



## CASE STUDY

**65% More Income.  
2,600 ICU Trauma Hours.  
CRNA School Acceptance.  
All Without Leaving  
Western New York.**

**And Why the Hospitals Still  
Losing Nurses Like Her Should  
Be Paying Attention**

*A Trusted Talent case study written for the two people living both sides of American healthcare in 2026: the clinicians experiencing burnout, and the facility leaders responsible for staffing the units they work on.*

APRIL 2026





The headline the industry is finally waking up to:

# "Nursing Is the Surefire New Path to American Prosperity."



In April 2026, the Wall Street Journal published a piece titled "Nursing Is the Surefire New Path to American Prosperity." For a lot of nurses, it landed hard. For a lot of hospital leaders, it landed harder.

The data backed it up. The median registered nurse in the United States earns \$93,600 a year, nearly double the \$49,500 median across all occupations. Advanced practice nurses clear \$132,050. Employment for advanced-degree nurses is projected to grow 35% between 2024 and 2034, more than ten times the rate of the overall labor market. As AI and automation reshape white-collar career paths, nursing has quietly become one of the most reliable ladders to the middle class, and beyond, that this country has left.

**But the article only told half the story. The half it skipped is the half that sits with clinicians on a shift and with administrators in a workforce meeting.**

## The reality the headlines skip

The median number is real. So is the burnout. So is the understaffing, the sixteen-hour shifts, the moral injury of watching patients wait on care that isn't coming fast enough, the feeling of being treated as a line item on a labor budget rather than the clinician who keeps the hospital running.

And on the other side of the same problem: the facility leader trying to fill an ICU schedule three shifts short, the VP of Nursing watching a 24% annual turnover rate do real damage to clinical outcomes, the CFO absorbing the cost of travel contracts on top of an already stressed labor line.

Nursing is a path to prosperity. It's also one of the hardest jobs in America. And it sits on a workforce system that has been burning out the people it depends on. Those three things are all true at the same time.

The question isn't whether nursing can pay. It's whether the nurse gets to keep control of what the job costs her, in pay, in the cases she works, and in the life she gets to build around her career. And whether the facility that employs her, or contracts her, is partnered with a staffing partner that treats her like a clinician rather than a plug-in resource.

***That's the question this case study is about.***

By the  
numbers

**\$93k**

The median registered nurse salary in the US is \$93,600

**35%**

Employment for advanced-degree nurses is projected to grow 35% between 2024 and 2034

**24%**

The annual turnover rate for nurse positions in the US

## THE IMPACT

# Meet Sarah

Sarah is a 32-year-old ICU nurse with seven years of bedside experience, a BSN, and CCRN certification. She lives in Rochester, New York, with her partner, her dog, and a mortgage she has no interest in walking away from. She spent her first five years as a staff nurse at a mid-sized Rochester-area health system. She was good at her job. She was also running on empty.



Sarah is the kind of nurse every hospital wants on its unit. She is also the kind of nurse a lot of hospitals are losing.

By late 2024, Sarah was picking up an extra shift every week to cover rising costs. Her unit had been short three FTEs for over a year. She was applying to CRNA school but struggling to log the kind of high-acuity ICU hours that competitive programs expect. A former coworker, who'd jumped to travel contracts the year before, told her something she hadn't fully understood. She didn't need to pack up and move across the country to earn travel nurse pay. She could take contracts at hospitals far enough from home to require lodging near the facility while keeping her house in Rochester. Same clinical work. Travel pay rates. Her own bed four nights a week.

Nine days after her first call with Trusted Talent, she signed her first contract. A 13-week ICU assignment at a Level I trauma center in Buffalo, New York, 75 miles from her front door. Three 12-hour nights, with short-term lodging near the hospital on work nights and four nights a week back home in Rochester. Her weekly package ran roughly 60% above what she'd been earning as a staff nurse at home, plus a completion bonus at the end of the 13 weeks.

# How the pay and tax pieces *actually* work

These two concepts often get conflated, and getting them right matters for clinicians AND facility leaders

**There are two separate things going on inside a local traveler's pay package.**

**1. The hospital hiring policy (the 50-mile piece).**

Most hospitals only work with an agency to bring in a traveler if the nurse lives outside a roughly 50-mile radius of the facility. This is a hospital hiring policy, not a tax law. The logic: if you live that close, you don't actually need lodging at the assignment site, so the hospital treats you as a local hire rather than a traveler. Thresholds vary by facility. Some use 50 miles, some use more, some use less.

**2. The IRS rule that allows tax-free stipends (the duplicate-expense piece).**

Separately, the IRS allows housing and meal stipends to come through tax-free when a nurse is maintaining a permanent tax home and paying for housing at the assignment location at the same time. The tax treatment is about duplicating expenses, not about mileage. A nurse qualifies because she is keeping up her home in Rochester while also paying to stay somewhere near the hospital in Buffalo.

## **Local traveling sits at the intersection of both.**

The nurse takes a contract at a hospital far enough from home to require lodging at the assignment site (which satisfies the hospital's hiring threshold), and she maintains her home while paying for that lodging (which satisfies the IRS duplicate-expense condition for tax-free stipends). For thousands of working RNs, that combination is the sweet spot: travel pay rates without moving across the country

Both conditions have to be true, and both are specific to the individual. Trusted Talent walks every candidate through what her situation qualifies for before any contract goes out, and we always recommend a conversation with a qualified tax professional before signing.

# The Trusted Difference

**Why Sarah's first Trusted Talent contract became the turning point in her career:**

Pay transparency, down to the line item

Assignments aligned to long-term goals

Flexibility built around life, not just shifts

VALUE 1

## Pay transparency, down to the line item

Most travel nurses don't leave an agency because the pay is low. They leave because the pay is confusing, especially the tax-free stipend piece that makes local traveling math work.

Sarah's first Trusted Talent pay package was broken out in writing before she signed anything. Her 13-week ICU contract in Buffalo was structured in four components:

- **Taxable hourly, covering her 36 hours per week at the bedside.**
- **Non-taxable housing stipend, sized to cover her short-term lodging near the hospital on work nights.**
- **Non-taxable M&IE (meals and incidentals) stipend.**
- **Completion bonus, paid at the end of the 13-week contract.**

The majority of her weekly take-home flowed through the two non-taxable stipend components. That's where the duplicate-expense treatment generates most of the value in a local travel contract, and understanding it is the difference between evaluating a package accurately and getting surprised halfway through an assignment.

Every figure was on the page before the contract went out. Because she maintained her home in Rochester and was paying for lodging near the hospital during the assignment at the same time, her housing and M&IE stipends came through tax-free. That duplicate-expense piece is what makes the overall math work. No disappearing stipends mid-assignment. No "recalculated" housing rates after week three.



"Every agency says they pay well. What I needed was an agency that would show me exactly how the pay was built, including the tax-free stipend piece, which is most of the reason local traveling works. **That was the difference.**"

Over 18 months and six contracts across New York State and one neighboring market, her gross earnings ran roughly 65% above what she'd have made staying at her Rochester staff position, even after factoring in lodging, mileage, and weeks off between assignments. (Later contracts priced higher than her first as her experience at Level I trauma centers accumulated.)

#### ❖ FOR FACILITY LEADERS

**Transparency with the clinician is transparency with the hospital.**

The agency that gives a nurse a clean pay breakdown on day one is the same one that gives your finance team clean billing, accurate timesheets, and fewer mid-contract escalations. Nurses who understand their pay package on day one are the nurses who show up on day one. They're also the ones who finish on day 91. When you're evaluating staffing partners, the quality of the pay package they put in writing to the clinician is a fast, honest signal of how they'll operate with your hospital.

VALUE 2

## Assignment quality that builds the career she actually wants

Travel pay matters. What the nurse does during the 13 weeks matters more, especially for a clinician building toward something specific.

Sarah wasn't just looking for contracts. She was looking for ICU hours at Level I and Level II trauma centers that would make her a competitive CRNA school applicant. That meant high-acuity patients, strong interdisciplinary teams, and units where she'd actually get exposure to the clinical complexity CRNA programs look for. All within driving distance of home.

Her Trusted Talent recruiter worked the placement calendar around that goal. Over six contracts she logged:

- **2,600+ ICU hours at Level I and Level II trauma centers.**
- **Contracts in Buffalo, Syracuse, Binghamton, and a Level II facility just across the border in Erie, Pennsylvania. Each one far enough from Rochester to require lodging at the assignment site, close enough to drive back on her off days.**
- **4 of 6 contracts extended by the hospital, a signal of clinical fit and performance.**
- **2 letters of recommendation from attending physicians, now part of her CRNA application.**

She starts CRNA school in the fall.



"I could have taken higher-paying contracts further out. Denver, Seattle, Houston. I didn't, because I didn't want to be away from home for 13 weeks at a stretch. My Trusted Talent recruiter understood that and stopped sending me assignments that didn't fit my geography or my CRNA goals. **That mattered more than any bonus.**"

❖ FOR FACILITY LEADERS

**Clinical fit matters more than how fast an agency fills the req.** A placement that matches a nurse to the kind of unit she actually wants to be in produces higher contract extension rates, lower mid-contract turnover, and better continuity of care. Four of Sarah's six contracts extending isn't a Sarah-specific outcome. It's a staffing-partner outcome, and it shows up in the numbers that matter to the units she worked on. When you're auditing your current traveler vendor mix, extension rate is one of the clearest quality signals you can track. The vendors quietly producing 60%+ extension rates are solving a different problem than the vendors filling reqs and watching their nurses walk away at week nine.

VALUE 3

## Lifestyle and flexibility on her terms

The WSJ piece treated "prosperity" as a paycheck. Sarah will tell you the paycheck isn't the point. The life the paycheck makes possible is the point.

For Sarah, that life runs through Rochester. Her partner works there. Her dog is there. Her CRNA application is anchored to Western New York attending recommendations. Packing up and moving to Denver for a quarter was never going to work for her. That's true for a lot of the best ICU nurses at every one of her home facilities.

Local traveling gave her the travel pay package without asking her to give that life up.

The practical shape of it:

- Assignments in the right geography. Every contract has been at a hospital 75 to 140 miles from home. Far enough that lodging at the assignment site is required, close enough to drive back to Rochester on her off days. She maintains her home in Rochester throughout, which is what keeps the tax-free stipend piece working.
- Three nights on, four nights home. Short-term lodging near each facility for her three 12-hour shifts. Four nights a week in her own bed.
- One state license, minimal reshuffling. Most of her contracts have been in New York, so no starting from scratch on credentialing each time. The one Pennsylvania contract was handled through compact licensure.
- Weeks between contracts weren't "unemployment." They were by design. Eleven weeks off across 18 months, used for family, for a CRNA interview-prep intensive, and for one two-week stretch where she did nothing but sleep and cook.
- Real roots, not just a paycheck. Her career stopped pulling her away from her life. It started being built around it.



"Staff nursing told me when to work, where to work, and how long to work. I didn't want to trade that for being on the road every quarter. I wanted my life back, and the pay. **Local traveling gave me both.**"

❖ FOR FACILITY LEADERS

**Local travelers are a group most hospitals underuse.** Clinicians living 60 to 150 miles out tend to extend contracts at higher rates, are already familiar with regional health systems, and are less likely to walk away because the drive home is two hours rather than two thousand miles. They know your region's clinical culture. They often know people on your unit from prior rotations. They re-sign. If your current traveler mix skews predominantly cross-country, there is probably a local pool you haven't fully surfaced yet. Worth a look at the geography of your last twelve months of traveler contracts, and the retention numbers behind each.



# Why all of this matters

**The Wall Street Journal was right about one thing: nursing is one of the last broadly accessible paths to real economic prosperity in this country.**

But the default staff nursing experience in 2026 is burning qualified clinicians out before they can access it. And it's burning out the hospitals that employ them in a parallel but distinct way.

Travel nursing, including local traveling, is how many of the best nurses in America are choosing to stay in the profession rather than leaving it. It's also how the best-run health systems are keeping their units staffed without tipping their permanent clinical workforce into collapse. Both outcomes depend on the same variable: the staffing partner involved.

Pay transparency, assignments that build the career a nurse is actually pursuing, and a life she gets to keep, sometimes without even leaving her zip code. Those three things aren't incidental. For the clinician, they're the difference between sustainable practice and leaving the profession. For the hospital, they're the difference between a resilient traveler program and a revolving door.

Trusted Talent exists because the nurses who keep this system running, and the facility leaders trying to keep clinical teams staffed, both deserve a partner that works as hard as they do.

## If you're a healthcare facility leader reading this:

The American nursing labor market in 2026 is not going to get easier, and you already know why. Burnout, turnover, and workforce shortage are not problems that fix themselves. The staffing decisions that work under those conditions are the ones that treat clinicians as clinicians, not as units of labor to be plugged in and swapped out.

### WHAT SARAH'S STORY SHOULD TELL A FACILITY LEADER:

The agency you choose shapes the clinicians you get. The pay transparency, assignment fit, and lifestyle flexibility that keep a nurse engaged at her staffing partner are the same factors that keep her engaged on your unit.

Local travelers are a distinct resource worth building around. Most hospitals set a 50-mile radius threshold for traveler eligibility and stop thinking about it. The local traveler pool, nurses living just beyond that threshold, is often the most durable, highest-retention group a hospital can draw from. Worth looking at your current traveler geography and asking what your local pool is actually producing.

Extension rate is a leading indicator of unit stability. When a staffing partner places clinicians into assignments they actually want to be in, those clinicians extend. Extensions reduce orientation cost, preserve continuity of care, and stabilize your unit without pulling from your permanent pipeline.

The worst staffing problems on your floor in 2024 were staffing partner problems as much as nurse shortage problems. The right partner is the difference between a revolving door and a clinical team.

Trusted Talent partners with health systems, individual facilities, and managed service programs on travel, per diem, locum tenens, and allied clinical staffing. If you are rethinking how your 2026 and 2027 staffing mix needs to look, we would welcome the conversation.

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## If you're a nurse reading this:

You don't need a pitch. You need the numbers on the page, the assignment that moves your career forward, and the freedom to build a life around the work. Whether you want to see the country or stay exactly where you are, we'd like the chance to show you what that looks like.

### Find your next step with Trusted Talent

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freedom

**Trusted**  
talent.

# A better route™

Case study based on a composite profile built from interviews and performance data across multiple Trusted Talent clinicians. Individual results vary. Pay figures reflect 2025 and 2026 market data and are not guaranteed for future contracts.

The roughly 50-mile radius described in this piece is a hospital hiring policy, not a tax rule. Tax-free stipend qualification is a separate matter and depends on each traveler's individual circumstances, specifically whether she maintains a permanent tax home and is paying for duplicate lodging at the assignment location. Thresholds vary by facility, and tax situations vary by person. Nurses should consult a qualified tax professional before signing any contract.

Source for industry data: U.S. Bureau of Labor Statistics; Wall Street Journal, "Nursing Is the Surefire New Path to American Prosperity," April 2026.



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