

Healthcare Pulse

Nursing & Allied Health | 2026

A data-led view of healthcare staffing conditions, showing how national talent supply changes when specialty and geography are applied to real hiring scenarios.

THE SIGNAL

**Supply is broad.
Recruitable talent is local.**

EQ talent-market searches captured 21 August 2026.

Healthcare staffing is stabilising - unevenly.

The market is softer than the pandemic peak, but candidate scarcity remains highly segment-specific.

US healthcare staffing revenue is forecast at approximately \$38.7B in 2026. The headline number hides materially different conditions underneath it: nurse staffing remains under pressure, travel nursing is broadly flat, allied health is modestly positive, and locum tenens continues to grow.

-2%**NURSE STAFFING**

2026 revenue outlook

0%**TRAVEL NURSING**

2026 revenue outlook

+1%**ALLIED HEALTH**

2026 revenue outlook

What this means for staffing teams

A softer staffing market does not automatically translate into easier recruiting. Candidate availability still changes sharply by specialty, geography, licensing, experience and willingness to move. That makes requirement-level market visibility more useful than broad workforce totals.

TRAVEL-NURSE OPERATING BENCHMARK

73%

revenue through MSPs

\$89.78

average bill rate / hour

19.3%

aggregate gross margin

Registered Nurses: national scale, local reality.

A broad RN requirement shows how quickly the searchable market narrows once a hiring location is applied.

1,360,087

US REGISTERED NURSE MATCHES

Searchable contact matches across the United States.

4,734

RHODE ISLAND RN MATCHES

The same Registered Nurse search narrowed to Rhode Island.

HOW TO READ THIS

The national number shows the wider searchable talent universe. The local number shows the starting market before specialty, credentials and availability are layered on.

Live-market scenario: travel nursing in Rhode Island

A national RN universe above 1.36 million becomes a much smaller local market once Rhode Island is applied. From there, a recruiter can narrow again by clinical specialty, recent experience, certifications, shift pattern and travel-readiness.

Recruiting implication

For a live requirement, the useful number is not the size of the nursing profession. It is the size of the relevant audience that can realistically be approached for that job.

Med/Surg RNs: specialty changes the picture.

The market contracts before geography is even applied.

140,249

US MED/SURG RN MATCHES

Registered Nurse title + Med/Surg profile criteria.

746

NEW HAMPSHIRE MATCHES

The same Med/Surg search narrowed to New Hampshire.

MARKET SIGNAL

A specialty search reduces the national RN universe substantially. Applying geography then narrows the audience again.

Live-market scenario: Travel Med/Surg RN - New Hampshire

For a typical travel Med/Surg requirement, the 746 New Hampshire profiles are only the starting universe. Additional filters such as current Med/Surg experience, previous travel experience, EPIC, ACLS/BLS and compact-state eligibility would create a smaller, more operationally relevant pool.

Why external market data matters

It gives recruiting teams an outside-in view of who exists beyond the ATS, with profiles carrying at least one available route such as LinkedIn, personal email and/or mobile.

Physical Therapists: allied health is its own market.

A smaller national universe can still produce a meaningful local pool.

202,215

US PHYSICAL THERAPIST MATCHES

Job title + profile search for Physical Therapist.

5,488

MICHIGAN PT MATCHES

The same search narrowed to Michigan.

MARKET SIGNAL

Allied-health supply is uneven by geography, so local market visibility can shape sourcing strategy before outreach begins.

Live-market scenario: Physical Therapist - Michigan

The search identifies 5,488 Michigan-based Physical Therapist matches against 202,215 nationally. That local pool can then be refined by licence status, clinical setting, experience and distance from the facility.

Why allied health deserves its own map

Allied-health staffing is forecast to edge upward in 2026 while candidate supply remains uneven by market. A role-level view helps teams decide whether to source locally or widen the search radius immediately.

From national supply to a recruitable market.

The same pattern repeats across nursing and allied health: specialty and geography materially reshape the audience.

Talent market	US matches	Example market	Local matches
Registered Nurse	1,360,087	Rhode Island	4,734
Med/Surg RN	140,249	New Hampshire	746
Physical Therapist	202,215	Michigan	5,488

A practical market-map funnel

- 1 National market** How large is the searchable professional population?
- 2 Specialty** Who matches the actual job family or clinical specialty?
- 3 Geography** Who is already in the hiring state or realistic sourcing radius?
- 4 Requirement fit** Experience, credentials, travel history, shift and facility criteria.
- 5 Reachable audience** Profiles with LinkedIn and/or personal email and/or mobile where available.

Dataset figures are searchable EQ contact matches, not estimates of the total licensed US workforce.

Market intelligence as a repeatable content asset.

The same research can support client conversations, outbound campaigns and public thought leadership.

01 Client conversation

Use live requirements to show a staffing team the size and shape of its relevant external talent market.

02

Industry content

Remove client names and publish the market insight as a reusable vertical asset.

03

Outbound enablement

Use the same segment insight in email, LinkedIn and campaign landing pages.

04

Recurring Pulse

Repeat the format across nursing specialties, allied health, locums and other verticals.

Positioning shift

The goal is not simply to say 'we have candidate data.' Healthcare Pulse positions EQ.app as a source of practical talent-market intelligence - showing where relevant professionals are, how big the market is, and how that changes against a real requirement.

Turn market intelligence into a sourcing test.

The public insight stays broad; the recruiting execution can become highly specific.

1,000

candidate profiles

A targeted sample can be built around a live role or priority market, rather than a generic healthcare list.

01

Registered Nursing

Rhode Island

Narrow by specialty, credentials and travel-readiness.

02

Med/Surg RN

New Hampshire

Build from the 746 local matches and layer the requirement criteria.

03

Physical Therapist

Michigan

Build from the 5,488 local matches and refine by licence, setting and proximity.

The question to test

Can requirement-specific external talent intelligence create more direct candidate conversations than starting from the existing database and job-board response alone?

How to interpret the figures.

Market insight should be useful without overstating what the data represents.

1

Searchable market, not licensed workforce

The figures shown are contact matches returned by EQ talent searches, not official counts of licensed clinicians.

2

Contact routes vary by profile

A profile may include LinkedIn and/or personal email and/or mobile contact information, depending on available data.

3

The local count is a starting universe

Live-job criteria such as experience, certifications, licence, shift, travel history and proximity can narrow the market further.

4

Real-world scenarios, reusable insight

The examples are based on live-style hiring scenarios, but client-specific names have been removed so the insight can be reused across the healthcare staffing market.

Healthcare Pulse principle

Publish the insight broadly. Use the underlying talent data specifically. That creates a scalable content engine while preserving the ability to tailor sourcing to each client's live requirements.