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Quarterly Newsletter | Qtr 2 2022

WASHINGTON NURSING WORKFORCE DATA: HIGHLIGHTS FROM WCN'S NEWLY RELEASED REPORTS

In May 2022, WCN released three new nursing workforce data reports. The three reports pull together available nursing supply (characteristics of nurses, including race and ethnicity, the number of licensees, and more), demand (employment of nurses), and education (information about schools of nursing, including the race and ethnicity of faculty and students). The Washington Center for Nursing publishes these reports to bring the state to a national standard of collecting, analyzing, and reporting nursing workforce data. Workforce research provides a more accurate picture of Washington's nursing to inform health workforce policy in the state.

Washington Nursing Workforce Data: Supply Data Highlights

[Washington 2021 Nursing Workforce Supply Data Report: Characteristics of LPNs, RNs, and ARNPs](#)

All three reporting groups of LPNs, RNs and ARNPs, allow us to see how the diversity of the nursing workforce measures up to that of Washington's population. According to the WASHINGTON: 2020 Census, the race and ethnicity makeup of Washington's population is White 61.6%; Black 12.4%; Hispanic 18.7%; Asian 6%; American Indian and Alaska Native 1.1%; Native Hawaiian and Other Pacific Islander 0.2%; Some Other Race 8.4% (<https://www.census.gov/library/stories/state-by-state/washington-population-change-between-census-decade.html>).

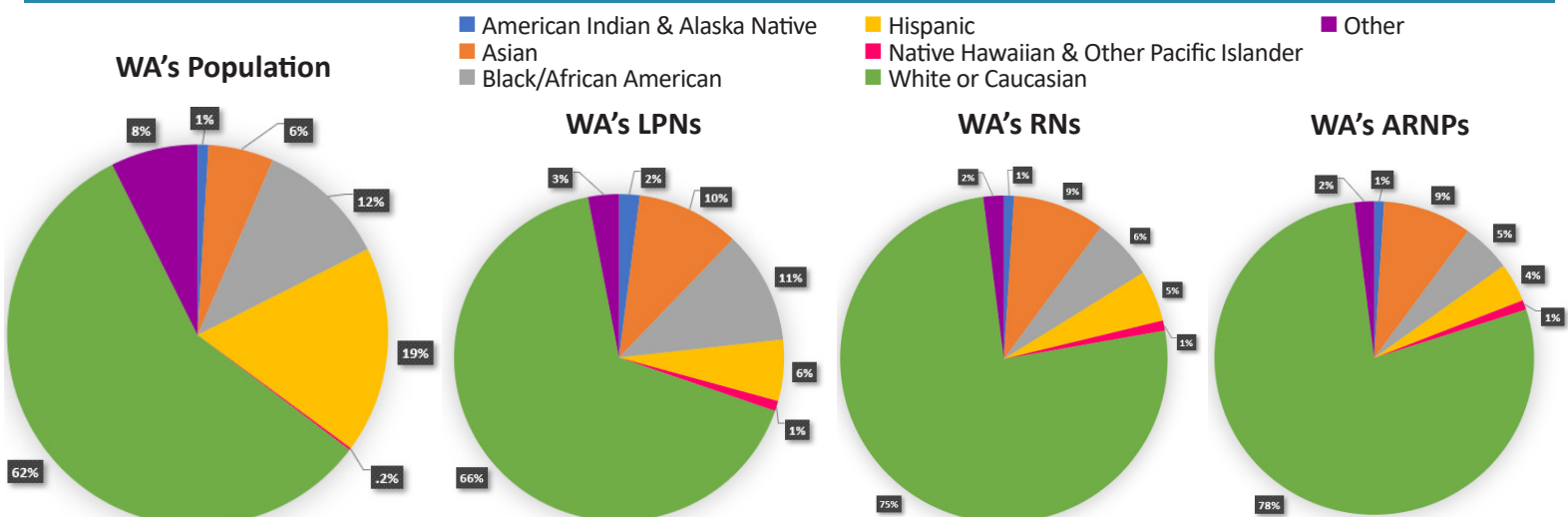
LPNs

- In Washington, 14.3% of LPNs are male which is greater than the national average of 8.1% (pg. 6).
- Among LPNs, RNs, and ARNPs, LPNs are the most diverse group, with 33% identifying as persons of color. The second-largest race category is Black or African American 11%, followed by Asian 10%, Hispanic 6%, Other Race 3%, American Indian and Alaska Native 2%, and Native Hawaiian and Other Pacific Islander 1%. 66% of LPNs identify as White or Caucasian (pg. 8).
- The largest employment setting for LPNs actively practicing in Washington is in a nursing home, extended care, or assisted living at 33% (pg. 15).

RNs

- The race and ethnicity makeup of Washington RNs is White or Caucasian 75%; Black/African American 6%; Hispanic 5%; Asian 9%; American Indian and Alaska Native 1%; Native Hawaiian and Other Pacific Islander 1%; Other 2% (pg. 19).
- Assuming retirement at age 67, Washington will lose 20% of the current RN population by 2029 and 40% by 2039. Nationally, 22.1% of RNs plan to retire within the next 5 years (pg. 19).

RACE AND ETHNICITY



*Percentages may not add to 100 due to rounding.

ARNPs

- In 2021, there were 9,334 Active Licensed ARNPs in Washington State (pg. 36).
- The average age of active licensed Washington ARNPs is 46 years old. The greatest percentage of ARNPs are 35-39 years old (pg. 39).
- The race and ethnicity makeup of Washington ARNP is White or Caucasian 78%; Black/African American 5%; Hispanic 4%; Asian 9%; American Indian and Alaska Native 1%; Native Hawaiian and Other Pacific Islander 1%; Other 2% (pg.40).
- The largest percentage of Washington ARNPs indicate Family Health as their employment specialty (15.3%) followed by Psychiatric/Mental Health/Substance Abuse (13.6%) and Anesthesia (11.1%). Additionally, less than 1% indicate Community or Public Health as their employment specialty (pg. 45).

Washington Nursing Workforce Data: Demand Data Highlights

[Washington State Employer Demand Trends for Nursing Professionals: An Environmental Scan of Data from 2011-2020](#)

CNAs

- Employment of CNAs has increased by 51.54%, from 22,714 (2011) to 34,421 (2021) (pg.11). In addition, many Long-Term Care- Nursing Home or Skilled Nursing Facilities reported exceptionally long vacancies for open CNA positions, and increased demand and turnover problems across all reporting periods (pg. 17).
- Despite increasing demand for CNAs, and though Washington's CNAs have seen a 23.18% increase in salary from 2011 to 2020 (pg.10), the current average annual wage of \$34,816 is still 22% below the living wage for a single adult in Washington (<https://livingwage.mit.edu/counties/53033>).

LPNs

- Employment of LPNs has decreased by 17.81%, from 9,411 (2011) to 7,872 (2021) (pg.20). Yet, many Long-Term Care- Nursing Home or Skilled Nursing Facilities reported exceptionally long vacancies for open LPN positions, and increased demand and turnover problems across all reporting periods (pg. 26).
- While WA RNs are paid higher than the national average wage for RNs, WA comes in third among 6 western states (pg. 19).

RNs

- When compared with Pacific Coast states, California (\$120,560), Hawaii (\$104,830), Oregon (\$96,230), and Alaska (\$95,270), all offered higher wages for RNs in 2020 as compared to Washington State at \$88,018. However, Washington's RN wages were higher than the National average wage of \$80,012 (pg. 28).
- The largest employment setting for RNs actively practicing in Washington is a hospital at 52.4%. 1% of RNs report working in public or community health, 2.6% in school nursing or school health service, and 4.9% report working in a nursing home, extended care, or assisted living facility settings (pg. 30).
- Small acute care hospitals (spring 2021), community health centers (fall 2021), and long-term care and nursing home facilities (fall 2021) all reported a 40% or higher increase in demand for RNs in their most recent reporting period (pg. 32-35).

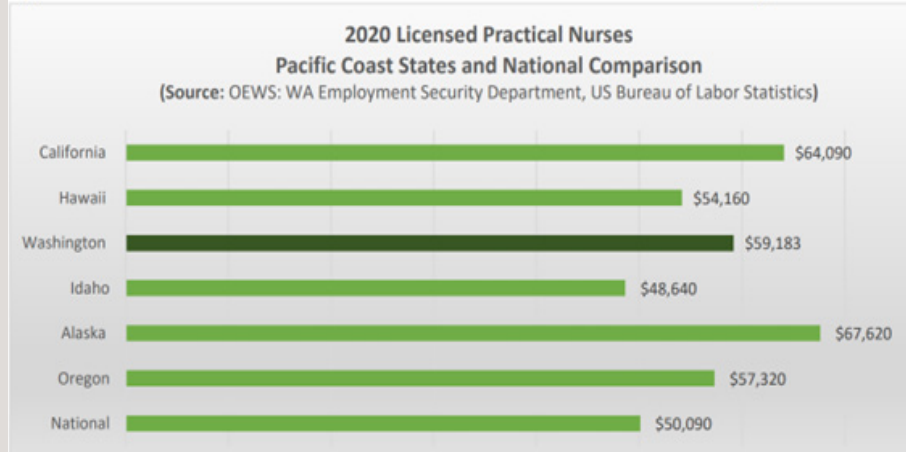
ARNPs

- Nurse Practitioner job postings increased by 226.44% between December 2019 (730 jobs) and March 2022 (2,383 jobs) (pg.40). Employment of ARNPs has increased by 38%, from 2,526 in 2011 to 3,721 in 2021 (pg. 38). Additionally, employment of ARNPs is projected to increase by 34.28% from 4,128 in 2019 to 5,834 in 2029 (pg. 39).

Nursing Faculty

- In 2020, the average nursing faculty wage in Washington was \$88,738 (pg. 52), just over \$700 more than the average wage for RNs at \$88,018 (pg. 28). (Note: RNs are required to have an associate or baccalaureate degree compared to other nursing roles such as ARNPs and nursing faculty, which mostly require a master's or higher level of education.)
- Employment of nursing faculty has increased by 35.99% from 967 (2011) to 1,315 (2021) (pg. 55).

Figure 20: 2020 Licensed Practical Nurses Pacific Coast States and National Comparison



Washington Nursing Workforce: Education Data Highlights

[Washington State Nursing Education Trend Report Academic Years 2014-2020](#)

LPN and RN Programs (also known as pre-licensure programs)

- The number of pre-licensure programs has remained relatively the same, with 55 programs in 2014 and 55 programs in 2020. There are two fewer PN programs and a gain of two BSN programs from 2014 to 2020 (pg. 6).

- Most BSN degree programs are in four-year colleges and universities. BSN programs admit approximately half of the total number of RN students each year (pg. 8).

- ADN to RN programs accepted approximately 43% of the nearly 4,000 applicants that met requirements each year. BSN programs accepted approximately 65% of the nearly 2,700 applicants that met requirements each year (pg. 8).

- On average, 3,200 qualified RN applicants were turned away every year, with fewer BSN qualified applicants turned away (994) compared with ADN-RN applicants (1,906) (pg.10).

(Note: Data limitation does not account for duplicate applicants, potentially inflating applicant numbers.)

- On average, pre-licensure students were 52% White or Caucasian, 30% from a racially ethnic or minority group, and 15% male (pg. 12).

Growth of Post-Licensure Programs: RN-BSN, Masters, and Doctorate

- From 2014 to 2020 Washington State added 9 RNB programs, 6 master's (non-ARNP) programs, and 3 DNP programs (pg. 17).

- The number of students admitted into RN to BSN programs more than doubled from 2014 to 2019. On average, 1,200 students were admitted into RN to BSN programs every year with a 99% acceptance rate for applicants who met requirements (pg. 18).

- An average of 335 students were admitted into Master's in Nursing and Master's of Science programs (non-ARNP) over five years with an average acceptance rate of 86% for students who met program requirements (pg. 19).

- An average of 225 students a year were admitted into Master's in Nursing programs with an ARNP focus. There was an average acceptance rate of 50% for students who met program requirements over the last five academic years for the MN-ARNP programs (pg. 20).

- DNP graduates more than doubled from 2015 to 2020 (from 121 to 351 graduates) (pg. 20).

Nurse Faculty

- Faculty salary for a 9-month contract at a university decreased 13% over six years while the 9-month salary for a community college faculty increased 48% during the same time (pg. 34). The most notable increase for community college faculty is from 2019 to 2020, a 39% increase in salary. In 2019, House Bill 2158 (the Workforce Education Investment Act) included \$40 million designated to increase nurse faculty salaries at community and technical colleges.

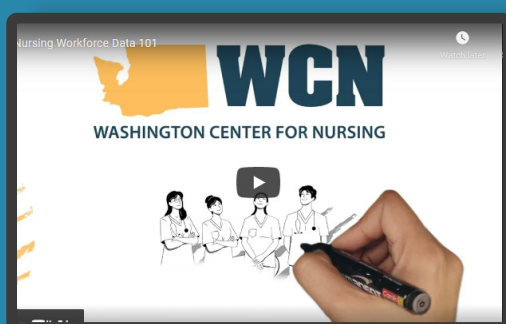
- From 2014-2020, there is a higher average number of part-time faculty (724) than full-time faculty (510) (pg. 28).

- Both full-time and part-time faculty fall short of the diversity of our state. Full-time faculty are, on average, 85% White or Caucasian, and 16% are from an ethnic or minority group including Mixed Race, and 9% are male. On average, 82% of part-time faculty are White or Caucasian, 18% are from an ethnic or minority group, and 11% are male (pg.32-33). Both fall short compared to diversity in pre-licensure population at 30% from an ethnic or minority group and 15% male (pg. 11-12).

Table 1. WA Pre-licensure Programs 2014-2020

Pre-licensure Program	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020*
PN	9	7	7	5	5	7
PN to ADN	8	1	1	1	1	8
ADN-RN	25	27	26	27	24	25
PN to BSN	2	1	0	0	0	3
GE	2	2	2	2	1	2
BSN	9	8	8	9	9	10
Totals	55	46	44	44	40	55

Sources: 1) NCQAC Annual Education Survey 2014-2020 2) *Washington Department of Health Approved Nursing Programs October 2021.



Click to play

Watch WCN's latest video Nursing Workforce Data 101

In nursing, there are three primary categories of data: supply, demand, and education. This short 5-min video explains what each category tells us about the nursing workforce and how the data is collected and used.

How Nurses of Color Make an Impact on Communities: The Importance of Having Nurses of Color with Advanced Practice Education

Lascelle C. Grizzle, BSN, RN, MN Graduate Student

It is sometimes said that strong people stand up for themselves, but the strongest people stand up for others. There is now a dire need to address health disparities in communities of color. Nurses with advanced practice training are uniquely prepared to address this issue by promoting health equity and access to healthcare and education. The causes of health disparities are multifaceted; however, according to the National Committee of Quality Assurance, approximately 57% of health issues are related to Social Determinants of Health (SDOH), and 80% of health outcomes are related to social factors outside of the healthcare system. SDOH are the conditions in which people live, work, and age (United States Department of Health and Human Services., n.d.). Before I pursued a bachelor's degree in nursing, I was never exposed to the concept of SDOH and its interconnection to health outcomes. As a person of color and a registered nurse (RN) pursuing advanced practice training, I see it as my responsibility to educate communities of color about SDOH and how those factors influence their health. Advanced nursing practitioners must be intentional in further addressing this issue because merely promoting healthy lifestyle choices won't eliminate the disparities that create the social factors that cause health disparities. In addition, changes need to happen at a policy level to support greater access to resources for communities of color; such changes can generate greater access to education, transportation, and housing.

For nurses of color to lead the change, we need to promote educational and career advancement initiatives that support them. One such intervention should include addressing biases in the workplace. Fowler (2020) reported that some nurses of color experience significant education and career advancement barriers. Those barriers include implicit biases, overt racism, and a lack of equitable access to education and job promotion. Additionally, from my research, the lack of mentorship and managerial support also stood as substantial barriers for nurses of color. Iheduru-Anderson (2020) highlighted that it was sometimes challenging for nurses of color to gain advanced nursing roles even after earning an advanced degree because of the lack of career support and opportunities to gain experience in leadership roles.

Barriers to education and career advancement for nurses of color can negatively influence how healthcare is delivered, the inclusiveness of healthcare practices, and the cultural appropriateness of patient care (Jefferies et al., 2018). Therefore, supporting the career progression of nurses of color is vital to addressing health disparities. Studies have shown that when nurses of color receive advanced education, they often return to their communities to work, share their expertise, and contribute to improving the health in their communities,

ultimately creating greater access to care (Williams et al., 2014). Nurse leaders can support nurses of color by offering mentorship, sharing their experiences, and fostering collaborations. I have lived by a mantra of always paying it forward; at times, such actions seemed insignificant until I met University of Washington Assistant Professor Dr. Weichao Yuwen, an RN dedicated to creating greater access to care. Dr. Yuwen's scholarship focuses on examining the interplay of culture and health and developing technology-enabled solutions to promote health among historically oppressed individuals, families, and communities. She has worked with cross-cultural populations and communities, including Black, Latino, Asian, and Pacific Islander Americans.

An Advanced Registered Nurse Practitioner's involvement in community advocacy can greatly influence improvements in health equity in communities of color. Health equity is a patient's ability to reach their full health potential without experiencing any institutional disadvantage in reaching that potential (CDC, 2022). But first, to improve health equity, nurses of color with advanced-level nursing education must be intentional and get involved during the creation and implementation of policies that impact health and address SDOH at all levels. I know that this task may seem insurmountable or unrealistic because in the past, I, too, had difficulty believing in actions that I had never seen done before, such as high-level nursing advocacy. However, now I truly believe that nursing advocacy can create change in communities of color because I have seen it done by Washington Center for Nursing Executive Director and RN Sofia Aragon. Sofia was concerned that the noise and air pollution from Seattle-Tacoma International Airport (SeaTac) led to health disparities in her community. She presented her concerns to the Burien Airport Committee. In addition, she provided public health data to the Port of Seattle, which operates SeaTac Airport. As a result, Congressman Adam Smith introduced federal legislation to address the impact on human health by airports. Additionally, the Port of Seattle is currently developing a new Sustainable Airport Master Plan (SAMP) to include human health in future airport development. Through her advocacy, Sofia was elected to the Burien City Council in 2020 and was elected Mayor in 2022.

An increase in the nursing workforce of nurses of color can improve health equity in ethnic minority communities. However, I found in my research that the RN workforce in Washington State does not reflect the population. According to the Washington Center for Nursing's recently released Washington 2021 Nursing Workforce Supply Data Report: Characteristics of LPNs, RNs, and ARNPs, the RN workforce is 75% white compared to the white population of Washington at about 62%. Additionally, there is a similar trend in advanced

nursing education. On average, 19% of Master of Nursing Students were students of color, an apparent underrepresentation of state demographics (Flores-Montoya & Moulton Burwell, 2022). To create greater access to careers and educational advancement for nurses of color, we must address barriers limiting their progress; removing those barriers will increase diversity in nursing, which will tremendously impact

the quality of care that people of color receive. This intervention will be effective because studies have shown that people of color sometimes receive inferior care when their providers are not someone of color. Other studies have also shown that when a provider of color is involved in the healthcare delivery of persons of color, the quality of care is higher.

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As a Nurse, You Have the Power to Influence Health Equity

The WCN and HCA are deeply committed to engaging the powerful influence of nurses in advancing health equity in Washington.

And together, we are teaming up to talk about ways nursing leaders are working to advance health equity across the state. And letting you know as nurse leaders and practitioners how you can plugin, too.

Click to watch this 6-min video now!



Emerging Leaders in Nursing

An Interview with Sandra Riojas, RN, BSN

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!

Sandra Riojas attended Heritage University on a full scholarship graduating with her BSN in 2018. Heritage University is a private university on the Yakama Indian Reservation in Toppenish, WA. For the last 2+ years, Riojas has worked at Central Washington Family Medicine in geriatrics and OB. She is also the lead RN of the OB unit. Riojas is a featured nurse leader representing rural nursing in the recently released WCN and HCA video; [As a Nurse, You Have the Power to Influence Health Equity](#).

WCN recently caught up with Sandra to ask about her nursing experience.

WCN: How did you come to choose nursing as your career path?

Sandra Riojas: You know, I always wanted to be a nurse. I remember a scenario when I lived in Mattawa, WA. I had a couple of cousins playing basketball, and one of my cousins sprained their ankle (or something like that). And I ran to him, wanting to provide care. I was probably about twelve years old when that happened. And ever since that day, I knew I wanted to do something in nursing or the medical field. I didn't decide to be a nurse then, but I did start contemplating it. However, one of my cousins was very ill when I went to Mexico after graduating high school. Her gallbladder was inflamed.

We took her to the hospital in Merida, Mexico. The care there was not great. They were overflowing with patients, and my cousin had to wait in the hallway for care. It took hours for them to see her. And she was in so much pain. It was that day I decided I needed to be a nurse. I knew then that I needed to have a voice in patient care. I wanted to be the one who could communicate with family members (even if that was in a hallway).

WCN: What are some of the challenges you have faced becoming a nurse and how did you overcome them?

Sandra Riojas: One of the challenges was working during my nursing program. It was hard, but I was blessed. I had received a full-ride scholarship, and that was great. But I had to move from Mattawa to Yakima. And I had bills to pay. I had to pay for my apartment, food, and gas. I would say pride got in the way, too, and I didn't want to ask my dad for help. And though he did help me by giving me money, I felt like it was a burden for him. Even though I know it wasn't because he knew I had a full-ride scholarship, so, to him, it wasn't a burden to help me with groceries or something. But for me, it was hard, and I was determined to get a job. So, I became an LPN in 2015 and got a job that would help me through the BSN program.

They tell you don't work through the nursing program, but I had to. There was no other option. I didn't have family in Yakima I could live with, so I had to work a job to get through the nursing program. And that was one of my biggest challenges.



Lft: Sandra Riojas, RN, BSN, Rt: Riojas with her family

With a job, I had to learn how to manage my time. And my money, too. Right after work or at lunch, I would be reading and studying. I used my planner, my phone calendar, and reminders all the time. I just understood that my goal was to be a nurse, and I had to prioritize my time if I wanted to be successful.

My parents were very supportive. I wasn't going to finish the LPN program, but my dad said, "You have one semester left. Finish it." And honestly, it was the best decision because it helped me be financially stable while finishing the BSN program.

The other challenge was not spending time with family because they were an hour away, and school was my priority.

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

Sandra Riojas: I would say the patient interaction and knowing the impact I can have on patients and their families. I work with geriatrics and OB patients. Being with geriatric patients in the hospice setting and being able to help a family holistically and knowing the impact I can make for them is powerful. Even if it

Continued on next page

is something simple like getting them a glass of water and letting the family have more time with their family member.

And in OB, I enjoy seeing mothers from the beginning of their pregnancy through the ninth month. And in postpartum, I enjoy seeing them come back to say, look, this is the baby from my belly; I want you to meet them. It's just like, wow, I did have an impact on them. It is the little things that remind me why I am a nurse. Some days are tough, but then some days remind me why I am here, why I become a nurse.

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

Sandra Riojas: It is important because our patients are from diverse ethnicities or identify themselves in a multitude of ways. If we can be open and respectful to them, then we can provide better care. And that is something I learned through experience. Even though I may not understand someone else's language, I can find some help to communicate with them better. That is all any of us want. We want to feel cared for. We want to feel important to the person caring for us. And that is my goal. That is what I strive for at my job. Even though someone might be on a different path, I want them to know that I don't care what they've done; I care for you here and now, regardless of who you are.

WCN: Nursing is a challenging job and often traumatic. What techniques or strategies do you use to build resiliency, remain effective, and not burn out?

Sandra Riojas: I try to work out every day and eat healthy foods. I also attend church at least twice a week. Being in prayer helps me. I'm a Christian and believe in God and in being in prayer with him, where I can

express my feelings and the strength I need. I also have a supportive husband who I can talk to and who is praying for me to have a blessed day or giving me thoughts like, it's okay, it's not the end of the world, you'll get passed it. My family's support is also important. And I have good friends. Ones I can vent to and who provide me with the support I need.

The other thing is when working with providers, we sometimes can be overworked. And we say, yes, I can do that, to everything. But being able to communicate to somebody that you need their help or that you need a break is important. For me personally, I have a provider I can count on and who I can let know hey, I feel overwhelmed in this area and need your help. And hearing from her, you're doing a great job, is like thank you. Because sometimes I feel like I'm not. So, you need to speak up as a part of self-care. If you never speak up, you will get burnt out.

WCN: What has your experience been working through the pandemic?

Sandra Riojas: It certainly has been interesting. It has been a process of going with the flow and adapting to new flows. But you learn to be adaptive and to be patient with it. There are still people out there who are fearful of it. And you go through a process of just trying to understand them and where they are coming from and educating them by providing them and their family with information. But I feel like it has also made me more aware. Like, in the past, people would go to work with a cough or fever, and nothing would be done about it. People were getting sick, and there were germs, germs everywhere. Now, if someone is catching a cold, they are more mindful of that.

WCN: What are your future career

goals in nursing?

Sandra Riojas: I have given it some thought, and eventually, I want to go back to school, but I don't know for what yet. I don't know if it will be woman's health, management work, counseling, or what. Right now, my goals are to continue to learn, do the best I can, be there for my patients when they need me, and work on finding my niche. I do love teaching, too. So maybe a Master's in Education to teach nursing students.

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

Sandra Riojas: The advice I would give, is don't be afraid to ask for help. And don't be afraid to ask your family for help either. And if nursing is something you really want to do, you must be committed to it because it is hard. I don't think it is an easy career. You do have to be disciplined in your study and know your skills. One of the biggest things for me was accepting failure. Because for me, it was hard getting a B or an A- and questioning, am I smart enough, I should have gotten an A. But that is not the point. The point is the why. Why do I need to know this for my patient? Then you will understand the process of it. This shift happened for me toward my senior year and made things easier to understand.

A Toolkit for Helping Nurse Leaders Foster Resilience Amongst Frontline Nurses

By Stefani Ostrowski, BSN, RN

I began my journey as a graduate student in the Master of Nursing Program at the University of Washington during the height of the COVID-19 pandemic. Both studying and working full-time as a nurse manager I witnessed the stresses of the pandemic and their impact on our frontline nursing teams. When beginning my capstone work with the Washington Center for Nursing, their recent research echoed the sentiments of my staff, colleagues, and peers from across the state of Washington. A clear need was identified for accessible resources to begin the crucial work of building resilience in nurses. From that need grew this resilience toolkit aimed at providing nurse leaders with a variety of interventions to begin this work.

The COVID-19 pandemic imposed unprecedented stresses on the healthcare system, particularly on nursing. According to a 2020 survey conducted by the Washington Center for Nursing (WCN), 42% of nurses in the state of Washington considered or planned to leave nursing because of the pandemic (Washington Center for Nursing, 2021). Nurses have also reported mental health concerns such as distress, anxiety, depression, and insomnia in relation to the COVID-19 pandemic. Resilience has been identified as a foundational component needed for good mental health (Lai, C. C. et al., 2020), therefore the argument can be made that fostering resilience in the nursing workforce may contribute to improved mental health outcomes. Nurse leaders have been identified as playing an influential role in the support of frontline nurses and should offer solutions to support the mental health of their teams (Mo et al., 2020).

The American Psychological Association (2020) defines resilience “as the process of adapting well in the face of trauma, tragedy, threat, or significant sources of stress”. Resilience has been found to be a protective factor in the prevention of burnout among nurses, as well as has been shown to help positively deal with challenges and manage stress (Jose et al., 2020). Resilience has also been found to help mediate the effects of stress, burnout, fatigue, depression and anxiety, and other effects of professional demands (Yu et al., 2019). Furthermore, nurses who demonstrate higher levels of resilience were found to have greater job satisfaction (Yu et al., 2019), and therefore may be less inclined to leave their position. In order to support the nursing workforce, it will be essential for nurse leaders to employ strategies to help foster the resilience of their teams.

The WCN is committed to the health and success of Washington’s nursing professionals. As a part of this commitment, the WCN is interested in exploring interventions to support the nursing workforce in building



resilience. This toolkit was created in partnership with the WCN in an effort towards achieving this goal and is available for use to those interested in furthering this work.

Implementation

This resilience toolkit aims to provide nurse leaders with a resource that can be used with frontline nursing teams as a resilience building intervention. A range of different tools have been included to make the toolkit adaptable for varying departments and clinical settings. These tools may be used independently or in combination with one another, requiring no specific order of use, dependent on the needs of the individual or the team. Also included in this toolkit is the Brief Resilience Scale (BRS), which nurse leaders can provide to their teams as a reflective exercise for staff to obtain a baseline measurement and understanding of their personal state of resilience.

The BRS is an evidence-based and validated tool for measuring the baseline resilience of an individual. The BRS is included so that nurse leaders can provide their team the opportunity to think about and identify their personal resilience level. Completing the BRS allows an individual to reflect on why their score does or does not align with their personal perception of themselves and begin the process of better understanding their own resilience. The intended use is for nurse leaders to encourage their team members to use the BRS as a tool for reflection rather than a means of collecting data.

To access the full toolkit, click the link below.

[A Resilience Toolkit: Helping Nurse Leaders Foster Resilience Amongst Frontline Nurses](#)

Article references on next page



A Break in the Workforce Pipeline: Nursing Program Capacity Challenges

Qualified applicants are being denied admission to nursing schools due to diminished program capacity nationally and within Washington state. In 2019, 80,407 qualified applicants were denied access to both baccalaureate and graduate programs nationally.¹ In Washington state, 19,402 applicants were denied access to associate and baccalaureate degree programs, leading to an overall 50% acceptance rate from 2014-2020.² Associate and baccalaureate degree programs both admitted approximately 1,500 students in Washington state from 2019-2020, indicating similar capacity challenges across these pre-licensure programs.² Qualified applicants were also turned away from post-licensure programs, such as Advanced Practice Registered Nurse (ARNP) and Doctor of Nursing Practice (DNP) programs, which diminishes the number of potential providers to care for those in rural communities and those with complex care needs, and potential nursing educators.³

While the nursing workforce is expected to grow within the United States to a total of 3.3 million nurses nationally, current projections also simultaneously indicate that national nursing shortages will continue through 2030, adding further complexity to this issue.³

At present, 194,500 vacancies exist within the nursing workforce annually and one million nurses are expected to retire by 2030.^{3,4} The creation of an active pipeline of future nurses is critical to care for our aging population, and barriers must be identified that prevent the flow of nurses into frontline, leadership, provider, and faculty roles.

One major challenge that impacts nursing program capacity is a lack of a sufficient number of clinical placements, which are opportunities for students to apply classroom concepts in direct patient care settings. The other major challenge is insufficient nurse faculty to educate students. Nationally, the west coast leads in vacancies of nurse faculty.⁵ Strategies to address nurse faculty retention include mentoring opportunities for those interested in faculty roles, federal loan repayment programs, and increased financial incentives to choose nursing education as a career. To implement these strategies, collaboration with healthcare and community stakeholders is needed, along with legislative action to advocate for increased resources to change the future of nursing education within Washington and the United States.

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

A Toolkit for Helping Nurse Leaders continued

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WASHINGTON NURSING WORKFORCE DATA: WHY IT MATTERS

I have concerns about sharing my information electronically. How is my information protected?



Any information you provide to the Nursing Care Quality Assurance Commission is encrypted both when it is in transmission and after it's been received. This ensures all data is protected.

Example: All nursing workforce data that is shared with partners is anonymous. Personal information such as names and addresses are always encrypted.

For more information about Washington Nursing Workforce Data and Why it Matters click here.



Washington Center for Nursing Releases New Nursing Workforce Data Reports

The WCN uses data to provide an accurate picture of Washington's nursing workforce to inform health workforce policy in the state. Our two recently released reports include;

Washington State Nursing Education
Trend Report:
Academic Years 2014-2020



Washington State Nursing Education
Trend Report
Academic Years 2014-2020

Washington State Employer Demand
Trends for Nursing Professionals:
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2011-2020



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Washington 2021 Nursing Workforce
Supply Data Report:
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