

SUPPORTING STATEMENT A
U.S. Department of Commerce
U.S. Census Bureau
National Sample Survey of Registered Nurses
OMB Control No. 0607-1002

Abstract

Sponsored by the U.S. Department of Health and Human Services' (HHS) Health Resources and Services Administration's (HRSA) National Center for Health Workforce Analysis (NCHWA), the National Sample Survey of Registered Nurses (NSSRN) is designed to obtain the necessary data to determine the characteristics and distribution of registered nurses (RNs) throughout the United States, as well as emerging patterns in their employment characteristics. These data will provide the means for the evaluation and assessment of the evolving demographics, educational qualifications, and career employment patterns of RNs.

Justification

- 1. Explain the circumstances that make the collection of information necessary. Identify any legal or administrative requirements that necessitate the collection. Attach a copy of the appropriate section of each statute and regulation mandating or authorizing the collection of information.**

The NSSRN is collected to help fulfill the congressional mandates of the Public Health Service Act, Title 42, U.S.C. Section 294n(b)(2)(A) and Section 295k(a)-(b). These mandates ensure the development of information describing and analyzing the health care workforce and workforce-related issues. Through means of collecting, compiling, and analyzing data on healthcare professionals, this survey provides required information for decision-making regarding future directions in health professions and nursing programs in response to societal and professional needs. Such data have become particularly important to better understand workforce issues given the recent demographic changes in the RN population. Similarly, these data are necessary to gain insight on healthcare system changes and challenges for the nursing workforce. These challenges include responding to an aging population, rightsizing the distributions of nurses where they are needed most, such as between primary care capacity and clinical specialty needs, and anticipating current and future barriers affecting workforce capacity.

Previous improvements to the NSSRN were made based on changes in healthcare policy, best practices in survey methodology, and a section on nurse practitioners (NPs) was added. Previously, NP data were collected in a separate survey called the National Sample Survey of Nurse Practitioners (NSSNP). The updated survey, which incorporates questions from both previous surveys, retains the name "The National Sample Survey of Registered Nurses." The intent behind combining these two surveys was to reduce redundancy in the collection of data, which results in

lower costs and burden on respondents that accompanied the administration of two separate surveys. The 2022 NSSRN had some changes to content from 2018, but it did not undergo a major redesign.

The 2026 NSSRN will be the third production fielding of the NSSRN since redesign and collaboration with the U.S. Census Bureau. There are some differences between the 2022 NSSRN and the 2026 NSSRN for which we are requesting Office of Management and Budget (OMB) approval. These differences will be discussed in further detail throughout Supporting Statements A and B and Appendix A, but have been summarized here for ease of reference:

- **Revised questionnaire content** – Since the NSSRN was last collected in 2022, significant time was spent on questionnaire content in light of recent healthcare policy changes. The 2026 NSSRN questionnaire has new content provided from sponsors at NCHWA and underwent cognitive testing. This testing request was submitted under the generic clearance package and was approved by OMB². Based on the results, a final set of proposed new and modified content for the 2026 NSSRN was created. Please see **Appendix A** for the list of content changes from 2022 to 2026. Please see **Appendix B** for the final questionnaire.
- **Removal of incentive experiment** – In 2022, the NSSRN experimented with an unconditional monetary incentive, with 90% of the sample receiving \$5 with the initial survey invitation letter. The intention of the monetary incentive was to test the efficacy of reducing nonresponse bias by encouraging earlier response and reducing costs associated with follow-up mailings. Following the success of this effort, the 2026 survey will continue with the monetary incentive, eliminating the experimental tests of this intervention.

2. Indicate how, by whom, and for what purpose the information is to be used. Except for a new collection, indicate the actual use the agency has made of the information received from the current collection.

The Census Bureau will request survey participation from up to 125,000 RNs using one of two modes. The first mode is a web instrument (Centurion) survey. All letters mailed to respondents will include a web link to complete the survey. The second mode is a mailout/mail back of a self-administered paper-and-pencil interviewing (PAPI) questionnaire. There will be one paper questionnaire mailing. All respondents will have access to a telephone questionnaire assistance line that they will be able to get login assistance, language support, and even complete the interview with a Census telephone interview agent.

Data from the NSSRN are used to capture the evolving demographics, educational qualifications, and career employment patterns of the RN workforce. This survey provides educators, health

²Generic Clearance Information Collection Request: <https://www.federalregister.gov/documents/2019/09/09/2019-19349/submission-for-omb-review-comment-request>

workforce leaders, and policymakers with key details and developments on the nursing workforce.

It is critical that the Census Bureau conducts this survey on behalf of HRSA NCHWA every four years to collect information to better understand workforce issues given the recent dynamic change in the RN population and the transformation of the healthcare system.

Information quality is an integral part of the pre-dissemination review of the information released by the Census Bureau (fully described in the Census Bureau's Information Quality Guidelines). Information quality is also integral to the information collections conducted by the Census Bureau and is incorporated into the clearance process required by the Paperwork Reduction Act.

3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g. permitting electronic submission of responses, and the basis for the decision for adopting this means of collection. Also, describe any consideration of using information technology to reduce burden.

The 2026 NSSRN will be conducted for HRSA NCHWA by the Census Bureau in Web Push mixed-mode format. The initial opportunities to respond electronically via the Centurion Web instrument will be followed by a data collection strategy that will augment online data collection with a paper data collection mode. The Centurion Web instrument allows online reporting, improving the efficiency and accuracy of the data collection process, and minimizes burden and material costs. The paper data collection will rely on three complementary survey systems to efficiently administer this mode of data collection: (1) Questionnaire Design and Metadata/Census Automated Forms Engine (QDM/CAFE), (2) Docuprint, and (3) integrated Computer-Assisted Data Entry (iCADE).

- **Online Reporting.** The 2026 NSSRN will utilize a Web-based survey with follow-up paper data collection as the primary collection modes. The Web-based survey collection mode allows for features that reduce respondent burden as well as report results more quickly and at considerably less cost. In general, respondents find it less taxing to provide personal information in self-administered surveys; however, because of the significant number of filter questions, paper-and-pencil versions of the survey appear quite lengthy. The Web-based survey allows for the programming of skip patterns which combines the comfort of self-administration with the ease of seeing and subsequently answering only questions relevant to a particular respondent.
- **Forms Design.** Completed hardcopy forms can be processed by iCADE to capture responses through optical mark recognition (OMR), optical character recognition (OCR), and keying from image (KFI). The data from the questionnaires will be captured by the iCADE technology/software, which automatically extracts all check box entries via OMR and preselected answer fields via OCR. It then captures and displays an image of all other entries to an operator for KFI.

- **Image Preprocessing.** The iCADE software performs a registration process for each individual questionnaire page to match to the appropriate page template. This also allows for corrections due to any skewing during scanning.
- **Data Capture.** iCADE reads the form image files, checks for the presence of data, processes all check box fields through OMR, processes all preselected response fields through OCR, then presents an image of all other handwritten fields to an operator for KFI.
- **Verification.** Extracted KFI data are subject to 100% field validation according to project specifications. If a data value violates validation rules, the data point is flagged for review by verifiers who interactively review the images and the corresponding extracted data and resolve validation errors.
- **Archiving.** Images will be scanned and archived to magnetic storage located on a secured server in case they are needed later. This eliminates the need to save paper copies of the completed questionnaires.

4. Describe efforts to identify duplication. Show specifically why any similar information already available cannot be used or modified for use for the purposes described in Question 2.

This research does not duplicate any other data collection or research being done by the Census Bureau or other Federal agencies. The NSSRN is the longest running national survey of RNs. NSSRN has provided educators, health workforce leaders, and policymakers with key details and developments on the nursing workforce since 1977. The NSSRN was last collected in 2022. There have been modifications made to the questionnaire. In the process of redesigning and eliminating redundancies in questionnaire items, the 2026 NSSRN will also delete the section titled “Nursing During the Coronavirus Pandemic” (see **Appendix A** for a complete list of new, and modified survey items).

NP data were previously collected in a separate survey called the NSSNP. This survey has been discontinued and merged with the NSSRN.

5. If the collection of information impacts small businesses or other small entities, describe any methods used to minimize burden.

The collection does not impact small businesses or other small entities.

6. Describe the consequence to Federal program or policy activities if the collection is not conducted or is conducted less frequently, as well as any technical or legal obstacles to reducing burden.

The NSSRN collects the necessary data to determine the characteristics and distribution of RNs throughout the United States, as well as emerging patterns in their employment characteristics. These data will provide the means for the evaluation and assessment of the evolving demographics, educational qualifications, and career employment patterns of RNs. Without these data, HRSA NCHWA would not be able to produce these timely national estimates. Additionally, without the data produced by this survey, the congressional mandates of the Public Health Service Act 42 U.S.C. Section 294n(b)(2)(A) and Section 295k(a)-(b) would not be fulfilled.

7. Explain any special circumstances that would cause an information collection to be conducted in a manner:

- requiring respondents to report information to the agency more often than quarterly;
- requiring respondents to prepare a written response to a collection of information in fewer than 30 days after receipt of it;
- requiring respondents to submit more than an original and two copies of any document;
- requiring respondents to retain records, other than health, medical, government contract, grant-in-aid, or tax records for more than three years;
- in connection with a statistical survey, that is not designed to produce valid and reliable results that can be generalized to the universe of study;
- requiring the use of a statistical data classification that has not been reviewed and approved by OMB;
- that includes a pledge of confidentiality that is not supported by authority established in statute or regulation, that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use; or
- requiring respondents to submit proprietary trade secret, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law.

The 2026 NSSRN data collection uses OMB's 1997 Statistical Policy Directive No. 15 (SPD15) on Federal Race and Ethnicity Data Standards with plans to incorporate the 2024 standards in the next survey cycle of NSSRN.

The 2026 NSSRN is in compliance with EO 14168 on Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government.

This data collection will be consistent with the general information collection guidelines of 5 CFR

1320.5.

This data collection does not require respondents to report information to the agency more often than quarterly.

This data collection does not require respondents to prepare a written response to a collection of information in fewer than 30 days after receipt of it.

This data collection does not require respondents to submit more than an original and 2 copies of any documents.

This data collection does not require respondents to retain records for more than three years,

This data collection is not collected in connection with a statistical survey that is not designed to produce valid and reliable results that can be generalized to the universe of study.

This data collection is not collected in a manner requiring the use of a statistical data classification that has not been reviewed and approved by OMB.

This data collection does not include a pledge of confidentiality that is not supported by authority established in statute or regulation, that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use.

This data collection does not require respondents to submit proprietary trade secret, or other confidential information.

- 8. If applicable, provide a copy and identify the date and page number of publications in the Federal Register of the agency's notice, required by 5 CFR 1320.8 (d), soliciting comments on the information collection prior to submission to OMB. Summarize public comments received in response to that notice and describe actions taken by the agency in response to these comments. Specifically address comments received on cost and hour burden.**

Consultation with representatives of those from whom information is to be obtained or those who must compile records should occur at least once every 3 years - even if the collection of information activity is the same as in prior periods. There may be circumstances that may preclude consultation in a specific situation. These circumstances should be explained.

The 60-day Federal Register Notice (Federal Register Number 2025-06678, FR Citation 90 FR 16495) was published in the *Federal Register* on April 18, 2025. There was one, non-substantive comment submitted for the 2026 data collection operation.

To encourage participation and enhance credibility, HRSA NCHWA will seek endorsement for the 2026 NSSRN from nursing associations and organizations, whose demonstrated interest and support can significantly influence respondent engagement and survey participation.

9. Explain any decision to provide any payment or gift to respondents, other than remuneration of contractors or grantees.

There will be a \$5 monetary incentive for the 2026 NSSRN in the first mailing to 90% of the sample. The cost of monetary incentive is balanced against the reduction in follow-up effort and the cost required to collect the data. This incentive strategy is based on the 2022 NSSRN where a \$5 monetary incentive was first implemented as an experiment to 90% of the sample in the first mailing. In the 2018 NSSRN, a non-monetary incentive was tested that included both an inscribed syringe pen and lanyard treatment group along with a control group that was not eligible to receive an incentive. Based on logistical challenges and effectiveness, the \$5 monetary incentive was found to be cost effective in encouraging respondent cooperation.

As people in medical fields become increasingly burdened with surveys, studies suggest incentives may be necessary to engage potential respondents and thus maximize response rate³. Survey methods research strongly support the use of unconditional incentives to reduce nonresponse bias in self-administered survey data collection^{4,5}.

Incentives are commonly used in other HHS-sponsored surveys including the National Survey of Children's Health, National Health Interview Survey, the National Survey of Family Growth, the National Health and Nutrition Examination Survey, the National Survey on Drug Use and Health, and the Health Center Patient Survey.

10. Describe any assurance of confidentiality provided to respondents and the basis for the assurance in statute, regulation, or agency policy. If the collection requires a systems of records notice (SORN) or privacy impact assessment (PIA), those should be cited and described here.

The following confidentiality statement will be presented to respondents within both the Centurion Web instrument and paper questionnaires:

The Census Bureau is required by law to protect your information. We are not permitted to publicly release your responses in a way that could identify you or your household. The Census Bureau is conducting this survey under the authority of Title 13, United States Code (U.S.C.), Section 8(b) (13

³Cunningham, C.T., Quan, H., Hemmelgarn, B. *et al.* Exploring physician specialist response rates to web-based surveys. *BMC Med Res Methodology*, 15, 32 (2015). <https://doi.org/10.1186/s12874-015-0016-z>

⁴Alexander, G.L. *et al.* (2008). Effect of Incentives and Mailing Features on Online Health Program Enrollment. *American Journal of Preventive Medicine*, 34(5), 382-388, <https://pubmed.ncbi.nlm.nih.gov/18407004/>

⁵Cosgrove, J.A. Using a Small Cash Incentive to Increase Survey Response. *Adm Policy Ment Health* 45, 813-819 (2018). <https://doi.org/10.1007/s10488-018-0866-x>

U.S.C. § 8(b)) and the Public Health Service Act (42 U.S.C. Sections 294n(b)(2)(A) and 295k(a)-(b)). Federal law protects your privacy and keeps your answers confidential under Title 13, U.S.C., Section 9 (13 U.S.C. § 9). Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

As permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a) and SORN COMMERCE/CENSUS-3, Demographic Survey Collection (Census Bureau Sampling Frame), access to records maintained in the system is restricted to Census Bureau employees and certain individuals authorized by Title 13, U.S. Code (designated as Special Sworn Status individuals). These individuals are subject to the same confidentiality requirements as regular Census Bureau employees identified above.

11. Provide additional justification for any questions of a sensitive nature, such as sexual behavior or attitudes, religious beliefs, and other matters that are commonly considered private. This justification should include the reasons why the agency considers the questions necessary, the specific uses to be made of the information, the explanation to be given to persons from whom the information is requested, and any steps to be taken to obtain their consent.

Sensitive questions are generally not included on the NSSRN. However, it is possible that respondents may find some questions related to their work history to be sensitive in nature. Additionally, HHS requires that race and ethnicity be asked on all HHS data collection instruments, and so questions on both race and Hispanic origin appear on the NSSRN. Respondents are made aware of the voluntary nature of this survey in the cover letter that accompanies the invitation to complete the questionnaire. Individuals are free to refrain from answering any question that they do not feel comfortable responding to.

12. Provide estimates of the hour burden of the collection of information.

- **Indicate the number of respondents, frequency of response, annual hour burden, and an explanation of how the burden was estimated. Unless directed to do so, agencies should not conduct special surveys to obtain information on which to base hour burden estimates. Consultation with a sample (fewer than 10) of potential respondents is desirable. If the hour burden on respondents is expected to vary widely because of differences in activity, size, or complexity, show the range of estimated hour burden, and explain the reasons for the variance. Generally, estimates should not include burden hours for customary and usual business practices.**
- **If this request for approval covers more than one form, provide separate hour burden estimates for each form and aggregate the hour burdens.**
- **Provide estimates of annualized cost to respondents for the hour burdens for collections of information, identifying and using appropriate wage rate categories. The cost of contracting out or paying outside parties for information collection activities should not be included here. Instead, this cost should be included under 'Annual Cost to Federal Government' (Item #14).**

Estimates of annualized hour burden and annualized cost to respondents are listed in Tables 12A

and 12B, respectively. The total number of estimated respondents is 62,500. The total number of annual burden hours is 31,250. The estimated total annual respondent cost is \$1,623,875.

Table 12A. Estimated Annualized Burden Hours

Type of Respondent	Questionnaire Name	Expected Number of Respondents ¹	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
NSSRN Production					
Registered Nurse	NSSRN	37,500	1	.5	18,750
Nurse Practitioner	NSSRN	25,000	1	.5	12,500
Total	NSSRN	62,500	1	.5	31,250

Table 12B. Estimated Annualized Burden Costs

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
NSSRN Production			
Registered Nurse	18,750	\$45.42	\$851,625
Nurse Practitioner	12,500	\$61.78	\$772,250
Total	31,250	-	\$1,623,875

13. Provide an estimate for the total annual cost burden to respondents or record keepers resulting from the collection of information. (Do not include the cost of any hour burden already reflected on the burden worksheet).

There are no capital/start-up or ongoing operation/maintenance costs associated with this information collection.

There are no direct costs to respondents other than their time to participate in the study.

14. Provide estimates of annualized cost to the Federal government. Also, provide a description of the method used to estimate cost, which should include quantification of hours, operational expenses (such as equipment, overhead, printing, and support staff), and any other expense that would not have been incurred without this collection of information.

¹ The expected number of respondents is an estimate of the expected number of completed questionnaires, discussed in section B.1.3. This is different from the number of respondents that are mailed a questionnaire.

Costs for this survey are estimated at \$8,118,306. This includes all direct and indirect costs of the design, data collection, analysis, and reporting phases of the survey, as well as delivery of the datasets to HRSA NCHWA. The increase in cost from last survey cycle is due to substantial increases in both salaries, postage prices, and the cost of paper. An additional cost increase is due to lower response rates across surveys, causing more parcels being mailed throughout the duration of the survey cycle.

The below table represents the best estimates provided by participating work areas, given the description of tasks in the statement of work and their estimated level of effort.

	Phase 1	Phase 2	Phase 3	Phase 4	
			Data Collection	Response Processing and Dissemination	
ADDP	\$635,000	\$745,000	\$785,000	\$745,000	\$2,910,000
Incentive		\$588,000			\$588,000
DSD	\$30,290	\$235,629	\$105,619	\$678,399	\$1,049,937
DSMD	\$71,780	\$345,102		\$665,583	\$1,082,465
CES	\$113,627	\$77,549			\$191,176
ERD	\$75,893				\$75,893
ADEP		\$53,055	\$143,362	\$22,434	\$218,851
ADSD MCS		\$29,409			\$29,409
ADSD Web		\$118,111	\$63,598		\$181,709
LCC			\$217,165		\$217,165
Postage			\$788,521		\$788,521
NPC			\$785,180		\$785,180
Funding Amount	\$900,000	\$2,230,000	2,900,000	\$2,088,306	8,118,306

ADDP = Overall Program Management and Survey Operations Implementation

DSD = Sample and Data Processing Development and Implementation

DSMD = Sample and Data Processing Methodology Support

CES = Final Frame Development and Creation

ERD = Sample Frame Data Ingest

ADEP = Forms Design

ADSD MCS = Master Control System

ADSD Web = Web Instrument Programming and Development

LCC = Contact Center Customer Support Services

NPC = Mailout and Mail Receipt Operations

15. Explain the reasons for any program changes or adjustments reported in ROCIS.

This is a reinstatement with changes request of a previously approved collection. For the 2026 NSSRN cycle, the production survey will again be mailed to up to 125,000 RNs. With each cycle there continues to be a streamlining of NSSRN processes with the creation of a mailing strategy that has proven effective in increasing early response and reducing nonresponse follow-up and bias.

16. For collections of information whose results will be published, outline plans for tabulation and publication. Address any complex analytical techniques that will be used. Provide the time schedule for the entire project, including beginning and ending dates of the collection of information, completion of report, publication dates, and other actions.

2026 NSSRN Data Collection Plan	
January	Mailing #1: Initial Invite (containing Web login information)
	Mailing #1: Initial Invite with \$5 Incentive (containing Web login information)
February	Mailing #2: Pressure-sealed postcard reminder (containing Web login information)
March	Mailing #3: Web invite (containing Web login information)
April	Mailing #4: Web invite (containing Web login information) & paper questionnaire
May	Mailing #5: Pressure-sealed postcard reminder (containing Web login information)
June	Survey closeout – data collection ends

The NSSRN will generate datasets, statistics, and reports. Below are the planned deliverables that the Census Bureau will provide NCHWA:

- A fully documented public use data set. This file will contain the data collected and any other variables (derived, flag, admin, etc.) requested by HRSA NCHWA.
- A codebook with weighted and unweighted frequencies of all variables.
- A user’s manual and methodology report.
- Separately, NCHWA makes the data available and easily accessible through the creation of a nursing workforce dashboard⁶, reports, and briefs. On NCHWA’s website, they currently provide a Nursing Workforce Dashboard that visualizes data from both the 2022 and 2018 NSSRN. Following the 2022 NSSRN release, NCHWA also created multiple reports and briefs.

⁶The expected number of respondents is an estimate of the expected number of completed questionnaires, discussed in section B.1.3. This is different from the number of respondents that are mailed a questionnaire.

These include “Nursing Education and Training,” “Experiences of Nurses Working During the COVID-19 Pandemic,” and “Job Satisfaction Among Registered Nurses.” While topics are not currently decided, it is expected that other reports and briefs will be available after the release of the 2026 NSSRN.

17. If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons that display would be inappropriate.

The agency plans to display the expiration date for OMB approval of the information collection on all instruments.

18. Explain each exception to the certification statement identified in “Certification for Paperwork Reduction Act Submissions.”

The agency certifies compliance with 5 CFR 1320.9 and the related provisions of 5 CFR 1320.8(b)(3)