National Nursing Workforce Minimum Dataset: Demand

2026 Revision

Contents

Background

The National Forum of State Nursing Workforce Centers initially produced a Minimum Dataset to guide the collection of nursing workforce demand data in 2009. The methodology used to develop the original MDS is described in a two-part series published in *Policy, Politics, & Nursing Practice*:

Nooney, J. G., Cleary, B. L., Moulton, P., Wiebusch, P. L., Murray, J. L., Yore, M., & Brunell, M. L. (2010). Toward Standardization (Part 1): Assessment of State and National Nursing Workforce Data Sources. *Policy, Politics, & Nursing Practice*, *11*(3), 173–183. https://doi.org/10.1177/1527154410390521

Moulton, P. L., Wiebusch, P. L., Cleary, B. L., Brunell, M. L., Napier, D. F., Bienemy, C., LeVasseur, S. A., & Cimiotti, J. P. (2012). Toward Standardization (Part 2): National Nursing Minimum Data Sets Consensus Building and Implementation Status. *Policy, Politics, & Nursing Practice*, *13*(3), 162–169. https://doi.org/10.1177/1527154412466920

The goal of the Demand MDS is to establish a set of variables that states should include in employer demand surveys that will assist in estimating the number of nurses that healthcare facilities employ and plan to hire.

The last revision of the Demand MDS was completed and released for public use in 2020.

2026 Revision

Guiding Priorities

Beginning in June 2025, a subcommittee of the Forum's research committee formed to begin a review of the Demand MDS with the intent to make necessary revisions. The revisions were guided by three priorities:

- Revise the MDS to reflect current data collection practices used by states who conduct employer demand surveys.
- Provide improved guidance for essential vs. recommended variables to facilitate states' prioritization when the entire MDS cannot be collected.
- Provide information on the use of other data sources for estimating the demand for nurses when the deployment of an employer demand survey is impracticable.

Method

The MDS sub-committee met 8 times between June and October of 2025. Members comprised 8 state representative or associate subscribers of the Forum and represented California, Hawai'i, Kansas, Maryland, South Carolina, Texas, Washington, and Virginia.

The sub-committee first reviewed the 2020 revision of the Demand MDS to identify any variables that were missing or in need of substantive revision. The sub-committee then reviewed 16 employer demand survey instruments from 6 states to determine whether there were variables not included on the Demand MDS that are commonly collected by states. Upon identifying variables that should be added to the MDS, the committee produced a draft revision of the MDS which included new variables, rationale and purpose for variables, guidance for prioritizing variables if only a subset of the MDS can be collected, and recommendations for estimating nursing demand from other data sources.

Upon finalizing their recommended revisions, the MDS subcommittee presented its recommendations to the full Research Committee for additional discussion and feedback. That feedback was incorporated into the revision which was subsequently made available for a public comment review period which ended on January 31, 2026. Following the public comment period, the revision was approved by the Forum's Board of Directors and ratified by the Forum's voting subscribers.

Guidance for the Collection of Nursing Workforce Demand Data

Survey Development

The MDS is a tool that assists states in developing their own nursing demand surveys. The Forum recommends that states collect all the variables on the MDS. States should add any additional variables to their nursing demand survey instruments that are necessary to meet their specific informational priorities. States are encouraged to involve stakeholders who have worked with the employers they intend to survey in the process of survey development.

States may also wish to add response options to the variables on the MDS to capture more detailed information than the minimum response options do. When appropriate, the MDS contains variable-specific guidance for modifying response options. **States are cautioned to ensure that any response options they add to a variable should be collapsible into the minimum response categories** for a variable to ensure that the state's data remain comparable to data collected by other states or national organizations.

The Health Workforce Technical Assistance Center maintains a national repository of workforce data collection instruments which states may find useful for developing their own surveys.

Frequency of Data Collection

The Forum recommends that states collect workforce demand data as frequently as reasonable, though common survey intervals vary between 1 and 3 years. When determining the frequency of data collection, states should consider:

- the availability of funding and other resources necessary to conduct the survey,
- facility survey fatigue,
- timing of the employer demand survey with other data reporting requirements of the facilities, and
- how long it takes facilities to prepare the data necessary to complete the survey.

If it is not possible to collect data for all types of healthcare facilities in a single survey cycle, consider using a rolling cycle in which a subset of facilities is surveyed each year. The survey should include the time frame for which data should be reported.

Sample

Employers to be Surveyed

Data should be collected from acute care hospitals, long-term care facilities/nursing homes, ambulatory settings (i.e., urgent care, retail clinics, providers offices, outpatient surgery centers), state or county departments of health (public health nurses), and home health facilities, and other organizations that employ large numbers of nurses. States may wish to prioritize their largest healthcare employers to increase the proportion of nurses and nursing positions that are accounted for in the survey.

Ideally, the employer demand survey should be a population survey of all healthcare facilities. If it is not possible to survey all healthcare facilities, an alternative would be to survey a representative sample of facilities. The sample should be designed to be representative of the population of facilities in terms of size, location, and the size and demographic characteristics of the populations served. If a representative sample cannot be drawn, weights can be developed to match the sample to the population. If none of these methods are possible for a state, a convenience sample can be used.

In addition to healthcare facilities, states may consider surveying other types of employers who commonly hire nurses such as insurance companies. Additionally, if data about nursing faculty are not collected by some other source, states may consider also surveying schools of nursing.

Professions/Roles to be Included on the Survey

Nursing roles for which demand data should be collected include:

- licensed practical/vocational nurses
- registered nurses
- certified nurse practitioners
- certified nurse midwives
- certified registered nurse anesthetists
- clinical nurse specialists.

The intention of an employer demand survey is to estimate the total demand that exists for nurses in a state. To the greatest extent possible, employers should be prompted to report data for nurses

working any role in their facilities including education or administration. If a state prefers to collect data on only those nurses working in direct patient care roles, this should be clearly specified in the instructions in the survey and all reports of the data.

Additional Professions

States may consider adding other professions to their demand survey such as nurse aides, certified nursing assistants, medical or medication assistants, and other professions considered part of the nursing team.

Data Collection by Unit/Specialty

States may additionally consider asking employers to report data by specific nursing role or specialty, especially for specialties that are historically difficult to fill (e.g., critical care, emergency, labor & delivery).

Privacy and Data Security

States can protect the privacy of health care facilities' data by reporting only aggregated data. Providing assurances that their privacy will be protected may encourage participation in the survey.

States should maintain sound data hygiene practices to ensure the security of nursing demand survey data. Entities that collect nursing workforce data should always adhere to their organizational data security and governance policies.

Citing the MDS

Entities that use or reference the MDS in the development of their workforce demand surveys and associated reports should cite the MDS using the following recommended citation:

National Forum of State Nursing Workforce Centers (2026). *National Nursing Workforce Minimum Dataset: Demand, 2026 Revision*.

Variables to Include on an Employer Demand Survey for Nursing

Prioritizing Variables

There may be cases in which it may not be possible to collect all of the variables on the MDS. To facilitate the prioritization of which variables to include, the MDS is divided into sections. The first section includes the variables that are critical for estimating the number of nurses that a state needs. The second section includes additional variables that provide important additional information about nursing demand in a state but are not critical for estimating overall nursing workforce demand.

Variable Group	Useful for Addressing Workforce Questions Related to:
1 Critical Variables	• Estimating the total need for nurses in your state by professional role
2 Recommended Variables	• Estimating demand for new graduate nurses in your state • Identifying nursing roles that are most difficult to fill

Group 1: Variables Critical for Estimating Overall Employment Demand for Nurses

Variable #	Variable	Position Types	Reporting Period	Additional Guidance
1	Filled Positions and/or FTEs Include instructions on the survey to ask respondents to indicate the number of hours associated with a 1.0 FTE and/or a part-time position.	➢ Full-time ➢ Part-time ➢ Per diem ➢ Contract/Agency/Traveler	As of a specific census date	➢ States may opt to ask for filled positions, filled FTEs, or both. Determine whether to include FTEs, positions, or both based on informational priorities and what employers are more likely to be able and willing to report. ➢ FTEs represent budgeted hours that employers need staffing to cover. As there are multiple ways to staff 1.0 FTE, FTEs may not be equal to the number of nurses employed. Consider also asking the employer's definition of a 1.0 FTE. ➢ Positions represent the number of individuals that employers have hired to staff budgeted hours. Positions give a direct count of the number of nurses employed by a facility, but less information about the total hours that those positions cover.
2	Vacant Positions and/or FTEs	➢ Full-time ➢ Part-time ➢ Per diem ➢ Contract/Agency/Traveler	As of a specific date	➢ The same guidance related to positions vs. FTEs as above applies here. ➢ Vacancies should be collected for the same variable (positions, FTEs, or both) as filled positions/vacancies. ➢ Instrument may also include a variable for total positions/FTEs, but the sum of filled + vacant will provide the total.

Variable #	Variable	Position Types	Reporting Period	Additional Guidance
3	Separations	➢ Full-time ➢ Part-time ➢ Per diem	The 1-year period preceding the census date used for position/FTE counts.	➢ The instructions should indicate that employers should report both voluntary and involuntary separations. ➢ Count all separations within the time period including any employee who was rehired within the same year.
4	Anticipated New Positions and/or FTEs	➢ Full-time ➢ Part-time ➢ Per diem ➢ Contract/Agency/Traveler	The next fiscal year	➢ None

Group 2: Recommended Employer Demand Variables

Variable #	Variable	Position Types	Reporting Period	Additional Guidance
5	Difficulty to Fill	➢ Full-time ➢ Part-time	The 1-year period preceding the census date used for position/FTE counts.	➢ There are numerous variations on how this question may be asked including rating (e.g., how difficult is it to fill), ranking (e.g., most to least difficult to fill), or average time to fill a vacancy. ➢ States should use the approach that best aligns with their informational priorities and that incorporates feedback from employers about the type of data they are best able to provide.
6	# of New Hires	➢ Full-time ➢ Part-time	The 1-year period preceding the census date used for position/FTE counts.	➢ This variable provides more detail about the composition of the workforce. Considered in combination with other variables, the number of new hires may provide information about instability or growth in the workforce.

7	# of New Graduate Hires	➢ Full-time ➢ Part-time	The 1-year period preceding the census date used for position/FTE counts.	➢ The recommended definition of "new graduate" is any nurse who has one year or less of nursing work experience. ➢ This variable provides more detail about the demand for new graduate nurses in a state's workforce. ➢ This question can be asked either as a number (e.g., how many new full-time RN roles were offered to new graduates) or as a percentage (e.g., what percentage of all full-time RN roles are held by new graduates).
8	Nursing Positions Replaced by Other Roles	➢ Full-time ➢ Part-time	The 1-year period preceding the census date used for position/FTE counts.	➢ Alone or in combination with the difficulty to fill variable, this variable provides information about difficulty employers have with filling budgeted nursing positions. ➢ This variable provides insight about how workforce demands change when budgeted nursing positions cannot be filled. ➢ Example question: Did your organization replace any budgeted RN positions with LPN/LVNs or non-nursing professions?
9	Starting Salary	➢ Full-time ➢ Part-time ➢ Per diem	As of a specific date	➢ States may consider asking for median salary for each role rather than or in addition to starting salary.
10	Tenure of Chief Nurse in Their Current Position	Not applicable	As of a specific date	➢ This variable provides information that may be used to determine whether administrative turnover poses challenges for recruiting and retaining nurses.
11	Effective Recruitment and Retention Strategies	Can be asked for individual position types or for nursing roles in general.	The 1-year period preceding the census date used for position/FTE counts.	➢ There are multiple formats this question may take (e.g., open-ended, multiple choice, ranking). ➢ States should use the method that best aligns with their informational priorities and that incorporates feedback from employers about the type of data they are best able to provide.

Alternatives to Collecting Employer Demand Survey

For states that do not have the ability to conduct an employer demand survey, there are alternative methods by which they can estimate the demand for nurses in their jurisdictions. Below are brief descriptions and links to informational resources for some alternative methods for estimating demand.

Labor Market Data

Occupational Employment and Wage Statistics (OEWS)

This is a program of the U.S. Department of Labor, Bureau of Labor Statistics (BLS). This federal-state cooperative program produces employment and wage estimates for nearly 867 occupations. Each year, each state compiles occupational employment and wage estimates that feed into the national dataset. The data are presented statewide and regionally utilizing Standard Occupation Classification (SOC) codes. Regional breakdowns are available at the state level. Click here for more information about OWES.

At the national level, estimates for a given reference period are based on a sample of 1.1 million business establishments collected in six semiannual panels for three consecutive years. Using six data panels to produce each set of estimates allows data to be produced at very detailed levels of occupation, geography, and industry. However, this also means that sudden changes in staffing patterns or wages are reflected in the OEWS estimates only gradually and therefore may not reflect sudden changes, which can be significant. Other limitations for this data source include periodic changes in the Standard Occupation Classification Codes (SOCS) and analysis changes from year to year. Click here to read the technical documentation for the OWES.

Percent relative standard error (PRSE) is a measure of sampling error expressed as a percentage of the corresponding estimate. Sampling error occurs when values for a population are estimated from a sample survey of the population rather than calculated from data for all members of the population. Estimates with lower PRSEs are typically more precise in the presence of sampling error.

BLS Employment Projections

Long-term demand projections are developed at the state level utilizing a national workforce projection model through the US Bureau of Labor Statistics. Employment projections provide job seekers, policy makers, and training providers an idea of how many jobs exist within industries and occupations, how the number of jobs is expected to change over time, and what the future demand for workers will be. Projections show expected changes in employment by industry and occupation, the current and projected employment counts, estimated growth rates, and average annual openings.

Temporary employers and those with less than 50 openings are not included in the projections. In addition, employers provide job titles and descriptions which are then coded using the Standard Occupational Classification System (S0C) system. This system codes nurses as LPN, RN, Nurse Anesthetists, Nurse Practitioners Nurse Anesthetists, and Post-secondary Nursing Instructors. Nurses serving in executive and non-clinical positions would have different SOC codes. Click here to read more information about the projections methodology.

Demand projections provide a statewide picture of demand and do not consider regional variation in the availability of health care facilities and jobs. In addition, demand projections could be impacted by a number of assumptions:

Future employer demand is based on historical information. Changes in the health care facility utilization of nurses, increased utilization of different types of providers such Medical Assistants, CNAs and other providers will impact future demand.

Labor market estimates are based on the Bureau of Labor Statistics model and reflect employment modeling for all industries and do not entirely account for differences in the health care industry.

Demand estimates include the historical turnover or churn of nurses. This includes the movement of nurses in the same facility to new positions, between employers and in and out of state.

HRSA Projections

The National Center for Health Workforce Analysis (NCHWA) under the Department of Health and Human Services, Health Resources and Services Administration, provides national and state projections of selected healthcare workforce, including nursing. The estimates are obtained from simulation models which are described here. States can use the demand numbers provided or customize the numbers using their state supply numbers. The adequacy rates provided for each nursing profession may also help inform the demand estimates. For more information about the projections please visit NCHWA.

Job Posting Data

Job postings provide estimates of nursing employment demand by counting job advertisements for nursing roles. Estimates of job postings are produced by scraping and aggregating job postings from company and job posting websites. These services may be available publicly or may be purchased from private companies who offer job aggregation services for a fee.

Though most services have a method for deduplicating job postings it is possible that an aggregator will incorrectly count multiple posts for the same job as separate jobs, resulting in an overestimate of employment demand.

Job posting data may also underestimate demand if employers do not post all openings in a given role. For example, if a hospital has 10 openings for medical-surgical RNs, they may post a single job opening until all 10 openings are filled. Aggregators may not know how many actual job openings are represented by a single posting.

Despite limitations of the data, job posting data can help states estimate employment demand for nursing if other data sources or collection methods are not available.