



Representation in Healthcare Education

By Weichao Yuwen, PhD, RN and Selina Mohammed, PhD, MPH, RN

Social identity is “a person’s sense of who they are based on their group membership(s)” (McLeod, 2019). People belong to many social groups based on social identities relating to gender, age, race, ethnicity, sexual orientation, religion, socioeconomic background, geographic location, and profession. It is a normal cognitive process that humans tend to group people together. Being part of social groups gives people a sense of belonging.

People also naturally act more prosocially to those they perceive as part of the same group, a phenomenon called ingroup favoritism, while having unfavorable treatment to the out-groups, leading to stereotyping (cognitive) and discrimination (action). Below, we use race and ethnicity as one social identity example to demonstrate the importance of representation in healthcare education and share a few quotes by members of the WCN Diversity Advisory Committee on the topic.

Nearly two-fifths of the United States population self-identifies with a race or ethnicity other than white (U.S. Census Bureau, 2020). While this proportion is projected to continue increasing, health inequities - “systematic differences in the health status of different population groups” - persist and have worsened among specific racial and ethnic minority groups (Odlum, et al., 2020). On the other hand, white workers continue to comprise the majority of the healthcare workforce and are overrepresented in almost every health occupation (HRSA, 2021). Specifically, nurses from racial and ethnic minority backgrounds represent only 19.2% of the registered nurse workforce (NCSBN, 2017). A nursing workforce more representative of our population is essential to acknowledge the unique needs of the increasingly diverse population, address health inequities, and deliver culturally sensitive care.

Dr. Eti, clinical assistant professor at Washington State University, shares firsthand what she experienced as a Person of Color (POC) nurse starting out.



“ I was one of the few black nurses teaching at a local college and working at a local hospital. I definitely felt like a minority, and it was a very isolating experience. That is why diversity is so important. At my current univer-

sity, I have really appreciated the efforts of university leadership to create a culture of equity and inclusion. They are dedicated to recruiting and supporting faculty and students of color. I believe that diversity should be incorporated at the strategic level and should play a key role in admission planning so it can more easily be embraced, hence creating safe spaces for students and faculty.”

In nursing education, Associate Degree in Nursing (ADN) and Bachelor of Science in Nursing (BSN) programs are primary paths for becoming a Registered Nurse (RN). A review of the literature on recruiting and retaining underrepresented minority groups in undergraduate nursing programs showed that support before admittance to a nursing program and support from peers, academic programs, faculty from similar backgrounds, and social networks during the program are key elements of successful retention (Perfetto, 2015).

Frankie Manning, MNA, RN and executive board member of the Mary Mahoney Professional Nurses Organization, shares this on the importance of representation in nursing education.

“ Recently, one of my mentees remarked on what it meant to her when she took a course with a black professor, ‘For the first time since entering nursing school, I felt like the professor understood my questions and why I was asking. When the professor answered my questions, I always learned something new. I was never afraid to ask for help, and when I raised my hand to ask a question, I was not ignored.’ ”

In addition to recruiting students from diverse communities into nursing and retaining them in ADN and BSN programs, facilitating academic progression beyond a BSN is also an important next step toward achieving a highly educated nursing workforce. According to the American Association of Colleges of Nursing: “Nurses with graduate-level preparation are needed to provide high quality care; conduct research; teach online, across clinical settings, and classroom; shape public policy; lead health systems; consult with corporations; and implement evidence-based solutions that revolutionize health care” (AACN, 2021). Accompanying the need for a more highly educated nurse workforce at the graduate level is again the need for nurses from diverse backgrounds at each stage of the education ladder.

“I was one of the few first-generation immigrants and people of color in my undergraduate nursing program. When I met a nursing professor who shared a similar background and understood my unique experiences, I started to think that it was possible for me to also pursue a graduate degree in nursing and advance my career. Now that I work in this rewarding profession, students who share similar social identities come to me for mentorship and support. I was told many times that I was one of the first faculty members that they share some of their identities with and felt inspired. I still keep in touch with my mentor from my undergraduate program, and now we conduct research together to address health inequities. -Dr. Yuwen”

Acknowledgment: The authors thank the WCN Diversity Advisory Committee members for sharing their thoughts on the topic. We also thank the University of Washington Tacoma Master of Nursing Students for discussing this topic during class in TNURS 510 Health and Society in Autumn 2020 with Dr. Weichao Yuwen.

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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

KEY FINDINGS

Information about the demographic, education, and practice characteristics of the registered nurse (RN) workforce is needed to support health workforce planning in the state. In 2018, Washington's Nursing Care Quality Assurance Commission required that all nurses licensed in the state provide workforce data through the Nurses e-Notify survey conducted by the National Council of State Boards of Nursing. This report, funded by the Washington Center for Nursing, presents findings from the University of Washington Center for Health Workforce Studies' analyses of data from registered nurses (RNs) who had completed the survey as of May 2019. These survey data greatly enhance and complement existing nurse workforce supply information from sources such as the state's health professional licensing files and the occasional sample surveys that have focused on aspects of the state's RN workforce. Findings from the Nurses e-Notify survey, when linked with state RN license records, provide more precise and timely information about the characteristics, distribution, qualifications and practice settings of Washington's RN workforce. Highlights of findings include:

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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

KEY FINDINGS

Information about the demographic, education, and practice characteristics of the advanced registered nurse practitioner (ARNP) workforce is needed to support health workforce planning in the state. ARNPs can be certified as nurse practitioners (NPs), certified registered nurse anesthetists (CRNAs), certified nurse midwives (CNMs) or clinical nurse specialists (CNSs). In 2018, Washington's Nursing Care Quality Assurance Commission required that all nurses licensed in the state provide workforce data at initial licensure and renewal through the Nurses e-Notify survey conducted by the National Council of State Boards of Nursing. This report, funded by the Washington Center for Nursing, presents findings from the University of Washington Center for Health Workforce Studies' analyses of data from ARNPs who had completed the survey as of May 2019. These survey data add to existing nurse workforce supply information from the state's health professional licensing files and are collected more frequently than the occasional sample surveys that have focused on aspects of the state's ARNP workforce. Findings from the Nurses e-Notify

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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

KEY FINDINGS

Information about the demographic, education, and practice characteristics of the licensed practical nurse (LPN) workforce is needed to support health workforce planning in the state. In 2018, Washington's Nursing Care Quality Assurance Commission required that all nurses licensed in the state provide workforce data at initial licensure and renewal through the Nurses e-Notify survey conducted by the National Council of State Boards of Nursing. The survey, which had been voluntary since 2015, enhances the basic nurse workforce supply information available from sources such as the state's health professional licensing files. Other than a one-time survey conducted in 2008, the three demographic variables collected during licensing (age, sex and mailing address) have been the only pieces of information available to characterize the LPN workforce. This report, funded by the Washington Center for Nursing, presents findings from the University of Washington Center for Health Workforce Studies' analyses of data from LPNs who completed the Nurses e-Notify survey as of May 2019. Highlights of findings include:

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Emerging Leaders in Nursing

An Interview with Emily Ramirez

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

Emily Ramirez is an LPN with her Associate Degree in Practical Nursing from Green River College. Attending school from 2018-2019, Emily started working in family practice for Kaiser Permanente soon after graduation.

WCN: How did you choose nursing as a career?

Emily Ramirez: Nursing is something I've always been passionate about and always wanted to do. When I was younger, my grandpa was on hospice for some time and his nurse was super kind to me and warmly engaged with my parents. After he passed, she actually bought me my first little nurse's kit. From there, my parents have said that nursing is all I have ever wanted to do.

As I got older, I certainly changed as a person, and so there were times when I thought about doing something different. But after volunteering at Mary Bridge for a short time, and witnessing how phenomenal the nurses working with the children there were, I determined that nursing is what I would do.

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

Emily Ramirez: I have a very supportive family. They have always said finish school, and that's what you worry about. I worked few part-time jobs while in school, which was challenging, but I was never afraid to ask for help. Especially with some courses, as you get further into the year, so much is layered on top of everything else, it can be strenuous. But I had great professors at Green River, like Dr. LaValley, and if I put in the effort to ask for help,

she would never say no.

You do have to meet a criteria GPA to stay in the program, which can be difficult at times, but don't give up! Give yourself a little grace when things aren't going well—don't be too hard on yourself. You don't have to be perfect. I understand that you are caring for someone's loved one, and of course, do your best, but be kind to yourself. And be sure to take that time for yourself when you have it because those courses are heavy.

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

Emily Ramirez: I love the people I meet. And I love being in family practice because I get to see the two-to-three-day-old baby and the 90-year old who you know has seen so much in their lifetime. Most patients are so grateful you are there and appreciative that you are taking care of them, especially now with COVID. I enjoy meeting the people behind the medical record number and looking at them as a whole person. You make these great connections with people and especially with the kids. You see them when they are only two days old, then before you know it, they are a year old and know who you are. Even the older people who come in for weekly medications we might have to inject, or something like that, they get to know you too. You get to establish a relationship with them, and that is awesome! It's fulfilling, and I find it rewarding.

I don't think I would want to do anything else. Some patients we see are just in for a routine check-up, and another one may have just spent a month in the hospital, and we are following up. It takes a lot of critical thinking, which I also enjoy. I love what I do. In my opinion, it is a great job!



Emily Ramirez, LPN

WCN: What has your experience been as a new nurse during the pandemic?

Emily Ramirez: I'm very grateful for those nurses working in ICU care. I think family practice is a little safer, and I appreciate that. But still, my first year was insane. I think it was beneficial to be new to nursing this year. When you are new, you go with the flow; you are more adaptable. There have been so many changes in my practice environment, things were moved or added, and when you're so brand new that you don't know what it used to be like, you're like okay, this is fine. Honestly, I've enjoyed all the changes. Some things have worked for the better, and some things haven't. We work with the doctors and other staff to let them know when something isn't working for us, and together, we figure out how to make it better. And luckily, I have management that is willing to listen and advocate for us. That is the positive.

The negative is, I miss seeing the volume of patients that I used to because they might be scared to come in. And of course, they are, but then inadvertently, they might get very sick. Unfortunately, I had a couple of patients I used to see regularly but whom I hadn't seen for a while pass. That has been hard. There was also a time when my clinic was closed altogether, and I didn't have my regular patients anymore. Instead, I was traveling to other clinics to see other

Continued on next page

people's patients. That has been the most difficult part for me, not interacting with as many patients and helping them.

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

Emily Ramirez: It's important for the patients. Diverse patients, from what I've seen and experienced, are more honest and willing to let representative nurses or care providers know when they may or may not want to do something. Your job as a nurse is to be an advocate. There are cultural divides. Growing up in a family that spoke only Spanish at home, I grew up different than most of my peers. When patients don't know how to express themselves clearly or tell the doctors when they don't agree with something in their care plan, a representative nurse might have the cultural sensitivity to better facilitate those conversations. I'm grateful that I'm bilingual. I can get through to my Spanish-speaking patients and get information from them that maybe they didn't tell the doctor because there's just that language barrier. It's so important to have rep-

resentation in nursing from all walks of life, all cultures, all ethnicities because you are less likely to miss something that way. It helps to establish rapport, so patients feel more comfortable and better-taken care of.

WCN: What are your future career goals in nursing?

Emily Ramirez: I love my job and what I do, but I want to go back for my bachelor's degree. To take some positive steps forward, I have been taking some pre-recs, as many as I could during COVID. I would love to work inpatient in pediatrics. And that has changed for me because I love children in general, but when we did our clinical rotations in pediatrics, it was difficult seeing those sick children. Really difficult! But one of the pediatricians there encouraged me that if that is where my passion is, I need to go for it. So, I plan on staying with KP for a while and working towards my bachelor's.

KP also has assistance for students, such as tuition reimbursement, and my boss is flexible with my schedule to help accommodate my school schedule. I was upfront when I started with

KP that I wanted to go back for my RN, and they have been very supportive of it.

And eventually, I think I would love to be able to teach. I would love to see those new faces and see that spectrum grow, see diversity grow. Being able to teach new nurses from so many walks of life would be phenomenal.

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

Emily Ramirez: I think some people might look at it like you are never going to be out of a job, and that's true, but I think you should also take some time and volunteer and think about that person you're going to be for the families. You are going to be that advocate, that support system, and if you want to do it, don't let anything stand in your way. It is a very rewarding job, and there are scholarships out there to help people. I worked several odd jobs to help pay for my college, and nursing is the most rewarding job I've ever had.

Assessment Committee

AN INDEPENDENT REVIEW OF SYSTEMIC RACISM, DIVERSITY, EQUITY AND INCLUSION
AT SEATTLE CHILDREN'S

Seattle Children's is undergoing an assessment of policies and practices related to race, equity, diversity, and inclusion that impact patients, families, and members of their workforce. The outside firm leading this assessment, Covington & Burling, is asking for key communities and stakeholders who might have experiences to share to ensure broad participation in this effort.

Do you have an experience to contribute? If so, please consider adding your voice to this important assessment. Your participation is confidential. To learn more about the assessment process, including committee members and how to participate, visit www.assessmentcommittee.org.



Understanding the Impact of COVID-19 on Washington's Nursing Workforce to Inform Better Policy

Over one year ago, the coronavirus ripped through our communities, disrupting our lives as we knew them. For nurses, however, the impact on the normalcy of our work has been especially acute. As we move through this together, documenting the impact of COVID-19 on Washington's nursing workforce is imperative to informing improved policies and practices and creating safer and more equitable health care work environments moving forward.

In November 2020, the WCN held a COVID-19 Impact Study committee kickoff meeting to conduct just such a study. Over 50 nurse leaders from across the state, and representing multiple organizations, including the Washington Health Care Authority, the Washington State Nurses Association, School Nurses of Washington, the UW Center for Health Workforce Studies, the Pacific-Northwest Chinese Nurses Association, Ebony Nurses of Tacoma, the Nursing Care Quality Assurance Commission, and several WA nursing programs, among others, met over Zoom to begin organizing the study.

To avoid the collection of duplicative information, a preliminary data assessment was conducted to identify what publicly available COVID-19 workforce data already existed. These efforts informed both the methods and focus of the impact study. This preliminary work found:

- While population data around COVID-19 is vast, limited data is available on healthcare workers—specifically nurses across licensing, practice, and demographics—and how they are impacted by COVID-19.
- If COVID-19 is disproportionately affecting communities of color, elderly populations, and low-income areas, what does this mean for the nursing workforce who provide care for vulnerable populations?
- Due to COVID-19, the term “impact” needs to be broadened beyond the availability of nurses to also include short- and long-term impacts (i.e. behavioral health).

The committee is working with Jenny Nguyen, PhD, and her team at [Survey Information Analytics](#) (SIA) to administer the study. Through interviews with nursing leaders from multiple sectors such as long-term care, hospitals, public schools, public health, urgent care, and higher education, the following themes emerged:

1. The many changes and transitions that have taken place since COVID began in both nursing programs and health care delivery.
2. PPE and other safety needs such as staffing levels.

3. The mental health, burnout, and resilience of health care workers.
4. The ongoing diversity and equity issues exacerbated and laid to bare by the pandemic.

The study, which aims to collect data that will inform future policies and practices, will involve qualitative and quantitative data collection methods. And though it contends with both budget and time limitations, priority was given to capturing a diverse variety of experiences across practice settings, specialties, license, and demographics.

To capture the voices of nurses, Dr. Nguyen and her team first surveyed nurses to garner data on their experiences over the last year. SIA is also conducting ten 60–90-minute online focus groups. The focus groups include nursing students, LPNs and CNAs, RNs, ARNPs, and nurses across sectors.

STUDY TIMELINE

Nov-Dec 2020

Convene COVID-19 Impact Study Committee, define study parameters, and submit IRB for approval

Feb-March 2021

Conduct online survey and focus groups via zoom

April-May 2021

Data analysis, **present full research presentation and final report to Steering Committee, release findings (end of May 2021)**

June 2021 and beyond

Use impact study to develop data-driven intervention and prevention strategies and to inform policy

As we move through and eventually past this pandemic, there are many lessons to be learned. The pandemic exposed deep fissures in the safety and equity of our health care delivery systems. However, a great opportunity also exists to address and improve these systems and fortify them for the next public health crisis. To make the most of this opportunity, we must listen to nurses and document their experiences during this pandemic because it is not a matter of *if* it will happen again, but *when*.

Washington Health Workforce Sentinel Network: Understanding Challenges to Inform Solutions

By Benjamin Stubbs, MPH, Director of Operations, Washington's Health Workforce Sentinel Network, Research Scientist, UW Center for Health Workforce Studies, University of Washington, Department of Family Medicine



The Washington Health Workforce Sentinel Network, an important tool to help state and local policy makers understand the most important challenges facing healthcare employers, is soliciting input beginning April 9, 2021 about hiring difficulties, new roles for existing employees, training priorities and challenges posed by the COVID-19 pandemic. You can register now at wa.sentinelnetwork.org/join to share your top health workforce challenges.

The Sentinel Network is a collaboration of Washington's Workforce Board and the University of Washington Center for Health Workforce Studies. It is a tool to understand the top barriers to hiring, retaining and training healthcare workers, including nurses, and to make this information available to legislators, educators, and policymakers to find solutions. The focus is on understanding the how and why behind workforce challenges rather than quantifying the number of open positions.

Recent findings related to nursing occupations show that many nurses are deciding to retire early or hold off on applying for open positions rather than risk exposure to COVID-19. However, many employers are also reporting innovative solutions to address the many new challenges imposed by the virus, including nurses who take on new roles within their organization or lead changes in staffing models to cover absences.

These added responsibilities can also have a negative effect. As one leader at a skilled nursing facility pointed out, "[Nurses] are also being asked to help meet the social, emotional needs of residents," a role that family members could not fill due to access restrictions in long-term care facilities. This underscores a concern mentioned by many employers—that the stress of caring for patients during the pandemic will cause exhaustion and burnout among nurses.

Employers also indicate that COVID-19 has exacerbated pre-existing problems and that regulatory or statutory solutions may be needed. For example, the shortage of clinical training sites has been amplified by restrictions imposed during the pandemic, making it difficult for nursing students to complete clinical experience requirements. Many credentialing test sites also closed, making it hard to certify new nurses. The state has relaxed certification requirements and some educational institutions are exploring the use of simulated experiential learning, but ques-

tions remain about how to address the backlog and plan for the future.

These and other findings can be found at the Sentinel Network website (wa.sentinelnetwork.org). One valuable tool is a set of [policy briefings](#), which summarize findings from employers in different healthcare settings. Dashboards also show detailed findings by [facility type](#), [geography](#), [rural/urban](#) designation and for [COVID-19](#) topics.

Healthcare policymakers emphasize the importance of these findings and their use in crafting solutions. Lauri St. Ours, Executive Vice President for Governmental Relations at the Washington Health Care Association, an organization representing over 400 assisted living and skilled nursing facilities in Washington, states, "The ability to pair recruitment and retention challenges our employers are facing with verified data from the Sentinel Network adds credibility to our discussions around solutions with legislators."

To make sure the needs of your organization are included in this important statewide discussion, go to wa.sentinelnetwork.org/join. Register now to be notified when the questionnaire opens on April 9th. The same link can be used to complete the questionnaire after that date.



Get to Know WCN's Newest Board Members



Estrellita Munoz, LPN

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

The nurse I had during labor and delivery was the epitome of a nurse. I've never forgotten her. She was friendly, empathetic, compassionate, helpful, I ran into her in Target shortly

after my hospital stay, and I couldn't help but thank her! At that time, I would've never thought I would become a nurse--I didn't think I had any bedside manner. Fast forward to my daughter graduating high school, and I decided it was time. Since part-time nursing schools are rare, I attended Vocational Nursing school and received my LVN license in June 2013, transferred it to an LPN license in January 2021, and I'm almost finished with my pre-requisites to attend RN school.

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

When I became a nurse, I had little to no medical experience, as I had been in customer service for twenty years. Sure enough, as they tell you in school, it was eight months before I started working on my license. I refused to give up! I worked briefly at an assisted living/independent facility part-time at night and my full-time sales job during the day. After a few months, I found my first full-time position as an LVN working at a community-based, outpatient office environment. I worked alongside LCSWs and MFTs who were still working on their hours in a small program for prodromal youth (ages 15 to 25 ½) who hadn't experienced their first psychotic break. After a year, I moved to another program within the company working with adults 26-55 suffering long-term from serious mental illnesses. From there, I was fortunate enough to receive an appointment at the Department of Veteran's Affairs, working with and for my fellow veterans. I worked in primary care for just under five years, and last September, I accepted a position in a specialty I have always been interested in, Wound Care.

WCN: Why is board service important to you?

I believe an organization benefits from its people--at all levels. As an LPN working on furthering my career in nursing, I hope to be able to contribute from the standpoint of an LPN, what our roles might entail, and any struggles we encounter. I believe I can also gain a great deal of knowledge working with the WCN from the other side of the spectrum and broaden my knowledge of the nursing field in all its aspects in general, especially having experienced living in times of a pandemic!



Tim J. Bock, DNP, MBA, RN

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

My decision to pursue nursing as a career stems from a work experience I had while working as an intern at the VA. I

had the privilege of working with several Psychiatric Nurse Practitioners, a role that I had never heard of before. I was a Biology major working on a Physical Trainer certification, and these amazing nurses soon learned about my interest in biology and health. With this information in hand, they coordinated an unending number of "stretch" assignments where I worked with and supported their patient panels in individual, group, and inpatient settings. By the time my internship contract was over, they had opened my eyes to a whole new way of seeing the world, and I began to appreciate the personal and professional fulfillment offered through a career in nursing.

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

I graduated from Seattle University in 1999 and promptly began my career on the night shift in the Cardiac ICU at Providence in Seattle. I remained with Providence for a couple of years until a business opportunity presented itself and I returned home to Oregon. I began work at Oregon Health Sciences University in a telemetry unit for a Nurse Manager who made such an impression on me that I left behind critical care to pursue her mentorship. At OHSU, my interest in formal leadership roles grew, culminating in my first Nurse Manager position.

After a few years, I left OHSU for Legacy Health, where I have worked for 15 years. At Legacy, I found my leadership footing pursuing roles of increasing scope and complexity, including a stint in system-level leadership within the Supply Chain, as well as my current clinical director position. Along the way, I have worked with some inspiring leaders who challenged me to pursue my professional development and were key influencers in my decision to complete both my MBA and DNP.

WCN: Why is board service important to you?

I envision my work with the WCN Board of Directors as an opportunity to serve with nursing leaders across WA in the development of our profession. I see this work as advocating with our legislative and policy-making bodies, coordinating with academic institutions to assure a highly qualified nursing workforce, and promoting access to the nursing profession through strategic outreach to the communities we serve.

Meet Our New Research Team Members



WCN is excited to welcome two research team members to our staff.

Angelina and Patricia will considerably increase our research capacity and ability to serve the nursing community through nursing workforce development.



**Angelina Flores-Montoya,
PhD, MSN, RN**

Angelina joins WCN as a Research Associate where she looks forward to promoting nursing diversity and a quality workforce. Her nursing career began with an LPN certificate

she earned in high school. Throughout her career, she continued to mentor underrepresented students interested in the health professions. Most recently, she was a Senior Manager for Nursing Home Services at Kaiser Permanente. Leading ARNP teams, she has a deep appreciation for the role of ARNPs in expanding access to health services to underserved and vulnerable populations. Angelina earned her PhD in Nursing and Health Policy from the University of New Mexico, where her training focused in conducting quantitative analysis studies, social determinants of health, aging policy, and nursing innovation. Finally, as a Robert Wood Johnson Foundation Nursing and Health Policy Fellow, she has extensive training and practice in translating research into policy.



**Patricia Moulton Burwell,
PhD**

Patricia is joining WCN on a part-time basis bringing her extensive experience to WCN as a Research Consultant. With almost 20 years of nursing workforce research experience, she has conducted 30+ studies of nursing

education, supply, and demand. During her time as a nursing workforce leader, she has overseen \$11 million+ in federal, state, and local foundation grants, including health services and dissemination research, workforce research, the development of an Area Health Education Center, nursing simulation, and coordination of multiple committees and project teams. As a part-time consultant to WCN, she will continue in her roles as the Executive Director of the North Dakota Center for Nursing, which she founded as a 501(c)3 organization 10 years ago, as the Director of the National Forum of Nursing Workforce Centers, and adjunct faculty at the University of Jamestown. Patricia earned a PhD in Experimental Psychology from the University of North Dakota.

CHECK US OUT ONLINE!

WCNURSING.ORG

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

