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2026 Management and Staff Compensation

Data Report

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Executive Summary

The rampant rise of medical practice staff wages has cooled very slightly, though leaders expecting broad relief as they budget for 2027 may be disappointed. The market for healthcare labor is proving uneven in 2026, and salaries and wages are still more expensive than they were five years ago for the jobs that keep patient access, clinical throughput and collections moving.

The benchmarks and trends from the *2026 MGMA DataDive Management and Staff Compensation* data set are crucial for next year's numbers but also the hiring needs of this moment: Is the hourly rate good enough to get a qualified medical assistant to call back? Is the receptionist range close enough to avoid losing a trained employee to the hospital down the road or retail shop across the street? Does the practice have a plan when a nurse, coder or billing specialist sees better pay, better flexibility or less day-to-day friction somewhere else?

RECENT MGMA REPORTING POINTS IN THE SAME DIRECTION:

- **Staff turnover is steadier** than it was during the worst of the post-pandemic labor shock, but it is not solved: nearly 7 in 10 practice leaders report turnover is about the same or lower than 2025.
  - **Higher-turnover** practices most often cited strain in losing MAs, nursing, clinical support, front-desk and administrative roles.
- **MA hiring remains especially hard:** 56% of practices said MA hiring became more difficult over the past year, compared with 37% reporting no change and only 7% saying it got easier.

This report, based on data from more than 215,300 healthcare professionals in more than 4,100 groups, is organized around four practical questions about these benchmarks:

1. Is your compensation still competitive for the roles you need most?
2. What should you budget beyond 2026?
3. Are you falling behind in key support roles?
4. Where can tools, automation and AI take work off staff plates and redesign the workforce for tomorrow's successful medical practices?

KEY TAKEAWAYS

- **A mixed year did not erase the long-term rise in staff pay:** Median total compensation rose for 8 of 18 core benchmarked roles in 2025; while it fell in 10, pay is up over the past five years in 17 of 18 roles.
- **Licensed practical nurses (LPNs) saw the largest one-year jump among the core roles:** Their median total compensation rose 6.5%, ahead of general accounting positions (+5.7%), medical receptionists (+4.8%), and medical assistants (+4.3%).
- **Roles closest to patient access and clinical throughput still command premium pay:** Medical receptionists are up 22.0% over five years; MAs are up 20.6%; LPNs are up 29.7%; and triage nurses are up 15.3%.
- **A close eye is needed on payer-facing roles:** While managed care administrative positions fell 12.1% in 2025 and patient accounting positions fell 2.9%, this may not make hiring much easier. Both remain well above five- and 10-year levels, and practices that underbudget here risk revenue-cycle issues at a time when authorizations, denials and portal burden remain heavy.
- **Regional pay gaps are still large:** Registered nurse (RN) compensation varied by $22,947 between the West and Midwest, patient care assistants (PCAs) by $19,760 between the East and South, triage nurses by $19,448 between the South and East, and LPNs by $17,542 between the West and Midwest.
- **Wage compression looms:** Long tenure is not producing much pay separation in several hard-to-fill roles. The 2025 median for nursing positions with 21 or more years of experience was only $298 higher than the median for those with five or fewer years.
- **Inflation narrowed pay gains, even where nominal raises were strong:** After adjusting for cost-of-living shifts over the same five-year benchmark window, medical receptionists, MAs, LPNs and RNs still posted real gains, but the margin was modest for several roles. Patient accounting staff and triage nurses were slightly behind after inflation despite their nominal pay increases.

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Is Your Compensation Still Competitive?

Start with the jobs that are most likely to determine whether patients can get in, claims can get out, and providers can keep moving: medical receptionists, patient accounting staff, MAs, PCAs, LPNs, RNs and triage nurses. These are the “market-check” roles. They are often the roles where a few dollars per hour, a better schedule or less daily frustration can decide whether a candidate accepts or an employee stays.

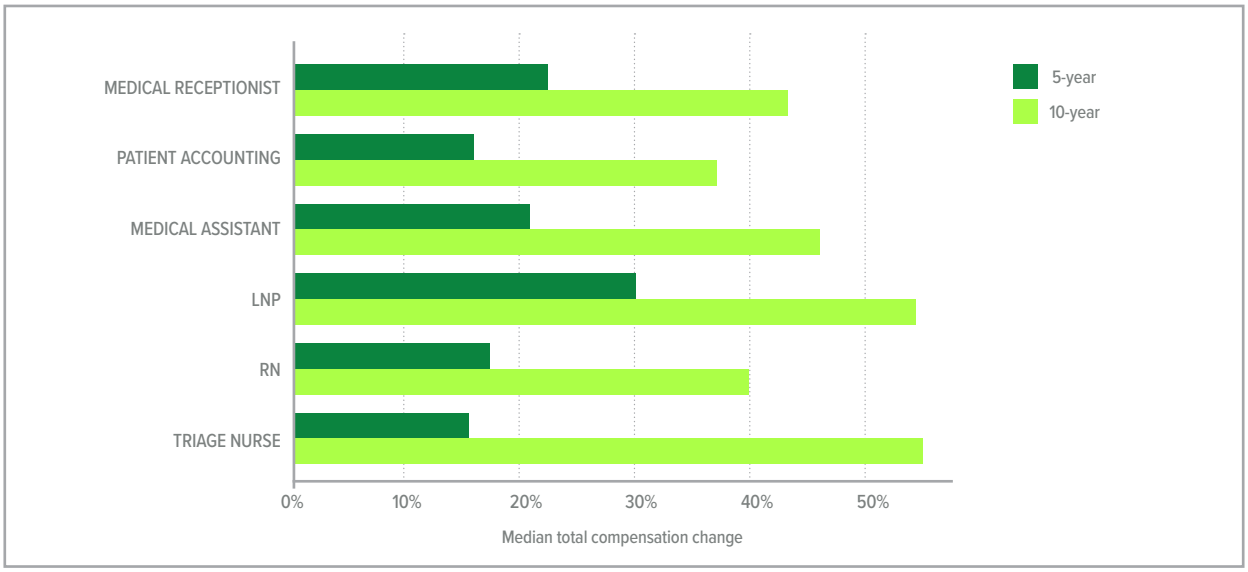
Remember: A national median is not an offer letter. Local market, specialty, shift, experience, certification and role scope still matter. But the national figures tell leaders whether they are budgeting against today’s reality or against what the job used to cost.

MARKET-CHECK ROLES: 2025 NATIONAL MEDIAN TOTAL COMPENSATION

	1-year change (2024-2025)	5-year change (2021-2025)	10-year change (2016-2025)	10-year change (in dollars)
Medical Receptionist	+4.8%	+22.0%	+42.8%	$13,369
Patient Accounting	-2.9%	+15.7%	+36.7%	$12,677
MA positions (rollup)	+4.1%	+21.0%	+45.1%	$14,729
Certified Nursing Assistant	-5.5%	+36.4%	+29.9%	$10,135
Medical Assistant	+4.3%	+20.6%	+45.6%	$14,868
Patient Care Assistant	+3.1%	+17.9%	**	**
Nursing positions (rollup)	-10.3%	+25.7%	+52.8%	$25,599
Licensed Practical Nurse	+6.5%	+29.7%	+53.9%	$21,168
Registered Nurse	-8.9%	+17.0%	+39.4%	$22,862
Triage Nurse	-10.6%	+15.3%	+54.6%	$27,279

*** = insufficient data to populate. Rollups are shown with child roles because both are useful for budgeting and offer checks.*

KEY SUPPORT ROLES ARE STILL FAR ABOVE PRE-2020 AND 2015 LEVELS



For many of these jobs, the hourly rate is the cleaner starting point for a compensation check. Total compensation can move with overtime, premium pay, schedules, staffing mix and coverage needs. Hourly rates are closer to what a candidate sees in a job posting and what an employee compares with a competing offer.

2025 HOURLY-RATE BENCHMARKS FOR CLINICAL-SUPPORT ROLES

Role group	1-year change (2024-2025)	5-year change (2021-2025)	10-year change (2016-2025)
MA positions (rollup)	+$1.29	+$3.80	+$7.28
Certified Nursing Assistant	+$0.67	+$5.80	+$5.12
Medical Assistant	+$1.44	+$3.93	+$7.58
Patient Care Assistant	+$0.27	+$1.88	**
Nursing positions (rollup)	+$0.25	+$10.58	+$15.76
Licensed Practical Nurse	+$1.55	+$6.14	+$9.85
Registered Nurse	**-$0.60**	+$8.65	+$13.58
Triage Nurse	**-$1.20**	+$7.72	+$15.15

*** = insufficient data to populate. Hourly rates are a base-rate view; pair them with total compensation when setting offers.*

RN and triage nurse total compensation declined in 2025, and their hourly rates dipped slightly. That does not mean practices should assume the nursing market has loosened in their locale. Practice leaders should look at base rate, OT, premium shifts, staffing mix and coverage model together before changing budget assumptions. Even with one-year cooling, the costs are still well above five- and 10-year levels.

MANAGEMENT AND STAFF MEDIAN TOTAL COMPENSATION TRENDS

Role group	1-year change (2024-2025)	5-year change (2021-2025)	10-year change (2016-2025)	10-year change (in dollars)
Executive Management*	-22.1%	-3.4%	+17.6%	$21,984
Senior Management	-4.0%	+11.2%	+35.2%	$36,063
General Management	-7.4%	+12.7%	+31.4%	$20,651
Specialists	+2.9%	+18.7%	+39.6%	$15,850
Supervisors	-5.0%	+19.1%	+39.6%	$19,790
Clinical Lab	+3.1%	+23.0%	+24.7%	$10,285
Radiology/Imaging	-0.9%	+22.3%	+36.3%	$20,501
General Accounting	+5.7%	+12.5%	+56.6%	$23,920
General Administrative	+1.2%	+13.2%	+30.1%	$11,794
Managed Care Administrative	-12.1%	+19.5%	+32.6%	$13,697
Patient Accounting	-2.9%	+15.7%	+36.7%	$12,677
Medical Receptionist	+4.8%	+22.0%	+42.8%	$13,369

** Executive Management has the smallest and most variable sample in the dataset; read its one-year movement alongside longer trends.*

As you consider these numbers, remember that the five-year window opens mid-pandemic and runs through the recent inflation spike, so it captures the structural updates to labor discussed in our 2025 data report. Where the gains were largest — CNAs (+36.4%), LPNs (+29.7%), clinical lab (+23.0%), radiology/imaging (+22.3%), and medical receptionists (+22.0%) — offers a good sense of where scarcity hit hardest.

ROLE GROUPS WITH RISING VERSUS FALLING MEDIAN TOTAL COMPENSATION TRENDS*

Time horizon	Management and staff roles	Clinical and nursing roles	All groups
One year (2024-2025)	5 ↑ / 7 ↓	3 ↑ / 3 ↓	8 ↑ / 10 ↓
Five years (2021-2025)	11 ↑ / 1 ↓	6 ↑ / 0 ↓	17 ↑ / 1 ↓
Ten years (2016-2025)	12 ↑ / 0 ↓	5 ↑ / 0 ↓	17 ↑ / 0 ↓

** Only 17 role groups covered due to patient care assistants (PCAs) lacking a 10-year trend.*

Looking specifically at the most-recent one-year window is where the market cools slightly and splits: Eight of the 18 benchmarked role groups saw compensation rise, 10 fell. To interpret roles with falling compensation, consider: How many had crisis-pay premiums that no longer exist? How many were the recipients of bonus-driven surges in the scramble for staffing in recent years? These data do not directly prove bigger shifts, but they offer solid starting points for your own educated examination of your practice and market.

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What Should You Budget for Beyond 2026?

The one-year picture is split, which matters for salary reviews and offer ranges this year. But the longer view is much steadier, and that should set the tone for next year's budgeting: do not panic, but do not build next year's budget around hoped-for relief.

Begin with a closer look at these job clusters:

FRONT OFFICE AND REVENUE CYCLE

- **Medical receptionist** (+4.8% YoY, +22.0% 5-year) is one of the only roles still climbing in the 2025 benchmarks — the hardest seat to keep filled, competing with retail, hospitality, and call centers rather than other clinics.
- **Patient accounting** (-2.9% YoY, +15.7% 5-year) was in high demand, but RCM work has become a more automatable and outsourced/offshored function for many practices, so tools and vendor migration could be a real factor in the tempering of wages in this role, despite the increasing rate of payer denials and growing prior-auth complexities.
- **General administrative** (+1.2% YoY, +13.2% 5-year) is slightly behind general wage inflation.

CLINICAL SUPPORT

- **Medical assistant** (+4.3% YoY, +20.6% 5-year) comp still rising is consistent with it being perhaps the single hardest clinical hire, with team-based care, advanced practice provider (APP) expansion, and rooming/throughput demand making them a workhorse of ambulatory practices — and training pipelines have yet to catch up.
- **CNA** (-5.5% YoY, +36.4% 5-year) is the biggest five-year gainer that stepped back in 2025, possibly a sign of competition from hospitals and long-term care ebbing.

NURSING

- **LPN** (+6.5% YoY, +29.7% 5-year) saw the only rising comp movement in 2025 in this data set. This is a role some practices may be leaning on as a lower-cost nurse wherever scope allows (e.g., rooming, injections, refills, triage support) as the premium pay for RNs became unaffordable in recent years.
- **RN** (-8.9% YoY, +17.0% 5-year) still has pandemic shortage impacts on comp are in the five-year trend, but what matters most for the one-year trend is ambulatory RN pay often being tethered to the hospital RN market, which cooled as travel rates normalized after 2022.

ALLIED/TECHNICAL ROLES

- **Clinical lab** (+3.1% YoY, +23.0% 5-year) and radiology/imaging (-0.9% YoY, +22.3% 5-year) reflect well-documented national tech shortages (e.g., medical lab scientists, rad techs) and rising diagnostic volume. They share a labor pool with hospitals, so the mostly flat 2025 numbers may be a mirror of broader health-tech cooling despite strong five-year growth.

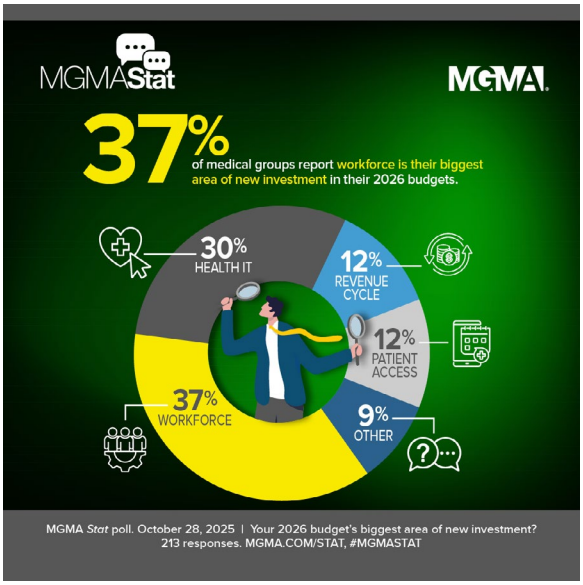
TYING THE THREADS TOGETHER

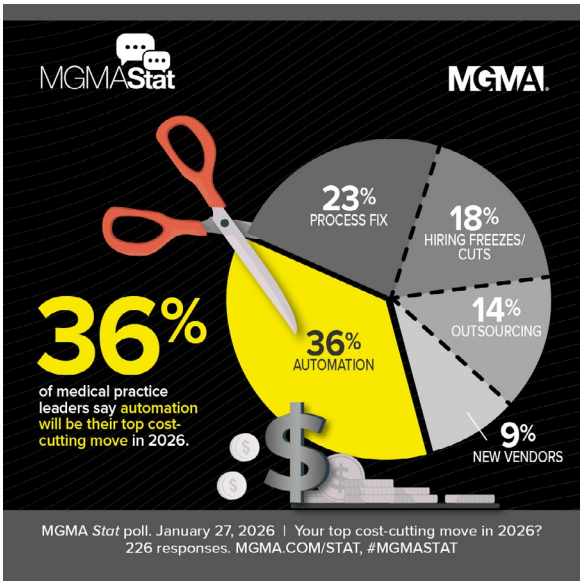
Practices set wages against two different external markets, offering some explanation for most of the one-year splits. Competing with hospitals for nurses and techs means that practices have hospital pay trends bleeding in; in this instance, RN, lab, and imaging all cooled together in 2025. For front-desk and MA-adjacent roles, practices compete with retail, hospitality, and call centers, so minimum-wage floors and the broader market for low-wage workers matters more, and that's exactly where 2025 pay is still climbing.

Outpatient volume growth seemingly concentrated demand on throughput-focused roles (e.g., front desk, MA, LPN), which is the same short list of roles with comp still rising. And reimbursement is the ceiling: flat to declining professional fee schedules mean practices often cannot fund open-ended raises, so after three to four years of catch-up increases, the 2025 cooling partly reflects affordability limits — the same pressure driving the response to invest in automation.

This is in line with how practice leaders said they budgeted for 2026: 37% named workforce as their biggest area of new investment, followed by health IT at 30%, revenue cycle at 12% and patient access at 12%. In a separate MGMA poll on 2026 cost-cutting moves, automation (36%) and process fixes (23%) made up more than half the responses, ahead of hiring freezes or cuts, outsourcing or new vendors.

Those two findings belong together. Practices are not choosing between people and tools. They are trying to fund competitive pay while using better workflows to reduce the manual work that burns out staff and eats up payroll hours.





YOUR BUDGET READ FOR NEXT YEAR

Build the staff budget with three checks: (1) current hourly rates for market-check roles, especially MAs and nurses; (2) local and regional market pressure; and (3) a short list of high-volume tasks that can be simplified before the practice adds another FTE. The goal is not to "automate staffing away." Instead, your goal as a practice leader is to make sure the people you already pay can spend less time on phones, portals, faxes and rework.

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Are You Falling Behind in Key Support Roles?

This answer depends heavily on geography. Regional spreads are large enough that a national median can understate what it takes to hire in some markets. The West reports the highest pay for many roles, but not all of them; the highest-lowest pair varies by role. For hard-to-fill clinical jobs, that spread can change the entire offer strategy.

SELECTED REGIONAL PAY SPREADS FOR 2025

Role group	Spread	Highest region	Lowest region
Medical Receptionist	$9,799	Western	Midwest
Patient Accounting	$12,930	Western	Midwest
MA positions (rollup)	$10,041	Western	Midwest
Medical Assistant	$10,055	Western	Midwest
Patient Care Assistant	$19,760	Eastern	Southern
Nursing positions (rollup)	$18,917	Western	Southern
Licensed Practical Nurse	$17,542	Western	Midwest
Registered Nurse	$22,947	Western	Midwest
Triage Nurse	$19,448	Southern	Eastern

Regions show benchmark trends. Use state-, metro- and market-level data for local pay decisions.

Retention is the other competitiveness check. A practice can be at market for new hires and still create friction if long-tenured employees do not see much difference between staying and starting over somewhere else. The table below reduces each years-of-experience curve to one question: what does a 21-plus-year employee earn compared with someone with five or fewer years?

2025 MEDIAN COMPENSATION BY YEARS OF EXPERIENCE FOR SUPPORT AND CLINICAL ROLES*

Role group	5 or fewer years	21 or more years	Premium (in dollars)	Premium (in %)
Patient Accounting	$48,241	$55,845	+$7,604	+15.8%
Medical Receptionist	$41,763	$47,748	+$5,985	+14.3%
Licensed Practical Nurse	$57,912	$62,967	+$5,055	+8.7%
MA positions (rollup)	$48,390	$51,919	+$3,529	+7.3%
Medical Assistant	$49,297	$51,919	+$2,622	+5.3%
Registered Nurse	$73,426	$76,227	+$2,801	+3.8%
Nursing positions (rollup)	$66,210	$66,508	+$298	+0.5%

** Premiums based on years of experience for management positions are flat to negative; see appendix for details.*

This is where compensation becomes personal. Wage steadiness may be reasonable in some roles if scope, certification or responsibilities do not change much. But if experienced employees are training new hires, handling angry patients, fixing claim problems and keeping providers on schedule, their pay likely should reflect that value before they have to ask for it.

WHY PAY RAISES MAY NOT FEEL LIKE GAINS

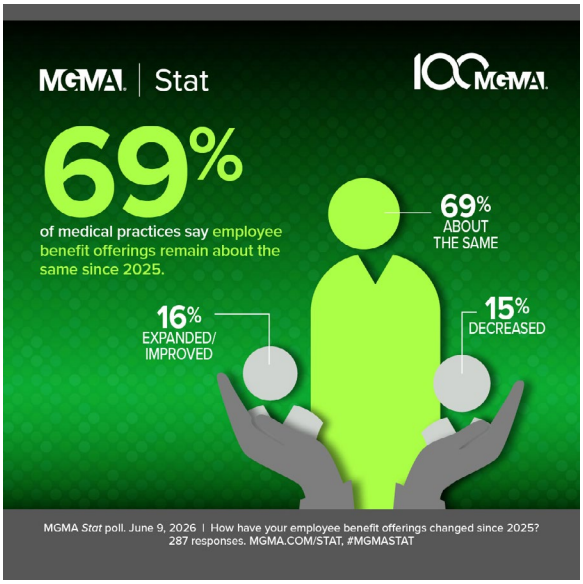
Pay can go up in dollars and still feel flat to employees. Inflation matters because staff live with grocery, rent, gas, childcare and health-cost increases before they think about "nominal" pay. Once inflation is removed, the raises are real but much smaller than the dollar figures suggest. Over five years the gains are modest — medical receptionists, MAs and especially LPNs stayed ahead of inflation, while RNs, patient accounting and triage nurses came out about even. Over 10 years every one of these roles is ahead of inflation, but by far less that headline figures might imply. For retention, a raise on paper buys much less than it looks like, so competitive pay should be paired with the non-cash supports that help people stay.

NOMINAL VERSUS INFLATION-ADJUSTED CHANGE IN MEDIAN TOTAL COMPENSATION

Role group	5-year nominal	5-year real	10-year nominal	10-year real
Medical Receptionist	+22.0%	+4.8%	+42.8%	+6.4%
Patient Accounting	+15.7%	-0.6%	+36.7%	+1.9%
Medical Assistant	+20.6%	+3.6%	+45.6%	+8.5%
Licensed Practical Nurse	+29.7%	+11.4%	+53.9%	+14.7%
Registered Nurse	+17.0%	+0.5%	+39.4%	+3.9%
Triage Nurse	+15.3%	-0.9%	+54.6%	+15.2%

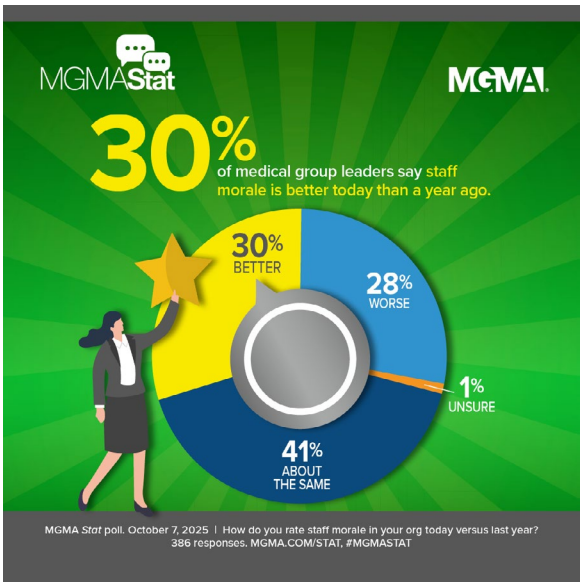
Real figures restate nominal change in constant dollars using CPI-U deflators matched to the benchmark windows: 16.4% for 2021-2025 and 34.2% for 2016-2025. Real change = [(1 + nominal change) divided by (1 + CPI change)] - 1.

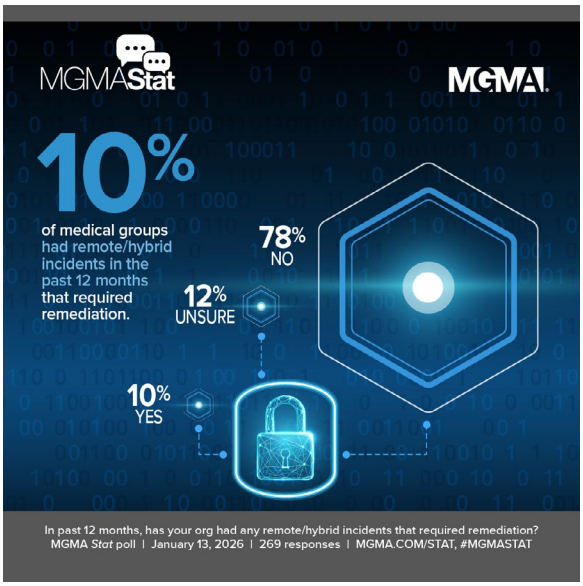
This is where total rewards matter. MGMA's June 2026 benefits polling found that 85% of practices kept benefit offerings about the same or expanded/ increased them since 2025, while 15% decreased offerings. The cost pressure is real: Mercer projected employer-sponsored health benefit costs would rise 6.7% in 2026 and exceed $18,500 per employee on average. For smaller practices, that means benefits cannot be an afterthought. As a leader, you likely are asking, "Can we raise the hourly rate?" while also pondering, "Which benefits or schedule changes will employees actually feel?"



MGMA reporting on medical practice staff morale gives the same practical answer: groups with better morale pointed to market-match pay, bonuses, richer benefits, engagement, communication, staffing stability, schedule flexibility and cleaner workflows.

Recognition does not have to be expensive; MGMA's peer-to-peer recognition article shows how staff recognition can be more consistent when coworkers can recognize the work managers may not see. Remote or hybrid work can also help for eligible roles, but it needs simple rules, privacy safeguards and accountability.





FOR SMALLER PRACTICES

Do not wait for a full compensation study to fix obvious gaps. Pull three current local job postings for each hard-to-fill role, compare the posted hourly rate to your range, then check who on your team is already training others or carrying the hardest work. That simple review will catch many problems before they turn into resignations.

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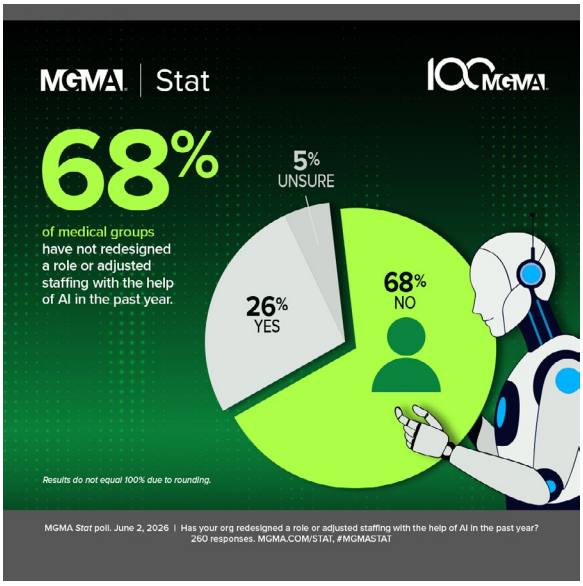
Where Can Automation Ease the Work?

Automation is not a substitute for competitive pay. It is a way to make competitive pay buy more useful work. The best starting point is the part of the job staff complain about because it is repetitive, slow and disconnected from patient care: phone queues, payer portals, fax sorting, eligibility checks, prior authorization status work, denial follow-up, appointment reminders and routine messages.

MGMA's recent AI reporting is useful because it does not describe mass job replacement. It describes work redesign. In a June 2026 MGMA Stat poll, 68% of leaders said they had not redesigned a role or adjusted staffing with the help of AI in the past year, while 26% said they had; those who did pointed mostly to small, practical changes in scheduling, registration, prior authorization, billing, routine correspondence and call-center work.



WHERE TOOLS CAN TAKE WORK OFF STAFF PLATES

Area	What the pay data show	Where tools can help	What to watch
Front desk and access	Medical receptionist pay is up 22.0% over five years and 42.8% over 10.	Let patients handle more routine scheduling, reminders, intake forms and eligibility steps before staff get involved. Use call routing to get patients to the right person faster.	Keep a live handoff for patients who are confused, upset, clinically complex or need extra help.
Revenue cycle	Patient accounting is up 15.7% over five years and 36.7% over 10, even with a one-year dip.	Use tools to check eligibility, track prior-authorization status, sort denial worklists, and send balance reminders.	Spot-check payer exceptions and make sure someone clearly owns follow-up when a task cannot be automated.
MAs and PCAs	MA positions are up 21.0% over five years; MA hiring is still one of practices' hardest staffing problems.	Use rooming templates, standing-order prompts, outreach queues and task routing to reduce repeated clicks and handoffs.	Check scope-of-practice rules and make sure clinical supervision is clear.
Nursing roles	Nursing positions are up 25.7% over five years and 52.8% over 10.	Inbox triage support, refill-queue routing, protocol task lists, and documentation assistance.	Maintain clinician review, privacy controls and quality checks.
Practice-wide	New tools will not fix unclear policies, messy workflows, or weak accountability.	Start with one high-volume workflow and measure touches, rework and staff time before and after.	Set AI and data-use rules before staff improvise with consumer tools.

THE MOST PRACTICAL AUTOMATION TARGETS, PER MGMA REPORTING

Area	What it tells practice leaders
Front office and access	Scheduling, calls, registration/eligibility and prior authorization are leading targets for AI and automation. MGMA's February 2026 poll found scheduling (31%), calls (27%), registration/eligibility (23%) and prior authorization (16%) led the list of access-focused automation opportunities.
Phones	MGMA's March 2026 phone poll found leaders named eligibility/prior authorization (45%) and scheduling (31%) as the most time-consuming phone tasks, followed by intake, refills and other work.
Payer portals	MGMA's payer-portal reporting found 61% of practices said staff access seven or more payer portals weekly, creating login, re-entry and context-switching work.
Fax	MGMA's fax reporting found 24% of practices did not have a digital fax solution fully integrated with EHR/PM and workflows; "digital" can still mean manual sorting if it is only an inbox.
Coding and charge review	MGMA's April 2026 poll found 33% of leaders used AI for coding, charge review or both; many not using it expected to evaluate tools because of cost savings, revenue recovery, efficiency and ROI.

THE SMALL-PRACTICE VERSION OF AI GOVERNANCE

A large group may need a formal AI committee. A small practice still needs rules, just fewer of them. Before staff use any AI or automation tool, write down what data can and cannot be entered, who checks the output, who owns errors, what workflows are approved, and when a patient or staff member must reach a human. That is not red tape. It is basic practice management when patient information, claims, scheduling or clinical support work is involved.

WHAT NOT TO DO

Do not buy a tool because it has "AI" in the name. Pick a painful workflow, count the steps, define the desired outcome, test the tool against real examples, and keep a human owner for exceptions. Our coding and charge-review guidance is a good model: evaluate operational fit, accuracy, EHR/PM integration, compliance risk and return on investment before signing.

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In Closing: Your 2026 Workforce Updates

Rising wages are a budget issue and represent a practice-work problem for medical practice leaders. The front desk, revenue cycle and clinical-support teams are being asked to do more work across more systems, with patients expecting faster access and payers adding friction through portals, prior authorizations and documentation rules. Competitive pay keeps the practice in the labor market. Better workflows keep staff from spending their day on avoidable manual work.

The best approach to modernizing your workforce in 2026, armed with *MGMA DataDive Management and Staff Compensation*, is straightforward: price the roles correctly, check whether experienced staff are being rewarded fairly, use regional and local data before making offers, and take one or two painful workflows off staff plates. That is how practices keep wages competitive without letting every new dollar disappear into the same old habits and backlogs.

4 MOVES TO MAKE AFTER READING THESE BENCHMARKS

1. Check the hourly rate for MAs, PCAs, LPNs, RNs, triage nurses and front-desk staff against your current ranges.
2. Pull local job postings before approving next year's budget.
3. Review whether experienced staff are training others or carrying harder work without a meaningful pay path.
4. Pick one manual workflow — phones, portals, fax, prior authorization, denial work or scheduling — and simplify it before adding headcount.

About MGMA

MGMA, a nonprofit membership association, is dedicated to advancing the business of healthcare. Throughout its 100-year history, the organization has supported more than 70,000 medical practice leaders nationwide through advocacy, education, data insights, and professional community. Representing more than 15,000 medical groups across all sizes and specialties, MGMA empowers practices — and the 350,000 physicians they support to deliver exceptional patient care while thriving in an increasingly complex healthcare landscape.

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Appendix

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Regular readers of our summary data reports will note that much of this report focuses primarily on clinical and administrative staff compensation benchmarks and trends. The following tables present more of the overall compensation trends in management roles previously shared but not reflected in the narrative of the report.

TABLE A1. MEDICAL ASSISTANT AND NURSING MEDIAN TOTAL COMPENSATION TRENDS

Role group	1-year change (2024-2025)	5-year change (2021-2025)	10-year change (2016-2025)	10-year $
MA positions (rollup)	+4.1%	+21.0%	+45.1%	$14,729
Certified Nursing Assistant	**-5.5%**	+36.4%	+29.9%	$10,135
Medical Assistant	+4.3%	+20.6%	+45.6%	$14,868
Patient Care Assistant	+3.1%	+17.9%	**	**
Nursing positions (rollup)	**-10.3%**	+25.7%	+52.8%	$25,599
Licensed Practical Nurse	+6.5%	+29.7%	+53.9%	$21,168
Registered Nurse	**-8.9%**	+17.0%	+39.4%	$22,862
Triage Nurse	-10.6%	+15.3%	+54.6%	$27,279

*** Insufficient data to populate*

TABLE A2. 2025 MANAGEMENT TENURE: 21-PLUS YEARS VERSUS 5 OR FEWER YEARS

In the body of this report, support and clinical roles carry a positive tenure premium. The management groups do not. Across senior management, general management and supervisors, the longest-tenured staff earn at or below the newest — senior management by nearly 15%.

Role group	5 or fewer years	21+ years	Premium ($)	10-year $
Senior Management	$158,798	$135,433	**-$23,365**	**-14.7%**
General Management	$96,608	$86,680	**-$9,928**	**-10.3%**
Supervisors	$63,134	$62,702	**-$432**	**-0.7%**

Premium equals the 21-plus-year median minus the 5-or-fewer-year median. Note: Executive management roles are omitted here: its experience-band sample is too thin and uneven to read a tenure pattern.

TABLE A3. 2025 MEDIAN MANAGEMENT REGIONAL PAY SPREADS

Role group	Spread	Highest region	Lowest region
Executive Management*	$47,826	Eastern	Southern
Senior Management	$9,877	Western	Southern
General Management	$17,024	Western	Southern
Supervisors	$12,395	Western	Southern

** Executive management spreads rest on a small, variable sample; read with caution. The West reports the highest management pay and the South the lowest — the same pattern seen for support roles. Use market-level data for local pay decisions.*