



HOUSE BILL 2158: THERE IS STILL WORK TO DO

Washington has a shortage of nursing faculty and has for quite some time. Without the number of faculty to keep nursing programs fully staffed, the opportunity to graduate the number of nurses our state needs to meet the demand, now and in the future, slips through our fingers.

One reason for the shortage is not complicated; nurse educators are often not compensated equitably given the complexity and educational requirements of the job. As the saying goes, it takes a nurse to make a nurse. Many nursing faculty hold a graduate degree, and for some positions, a doctorate degree is preferred. Additionally, many also serve in an advanced nursing practice role. Although workloads, requirements, and educational achievement do vary between nursing programs and academic settings, one thing remains true throughout, the rigors of educating and training a quality nurse are intense—and it takes passionate, committed individuals to do it well.

In 2017, a Washington nursing facility reported the average full-time salary for a staff RN (typically from a 2-year RN program) at close to \$85K. At the same time, a master's-prepared nursing professor teaching a 2-year RN program was earning an average salary of \$60.5K (NCQAC, 2018). Not surprisingly, at the time, 73% of Washington nursing faculty reported being dissatisfied or very dissatisfied with their income (WCN, 2017; NCQAC, 2018).

Recognizing the urgent need to tackle the nursing faculty compensation inequities crippling Washington's nursing programs, WCN, along with the Washington Nursing Care Quality Assurance Commission and the Council on Nursing Education in Washington State, began convening the Action Now! Coalition. At the table were nurse and healthcare leaders, including the Northwest Organization of Nurse Leaders, key nursing workforce stakeholders from across Washington, the Washington State Nurses Association, and SEIU Healthcare 1199NW. Coalition members identified four priorities to guide their work, with the number one priority being, create a stronger and more diverse faculty and nursing leadership pool.

In 2019, after close to two years of convening, organizing, advocating, and educating, Action Now!'s efforts saw significant progress in the state's legislative session with the passing of House Bill 2158. Also known as the Workforce Education Investment Act, the bill included a new appropriation of \$40 million to increase nurse educator salaries. The investment represented a 26.5% increase in nursing educators' salaries—a move that aligned with the



need determined by Action Now! and nursing unions alike.

The bill took a huge step in the right direction towards providing nursing faculty with equitable compensation. However, there was a significant drawback: The new legislation only provided funding for pay increases to community and technical college nursing faculty, leaving four-year college and university professors out in the cold. Although pleased with the passing of HB 2158, concerns have grown among Action Now! Coalition members, nursing program educators, and nursing workforce stakeholders about how the bill will impact four-year college and university nursing programs and their ability to attract and retain quality nursing educators.

Most salary increases took effect during the 2019-2020 academic year. The State Board for Community and Technical Colleges holds responsibility for allocating the funds to nursing programs. After which, individual colleges implement the salary increases through the collective bargaining process with the college faculty unions.

After the first full year of implication, how have the new funds impacted nursing program faculty recruitment and retention efforts at two-year and technical colleges? And what, if any, has the impact been at four-year and university level nursing programs?

According to Dr. Steven Simpkins, Nursing Program Director at Highline College, the increased funding for nursing faculty salaries provided in HB 2158 has been a game-changer.

"The funding helped us in several ways. It allowed us to create and fill a simulation coordinator position, which has been crucial during COVID. The sim coordinator position still holds 50% tenure responsibilities, but since Highline recently opened a

new simulation lab, this role has been invaluable to our program. With the passing of HB 2158, we have been able to hire four new faculty. Before the funding, when we posted an open nursing faculty position, we would get one or maybe two applications. Now, for the last position we posted, we received eight applicants. Meaning we can be more selective in our hiring process, including hiring more diverse faculty. Before, we didn't have that option. Funding from HB 2158 has helped with faculty retention, program stability, support for our students, the application pool, and our ability to diversify our staff. It has made a world of difference for us."

Anne Hirsch, Associate Dean for Academic Affairs at the University of Washington, acknowledges there have been consequences of HB 2158 at universities as well, where the salary increases were not implemented.

"Universities and colleges with four-year programs also offer non-competitive salaries despite

having a highly educated faculty tasked with advancing the science through research and scholarship, as well as teaching, service, and practice responsibilities. Nurse educators, committed to preparing the next generation of professional nurses, must make the very difficult decision to leave a university position to take a higher-paid teaching position at a community or technical college. There must be consideration given to salary equity, based on qualifications and responsibilities, at all levels of nursing education."

Washington needs every nursing program in the state to thrive. We need more nurse educators at all levels of nursing education. Pulling a nurse educator from one program to fill a position in another program does little to solve the core problem. In order to attract the diverse educators we need from clinical practice into education, they need compensation that is both competitive and equitable. The bottom line is—there is still work to do.

—Nursing Care Quality Assurance Commission (2018). Internal information and preliminary statistics that will be reported in Nursing Education Programs 2016-17 Annual School Report: Statistical Summary and Trends Analysis.

—Washington Center for Nursing (2017). Survey of Nursing Educators in Washington State. Retrieved 8/3/21 from: <https://www.wcnursing.org/wp-content/uploads/documents/reports/2017-December-WCN-Survey-of-Nursing-Educators-in-Washington-State.pdf>

WCN TO PILOT A DIVERSE NURSE FACULTY MENTORSHIP PROGRAM IN 2022

WCN's mission is to support a healthy Washington by engaging nurses' expertise, influence, and perspective and by building a diverse, highly qualified nurse workforce to meet future demands. When WCN surveyed nurse faculty in 2017 ([Survey of Nursing Educators in Washington State, 2017](#)), we found that approximately 40% of nurse faculty planned to retire by 2027. The survey also showed that the racial and ethnic diversity of nurse faculty is less than both the nursing student population and the population of the state.

As a result of the COVID-19 pandemic, retirement and turnover among nurse faculty appear to have accelerated. With this in mind, WCN has been working on the development of a pilot program that aims to support the retention of diverse nurse faculty across the state. The Diverse Nurse Faculty Mentorship Program will pair diverse nurse faculty fairly new to their role with more experienced faculty members or nurse leaders to support their success in academia. The program also responds to the need for greater diversity among nurse faculty in Washington State. The pilot program kicks off on January 28, 2022, and will run for 12-months.

Inspired by a Colorado Center of Nursing mentoring program created for diverse Bachelor's of Science in nursing students, WCN tailored the program to fit the needs



of nurse faculty. We have recruited mentors and mentees from across Washington State to participate. Both mentees and mentors have agreed to meet for at least one hour once a month, either in person or remotely, over one year. We have welcomed mentors from all backgrounds with two years of leadership experience. Mentors will help mentees clarify their educator and career goals and develop strategies to

reach those goals by sharing insights and knowledge they have gained through their own experience.

Mentors will attend a two-day Mentor Training Institute to prepare for this role. Some of the content for the workshop includes the mentoring process, emotional intelligence, bias, and civility. An Intercultural Development Assessment (IDI) will also be completed so that participants are aware of where they fall in a spectrum of intercultural skills and set goals for improvement. In addition, mentors will participate in monthly one-hour group coaching sessions for six months via virtual conference from February through July 2022. And to support future improvements to the program, both mentors and mentees will fill out program evaluations throughout the year to help WCN make quality improvements.

For more information, please contact us at info@wcnursing.org.

Emerging Leaders in Nursing

An Interview with Anlot Wright, 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 wcnnursing.org/in-the-spotlight/nominate-a-nurse/ and fill out the form to nominate an emerging nurse leader today!

Anlot Wright, RN, graduated with her BSN from PLU in 1997. After nearly 25-years of nursing service, she recently returned to earn a Master of Science in Nursing and Health Care Leadership Administration degree from WGU. She also holds active certifications from the National Academy of Certified Care Managers (CCM) and American Case Management (ACM).

Wright is a member of the Puyallup Tribe and a nurse leader with an exceptional career in service both to her tribal and non-native communities.

WCN recently sat down with Wright to discuss her nursing journey. Her struggles, victories, and goals for the future.

WCN: You recently went back to school to earn your master's degree. What was your motivation?

Anlot Wright: I told one of my co-workers recently that I feel mid-careerish because I probably have another 20 years in me. I attempted to get my master's a couple of times over the past five years, but juggling personal and professional responsibilities and trying to fit school in was difficult. Finally, I said, I need to get this done. One of the advantages this time was the flexible schedule offered by WGU. Things are going to happen in work and home life because life is life. WGU is all online, allowing me to adjust and proceed to the best of my ability.

WCN: In what healthcare environ-

ments have you worked?

Anlot Wright: Out of school, I did a standard couple of years of bedside in-patient nursing at St. Joseph. And I have spent quite a bit of my 25-years of nursing in tribal health working for the Puyallup Tribal Clinic in various capacities. More specifically, I worked for the Puyallup Tribal Elders' program, where I integrated a new assisted living facility.

For the past five years, I have been at MultiCare Tacoma General Hospital, working with the in-patient care management team. Our job is to help with disposition planning.

WCN: What does it mean to you to bring your nursing skills back to your tribal community?

Anlot Wright: My parents are both Native American. My mom is from the Puyallup and Blackfoot tribes and my dad is a member of the Klamath tribe, which is in southern Oregon. Because I am a Native, I think it was easier for me to acclimate to those positions. Native communities are close-knit. Sometimes there are some trust issues with people coming in from the outside. Being known in the community helped me.

I am so very grateful to my tribe for supporting my professional and educational endeavors. The tribe has always embraced people being able to get their education and get experience in whatever way possible, then bring that back to the community and help.

WCN: Nursing is a challenging job and often traumatic. What techniques or strategies do you use to build resiliency?

Anlot Wright: Jokingly with my peers, I've said that there are only two guarantees in life: death and taxes. But you could also add patients and healthcare. I often use the analogy of Sisyphus pushing the rock up the hill for eternity. The work is



Lft: Anlot Wright, RN Rt: Anlot Wright, RN & her pup

never done. Over the years, the adage of trying to put yourself first so you can be of service to your patients, co-workers, and community is key. I have run myself into the ground more than once with extra shifts and added responsibilities. You must learn to take time for yourself, even in little bites, to refresh and reenergize. Otherwise, you will continue in a bad direction until you hit a wall.

I am also a faithful practitioner of a specific type of meditation called Transcendental Meditation (tm.org). TM is a specific meditation with an analogy likened to the ocean. At the surface, it can be bumpy, wavy, and chaotic. But as you transcend deeper below the surface, it is quieter, and there is stillness and calm. I have practiced this meditation for almost four years now. The TM organization also developed a program specific to healthcare workers when the pandemic started called Heal the Healers (healthehealersnow.org). It is an informative page for folks in healthcare and information specific to meditation. For me, it was a game-changer.

WCN: What are some challenges you faced to becoming to nurse? And how did you overcome them?

Anlot Wright: In my perception, I had a lot of barriers because no one in my family had gone through and com-

Continued on next page

pleted a four-year undergraduate degree. I got to school, and I was so out of place. I did not know how I should be prioritizing or accomplishing things. The other thing is, at the time, PLU wasn't very diverse. I went from being in my native community, surrounded by people like me, to going to PLU and feeling like I stood out. The first couple of years, I struggled. Thankfully, I was able to get my brain together and push through those last couple of years. At 17, you're not necessarily executing confidence and control. I felt like I wasn't sure if I should be there.

I did have the support of my family and my tribe. And that was helpful. I had a lot of people rooting for me and wanting me to get through school and come back and work for the community. That was a big part of my support.

Initially, finding my niche was also challenging. I did a couple of years of bedside nursing and thought, this is not what I want to do for the rest of my life. Then, by chance, I came across care management, which I've done now for quite a while.

WCN: So far in your career, what do you enjoy most about being a nurse?

Anlot Wright: For me, with care management, I often use the analogy of a puzzle. Sometimes we have a 10-piece puzzle, and sometimes we have a 500-piece puzzle. I like being able to work through the system(s) to complete the puzzle. I like to sit back when the puzzle is done and look and say, OK, that was a lot of work, and I learned some things, but knowing I helped a patient, a co-worker, or even my leadership, I get a lot of satisfaction from that feeling. I enjoy getting my hands into something complex and being able to work through it.

WCN: What has your experience been through the pandemic?

Anlot Wright: I try focusing on what I'm grateful for, and I can say that being in an in-patient environment for the past year and a half (almost two years) has been a learning experience.

It has tested every one of us on some level. What I do not want it to do is make me angry or jaded towards our healthcare system. In the last six months, when the COVID numbers were going back up, a lot of my patients were unvaccinated, very sick COVID patients. You always want to come into a situation with an objective and caring mind. I want to be compassionate regardless of what the circumstances are or what decisions anyone else has made. I think a lot of people were tested by that.

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

Anlot Wright: I think it is important on several different levels. Being Native means that I have been in many environments where I'm one of only a few minorities if any. Even back at St. Joseph, I was always mistaken for the CNA. People would often say to me, I need you to get this patient water, or I need you to take this patient to the bathroom. I would say, yes, OK, of course, but let me ask the CNA. The person would then say, oh, aren't you the CNA? And I would be like, no, I'm the RN.

I feel it is imperative for people of color to have a voice and to be heard. When serving in an educator or a mentor role, what I have found people want the most, is to feel heard. For a lot of us, it's about knowing that what has happened in the past, or the present, is something that is heard and received.

The other thing that I think is huge is trust. Growing up in a native community all my life, and being in diverse communities, not just native, there is a significant aspect of trust. When I've been in those situations where I walked into people's homes, and they see me, and I'm not white, I can feel the air change a little bit, and the patient feels that this lady might understand, she might get it. I feel that minorities have been pushed into a corner for a long time. Their specific needs have not been acknowledged, let alone addressed. Having somebody who can be that direct voice

and that direct connection can help move things along in the right direction.

WCN: What are your future career goals in nursing?

Anlot Wright: I have had a variety of nursing experiences, including bedside nursing, tribal health, care management, utilization management, and patient education. Again, that is one of the things I love about nursing, the spectrum of things you can do. I like challenging puzzles, and I like being part of a solution. Right now, I want to focus on getting my education done and then see where it takes me. I have an affinity for care management because I've done it so long, and I have a lot of experience in different areas and positions. But I'm always willing to learn and gain experience elsewhere, too.

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

Anlot Wright: One thing I tell folks is that healthcare is very dynamic. The scope is so grand, and each capacity benefits the whole of healthcare. My great-niece is getting ready to graduate in a few months, and she is very into social media, computers, and technology. That is another area of healthcare, technology. Technology is really going to run the show here in the next generation. One of my bosses at work recently left us for the IT department. Now she is an IT nurse, and she doesn't do anything directly with patients. It's data and research, but it's all stuff we need. I always try to reiterate that healthcare does need quality people. There are many ways to learn and grow and experience life. Healthcare is full of opportunities.

I also encourage people to complete their education as soon as possible (because here I am 25-years in and just now going to get my master's degree). It gives you options and avenues to explore that will help you in the long run.

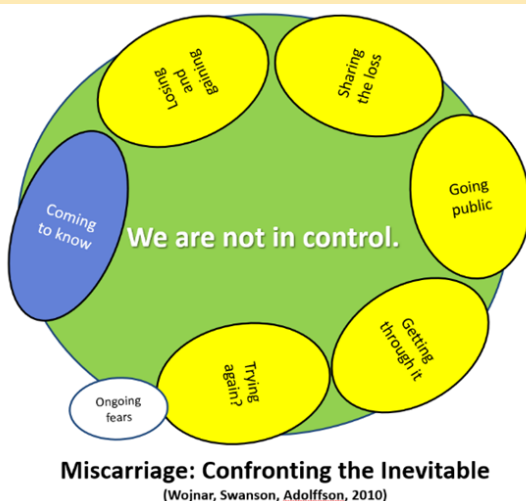
FROM CRISIS TO CREATIVITY: SURVIVING COVID-19 AS CAREGIVERS

At the CNEWS fall 2021 conference, CNEWS member Kristen Swanson, PhD, RN, FAAN, presented to the deans and directors of Washington nursing programs a model of crises processing based on work she had previously done about how women experience and make meaning of miscarriage. Her model provided analogies, support, and hope for nursing program leaders and their experience getting through the COVID crises.

What does the trauma of a miscarriage have to do with COVID-19? To Dr. Swanson, they are both experiences where one faces something they have no control over. Though always a possibility, no pregnant woman expects to miscarry. As a community, we knew that a widespread pandemic was possible but more than likely never expected it to happen. And in that way, both circumstances require processing trauma.

In their paper, *Confronting the inevitable: a conceptual model of miscarriage for use in clinical practice and research*, Dr. Swanson and her two colleagues, Danuta Wojnar and Ann-Sofie Adolfsson, identify six stages people move through when confronted with a crisis. The steps were developed through interviews with women who had experienced a miscarriage. However, the process also provides insight into what nursing educators and health care providers are moving through as we learn to live with COVID-19 and its life-altering impacts on our personal and professional lives.

Processing the COVID crises



Step 1: How did you come to know that COVID was here?

Looking back to that time in early March 2020, when we learned about the first COVID-19 related death in Kirkland, WA, each person has their own story of coming to realize COVID was real. We all have an experience about coming to know that COVID-19 was here and here to stay. For both healthcare workers and nurse educators, the reality of a pandemic had particularly unsettling consequences. Nurses faced PPE shortages, furloughs, and frontline care environments that put not only their lives at a higher risk of contracting the virus but, perhaps, their loved ones too. Nurse educators found themselves facilitating drastic, unprecedented changes to teaching environments while working to keep students, staff, and their own families safe as well.

And though there was a feeling that we would rise to the challenge, no one knew what that meant exactly. We only knew that we would keep showing up each day (even if that meant on Zoom) to do our best.

Step 2: Losing and Gaining

Through the eighteen months plus now of living through COVID, what did we lose? And what was gained? This is an important question to ask as we work to process and move on from this experience. One of the gains could be that we sure learned a lot about flexibility. People in nursing and nursing education also talk about realizing the strength of their co-workers. What was lost or gained is different for everyone. It is up to each of us to think about this for ourselves.

Step 3: Sharing the Loss

Who has been your community through this? Here we can think about the comradery of caregivers coming together to support each other. Because who else knows what we have been through, but for those who went through it with us? It is healing to have others with whom we can at least say, oh my gosh, look at all that has happened!

Step 4: Going Public

In the case of a miscarriage, this means going out into the world no longer a pregnant woman. So, what was it like for caregivers to go home after taking care of COVID-positive patients? How much of a perceived contaminant were they to their families? And this September, as most Universities came back to campus in some capacity, how safe did it feel? And how scary was it?

Step 5: Getting Through It

The thing about an event that involves a loss or a death is there really is a beginning and an end. You may never get over it, but you do get through it. In the case of COVID, we are still in the midst of the transition. A question to ask ourselves about getting through it is, have the good times in the day begun to outweigh the bad? When is there a sense that life is resuming some form of normalcy?

So where are we in 'getting through it' with COVID? Maybe where we are now in this crisis is that it has been going on for too long. In practice, people are exhausted and leaving. In education, many have expressed that this is the toughest year they have ever taught through. The uncertainty and lack of control continues.

Step 6: Trying again? (Returning to life as we thought we knew it)

We're all going through this. When was the first time you went to an indoor restaurant since COVID began? When we do go out, we've lost our innocence. Who would have ever thought we would be sharing personal health information before we are allowed into a restaurant or sports game? As a society, we have come to understand what a pandemic is. We know it now. We've lived it fully. Do we have any reason to believe that it will not start up again in two weeks, two months, or two years? We live with the ongoing fears now. Will we ever be the same for having survived a pandemic?

Maslow's Hierarchy of Needs

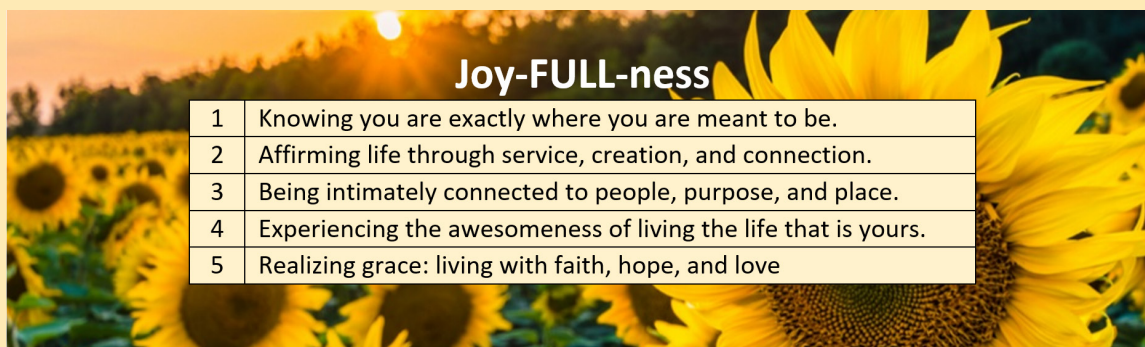
Reflecting on what COVID has been like through the looking glass of Maslow's Hierarchy of Needs, at its very core, our very physiological needs were challenged, breathing, food, water, sex, sleep, homeostasis, excretion. Remember the toilet paper crisis? A bit humorous, but it was a real model of going to the core. The next level up is safety. Think about ourselves as a society and how these levels essential to existing, physiologic well-being and safety, were the areas we spent a lot of time in and worrying about.

Now let's take it up another level and look at the needs of love and belonging. These areas go beyond existing to "I matter, and I matter to someone else." And the last level of Maslow's categories is self-actualization, and this is where we talk about morality, creativity, spontaneity, problem-solving, lack of prejudice and acceptance of facts. For most of us, work through COVID has been at max, getting up to the mattering level. But the joy in our work comes when we can engage our creativity and have opportunities to think about the future and how we will contribute to it. So many of us have been living so long at the level of existing that the opportunity to have joy in our work has been squelched for about 18-20 months.

When you put this model in front of us and reflect on what the last 20-months have been like, it's no wonder we are exhausted.

Bringing the Joy Back

As we move through this crisis, we need to start thinking about joy and how we bring it back to our work. Joy is available to you when you can affirm life through service, creation, and connection. Joy comes when you connect intimately to people, purpose, and place. When you decide to stand back and say, wow, this is me, this is who I am. I got up this morning. I have an awesome life compared to what it could be under another circumstance. This affirmation allows for realizing that grace is there for you if you are open to accepting it with faith, receiving it with hope, and willing to be a vehicle for love.



After the return of joy comes flourishing. Flourishing is where we start using our creativity to put together bright ideas for strengthening healthcare and nursing education for the future. This is where we assimilate the struggles and lessons learned in this crisis to create a better tomorrow. In our work to adapt through this crisis, what worked and what didn't? For example, in nursing education, as a consequence of COVID, we had to make a pivot. We had to learn to go through virtual simulation. So, now, as we begin to come out of this crisis amid a nursing faculty shortage and a nursing clinical site shortage, there is a lot to be done in the SIM world if we are ready to step into it. Of course, this won't be easy. There are rigid structures in our systems that want nothing more than to snap back to the way things were done before the pandemic hit. But this is nothing more than stagnation. To truly flourish, we need to grow and grow together. Using our creativity and re-engaging our joy, let's work together using the lessons learned through COVID to strengthen both healthcare and nursing education for generations to come.

"The essential truth I'm discovering right now is that when we are together, more becomes possible. When we are together, joy is available. In the midst of a world that is insane, that will continue to surprise us with new outrages . . . in the midst of that future, the gift is each other."
-Margaret Wheatley

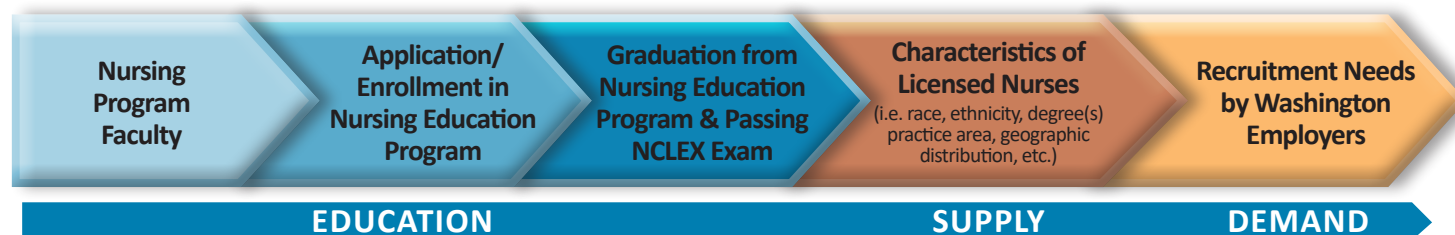
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Nursing Workforce Data: A Look at “Demand”



Welcome to the second article in our series describing the different aspects of healthcare workforce data related to nursing. There are different sets of data across the healthcare workforce: supply, demand, and nursing education. This article will focus on demand data.



Demand as a basic economic concept is the willingness of employers to purchase the services of health care personnel at a particular compensation level. However, demand in the context of the nursing workforce considers the following data measures including:

- Employer demand for nurses
- Recruitment of nurses (including length of time to recruit nurses)
- Retention of nurses (including outcomes of retention strategies such as workplace improvement programs)
- Turnover rates
- Vacancy rates
- Utilization of temporary and contract staff

Like supply data, demand data is a moving target. Studies that measure demand are looking at a snapshot in time. This has been especially true during the current pandemic. In this article, we will look at several ways demand is measured.

The [U.S. Bureau of Labor Statistics](https://www.bls.gov/) tracks workforce demand across most professions and has for many years. Data from each state creates a national picture. According to this source, there were 3,080,100 RN jobs in 2020, with a predicted increase in demand from 2020-2030 of 9%.

The Washington State Employment Security Department collects the state-level data that feeds into the national data. Their labor market report, [2021 Occupational Employment and Wage Estimates](https://esd.wa.gov/labor-marketinfo/report-library), is available at <https://esd.wa.gov/labor-marketinfo/report-library>. Though published in 2021, the data from this report is from May 2020. According to this source, there were 59,298 RN jobs in Washington State, with an average wage of \$93,163. The report also shares data by smaller regions called Metropolitan statistical areas. This breakdown allows for further insight into differences across the state. In addition, according to the [Top 25 certifications, October 2021 report](https://www.wa.gov/employment-top-25-certifications), from July-October of 2021, there were 8,987 open RN jobs posted statewide.

Another source of data is surveys of healthcare employers. The National Forum of State Nursing Workforce Centers developed a Demand Minimum Dataset available at [https://](https://www.nfnwc.org/demand-dataset)

nursingworkforcecenters.org. Currently, 17 states use this dataset to collect demand data: typically done by that state’s nursing workforce center. Employer data is also commonly collected by hospitals and long-term care associations and available to their members. Data collected using this dataset include:

- Full-time equivalent (FTE) positions
- FTE vacancies
- Full-time workers employed
- Part-time workers employed
- Per Diem workers employed
- Contract workers employer
- Separations
- Number of FTEs intend to employ in one year

Washington state does not currently collect the Demand Minimum Dataset across employment settings. However, Washington State has developed a unique way to collect demand data across health professions through the Sentinal Network. The [Sentinel Network](https://www.wa.gov/health-workforce-council) is an initiative of Washington’s Health Workforce Council and is conducted collaboratively by Washington’s Workforce Board and the University of Washington’s Center for Health Workforce Studies. The WCN helped develop the Sentinel Network and serves on the Sentinel Network Steering Committee. Participating employers, called sentinels, provide data to help identify emerging workforce demands and provide for rapid dissemination. The WCN also actively encourages partners who are nurse employers to input their data as a sentinel.

The WCN is currently working on a comprehensive demand data report that will coalesce publicly available demand data on home health and personal care aides, certified nursing assistants, LPNs, RNs, nurse anesthetists, nurse midwives, nurse practitioners, and nursing faculty. The final report is due for release spring of 2022. This will assist the WCN in developing a more customized demand data report in future years.

Get to Know WCN's Newest Board Member



David Keepnews, PhD, JD, RN, FAAN, Executive Director Washington State Nurses Association

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

After high school, I spent a few years unsure of what I wanted to do. Then I started working in a hospital in San Francisco as a unit clerk. I was interested in health care and thought that working in a hospital would give me a chance to see how different kinds of health professionals worked. I was so impressed by the nurses there. They were smart, strong, assertive, and compassionate. I was especially impressed with how they stood up for patient care—sometimes loudly, sometimes very subtly—they had a really good sense of how to approach difficult people and situations in a way to make things right for their patients. I wanted to be like them! So, I soon enrolled in nursing school.

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

I started out in psych nursing—inpatient, community mental health, substance abuse, and psych emergency. After a few years, I got the bug to focus on health policy. I returned to school to get a law degree, then worked for a regional office of the Department of Health and Human Services. Then I went to work for nursing organizations—first the California Nurses Association and then the American Nurses Association, working on a wide range of health policy issues. I returned to school again for a PhD in health policy and then worked for several years as a faculty member and academic administrator while also serving in leadership roles in nursing organizations. I was teaching nursing/health policy in DC when the opportunity came up to serve as Executive Director of the Washington State Nurses Association. I had been a WSNA member when living in Seattle and teaching at UW about 20 years ago and continued doing consulting work with WSNA over the years. The opportunity to come back to Washington and to go to work for nursing and WSNA was just too much to resist!

WCN: Why is board service important to you?

WCN's work is so important. It brings together nurses from a wide range of organizations, roles, and perspectives to focus on building a highly skilled, diverse nursing workforce in WA. I've spent a lot of years in nursing and working in and with nursing organizations. There are times when nursing is much too fragmented, and it's a barrier to being really effective. WCN is like bringing together the pieces of a big puzzle. I'm really happy to be a WSNA representative to the WCN Board because, for me, it's not just representing an organization—It's working together to focus on meeting the nursing care needs of the people of Washington.

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

