



The Washington Center for Nursing is a private 501(c)(3) nonprofit

Quarterly Newsletter | Qtr 3 2023

WASHINGTON STATE INVESTS TO STRENGTHEN RURAL NURSING

Nurses are essential to quality healthcare delivery in rural communities. According to the [Washington Hospital Association](#), 19.3% of Washington's population reside in rural areas. Caring for people in rural areas presents unique challenges, including limited access to healthcare facilities, a shortage of healthcare professionals, and a lack of access to specialty services.

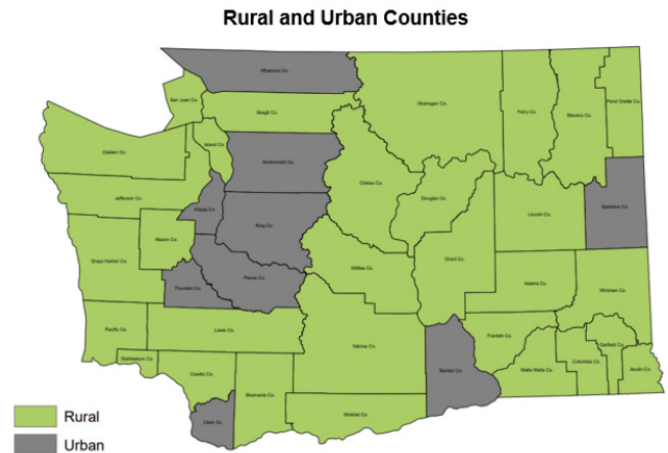
Many rural residents, like urban ones, also contend with complex social determinants such as poverty, lack of reliable transportation, food insecurity, and immigration status. However, rural patients can find it more difficult to access helpful resources. Nurses in these areas are critical to linking their patients to resources and services that support their health.

In July 2020, the Washington Board of Nursing (formally the Nursing Care Quality Assurance Commission) hosted a Nursing Workforce Data and Findings Jambo-ree to identify nursing workforce needs based on 2019 nursing workforce data reports published by WCN and the UW Center for Health Workforce Studies in 2020. The meeting objective was to learn from the data and engage in preliminary conversations to identify and address nursing workforce issues in the state.

The [Washington State's 2019 Advanced Registered Nurse Practitioner Workforce](#) survey identified that only 8.6% of Washington's practicing Nurse Practitioners (NPs) worked in rural communities. Of the approximately 4,807 NPs working in Washington at the time of the survey, less than 415 were serving rural patients. The [Washington State's 2019 Registered Nurse Workforce](#) survey went on to report that "Washington's rural areas had fewer practicing RNs per 100,000 population (560) compared with urban areas (888)." After reviewing the data, attendees identified rural nursing as one of five critical gap areas in Washington's nursing workforce.

A committee of nursing and community leaders soon began convening regularly to create a plan to strengthen rural nursing in our state.

In January of this year (2023), the Rural Nursing Critical Gaps Committee of over 50 members led by Brenda Senger, PhD, RN, submitted a Washington State Rural Nursing Education Consortium (RNEC) proposal during the legislative session. The proposal submitted



Based on Washington State Office of Financial Management. Reviewed in 2021

by Senger, Louise Kaplan, PhD, ARNP, FNP-BC, FAANP, FAAN, and BriAnna Baublitz RN, BSN, DNP, outlined several challenges of educating and retaining nurses in rural areas and offered a plan to address these issues.

Rural area hospitals often struggle to recruit nurses from higher-paying urban ones. Additionally, post-COVID-19, more nurses are leaving the profession from burnout, leaving rural communities in a nursing crisis. Compounding these issues, nursing programs across the state turn away qualified applicants due to "...a lack of faculty, limited education resources, and limited clinical sites, [which is] even more so within rural and tribal settings." Students in rural communities also face additional challenges in pursuing higher education, such as a lack of access to financial resources and longer commute times.

The RNEC seeks to address the rural nursing crises by creating an academic-healthcare hub consisting of rural healthcare stakeholders including "...critical access and rural hospitals and affiliate clinics; educational institutions; community health districts; rural and tribal students; and rural health professionals to bridge the gap between nursing supply and demand."

The legislative proposal is a rural nursing workforce initiative to help students remain in rural environments while working towards initial and advanced nursing cre-



dentials. The Rural Nursing Critical Gaps Committee was awarded \$350,000 from the 2023 general legislative fund to conduct a rural nursing needs assessment, hire program-assisted personnel, and develop a strategic plan based on the needs assessment. The program funds are overseen by Rural Health Workforce Director Kelly Shaw at the Department of Health.

RNEC's mission is to create a coalition of health professionals (nursing, allied health, medicine, etc.), healthcare system industry (critical access hospitals, clinics, long-term care, public health, school health, etc.), and nursing educators to address the gaps in the rural nursing workforce. Its vision is to create collaborative engagement in solution-oriented community-based education to grow the rural nursing workforce and create a model for other health professional workforce growth and a communication pathway for collaboration "to grow Washington's rural nursing workforce to reflect the populations served."

RNEC's objectives include:

1. Identify and recruit a diverse rural student population.
2. Collaborate with community partners to educate nurses as instructors and preceptors.
3. Employ simulation education methods for onsite training.
4. Collaborate with colleges and universities to design and implement innovative models of rural nursing education.
5. Create a collaborative education workforce to sustain rural nursing education.

This initiative seeks to build a foundation for future collaborations and innovative academic programs to educate the future of nursing in rural communities. All Rural Nursing Critical Gaps Committee members are committed to growing a stronger rural workforce. Starting in September 2023, Eastern Washington Area Health Education Center (EWAHEC) Director Jenna McDonald will join the Rural Nursing Critical Gaps Committee as the RNEC director per the budget proviso; joining her is administrative assistant Kristen Kienzle. The Rural Nursing Gaps Committee will continue advising program outcomes, collaborating with stakeholders, and focusing on building a better rural workforce.

The legislative proposal is a rural nursing workforce initiative to help students remain in rural environments while working towards initial and advanced nursing credentials.



SO YOU WANT TO BE A PROFESSOR WORKSHOP & NETWORKING EVENT

Earn
6 CE

IN-PERSON | WED, Oct 25, 2023 | 9 am-3:30 pm | \$35

Washington State needs more nurse educators!

Can you envision yourself teaching nursing students at a community college, university, or as a clinical instructor? Join us for this unique workshop & networking event!

WHERE: DoubleTree Suites by Hilton-Southcenter, 16500 Southcenter Pkwy, Seattle, WA 98188

For more information and to register visit

www.wcnursing.org/career-leadership-development-in-nursing/so-you-want-to-be-a-professor/

Registration is open through Oct 20, 2023. Register today!



Scholarships available! For more information on scholarships, or the workshop, contact Frank Kohel at info@wcnursing.org.

CHAMPIONING DIVERSITY, EQUITY, AND INCLUSION: NAVIGATING THE CHALLENGES FACED BY BIPOC NURSES

By WCN DEI Associate, Fawzi Belal
And WCN DEI Consultant, Christine R. Espina, DNP, RN

In our first article in this series, we discussed the role of diversity, equity, and inclusion within the nursing profession, highlighting the overarching responsibility of nurses to uphold the American Nurses Association (ANA) Code of Ethics to treat all individuals with dignity, respect, and equity. We also emphasized the importance of acknowledging historical and present-day inequities that are often deeply embedded in the healthcare system. The analogy to toxic groundwater representing structural racism illustrates how these deeply embedded prejudices can adversely affect health outcomes in marginalized communities. In this article, we will discuss the necessity for nurses to recognize these inequities as a fundamental step toward fostering a more equitable healthcare system.

Understanding the limitations and, at times, negative connotations associated with the term "minorities," we're choosing a term that both respects and emphasizes the collective strength of groups traditionally marginalized: the Global Majority Nursing Community. This phrase not only signals a necessary paradigm shift but also serves as a tribute to the diverse richness of our global population, particularly among Black, Indigenous, and People of Color (BIPOC). In this article, we will use the terms Global Majority (GM) nurses and BIPOC nurses interchangeably.

The WCN passionately curates belonging spaces and events specifically designed for nurses who proudly identify as GM nurses. Our commitment to nurturing the nursing workforce goes far beyond mere representation. We form synergistic relationships with many organizations and educational establishments, placing a spotlight on the essential elements of education, integration, and mentorship. Our ultimate aspiration? To enrich Washington State's nursing landscape with diversity, not just by opening doors but by ensuring they remain open through meaningful retention efforts. WCN aims to amplify diversity and cultivate an environment in which that diversity can thrive.

A Brief Look at the Numbers

According to a WCN Washington Nursing Diversity 2022 Data Snapshot, LPNs, RNs, and NPs identifying as a race or ethnicity other than white comprise 37.3%, 24.6%, and 13% of the workforce, respectively. Next to the 35% percent of people who identify as a race or ethnicity other than white in the state, we can see that GM nurses face very real barriers to career advancement and higher nursing education. These disparities only grow wider when we look at the diversity of Master's in Nursing students (25%), DNP/PhD students (32%) students, and nursing faculty (full-time 18%, part-time 15%). The racial demographic composition does not mirror the racial composition of our state's population. This data gives us a glance into the consequences of structural racism for GM nurses.

In addition to structural barriers to career and educational advancement opportunities, a recent survey on belonging in the nursing workforce by the ANA's [National Commission to Address Racism in Nursing](#) sheds light on the experience of racism within the nursing profession. The survey found that nearly 50% of nurses acknowledge significant racism in nursing, a staggering 63% have personally experienced racism at their workplace, and 56% admit that workplace racism has detrimentally affected their professional well-being. The survey also found that, for Black nurses, experiences of racism were predominantly from leadership (70%), followed closely by patients (68%) and peers (66%).

Black Nurses say they experience racist acts from:



LEADERS



PATIENTS



PEERS

National Commission to Address Racism in Nursing, from Racism's Impact in Nursing Infographic

The data is clear, to advance health equity in Washington, we need GM nursing leaders and faculty reflective of the state's population. We also need future nurses to see themselves in these roles.

Continued on next page

Furthermore, to recruit and retain a diverse nursing workforce, we need actionable steps all nurses can take to help advance more equitable and supportive nursing work environments. A pivotal step is acknowledging the significant history and contributions of BIPOC nurses to our nursing workforce. Their experiences, shaped by an intersection of professional challenges and societal prejudices, bring forth unique insights that can enrich and improve healthcare for everyone.

To truly grasp our current standing in health equity and the pivotal role that nurses play, it's essential to recognize the weight of historical and ongoing societal injustices. Acknowledging these unique needs and barriers isn't just an academic exercise; it forms a crucial link to understanding the present-day challenges that healthcare professionals face. A glance back in history can illuminate and deepen our comprehension of the injustices that continue to impact us today.

The Long Shadow of Racism in US History and in Nursing: A Timeline

Nursing isn't immune to societal prejudices. Over the years, racism has persistently affected Black nurses, limiting their opportunities and their ability to serve. To better understand this persistent challenge, we present a timeline detailing some of the history of racist institutional and public policies, along with efforts to resist racism, that impacted nursing.

- 1859: The American Medical Association (AMA) is founded, initially excluding Black physicians from membership.
- 1861: The American Red Cross is founded, initially excluding Black nurses but later allowing their membership.
- 1869: The National Association of Colored Graduate Nurses (NACGN) is founded to address overt racism and discrimination faced by Black nurses.
- 1879: The first Black nursing school, the Hampton Normal and Agricultural Institute Nurses Training School, is established.
- 1896: The "separate but equal" doctrine is legalized through the Plessy v. Ferguson decision, legalizing segregation in the U.S.
- 1900: The National League for Nursing (NLN) is founded to promote nursing education and practice.
- 1908: The first Black hospital, Provident Hospital, emerges in Chicago.
- 1918: Black nurses play pivotal roles as frontline heroes during the Spanish flu pandemic, contributing to patient care.
- 1941: Black nurses are initially barred from the Army Nurse Corps but later serve in the Navy Nurse Corps during World War II.
- 1949: The Mary Mahoney Registered Nurse Club (now Mary Mahoney Professional Nurses Organization) was established by Anne Foy Baker and Celestine Thomas in Seattle.
- 1954: The Brown v. Board of Education decision overturns "separate but equal," leading to desegregation.
- 1963: The March on Washington for Jobs and Freedom becomes a watershed moment for the Civil Rights Movement.
- 1964: The Civil Rights Act of 1964 is passed, prohibiting discrimination based on multiple grounds.
- 1965: The Voting Rights Act of 1965 is passed, prohibiting voting discrimination.
- 1968: The assassination of Martin Luther King, Jr. sparks nationwide protests and demonstrations.
- 1970: The NACGN merges with the NLN, marking unity in the nursing community.
- 1980: The National Black Nurses Association (NBNA) is founded to address concerns specific to Black nurses.
- 1990: The American Nurses Association (ANA) adopts a position statement on racism in nursing, calling for an end to racism.
- 2000: The ANA releases a report highlighting the harrowing experiences of racism Black nurses face in the nursing profession.
- 2010: The ANA issues a second report, renewing the call for action against racism in nursing.
- 2020: Black nurses face disproportionate effects from the COVID-19 pandemic as caregivers and patients.
- 2021: Two Washington State nurse leaders, Frankie Manning and Dr. Gayle Robinson lead a committee of nurses to create [Reckoning With Racism in Nursing](#), to address experiences of racism in the nursing profession, specifically focusing on Nurses of Color.
- 2022-present: In Washington State, many efforts continue to address racism in nursing. Specifically, WCN has started the Diverse Faculty Mentoring Program, So You Want to be a Professor, A Diversity Advisory Committee, and BIPOC Nurse Gathering.

Reflecting on our history, we see both progress and enduring challenges. The future of nursing is deeply connected to our ability to create a diverse and inclusive environment. It's an urgent imperative, given that racism and bias are not limited to the workplace but are societal issues affecting everyday life, including microaggressions that nurses may experience. This timeline is a tribute to Black nurses' resilience and a call to action to continue dismantling systemic barriers.

Global Majority Nurses Navigating Storms: The Sailboat Metaphor and the Nursing Journey

Nursing is an esteemed profession consistently rated as one of the most trusted in the U.S., which demands continual growth and development. As health advocates, nurses are responsible for enhancing their patient interactions by understanding diverse backgrounds, cultures, races, and identities. The journey, though fulfilling, is also riddled with challenges. The sailboat metaphor captures this essence, vividly depicting the nurse's odyssey in healthcare.

In life and profession, we are all on a journey, not unlike that of a sailboat setting sail in open waters. Louisa May Alcott poetically noted, "I am not afraid of storms, for I am learning how to sail my ship." Alcott captures the resilience and coping mechanisms that keep one afloat during tumultuous times.

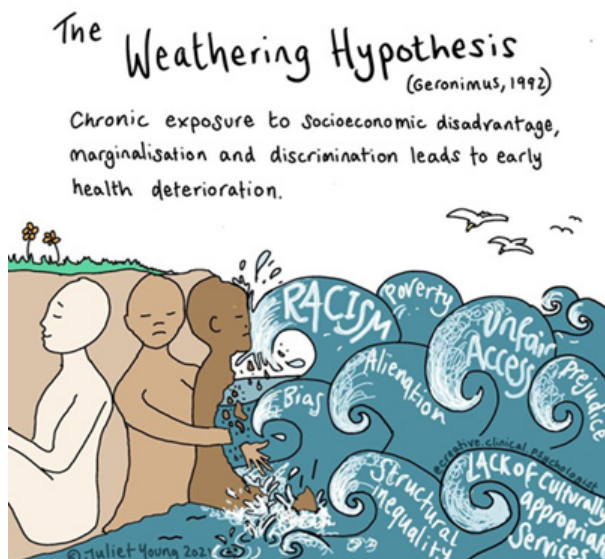


Image used with permission. Image credit: Juliet Young, <https://www.patreon.com/creativeclinicalpsychologist>

For GM nurses, these challenges can be amplified. If storms represent everyday hurdles that nurses face, then discrimination and racism are akin to the treacherous larger societal icebergs and submerged rocks that halt progress, leaving them stranded amidst raging seas. GM nurses often grapple with code-switching, assimilation, and an overwhelming desire to belong. These forces, combined with frequent microaggressions, can blur their focus, and amplify self-doubt and imposter syndrome that may already exist.

Addressing the deeply ingrained prejudices and norms related to race and equity is a reflective process. These biases are woven into the very fabric of our societies, and their unlearning demands continuous and conscious effort. Equity and Inclusion efforts are generally considered DEI initiatives in most organizations and sectors. DEI should not be just a buzzword; it challenges long-held beliefs, organizational structures, and societal norms. The objective is clear: to address and actively work through our biases, which shape our thoughts, actions, practices, and systems. More than anything, DEI offers a validating platform for the perspectives and experiences of people of color within organizations or communities.

Our forthcoming articles in this DEI series will explore the intersection of the history of the DEI sector and how it has impacted the healthcare system. Please visit WCNursing.org to learn more about our DEI efforts.

WCN BIPOC Nursing Affinity Group

A group of Black, Indigenous, People of Color (BIPOC) nurse leaders, educators, students, and professionals convening to create a belonging space for Washington's nursing workforce.

The WCN BIPOC Nursing Affinity Group is a brave space to build community, foster belonging, and step towards creating an inclusive workplace in the nursing profession.

The WCN supports BIPOC nurses by convening the group virtually monthly. This affinity group serves as a healing space where nursing professionals can connect, share their work, exchange experiences, and collaborate on supporting health equity in Washington state.

For more information and to connect with the BIPOC Nursing Affinity Group, contact WCN DEI Associate Fawzi Belal at fawzib@wcnursing.org

Leaders in Nursing

An interview with Victoria Fletcher, RN, MSN, ARNP, FACNM

For this issue of WCN News, we sat down with Victoria Fletcher, RN, MSN, ARNP, FACNM. A renowned nurse leader, Fletcher is a certified nurse-midwife and fierce advocate for nursing workforce diversity. Fletcher earned a BSN from the UW School of Nursing in 1973 and an MS in Nursing from the University of Illinois, Chicago, in 1978. Fletcher spent her career as a tireless champion for health equity and the elimination of health disparities in communities of color. A mentor for all nurse leaders, Fletcher served 17 years on WCN's Board of Directors, and her contributions and service to nursing are extensive. To read more about her accomplishments and Fletcher's full interview, click [here](#).

Here is what she had to share with us about her nursing journey.

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

Fletcher: I grew up in Detroit, MI, during the 50s and 60s, when they still had segregated hospitals. I frequently went with my mom to visit relatives or acquaintances in the hospital and had the opportunity to go to both the segregated and desegregated hospitals. Even from a child's perspective, I noticed the differences. The resources were much less at the segregated hospitals. It even looked dimmer and barer than the other hospitals. I wondered why there were differences. These experiences inspired me to be in a helping profession, to make sure the quality of care available to people of color was the same as it was for anyone else. My uncle, Dr. Howard Venable, a renowned Ophthalmologist, also encouraged me to go into a medical-related field, either medicine or nursing, and I ultimately chose nursing.

WCN: Can you share your journey into nursing leadership (career progression)?

Fletcher: I graduated from the University of Washington (UW) and started working on a med-surg unit. I worked there for a couple of years, which was good as it provided me with a wide variety of patients and experiences. I then decided I wanted to venture into the obstetrical field. Bedside nursing was great, but the appeal of becoming an advanced practice nurse (a relatively new role at that time) was intriguing. I thought, how can I combine obstetrics with advanced practice nursing? During my undergraduate program at UW, one of my professors and mentors was a nurse-midwife, and she shared with me why she chose Nurse-Midwifery as a profession and the education requirements. From her encouragement, I decided I wanted to become a nurse-midwife!

I encountered obstacles because nurse-midwifery programs did not want to accept students who did not have prior obstetrical experience. However, I did not let that deter me. I kept applying to different programs and was eventually accepted for admission by the University of Illinois Chicago.

The nurse-midwifery role added new dimensions to my nursing role. It included leading and directing the management of the patient's care, and in terms of perspective and skills, I found that very fulfilling.

My husband was in the Navy, and if we moved to a locale without a nurse-midwifery program, I would seek work as a nursing educator. I have taught nursing in California, South Carolina, and Washington State, allowing me to mentor students and advocate for increased diversity in the nursing workforce.



Victoria Fletcher (Rt), RN, MSN, ARNP, FACNM

When I graduated, I had a substantial amount of student loan debt. To help pay back the loans, I joined the National Health Service Corps. To qualify for the program, you agreed to work for three years in an underserved area, and in return, they would pay back approximately 85% of your student loans. That would be a tremendous financial help, so off we went to South Carolina, and I worked with the National Health Service Corps at a Federally Qualified Health Center in a low-resourced area. I had patients who could not read and write, who did not have running water, and many lived below the poverty line. Health equity was not terminology in vogue back then, but I knew all people deserved quality health care and the best of whatever was out there. I tackled my practice there in the same way. I practiced nurse-midwifery and was affiliated with the Medical University of South Carolina where the patients delivered.

I left the Corps, and the Medical University of South Carolina invited me to become full-time faculty. Being a faculty member, I was able to influence many students and hopefully help them on their journeys to deliver quality care to all.

While working as a nurse-midwife, I realized that to impact and affect policies

Continued on next page

that lead to health inequities, I needed to bring my voice to the tables where the decisions were being made. That was the next step I wanted to add to my nursing career. It was not because I wanted to get away from bedside care. One of the things I am most proud of throughout my career is whether I was working in health administration, education, or health policy, I maintained a clinical practice. I negotiated that with my employers because I gained satisfaction and energy from clinical clients and clinical work. Plus, I needed my clinical practice to stay relevant and to know what was happening on the front lines.

I also did other things when I had the opportunity. You must take a chance on yourself and act on opportunities. You do not have to be in it by yourself. You can look for mentors. That is how I got involved with the March of Dimes, and later, an organization called WithinReach (then called Healthy Mothers Healthy Babies). A mentor, the late Cynthia Shurtleff, invited me to participate on the Healthy Mothers, Healthy Babies board, where I served for 20 years. WithinReach uses an interdisciplinary approach to build pathways to make it easier for Washington families to navigate complex health and social service systems and connect with the resources they need to be healthy and safe. There were people on the board from business, health care administration, and health plans, which I found helpful. I got to see how thought leaders from different sectors think about healthcare. And from there, I learned about opportunities to serve on the State Board of Nursing. I applied and was appointed by Governor Booth Gardner and reappointed by Governor Gary Locke. There, I knew I would have the opportunity to impact and influence nursing practice.

During my time at the Commission, a coalition of nursing leaders, labor unions, nurse educators, and nursing organizations convened a summit to explore creating a nursing workforce center. We were in the grasp of the nursing shortage and did not have much data or information about the nursing workforce in Washington. We needed the nursing workforce center to support the Nursing Commission, employers, educators, and policymakers in making evidence-based recommendations to address the shortage. The Washington Center for Nursing (WCN) was established as a result of this process and legislative action. I was not on the initial WCN board but was elected about two years after its inception... I wanted to serve on the board because, despite all the things I and others were doing, I did not see a lot of ethnic and racial diversity in the nursing workforce. Again, back to what I had noticed as a child, health outcomes were worse for communities and people of color. On the WCN board, I could help influence and advocate for

increased diversity in the nursing workforce. It was another aspect of advancing my desire for all people to receive quality health care that would result in good health outcomes.

I never shied away from taking on distinct roles. That is something appealing about the nursing profession. Many times, nurses put themselves into a box and may not seek the wide range of opportunities that are out there. Nursing prepares people to think critically, use good judgment, perform highly skilled tasks, conduct research, and implement evidence-based practice. Those skills are in high demand and are transferable to a wide range of job and career opportunities. It is valuable for nurses to look at opportunities to apply their nursing knowledge and skills to other areas. That is where you will encounter a broad array of thought leaders, influencers, and policymakers. There may be a learning curve, but nurses can exert much influence when they utilize their considerable knowledge, skills, and abilities in the broadest sense. I cannot think of an industry or sector that would not benefit from having a nurse at the table.

WCN: How would you describe your leadership approach?

Fletcher: I try to create a collaborative approach and an environment of healthy descent. I am not the type of leader who must have everybody around me agreeing with me or rubber-stamping whatever I say. When people feel safe challenging something and speaking their minds, they make better decisions. I want to encourage practical solutions that will work for people. When people are not afraid to speak truth to power, there is a better chance of creating impactful solutions. I also like to surround myself with people with different skills than I have so we avoid a group-think situation. The most successful teams I have collaborated with had people with different but complementary skill sets.

I have also learned to ask if there is more than one way to accomplish the goal/task and try to impart this idea when teaching or mentoring nurses. It is important to understand that there are multiple ways to do certain things. But you need to know the difference between those things where you absolutely must do A, then B, then C, and then D from things where you might be able to do A, then D, and then come back and do B and C. It causes concern when somebody tells me the reason to do something a certain way is because that is how it has always been done. Being too rigid can limit innovation. We all need a little MacGyver in today's fast-paced and rapidly changing environments.

In terms of leadership, you must be prepared to lead. If you get a briefing book or documents ahead of a meeting, you need to review them and come prepared to participate.

[Click here to continue reading the full interview...](#)

Profiles of Students in Nursing



Korina Mamaril, BSN, RN

Korina Mamaril moved to Washington from Manila, Philippines, when she was only three years old. She recently graduated from the University of Washington, in June 2023 with her Bachelor of Science in Nursing.

WCN: What inspired you to choose nursing as a career path?

Mamaril: I would say that my cultural background did because growing up Filipino, there was always a stereotype that I should end up in nursing. There are a lot of Filipino healthcare workers, and I was hesitant to pursue nursing because of that stereotype. I didn't realize I wanted a career in nursing until after high school. I took a CNA training course and did volunteer work, where I met a resident I grew close to. I fed her and took care of her. And that's when I realized there was a lot more that I could do. I got into nursing to help people.

After my experience with that resident, I realized how much impact I had in a person's day-to-day life just by listening to their needs and being able to advocate for

them. She was in a very vulnerable spot in her life, and I've come to realize that it is such an honor to provide care for those who were once able to take care of us.

WCN: What is the most challenging part about nursing school? And how have you overcome or adapted to it?

Mamaril: The most challenging part about nursing school was managing my time with all the different responsibilities, especially once clinicals started. On days I was in the hospital, it was difficult trying to complete my coursework while also maintaining a school-life balance. Something I did to cope with this was still trying to do things that I enjoy. It was helpful to make time out of the day to hang out with friends, go to the gym, or do other hobbies. It was really nice to destress and decompress, especially because some situations in the hospital were pretty sad.

WCN: Is the school you are attending now the only nursing program you applied for?

Mamaril: I also applied to Seattle University. The biggest barrier there was I had already started my bachelor's at UW. SU is a private university, and honestly, I wouldn't have been able to afford it. Also, I wanted to graduate as a Husky and I was more familiar with UW and their values. UW is very diversity based and looks at nursing from a holistic perspective, looking at every single part of a patient's life.

WCN: How did clinicals help to prepare you for nursing?

Mamaril: I think clinicals were the best experience I had in nursing school. They gave me the most realistic insights into what it will be like after graduation. I recently finished the OB clinical rotation, which really solidified my career passion of becoming a future labor and delivery nurse. I got to work with real people with real illnesses that we had only previously studied and read about. Working with patients helped me apply the knowledge I had learned. I feel I was able to learn a lot faster in that way and from nurses who have been on the floor for years.

WCN: How can nurses address social determinants of health and improve health outcomes for vulnerable populations?

Mamaril: I think by working to decrease health inequity. Luckily, we had a lot of anti-bias training at UW. And it's important to keep that perspective with you in the workplace and always look at a patient's entire picture because many things play into it. As a nurse, you kind of need to step into a patient's shoes when you arrive into the room. I think it's also important to call out other nurses or providers when you realize that they may be saying or doing something that could decrease the quality of care a patient is getting, including any discrimination or assumptions that haven't been addressed and clarified with the patient. At the end of the day, we must remind ourselves that patient-centered care will always lead us to our goal. All our interactions hold weight, and by having an open ear, you can help your patients out more.

WCN: After graduation, what are your career goals in nursing?

Mamaril: My career goal is to become a labor and delivery nurse. I had such amazing experiences working on the OB units during clinical rotations and working with pregnant women, high-risk pregnancies, and newborn care. It's the patient population I want to work with for a very long time. It makes me happy to be with patients at such a momentous time of their life.

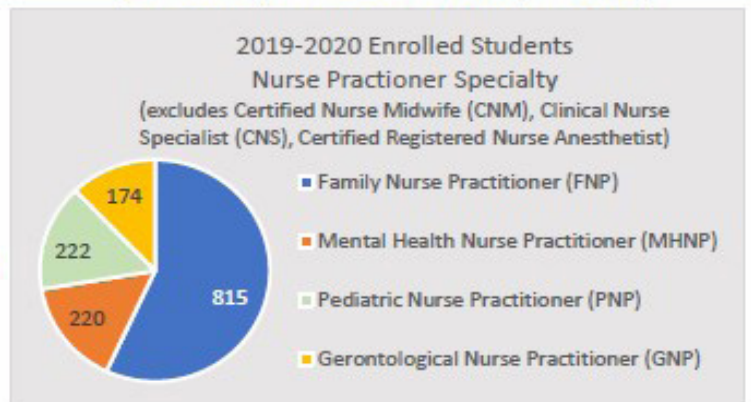
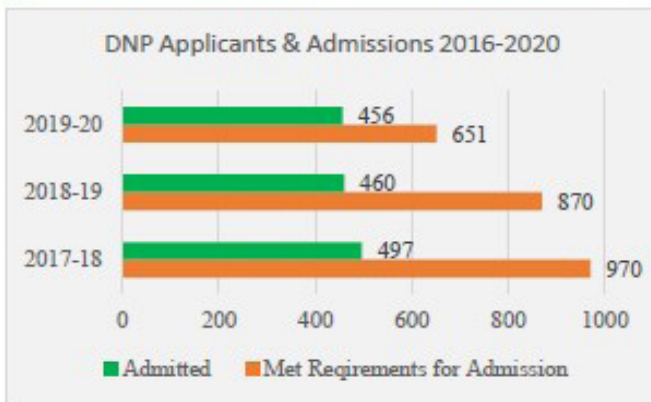
Washington Nurse Practitioners (NPs): 2022 Data Snapshot

WCN put together a NPs data snapshot, giving a quick look at data across WCN's 2022 nursing workforce supply, demand, and education data reports as it applies to NPs.

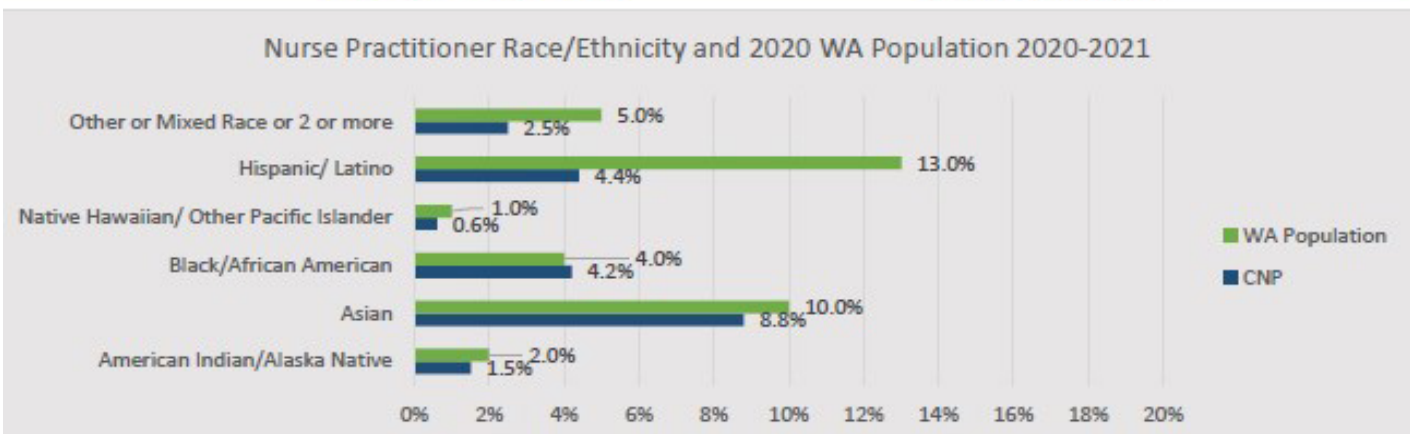
Note: The data snapshot excludes Certified Nurse Midwife (CNM), Clinical Nurse Specialist (CNS), Certified Registered Nurse Anesthetist

[To view the following information in PDF format, click here.](#)

Washington Nurse Practitioner Education 2019-2020 ¹	
Number of DNP Programs	8
Number of DNP Applicants that met Requirements	651
Number of DNP Students Admitted	456
Percentage of Student identify as racial/ethnic minority	32%
DNP Student Attrition	5%
Graduates (MN-ARNP and all DNP)	101 MN-ARNP 382 DNP (includes non-ARNP graduates)



Washington NP Supply by the Numbers 2021 ²	
Number of NPs with Active WA license	7,617
Number of NPs with Active WA License and Employed in Nursing in WA	6,891
Male	15.5%
Average Age	46 years
Education Level	85% Master's degree in Nursing
White/Caucasian	78%
20% Projected to Retire	By 2028
Employment Setting	30.7% Ambulatory Care 15% Family Health 14% Psychiatric/Mental Health/ Substance Abuse
Employment Specialty	

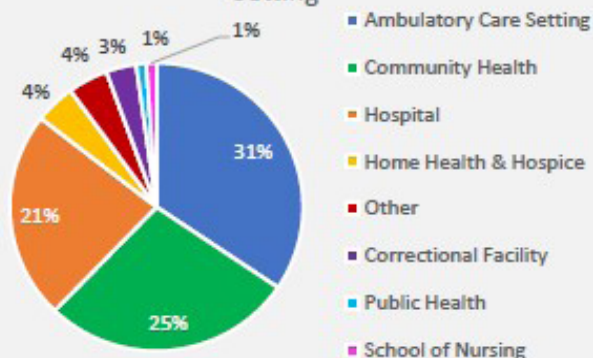


"We have a primary care turnover that NPs can assist with."
Small Acute Care Hospital Comments for Nurse Practitioner
2021 Washington's Health Workforce Sentinel Network

"We now pay our ARNPs the rate we were paying our psychiatrists three years ago. Costs in this area have risen rapidly and dramatically."

"Both Psych ARNPs and Child and Adolescent Psychiatrists are extremely difficult to hire. They expect a very high salary, and we have no choice but to meet their demands."
Behavioral and Mental Health Clinics Comments for Nurse Practitioner
2021 Washington's Health Workforce Sentinel Network

Certified Nurse Practitioner (CNP) Actively Employed, WA License Employment Setting

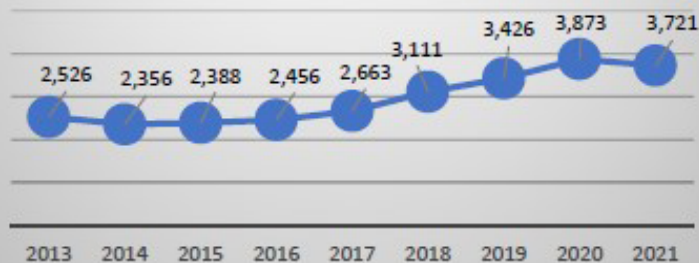


Washington NP Demand by the Numbers ³

Number of NP Jobs in 2021	3,721
Number of Projected NP Jobs in 2029	5,834
Projected Annual NP Job Openings (2019-2024)	1,303
Projected Annual NP Job Openings (2024-2029)	1,604
Average Number of Online Job Postings 2021	1,416
Average Salary 2020	\$129,642 (National=\$114,510) (AK=\$110,270, OR=\$118,600, CA=\$145,70, ID=\$113,890)
Lowest Average Regional Salary 2020	Clarkston and Lewiston MSA (Metropolitan Statistical Area) \$96,499
Highest Average Regional Salary 2020	Longview MSA (Metropolitan Statistical Area) \$142,392

Nurse Practitioner Employment
2013-2021 Trend

(Source: OEWS: WA Employment Security Department)



References

- (1) Flores-Montoya, A. & Moulton Burwell, P. Washington State Nursing Education Trend Report Academic Years 2014-2020. Published at Washington Center for Nursing.
- (2) Moulton Burwell, P. and Flores- Montoya, Angelina. Washington 2021 Nursing Workforce Supply Data Report: Characteristics of LPNs, RNs, and ARNPs. Published at Washington Center for Nursing.
- (3) Moulton Burwell, P. and Flores- Montoya, Angelina. Washington State Demand Trends for Nursing Professionals: An Environmental Scan of Data from 2011-2020. Published at Washington Center for Nursing.



Christina Finch, MHA, BSN, RN, CPN

Clinical Practice Manager, Medical Unit 4 Seattle Children's

I have always had a desire to go into the medical field, and after high school, I thought I wanted to become a physician like so many. In high school and college, I took courses and volunteered in areas where I was able to be in the hospital and see the amazing care nurses provide and how it is different from physicians. I knew I wanted to not only be able to use the knowledge I received in nursing to understand the progression of disease and how we as health care providers can influence and ultimately eliminate it in so many patients but also to be able to help our patients and families advocate for their needs.

After completing my Master's in Health Services Administration, I went on to do quality and process improvement work at Seattle Children's in the Continuous Improvement and Innovation Department. By observing the nurses there and the care they provided to their patients, I made the decision to pursue my nursing degree. I graduated from Northwest University in 2012 and went on to become a nurse in the Medical Unit at Seattle Children's, where I was a bedside nurse for four and a half years. I then transitioned into being a nurse educator in the nurse residency program, teaching nurses who had recently graduated from nursing school in their transition into the pediatric nursing practice. I then made the decision to transition into being a Clinical Practice Manager in the acute care float pool and then the medical unit for five years and have just recently moved into the position of Director of Medical Units.

I hope to impact Washington's nursing workforce through service on the WCN's board of directors by bringing a new perspective to the table when discussing current issues and challenges facing WA's nurses. I will also take what I have learned from those who are a part of WCN back to the venues I am connected to in my career so that we continue to grow and learn and improve our care to our patients and families.

So You Want to be a Professor Video Series

Presented by the

It's About Washington's Health

WCN
WASHINGTON CENTER FOR NURSING

© Washington Center for Nursing

WASHINGTON STATE NEEDS MORE NURSE EDUCATORS!

Can you envision yourself teaching nursing students at a community college, university, or as a clinical instructor?

Jumpstart your journey with this unique video series!

Based on WCN's successful So You Want to be a Professor workshop, this video series brings together experienced nursing faculty to discuss how to build a career path toward nursing education including,

- The unique aspects of nursing education as a career
- Degree requirements
- The variety of teaching environments
- And much more!

This FREE video series breaks down 2-hours of informative content into ten easy-to-watch 6-18 min videos you watch at your convenience.

Click [HERE](#) to learn more and register for the FREE video series link now!



Washington LPNs, RNs, and ARNPs, WE NEED TO HEAR FROM YOU! HOW DO YOU FEEL ABOUT YOUR WORK ENVIRONMENT AND PATIENT CARE AT YOUR WORKPLACE?



**YOUR OPINION
MATTERS!
Make sure we
hear
from YOU.**

The WCN and Washington State Board of Nursing, in partnership with NCSBN and the University of Pennsylvania School of Nursing, is conducting a survey to learn more about the impacts of burnout and retention on Washington nurses.

The survey will be sent to the email of every Washington nurse.

PLEASE LOOK FOR THE SURVEY IN YOUR EMAIL TO PARTICIPATE.

The survey takes approximately 15-minutes.

If you do not receive the survey email,
contact Patricia Moulton Burwell at patriciab@wcnursing.org.

#Nurses4ALL



WCN Releases Washington Nursing Education Clinical Hours for Registered Nursing Programs: Academic Years 2015-2022 Report

As the state's nursing workforce center, the WCN uses data to provide an accurate picture of Washington's nursing workforce to inform health workforce policy in the state.



This report provides a trend summary of clinical hours for associate degree programs, bachelor of science in nursing programs, registered nurse to bachelors of science in nursing programs, and out-of-state nursing students who have clinical experiences in Washington. The in-state data includes the academic years from 2015-2022.

Click to
open
report

WCNursing.org/data-reports-publications/

CHECK US OUT ONLINE!

WCNURSING.ORG

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



WCN
WASHINGTON CENTER FOR NURSING



www.wcnursing.org
info@wcnursing.org

16300 Christensen Rd, #310
Tukwila, WA 98188