by eliminating duplicate data entry, automating administrative handoffs, and allowing information to move seamlessly between systems.

The first visit: where trust becomes tangible

The paperwork is finished, compliance requirements have been satisfied, and every required box has been checked.Yet the clinician still has not made their first visit.

A clinician who waits another week, or even ten days, to start working is evaluating whether the organization can deliver on the expectations established during recruiting.

When that experience feels organized and intentional, trust grows naturally. When it feels disjointed or unpredictable, confidence begins to erode before the clinician has even established a routine.

Payroll: reinforcing every promise an organization makes

Compensation is one of the most personal aspects of the employment relationship, yet it is often viewed primarily as a back-office function. The clinician sees it very differently.

Throughout the hiring process, they have been given expectations about pay rates, overtime opportunities, and earnings. The first paycheck becomes the moment those expectations are tested against reality.

If compensation does not match what was communicated during hiring, employees naturally begin questioning what else may be inconsistent. Even when discrepancies are resolved quickly, the relationship has already absorbed unnecessary friction.

Retention: it begins long before orientation ends

When leaders discuss retention strategies, the conversation frequently centers on engagement initiatives, career development, recognition programs, or supervisor coaching. All of these

investments matter, but they begin after a clinician has already formed meaningful impressions about the organization.

Webinar data suggests that approximately half of all first-year clinician turnover occurs within the first six months of employment.

Why workflow has become a financial issue

The operational consequences of fragmented workflows are significant, but the financial implications may be even greater.

Every unnecessary delay between application and productive employment extends the amount of time positions remain effectively vacant. That lost capacity can limit an organization's ability to accept new referrals, increase overtime costs for existing staff, and place additional pressure on managers who are already balancing competing priorities.

As those pressures accumulate, the effects ripple throughout the business:

- Slower onboarding delays revenue generation because clinicians are unavailable to deliver care.
- Coverage gaps can contribute to clinician fatigue among existing employees.
- Administrative teams spend valuable time manually transferring information instead of supporting higher-value initiatives.
- Turnover increases recruiting costs while restarting the entire hiring process all over again.

Workflow deserves attention well beyond human resources. It has become a strategic business issue that influences nearly every measure of organizational performance.

A better question for home-based care leaders

Home-based care leaders have spent years refining recruiting strategies, investing in sourcing technology, and expanding hiring efforts. Those investments remain important, but they represent only one part of the workforce equation.

The larger opportunity lies in understanding what happens after a clinician decides to join your organization.

- How quickly do they complete onboarding?
- How easily does information move between departments?
- How long does it take before they care for their first patient?
- How consistently do your systems reinforce the promises made during recruiting?
- How long does it take your organization to turn an applicant into a productive clinician?

The organizations gaining a competitive advantage are the ones that understand every step of that journey, identify where momentum is being lost, and remove the friction that stands between hiring someone and helping them succeed.

That is exactly why workforce technology has evolved beyond simply helping organizations recruit more candidates. Today's leading platforms connect hiring, onboarding, payroll, compliance, and workforce management into a single, coordinated experience that keeps employees moving forward instead of waiting for the next manual handoff. When every stage of the employee journey works together, organizations are better positioned to grow capacity, improve retention, and deliver exceptional care.

At Viventium, we've seen firsthand how connected workforce operations can help home-based care organizations reduce administrative friction, accelerate time to productivity, strengthen clinician trust, and create a better experience from application through long-term employment.

If you're not sure where friction exists in your own hiring workflow, book a consultation with Viventium and let us help you identify hidden workflow gaps before they become barriers to growth.

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