



Reimagining Nursing from the Lessons of COVID-19

By WCN Executive Director, Sofia Aragon, JD, BSN, RN

Nurses hoped the year 2020 would bring special recognition to the work they do. After all, it was the Year of the Nurse and the Midwife. However, no one anticipated that the attention would result from being on the frontlines responding to a global pandemic.

Like a lot of people, we are as eager as anyone to close the door on 2020. But before closing the door on this baleful year, we must ask the question, has 2020 given us an opportunity to reimagine the nursing workforce? Taking the time to reflect and learn from nursing's experience in 2020, can we finally commit to long-overdue changes in 2021, such as eliminating health disparities and providing practice environments where nurses can thrive and do their best work no matter what the circumstance?

If nurses were to make a list reimagining the world of healthcare after COVID-19, it might look something like this:

A world where every patient feels they receive quality healthcare regardless of their ethnicity, religion, age, sexual orientation, or ability to pay.

A world where nurses working in community settings are equally as resourced as nurses in hospitals.

A world where every nurse has fresh personal protective equipment available to them when they need it.

A world where access to quality health care for all is never a political debate.

A world where a nurse, caring for patients suffering from a deadly virus, feels safe coming home to their

family without being afraid of bringing the disease into their own home.

A world where nurses work within large enough teams, they can take breaks and recuperate from the stressors of nursing when they need to.

A world where nurses can connect with their colleagues to find support and resources for problem-solving regularly.

A world where nursing students do not have to worry whether they can graduate because clinical practice sites are no longer available because of a pandemic.

A world where nursing students in rural communities have quality internet connectivity to attend classes remotely when needed.

A world where nurses sit at every table where decisions are being made in response to a large-scale health care emergency.

The world imagined above barely describes the crisis tsunami nurses had to wrestle with in 2020. But as we reflect on nursing's experience during this global pandemic, we are also hopeful that it can bring opportunities for positive change.

The Washington Center for Nursing is committed to providing the data to educate the public on the state of the nursing workforce, to do the hard work of advocating for equitable care, and to bringing people together to move towards system transformation. This work is all our work, and we are incredibly honored to stand with you, the helpers, the healers, and our heroes, Washington's nurses!



THANK YOU!!

In celebration of 2020 as the Year of the Nurse and the Midwife, WCN is speaking with nurses and highlighting their leadership, experience, words, and wisdom. Nurses are heroes, today and every day!



Advanced registered nurse practitioners (ARNPs) are pillars to quality health care delivery in our state. In Washington, the advanced education of ARNPs authorizes them to practice without physician oversight, hold private practice, and serve as primary care providers. They can create care plans, order and interpret diagnostic tests, write referrals, diagnose patients, and prescribe therapies, the use of medical equipment, and medicines. In short, ARNPs are health care leaders that provide holistic high-quality, evidence-based care!

Also known as nurse practitioners (NPs), ARNPs often hold certifications in specialized areas such as nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialists (CNS), and psychiatric-mental health (PMHNP), among others. They also work in a variety of care environments like private practices, clinics, hospitals, nursing homes, and drug treatment centers where they provide patient-centered care.

According to [Washington State's 2019 Advanced Registered Nurse Practitioner Workforce](#) report released by the University of Washington Center for Health Workforce Studies and the WCN earlier in 2020, there are just under 6K practicing ARNPs in Washington. To meet the state's demand for quality health care providers, we are going to need more of them.

WCN spoke with several ARNPs to find out what motivated them to pursue an advanced nursing education along with their experiences as leaders in their respective health care environments.

Victoria Fletcher, MSN, ARNP, FACNM



Growing up in Detroit, Michigan, I experienced segregated hospitals where there was often a sense of despair in the air not only due to the severity of illness of the person but also due to the knowledge that the healthcare provided was frequently substandard compared to the non-segregated hospitals. This experience was the catalyst that inspired me to become a healthcare professional

who would deliver the best care to all, without regard for racial and socioeconomic status. I also wanted to be a role model for young people in communities of color—to model that their career choices were not limited and that they too could become healthcare professionals.

Once I worked as a nurse, I realized I could make more of an impact with and for patients at the advanced practice level. I could take a holistic view of their health concerns, provide care that centered the client and practice independently.

Advancing my education wasn't always easy. In nursing

school, I was the only African American student in my class of over 250 students. I survived the isolation and macro and microaggressions to graduate with honors, but in graduate school, I was not so fortunate. I received a "C" in a course which, at that time and at that school, meant I was close to failing out of the program. I had to find a way to do whatever it took to persevere and graduate. One faculty member reached out to me and mentored me throughout the remainder of my graduate course of study.

I chose nurse-midwifery because of my desire to be a primary care provider for women throughout their lifespan. I wanted an independent practice where I could provide services including primary care, gynecologic and family planning, preconception care, care during pregnancy, childbirth, and the postpartum periods, and care of the normal newborn during the first 28 days of life. I have worked as a nurse-midwife in high and low resource settings and am always in awe of the women and their families who I have had the honor of assisting during their journeys towards optimum health. Additionally, I am proud to have helped educate the next generation of nurse-midwives by serving as faculty at a nurse-midwifery program.

Being an ARNP, truly fulfilled my desire to give back to the community and improve the health outcomes for all, but especially for people of color.

Melissa L. Hutchinson, DNP, ARNP-CNS, CCNS, CWCN-AP, CCRN



I am an advanced registered nurse practitioner (ARNP), more specifically, a Veteran's Affairs (VA) Clinical Nurse Specialist (CNS). I did not begin with this end in mind, becoming an ARNP, I did not even begin with nursing in mind. I worked as a pediatric hospice aide to help pay for my business degree at the University of Washington (UW). Once I was in the business workforce, I realized nursing was

where I belonged. I obtained my associate's degree in nursing and fell in love with the ICU. I worked as a surgical ICU nurse and realized I wanted to keep growing. My nurse manager at the time commented, "Becoming an NP would be a good step, but we would hate to lose you from the nursing side. Have you considered the CNS role?" I had been strongly considering the CNS role, and her comment sealed the deal for me. I obtained my master's degree as a CNS-cardiovascular specialty from UW in 2003 and my DNP-CNS in 2018. I obtained my DNP because I wanted to continue expanding my knowledge base so I could have a greater impact on our healthcare system and improve care for the Veteran population.

CNSs are one of the most versatile ARNPs who can practice in a variety of areas such as setting (ICU), population (women's health), and problem base (wound care). In my role as a CNS, I have a variety of roles within three spheres of influence, which are the patient, the nurse, and the system. The spheres change depending on the needs of the nurses, the needs of the patients (ICU and wound care are my specialties), and the facility. I have had a great deal of latitude in my CNS roles to change system processes. In the past 10-years, for example, I have co-chaired a group with a physician colleague that revamped our resuscitation program including mock codes, policies, procedures, and crash cart processes leading to an improvement in our facility's survival to discharge outcomes.

In wound care, I work to provide staff with current evidence-based information to improve care. We facilitate this by improving logistical systems and wound care education optimizing how care is delivered at the bedside by the wound care team and nurses. Some people ask, how is a CNS different than an NP? Both are APRNs but where we are different is our focus. An NP focuses on the individual patient and the patient population. A CNS can provide individual patient care but also focuses on the nurses' needs and how a system functions to care for patient populations. Both improve patient care and outcomes, but we do so through different paths of influence to ensure the delivery of high-quality, evidence-based, patient-centered care.

Greg Hudson, DNP, ARNP, PMHNP-BC, RN,



I am the Psychiatric Consultant on the primary care team at Collaborative Care at Community Healthcare (an FQHC) in Tacoma, WA. In this position, I spend my time seeing complicated psych patients for direct care and supporting primary care providers with consultation, diagnosis, and treatment. I love the diversity of patients and providers I work with and the fast-paced, creative nature of the work. Integrated care makes me feel like a valued member of a team of providers while offering comprehensive care to patients who are most at risk.

My path to my current role was not direct; I chose this career after seeing the grave health disparities in people with mental illness. I started as a Recreations Coordinator for men in inpatient drug and alcohol treatment. From playing softball to sitting in AA meetings to helping people find full-time work, my personal biases toward mental illness began to fall away. Later, as a case manager in community mental health, and then as an inpatient nurse in a psych ward in a county with one of the fewest psych beds-per-capita in the country, I saw how important good coordination and integration of care is for psychiatric patients. The health disparities that patients with mental illness face is a system issue that psychiatric ARNPs are uniquely posi-

tioned to solve while also promoting much-needed integration of care.

If I can offer any advice to those considering becoming an ARNP, it's this: surround yourself with good people who will challenge you, call you out when you're wrong and support you in finding the right course of action. Healthcare can be frustratingly slow to pivot, but it is possible to bend the system towards justice. Don't be afraid to challenge the status quo. Read diverse authors. Seek out mentorship. Find where your passions and interests overlap with healthcare—and make that your vocation.

Carol Kottwitz DNP, PMHCNS-BC, PMHNP-BC, PMHNP Program Director at Gonzaga University



I am an assistant professor and Program Director for the Psychiatric-Mental Health Nurse Practitioner program at Gonzaga University and have a private practice. I am also married with two grown children and live in a small town outside Spokane, WA.

I received my BSN in 1984 at the Intercollegiate Center for Nursing Education.

While working at an acute care hospital in nursing school, I found that I had an affinity and passion for working with those with mental health needs. Truly connecting with people was the foundation for healing and recovery, and the fast-paced, task-focused job in an acute care setting was not a satisfying experience for me. Eventually, I went to work full-time at Eastern State Hospital, where an advanced registered nurse practitioner mentored me. I also went on to complete my master's degree from the University of Washington (back when distance learning was crowding around a speakerphone and sending VHS tapes of assessments and interviewing). At ESH, the scope of CNSs involved leadership and direct care in individual and group therapy, as well as interdisciplinary protocol development, staff education, and serving as the unit program director. As a life-long learner, completing my DNP was the next logical step and has offered many opportunities and choices on where I want to finish my career.

Having a private practice has allowed me to integrate my philosophy of inherent value in all human beings within my practice structure. For instance: use of a holistic framework, length of appointments, accessibility to Medicare and Medicaid clients, understanding of psychiatric care as a partnership. Educating students for this advanced practice role has allowed me to share my expertise with others and help grow the next generation of PMHNPs.

While advanced practice psychiatric nursing is very challenging, it doesn't feel like work when you are there to provide hope and connection for those who need it. Follow your passion... it's well worth the effort!

Emerging Leaders in Nursing

An Interview with Melia Fry, RN

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

Melia Fry is an RN working toward her BSN at Western Washington University. Currently, she is employed as a nurse care manager at [Lifeline Connections](http://LifelineConnections.org), a non-profit community-based behavioral health organization with offices in Oak Harbor, Mt. Vernon, and Bellingham. She also works per diem as a dispensary nurse at Grays Harbor Treatment Solutions in Aberdeen, WA.

WCN: How did you choose nursing as a career?

Melia Fry: I had been a homemaker for 15-years, and my kids were getting to an age where they did not need me at home as much; I decided that I should get a job, and I needed an education for that. I had a conversation with my dad and stepmom about it, and my stepmom said that I had a lot of nursing qualities. My stepmom is a nurse, so she understands what it takes to be a good nurse, and she thought it would be a good fit for me. I like helping people, so after looking into it, I made the decision to become a nurse.

I enrolled at Grays Harbor College, where I received my Associate Degree in Nursing. Once I finished my first year and obtained my LPN license, I started working at Grays Harbor Treatment Solutions.

WCN: What are some challenges you have had in becoming a nurse?

Melia Fry: I would say juggling family with the demands of school was very hard. While taking my pre-recs, my husband and I got pregnant again and had my daughter. I ended up waiting until she was 3-years old before entering the nursing program. I had always



Lft: Melia Fry, Top Rt: Melia with her sons, Bottom Rt: Melia with her daughter

been in the role of taking care of our family, and I had to juggle making sure the kids got to school, my daughter got to preschool, and making sure I got all my homework done. I was glad my other kids were older and able to pitch in.

We created a master schedule of what it was going to be like with my schooling and their schedules. My older son drove, so he was able to help pick up siblings, or they rode the bus if they had to. The kids ended up switching schools partway through my nursing program so they could be in a school with a schedule more accommodating to mine. While I was doing clinicals, there was a gap where I wasn't able to pick them up from school, and switching schools allowed them to take the bus home. Having their support helped me get through nursing school.

WCN: You are an enrolled member of the Nooksack Tribe. Why do you think diversity/representation is important in the nursing workforce?

Melia Fry: I think diversity is important because, to care for the population that comes in, you should be culturally competent and have some understanding of your patient's culture or beliefs. In school, you do learn about different cultures. But it's not until you work with others that are of different ethnicity, or age, or sexual orientation, or any of the other things that define

diversity that you are better able to help different types of patients.

I have noticed that with my patients who have a native background, even if we are not from the same tribe, they engage with me differently compared to my non-native co-workers. I have had a patient tell me that I brighten their spirit simply because I understood what they were talking about concerning their way of life. That five-minute conversation where we talked about fishing, hunting, and going clam digging was therapeutic. It helps when patients see someone like them in their care environment.

Being able to relate to a patient's family dynamics also builds a deeper sense of trust and can contribute to more effective care. For example, a patient may want a parent or their mom with them even though they are an adult. I have run into that before with patients where my co-workers have asked, "Why is their mother here?" Well, it's a cultural thing. Representation increases the odds that someone in the care environment will be able to understand these types of dynamics.

WCN: You attended Grays Harbor Community College, where you had a nursing professor who was also a member of the Nooksack Tribe. Do you find that representation in nursing faculty was valuable to success?

Melia Fry: There were actually five of

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us in my cohort who were Native American, and it was nice to have an instructor who shared Native American ethnicity as well. Our program instructor did not say anything about being Native American until I had brought something in with me, and we connected it. Then we found out that we were part of the same tribe. You form a connection because you share a background. She understood my culture because we had that in common. For me, it certainly helped.

I was fortunate to go to a nursing program with diverse nursing faculty. One of my instructors was Native American, another one was Hispanic, and there was a variety of age groups too. The younger professor was closer to my age, and she was able to relate to us about our struggles being nursing students. We even had a male nurse instructor. We had one male in our cohort, and for him to have the representation in that one male instructor was also a big deal.

WCN: What do you enjoy most about being a nurse?

Melia Fry: I enjoy seeing the patients I work with improve. When they come to us, they are in a low spot in their lives and wanting help. At both my jobs, I work with the MAT program, which is medication-assisted treatment. One is a methadone clinic where we mainly dispense methadone, and the other one works more with suboxone, which the patient can get at a pharmacy of their choice. They can also come in for monthly injections of Vivitrol or Sublocade. It is two

different sides of treatment that have been interesting to learn about. I like watching my patients succeed. There can be a night and day difference in a person after they have gotten on the treatment program. It is nice to feel like I am making a difference in my patients' lives.

Another part of my position I enjoy is working with other community organizations to destigmatize the treatment these patients get in pharmacies or emergency rooms.

I would encourage nursing students and nurses to consider going into the specialty of substance abuse nursing and working with mental health patients. In my nursing program, we just brushed over these specialties. The opioid epidemic is huge, and we need more nurses in this area.

WCN: What advice do you have for those considering pursuing a career in nursing?

Melia Fry: Make sure before you go into the nursing program that you have a support system already in place—especially if you have children. Nursing programs are demanding. Without the support of my family, I might not have been able to make it through the nursing program at all.

Also, take the time for self-care. It is stressful going into the nursing program and if you don't take time for self-care, even having a support system might not be enough. For me, I like going to the movies. It gave me a break from the stress, so that was my outlet.

Having supportive instructors that you can talk to is also helpful. I had instructors that I could go to and talk to if I had any issues. They were also an important part of my support system.

WCN: What has your experience been with COVID-19?

Melia Fry: I have certainly seen patients that are reluctant and fearful to come in for their treatments. We have in place all the safety and distancing precautions, but that doesn't always ease their fears.

With us as nurses, because it is needed treatment, we are there every day. A lot of our work has focused on taking up all the precautions and working to alleviate patient stress around COVID. There are so many precautions put in place to keep staff and patients safe that I feel safe.

WCN: What's next for you?

Melia Fry: I want to get my DNP from UW and continue working with my current non-profit organization, Lifeline Connections. I have worked at both for-profit and not-for-profit organizations, and they are different. I have found I prefer the non-profit environment. My current job supports me in my goal of advancing my education, and when I do become a nurse practitioner, they will have a position here for me still.

Substance use disorder has been something that has affected my family and is something I feel a connection to. It is my passion right now. And it is my goal to advance my nursing career in substance use treatment and care.

Washington State Nursing Workforce Data Reports

In partnership with the UW Center for Workforce Studies, WCN released three reports on Washington State's 2019 RN, ARNP, and LPN workforce in 2020. These reports include demographic, education, and practice characteristics, along with additional information on Washington's nursing workforce to inform health workforce planning in the state.



Click on reports below to learn more about the status of Washington State's nursing workforce.

Washington State's 2019 Registered Nurse Workforce

March 2020
Benjamin A. Stubbs, MPH, Susan M. Skillman, MS
Center for Health Workforce Studies, University of Washington

Washington State's 2019 Advanced Registered Nurse Practitioner Workforce

March 2020
Benjamin A. Stubbs, MPH, Susan M. Skillman, MS
Center for Health Workforce Studies, University of Washington

Washington State's 2019 Licensed Practical Nurse Workforce

May 2020
Benjamin A. Stubbs, MPH, Susan M. Skillman, MS
Center for Health Workforce Studies, University of Washington

Innovating Nursing Education: Regional Community of Practice

Aims to Advance Resilience in Nursing Students

Article contribution by Jane Cornman & Robin Evans-Agnew

We are living in difficult times: COVID-19, racialized violence, political turmoil, and decades of poverty and chronic disease inequities have left us vulnerable to extreme stress. These stresses lead to burnout and conflict in healthcare. Nurses report being overworked with little workplace support for exercise or nutrition and being overburdened by the competing commitments of caring for themselves and schooling their children amid a pandemic (Ross et al., 2019). Building resilience in nursing practice has never been more important.

In this article, we describe a small project organized by nursing faculty from three different institutions in south Puget Sound to improve student resiliency inside our teaching practice. Resiliency is the recognized prevention practice for mitigating the long-term effects of exposure to trauma. Nursing students today not only may have had exposure in the past to these experiences; but are more likely again to be re-exposed to trauma in practice (Girouard & Bailey, 2017). We believe that increasing resiliency in nursing students should be a central goal in their education.

HOW IT STARTED

This work first began in 2018 when Jane Cornman, PhD, RN, and Robin Evans-Agnew, PhD, RN, began experimenting with various strategies to improve student resiliency within undergraduate courses at the University of Washington Tacoma (UWT) School of Nursing and Healthcare leadership. The work expanded in 2020 when we established a regional “Community of Practice” comprised of directors and faculty from both Green River Community College and Pierce College to innovate pedagogical practices. In particular, we worked closely with UWT colleague and healthcare resiliency expert Jane Compson to design a tool for instructors to use with students in the fall of 2020.

Beginning in March 2020, as the pandemic took hold, we began to meet bi-weekly to discuss, share, and reflect on ways to advance resilience in our students. Early on in our discussions, we agreed that our response would have to be on multiple system-levels to affect change. Our vision: “Changing ourselves and transforming practice.” Our mission: “Increase awareness, education, and structural change in Nursing and Healthcare Leadership programs in Washington through trauma-informed systems; trauma-informed clinical education; and transforming nursing culture to break the chain of trauma.”

APPLICATION

Partnerships with two other northwest institutions



have also helped to inform our work. The [UW Well-Being for Life and Learning Initiative](#) supports instructors to advance student well-being in their teaching practice, and the [University of Portland School of Nursing](#) has been developing and evaluating trauma-informed classroom practices. In our Community of Practice, we developed a set of reflective activities for instructors to practice with their students centered on the CARE model developed by Dr. Compson: Compassion, Awareness, Resilience, and Empowerment (Compson, 2015).

Our biweekly discussions employ the simple three-step process of action inquiry: observe, judge, and act. We observe and share the current systemic, interpersonal, and individual challenges we are experiencing in teaching remotely. We ground our judgments based on an appreciation of the impact of trauma in our pedagogical practices. We determine innovative actions to improve our teaching and report on our discoveries at the next gathering. Our meeting structure follows the guiding principles of Open Space Technology (Owen, 2008): whoever comes is the right people, whatever happens is the only thing that could have, when it starts is the right time, and when it's over, it's over!

FURTHER ASSESSMENT

At UWT, we conducted a small focus group study (UW IRB exempted) to explore how trauma-informed teaching practices could increase student resilience. Students talked about ways faculty can create environments for resiliency through “showing their humanity,” acknowledging the student’s own “personal struggles,” and permitting students to voice “safety concerns.” They identified connectedness as a key strategy for resilience, both feeling connected to each other and the faculty for “better insight” and to feel “part of the school.” They envisioned a classroom where faculty took an interest in teaching them skills in self-care,

such as meditation, in order to apply these skills on a daily basis.

Faculty saw themselves in the role of promoting the students, “edging them towards graduation,” and “creating structure” for them to succeed. They saw teaching as an opportunity to support students to promote “lifelong learning and critical thinking.” Similar to the student focus group participants, faculty described the importance of connecting with the students for “real engagement and humanity” but acknowledged that they struggled with balancing this impulse with being “high touch but not hovering.” Faculty were interested in developing competencies in advancing resiliency in students and recognized their role in “nurturing student resilience” at weekly check-ins with each student. They emphasized the importance of reminding students of their sources of external support, such as families and employers, and of the resilience they had already demonstrated in managing their path through the educational system. On this last note, faculty discussed the need to continue pushing for system reform in education, “away from the kind of hierarchical” system that risks re-traumatizing students.



An interesting finding from our focus groups was of the new opportunities for connection produced by the pandemic. Feedback regarding online classes included the observation from students that seeing their faculty members “at home on Zoom” actually made faculty appear “human and down-to-earth.” Students reported that seeing the faculty’s home surroundings and, at times, their children, spouses, etc., as everyday life went on in the background of the class was a comfort.

NEXT STEPS

Over the next year, we plan to continue to develop tools for regional faculty to apply in their classrooms and link them to additional training opportunities. In the fall of 2020, we distributed a flier to every nursing program in Washington State. We are continuing to explore ways to advance pedagogy for instructors with our partners at the University of Portland. We are particularly concerned about the intersection of the nursing shortage and the high potential for pandemic-related burnout in clinical practice. We are seeking ways to expand our group to include educators and advocates within other systems in order to comprehensively transform nursing education in our region.

Want more information on the Community of Practice? Please contact Jane Cornman at magicj@uw.edu

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Have you made your 2021 resolutions yet? If not, consider making serving on a board one of them.

For the past several years, WCN has been encouraging nurses to serve on boards in their communities. Why? Because, "Their perspective and influence must be felt more at decision-making tables." And in the light of COVID-19, this has never been more true!

The [Nurses on Boards Coalition](#) (NOB) has led this effort with its guiding principle, "...that building healthier communities in America requires the involvement of more nurses on corporate, health-related, and other boards, panels, and commissions." Though this campaign officially ends at the end of 2020, the value of nurses serving on boards does not. Moving into 2021, please consider contributing your health care perspective to your community through service on a board. Your leadership and voice make a difference!

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