2025 Washington State of the Nursing Workforce Research Report

Cross-cutting Findings, Research Implications, and Future Research Plans

Developed in collaboration with the Washington Nursing Workforce Research Stakeholder Group

The Washington Center for Nursing is a non-profit 501(c)(3). WCN supports a healthy Washington by engaging nurses' expertise, influence, and perspective and by building a diverse, highly qualified nurse workforce to meet future demands.

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Introduction

Over the past five years, there has been a substantial investment across multiple entities to produce nursing workforce data to benefit the citizens of Washington state. The nursing workforce research community has produced almost 800 pages of research publications across 19 reports and articles between 2020 and 2025. In addition to publications, multiple dashboards provide an interactive look at nursing workforce data. Together, these resources provide a great deal of findings to utilize by Washington stakeholders in planning for the future.

This report was developed to provide cross-cutting analysis and research implications for nursing stakeholders in Washington state, including nurses, academic programs, associations, employers, state government and legislators. The nursing workforce research stakeholder community has been meeting quarterly over the last two years to share research studies, avoid duplication, reduce silos, identify cross-cutting research and areas of mutual interest and to identify areas of collaboration. This has resulted in the development of this report. The final shaping of the report was the work of a stakeholder subgroup. This subgroup includes researchers that have examined Licensed Practical Nurse (LPN), Registered Nurse (RN) and the Advanced Practice Registered Nurse (APRN) workforce. In addition, the findings and results were presented to the larger Washington Nursing Workforce Research Stakeholder group. This was truly a group effort, which required many meetings and drafts that helped shape the final version of this report. The researchers who worked on the final report include:

Project Lead: Patricia Moulton Burwell, PhD, Research Consultant, Washington Center for Nursing

- Rosie Buyeka, MSN, MPH, BSN, RN, DNPc-University of Washington
- Emma Cozart, Data Consultant, Washington State Board of Nursing
- Mary Sue Gorski, RN, PhD, Director, Research and Advanced Practice, Washington State Board of Nursing
- Katie A. Haerling, PhD, RN, CHSE, Professor, University of Washington Tacoma School of Nursing and Healthcare Leadership
- Katie Johnson DNP, RN, NCSN-E, APHN-BC, FNASN, FAAN, School Nurse Organization of Washington
- Emily Kelly, PhD, MSN, RN
- Paula Kett, PhD, MPH, RN, IBCLC, Research Assistant Professor, Department of Family Medicine, Deputy Director, University of Washington Center for Health Workforce Studies, Deputy Director HWRC Health Equity
- Carrie Miller, PhD, RN, CHSE-A, IBCLC, FAAN, Associate Professor, University of Alaska-Anchorage
- Lohitvenkatesh Oswal, Washington State Board of Nursing
- Brenda Senger, PhD, MA, RN. Professor, Nursing, DNP, RN-MSN, NLH Program Director, Gonzaga University

- Benjamin Stubbs, MPH, Research Scientist 4, Program Director, Sentinel Network Analytics Director, WOHW Deputy Director, University of Washington Center for Health Workforce Studies
- Ajsa Suljic, Regional Labor Economist, Labor Market and Economic Analysis, Washington State Employment Security Department
- Anneliese Vance-Sherman, PhD, Chief Labor Economist, Labor Market Information and Research, Washington Employment Security Department
- Kyla Woodward, PhD, RN, Assistant Professor, University of Washington School of Nursing

The report was developed across several topic areas that emerged from the research findings. These topics included findings from across research studies to provide a cross-cutting analysis. Each topic includes a brief introduction, a summary of the findings in Washington State and research implications developed by the team. These implications were utilized to develop a recommended workforce research priority plan and future research study list at the end of this report.

Nursing Program Distribution and Out of State School Utilization

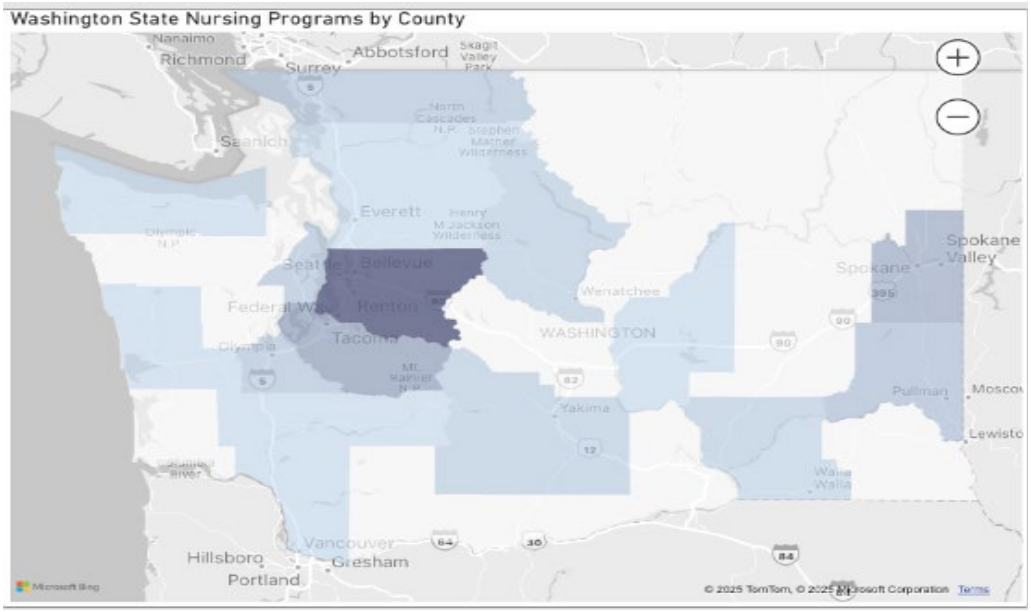
Are nursing programs available to all interested students in Washington State?

The availability of nursing education programs in all areas of a state, especially rural areas, is an important factor for ensuring an adequate nursing workforce. An international, systematic review of 276 rural nursing program research studies found that programs that are collaboratively designed with local health care facilities providing context-sensitive education, the provision of a supportive learning environment, and locally developed clinical placements have the greatest success.[1]

Summary of Findings

Washington's nursing education system includes 42 colleges offering 85 programs (can include LPN, RN or APRN) in the 2023-2024 academic year.[2] There is a concentration of programs in major population centers with scattered programs distributed through rural areas.[3]

Figure 1: Distribution of Washington State Nursing Programs
Source: Washington State Board of Nursing Education Dashboard[1]



Seventeen colleges offer pre-licensure (includes LPN, Associate Degree-RN, Bachelor of Science in Nursing (BSN), LPN-BSN and Graduate Entry (GE) programs in rural areas of the state, along with four that offer post-licensure programs including AD-MSN (Master of Science in Nursing), APRN, MSN, PMC (Post-Master's Certificate), DNP (Doctorate of Nursing Practice), and PhD (Doctorate of Philosophy). However, none of the graduate programs are offered in rural areas (areas of the state that are less densely populated). [4] There were 26 schools that reported offering a hybrid option for learning, and eight reported offering more than one satellite location.[5] However, there is variability in the definition of hybrid across campuses. There are no online programs offered by in-state colleges.[4] The Rural Nursing

> *"No LPN program in the area. There are not enough qualified candidates. We are unable to compete with agencies and hospitals." (Skilled Nursing Facility/Nursing Home Sentinel Network Employer, 2023)*[7]

Education Program (RNEP) that is being developed through the Department of Health would provide a community-based nursing education for students living in rural areas.[6]

There are healthcare facilities in every county. All counties have a hospital except two (Skamania and Wahkiakum) and have either a nursing home, a public health, or rural health clinic or other non-hospital setting. There were 10 counties (Adams, Benton, Columbia, Douglas,Ferry, Garfield, Island, Jefferson, Kittitas, and Klickitat) with no known clinical placements for pre-licensure students enrolled in nursing education programs.[5]

It is unknown how many Washington residents seek a nursing education from out of state. However, out-of-state program clinical placements can provide a rough idea. Out-of-state programs that place students in Washington State are required to register and complete a survey. Students must be a resident of Washington state or a border state to be placed in Washington State. In the 2023-2024 academic year, this included a total of 250 programs, including 1,860 students. Twenty-three of these programs were for pre-licensure, and the majority (227) were for post-licensure programs. Of the post-licensure programs, 196 were for graduate programs.[8] However, a large number of these programs are located in border states (Oregon and Idaho).[3]

Research Implications

- There appear to be several areas of the state without an in-person nursing education program available. If the goal is to have an in-state nursing program available to all potential students, then the areas with these gaps should be identified. Currently, there are maps that show the primary sites (physicial location) for Washington's in-state programs. The research team recommends the development of one interactive map showing all of this information. This would help identify gaps and then the development of strategies to fill the gaps.
- Hybrid and remote education need to be better defined. There is still some distance for potential students from rural areas of the state to travel to the current in-state programs. Does remote mean that the didactic portion can be completed remotely, but they still have to go somewhere else to get the clinical experience? In addition, the research team suggested that future research should examine the current status of hybrid and remote education in Washington state in order to identify possible strategies for growth.

Nursing Program Capacity

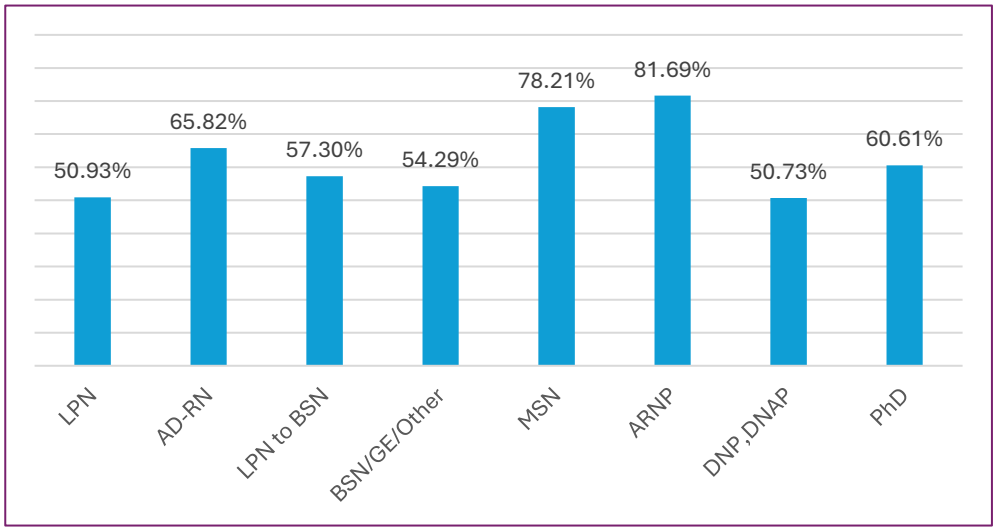
Do Washington state nursing programs have enough capacity for all qualified applicants??

The American Association of Colleges of Nursing found that, in 2023, across the United States, 65,766 qualified applicants were turned away from nursing education programs in 2023. The lack of capacity was attributed to insufficient availability of faculty, clinical placements and preceptors, didactic space, and budget. [9]

Summary of Findings

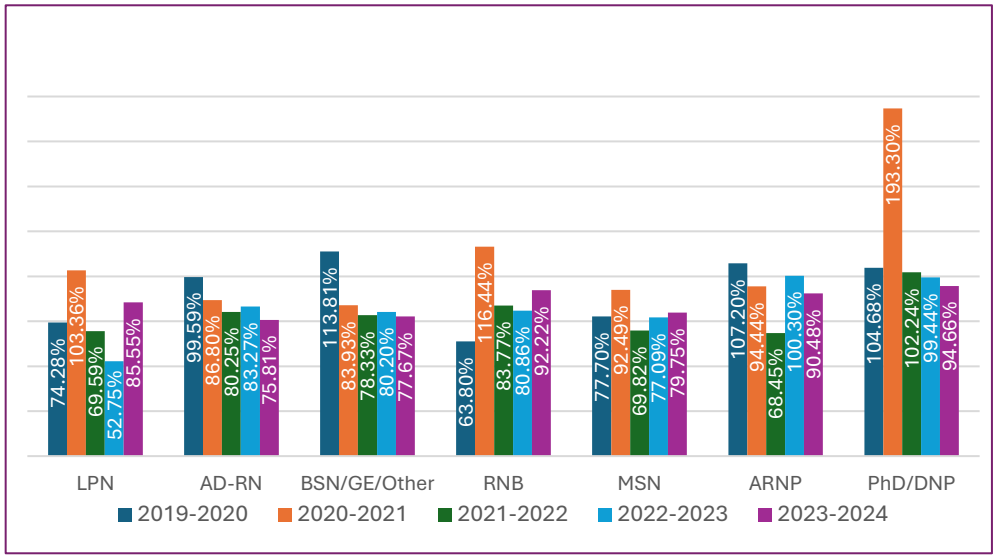
Between 50% and 81% of qualified applicants to nursing programs were admitted during the 2023-2024 Academic Year. This indicates that there are more interested and qualified applicants than program seats.[2]

Figure 2: Washington State Percent of Qualified Applicants Admitted to Nursing Programs 2023-2024 Academic Year
Source: Washington State Board of Nursing Education Dashboard[2]



Overall, nursing programs are reporting close to capacity based on enrolled students, with some variance across years. There is also not consistent definition of capacity used by all programs. Some programs have a limit on the number admitted, other list capacity as the number that were admitted. For

Figure 3: Washington Nursing Education Enrolled Percentage of Estimated Capacity
Source: Washington State Board of Nursing Education Dashboard[2]



2023-2024, the average enrolled percentage of estimated capacity across all programs was 85.15%.[2]

The Washington State Community and Technical College Nursing Program Capacity Plan indicated several factors that limit the expansion of programs. These include meeting the needs of diverse students, fewer qualified applicants, a complex prerequisites and admissions process, and a high rate of program director turnover. [6]

An important component of nursing education capacity is clinical practice. For AD-RN programs, the average total clinical hours were 571 hours, ranging from a low of 225 hours to a high of 1014 hours, whereas BSN programs have an average of 815 hours, ranging from a low of 556 hours to a high of 1150 hours.[10] Using combined data from four Washington consortiums, a total of 25,031 nursing clinical placements were coordinated for Washington-based nursing schools for the academic year 2022-2023. Most consortium placements were in acute care or hospital settings and were during weekday shifts. [11]

Any rise in enrollment will require greater resources for clinical placement. The demand in direct care hours will require more faculty, more physical space, and more coordination efforts. The demand for preceptor hours requires more preceptors willing and trained to accept students, more facilities that have sufficient and trained staff, and the space available to support an increased volume of students.[11] The Clinical Placement Initiative found that there are 611 known clinical placement sites across Washington, combining data from various sources. Most hospitals (91%) and non-hospital facilities (70%) report hosting clinical students. 86% of schools in non-rural and 14% of schools in rural counties report that clinical sites are inadequate for their program. Barriers to increasing clinical placements included that clinical staff are overburdened or stressed, a need to prioritize employee training over student training and limited space for training.[5]

> *"More LPN programs [are needed] and more clinical rotations in clinics for LPNs." [Spring 2024 Primary Care Medical Clinic Sentinel Network Employer][7]*

In addition to clinical placements, simulation is a source of clinical practice for nursing students. It is only utilized by 12% of Washington Nursing education programs.[2] Quality manikin-based Simulation requires more cost, and nursing programs need to invest in facilitators and trained faculty to make the best use of simulation.[12] It is important to emphasize manikin simulation versus screen-based simulation as this has been found to be more effective in increasing patient care performance.[13] Additional studies have examined utilizing high-quality—manikin-based simulation as a potential replacement for some clinical placement hours.[14] Defining high-quality simulation is important and could be a tool to help reduce reliance on clinical placements. Washington legislative investment has increased access to needed high-quality simulation equipment. However, high-quality simulation is also dependent on instructor training and technical support resources which will require more funding. [6]

Research Implications

- Obtaining accurate nursing student application data has been an issue, as many students apply to multiple programs. A common application for all nursing programs would allow for accurate counting of student applications and would provide a central place for students to apply to all nursing programs in the state. An example of a system is Nursing NursingCAS https://nursingcas.org/. Several Washington state colleges and universities currently utilize the Common App for general student admission. The Community and Technical College Nursing Program Capacity Plan also recommends evaluating admission practices and standardizing prerequisite requirements.[6]
- Tracking the number of students starting nursing coursework would provide a count of how many students who were admitted actually started attending that program. Without that data, the number of students admitted could be artificially high, as students can apply to multiple programs and are accepted to multiple programs and ultimately attend only one. This question is currently asked on the post-licensure survey. On the pre-licensure survey, this data is collected by cohort and not academic year. Analysis of this data could determine whether it would be useful to better track student admittance.
- Results are based on data supplied by the nursing programs. Further work to ensure that data is reported consistently across programs. This is especially problematic for data about nursing enrollment and capacity. Examining the potential of hosting one education survey for both pre- and post-licensure programs could help reduce confusion.
- Monitoring the impact of the Clinical Placement Initiatives strategy implementation will be important.
- Tracking program budgets in conjunction with program capacity expansion would provide information about the resources needed and would potentially provide information about faculty workload. For example, if a nursing program has increased its capacity without increasing full-time faculty or relying on adjunct and part-time faculty this increases the overall faculty burden.

Nursing Graduations and Progression to Higher Nursing Degrees

How many nursing graduates does Washington state produce? Are nurses progressing to higher nursing degrees?

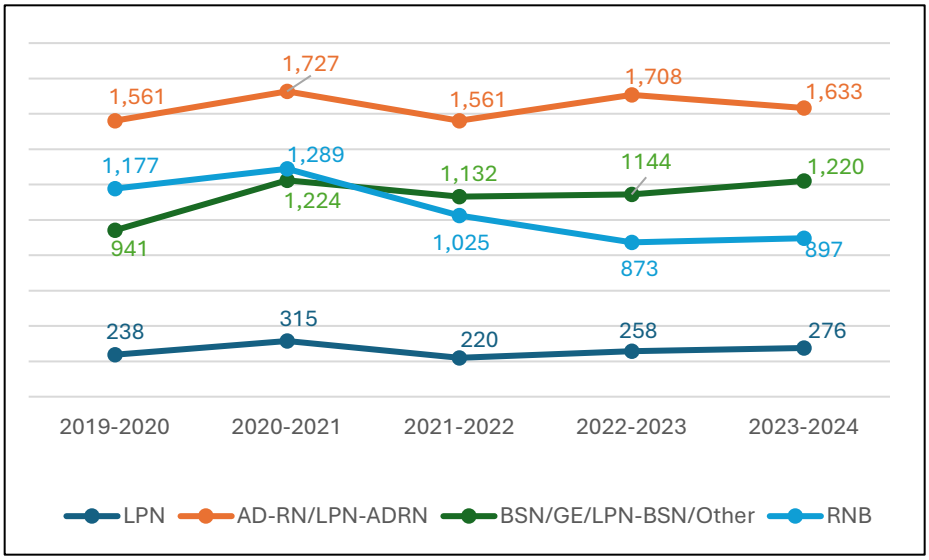
The seminal Future of Nursing Report recommended seamless academic progression to provide for safe patient care across increasingly complex settings.[15] This included a goal of 80% of the RN workforce obtaining a Bachelor of Science in Nursing (BSN) or higher. The most current U.S. data indicate that 72.90% of RNs have obtained a BSN or higher degree.[16]

Summary of Findings

During the 2023-2024 academic year, Washington nursing programs graduated a total of 4,026 pre-licensure and post-licensure students.[2]

Over the last five years, LPN and BSN/GE/LPN-BSN/Other programs have increased graduates. The AD/RN, LPN/ADRN and the RNB programs have had decreased graduates.[2]

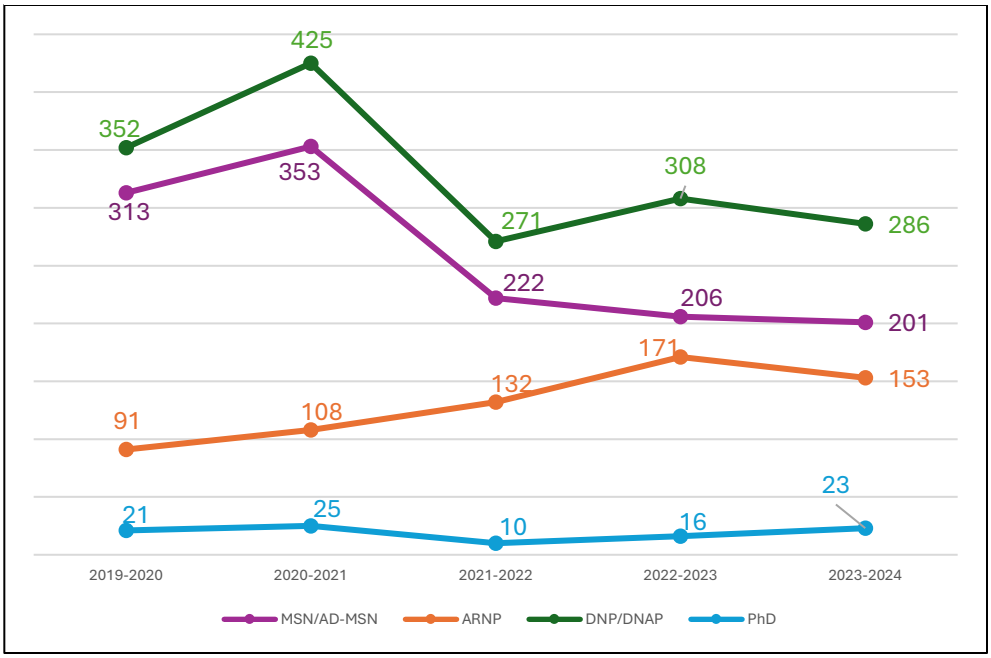
Figure 4: Washington State Undergraduate Nursing Program Graduation
Source: Washington State Board of Nursing Education Data Dashboard[2]



> *"Many employers suggest that increasing the number of nursing graduates would relieve some of their hiring difficulties." (Fall WA Sentinel Network, 2023)* [7]

For the graduate programs, the APRN and PhD programs have had an increase in graduates. The MSN/AD-MSN and the DNP/DNAP (Doctorate of Nursing Anesthesia Practice) have had decreased graduates.
It is unknown how many students from in-state programs stay in Washington state after graduation.

Figure 5: Washington State Graduate Nursing Program Graduation
Source: Washington State Board of Nursing Education Data Dashboard[2]



From licensure data, the highest education level earned can be used to examine progression. In 2025, 70.46% of Washington RNs had a BSN or higher[17], which is slightly lower than the national percentage.[16] Of Washington State APRNs, 27.53% have a DNP degree.[17] Many nursing programs in Washington state and across the nation have moved to awarding DNP degrees. Overall, there has been a 5% increase in the percentage of RNs with a bachelor's degree or higher over the last four years[27]

Table 1: 2025 Highest Nursing Education Earned
Source: Washington State Board of Nursing Workforce Dashboard [17]

	LPN	RN	ARNP
Vocational/Practical Certificate/Diploma	79.73%	1.67%	
Associate degree	16.42%	27.35%	
Baccalaureate Degree-nursing	1.97%	60.84%	1.41%
Master's Degree- Nursing		8.54%	67.86%
DNP		.70%	27.63%
PhD		.38%	1.54%

Research Implications

- The research team suggests examining data from the new licensure system (HELMS), which includes a new variable for the nursing education program attended. This would help better determine how many students are staying in Washington state post-graduation. However, this variable is open-ended, which will result in extensive cleaning in order to utilize the data. A drop-down menu in the system using IPEDS of colleges and universities would eliminate this issue. NCLEX data may also provide some information to fill this gap. For out-of-state nursing programs with clinical sites in Washington, a new question was added to the survey to assist in determining how many are planning to work in Washington state.
- Another piece of the graduate retention puzzle is students attending in-state nursing programs that go to out-of-state clinical sites. The research team suggests adding a question to the pre-licensure and post-licensure nursing education programs to measure the number of students who go out of state for clinicals and to help determine whether they stay out-of-state post-graduation.
- Examining entry-level education and progression in more detail would provide more information on changes in preferred routes to higher degrees. There has been a recent decrease in AD/RN, LPN/ADRN and the RNB program graduates.

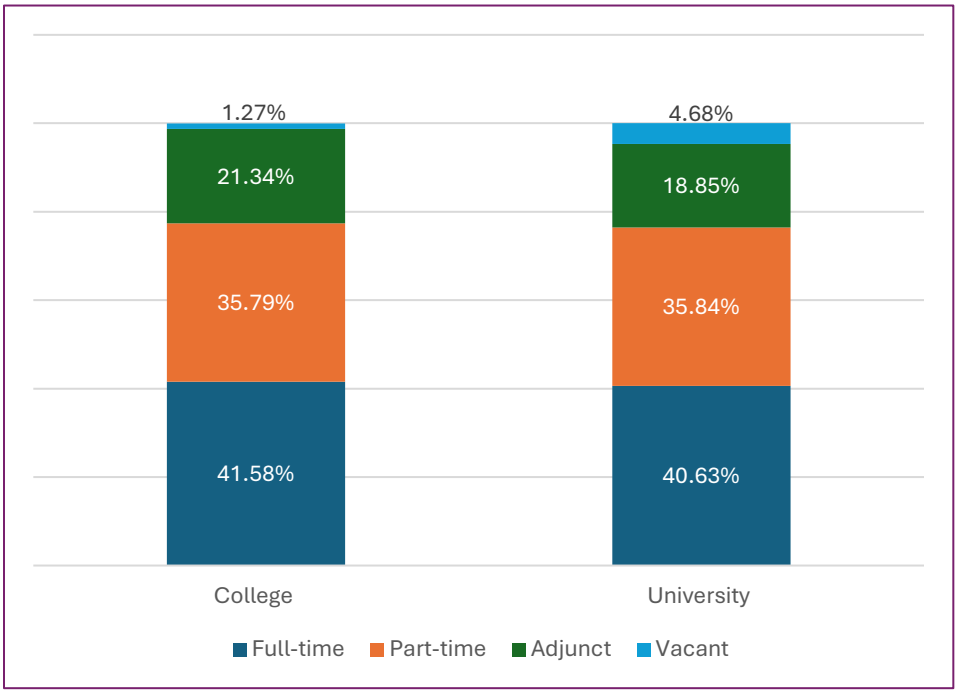
Nursing Program Faculty

Does Washington State have a healthy supply of nursing faculty to provide for program expansion?

According to the American Association of Colleges of Nursing, the national nurse faculty vacancy rate was 7.8% in 2023, with most of the vacancies representing positions requiring a doctorate degree. Faculty shortages are attributed to increasing faculty age and anticipated waves of retirements, lack of competitive compensation compared to clinical roles for the same educational preparation, and constraints on producing a large enough number of master's and doctoral-prepared nurses.[9]

Summary of Findings

Figure 6: 2023-2024 Washington State Faculty Percentage by Appointment
Source: Washington State Board of Nursing Education Dashboard[2]



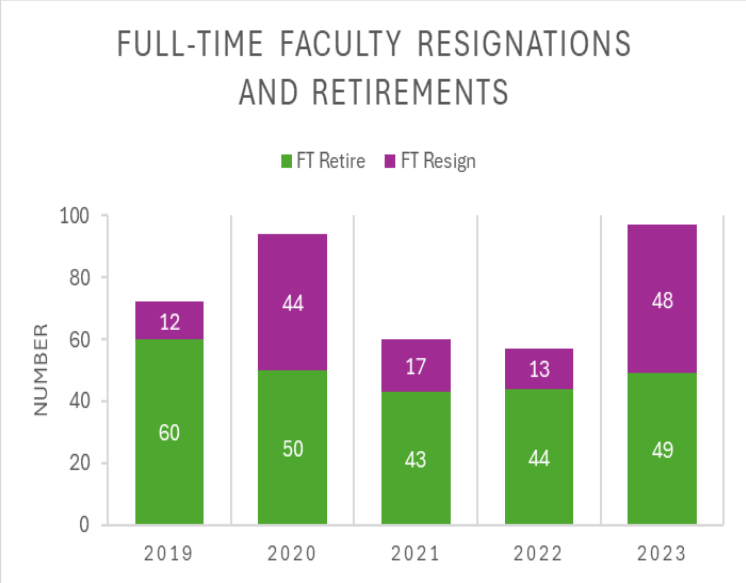
While Washington nursing programs currently have low faculty vacancy rates, a large percentage of faculty in both community college and university settings are part-time or adjunct. The large number of adjunct and part-time faculty provides risk for faculty underemployment along with less benefits in a role that already has less competitive wages than clinical nursing. There is also the potential for more program administrative and advising burden on a smaller number of full-time faculty.[2]

Demand for faculty has also increased by 22.76% in the last five years and is projected to increase by 32.08% through 2032 Nursing Faculty have the 2nd highest projected demand through 2032 of all nursing professions Program expansion will increase the need for more faculty.[18]

Over the last three years, there has been an escalation in the number of full-time faculty resignations. In 2023, this number was close to the number of retirements statewide.[3]

In pre-licensure programs, from 2019-2023, 45% of the reasons for organization change included the hiring of a new Dean, Director, Assistant or Associate Director.[3] In 2022-2023, there were five (36%) nursing program administrator resignations in post-licensure programs.[3]

Figure 7: Full-time Faculty Resignations and Retirements
Source: WCN Nursing Education Trend Report[3]

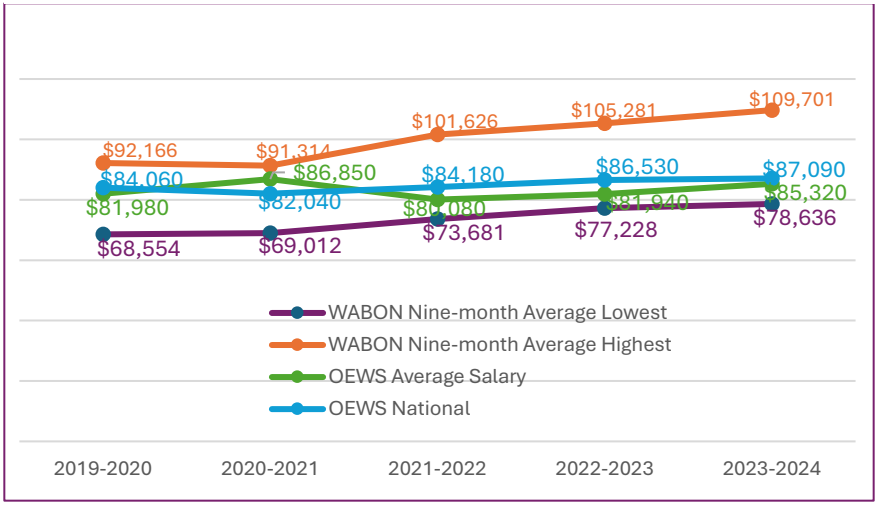


In addition, a study of former nursing program administrators reported that they did not receive orientation, mentorship, or support and were not empowered by the administration to lead the nursing program. They did not feel they were adequately compensated for their 12-month role, the stress, and the workload that the position required. The primary reasons for turnover were lack of institutional support, workload and emotional/mental fatigue. This creates a toxic work environment that can be felt by students, which impacts future nurses. [19]

> *"In general, we have a difficult time recruiting full-time nursing program faculty. We believe there are many reasons for this, in particular the level of education required to teach is such that we are openly competing with graduate level nursing fields, like nurse practitioner, that pay significantly more salary. Additionally, the broader nursing shortage has caused a bottleneck." [Fall,2023 Nursing Program WA Sentinel Network][7]*

Compensation is an important consideration for faculty recruitment and retention. There are two primary sources of WA state faculty salary data, including the WABON education programs survey [8] and BLS occupation employment and wage data (OEWS). There are significant discrepancies between the two sources. Faculty data are also unavailable by rank or position type. [20.]

Figure 8: Washington Nursing Faculty Salary Trend 2019-2024
Source: WABON Annual Nursing Education Report[8], OEWS Wage Data[20]



This data can be compared to the Consumer Price Index (CPI), which reflects inflation and cost of living. The CPI increased by 19.18% from 255.657 in 2019 to 304.702 in 2023.[21] Nursing faculty salaries have not increased at a level higher than inflation, and all faculty (except those in the highest bracket) are below the national average. Faculty had the lowest increase in wage of all nursing professions from 2019-2023.[18]

In 2024, Washington is 14th in the United States for annual nursing faculty wage at $85,640. Oregon has the highest nursing faculty wage in the United States at $109,570. California, Hawaii, Oregon and Alaska all have higher faculty wages than Washington when comparing with the Pacific Region States. [22]

Research Implications

- Conducting a faculty survey would provide for valuable data for the development of strategies. Current data sources provide snapshots collected at the administration level including the number of faculty, vacancies, salaries, etc. However, the increase in resignations of faculty and the nursing program administrator turnover indicates the need to collect data from nursing faculty. There are also gaps in the data, such as salaries for different faculty levels (Assistant, Associate, Professor) and for nursing program administrators. Data collected at the faculty level could provide the detailed information needed to craft statewide strategies to increase recruitment and retention of nursing faculty. Future research could examine models and what support is needed by administrators who are working in Washington State. Faculty survey data could also provide information about the preparation of nursing faculty. An example of a faculty survey was the Washington Center for Nursing 2017 survey.

- Comparison of faculty salary with other wage sources to determine whether there they provide a more useable salary picture. Other sources of faculty data are housed at the Office of Financial Management and the State Employee salary database at https://fiscal.wa.gov/Staffing/Salaries.
- A recommended future study to measure the the impact of the Washington Workforce Education Investment Act of 2019 and the appropriation of $40 million dollars to community colleges. Did it increase retention of nursing faculty? What was the impact to four year colleges and universities who were not included in the Act?

Nursing Licensure

How many new nurses obtain their license, transfer to the state or do not renew their license?

According to the National Council of State Boards of Nursing, there are 6,890,382 active RN and PN licenses across the United States.[23] Washington is one of 43 jurisdictions that participate in the Nurse Licensure Compact, which allows nurses to work in multiple states.[24]

Summary of Findings

Nursing supply in any state has two primary sources. The first is nurses obtaining their license through examination. These are typically nurses who have graduated from an in-state program. The second group is nurses obtaining their license by endorsement. These nurses are already licensed in another state and are transferring their license to Washington. A new third source of LPNs and RNs in Washington is nurses entering using a multistate license through the Nurse Licensure Compact, which began in 2024 in Washington State. The Nurse Licensure Compact does not apply to APRNs.

LPNs and RNs have experienced increases in licensure by examination over the past 5 years.[25] Both LPNs and RNs increased in the number of endorsements through 2022, with a large drop in 2023 and 2024, which is thought to be related to the Nurse Licensure Compact.

Table 2: Percent Change by Licensure and Examination
Source: Washington State Board of Nursing[25]

Licensure by Examination						
	LPN	**RN**	**CNP**	**CRNA**	**CNM**	**CNS**
2020	440	3,012	398	32	27	7
2021	433	3,184	429	22	29	2
2022	450	3,292	551	19	20	3
2023	507	3671	688	34	41	4
2024	528	3,414	736	46	32	6
2020-2024 Percent Change	+20%	+13.35%	+84.92%	+43.75%	+18.52%	-14.29%
Licensure by Endorsement						
	LPN	**RN**	**CNP**	**CRNA**	**CNM**	**CNS**
2020	488	8,632	895	91	33	7
2021	685	13,677	1,315	114	25	11
2022	809	18,099	1,493	102	54	7
2023	736	11,099	1,465	114	25	6
2024	359	4,663	1,776	112	28	4
2020-2024 Percent Change	-26.43%	-45.98%	+98.44%	+23.08%	-15.15%	-42.86%

CNPs (Certified Nurse Practitioner) have had the largest increase in examinations and endorsements over the five-year period. CRNAs (Certified Registered Nurse Anesthetist) also

had a large increase over the five-year period for examinations.[25] Washington state has one CRNA program offered by Gonzaga University that admits 24 students each year. It is the only program in the WWAMI (Washington, Wyoming, Alaska, Montana and Idaho) region.[3] CNMs (Certified Nurse Midwife) have experienced an increase in licensure by examination, but a decrease in endorsements. CNSs (Certified Nurse Specialist) have declined in both examinations and endorsements over the five-year period.[25]

Non-renewals are nurses who have not renewed their license. This could be due to many reasons, including progressing to a higher license, moving to another state, obtaining a multi-state license in another state, leaving nursing, retirement, etc. Whatever the reason, they mark an exit from the active nursing supply. Washington state has also had marked changes in non-renewals over the last five years which **may not** be entirely explained by the Nurse Licensure Compact**,** and would require further data and analysis to determine. [25]

Table 3: Non-Renewal Trend
Source: Washington State Board of Nursing[25]

	LPN	RN	ARNP
2020-2024 Non-renewal Trend	25% ↑	168% ↑	113% ↑

Research Implications

- Better data collection of the impact of the Nurse Licensure Compact. The Nurse Licensure Compact employer survey is only collected once when the nurse starts working at an in-state employer and only by some employers. This makes it difficult to obtain an accurate count of the number of compact nurses currently working in Washington at any point in time.
- The large number of endorsements and non-renewals could be due to the movement of travel nurses in and out of the state. The addition of a question to the Healthcare Enforcement and Licensing Management System (HELMS) and to the out-of-state employer survey, which could ask about whether the nurse is a travel nurse and how long they intend to work in Washington State, could provide more information. Will also need to differentiate between organization float pools and those working for an agency.
- Non-renewals could also be due to retirement. Further examining the demographics of those that do not renewal could provide more information.
- The research team recommended collecting data on those nurses who have active licenses and who are not working in Washington State including why they are out-of state in order to develop strategies to retain nurses.

Washington State Nurse Distribution

How are nurses distributed across Washington state, including rural areas?

The Health Resources and Services Administration indicates that significant geographic variation is an issue across states and between urban and rural areas. Non-metro areas are projected to have a higher shortage of RNs than metropolitan areas. [26]

Summary of Findings

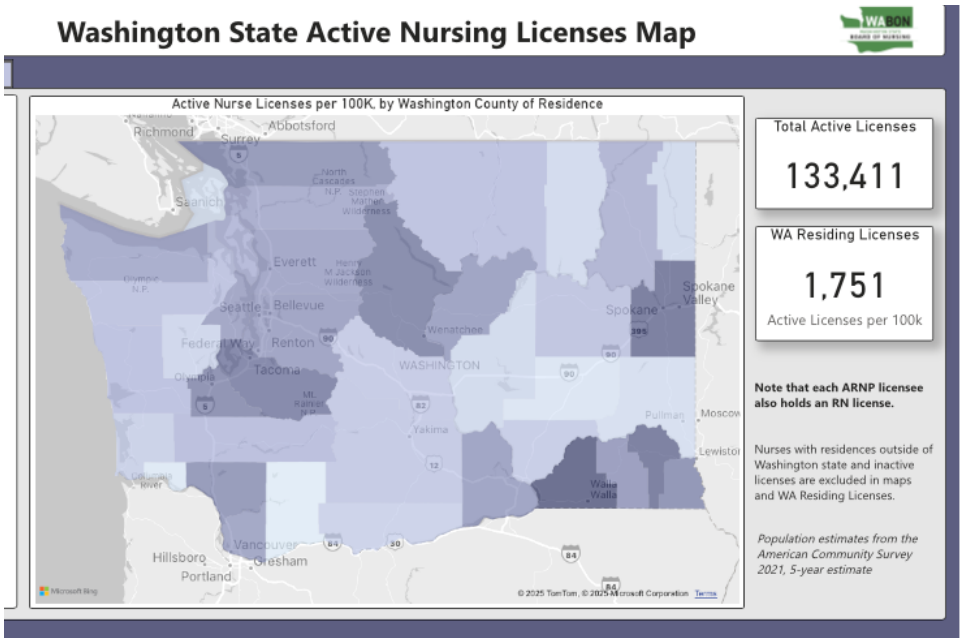
Although Washington has 133,411 licensed nurses, it is estimated, that many are either not actively employed in nursing or are working outside of Washington state. The greatest loss is for CNPs, followed by CRNAs.[27]

Table 4: Nurses working in Washington State
Source: Washington State Nursing Supply Report [27]

	LPN	RN	CNP	CRNA	CNM	CNS
2024 Estimated % of Licensed Nurses Actively Employed in Nursing in WA state	84.32%	82.27%	68.90%	72.99%	82.80%	80%

Examining distribution by county of residence per capita within Washington State, nurses are concentrated over the large population centers, with some southern counties bordering Oregon and Idaho having a greater concentration due to their proximity to metro areas in these states.[28]

Figure 9: Washington State Active Nursing Licenses Map
Source: Washington State Board of Nursing Licensing Data Dashboard[28]



A study examining the distribution of CRNAs by practice location (from those that completed the survey) found the highest density (# of providers per 100,000 population) of CRNAs in three rural counties (Adams, Whitman and

Pacific) along with Spokane. The greatest numbers of CRNAs are in urban centers. Nine counties do not have any practicing CRNAs.[29]

A study that examined provider networks found that King County had about 39% of all ARNPs. Examining Accountable Communities of Health (ACH) found that the Better Health Together (Adams, Ferry, Lincoln, Pend Oreille, Spokane and Stevens Counties) and the Greater Health Now (Asotin, Benton, Columbia, Garfield, Franklin, Kittitas, Walla Walla, Whitman and Yakima counties) had overall and specialist care ARNP rates that were higher than the statewide rates. Better Health Together ACH also had the highest rate of primary care ARNPs. Both ACHs are in Eastern Washington. [30]

A study examining rural distribution found that, on average, rural counties have 81 RNs per 10,000 people, with nine counties below the national rural average.[4]

Research Implications

- Examining county-level labor market data and projections may better determine the distribution of nurses and help determine areas that need more nurses. Demand reports to date have examined state level data.

New Nurses

What is the state of our new Washington nurses entering the workforce?

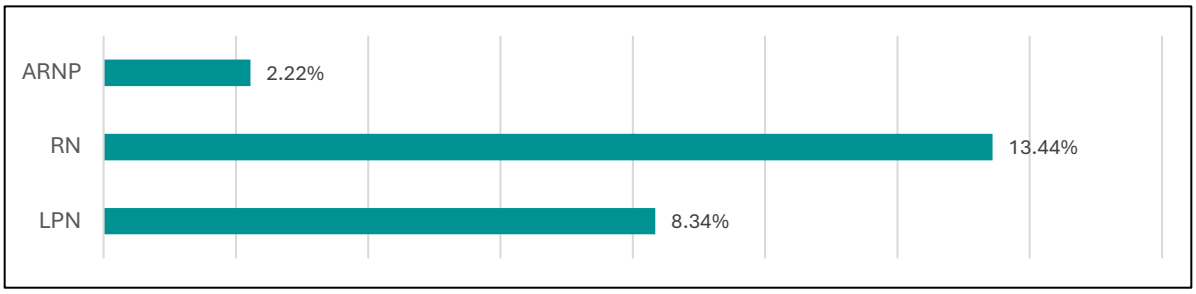
Nurses entering the workforce are an important part of the nursing workforce. Nurses in this age group (age 20-29) are part of the millennial and Z generations. Studies have indicated that millennial nurses have reported higher emotional exhaustion, value supportive leadership and opportunities for professional development. [31-33]

A national survey on the mental health and well-being of nurses found that younger nurses were more likely to have higher levels of burnout, more plans to leave their nursing role, and less job satisfaction.[34] Additional studies have shown that as many as 33% of RNs leave the profession within their first two years of practice.[35] Reasons for leaving include feeling overworked, competing family obligations, and issues with management. [36]

Summary of Findings

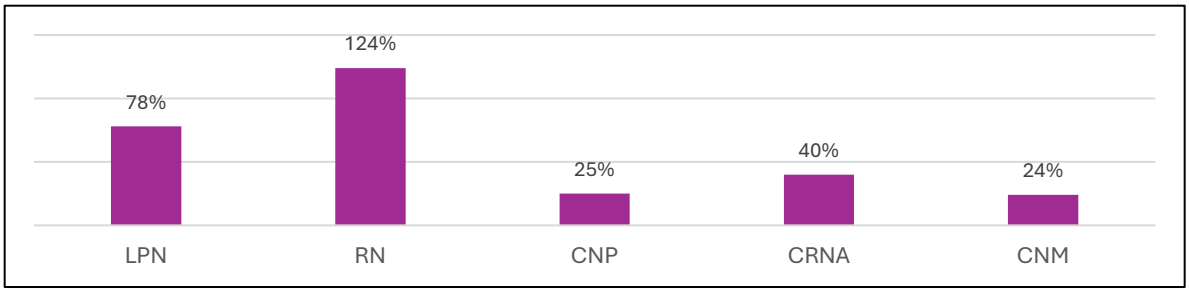
In 2025, younger nurses made up a small portion of the overall nurse workforce, between 2.22% and 13.44%, but they are an often-overlooked segment. These nurses are new graduates entering the workforce.[27]

Figure 10: Washington 2025 Percentage of Nurses between 20-29
Source: WCN Nurse Supply Report[27]



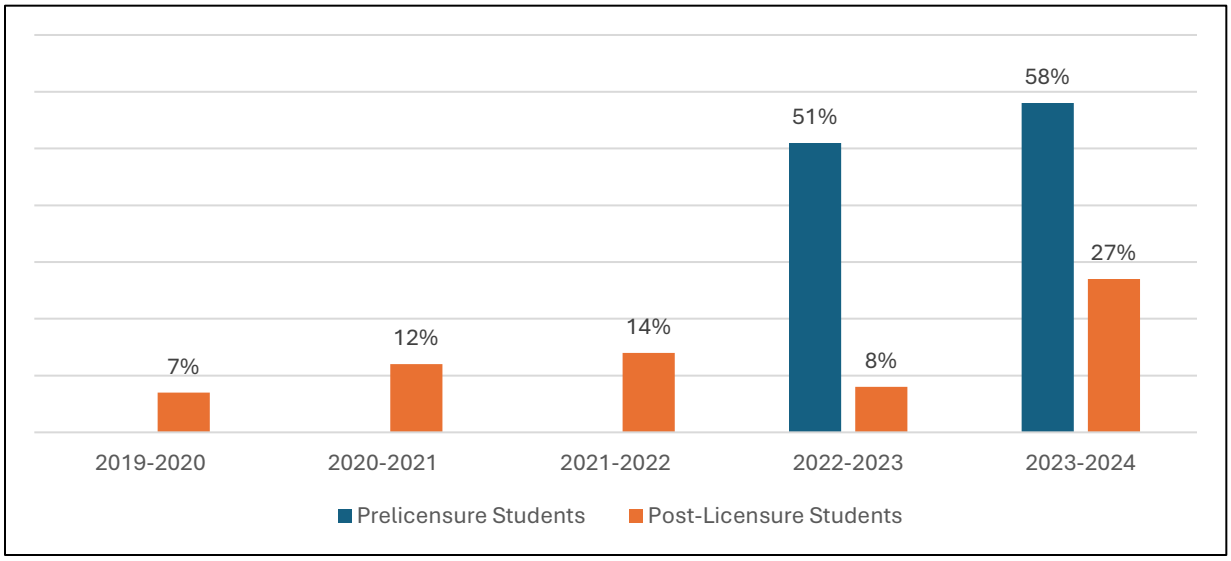
However, in Washington state, this segment has experienced a large increase over the last four years, with RNs having the largest increase in young nurses. National data indicates a decline in younger LPNs and RNs between 2020 and 2024.[16]

Figure 11: Washington Percentage 2020-2024 Increase of Nurses Age 20-29
Source: WCN Nurse Supply Report[27]



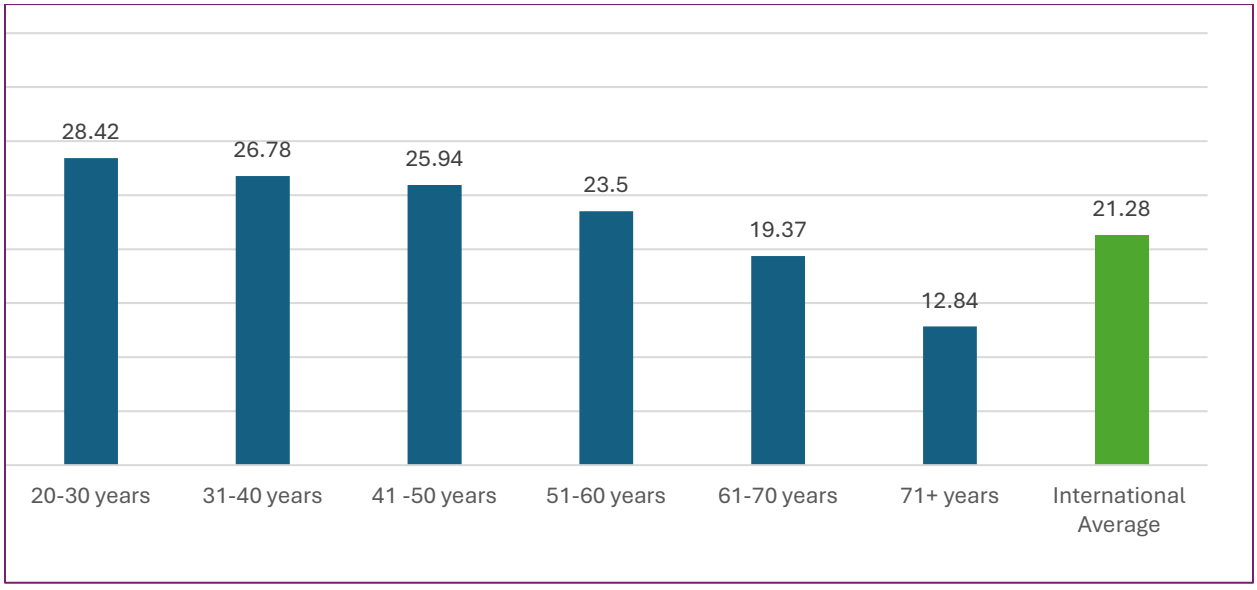
This increase can be partially explained by examining student age distributions. Both prelicensure and post-licensure programs have experienced an increase in the youngest age group. Note that age distribution data for pre-licensure is not available for 2019-2022.[2]

Figure 12: Washington Percentage of Students Age 18-30 Trend
Source: Washington State Board of Nursing Education Dashboard [2]



This youngest age group of nurses between 20-30 had the highest emotional exhaustion score as compared to all age groups and the international average. [37]

Figure 13: Washington Nurse Emotional Exhaustion Subscale by Age
Source: WCN Burnout and Retention Survey Results[37]



Among nurses between 20-30 years old, 27.90% do not intend to stay with their current employer for over a year, which was the highest number for all age groups.[37] For those planning to leave:

- 57.40% were dissatisfied with salary, wages or bonuses
- 50% were moving or relocating
- 48.20% were pursuing further education.
- 58% did not feel valued by their employer
- 56.10% were dissatisfied with management or administration
- 52.50% indicated there were inadequate safety and security measures for employees
- 42% indicated a lack of control over work flexibility and schedule
- 58% were experiencing burnout
- 46.30% were having issues with work/life balance

Research Implications

- The research team recommends examining Washington State's mentorship, and residency programs and other support programs for younger nurses to ensure that resources are available for new nurses.
- The increase of younger nurses obtaining post-licensure degrees indicate the need to examine whether they are progressing directly into higher level degrees and if this group would benefit from a different set of resources.

Male Nurses

What is the distribution of males look like in the nursing population?

Nationally, male LPNs and RNs declined between 2022 and 2024.[16] Recommendations for increasing male representation in the nursing workforce include creating alliances with military and veterans' services, targeting professions with higher unemployment rates for second-degree recruitment, and greater visibility of male nurses at recruitment events such as middle and high school, STEM and internship programs.[38]

Summary of Findings

Making up half of Washington's state population, the recruitment and retention of male nurses provide an opportunity to increase the gender diversity and overall number of the nursing population. Using the most current data, 14.6% of nursing students[2], 8.6% of faculty[2] and 12.57% of all nurses are male[17]

The exception is CRNAs. In 2025, 48.6% of CRNAs that are currently employed in Washington State are male and are more predominant in rural areas.[29]

Little change has occurred over the last four years. This is a similar pattern to national nursing education trends[39,40] and practicing nurse trends.[16]

Table 5: 2020-2024 Male Gender Trend

Source: Washington State Board of Nursing Education[2] and Workforce Dashboards[16]

	Prelicensure Students[2]	Post licensure Students[2]	Faculty[2]	LPN[16]	RN[16]	ARNP[16]
2020-2024 Male Gender Trend	-8.64%	+9.02%	-4.44%	+3.46%	+6.52%	+1.68%

Research Implications

- The research team recommended examining whether there are gender differences in students applying for and admitting to nursing education programs, progession, advancement (including CRNA, ARNP and Faculty roles) and retention differences.
- Examine male nurse motivation to join the nursing profession and in choosing their nursing role. Examining programs in other states and best practices to encourage more male nurses to develop strategies for Washington state.

Racial Diversity, Bias and Discrimination

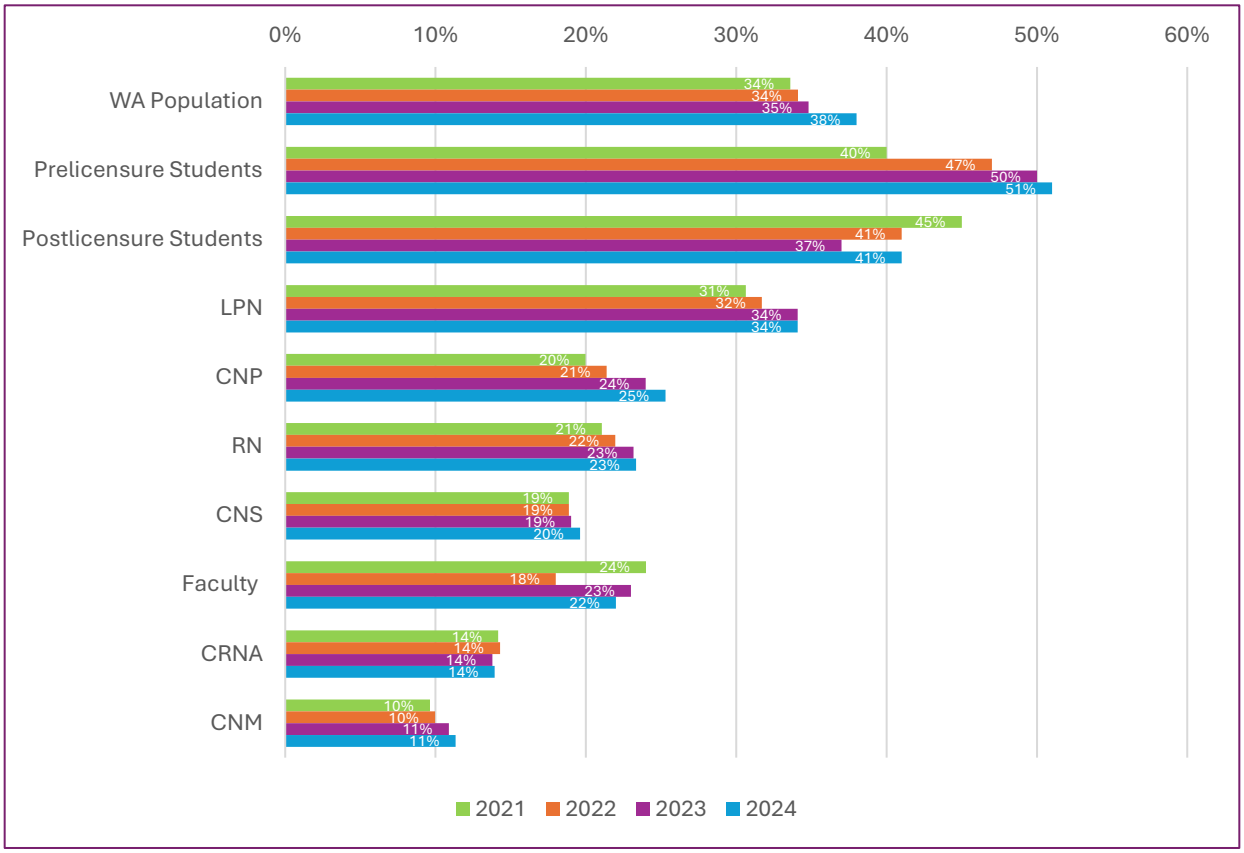
What are the experiences of diverse nurses in Washington state?

The National Academy of Health Future of Nursing 2020-2030 recommends greater investment in diversifying the nursing workforce to advance health equity.[41] The National Commission to Address Racism in Nursing found that 63% of surveyed nurses had personally experienced an act of racism.[42]

Summary of Findings

Examining the diversity of Washington nurses depicts several changes over the last four years. Nursing totals are compared with the general population to compare with Washington demographics. Over the last four years, prelicensure students[2] and LPNs[27] have become more diverse, and along with post-licensure students[2], continue at levels of racial diversity above the Washington population levels. There has been some increase in RNs[17] and CNPs[17], although still below the population. Faculty[2] has experienced some decrease. CRNAs[17], CNMs[17] and CNS[17] have stayed the same. All these nurses are below the general population in diversity. CRNAs working in rural areas were slightly less diverse than those working in urban areas.[29]

Figure 14: Washington Nurses Comparison with General Population 2021-2024 Highest to Lowest
Source: Washington State Board of Nursing Education[2], Workforce Dashboard[17], WCN Supply Report [27]



A study examining Washington state nursing disciplinary cases found cases of discrimination. This includes race, disability and sex discrimination.[43]

In a survey of nurses in 2024, nurses between 41-50 years are significantly more likely to indicate that their professional well-being has been negatively impacted by racism.[37]

In the same study, one-third of Unrepresented Nurses of Color indicated that their professional well-being had been negatively impacted by racism. [37]

> *"There is subtle anti-gay, anti-black [sentiment] among the facility and staff here which is surprising because it's in Western Washington. [Outside of Seattle is a] more rural area which tends to be more conservative. Leadership comes down harder [on some people]. Hispanics don't get promoted as fast. The residents don't want care from a black dude…LBGT folks impacted as well"* (RN, 2022).[44]

Research Implications

- The research team recommends continued tracking of diversity through nursing education and licensure surveys such as HELMS. Examining best practices and programs available in other states could help identify strategies that may be useful in increasing diversity and reducing discrimination.
- Several data sources indicate issues regarding racial and other types of discrimination, but the impact on the recruitment and retention of nurses is unknown. Some information about burnout was collected in 2024.[37]
- The impact of the required Health Equity education for licensed nurses should be examined.

Nursing Job Market and Wages

What are the historical and projected job market trends?

The Health Resources and Services Administration (HRSA) anticipates a projected shortage of RNs and LPNs through 2037.[26] The U.S. Bureau of Labor Statistics projects 189,100 openings for RNs each year.[45] The tracking of historical and projected job market trends across nursing professions is an important part of the Washington nursing workforce picture.

Summary of Findings

Over the last five years, there has been a decrease in LPN positions.[18] From 2021-2024, they were ranked 2nd for exceptionally long vacancies in nursing homes and skilled nursing facilities.[7] In 2024, they were listed as an Occupation in Demand and were listed in the Top 20 Job Postings.[18]

RNs have experienced increased demand over the last five years.[18] From 2021-2024, they were ranked 1st for experiencing exceptionally long vacancies in small hospitals and nursing homes/skilled nursing.[7] In 2024, they were listed as an Occupation in demand and were ranked 1st with the most job postings of all occupations in the state for all 12 months[18]. Over the next five years, they are projected to have increased demand, with the greatest demand projected by HRSA.[18]

Table 6: Washington State Demand Statistics
Sources: Occupation Employment and Wage Statistics[18], Washington Sentinel Network[7]

	2019-2023 OEWS Employment [18]	Sentinel Network Occupation Experiencing Exceptionally Long Vacancies 2021-2024 Rank/Facility [7]	2024 ESD Statewide Occupation in Demand [18]	2024 Average Rank ESD Top 20 Job Postings [18]	2025-2032 Projected ESD Demand[18]	2025-2032 HRSA Projected Demand [18]
LPN	-19.02%	2nd Nursing Homes and Skilled Nursing Facilities (except Spring 2021)	In Demand	12th	+6.01%	+23.29%
RN	+12.12%	1st Small Hospitals, 1st Nursing Home and Skilled Nursing (except Fall 2022)	In Demand	1st	+8.48%	+12.76%
NP	+17.83%		In Demand	16th	+27.75%	+13.52%

Over the last five years, NPs have experienced increased demand.[18] In 2024, they were listed as an Occupation in Demand and appeared on the Top 20 Job Postings.[18] For the next five years, they are projected to have increased demand with a greater increase among WA nursing professions projected by the BLS.[18] Over the next five years, they are projected to have increased demand, with the greatest demand projected by HRSA.[18] The number of APRNs in private insurance networks has also increased from 76 per 100,000 population to 90 per 100,000 from 2021-2023.[30]

LPNs have had fewer jobs over the last 6 years, but the wages have increased, which indicates employers are competing for LPNs.[18] Washington has the highest average LPN wage in the Pacific Region (which has a higher cost of living) and in the United States and is ranked 45th for LPN employment per 1,000 jobs.[22] This may indicate that Washington is not utilizing LPNs at the same rate as other states and/or is experiencing a severe shortage.

In 2024, Washington has the 4th highest RN annual wage in the United States at $155,740. California, Oregon and Hawaii have higher wages. Washington is ranked 45th for RN employment per 1,000 jobs.[22.]

Washington ranks 5th for NP annual wage in the United States and 47th for NP employment per 1,000 jobs.[22]

Washington has the highest CRNA wage in the Pacific Region and is third highest in the United States and is ranked 45th for CRNA employment per 1,000 jobs. [22]

Washington has the fourth-highest CNM annual wage in the United States and is 28th for CNM employment per 1,000 jobs.[22]

Table 7: Washington State Wage and Employment Rank
Source: Occupation Employment and Wage Statistics[18], U.S. Bureau of Labor Statistics[22]

	Washington OEWS Nursing Wage Trend Rank 2019-2024[18]	Washington OEWS Nursing Wage Trend 2019-2024[18]	2024 OEWS Washington Wage[22]	2024 Pacific Region Wage Rank[22]	2024 BLS National Wage [22]	2024 BLS National Wage State Rank [22]	2024 BLS National Employment per 1,000 jobs State Rank[22]
CRNA	1st	+47.38%	$283,614	1st	$231,700	3rd	45th
CNM	2nd	+ 42.90%	$154,056	2nd	$128,110	4th	28th
LPN	3rd	+ 41.77%	$82,143	1st	$64,150	1st	45th
RN	4th	+37.97%	$118,886	4th	$98,430	4th	45th
NP	5th	+16.23%	$147,523	3rd	$132,000	5th	47th

It is important to consider environmental factors such as inflation and the Consumer Price Index (CPI) when interpreting wage data. The CPI increased by 22.7% from 2019 to 2024.[21] All nursing occupations except NP increased above CPI. It is also important to note that there are regional and within-county variations in livable wages. For example, the livable wage in the Seattle metropolitan area is higher than in the surrounding area, and there was an increase in minimum wage in the Seattle area during this time period.

Data available by industry sector for Washington state indicates different wages depending on the employer setting.[48] For LPNs, the highest wage is in the Administrative and Support/Waste Management and Remediation Services (includes Temporary agencies). Management of Companies and Enterprise RNs have the highest wages. For example, this would include CNOs. NP jobs in Psychiatric and Substance Abuse Hospitals have the highest wages. General Medical and Surgical Hospitals pay the highest wages to CRNAs.

Table 8: Nursing Wage by Industry

Source: OES Research Estimated by State and Industry[48]

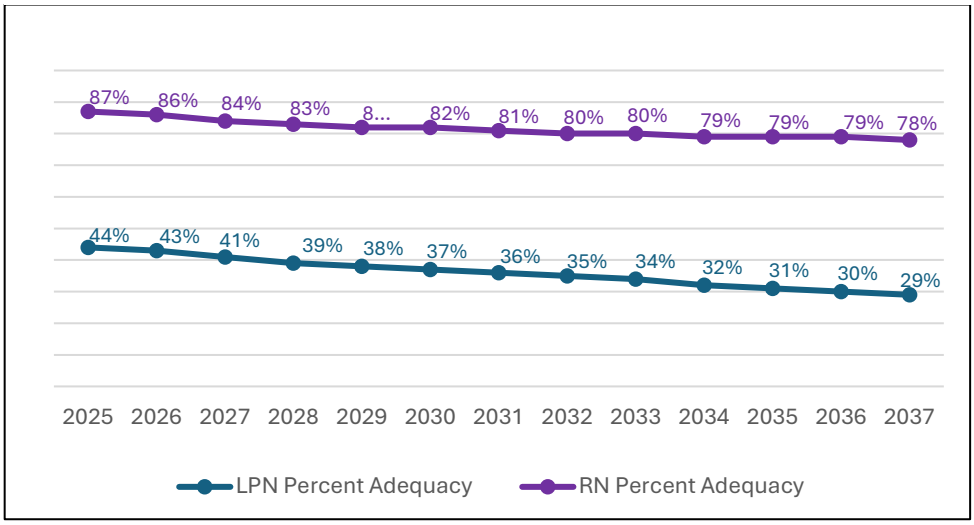
Industry Sector	LPN	RN	NP	CRNA
Retail Trade		$115,800		
Finance and Insurance		$108,120		
Professional, Scientific, and Technical Services		$113,480	$136,640	
Management of Companies and Enterprises		$129,490		
Administrative and Support and Waste Management and Remediation Services (i.e. Temporary Agencies)	$82,450	$100,340		
Elementary and Secondary Schools	$72,660	$93,730	$153,880	
Colleges, Universities, and Professional Schools	$78,180	$114,650	$150,870	
Health Care and Social Assistance			$143,010	$281,040
Ambulatory Health Care Services	$75,290	$101,680	$139,140	$264,700
General Medical and Surgical Hospitals	$73,480	$119,900	$146,940	$305,670
Psychiatric and Substance Abuse Hospitals	$80,200	$119,000	$173,180	
Nursing and Residential Care Facilities	$85,940	$101,870	$170,540	
Social Assistance	$68,760	$90,930	$132,070	
Federal, State, and Local Government, excluding State and Local Government Schools and Hospitals and the U.S. Postal Service (OEWS Designation)	$78,300	$123,610	$151,640	

Overall, rural facilities have frequently indicated persistent long vacancies for nursing, more demand for nurses, and community and economic challenges.[7] School districts are also employers of nurses. The majority (51.9%) of Washington State school districts are considered rural. Burdened with budget constraints and rural isolation, smaller schools in rural districts often have difficulty finding and retaining qualified school nurses to provide services, as well as the leadership necessary for a successful school health program.[46] In Washington and nationally, most school nurse practices include an RN, with some utilizing an RN/LPN model. [47]

> *"Our area lacks housing, public transportation and daycare services. There are also limited job opportunities for spouses and limited activities for children." [Spring 2024 Acute care hospital, 25 beds or fewer, Sentinel Network Facility][7]*

The HRSA Health Workforce Simulation Model projects a current and worsening shortage of LPNs and RNs through 2037.[18]

Figure 15: LPN and RN Percent Adequacy Projections
Source: HRSA Workforce Simulation Model[18]



Research Implications

- Examine job market historical and projection data at the regional level. Examine Idaho wage data and employment trends in addition to Oregon, as there is a lot of movement back and forth between the three states.
- The research team recommends including the national standardized occupation code (SOC code) for CRNAs (SOC code 29-1151), Certified Nurse Midwives (SOC code 29-1161), and Nursing faculty (SOC 25-1081) on Washington state's Occupations in Demand so they are better captured.
- Although Washington has some of the highest nursing salaries in the United States, the number of jobs per 1,000 is ranked near the bottom. This may indicate that the state

does not utilize these providers at the same rate as other states. The research team suggests more research to examine why this difference is occurring in Washington. The increased wages and lower employment level could be driven by a shortage of providers, higher cost of living, union participation, differences in utilization of providers in health care facilities, for example, specialty versus general hospital distribution.

- We need more data collection and analysis on the nurse licensure compact. Examine LPN and RN projection modeling annually to determine whether the supply data has stabilized after the implementation of the Nurse Licensure Compact. In addition, questions added to the HELMS data collecting practice information will provide the opportunity to apply projection models to ARNPs. Projection modeling for these groups can be revisited when this data is available. Customizing the HRSA simulation model (https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand/technical-documentation) or the BLS demand projection model (https://esd.wa.gov/media/2065) in the future could provide the opportunity to develop Washington-specific demand projections when more stable data is available.
- Potential future studies could include pairing licensure data and the OEWS survey data using standard occupation codes to provide a more accurate estimation tool.

Work Environment and Nursing Retention

What does the data say about the work environment and the retention of nurses?

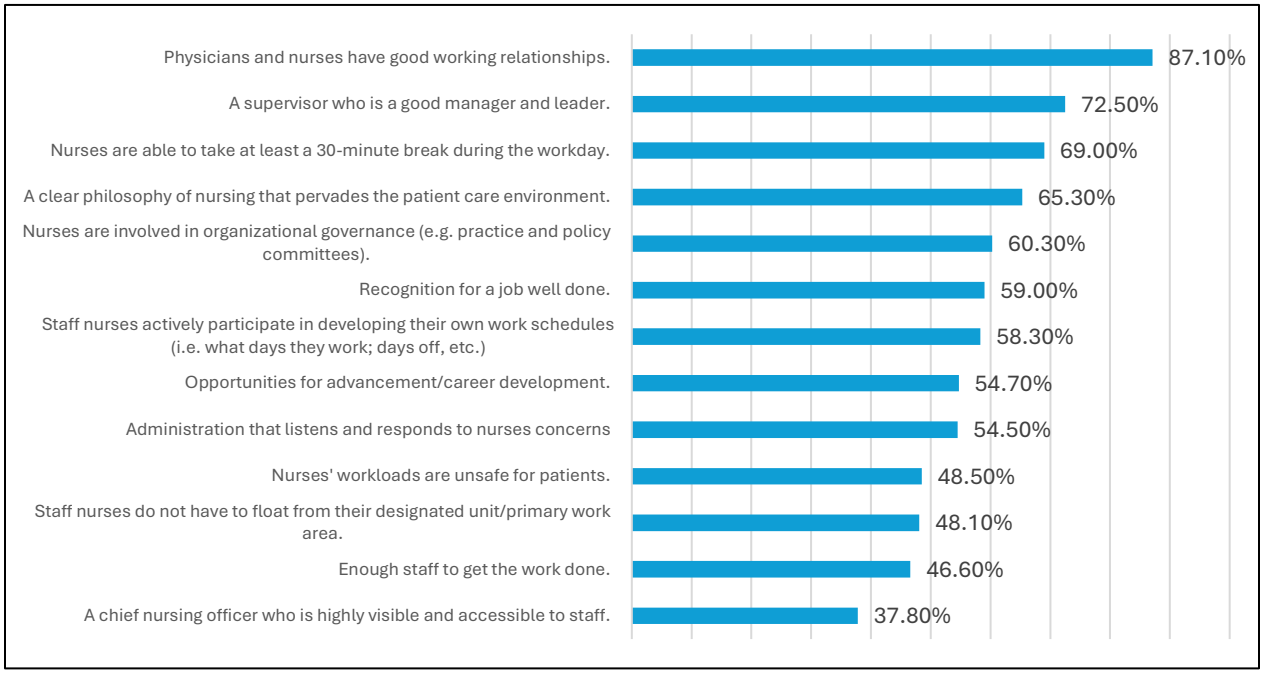
Nursing workforce recruitment and retention are critical issues facing nurse managers and healthcare systems. In 2023, the national hospital RN turnover rate was 18.4%, with the highest turnover in telemetry, emergency services, and step-down units. The average cost of turnover for a bedside RN was $53,600. The national RN vacancy rate was 9.9%, and the average time to recruit an RN was 86 days.[49] All of these numbers indicate a continuing retention problem. A strong nurse workforce supply is essential for healthcare systems to provide safe, quality patient care and sustain nursing staff and patient satisfaction.

Summary of Findings

In 2024, about one-third of Washington nurses felt emotionally drained from their work every day or a few times a week, with more (41%) feeling used up at the end of each workday or a few times a week.[37] Strategies should be implemented to reduce burnout in order to increase nurse retention. A regional study that included Washington nurses found that an intervention emphasizing recovery and sleep quality was useful in reducing burnout.[50]

Positive highlights out of the report is that the highest percentage of nurses agreed that physicians and nurses have good working relationships (87.1%), followed by a supervisor who is a good manager and leader (72.50%). [37] An area of concern is that the lowest percentage of nurses agreed that they have enough staff to get the work done (46.6%) and that they have a chief nursing officer who is highly visible and accessible to staff (37.8%).[37]

Figure 16: Practice Environment Scale: Highest Percentage that Somewhat or Strongly Agreed
Source: WCN Burnout and Retention Report[37]



In 2024, another positive finding is that ARNPs most frequently agreed that they do not have to discuss every patient care detail with a physician (92.7%), and in their organization, they freely apply all of their knowledge and skills to provide patient care (90.8%). However, the lowest agreement was found on administration treating ARNPs and physicians equally (47.9%), and in their organization, there is consistent communication between ARNPs and administration (58.2%).[37]

In 2024, all of the employer retention strategies were indicated by less than 17% of nurses, but the highest was mental health and stress services (16.7%).[37]

Table 9: Retention Strategies that have been Implemented at their Facility
Source: WCN Burnout and Retention Report[37]

Mental Health and Stress Services	16.70%
Improve Nurse Staffing	16.50%
Enable Breaks Without Interruption	16.40%
Not Having to Routinely Work Unscheduled Hours	15.20%
Enhance Personal Safety and Security Measures	12.00%
Opportunities to Influence Workplace Policies	11.40%
Resilience Training/Spaces and Time for Meditation	11.20%
Increase Number of Support Staff	10.70%
Reduce Bullying and Incivility among Coworker or Managers	9.30%
More Varied Options for Shift Length	7.80%
Appoint Wellness Officer(s)/create Wellness Committees	7.40%
Right to Decline Assignments Outside my Specialty	7.30%
Reduce Mandatory Rotating of Nights, Weekend and Holidays	6.00%
Spend Less Time Absorbing Responsibility of Other Departments	5.40%
Nurse Influence on Selection and Implementation of Technologies	5.40%
Reduce Time Spent on Documentation	3.60%
Reduce Emphasis on Meeting External Quality Metrics	1.70%

Research Implications

- A large number of nurses are also exhibiting burnout symptoms in 2024. It will be to determine if intervention strategies are effective. The research team recommends the addition of burnout questions to the HELMS survey. Another source of contextual information includes separation and turnover data for the healthcare industry from the U.S. Census data and the BLS workplace injury data. These include the BLS health care and social assistance sector report (https://www.bls.gov/iag/tgs/iag62.htm).
- The research team recommended measuring retention strategies at the facility level.
- The impact of retention bonuses, Magnet and Pathways to Excellence status could also be measured in conjunction with staffing.

Future Research Plans

Workforce Research Priority Plan

Future short-term research plans were prioritized during the October 27, 2025, meeting of the Washington State Nursing Workforce Research Stakeholder group. Examples of organizations included within this group are the Washington State Board of Nursing, University of Washington, the Washington Employment Security Department, Washington Workforce Development Council, ARNP's United and the Washington State Hospital Association. A summary of the data findings, the research implications and open discussion was followed by prioritization of short-term strategies. A list of potential short-term research strategies from the research implications for all topics were developed in conjunction with the Mary Sue Gorski (co-lead for the Stakeholder group) and then the group voted. The list included strategies that provide either studies to answer low-hanging questions or provide the essential first steps for future research. This resulted in a list of 5 strategies for time period between January and June 2026.

This report and the prioritized short-term research plans were presented to Washington Center for Nursing Board meeting on December 12, 2025. This group includes nursing stakeholders representing advanced practice nurses, representatives of the Council on Nursing Education in WA State, , the Mary Mahoney Professional Nurses Organization, , the Northwest Organization of Nurse Leaders, the Washington State Nurses Association and public health nursing.

The top five short-term research priorities are listed below. Each research priority includes a summary of the current data limitations and results, the priority outcome, the key steps, the accountable party and timeline for completion.

Table 10: Workforce Research Priority Plan (January-June 2026)

Research Priority 1: Development of an interactive Washington nursing program access map.							
Current data limitations and results: Current maps that show the primary sites for Washington in-state programs display large gaps in distribution. However, these maps do not include satellite sites.							
Outcome: Interactive online map providing a more complete picture of Washington nursing education programs to provide for the development of strategies to fill gaps.							
Key Steps	**Accountable Party**	**Timeline for Completion**					
		Jan	Feb	Mar	Apr	May	Jun
Update WABON dashboard map with 2024-2025 nursing programs and satellite sites.	Emma Cozart						
Present new interactive map to the WA Nursing Workforce Stakeholder group to recommend strategies.							

Examine feasibility of adding out-of-state nursing program data.							
Research Priority 2: Evaluate possibility of having one annual in-state nursing education survey hosted by WABON.							
Current data limitations and results: Current data is collected through different surveys and different questions for pre-licensure programs (NCSBN survey) and post-licensure programs (WABON). This limits the usability of the data and a greater burden on nursing education programs.							
Outcome: Development of a nursing education research advisory group to examine strategies for streamlining collection of Washington data and recommendations for future improvement including ongoing training on accurate collection.							
Key Steps	**Accountable Party**	Jan	Feb	Mar	Apr	May	Jun
Develop list for participants for WA state nursing education research advisory group.	Patricia Moulton Burwell, Mary Sue Gorski, Emma Cozart co-facilitate the stakeholder group						
Examine state and national education data collection tools and determine the pros and cons of the current data collection strategy.							
Propose a set of recommendations for the Washington State Board of Nursing.							
Receive feedback on recommendations for the Washington State Board of Nursing.							
Present to Washington State Board of Nursing.							
Research Priority 3: Status of hybrid and remote education in Washington.							
Current data limitations and results: There is limited data available regarding availability of hybrid and remote opportunities from Washington based nursing education programs.							
Outcome: A report including a literature review of hybrid and online education models and the results of data collected from pre-licensure programs. The report will also provide recommendations for future data collection.							
Key Steps	**Accountable Party**	Jan	Feb	Mar	Apr	May	Jun

Examine literature to outline best practices for defining hybrid and remote education.	Patricia Moulton Burwell and Brenda Senger- co-project leads PhD or GA student- TBD						
Examine difference between pre-requisite common core courses through DTA agreement and nursing courses.							
Collect pilot data from pre-licensure programs on prerequisite, nursing and lab courses, their remote/hybrid status and how programs measure competency.							
Present results to WA State nursing education research advisory group to develop recommendations.							
Present to WA Nursing Workforce Research Stakeholder group.							
Research Priority 4: Examine Washington mentorship, residency programs and other support for new nurses.							
Current data limitations and results: Newly graduated nurses are at the greatest risk for burnout, and emotional exhaustion in Washington State.							
Outcome: A report describing best practices for retention of new nurses, results of WA state hospital/long term care data collected in Washington state and recommendations for state-wide strategies.							
Key Steps	Accountable Party	Jan	Feb	Mar	Apr	May	Jun
Examine literature to determine best practices for workforce retention including generational differences and new nurse retention. Connect with WCN Burnout groups to align with other strategies. Examine data collection tools from other states.	Patricia Moulton Burwell- lead Gena Cooper, WSHA, Leading Age-TBD						
Develop draft data collection tool and connect with WSHA and Leading Age to receive feedback.							

Implement data collection and analyze data.							
Present findings from survey to Academic-Practice Partnership and Leading Age Group to recommend strategies.							
Present to WA Nursing Workforce Research Stakeholder group.							
Research Priority 5: Measure retention strategies at the facility level.							
Current data limitations and results: Nurses reported that few employers had implemented retention and burnout strategies in a 2024 WA study. It is unknown what strategies health care facilities have implemented.							
Outcome: A report detailing data collected on WA State employee retention strategies.							
Key Steps	Accountable Party	Jan	Feb	Mar	Apr	May	Jun
Develop draft data collection tool and connect with WSHA and Leading Age to receive feedback.	Patricia Moulton Burwell- lead Gena Cooper, WSHA, Leading Age-TBD						
Implement data collection and analyze data.							
Present findings from survey to Academic-Practice Partnership and Leading Age Group to recommend strategies.							
Present to WA Nursing Workforce Research Stakeholder group.							

Future Research Strategies

Future research strategies that should be considered in Washington state, based on the findings in this report, include:

- Develop a common application for all nursing programs to allow for accurate counting of student applications and provide a central place for students to apply to all nursing programs in the state.
- Collect data on those nurses who have active licenses and who are not working in Washington State including why they are out-of-state in order to develop strategies to retain nurses.
- Examine data from the new licensure system (HELMS), which includes a new variable for nursing education program attended, to determine nursing student retention. Also, examine out-of-state nursing programs with WA clinical sites to determine how many students are planning to work in Washington state.
- Examining entry-level education and progression would provide more information changes in preferred routes to higher degrees.
- Add a question to the pre-licensure and post-licensure nursing education program surveys to measure the number of students who go out of state for clinicals.
- Tracking the number of students starting nursing coursework each year for each nursing program would provide a count of how many students who were admitted actually started attending that program.
- Monitor the impact of the Clinical Placement Initiatives strategy implementation.
- Tracking nursing program budgets in conjunction with program capacity expansion to provide information about needed resources.
- Collect data through a survey of nursing faculty to provide more detailed salary, preparation, recruitment and retention data. Examine other sources of faculty salary data to compare with livable wage data.
- Further examine the recruitment and retention of nursing program administrators.
- Determine the impact of the Washington college wage supplement. Did it increase retention of nursing faculty?
- Improve Nurse Licensure Compact data collection.
- Add a question to HELMS and to the out-of-state employer survey regarding travel nurses, organizational float pools, and intended length of work in Washington state.
- Survey nurses who are licensed but not working in the state to determine why they are not working and to develop retention strategies.
- Examine county-level labor market data and projections to determine areas that need more nurses.

- Examine direct progression of new nurses to higher level degrees to determine if they would benefit from additional resources.
- Examine whether there are gender differences in students applying for and admitting to nursing education programs, advancement (including CRNA, ARNP and Faculty roles) and retention differences.
- Examine male nurse motivation to join the nursing profession and in choosing their nursing role. Examining programs in other states and best practices to encourage more male nurses to develop strategies for Washington state.
- Continue tracking diversity through nursing education and licensure surveys. Examine best practices and programs available in other states to help identify strategies that may be useful in increasing diversity and reducing discrimination.
- Examine racial and other types of discrimination and their impact on recruitment and the retention of nurses in Washington state.
- The impact of the required Health Equity education for licensed nurses should be examined.
- Examine the CNS labor market data when they are available for Washington state.
- Examine job market historical and projection data at the regional level.
- Include CRNAs (SOC code 29-1151), Certified Nurse Midwives (SOC code 29-1161), and Nursing faculty (SOC 25-1081) on Washington state's Occupations in Demand list.
- Examine and Oregon wage data and employment trends in conjunction with Washington state, as there is a lot of movement back and forth between the three states.
- Although Washington has some of the highest nursing salaries in the United States, the number of jobs per 1,000 is ranked near the bottom. Examine why this difference is occurring in Washington.
- We need more data collection and analysis on the nurse licensure compact. Examine the potential for LPN and RN projection modeling annually to determine whether the supply data has stabilized after the implementation of the Nurse Licensure Compact.
- Pair licensure data with the Occupation Employment and Wage survey data using standard occupation codes to provide a more accurate estimation tool.
- Track statewide nursing burnout measures to determine if intervention strategies are effective. Add burnout questions to the HELMS survey. Examine separation and turnover data for the healthcare industry from the U.S. Census data and the BLS workplace injury data.

Communication Strategies for Dissemination of this Report

A draft of this report was shared with the Washington State nursing workforce research group in October 2025. A final draft was reviewed by this group in early December, and the WCN Board of Directors was also provided a final draft copy to review and a presentation at their December Board meeting.

Initial dissemination plans for this report include:

- This report will be uploaded to the Washington Center for Nursing website at https://www.wcnursing.org/ in January 2026.
- WCN will promote the release of the report on Facebook, LinkedIn and Instagram through a special social media release in January 2026.
- A link to the final report will be sent to the Washington Center for Nursing Board in January 2026. The WCN Board includes:
    - Antwinett O. Lee, EdD, MSN-CNS, RN, Multicultural Nurses Association
    - Melissa L. Hutchinson, DNP, ARNP-CNS, CCNS, CWCN-AP, CCRN, ARNP Position
    - Steven C. Simpkins, PhD, RN, CNEWS 2-year Community/Technical College Position
    - Michelle James, MBA, MM, BSN, RN, CCRN, CENP, NWONL Position
    - Edna Cortez, RN, WSNA Position
    - Katie Eilers, MSN, BSN, RN, Public Health Association
    - David Keepnews, PhD, JD, RN, FAAN, WSNA Position
    - Jane Hopkins, RN, SEIU Position
    - Christina Nyirati, PhD, RN, CNEWS 4-year College/University Position
    - Wendy Williams-Gilbert, PhD, RN, At Large Position
    - Christina Finch, MHA, BSN, RN, CPN, NWONL Position
    - Carol Denison, LPN, LPN Position
    - Tricia Jenkins, RN, BSN, CEN, SEIU Staff Nurse Position
- In addition, the Washington State Board of Nursing and all major nursing and healthcare organizations will receive the report to send out to their members in January 2026.
- WCN will host convenings in 2026 to provide report findings and research recommendations to the broader audience and to provide for strategy and policy recommendations.

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