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### WASHINGTON CENTER FOR NURSING LEADS WASHINGTON STATE LEGISLATURE FUNDED CLINICAL PLACEMENT INITIATIVE

By WCN Clinical Placement Associate, Lucy Merry

In a visionary stride towards transforming nursing education, the Washington State Legislature has initiated a program that aims to redefine the clinical education landscape for nursing students. In direct response to the pressing demand for clinical placement opportunities, the Washington State Legislature provided funding for WCN to implement a Clinical Placement Initiative to enhance learning experiences through increased clinical education and practice experiences for future nursing professionals.

Heading the Clinical Placement Initiative is WCN's newly appointed Clinical Placement Associate, Lucy Merry. Lucy's objectives revolve around coordinating communication between nursing education programs and healthcare facilities, orchestrating stakeholder meetings, managing the digital communication tools, and contributing to the project's vision and reporting. You can reach Lucy at [LucyM@wcnursing.org](mailto:LucyM@wcnursing.org).

A remarkable panel of leaders will also spearhead the project, bringing expertise from nursing education and healthcare. Their extensive involvement and credentials highlight their dedication to steering this initiative toward redefining the learning experience of nursing students and ensuring the project's alignment with their education needs.

The Clinical Placement Initiative emerges as a critical response to driving advancements in nursing education, which are needed to address persistent nursing shortages most recently exacerbated by the COVID-19 pandemic. With a commitment to expanding clinical placement opportunities, diversifying learning experiences beyond acute care settings, and addressing the overall shortage of nursing faculty available, this initiative is set to unfold over a two-year timeline, ending in the summer of 2025. Open to any stakeholder in Washington state affected by or recognizing the importance of addressing this need, WCN extends participation to anyone eager to make a positive impact.

By addressing these challenges, the project aims to pave the way for increasing the numbers of nursing students Washington State admits and graduates each

#### INITIATIVE PANEL EXPERTS

**Gena Ahlawat**, RN, MSN, CIC, MHP, Director Safety and Quality - Workforce, Washington State Hospital Association

**Sofia Aragon**, JD, BSN, RN, FAAN, WCN Executive Director

**Debbie Brinker**, RN, MSN, CNS

**Heather Coleman**, VP Clinical Practice and Professional Development, MultiCare Health System

**Ashley English**, MSN, RN, Executive Director, Clinical Placements Northwest

**Angelina Flores-Montoya**, PhD, MSN, RN, WCN Research Consultant

**Stephanie Gore**, MSN, RN, PCNS-BC, NPD-BC, AVP for Clinical Practice and Development, MultiCare

**Shayla Holcomb**, BSN, RN, Nursing Quality & Practice - Partnership Manager, Public Health – Seattle & King County

**Kathleen Johnson**, DNP, RN, NCSN-E, PHNA-BC, FNASN, FAAN

**Katerina LaMarche** JD, Policy Director, Government Affairs, Washington State Hospital Association

**Mike Martinoli**, BSN, RN, Chief Nursing Officer, QI Committee Chair, Ferry County Health

**Una McAlinden** CTF, Certified Technology of Participation Facilitator, principal of Creative Strategy Solutions

**Jolita Perez**, MBA-HML, Manager-Workforce Development and Student Placement System, MultiCare

**Kristin Sumers**, BAED, Clinical Site Coordinator, Northwest Nursing Clinical Placement Consortium, Bellingham Technical College, Whatcom Community College, Skagit Valley College, Western Washington University

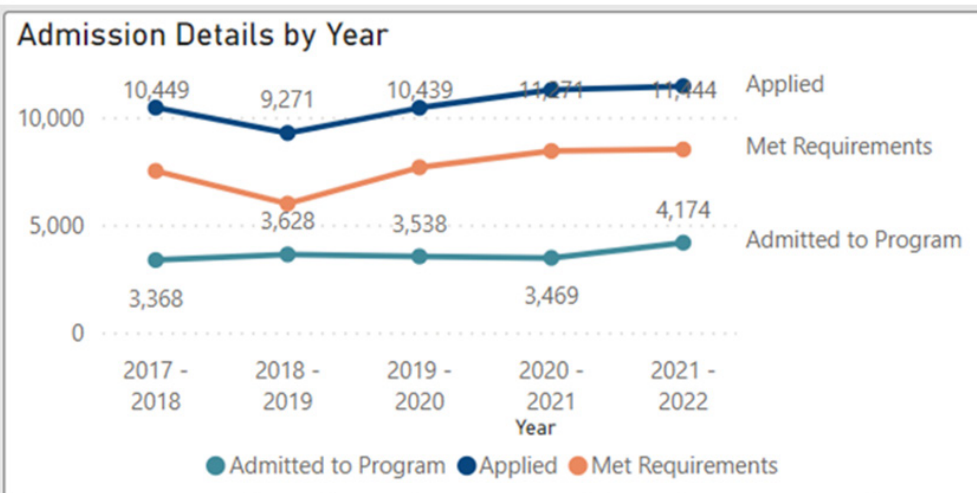
**Cindi Warburton**, DNP, FNP, NWONL Executive Director

**Wendy Williams-Gilbert**, PhD, RN, WCN Nursing Education Consultant

**Marriya Wright**, MSN, RN, South Puget Sound Community College Dean of Allied Health and Nursing

year. Highlighting the project's importance, this marks Washington's unique opportunity to create a lasting impact in nursing education, including integrating efforts to increase the diversity of the nursing workforce and clinical practice opportunities that contribute to the health of diverse communities. Beyond overcoming immediate obstacles, such as enhancing communication and collaboration between nursing education and healthcare organizations to identify, cultivate, and expand new clinical practice experiences, it aspires to innovate clinical education, particularly in rural regions like Eastern Washington. In doing so, this initiative firmly positions itself as a catalyst for reshaping the future of nursing education and the broader healthcare workforce.

In a national survey, 69% of schools responded that insufficient availability of clinical sites is one of many reasons that 66,274 qualified applicants are rejected from BSN programs (AACN, 2022). In Washington state, pre-licensure programs rejected 3,996 qualified applicants, with an average of 7,600 students who met pre-licensure program requirements and 3,600 who were admitted (a 48% admission rate) from the years 2017 to 2022.



Please note that applicants frequently apply to multiple nursing programs seeking admission.

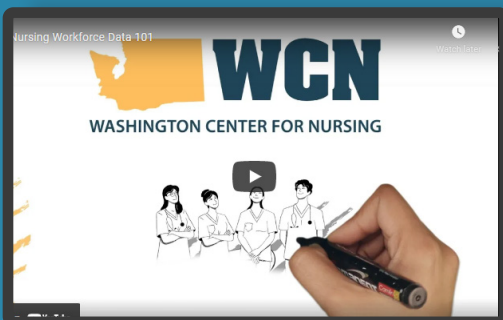
Source: Washington Board of Nursing (2023). Education Dashboard: Overview of Nursing Education Trends in Washington. <https://nursing.wa.gov/research-and-data/data-dashboards/education-data-dashboard>

To establish the phases of the Clinical Placement Initiative, WCN created a breakdown of specific project goals. The initiative begins with a comprehensive assessment and data-gathering approach to evaluate existing clinical placement practices. Following this, the emphasis will be on identifying and engaging stakeholders and extending them an opportunity to engage in the work. From here, facilitated quarterly collaborative stakeholder meetings will be held to address regional challenges, identify priority placement settings, and formulate a strategic plan to achieve an improved system of clinical education through statewide collaboration. In addition, the future deployment of a digital communication platform will sustain ongoing conversations about clinical placement needs. The digital communication platform will also serve as a dynamic space where new clinical site opportunities can be established and shared, and relationships are built to foster increased diversity within the clinical site landscape. These activities will inform policy recommendations at the end of the project life cycle with the goal of improving nursing clinical education into the future.

Click the Survey Monkey link below to join us on this transformative journey with Washington State's Clinical

Placement Initiative, which aims to revolutionize clinical training, diversify learning experiences, and overcome barriers for nursing students and clinical programs. Seize the opportunity to make an impactful change in Washington's nursing workforce today!

[Washington State Nursing Clinical Placement Initiative Survey](#)



Click to play

## Watch WCN's 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.

# FOSTERING EQUITY IN HEALTHCARE: THE ROLE OF NURSES AS AGENTS OF CHANGE IN DIVERSITY EQUITY AND INCLUSION

By WCN DEI Associate, Fawzi Belal

Diversity, Equity, and Inclusion (DEI) in healthcare and nursing are vital to delivering high-quality, patient-centered care. As the backbone of healthcare delivery, nurses must move from well-meaning intentions to deliberate actions that support positive systemic change. Given our direct and continuous patient engagement, nurses are in a prime position to identify and mitigate healthcare disparities. Our role as passive participants to active leaders in DEI initiatives is essential.

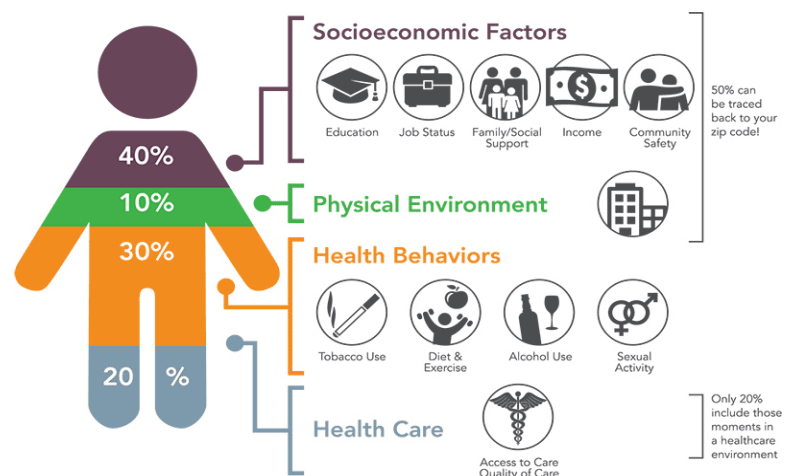
To effectively support nurses in taking the lead in DEI efforts in healthcare, nursing education must also integrate a deep understanding of structural competency (Metzl & Hansen, 2014) and the impact of social determinants of health. Nursing programs need to teach students how the manifestations of structural racism, such as unequal access to education, health care, and housing, as well as racial hostility in policy, for example, perpetuating over-policing and mass incarceration in Black and Brown communities (Hardeman et al., 2020), impact patient health.

Nurses are more than just medical superheroes; we are potential DEI champions. Contemporary DEI training often only skims the surface, covering essential topics like race, gender, sexual orientation, age, and disability in a cursory manner. These sessions may introduce important concepts such as unconscious bias and cultural humility, but this is akin to offering a map without a compass--guiding direction without the tools for deep, practical navigation. Comprehensive DEI training should include awareness of how social determinants of health impact patients.

For example, understanding the socioeconomic factors that contribute to a person's health is fundamental to providing holistic and effective care. According to the Institute of Clinical Systems Improvement (ICSI), 40% of a person's overall health and well-being can be attributed to socioeconomic factors such as education, job status, family/social support, income, and community safety. By recognizing and working to address these factors, nurses can better understand the social determinants of health that may impact their patients' ability to access healthcare services, adhere to treatment plans, and make healthy lifestyle choices.

Another social determinant example by ICSI emphasizes that only 20% of health factors are directly related to healthcare environments and access to quality care, highlighting the need for nurses to go beyond the traditional medical model and consider the broader context in which our patients live. By understanding the physical environment and health behaviors that contribute to a person's health, such as tobacco use, diet and exercise, alcohol use, and sexual activity, nurses can provide targeted education and support to promote healthier choices and prevent illness. In addition, nurses can play a vital role in advocating for social justice and reducing health disparities within their communities.

Exploring the history of DEI reveals a journey deeply intertwined with societal evolution. Both DEI and nursing have evolved through a series of critical decisions and historical events, leading to their current states. In DEI, the myriad of practitioners and approaches reflect the varied responses to past societal challenges and injustices, much like how nursing has developed in response to changing healthcare needs and societal expectations. Understanding DEI in the context of nursing and healthcare is more than recognizing its history; it's about acknowledging the intertwined paths of these two fields. The development of both fields has not been linear but rather a reflection of cumulative experiences and choices made over time. Understanding this underscores why, despite significant progress, the full potential of DEI in nursing and healthcare remains an ongoing journey, with its legacy and future tied to our collective actions and decisions.



Source: Institute for Clinical Systems Improvement, *Going Beyond Clinical Walls: Solving Complex Problems* (October 2014)

Continued on next page



Along with understanding the social determinants of health, nurses can lead DEI initiatives by understanding the history of DEI and how it intersects with social nuances and the history of injustices in the U.S. Reflecting on how the DEI industry has evolved and the current era of DEI can provide good learning experiences for nurses, helping them understand how systemic injustices impacting our patients.

The history of DEI work is woven from decades of tension between opposing forces—accountability and avoidance, morality and profit, transparency and opacity, and hope and cynicism (Zheng, 2022). This ongoing push and pull has seen numerous attempts to establish DEI and its predecessors as accountable, impactful forces for change. But these efforts are often met with counter-efforts to undermine this social progress. This pattern persists in the modern DEI landscape, where the danger of prioritizing performative gestures over genuine, effective action is ever-present. In nursing, to avoid these mistakes, we must be vigilant in protecting against counter-efforts that threaten to dilute the impact of DEI work by steering clear of empty promises, superficial displays, and divisive conflict. We must learn from the past while forging a path forward toward a more accountable, impactful future.

Reflecting on the historical context and the birth of the DEI industry, DEI initiatives introduced by Kurt Lewin have primarily focused on interpersonal and personal development. Lewin's T-group workshops, later adopted by George Leonard and Price Cobbs to address racial tension, are prime examples. By facilitating minimally guided discussions, they utilized interpersonal conflict as a tool for reflection among participants. This approach, although innovative, finds parallels in modern-day scenarios like a group of nurse leaders attending DEI training.

These leaders may not have a clear plan or might encounter institutional barriers when trying to implement the learnings from the DEI training. Some of these challenges mirror the challenges faced during the early stages of DEI work, underlining the pivotal issue that DEI initiatives, while beneficial for fostering interpersonal understanding, often lack tangible solutions to systemic issues that impact social determinants.

To move the DEI needle, the nursing profession

must elevate the conversation beyond the interpersonal level. How can nurses as a workforce develop strategies that address systemic barriers while leveraging the benefits of DEI training? A question worth exploring further in the next article.

Similarly, a common DEI practice is Courageous Conversations (Courageous Conversation, 2023), facilitated by community guidelines to address topics around dimensions of diversity, the modern-day example of the T-group. In these experiences, diverse participants can engage in conversations around equity and contribute to the expertise of how to address inequities. In this model, people with different lived experiences contribute to the conversation to develop increased understanding using established community guidelines to help move the conversation forward. WCN developed examples of these community guidelines in a toolkit called [Brave Space](#). This document shares suggested community guidelines for bringing together diverse voices in nurse education, stakeholder convening, and nursing practice. The Brave Space toolkit aims to provide a resource for groups of people from different backgrounds to start working towards DEI. It's important to note that a Brave Space is different than a safe space. The Brave Space toolkit intends to provide neutrality where all conversations are inclusive and inviting and center marginalized voices that might have some reservations about speaking in environments without guidelines, causing the group to lose out on valuable input, experiences, and diverse ideas. The Brave Space community guidelines also move conversations away from groupthink.

WCN embraces the vital principles of DEI in healthcare, drawing inspiration from the profound lessons learned through past social and political movements, such as the uprising after George Floyd's murder in 2020. With a commitment to fostering anti-racism initiatives, WCN has brought together a diverse group from the nursing community to craft a powerful statement on challenging systemic racism in health care ([www.wcnursing.org](http://www.wcnursing.org)). In a pivotal period of U.S. history, marked by the tragic murder of George Floyd, WCN reflects on the need for change and the organization's role in driving progress in this crucial area.

WCN's statement identifies racism as an enduring health hazard and a key factor contributing to disparities in healthcare delivery and outcomes. It acknowledges the heartbreaking loss of Black lives, including George Floyd, Ahmaud Arbery, Breonna Taylor, and numerous others. It also resonates with the widespread indignation over systemic racism and the prejudice experienced by Asian communities during the COVID-19 pandemic. Recognizing nurses as frontline warriors against racism and injustice, as per the American Nurses Association Code of Ethics, WCN is committed to:

- Utilizing an anti-racism perspective to gather and use data on the ethnicity of nurses and nursing students, aiding workforce development policy.
- Implementing strategies to increase diversity among nursing leadership, mirroring the demographics of Washington State.
- Developing resources to assist nurses and partnering organizations in tackling the root causes of detrimental social determinants of health.
- Actively engaging in efforts to eradicate racial bias in healthcare, aiming to end health disparities and promote health equity.

WCN's commitment not only acknowledges the historical roots of DEI work but is also committed to channeling understanding into concrete actions. The goal is to demonstrate a profound grasp of the interconnected narratives of societal history and the nursing profession in confronting and eradicating systemic racism.

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## WCN BIPOC Nursing Affinity Group

A group of Black, Indigenous, People of Color (BIPOC) nurse leaders, educators, students, and professionals convening to create a belonging space for Washington's nursing workforce.

The WCN BIPOC Nursing Affinity Group is a brave space to build community, foster belonging, and step towards creating an inclusive workplace in the nursing profession. The WCN supports BIPOC nurses by convening the group virtually monthly.

**For more information and to connect with the BIPOC Nursing Affinity Group, contact WCN DEI Associate Fawzi Belal at [fawzib@wc nursing.org](mailto:fawzib@wc nursing.org)**

## 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!**



# Leaders in Nursing

An interview with Sally Watkins, PhD, MS, RN

For this issue's Leaders in Nursing Interview, WCN sat down with retired WSNA Executive Director Dr. Sally Watkins. Watkins earned her BSN from the University of Texas System School of Nursing before moving to Utah to study for her master's degree in nursing administration from the University of Utah College of Nursing. After two decades of working in nursing administrative roles, Watkins returned to school to earn her doctorate in philosophy from the Union Institute & University. A practicing RN for more than 45 years, Watkins served on the WCN board of directors from 2017-2021, helping to guide our work. As a nurse leader, Watkins "... consistently worked at building the power of nurses across Washington state to speak up for themselves and their patients in both the Legislature and the workplace." -[WSNA 2022 Hall of Fame Inductee](#)

Here is what she had to share with us about her nursing journey.

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

**Watkins:** It has been in my wheelhouse since I was little. My mom told me I wanted to be a nurse when I was three. I wanted to make a difference in people's lives. In junior high, I lived in Dallas, TX, and volunteered at a hospital there through a volunteer program. It was more than delivering flowers and reading letters to patients. For a time, I was assigned to work in central supply. We learned how to fold towels, sheets, and gowns for the operating room before all the disposable supplies they have now. We had a nurse instructing us on how to do it correctly because there is a trick to doing it so the operating room team could open them up without contaminating anything. That fascinated me. I

thought, wow, what would it be like to work in an operating room and to use the things we were putting together in these packs?

In college, between my sophomore and junior years, I decided to see if nursing was still what I wanted to do and applied to work as a missionary in Haiti for the summer. I went by myself, meeting up with other healthcare workers there. As a student, I worked for three months in that hospital, where they let me do a lot. It was a great experience. And challenging, too. I didn't speak the language and had to learn some Creole and French to care for patients. Through that experience, I knew being a nurse was my calling.

**WCN:** Can you briefly share your journey into nursing leadership (career progression)?

**Watkins:** Directly out of nursing school, I thought I wanted to be a nurse midwife. Obstetrics has always been one of my areas of interest. I looked at several graduate programs across the U.S. and picked one in Salt Lake City. At the time, you had to work for a year before they would admit you into the program. You don't see that requirement much anymore, but they had it then, so I moved to Salt Lake City to work and prepare to enter the program.

I was hired to work in the high-risk OB unit at the University of Utah Hospital. It included labor and delivery, postpartum, antepartum, and newborn nursery. I enjoyed working with high-risk patients, and I knew if I became a midwife, I would not be able to keep those women as patients. They would need a referral to a physician or a perinatologist. That created a dilemma for me.

Soon, I moved to Boise, ID, and worked



*Sally Watkins, courtesy of WSNA.  
Photo by Meryl Schenker*

in an OB unit at a hospital there. Since I had my BSN, they immediately put me into an assistant head nurse position. That was my first formal administration position in nursing. I learned a lot while managing that unit and had some great mentors helping me along the way. I returned to Salt Lake City to work in high-risk OB again. There, we had a transport system that would pick up high-risk OB patients. We covered something like seven states with both air and ground transport to bring these high-risk patients to the University Hospital. I worked clinically on the unit and the transport team for a while before being offered the head nurse position for the OB unit. In nursing, the more you do, the more you get to do.

I still wanted to return to school, and since I liked working with high-risk patients so much, I thought about becoming a clinical nurse specialist. I talked to a nurse executive I knew, and she said, "We have a hospital filled with nurses who are clinicians. But what we don't have are nurses in formal leadership positions to lead those nurses." She recommended I get into a nurse administration program. And that's what I did. I finished my master's at the University of Utah with a focus on nursing administration.

After about ten years, I was recruited to



be the nurse administrator for Tacoma General Hospital here in Washington. It was more responsibility, but I felt I was ready for it. In Salt Lake, I had been responsible for units other than OB as other managers came and went. For example, if the person overseeing the psychiatric unit left, I would be responsible for both the OB and psychiatric units for a while. I also managed the burn unit for a time period. And even though I didn't have the clinical expertise, what they needed was leadership knowledge, and that I had. So, I felt ready to take the position at Tacoma General. After ten years there, I was promoted to Vice President and Chief Nurse Executive for MultiCare. I did both jobs (administrator for Tacoma General and Chief Nurse Executive) for a while, then focused on the chief nurse position for the health system. At this time, I went back to school for my doctorate. I had finished my coursework, but there was no way I could finish my dissertation while working my job at MultiCare. The job required too much attention. So, I quit the job to finish my dissertation. While taking time off work, WSNA (Washington State Nurses Association) approached me about applying for the director of nursing practice, education, and research position. That was my first introduction to working for a state organization rather than in acute care.

Beyond working for a single hospital or health system, working for WSNA was an excellent opportunity to influence nursing practice across the state. I also got involved on a national level through the American Nurses Association. I found I really enjoyed focusing on different legislative issues, trying to increase the continuing education offered by WSNA, and gaining exposure to nurses across the state in terms of what their practice settings were like. After six or seven years, I wanted to get back into acute care to keep my pulse on issues nurses were facing, so I worked with CHI Franciscan for three years as an administrative director for clinical resource management. When I saw the WSNA Executive Director position posted, I was eager to apply. Going back to WSNA felt a lot like going back home. I felt fortunate when I got the job.

Additionally, while at WSNA, I taught a health policy class to DNP students at Pacific Lutheran University and became a pro-tem member of the Nursing Care Quality Assurance Commission.

Over the years, I have served in multiple roles in nursing.

**WCN:** How would you describe your leadership approach?

**Watkins:** My leadership approach is collaborative. I appreciate the need for nurses and others to have a voice and to share their experiences, including where they see gaps in our ability to provide quality patient care. I'm very open to

listening to their concerns and feedback as well. So, I would say I'm a good listener.

One of the best compliments I have gotten was from the CEO at the hospital I worked at in Salt Lake. He said what he appreciated most about me was that I was calm and a voice of stability. When things aren't going well, I don't panic. I keep pushing forward, networking with those I need to get to a resolution. I'm not reactionary and avoid going off on tangents. I work to consider everybody's point of view.

**WCN:** From your perspective, what attributes are important to be an effective nursing leader?

**Watkins:** To be an effective leader, you need to know yourself. You need to know your strengths and weaknesses. And where you are weak, you need to work on improving and ensuring you bring in team members with expertise in those areas. Nobody can do it all. Knowing where you need help and building a team reflective of different expertise and experience is important.

The other thing is organizational skills. Leaders should have the ability to manage their calendars the best they can. It is also imperative to be prepared and on time for meetings. If there are materials to read ahead of time, read them so you are ready for the discussion. Additionally, coming up with some questions you want answered and to get the dialogue going is helpful.

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

**Watkins:** Well, that's easy. I believe nursing is the best profession ever. If I could start all over, I'd still pick nursing. A lot of it is because there is so much flexibility and opportunity. If you don't like one area of nursing practice, choose something else. There are a lot of areas where nurses can have influence and use their power to effect change. The best thing about nursing is our ability to influence care delivery.

I've always been biased that nurses are trained to focus on the patient as a whole, not just the single diagnosis or complaint of the day. Nurses ask who the person is and about their support system. They ask where they live and what are the other issues impacting their health. It is not just a single diagnosis. During a conversation, you can discover another concern the patient might have. I think that is unique to nursing. That is another reason I would choose nursing again; we are very holistic in our view of the patients and the communities we serve.

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

# Profiles of Students in Nursing

## Kharen Lansang, LPN

In 2014, Kharen Lansang moved to Washington from Luzon, Philippines. She became an LPN in 2020 and will graduate in 2024 with her BSN from Green River College.

**WCN:** What inspired you to choose nursing as a career path?

**Lansang:** The spark of love for nursing started when I gave birth to my daughter in 2015 at Valley Medical Center. She was tiny, only 4 lbs. It was scary since she was my first baby, but the doctors and nurses made me feel amazing. I was cared for by a great team, and I appreciated the genuine love and care they gave to me and my daughter. I want to give back to the community by providing this kind of care to others. Giving back as a nurse is my way of saying thank you.

**WCN:** What is the most challenging part about nursing school? And how have you overcome or adapted to it?

**Lansang:** The heavy-loaded chapters and modules packed into one quarter are challenging. Keeping up with the workload and managing my time is difficult. I have overcome it by reading in advance, and I make sure that if I don't understand what they're talking about in the PowerPoint, I go to the textbook. My classmates are younger than me. If they're in chapter 1 next week, I already read chapters 1 and 2. Since I'm older, I have a lot of responsibilities in the house, and I'm working full-time. If their effort is 100%, mine should be 200%. I don't want to waste my daughters' sacrifices for this, and I don't want to do this for nothing. The time and effort that I give into this program is for them. People always ask, "How about you and your needs?", but I can't detach myself. Everything I do is about my family.

**WCN:** What is something you wish you knew about nursing school that no one prepared you for?

**Lansang:** I thought there would be no math. Really, when I went into nursing, I didn't know anything besides wanting to be a nurse, wanting to serve, and wanting to help the community. And that was it. I didn't expect it to be this heavy. I graduated high school in 2006 and didn't go back to school until 2016, so I was out of school for 10 years.

**WCN:** Is the school you are attending now the only nursing program you applied for?

**Lansang:** Yes. I did my LPN at Green River College. After completing my LPN, I wanted to work first because I didn't know if I wanted to go back to school or not. I was considering my age and my kids. I applied to this program on the last day, an hour before the deadline. I didn't want to wake up the next day asking myself, what if?, so I sent it in. I got into the final interview and thought I bombed it. But then I got in.

**WCN:** How did clinicals help to prepare you for nursing?

**Lansang:** I start my clinicals next quarter, but this quarter, we have lab simulations where you practice with mannequins. They're very hands-on. We have a simulation machine patient who blinks their eyes and cries. The last time I worked with a patient with respiratory disease, it helped me do physical assessments, practice medication administration, and use a medication cart. It's helpful to see these things and review skills and procedures on the mannequins.

**WCN:** How can nurses address SDOH (social determinants of health) and improve health outcomes for vulnerable populations?

**Lansang:** Patient education is a tool nurses have to help address the SDOH. I can help educate patients by directing them to different resources. The care should not just be in the hospital but should continue outside the hospital.

**WCN:** After graduation, what are your career goals in nursing?

**Lansang:** I would like to get more experience in clinicals, but I want to do psychiatric work. What I do now is a medication assistance program for addiction and recovery. I want to focus more on that. I want to get my doctorate in nursing and become a nurse practitioner specializing in psychiatry.





# Washington Nursing Diversity: 2023 Data Snapshot

WCN put together a Washington nursing workforce and education diversity data snapshot, giving a quick look at data as it applies to diversity in nursing in the state.

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

## Washington Nursing Diversity by the Numbers: 2023

(Note: Green indicates nursing population at or above Washington population levels.)

	Hispanic or Latino	Asian	Black African American	American Indian Alaskan Native	Native Hawaiian Other Pacific Islander	Mixed Race or Other	Race and Ethnicity Total	White Caucasian
WA Population <sup>(1)</sup>	14%	11%	5%	2%	1%	5%	35%	65%
PN Students <sup>(2)</sup>	9%	11%	26%	2%	3%	5%	56%	44%
ADN-RN Students <sup>(2)</sup>	10%	11%	6%	2%	1%	12%	42%	58%
BSN Student <sup>(2)</sup>	16%	22%	4%	1%	2%	9%	54%	46%
RN-BSN Students <sup>(2)</sup>	10%	14%	6%	2%	1%	5%	38%	62%
MN Students <sup>(2)</sup>	9%	7%	2%	1%	0%	7%	26%	74%
DNP/ PhD Students <sup>(2)</sup>	5%	22%	7%	1%	0%	5%	40%	60%
In-State LPNs <sup>(3)</sup>	7%	11%	15%	3%	2%	4%	42%	58%
In-State RNs <sup>(3)</sup>	5%	13%	6%	2%	1%	3%	20%	80%
Pre-Licensure Faculty <sup>(2)</sup>	4%	8%	3%	0%	0%	2%	17%	83%
Post-Licensure Faculty <sup>(2)</sup>	4%	11%	4%	0%	0%	2%	21%	79%
Certified Nurse Midwives <sup>(3)</sup>	5%	4%	2%	2%	1%	3%	17%	83%
Certified Nurse Practitioners <sup>(3)</sup>	5%	10%	9%	1%	1%	3%	29%	71%
Certified Nurse Specialists <sup>(3)</sup>	5%	12%	3%	0%	0%	2%	22%	78%
Certified Registered Nurse Anesthetists <sup>(3)</sup>	3%	8%	2%	1%	1%	3%	18%	82%



## References

- (1). [U.S. Census Bureau Quick Facts Washington \(2022\).](#)
- (2). Washington Board of Nursing/NCSBN Annual Education Survey Academic Year: 2021-2022.
- (3). Washington State Board of Nursing (2023) [Workforce Dashboard](#) (updated 12/14/2023)

### Lucy Merry

#### WCN Clinical Placement Associate



Lucy finds joy in outdoor pursuits and cherishes turning every outdoor experience into a memorable journey with her family. Lucy's professional journey has been just as dynamic, including an extensive background in healthcare management and a bachelor's degree in business management. Her career has provided her with a firsthand understanding of the challenges in delivering healthcare. The challenges of managing clinical practice schedules to provide patient care and scheduling nurses and nurse practitioners across vast distances have been a central theme in her career, with nurses and nurse practitioners often stretched thin between different health centers, covering up to 75 miles in a single week. Drawn to WCN's mission of addressing nursing shortages and promoting diversity in the nursing workforce, Lucy is excited to bring her expertise to a cause she holds close to her heart.

### So You Want to be a Professor Video Series

Presented by the



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#### WASHINGTON STATE NEEDS MORE NURSE EDUCATORS!

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

#### **Jumpstart your journey with this unique video series!**

Based on WCN's successful So You Want to be a Professor workshop, this video series brings together experienced nursing faculty to discuss how to build a career path toward nursing education including,

- The unique aspects of nursing education as a career
- Degree requirements
- The variety of teaching environments
- And much more!

This FREE video series breaks down 2-hours of informative content into ten easy-to-watch 6-18 min videos you watch at your convenience.

**Click [HERE](#) to learn more and register for the FREE video series link now!**

### Washington Health Professional Services (WHPS): Working Together to Support Safe Practice

Research indicates one out of every 10 nurses experiences difficulty with alcohol or drug use over the course of his/her career. Fortunately, effective treatment and ongoing support can save a nurse's career and even their life.



The Nursing Care Quality Assurance Commission recognizes the importance of providing early recognition and treatment options for nurses who may be struggling with alcohol or drug use. The commission supports monitored treatment of nurses with substance use disorder so that they can return to or continue to practice their profession in a manner that safeguards the public. Washington Health Professional Services (WHPS) is the commission's approved substance use monitoring program for nurses, which provides early intervention, referral to treatment, and recovery monitoring services.

Click [HERE](#) or contact WHPS at 360-236-2880 (option #1) to learn more and discuss voluntary participation.





## Washington LPNs, RNs, and ARNPs, WE NEED TO HEAR FROM YOU! HOW DO YOU FEEL ABOUT YOUR WORK ENVIRONMENT AND PATIENT CARE AT YOUR WORKPLACE?



**YOUR OPINION  
MATTERS!  
Make sure we  
hear  
from YOU.**

The WCN and Washington State Board of Nursing, in partnership with NCSBN and the University of Pennsylvania School of Nursing, is conducting a survey to learn more about the impacts of burnout and retention on Washington nurses.

The survey will be sent to the email of every Washington nurse.

**PLEASE LOOK FOR THE SURVEY IN YOUR EMAIL TO PARTICIPATE.**

The survey takes approximately 15-minutes.

If you do not receive the survey email,  
contact Patricia Moulton Burwell at [patriciab@wcnursing.org](mailto:patriciab@wcnursing.org).

**#Nurses4ALL**



## WCN Releases Washington Nursing Education Clinical Hours for Registered Nursing Programs: Academic Years 2015-2022 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.



This report provides a trend summary of clinical hours for associate degree programs, bachelor of science in nursing programs, registered nurse to bachelors of science in nursing programs, and out-of-state nursing students who have clinical experiences in Washington. The in-state data includes the academic years from 2015-2022.

Click to  
open  
report

[WCNursing.org/data-reports-publications/](http://WCNursing.org/data-reports-publications/)

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# WCNURSING.ORG

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



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