



Elite Learning Podcast

Nursing Salaries: Is Negotiation Possible?

From 'the band is set' to 'here's what I bring to the table'—unlock the hidden levers of nurse compensation! 💰

-  **Listen time:** ~60 minutes •  **Audience:** RNs, APRNs, nurse leaders, new grads, career changers •  **Listen now:** elitelearning.com/ce-podcasts

Featured Voices

Host: Dr. Candace Pierce, DNP, RN, CNE, COI
Faculty with Elite Learning by Colibri Healthcare, nurse educator, and advocate passionate about empowering nurses to know their worth

Guest: Dr. Vanessa Pomarico-Denino
Nurse practitioner with 27+ years of experience, negotiation expert, and advocate for fair compensation across nursing and APRN roles

What You'll Learn

- How compensation really works: salary bands, steps, and market rates
- What pay transparency laws mean—and what they don't guarantee
- The difference between unionized and non-union positions
- What's negotiable beyond base pay and which levers clear HR fastest
- How to identify and use your BATNA (Best Alternative to Negotiated Agreement)
- APRN-specific topics: productivity models, RVUs, CME days, call compensation, non-compete clauses
- Red flags in contracts: clawback clauses and 24-hour signing pressure

Key Takeaways

- Employers expect you to counter-offer—accepting the first offer signals you're an 'easy touch' for future negotiations.
- Base pay may be fixed, but there's always money in the bank—you just have to ask where it is.
- Variable pay levers (spot awards, incentive bonuses, shift differentials) get approved faster because they don't impact long-term compensation costs.
- Education drives pay tiers: ADN < BSN < MSN. But nurse managers may get bonuses for saving money on your raises.
- Never squabble over \$5K/year (\$93/week) if the job, hours, and location are ideal—compromise and revisit in 6-12 months with data.

- Underutilized levers: bilingual pay, float premiums, retention bonuses, relocation stipends, loan repayment programs, clinical ladders.
- Always have 4-5 business days to review contracts with a healthcare contract attorney (\$300-400 investment).

Do This Next

- Research salary bands for your role and region using Glassdoor, Salary.com, or AANP/ANA salary surveys
- Update your CV/resume monthly—track certifications, projects, lectures, and wins as they happen
- Identify your BATNA before walking into any negotiation—what's your plan B?
- Set a reminder 1 month before your hire date anniversary to request a salary review meeting
- Hire a contract attorney to review any offer before signing

Negotiation Toolkit

Salary Band: Pay structure grouping similar jobs into a defined range (minimum to maximum). Aligns pay with role, qualifications, experience, and external market rates.

Variable Pay Levers: Bonuses, spot awards, and incentive adjustments that don't impact long-term compensation costs—these get approved faster than base pay changes.

BATNA (Best Alternative to Negotiated Agreement): Your Plan B. What you'll do if the negotiation fails. A strong BATNA gives you confidence and leverage to walk away if needed.

Clawback Clause: Contractual provision allowing an employer to take back previously paid money (like bonuses) under specific conditions. Red flag—question it before signing.

RVUs (Relative Value Units): Productivity measure for APRNs. Each diagnosis/procedure has an RVU. Compensation based on RVUs collected (not billed).

Non-Compete Clause: Contract term preventing you from working within a certain radius (20-60 miles) for a set time (2-3 years) after leaving. Can be negotiated out.

Questions That Unlock Hidden Value

- 'Is there any room for negotiation?'
- 'Are sign-on bonuses, retention bonuses, or relocation stipends available?'
- 'Can we discuss flexible or off-shift scheduling?' (e.g., 10am-6pm, 11am-7pm)
- 'Are there opportunities for bilingual pay, float premiums, or charge nurse differentials?'
- 'When are salary reviews scheduled? Is it automatic or case-by-case?'
- 'Is there a clinical ladder? What does advancement look like?'
- 'What professional development or tuition reimbursement is available?'

Red Flags to Watch For

- Pressure to sign within 24 hours (always take 4-5 business days)
- Clawback clauses—employer can take back bonuses months later
- Non-compete clauses covering 20-60 miles for 2-3 years (negotiate out if possible)
- Vague call compensation—'expectation of the position' could mean unpaid work

Pro Tips from Vanessa

- You don't pay sticker price on a car—why do it with your salary?
- You can't get what you want if you don't know what you want—do your homework.
- If you don't sell yourself, nobody else will. We advocate for patients—advocate for yourself too.
- Bring a notepad to interviews—keep the top page blank so no one sees your salary notes.
- Legal documents must be signed in blue ink—always keep the original contract.
- If you can't negotiate salary, negotiate everything else: schedule, CME, bonuses, professional development.

APRN-SPECIFIC NEGOTIATION GUIDE

For Nurse Practitioners, Clinical Nurse Specialists, CRNAs, and Nurse Midwives

APRN Key Insights

- Straight productivity models are risky for new grads—aim for salary + productivity bonus (5-33% range)
- Some practices keep 'two sets of books' to hide APRN revenue—demand transparency
- New grad patient load should be 8-10/day for first 3-6 months (NOT 20+ on day one)
- CME days should be separate from PTO—typically 5 days if working full-time

APRN Compensation Models

Straight Salary: Fixed annual pay. Pro: Predictable income. Con: No upside for high productivity.

Salary + Productivity Bonus: Base pay + bonus based on RVUs collected (NOT billed). Best for new grads—provides stability with upside. Typical bonus range: 5-33%.

Straight Productivity: 100% based on RVUs collected. Risky for new grads—no safety net during ramp-up period. Better for experienced APRNs with established patient panels.

Hybrid Models: Combination of above with shift differentials, call pay, or quality metrics bonuses.

Understanding RVUs (Relative Value Units)

RVUs measure APRN productivity. Each diagnosis/procedure has an assigned RVU value. Your compensation is based on RVUs collected (money actually received), NOT RVUs billed (charges submitted). Always ask for transparency on RVU calculations and payout rates.

? APRN-Specific Questions to Ask

- 'What's the compensation model—salary, productivity-based, or hybrid?'
- 'If productivity-based, what's the RVU payout rate and is it based on collected or billed RVUs?'
- 'What's a realistic patient volume for the first 3-6 months?'
- 'Is call compensated separately or considered part of the base salary?'
- 'How many calls per weekend typically? What's the expectation?'
- 'Are CME days separate from PTO? How many CME days are provided?'
- 'Does the employer cover RN + APRN licenses, DEA (\$888/3 years), and recertification fees?'
- 'Is there protected admin time built into the schedule for charting and follow-ups?'
- 'Can we review or negotiate the non-compete clause?'
- 'What malpractice coverage is provided—occurrence or claims-made?'

☑ APRN Sanity Checks—What's Reasonable?

- Patient load: 8-10/day for first 3-6 months as new grad
- CME days: 5 days/year (if working 5 days/week) separate from PTO
- License/DEA coverage: Employer pays for RN + APRN licenses, DEA, and recertification
- Admin time: 4 hours/week built into schedule (not unpaid weekend charting)
- Productivity bonuses: 5-33% of collected RVUs with transparent calculation
- Malpractice: Employer-provided coverage (occurrence preferred over claims-made)
- Call compensation: Clearly defined—per call, per weekend, or hourly rate

🚩 APRN Red Flags

- Straight productivity model offered to new grads with no safety net
- 20+ patients/day expected from day one for new grads
- CME days rolled into PTO instead of separate professional development time
- Vague call expectations—'it's part of the job' without clear compensation
- Non-compete clauses covering 20-60 miles for 2-3 years (limits future job mobility)
- Clawback clauses allowing employer to reclaim bonuses months later
- No transparency on RVU calculations or 'two sets of books'
- Claims-made malpractice without tail coverage (you're liable after leaving)
- No protected admin time—expectation to chart on weekends unpaid

📦 APRN Negotiation Levers Beyond Base Pay

- Sign-on bonus or relocation stipend
- Higher productivity bonus percentage (negotiate up from 5% to 10-15%)

- Extra CME days or increased CME allowance
- Call pay structure (per call, per weekend, or hourly)
- Protected admin time (4+ hours/week)
- Student loan repayment assistance
- Flexible scheduling or 4-day work week
- Removal or reduction of non-compete radius/duration
- Tail coverage for malpractice insurance
- Annual salary review guarantee with performance metrics

APRN Contract Must-Haves

- Clear compensation structure (salary vs. productivity breakdown)
- Defined patient load expectations by month (ramp-up schedule)
- Call schedule and compensation details in writing
- CME days, funds, and expense coverage
- License, DEA, and recertification fee coverage
- Malpractice coverage type and tail coverage if claims-made
- Termination clause with notice period (both sides)
- Non-compete scope, radius, and duration (negotiate out if possible)
- Benefits package: health insurance, retirement match, paid time off

APRN Terminology Toolkit

RVUs (Relative Value Units): Productivity measure. Each diagnosis/procedure has an RVU. Compensation based on RVUs collected (not billed).

Claims-Made Malpractice: Coverage only for incidents that occur AND are reported while policy is active. Need 'tail coverage' when leaving.

Occurrence Malpractice: Coverage for any incident that occurred during policy period, even if claim filed years later. Better for APRNs.

Tail Coverage: Insurance extension for claims-made policies. Covers claims filed after you leave a job. Expensive—negotiate employer coverage.

Non-Compete Clause: Prevents working within X miles for Y years after leaving. Limits career mobility—negotiate radius/duration or removal.

CME (Continuing Medical Education): Required credits for license renewal. Should be employer-funded with separate PTO days for attendance.

Conversation Starter

'If you could change one thing about how nursing salaries are determined or negotiated, what would it be—and why?'

Nurse Leaders: Pick one pre-approved lever you can offer without a committee meeting—show your team they're valued. Examples: shift differential, float premium, extra CME day, project stipend, bilingual pay. Transparency builds trust and retention.

Resources & Links

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