



WCN RELEASES COVID-19 IMPACT ON THE NURSING WORKFORCE IN 2021 STUDY

Washington nurses continue to be impacted by the pandemic as they navigate long hours, staffing and mental health issues, and lack of support and recognition in a challenging and ever-changing context. While more data and resources were available about how the virus is transmitted along with availability of COVID vaccines at the end of 2020, in March 2022, there were still upwards of 30 COVID-19 deaths per day in Washington State.

This project is a follow-up to last year's preliminary research regarding how COVID-19 impacted the nursing workforce in Washington during 2020. While data from the 2021 study came from a convenience sample and several focus groups, this year's study was collected from a representative sample followed by one-on-one interviews. The current report highlights some of the challenges and rewards LPNs, RNs, and ARNPs identified throughout the second year (2021) of the pandemic.

Overview

Between April and June 2022, Survey Information Analytics (SIA), LLC conducted an impact study for the Washington Center for Nursing (WCN). The purpose of this study was to provide insight regarding the impact of COVID-19 on the nursing workforce during 2021. More specifically, the study utilized comparative analysis to examine differences between nurses' experiences in 2020 and 2021; access to and use of self-care and mental health resources; and diversity, equity, and inclusion (DEI) issues and efforts during the pandemic.

Summary of Key Findings

To better understand the impact of COVID-19 on the nursing workforce in Washington State, SIA surveyed 1,298 nurses who held active nursing licenses about their experiences during 2021. Among them:

- ▶ 9% were laid off or furloughed from one or more nursing/healthcare jobs.
- ▶ 54% thought about or made plans to leave the field of nursing.
- ▶ 70% reported moderate or extreme COVID-19 related staffing concerns.

“Nurses are left dealing with the PTSD of the experience of the pandemic and expected to move on. We are not ok. (RN, 2022)”

- ▶ 64% reported moderate or extreme concern for their friends'/family's safety.
- ▶ 67% believed their employers provided adequate quarantining for employees who may have been/were exposed to COVID-19.

Additionally, the following themes emerged from SIA's 12 follow up in-depth interviews:

- ▶ Staffing issues and the focus on travel nurses to the detriment of other nurses
- ▶ Mental and behavioral issues
- ▶ Workload and monetary compensation
- ▶ Diversity/equity in relation to the workforce.

Thematic interview and survey findings are integrated throughout this report.

[CLICK HERE TO READ THE FULL REPORT](#)



New Academic Progression Opportunities for LPNs in Washington State

By Mary A. Baroni, PhD, RN, Professor Emeritus, UW Bothell, and PI on the Premera LPN-to-BSN Pathway Grant

There have been limited opportunities for Licensed Practical Nurses (LPNs) in Washington State to progress academically and professionally in their nursing careers. A 2019 statewide survey reported that 77% of over 2,000 LPN respondents aspire to academic progression into the Registered Nurse (RN) workforce at the Associate Degree (13%) or the Bachelor of Science in Nursing (BSN) and higher (64%). Only 12% reported satisfaction with their current LPN education, and another 11% were undecided. (Baroni, McCoy, & Samms, 2019). The most frequently reported barrier was the lack of program options surpassing other factors, including cost, work schedules, or family responsibilities. As one respondent aptly stated:

“Most LPNs I know desperately want to achieve a higher level of education and are ready and excited to do so if only given a chance. We are encouraged to continuously progress as a “member of the profession” and to commit to “lifelong learning” which we would very much like to do. However, there are so few programs available to us to advance as members of the profession, managers of care, and providers of care. I hope that answering the questions on this survey will provide the information needed to make progression and lifelong learning more accessible to LPNs/LVNs who are wanting to advance their careers.”

In 2019 there were only 5 LPN-to-RN cohort options available at community and technical colleges (CTCs), all of which were located on the west side of the state along the I-5 corridor (Bellingham Technical College, Lower Columbia College, Pierce College, Skagit Valley College and Tacoma Community College). Other CTCs allow for limited LPN-to-RN progression on a space available basis into their pre-licensure RN programs, typically based on attrition. Pacific Lutheran University was the only in-state school offering (very) limited admission of LPNs into their pre-licensure BSN program. There were no cohort-based LPN-to-BSN programs available. Many survey respondents reported applying to Indiana State University’s online LPN-to-BSN program, and others reported considering moving out of state for better options.

Hearing directly from LPNs regarding their frustrations and interest in academic progression helped mobilize a statewide workgroup committed to developing more streamlined opportunities for LPNs wanting to progress in their careers. With generous funding support from Premera Blue Cross, opportunities have been developed and are in the process of full implementation. These opportunities include the development and approval of two statewide pathways for Practical Nursing (PN) programs to



align with the Associate in Nursing Direct Transfer Agreement (DTA), newly emerging LPN-to-BSN programs, and five new upper-division LPN-to-BSN programs in our state.

LPN Statewide Major Related Program (MRP) Pathways

Initial Premera funding (\$49,960) in August 2019 allowed for confirmation of need and statewide interest in addressing this gap. Work on streamlining pathways for LPN academic progression began in the fall of 2019, initially with monthly in-person meetings and then through remote meetings during the Covid-19 pandemic. The goal was to reduce and standardize pre-requisites and total credits to approximate a 4-year career pathway from initial LPN education through BSN completion, whether it be stepwise from LPN-to-RN-to-BSN or more directly from LPN-to-BSN. Two pathways were developed and recommended for review in November 2021 by required statewide stakeholders, including the Joint Transfer Committee, the State Board of Community and Technical Colleges, all public universities through their Council of Presidents, and all private universities through their Independent Colleges of Washington representatives. Final approval was received in June 2022 for planning and implementation at interested CTCs beginning in fall 2022. Both pathways include a reduction of pre-requisites for PN admission to 35 credits from 50-55 currently required and limiting PN credits to no more than 45 credits for a total 80 credit PN certificate and the opportunity to sit for licensure. Once licensed, new LPNs can work while they continue on the pathway to complete additional RN pre-requisites and general education courses to receive an Associate Degree/DTA. This assures full transfer of credits to any LPN-to-RN program offering the Associate in Nursing DTA or to one of five new LPN-to-BSN programs that will be fully implemented during the 2022-2023 academic year. While adoption of any statewide DTA is always a locally based decision of CTCs, there are plans underway for at least

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three LPN programs to begin collaborative PN curriculum revisions aligned with the new DTAs for implementation in the NAC (nursing assistant-certified)-to-LPN apprenticeship pathway currently in development. In addition, Green River College has already revised its PN curriculum with the LPN DTA pathways and will be seeking approval to offer the PN certificate after completion of the 35 PN pre-requisite credits and their 45-credit PN program. The impact of implementing one or both of these new pathways will be delayed given the steps required once the decision to implement is made for approval processes and then beginning the pipeline of students.

LPN-to-BSN Program Development and Implementation

Based on our LPN survey findings and recognition that the DTA review and approval process can be lengthy, it was decided to simultaneously focus on increasing options to address the frustrations of current LPNs wanting to advance their education while the DTA planning, review, and approval process continued. The reasoning was that by taking this approach, by the time the DTA was approved and implemented for lower-division LPN education, the upper-division pathway would be developed, piloted, and available to LPNs upon graduation with one of the two new pathways. This reasoning proved accurate because two new LPN-to-BSN pathways were developed and launched in fall 2021, with an additional three to admit their initial cohorts in 2022-2023.

During the summer of 2020, a series of meetings were convened with a sub-committee of the larger statewide workgroup to examine current LPN-to-BSN programs across the country for trends and best practices. Grids of the most common admission requirements and didactic and clinical components of the curriculum were developed. Subsequent review and discussion generated recommended best practices for LPN-to-BSN programs,

including the elimination of expiration dates for pre-requisite courses and strategies for providing credit for prior learning. By the fall of 2020, a draft LPN-to-BSN curriculum outline had been developed, with four schools indicating interest in offering this degree option. These included Columbia Basin College (Tri-Cities, WA), Green River College (Auburn, WA), Saint Martin's University (Lacey, WA), and Wenatchee Valley College (Omak, WA). In addition, Olympia College (Bremerton, WA) had already received approval to develop a Veteran-to-BSN pathway and decided to expand the inclusion of LPNs. Olympic College admitted its first cohort of LPN-to-BSN students in fall 2022.

Additional Premiera Blue Cross funding (\$1.78 million) was secured for collaborative development, support, and implementation of LPN-to-BSN programs at Columbia Basin College, Green River College, Saint Martin's University, and Wenatchee Valley College. Saint Martin's University admitted its first cohort of LPN-to-BSN students in the fall of 2021 and will be admitting their 2nd cohort in the fall of 2022. Almost 93% of their initial cohort completed their first year and will continue and graduate in May 2023. Lessons learned from their first cohort have been shared with other collaborating programs and found to be invaluable.

As of June 2022, three other schools have received approval from the State Board of Community and Technical Colleges and the Nursing Care Quality Assurance Commission for implementation in the coming academic year. Green River College has admitted its initial cohort of LPN-to-BSN students for fall 2022. Columbia Basin College and Wenatchee Valley College will be accepting applications this fall for a January 2023 start. Columbia Basin will admit its 2nd cohort in June of 2023, with ongoing annual admissions also happening each June.

For additional information about LPN-to-BSN options in Washington State, please access the respective program websites through the following links:

LPN-to-BSN Programs	Website	Enrollment Dates
Columbia Basin College	LPN to BSN (columbiabasin.edu)	January/June 2023
Green River College	BSN Home - Green River College	September 2022
Olympic College	Veteran/LPN to Bachelor of Science in Nursing (VL to BSN) Olympic College	September 2022
Saint Martin's University	Nursing LPN to BSN Saint Martin's University (stmartin.edu)	August 2022
Wenatchee Valley College	LPN to BSN Wenatchee Valley College (wvc.edu)	January 2023

References

- Baroni, M., McCoy, K., & Samms, J. (2019-2020). *LPN-to-BSN Pathway Planning: Action Now! Academic Progression in Nursing* [Grant]. Western Washington Premiera Blue Cross, Mountlake Terrace, WA.
- Baroni, M., K. Hosey; K. LaValley, K. Tucker, & T. Woo. (2021-2024). *LPN-to-BSN Pathway*. Western Washington Premiera Blue Cross, Mountlake Terrace, WA.

Emerging Leaders in Nursing

An Interview with Michael "Mich" Arnuco, RN, BSN, DNP-PMHNP Candidate

WCN likes to highlight emerging leaders in nursing. If you know a nurse relatively new in their practice or working towards an advanced nursing degree impacting nursing with their leadership, let us know. Head over to wc nursing.org/in-the-spotlight/nominate-a-nurse/ and fill out the form to nominate an emerging nurse leader today!

Michael "Mich" Arnuco is currently studying for his Doctor of Nursing Practice-Psychiatric Mental Health degree at Washington State University-Tri Cities, WA, where he is on track to graduate in the spring of 2024. Born in the Philippines, Arnuco received his BSN from Ateneo De Zamboanga University in the Philippines before moving to the United States.

Arnuco works for a Medicaid based managed care organization, where he has worked for the last eight months. In his position, Arnuco coordinates care for patients with the Health Care Authority and hospitals across the state. He works remotely and supports coordination for patients all over Washington.

WCN recently sat down with Mich to learn more about his nursing experience.

WCN: What inspired you to pursue a career in nursing?

M. Arnuco: I basically fell into nursing by accident. In the Philippines, nursing was a way to get out of poverty. But once I started clinicals in the BSN program, I felt the flame of caring and compassion for patients who needed our care. Caring for patients who are in the hospital and throughout the community, I suddenly fell in love with Nursing.

Living in the Philippines, I was not expecting to move to the U.S., but my dad (who passed away this year, 2022) petitioned my eldest brother and me. I, together with my sibling, joined the military in 2012. After my contract end-

ed, I decided to leave the active-duty component. Since I had my nursing degree, I decided to take my NCLEX licensure exam. The prerequisites for foreign graduate nurses to take NCLEX were heavily cumbersome. To make the story short, I passed the NCLEX and started working in a long-term care facility. I stayed in this setting for a couple of years before transitioning into home health and then to occupational health and public health. As years passed, I decided to be a case manager for people who suffer from mental health illnesses. In these roles, I saw a dire need to care for the mental health of patients in these settings. From these experiences, I decided to venture into a provider level and enrolled in a nurse practitioner program at Washington State University. Additionally, my kid has autism, which led me to choose the Psychiatric mental health nurse practitioner program for my DNP.

WCN: What are some challenges you have faced in becoming a nurse, and how did you overcome them?

M. Arnuco: As a nurse, I continually strive to improve my English to cater to the general population because, as we all know, communication can be a barrier to delivering quality health care. There are also other cultures and races that I must be mindful and respectful of, so I also strive to learn other languages, such as Spanish, at least some basic health care words and phrases.

Low staffing is another challenge. There is a big gap in staffing, especially of CNAs to help our RNs and the availability of RNs to fill shifts. At times in my career, I had to stay on for an additional 8+ hours because they could not find a nurse to cover the next shift. It takes a lot of ethics and heart (compassion) to be a nurse—not just because of the money but because of the patients who need our deepest empathy and care, which are all left behind when your shift ends.



Lft & Rt: Michael "Mich" Arnuco

WCN: So far in your career, what do you enjoy most about being a nurse?

M. Arnuco: I enjoy the peer camaraderie. It helps when I need to vent my frustrations. It is also a vital component of self-growth in the nursing community by creating positive memories that are long-lasting in the work environment.

I also enjoy learning conflict resolution strategies and techniques to problem solve complex cases. One great example is the Involuntary Treatment Act under RCW 71.05, where a patient gets detained involuntarily because of a major behavioral health-related crisis causing a patient to be gravely disabled. The goal for discharging a patient who has experienced such a crisis is to engage resources available in the community that help stabilize the patient while in an inpatient status and then get ready for discharge. This process reduces the need for hospital readmission, thereby, lowering healthcare costs. Learning to network with DSHS social workers, the hospitals, and other state services to better plan for discharge has been integral to behavioral health case management. It is a big learning curve, and it takes a lot of practice to get the right resources in place for one patient.

WCN: Why do you think diversity and representation are important in the nursing workforce?

M. Arnuco: I cannot stress enough that

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diversity plays a big role in Nursing. We deal with patients in a multicultural environment, and often patients have different cultural practices than the other patients. We must respect the unique qualities of each patient and realign our practice, values, and beliefs accordingly to give quality care. Additionally, through my schooling with WSU for my doctorate, I have read studies that state that if we include multicultural voices in our policy decisions, we may find an increased participation rate among the communities we intend to help. When we include culturally different community members in the decision-making process, it promotes trust and snowballs toward quality care and feedback.

WCN: Nursing is a challenging job and often traumatic. What techniques or strategies do you use to build resiliency, remain effective, and not burn-out?

M. Arnuco: Techniques and strategies I use to avoid burnout include maintaining professionalism and heavy application of nursing ethics while I work. I also make sure that I have enough time to practice self-care. Self-care is very important because just the cost-of-living demand in the U.S. is stressful, and the fact that life here is tremendously culturally different from my life growing up in the Philippines. Working is a way of life in the United States for my family and me to survive, but it also takes me away from my family, so I make sure that I make time to go camping and fishing with family and take time off to see the beauty of Washington State.

WCN: What has your experience been working through the pandemic, and what do you think it has taught us about our health care system and what needs to improve?

M. Arnuco: When the pandemic started, I worked in a long-term care setting as COVID spread through facilities here in Central Washington. Staffing was low while many of our patients had severe symptoms, and the quality of care decreased since I was handling 20 to 24 patients (and sometimes 32) and scrambling because of insufficient staffing. I helped move patients, dress them, put

them on oxygen, and monitor them because they were desaturating. In 2021, I also helped assist King County in doing mass vaccinations. I also worked with Snohomish County before transferring to King County, where we vaccinated another 100,000+ people. I found that the challenge there was also low staffing and the lack of secure pay for our nurses, who sometimes got laid off from their position.

The thing that I feel we need to improve is how we treat our nurses. The authoritarian type of leadership does not work in a pandemic environment. When it comes to nursing leadership, we must engage ourselves in knowing that every nurse has unique capabilities. To gain your nurses' trust is to gain independence from micromanaging. We know that behind every situation, our nurses are masking their own sufferings from traumatic events and stresses. Nurses are very good at maintaining composure and professionalism in times of crisis because we don't want our patients to feel uncomfortable and always put care for our patients before ourselves. I believe that during a pandemic, there should always be an open-door policy where a nurse can talk about things that are bothering them and a free talk therapy service.

WCN: What are your future career goals in nursing?

M. Arnuco: My future career goals in nursing are to advance my knowledge to a nurse practitioner level and help educate nursing students about mental health nursing. It is a less known nursing specialty to the public that needs more recognition and utilization in healthcare. Additionally, the work done by people behind the scenes needs to be exposed and acknowledged for others to be educated and understand the work that mental health practitioners, clinicians, managers, and nurses put into improving the mental health of our society. I have attended several Health Care Authority committee meetings where we discussed on several occasions that Washington state is suffering from the opioid epidemic while our system is

still flawed. Awareness around opioid addiction is still low, which causes health disparities among Washingtonians. We still have a stigma among the general population around opioid use, and I want to completely change that perception.

I also want to be a part of increasing the population of nurses in the years to come, so I have decided to become a clinical instructor for Heritage University.

WCN: Given your experience in your nursing program and nursing so far, what advice do you have for those considering a career in nursing?

M. Arnuco: Because nursing is a path involving a lifetime of development, before someone goes into the field of nursing, I would strongly advise them to examine and know themselves. Nursing does not stop when you achieve a degree or when you start achieving a graduate degree. It is also based on a passion for improving healthcare and removing the disparities in our nation. Nursing is an evidence-based practice that strives to give the public a good trail on the achievements of nursing throughout the years. Nursing is more than just a degree; it is a way of living that you share with other people. You will always be remembered by people you cared for.

WCN: Is there anything you would like to add?

M. Arnuco: One thing that I want to emphasize is that we must stop bullying in nursing. It is rampant. Nurses who have been in practice for a while may not notice this as a problem, but it's very noticeable for new nurses. For nurses just coming into the field, I think expert nurses can all agree and come together to teach great techniques, compassionate care, quality care management, and promote camaraderie. Please treat new nurses with compassion and care so that they do the same for the next generation of nurses.

Caring for Communities: Nursing Careers in Population Health Workshop

“Public health nursing is the practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences.” -American Public Health Association, 2014

In 2021, the Washington Center for Nursing (WCN) began a partnership with the University of Washington Bothell, Tacoma, and Seattle for the HRSA Advancing BIPOC Learning and Engagement (ABLE) Nursing Progression Project. The project is to increase the recruitment, enrollment, and retention of Black, Indigenous, and People of Color (BIPOC) in both RN-BSN and graduate nursing programs, particularly in the areas of nursing education and public health, at the three University of Washington campuses.

In addition, the project focuses on guiding students toward career trajectories from which students can meaningfully address the social determinants of health and health disparities. Nurses engaged in nursing education and public health are well-positioned to shape how health and healthcare look for disadvantaged communities. Programming for students across the educational pipeline will focus on these often under-emphasized career trajectories. To do this, UW partnered with WCN to produce two workshops for their participants. One that WCN has already developed and presented with a positive response, So You Want to be a Professor. And one that WCN will newly develop in collaboration with the UW project team, a Caring for Communities: Nursing Careers in Population Health workshop.

Nursing professionals and educators from across the state began meeting in October 2021 to develop the workshop. The first Caring for Communities: Nursing Careers in Population Health workshop took place on June 9, 2022. In the workshop, students and practicing nurses were presented with the rewarding opportunities available in community and population health nursing and the roles community and population health nurse leaders have in building health equity. Participants were also eligible to receive 3.5 contact hours.



The objectives for the workshop are:

1. Define population health and population health nursing.
2. Describe the broad scope of population health nursing practice.
3. Discuss the contributions of population health nursing to health equity and health outcomes.
4. Describe educational requirements and practice experience for community and population nursing.

During the four-hour workshop, students began with a broad overview of community and population health, followed by an introduction to the public health role in the state governmental system, nursing in the school setting, and health care projects created by and for the community. The workshop concluded with breakout sessions offering the students a chance to ask questions directly to community and population health nursing professionals.

Evaluations from the participants were excellent, and we look forward to presenting the next Caring for Communities: Nursing Careers in Population Health workshop in late winter 2023. For more information about the next workshop, contact us at info@wcnursing.org.

As a Nurse, You Have the Power to Influence Health Equity

The WCN and HCA are deeply committed to engaging the powerful influence of nurses in advancing health equity in Washington.

And together, we are teaming up to talk about ways nursing leaders are working to advance health equity across the state. And letting you know as nurse leaders and practitioners how you can plugin, too.

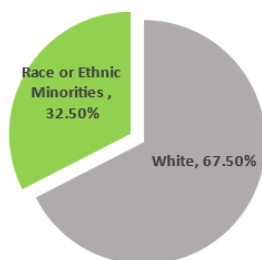
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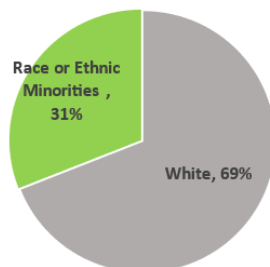
Washington State Nursing Workforce Diversity Data: A Snapshot of the Numbers

Overall, there is a gap between Washington nursing students and nurses and the 35% Race or Ethnic Minorities that comprise Washington's population. The greatest gaps are among master's prepared and above, including Advanced Practice Nurses and faculty.

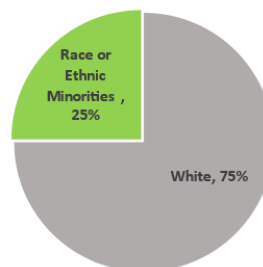
Washington Nursing Students 2020 (3)
All Levels



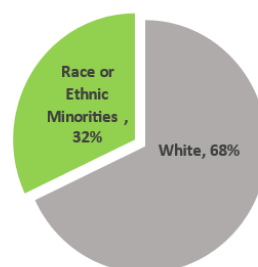
Washington RN Students Average 2020 (3)
(Includes ADN-RN, BSN/GE and RN-BSN)



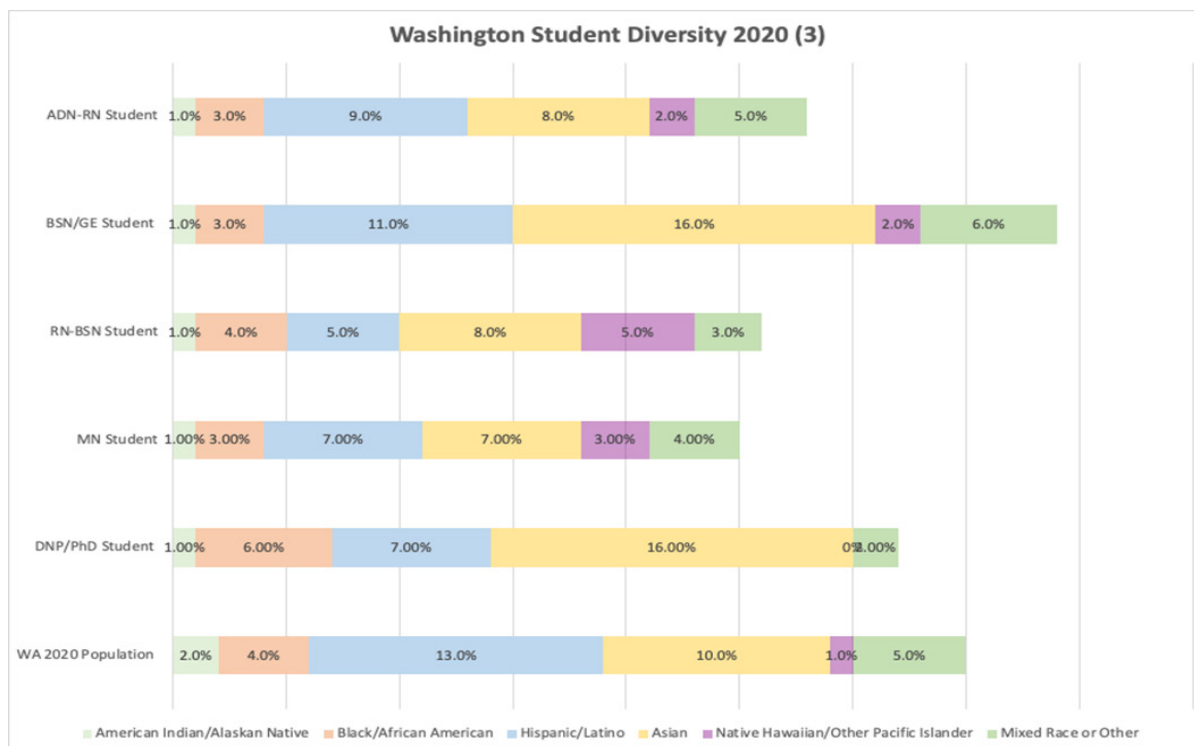
Washington MN Students 2020 (3)



Washington DNP/PhD Students 2020 (3)

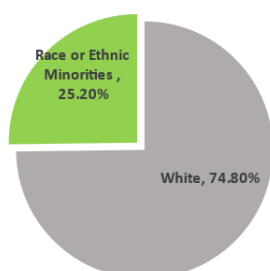


However, future nurses graduating from Washington's BSN/Graduate Entry programs are more diverse than Washington's population.

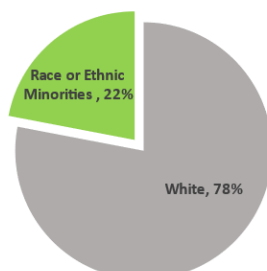


There is an even larger gap for Washington's licensed RNs, ARNPs and Faculty.

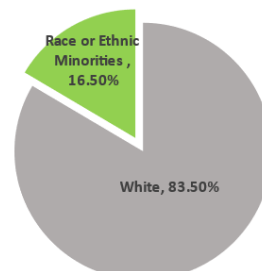
Washington RNs 2021 (1)



Washington ARNPs 2021 (1)

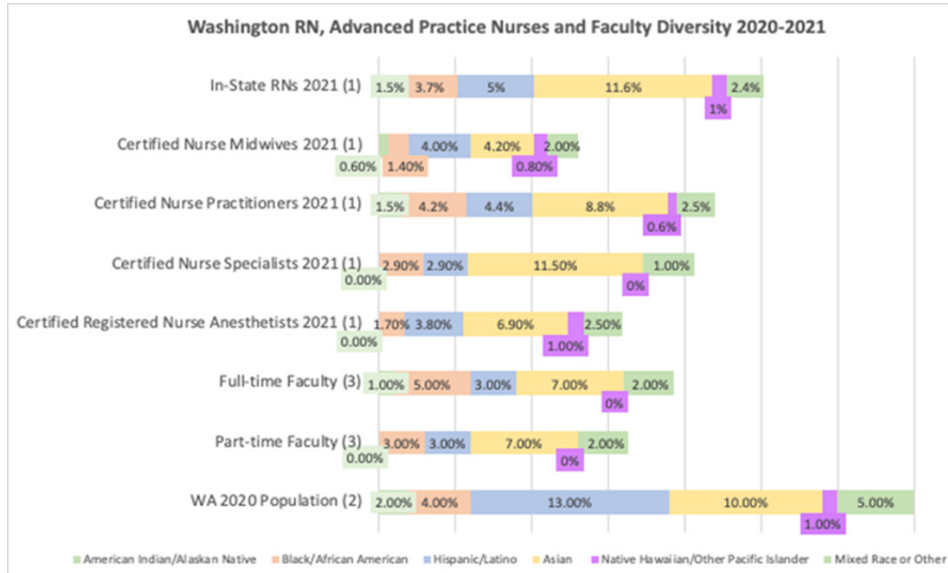


Washington Nursing Faculty 2020 (3)



More work is needed for all levels of Advanced Practice Nurses and Faculty.

In particular, both full- and part-time faculty and Certified Nurse Midwives have the greatest need to reach population levels.



Diversity Dashboard- Greatest Gaps to Match Population Levels

		2020/2021 Baseline	2030 Goal To Match 2020 Population	Increase Needed to fill Gap %	Additional #s Needed by 2030
Asian	Full-time Faculty (N=998) (3)	7%	10%	3%	30
	Part-time Faculty (N=656) (3)	7%	10%	3%	20
	Certified Nurse Specialists (N=104) (1)	4.2%	10%	5.8%	20
	Certified Registered Nurse Anesthetists (N=692) (1)	6.9%	10%	3.1%	21
Hispanic/Latino	Full-time Faculty (N=998) (3)	3%	13%	10%	100
	Part-time Faculty (N=656) (3)	3%	13%	10%	66
	Certified Nurse Specialists (N=104) (1)	2.9%	13%	10.1%	11
Black/African American	Certified Nurse Midwives (N=353) (1)	1.4%	4%	2.6%	9
	Certified Nurse Specialists (N=104) (1)	2.9%	4%	1.1%	1
	Certified Registered Nurse Anesthetists (N=692) (1)	1.7%	4%	2.3%	16
American Indian/Alaskan Native	Part-Time Faculty (N=656) (3)	0%	2%	2%	13
	Certified Nurse Specialists (N=104) (1)	0%	2%	2%	2
	Certified Registered Nurse Anesthetists (N=692) (1)	0%	2%	2%	14
Native Hawaiian/Other Pacific Islander	DNP/PhD Students (N=1,095) (3)	0%	1%	1%	11
	Full-time Faculty (N=998) (3)	0%	1%	1%	10
	Part-Time Faculty (N=656) (3)	0%	1%	1%	7
	Certified Nurse Specialists (N=104) (1)	0%	1%	1%	1
Mixed Race or Other	DNP/PhD Students (N=1,095) (3)	2%	5%	3%	33
	Part-Time Faculty (N=656) (3)	2%	5%	3%	20
	Certified Nurse Midwives (N=353) (1)	2%	5%	3%	11
	Certified Nurse Specialists (N=104) (1)	1%	5%	4%	4

Total number Race and Ethnic Minorities needed by 2030 to fill Gap:

DNP/PhD Students= 44

Certified Registered Nurse Anesthetists= 51

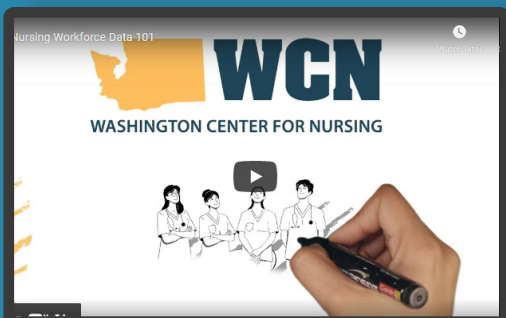
Certified Nurse Midwives= 40

Certified Nurse Specialists needed= 8

Faculty (Full and Part-Time) = 266

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Watch WCN's latest video Nursing Workforce Data 101

In nursing, there are three primary categories of data: supply, demand, and education. This short 5-min video explains what each category tells us about the nursing workforce and how the data is collected and used.

SO YOU WANT TO BE A PROFESSOR WORKSHOPS

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Registration is open through Oct 20, 2022. Register today!

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SCHOOL OF NURSING
UNIVERSITY of WASHINGTON

UW Doctor of Nursing Practice - Population Health & Systems Leadership (DNP PHSL) track is accepting applications for Fall 2023

The global COVID-19 pandemic and the unjust structures that underlie our systems have made it clear that we need population health solutions to help everyone stay healthy, no matter where we live or who we are.

If you are interested in becoming a population health nurse and systems leader, please consider applying to the University of Washington Doctor of Nursing Practice (DNP) program in Population Health and Systems Leadership (PHSL)!

The program is just under 3 years long, with a new cohort starting every Autumn. Applicants need to have at least a BSN by the time they enter the program. During the clinical component of this program, students work with community and/or governmental agencies. Graduates can work in leadership roles in various settings, including hospitals, health departments, nonprofits, and tribal organizations. Topics covered in classes include program planning/evaluation, community assessment, evidence-based practice, epidemiology, and health services, systems, and economics. **Applications are due Jan. 15**

**CLICK HERE
TO FIND AN
UPCOMING
INFORMATION
SESSION.**

Click [here](#) for more information and consider joining us!

Washington Health Professional Services (WHPS): Working Together to Support Safe Practice

Research indicates one out of every 10 nurses experiences difficulty with alcohol or drug use over the course of his/her career. Fortunately, effective treatment and ongoing support can save a nurse's career and even their life.



The Nursing Care Quality Assurance Commission recognizes the importance of providing early recognition and treatment options for nurses who may be struggling with alcohol or drug use. The commission supports monitored treatment of nurses with substance use disorder so that they can return to or continue to practice their profession in a manner that safeguards the public. Washington Health Professional Services (WHPS) is the commission's approved substance use monitoring program for nurses, which provides early intervention, referral to treatment, and recovery monitoring services.

Click [HERE](#) or contact WHPS at 360-236-2880 (option #1) to learn more and discuss voluntary participation.

WASHINGTON NURSING WORKFORCE DATA: WHY IT MATTERS

How is my
information used?



Data collected is used to understand Washington's nursing workforce. This includes geographical location, license type, work environments, etc. This knowledge helps nursing workforce partners direct resources and address gaps to better serve Washington's communities.

Example: 2019 nursing licensure data showed that Washington's rural areas had fewer practicing RNs per 100,000 population (560) compared with urban areas (888) (Washington State's 2019 Registered Nurse Workforce report).

For more information about Washington Nursing Workforce Data and Why it Matters click here.



WCN Nursing Workforce Data Reports for Washington State

The WCN uses data to provide an accurate picture of Washington's nursing workforce to inform health workforce policy in the state. Click here to read our most recent Education, Supply, and Demand reports.

Washington State Nursing Education
Trend Report:
Academic Years 2014-2020



Washington State Nursing Education
Trend Report
Academic Years 2014-2020

Washington State Employer Demand
Trends for Nursing Professionals:
An Environmental Scan of Data From
2011-2020



Washington State Employer Demand
Trends for Nursing Professionals:
An Environmental Scan of Data from 2011-2020

Washington 2021 Nursing Workforce
Supply Data Report:
Characteristics of LPNs, RNs, and ARNPs



Washington 2021 Nursing Workforce
Supply Data Report:
Characteristics of LPNs, RNs, and ARNPs

WCNursing.org/data-reports-publications/

CHECK US OUT ONLINE!

[WCNURSING.ORG](https://www.wcnursing.org)

To learn more about
Washington's nursing workforce,
careers in nursing, and nursing
leadership.



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