



MOVING BEYOND COMFORT: THE WORK TO EXPAND DIVERSITY, EQUITY, AND INCLUSION IN NURSING

Health Equity, Health Disparities, and the Social Determinants of Health

By WCN DEI Associate, Fawzi Belal
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Three years ago, on May 25, 2020, George Floyd was brutally murdered at the hands of Minneapolis police officers. In response, the American Academy of Nursing (Academy) and the American Nurses Association (ANA) issued calls for social justice to address racism (Academy, 2020, ANA, 2020). These calls to action are linked to the ANA Code of Ethics to “protect human rights, promote health diplomacy, and reduce health disparities” (Provision 8, 2015). In a joint statement, the Academy and ANA urged nurses to “remove areas of bias that perpetuate negative behaviors and reinforce harmful stereotypes and stigmas” (ANA, 2020).

This is the first article in a series on diversity, equity, and inclusion (DEI). Why should nurses care about DEI? For several years, nursing has ranked as the most trusted profession in the U.S. (Brenan, 2023). With this public trust, we have the power within and outside the clinical setting and, thus, more responsibility to embody our profession's very principles. The ANA Nursing Code of Ethics asserts that nurses:

- "Respect for the inherent dignity, worth, unique attributes, and human rights of all individuals is a fundamental principle" (ANA, 2015, p. 1) and
- "Establish relationships of trust and provide nursing services according to need, setting aside any bias or prejudice" (ANA, 2015, p. 1).

Nurses are a bridge between the healthcare system and our clients. In this role, we have power entrusted to us that can cause unintended harm. It is difficult to see how our intentions—though they might be good—can negatively impact others, especially those who do not share our characteristics, such as race and ethnicity, language, sexual orientation, and others. Despite the “nurses are superheroes” sentiment popularized during the pandemic, we are human, and we each carry biases and prejudices. Nurses are gatekeepers to valuable healthcare services, treatments, and knowledge.

But before we examine areas for improvement and growth, let's start with our end goal. You may have heard of the term *health equity*. What does health equity mean? [Healthy People 2030](#) defines health equity as “...the attainment of the highest level of health for all people.



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Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and social determinants of health—and to eliminate disparities in health and health care.” Health equity is our North Star. As a collective, we have much work ahead to reach our North Star, including “removing areas of bias” (2020) as the Academy and ANA joint statement urges.

Research demonstrates that individual clinicians’ implicit bias likely translates to different treatments and care for patients (FitzGerald & Hurst, 2017; Hall, 2015). According to the U.S. Department of Health and Human Services’ [Healthy People 2030](#), a health disparity is,

“a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion” (HP, 2030).

We see health disparities in population health data. For example, when examining maternal mortality rates by race and ethnicity in the U.S., data shows,

“Black and American Indian and Alaska Native (AIAN) women have higher rates of pregnancy-related death



compared to White women. Pregnancy-related mortality rates among Black and AIAN women are over three and two times higher, respectively, compared to the rate for White women (41.4 and 26.2 vs. 13.7 per 100,000). Black, AIAN, and Native Hawaiian and Other Pacific Islander (NHOPI) women also have higher shares of preterm births, low birthweight births, or births for which they received late or no prenatal care compared to White women. Infants born to Black, AIAN, and NHOPI people have markedly higher mortality rates than those born to White women. Maternal death rates increased during the COVID-19 pandemic and racial disparities widened for Black women.” (Hill et al., 2022)

As nurses, we must address the factors causing health disparities, such as the disparities seen in maternal mortality by race and ethnicity.

In our individualistic culture in the U.S., we often attribute health to a personal choice, culture, or behavior. While individual factors certainly play a part, they are not the whole story. Individual actions or preferences are not as influential as the conditions in which we live, work, and play, also called the social determinants of health (SDOH).

Nurses miss the larger picture when we tell patients to “eat better” or “exercise more” and do not account for the SDOH. Going back to the earlier example of racial health disparities, it is the conditions in which Black and American Indian and Alaskan Native people are born, live, work, play, and age that impacts the disparate maternal mortality rates.

Some examples aim to help us understand these concepts. The [Racial Equity Institute](#) uses a metaphor of toxic groundwater to show how environmental conditions can shape health and life outcomes. Imagine you are walking by a lake, and you see a dead fish floating. You might wonder what happened to that fish. Perhaps it was sick? As you continue your walk, you notice a pattern of several dead fish floating in this lake. You start to suspect some-

thing in the lake itself—is there some toxin causing these fish to die? On another walk around a different lake, you encounter something similar...multiple dead fish. As you wonder about the causes of death, would you blame the individual fish’s behavior? It is absurd to wonder: If only that fish had behaved better or followed the established rules, perhaps it would still be alive. Yet, we often believe and act on that narrow viewpoint when we work with “non-compliant” patients and communities.

The metaphor of toxic groundwater poisoning the surface water is similar to how structural racism poisons our institutions and systems, leading to negative health and life outcomes, particularly for marginalized individuals and communities. The groundwater metaphor helps us to understand structural racism leading to racial inequities, including health inequities. We could try to “fix individual fish,” but if we release the fish back into a poisoned ecosystem, we will get the same results. We must get to the root of the problem in the groundwater by addressing the toxic sources that cause the poisonous conditions in the first place. The toxic groundwater is structural racism.

Unlearning deeply ingrained personal, organizational, and societal norms around race, history, and equity is a reflective process that takes continuous and conscious effort. DEI is intended to challenge people, institutions, and structural norms and help us recognize bias in our thoughts, actions, practices, and systems. DEI is also a space to validate the perspectives and experiences of people of color in organizations and communities.

Our forthcoming articles in this DEI series will explore how structural racism manifests in nursing. Please visit [WCNursing.org](#) to learn more about our DEI efforts.

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Washington State needs more trained Sexual Assault Nurse Examiners. This is even more true in rural areas where access to this specialized type of patient care can support victims' recovery from the traumatic experience of sexual assault in often under-resourced rural communities.

Are you a Washington RN interested in Sexual Assault Nurse Examiner (SANE) training? If you are a Washington RN who has thought about SANE training, WCN is offering a practicum fellowship opportunity for training this fall.

Only 15 spaces available, so apply early!



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APPLICATION
PERIOD
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July 1-31

Fellowship Program Includes:

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- ▶ IAFN Certification (optional)
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Fellowship Qualifications:

- ▶ Must be a licensed RN with 2-years of bedside experience
- ▶ Rural candidates preferred
- ▶ Must sign a 1-year contract for program participation

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- SANE Fellowship Orientation on August 28, 2023, 5-6 pm (MST)
- Bias and Mental Health in SANE training on September 11, 2023, 5:30-7:30 pm (MST)

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This program is offered in partnership with:



Have questions? Contact WCN Program and Support Associate Frank Kohel at frankk@wcnursing.org

THE WORK TO EXPAND DIVERSITY, EQUITY, AND INCLUSION IN NURSING REFERENCES CONTINUED

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BIPOC Nursing Affinity Group

A group of BIPOC nurse leaders, educators, students, and professionals convening to create a belonging space for the Washington nursing workforce

WCN provides events for nurses who identify as part of the global majority. Another term commonly used for the global majority is Black, Indigenous, and People of Color (BIPOC). As a nursing workforce center, WCN partners with organizations and institutions to help educate, integrate, and advise on best practices to help increase and retain a diverse, highly qualified nursing workforce in Washington state.

On April 1, 2023, the WCN hosted a BIPOC Nursing Leadership Symposium aiming to foster belonging and networking, and space for validating the experiences of BIPOC nurses in the workplace. Thirty participants attended the event and engaged in a discussion led by four BIPOC nurse leader panelists. The event was a platform for open dialogue and meaningful conversations on navigating challenges and shared experiences of the nursing journey as people of color. Through discussions on racial disparities, career advancement, and supportive networks, the panelists were able to validate the unique challenges and triumphs faced by BIPOC nurses, creating a powerful sense of understanding and connection among attendees. The symposium left participants feeling heard, seen, and supported, empowering them with a renewed sense of belonging and the knowledge that their voices matter.

The WCN's BIPOC Nursing Affinity Group is a brave space to build community, foster belonging within the nursing profession, and a step towards creating an inclusive workplace in the nursing profession.

The WCN will continue supporting BIPOC nurses by convening the group virtually monthly to keep the BIPOC community connected and supported. This affinity group serves as a healing space where nursing professionals can connect, share their work, exchange experiences, and collaborate on supporting health equity in Washington state.

These meetings offer a safe and brave environment for nurses to express their thoughts, challenges, and successes, knowing their experiences will be met with empathy and validation.



For more information and to connect with the BIPOC Nursing Affinity Group, contact WCN DEI Associate Fawzi Belal at fawzib@wcnursing.org



Leaders in Nursing

An interview with Paula Meyer, MSN, RN, FRE

According to recent data, 20% of Washington's Nurse Practitioner workforce will retire by 2028, and 20% of Registered Nurses will retire by 2029. Additionally, according to WCN's 2019 RN supply report, only 1% of RNs are public health nurses. As Washington prepares for this loss of knowledge, experience, and skills in the nursing workforce, WCN is creating an interview series dedicated to capturing the voices of nursing leaders preparing to leave nursing through retirement.

For this issue of WCN News, we sat down with the 25-year Executive Director of Washington's Nursing Care Quality Assurance Commission (NCQAC), Paula Meyer, MSN, RN, FRE. Meyer, who retired in June (2023) started her nursing career as a nursing assistant at a small rural hospital in Deer Lodge, MT. She graduated with her BSN from Montana State University in 1980 and later moved to the Washington, D.C. area to work at Arlington Hospital and continue her education. Meyer graduated with her master's from George Mason University in 1989. After returning to Montana for two years, Meyer and her family moved to Olympia, WA, where she worked in home health for five years before becoming the NCQAC's Executive Director in 1998. Here is what she had to share with us about her nursing journey.

WCN: What inspired you to pursue a career in nursing?

Meyer: When I was 16 years old, I had stomach surgery, and I had an incredible nurse. To this very day, I remember her name, Terry. She helped me so much. One day she walked by my room, and I said, "Hi, Terry." She came in, sat on my bed, and talked to me. She just took a little time with me. And that was the

moment I said I wanted to be a nurse.

So, I became a nursing assistant when I was 16 years old. I worked at a tiny little hospital in western Montana with about 16 beds, a two-bed ICU, a two-bed maternity unit, many geriatric patients, some pediatric patients, and an ER. The nurses were incredible and helped me so much. The director of nursing was young and took me under her wing. A friend of mine and I were in classes at Montana State University, and the nurses at the hospital let us go in and see surgeries, see deliveries, work in the emergency room, and work all shifts. They gave us all sorts of experiences. The doctors also took a keen interest in us. By the time I graduated six years later, I was well-prepared to be a nurse.

WCN: Can you briefly share with us your journey into nursing leadership?

Meyer: I describe it as a gentle hand on my back. As a young nurse about nine months into nursing, I was still working the night shift on the orthopedics floor and teaching classes to my peers there, and the Director of Nursing Education said, "Who is this Paula Meyer?" She interviewed me, and I became a clinician in orthopedics. After the hospital went through budget cuts, I became the med-surg clinician and taught classes throughout the hospital. When I moved to the Washington D.C. area, I became an Assistant Head Nurse for the night shift at Arlington Hospital in Virginia, one of the original Magnet hospitals. From there, I got promoted up through the ranks to Department Manager.

A person that had a significant impact on me was Dr. Hazel Johnson-Brown. Dr. Johnson-Brown was the first woman Rear Admiral in the public health service and worked hard to achieve what



Paula Meyer, MSN, RN, FRE

she did. She was one of our instructors at George Mason University and gave us some incredible lessons. Part of being in a Magnet hospital is our director said, "If you are going to be on my management team, you will get your master's degree," which was part of why I went to D.C. to begin with, to get my graduate degree. In a class taught by Dr. Johnson-Brown, Politics in Nursing, she said, "Paula, what is your emphasis in nursing?" I said I wanted to be a geriatrics nurse practitioner. And she said, "No. You are a leader." And I was like, okay. She was one of the gentle hands on my back that moved me from wanting to be a geriatrics nurse practitioner to going into the administration track.

I want to share a story Dr. Johnson-Brown shared with us. As a Rear Admiral, she noticed that as Generals entered the room, they would first stand there and hike up their pants before throwing their shoulders back and taking control of the room. She said, as a woman, you couldn't hike up your skirt. So, if she had to speak, she would stand there, take the lapels of her coat with both hands, crisp them up, look around the room, and then begin speaking. It was a story on how to command yourself. How to sit in a room and not be intimidated by one-, two-, three-, or four-star Generals. And she was an African

Continued on next page

American woman surrounded by a bunch of men, and she did it. And she did it with poise. She did it with confidence. But she also did it with seriousness. She was an incredible role model.

WCN: What positions and experiences prepared you best for nursing leadership?

Meyer: That reminds me of a question I had when interviewing for the Executive Director position at the Commission. The question was, what has prepared you for this position? When I look back at my career, my senior year experience was in neonatal care. I loved those babies! I was on my way to being a helicopter nurse for neonatal when I had a sports accident that changed my career trajectory, and I became an orthopedic nurse. Then I went from rural Montana and a 16-bed hospital to Arlington and a big hospital. I had done nights, rural, metropolitan, and neonatal. And the job I had before this one was in home health and hospice. So, I had experience from the beginning to the end of life. I also served as a Staff Education Director. I have had broad experience in nursing. And that has helped me in this position because I knew lots of people and understood a lot of settings.

The other thing that prepared me to be a leader was learning how to really listen in critical conversations and not have my own agenda in the way. Because that is the way I was as a young person. I had my agenda, and I had to get it out there first; otherwise, I was going to get run over. But I had to step back and learn how to listen. And it has served me exceptionally well in this position. You have got to listen to people. You can't just dominate.

WCN: How would you describe your leadership approach?

Meyer: With the transition of my retiring and bringing on a new Director, one of the things that they wanted me to do was something they call the Book of Knowledge. I thought about how I do this brain dump. I started to think back to what helped me throughout this career because I learned so much from many people. And again, it goes back to that listening. And on different levels, too. It is listening to a staff person, a director, all the way up to the Governor. It is listening to people at public meetings as they tell you their lived experiences as we are writing rules and developing testimony. It is listening to Commission members. It is saying, okay, this is my viewpoint—now what did I learn from all these other people? And sometimes, it means changing my mind because I have learned. And to not be afraid to change your decisions. Sometimes people say that changing decisions might make you look wishy-washy, but I don't think so. I think it makes you look humble and willing to learn. I agree with making a decision. But also, with being willing to

change it based on new information.

WCN: What do you enjoy most about the profession of nursing?

Meyer: Nursing is the number one most trusted profession in the Gallop Polls and has been for a long time. I think back to when I was a young assistant head nurse working the night shift and how people would share some of their most vulnerable truths with me. It is that trust that people give us. And with that trust comes a great responsibility to know what confidential information is and how to protect it. Those are the two things I feel passionate about, public trust and how to maintain confidentiality so that people continue to trust you. It carries through to the Commission going from patients' trust to public trust. I have heard that trust is saying what you will do and then doing it. It is learning how to keep your mouth shut for a while until you are firm on the direction to take and then following through. It is the trust and responsibility that people place in you as a nurse and being sure that what you are doing is safe for people.

WCN: You have seen a lot of changes in the nursing workforce throughout your career. What do you find encouraging? Where is there still work to do?

Meyer: I can't remember who I was talking to, but it was about the nursing shortage, and they asked, is this new? And I said, you know, we have never had enough nurses. We do not have enough nurses to care for the population and the demand we have. What gives me hope is the response we have had to the pandemic. There are a lot of people out there who are not nurses ready to support nurses right now. And they recognize what the need is. The legislature has been responsive. They have been investing in nursing and nursing education. The governor has been responsive, listened to what nurses need, and has been helpful. The other day, I had a phone call meeting with a man in the NE corner of the state, not a nurse, but someone who recognized that they don't have enough of a nursing workforce up there, and he wants to start working on training nursing assistants (NAs), and then work on a career path into nursing for NAs. Seeing how many people are interested in nursing right now gives me hope. Because our nurses are tired, they have been through an incredible time. And it is still a hard time for them. We all need to keep pitching in, lock arms together, and keep working on this.

WCN: America's healthcare systems are mired in structural racism and bureaucracies that contribute to health inequities. How do you see nursing contributing to action-based solutions to improve access to quality healthcare for everyone?

[Click here to read the full interview...](#)



On March 22, 2023, nursing lost a consummate nursing leader, advocate, and friend. As the Washington Center for Nursing's first Board President, Barbara Trehearne was instrumental in creating a solid foundation for WCN's work and future success. Her legacy at WCN is rich with actions to develop the nursing workforce in Washington State and enhance collaboration between practice and education. Barbara was a founding member of the Northwest Organization of Nursing Leaders (NWNOL), a Nurse led organization working to elevate nursing leadership at every level across Washington and beyond. As Vice President for Clinical Excellence, Quality, and Nursing & Chief Nurse at Kaiser Permanente Washington (previously Group Health), Barbara led a team of 1,300+ RNs, LPNs, and Medical Assistants. A hallmark of her success was the development of the role of RNs in Ambulatory Care. She led the development of leadership and education programs for nursing leaders across the state and nationally. As an educator, she

shared her nursing leadership knowledge with future generations lecturing in multiple academic appointments, including the Associate Dean of Clinical Practice at the University of Washington School of Nursing, Adjunct Faculty at Seattle Pacific University, School of Nursing, Clinical Instructor of Seattle University School of Nursing, and Clinical Faculty at Pacific Lutheran University School of Nursing. As a thought leader, Barbara published multiple papers on the role of nurses and best practices for nursing managers. In recognition of her efforts, Barbara received several leadership awards from national and local institutions and organizations.

WCN celebrates Barbara's life and contributions to nursing leadership. Her work will impact nursing for generations to come. And, as a friend and colleague, she will be missed.

To read more about Barbara's life and legacy, visit <https://www.dignitymemorial.com/obituaries/seattle-wa/barbara-trehearne-11220706>.

Profiles of Students in Nursing



Daniel Miranda

Can you tell us a little about yourself?

My parents both worked blue-collar jobs and, at times, worked two jobs. They have always worked hard. They weren't able to get those high-paying jobs because they were immigrants. My dad didn't finish college, and my mom has an AA degree. They had two kids, my sister and me. So, a challenge for me was, I didn't have any guidance

in choosing nursing as a career path. In elementary and high school, I loved science and math. Those were my two favorite subjects. So, in my senior year, I decided to go into biology or chemistry.

I got into UW, and when taking chemistry, I thought, this is not my thing. But when I took biology, I loved it! Around my junior and senior years, we started looking at jobs, and again, I didn't have anyone to guide me. I loved research and signed up for research labs. But I did not find anything. It was at this point I thought about getting into healthcare, though not necessarily nursing. However, I was almost through my program and felt burned out at school and didn't want to start a new track, so I finished my biology program.

You are a Certified Nursing Assistant (CNA); can you share your experience becoming a CNA?

While in college, I worked at McDonald's. Once I finished college, I decided to take a year off school and just work.

I became a manager at McDonald's, which was great because I got some managerial experience. In the Spring of 2019, I was ready to learn something new. That is when I went to Shoreline Community College and started taking prerequisites for nursing. While in school, I got my CNA license. In March 2020, COVID hit, and classes moved online. Personally, I don't like learning online. I prefer in-person learning. So, I decided to wait it out. During this time, I decided to get a second job. I reached out to a friend of mine who frequently posted caregiver jobs for Merrill Gardens. And in April 2020, after talking to the General Manager, I was hired. So, for a year and a half, until things started opening again, I had two jobs and worked seven days a week.

How did you come to choose nursing as a career?

It was while working at Merrill Gardens I decided that nursing was what I wanted to do. It is because of people like Mary Baroni, a well-known nurse leader and the niece of one of the residents I cared for. After the initial COVID lockdown restrictions were lifted, Mary visited her aunt often because residents were isolated, which can further mental and physical decline. Even after Mary's aunt passed, Mary encouraged me to start my journey in nursing and spent time with me looking over nursing programs I could apply to. The residents I care for, and their family members, also encouraged me. They are the ones who told me, "Hey, you are really good at this. Go into nursing." And that is where my drive came from. Another inspiration is my boss and Resident Care Director, Helen Stone. She showed me the impact of her work as a nurse on the residents, families, and even other CNAs. She continues to teach and guide me and show me what it means to be a nurse in an assisted living setting. If I wasn't working at Merrill Gardens, I don't know if I would have found the motivation to pursue nursing. I might not have realized nursing is what I want to do.

Finally, in September 2021, I quit my job at McDonald's to work at Merrill Gardens full-time. From there, I got promoted to senior caregiver. And fortunately, from working at McDonald's, I had managerial experience. And now, in this new opportunity, I was learning even more.

What challenges did you face and overcome in getting accepted into an RN program?

A problem I ran into was I didn't want to leave this job to go into nursing because I had so many residents that I had been taking care of for a long time, and I didn't want to leave them. I knew I would feel bad leaving my residents and saying, hey, I'm leaving, I'm going to nursing school. I had invested so much in them and really cared for them. But, of course, in any assisted living or nursing home, they either pass or move away. After some time, the residents I had cared for the longest were gone. That relieved some guilt for me. I told this all to Mary, and she told me not to feel bad and that the residents all want me to succeed in life too. Finally, I got to a place where I felt reassured enough to apply to a nursing program. I had all my prerequisites, so in December 2022, I applied for Shoreline College's spring 2023 nursing program (one week before the application period closed). And I got in! The first person I told was my mom, and the second person was Mary Baroni.

How do you hope to serve your community through nursing?

As a CNA, there are limitations to what I can do to help patients, and, in the long term, it is not the career I want for myself. I know I can do more. And I want to do my part in healthcare. I want to make a difference for my patients, family, and all my future colleagues. As a nurse, more and more doors open, and a career in nursing will allow me to serve my community in ways other than being at the bedside. So, I am very much excited to see what I become and where I go!!



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.

Washington Registered Nurse (RN): 2022 Data Snapshot

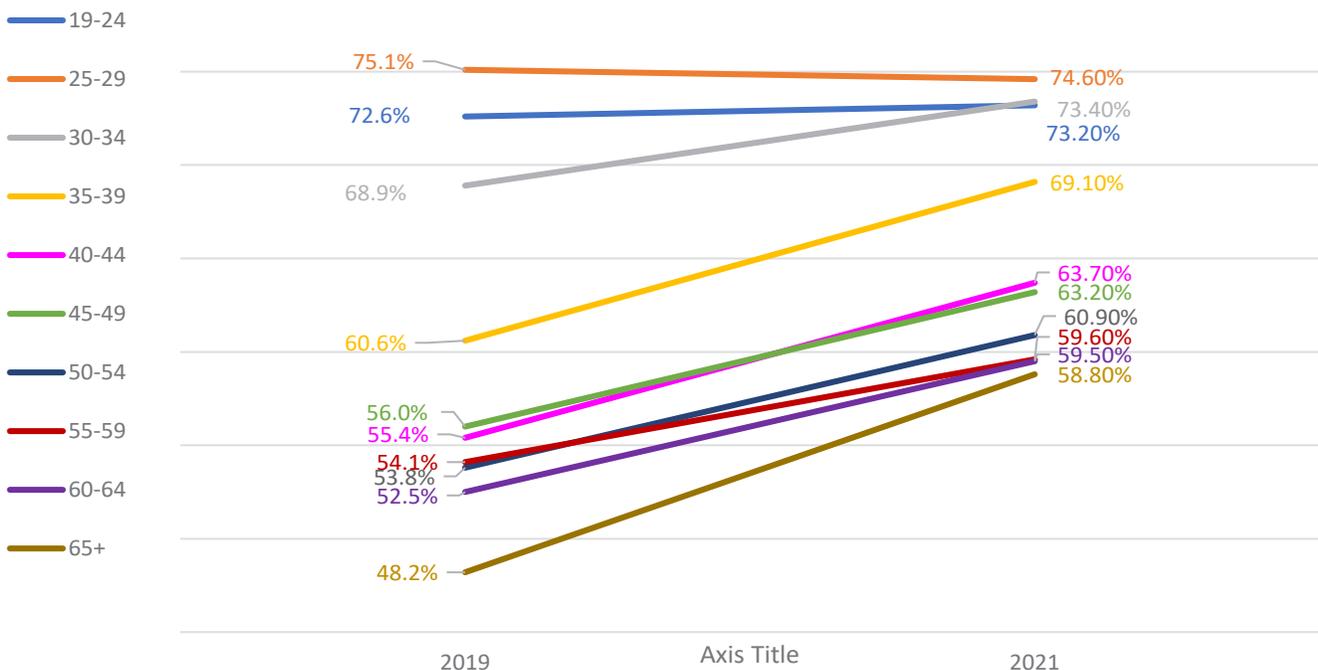
WCN put together a Registered Nurse data snapshot, giving a quick look at data across WCN's 2022 nursing workforce supply, demand, and education data reports as it applies to RNs.

[To view the following information in PDF format, click here.](#)

Washington RN Education by the Numbers 2014-2020⁽¹⁾

Number of pre-licensure RN (Registered Nurse) Education Programs	8 Practical Nurse to Associates Degree RN (ADN) 25 Associate Degree RN (ADN) 3 Practical Nurse to Bachelor's Science in Nursing (BSN) 2 Graduate Entry (GE) RN 10 Bachelor's Science in Nursing RN (BSN) Total=48
6,867 Average Number of Applicants that met Requirements	3,945 ADN 2,682 BSN 240 GE-RN
3,484 Average Number of Students Admitted	1,705 ADN 1,687 BSN 92 GE-RN
Average Percentage of Students that are White/Caucasian	72% ADN 68% BSN/GE (WA State Population=65%)
Median Student Attrition	15% ADN 8% BSN
2,605 Average Graduates	1,617 ADN 988 BSN/GE
Average NCLEX Pass Rates	90.6% ADN (National=83%) 90.8% BSN/GE (National= 90%)

Actively Employed, Licensed in Washington RNs with a BSN or Higher by Age²



Washington RN Supply by the Numbers 2021 ⁽²⁾

Number of RNs with Active WA license	101,239
Number of RNs with Active WA License and Employed in Nursing in Washington	54,456
Male RNs	13%
Average RN Age	45 years (National=52)
RN Education Level (actively working in WA)	64.80% BSN or higher
White/Caucasian RNs	75% (WA State Population=65%)
20% of RNs Projected to Retire	By 2029
RNs Employed Full Time or Part Time in Nursing	89.4%
RN Position Description	78.1% Staff Nurse
RN Employment Setting	52.4% Hospital
	12.9% Ambulatory Care
	13.5% Other
RN Employment Specialty (Top-three)	12.9% Acute Care/Critical Care
	9.7% Medical Surgical
	7.5% Other Clinical Specialties
RN Average Work 32-40 Hours per Week	66.5%
RNs Percentage Actively Practicing in Other States	12.9%

“We have a hard time competing with wages from an area which is 30 minutes away from us and has two nursing schools. Also, we compete with new nurses wanting more experience than we can offer. COVID-19 has made finding nurses harder because they can go other places and make more money.”
Small Acute Care Hospital Comments from 2021 Washington’s Health Workforce Sentinel Network

Washington RN Demand by the Numbers ³

Number of RN Jobs in 2021	59,298
Number of Projected RN Jobs in 2029	67,475
Projected Annual RN Job Openings (2019-2024)	16,132
Projected Annual RN Job Openings (2024-2029)	17,271
Average Number of Online RN Job Postings 2021	8,477
Average RN Salary 2020	\$88,018 (National=\$80,010) (AK=\$95,270, OR=\$96,230, CA=\$120,560, ID=\$71,640)
Lowest Average RN Regional Salary 2020	Bellingham MSA (Metropolitan Statistical Area) \$71,584
Highest Average RN Regional Salary 2020	Vancouver & Portland-Hillsboro MSA (Metropolitan Statistical Area) \$100,703

References

- (1) [Flores-Montoya, A. & Moulton Burwell, P. Washington State Nursing Education Trend Report Academic Years 2014-2020. Published at Washington Center for Nursing.](#)
- (2) [Moulton Burwell, P. and Flores- Montoya, Angelina. Washington 2021 Nursing Workforce Supply Data Report: Characteristics of LPNs, RNs, and ARNPs. Published at Washington Center for Nursing.](#)
- (3) [Moulton Burwell, P. and Flores- Montoya, Angelina. Washington State Demand Trends for Nursing Professionals: An Environmental Scan of Data from 2011-2020. Published at Washington Center for Nursing.](#)

Holistic Admission in Nursing Education: Stories of Success

To improve the diversity of the nursing profession, we need to start with a commitment to a holistic admissions process. We need to shift away from the traditional emphasis on grades and test scores to a holistic evaluation of an individual's experiences and attributes in conjunction with academic performance. The practice of holistic admissions is increasing throughout our universities and colleges. It is a needed and welcome change to improve the process of choosing nursing school candidates and increase the diversity of the student body and profession.

Through a grant awarded to Dr. Mary Baroni, PI (UW Bothell), and Co-PIs, Dr. Kristen Hosey (Wenatchee Valley College), Dr. Kara LaValley (Green River College), Dr. Kimberley Tucker (Columbia Basin College) and Dr. Teri Woo (Saint Martin University), Premera Blue Cross is supporting educating nursing program applicants about the process of holistic admissions.

Part of this grant included making a video on holistic admissions success stories. The new video is on the [WCNursing.org Be A Nurse page](http://WCNursing.org/BeANurse), along with additional resources to help applicants be successful in the Holistic Admissions process.

Click to watch the video now.



So You Want to be a Professor Video Series

Presented by the

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Can you envision yourself teaching nursing students at a community college, university, or as a clinical instructor?

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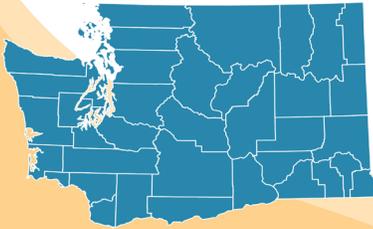
- The unique aspects of nursing education as a career
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WCN Releases Washington Licensed Practical Nurse (LPN) and Registered Nurse (RN) Supply and Demand Projections 2020-2030 Nursing Workforce Data Report

As the state's nursing workforce center, the WCN uses data to provide an accurate picture of Washington's nursing workforce to inform health workforce policy in the state.



"RN projections indicate a current shortage of RNs from 2020 to 2030. The shortage will be most severe in 2030 if (1) endorsements (or new compact nurses) decline to pre-pandemic levels and (2) capacity of nursing education programs are not increased and (3) strategies to promote retention of new graduates and practicing nurses are not implemented."

[Click to open report](#)

WCNursing.org/data-reports-publications/

WASHINGTON NURSING WORKFORCE DATA: WHY IT MATTERS

Why is my information collected when I apply for or renew my Washington State nursing license?

The Nursing Care Quality Assurance Commission and other nursing workforce partners, such as the Washington Center for Nursing and Washington State Nurses Association, analyze nursing workforce practice, education, and demographic data to identify trends in the state's nursing workforce and to take action to address concerns.

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



Example: 2019 nursing licensure data showed that 32.3% of Washington's RNs are age 55 or older. Knowing that approximately a third of the state's RN workforce could retire over the next ten years is critical to informing industry and policymakers about the need for programs and investments that will develop the state's future nursing workforce (Washington State's 2019 Registered Nurse Workforce report).

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



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