



WASHINGTON RNS AND LPNS NOW ELIGIBLE TO APPLY FOR MULTISTATE LICENSE

By WCN Communications Associate, Brenda Little

As of January 31, 2024, Washington RNs and LPNs can apply for a multistate license (MSL) through the Washington State Board of Nursing (WABON). RNs and LPNs who hold an MSL can practice in other states and territories included in the Nurse Licensure Compact (NLC) without obtaining additional licenses. Currently, 41 states and territories participate in the NLC (<https://nursecompact.com/>).

The multistate license option results from Substitute Senate Bill 5499 (Interstate Nurse Licensure Compact of 2023), passed during the 2023 legislative session. Which, in part, states, "The expanded mobility of nurses and the use of advanced communication technologies as part of our nation's health care delivery system require greater coordination and cooperation among states in the areas of nurse licensure and regulation;" as a reason for this step.

Nurses must hold a nursing license in the state or territory where a patient receives care. Under the Interstate Nurse Licensure Compact, a nurse with an MSL qualifies to give care via telehealth to patients in other states belonging to the NLC and vice versa.

The WABON is responsible for implementing the bill, which they have done in two phases. The first phase took effect on July 24, 2023, and allows RNs and LPNs outside of Washington state who hold an active MSL to practice nursing in Washington state. Phase 2, which began on January 31, lets RNs and LPNs residing in Washington state apply for and hold an MSL through WABON.

The MSL is not a national license. RNs and LPNs must apply for or renew their nursing license in the state where they legally reside, called their Primary State of Residence (PSOR). RNs and LPNs then apply for an MSL through their own state's board of nursing. RNs and LPNs moving into Washington have 60 days to update their PSOR. Additionally, traveling nurses who are only temporarily living in an NLC state will renew their license in their PSOR.

Washington RNs and LPNs have the option to convert a single-state Washington license to an MSL for a \$65 fee. New licensees will also pay an additional \$65 fee for the multistate state license. Once the initial fee

is paid, the multistate license renewal fee drops to \$20. There are many reasons why a nurse might want to have a multistate license, but that doesn't mean it is for everyone. For nurses who can take advantage of the MSL, Bill 5499 can potentially reduce the cost and time associated with applying for or renewing licenses in several individual states. However, for many nurses across Washington, holding an MSL is unlikely to offer any benefit. It is up to each RN and LPN to decide if an MSL is right for you.

Bill 5499 was passed to help protect the public's health and safety and to reduce redundancies for nurses seeking multistate licenses (Senate Bill 5499, 2023). What benefits for Washington's working nurses beyond facilitating licensed practice in other NLC states has not been determined. Giving Washington nurses an MSL option offers more flexibility and the potential for increased job opportunities, which is good. However, the NLC makes collecting accurate data on the state's nursing workforce more difficult.

Under the new law, employers are the ones who report the hiring of an out-of-state MSL nurse to WABON, not the nurse. The employer also attests that the nurse has completed the Washington state-required Suicide Prevention training and has updated their demographic and other data using the Washington State Multistate Nurse Demographic Data Survey. And though the WABON strongly encourages employers to complete these requirements, there is no penalty for employers who do not complete these steps (WABON, <https://nursing.wa.gov/licensing/multistate-license/multistate-license-msl-information-employers>). Mandatory reporting employers include hospitals, private establishments, ambulatory surgical facilities, nursing homes, assisted living facilities, hospice care centers, adult family homes, and nursing pools.

It will take time to know if data on the number of out-of-state MSL nurses working in Washington, including where they work and their demographic information, is accurately reported through the new law. Not having accurate data could make statewide nursing workforce planning and investments more challenging to identify and address in the future.

Nationally, the NLC is not necessarily a way to address nursing shortages either. Moving nurses from

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NETWORKING LUNCHEON

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PRESENTERS



Rebeca Allen, MN, RN
Nursing Faculty,
Green River College



Antwinett O. Lee, EdD, MSN-CNS, BSN, RN
Nursing Professional
Development Specialist,
UW School of Nursing



Kawai Kaneali'i, MSN, RN
Community Health &
Wellness Advocate,
Valley Medical Center

WORKSHOPS



Microaggression

Workshop on navigating microaggressions in the workplace, and empower Nurses to detect and manage the subtle nuances of discrimination in their work environment.

Strategies to Increasing Belonging in the Workplace

Fostering a sense of belonging and acceptance amongst nurses. Sharing strategies for inclusive and accepting workplace culture.

Overcoming Workplace Isolation

Sharing experiences of isolation and finding strategies to increase networking, sustaining connectivity within the nurses of color community, and support through mentorship.



CONNECT WITH OTHER ORGANIZATIONS

Several representatives from other organizations will be present



For more information email WCN DEI Associate Fawzi Belal at fawzib@wcnursing.org

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WCN Washington Clinical Placement Initiative

The WCN Clinical Placement Initiative is underway! If you are a clinical placement stakeholder in Washington and have not registered to join the initiative, follow the link below to learn more and register.

Click the link to learn more about the Initiative or to register to join,

<https://www.wcnursing.org/washington-state-nursing-clinical-placement-initiative/>

**Already a registered
Initiative stakeholder?**

Click your region link below to register
for your next quarterly meeting.



Regional Meeting Schedule for May

Meeting Focus: Creating a Robust Shared Vision

Each region will identify its clinical placement aspirations and describe the key elements they want to work towards. We **need** ALL perspectives to ensure we develop regional visions that will set achievable goals for our work together.

Eastern

Mon, May 13, 2024

8:30 to 11 a.m.

Meeting registration link

<https://us02web.zoom.us/meeting/register/tZUrcemgqjovGN10TuXgA6g5IzB0eabz85wR>

Central

Wed, May 15, 2024

Noon to 2:30 p.m.

Meeting registration link

https://us02web.zoom.us/meeting/register/tZludOqrrzkiHd1sh49NIJyNV0WcXc_Pu8vN

North Sound

Wed, May 15, 2024

8:30 to 11 a.m.

Meeting registration link

https://us02web.zoom.us/meeting/register/tZMrduygqzwwjHdQl7XZOK98vjp2JvgiiGY_0

South Sound

Thu, May 9, 2024

Noon to 2:30 p.m.

Meeting registration link

https://us02web.zoom.us/meeting/register/tZluf-qvqzltGtFE_00K_-23RsO3pzfFxdfK

King

Tue, May 14, 2024

8:30 to 11 a.m.

Meeting registration link

https://us02web.zoom.us/meeting/register/tZAKcOihrzgtE9JQ-yLZm4MFfvmgc2iBHu_F

Southwest

Mon, May 13, 2024

Noon to 2:30 p.m.

Meeting registration link

<https://us02web.zoom.us/meeting/register/tZclceCgrTkjH9PlzICfllvCpUOSwdvl3KVv>

Leaders in Nursing

An interview with Diane Sosne, RN, MN, President Emeritus, SEIU Healthcare 1199NW

WCN recently sat down with nurse leader Diane Sosne. In 1983, Sosne was instrumental in starting (what is now) Washington's largest union of nurses and healthcare workers, SEIU Healthcare 1199NW. Sosne spent 39 years as the union's president, advocating for improvements to healthcare and patient care through the collective empowerment of frontline nurses and healthcare workers. After a phenomenal career of action-based leadership, she retired in 2022. We asked Sosne about her career journey in nursing, and here is what she had to say.

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

Sosne: I came of age during an interesting time in this country. It was a time when there were still a lot of stereotypes about jobs that women could do. Teaching and nursing were seen as womanly professions. No one was encouraging us to pursue careers in STEM (science, technology, engineering, mathematics). I applied to a reputable nursing program at Simmons College in Boston, MA. It was also during a time of social justice movements happening across the country. There was the Civil Rights movement and the Anti-Vietnam War movement. Boston was the center of the Our Bodies, Ourselves movement, a movement that started open conversations about sexuality in ways that had been taboo to talk about. These movements spoke to me. I saw nursing as a way to combine my interest in political and social justice action with affecting the healthcare delivery system, which needed work then and still does.

WCN: Can you share your journey into nursing leadership?

Sosne: During the summer of my junior

year at college, I traveled to Tanzania. I was interested in Tanzania because, in 1970, the President of Tanzania had a vision for the country of major reform away from the White colonial rule of the time. I connected with an American Nurse Midwife there who was a nun running a clinic in the Usambara Mountains. I spent six weeks with her. After this experience, I thought about doing international healthcare.

But, after returning for my senior year, I took community and psychosocial nursing courses. For my psychosocial rotation, I had a great clinical placement at McLean Hospital, a unique private hospital with often long hospital stays for patients. My instructor during this clinical placement was very influential on me, and I went on to choose psychosocial nursing as my specialty.

My first job out of college was at a state psychiatric teaching hospital for Harvard interns and residents. It was a lot like the depiction of *The One Who Flew Over the Cuckoo's Nest*. At the time, I was reading several writers who were exploring the topic of the myth of mental illness, particularly as it related to women's issues. They were asking questions about particular stereotypes and how they pigeonholed women with psychiatric or mental health issues. I felt these stereotypes held male and societal biases and there was more of an explanation that was not being discussed at the time. For example, the cause of women having depression. I studied this topic while in this job, and the learning environment was very rich. I loved it.

My next job was at a satellite clinic for another state-run hospital. In this job, I did a lot of family therapy beyond the individual and couple's therapy. I was



Diane Sosne

reading a lot about family dynamics and how intergenerational relationships can affect the psyche and behaviors. That was another area that expanded on what I was taught in school about mental health. So, I was always pushing boundaries, not content with the status quo. Back then, the psychiatric community was very traditional, and I was a disrupter.

I decided to get a master's degree and visited the University of Washington in Seattle. It was a match made in heaven. I had an interview with the Director of the Psychosocial Nursing Department, Dr. Oliver Osborne. Dr. Osborne was an African American man in nursing and one in a leadership position in 1975. That was rare. I was inspired by him. So, I moved to Seattle to attend the program and worked per diem at Harborview while attending graduate school. One of my instructors there was Lois Price Spratlen. I felt the faculty came from many different perspectives. It was exactly what I was looking for.

My thesis was on androgyny, a type of gender identity that mixes masculinity and femininity. I hypothesized that people with androgynous identities were psychologically healthier than people who were stereotypically female or stereotypically male in their traits. Through my research,

Continued on next page

I was able to show that people who were not pigeonholed into exhibiting one trait or the other were in ways better adjusted.

Some of the other work I did as a psych nurse included consulting for a nursing home and setting up a psychosocial program at a time when many state-run psychiatric hospitals were deinstitutionalizing patients. These patients ended up in the community without any good programs or placement options. We still have this problem today. But back then a lot of patients ended up in long-term care facilities or nursing homes because they couldn't care for themselves.

In 1991, I worked for Group Health as a therapist in their outpatient mental health department. During all this, I continued my political and social justice activism. Eventually, I saw an opportunity to work with a group of like-minded people in the community to think about starting one union for both nurses and healthcare workers. I decided then that was the next right step for me. My passion for collective voicing and decision-making took me in that direction. As an individual, you can be assertive and speak up, but you have more authority when you do it as a group. And that took me in the direction of building the union.

So, in 1983, working with coworkers at Group Health, we formed the first West Coast Local 1199NW. We weren't SEIU back then. We were the National Union of Hospital and Healthcare Employees, part of a national healthcare union nurses and other healthcare workers assembled.

When we started, we had 1,200 nurse members at Group Health, and I became the first president. When I retired in 2022, we had over 33 thousand members. We also expanded from Washington State, adding a unit of nurses in Montana and Alaska because we represented nurses from Air Lift NW based out of the UW. In Washington, we represent the whole spectrum of the care delivery team, including doctors, nurses, physical therapists, pharmacists, technicians, and service and maintenance workers.

In the foundational bylaws of the union, our focus has always been on quality care and economic and racial justice. That is the north star. Part of delivering quality care is having your voice and observations considered to support effective problem-solving. All these people are at the bedside and with the patient. Everyone together impacts the patient experience.

WCN: What positions and experiences prepared you best for nursing leadership?

Sosne: It was a combination of things. It was getting comfortable in the role of challenging the status quo. It was

having a variety of nursing experiences. My psych training also played an enormous role in thinking about individual and group dynamics. I also have to say that I had some amazing mentors, which is also why I am a strong advocate for mentorship. And finally, a belief in community, workplace empowerment, and the importance of racial equity for patients and staff.

WCN: How would you describe your leadership approach?

Sosne: It is a combination of things. It's having the confidence to try things out and a belief that there is not one way to accomplish things. I am also someone who likes to be with people who have a variety of other experiences and skills. You can't know it all. We all have blind spots. I also think of myself as a change agent and value working alongside others who want to make change. That approach has helped our organization achieve great things.

I am also willing to listen and learn from others. Every time I talk to nurses and other healthcare workers, whether informally, at the bargaining table, or lobbying, I learn something valuable. I combine my leadership approach with listening to people and then taking their experiences and stories and weaving them into a bigger narrative.

I also like teaching as a part of leading by helping people build skills so they can explain what's going on. Part of it is helping people feel more confident and good about speaking out by reinforcing their strengths.

WCN: From your perspective, what attributes are important to be an effective nursing leader?

Sosne: To be an effective leader and an effective change agent, you must have integrity. You must be honest with people about what something means and what the pros and cons of taking action are. When you are working with employers, legislators, policymakers, and other advocates, you absolutely must have integrity. You must mean what you say and say what you mean. You can't bluff it. At the end of the day, all you have is relationships, and you want these relationships to be genuine and respectful. That is important.

Resiliency is also important. Look at COVID. Nurses and healthcare workers were taking care of patients who were so sick, and for a while, there was no vaccine. There was a lot of risk in that. So, I think there is risk-taking involved. But you want to be strategic about it. You want your data and your analysis on the various paths to take.

My approach throughout my nursing career has also been to think organizationally. As individuals, you can achieve a

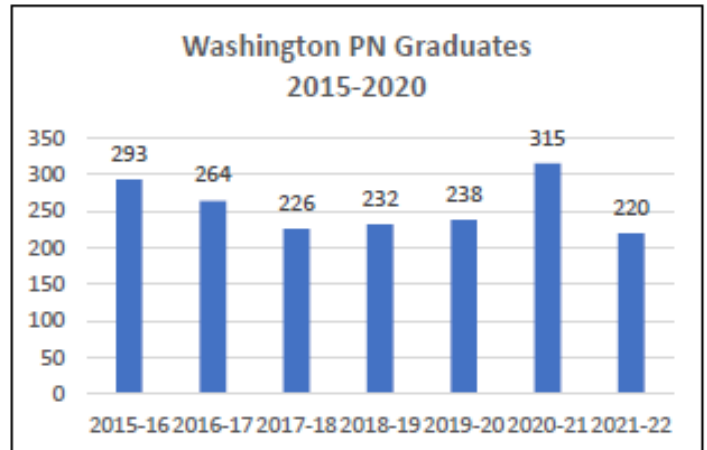
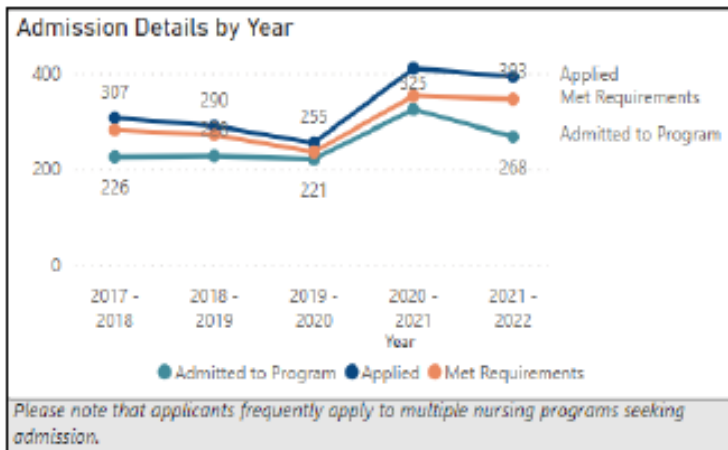
[Click here to continue reading the full interview...](#)

Washington Licensed Practical Nurses (LPN): 2023 Data Snapshot

WCN put together a Washington LPN data snapshot for 2023, giving a quick look at data as it applies to LPNs in the state.

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

Washington LPN Education by the Numbers 2021-2022 ^(1,2,4)	
Number of PN Education Programs	7
Number of Applicants that met Requirements	346
Number of Students Admitted	268
Percentage of Students identify as racial/ethnic minority	55% (WA State = 37%)
Graduates	220
NCLEX Pass Rates	92.2% (National = 79.9%)



Source: Washington Board of Nursing Education Dashboard ⁽²⁾

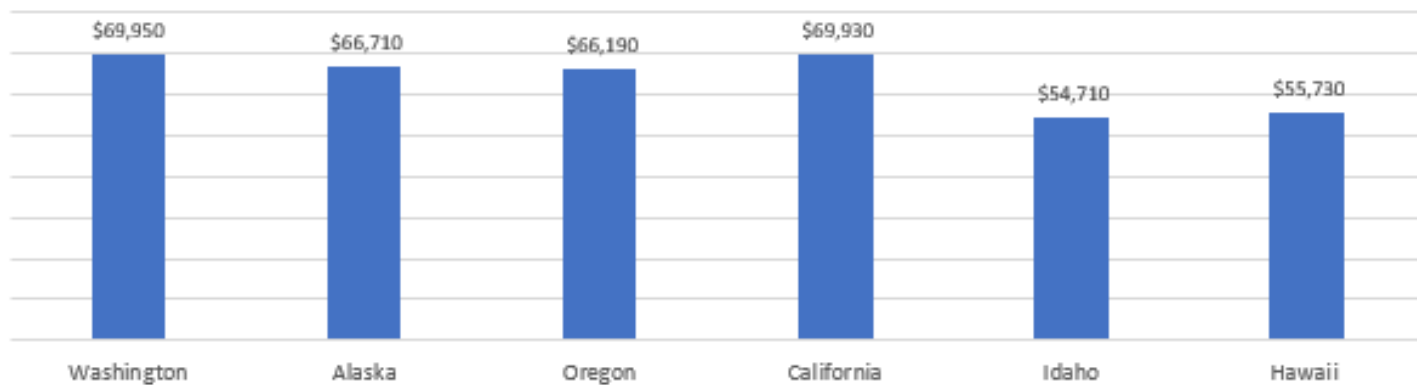
Washington LPN Supply by the Numbers 2023 ⁽³⁾	
Number of LPNs with Active WA license	10,929
Number of LPNs with Active WA License and Reside in WA	9,060
Male	13.77%
Average Age	49.6 years (National=53)
Highest Education Level	86.45% Vocational/Practical Certificate
White/Caucasian	70.08% (WA State Population=65%)
Employed Full Time or Part Time in Nursing in a Position that Requires a Nurse License	95.82%
Primary Position Description	78.4% Staff Nurse 10.3% Other health-related 7.80% Nurse Manager
Primary Employment Setting	20.96% Nursing Home/Extended Care 18.95% Other 14.97% Ambulatory Care Setting 12.01% Assisted Living Facility 9.33% Hospital 8.94% Home Health
Primary Employment Specialty	27.7% Geriatric/Gerontology 10.48% Other-Clinical Specialties 7.19% Psychiatric/Mental Health
Average 32-40 Hours per Week	64.99%

Washington LPN Demand by the Numbers⁴

Number of LPN Jobs in 2021	7,834
Number of Projected LPN Jobs in 2031	8,472
Projected Annual LPN Job Openings (2021-2026)	2,866
Projected Annual LPN Job Openings (2026-2031)	3,007
Labor Market Supply/Demand Gap 2023	1,151 more LPN jobs than available LPNs
Average Salary 2022	\$69,950
Lowest Average Regional Salary 2022	\$57,570 Clarkston (WA)/Lewiston (ID)
Highest Average Regional Salary 2022	\$73,510 Seattle-Tacoma-Bellevue

2022 LPN Average Salary Pacific State Comparison

Source: Washington Employment Security Department, U.S. Bureau of Labor Statistics⁴



References

- (1) Washington State Department of Health (2023). Approved Nursing Programs in the State of Washington. Retrieved from <https://nursing.wa.gov/sites/default/files/2023-07/Approved-Nursing-Programs-WA.pdf>
- (2) Washington State Board of Nursing (2023). [Education Data Dashboard](#).
- (3) Washington State Board of Nursing (2023). [Licensing Dashboard](#) (updated 11/3/2023), [Workforce Dashboard](#) (updated 11/3/2023)
- (4) Washington Employment Security Department: [Occupational Employment and Wage Estimates 2023](#), [2021-2031 Long-Term Occupational Projections](#) (alternative state specific), Labor Market Supply/Demand Gap Analysis
- (5) Washington State Board of Nursing Annual Education Survey (2021-2022 academic year).

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.

Click to watch this 6-min video now!





Carol Denison, LPN

State of Washington DSHS/DDA, Rainier School

WCN: What influenced you to choose a career in nursing?

Denison: Women have always shouldered the enormous responsibility of caregiving, and many working-class kids learn to be caregivers at a young age. I helped my mother, a woman with complex mental health challenges, run our household—cooking, cleaning, and looking after my siblings. When my younger brother Neil was diagnosed with diabetes at 8, I was the one who checked his blood sugar and reminded him to take his medication. This started a lifelong interest in the disease process and healing. When I had my first child at 19, I wasn't financially stable, nor in a healthy relationship, but I knew how to care. It's all I knew. Caregiving, like mothering, is love in action. It brings peace and wellness to the

person being cared for as well as the caregiver. Going into nursing was a natural decision for me.

WCN: Please share with us your nursing journey so far.

Denison: After completing my GED and CNA training, I worked full-time as a CNA from 1998 to 2005. Wanting to learn more, challenge myself, and help more people, I completed the Practical Nursing program at Clover Park in 2005 and became an LPN. I've worked in various settings, including skilled nursing facilities, trach vent units, and clinics. Senior citizens have a special place in my heart, and I love helping create and implement precise care plans using the nursing process. I'm an advocate for vulnerable populations and am fluent in ASL. I've worked at the Rainier School in Buckley since 2014 and have extensive experience caring for profoundly mentally disabled people. Rainier School is a teaching school, and I'm proud to say I've helped students from Bates, Clover Park, and Green River. I've had some excellent mentors along the way, and I want to give back to folks finding their way in such an essential field as nursing.

WCN: Why is board service important to you?

Denison: I want to help strengthen nursing in Washington. Nursing and all care work is too often undervalued and invisible labor, but the pandemic showed everyone exactly how crucial our work is. Angela Garbes wrote in her excellent 2022 book *Essential Labor*: "I don't believe care work has to wreck us. This labor can be shared, social, collective—and transformative." Garbes lamented the disappearance of community care in modern America, and that "a lack of shared responsibility and interconnectedness makes it difficult to find solutions for needs more easily addressed in community. It leads to isolation and an every-family-for-themselves mentality." I echo Garbes' words for care in general, and I believe that by improving nursing for caregivers, we'll be able to collectively provide humane, holistic care to everyone.

So You Want to be a Professor Video Series

Presented by the



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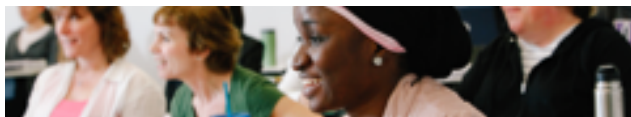
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To learn more about Washington's nursing workforce, careers in nursing, and nursing leadership.

