



### CELEBRATING THE SECOND ANNUAL WCN NURSES OF COLOR SYMPOSIUM

By WCN DEI Associate, Fawzi Belal

The Washington Center for Nursing has brought together nursing leaders from multicultural nursing associations in Washington state to form a Nurses of Color Coalition. The Coalition meets monthly to ensure diverse representation and address shared goals to support the nursing workforce in our state. The Coalition includes representatives from the Mary Mahoney Professional Nurses Organization, the newly formed Washington Chapter of the National Association of Hispanic Nurses, the Philippine Nurses Association of Oregon and Washington, and the Pacific Northwest Chinese Nurses Association.

On May 18, 2024, the WCN Nurses of Color Coalition hosted their second annual luncheon and symposium to address key themes identified between February and December of 2023. This year's themes included addressing microaggressions, fostering a sense of belonging for nurses from underrepresented identities, combating feelings of isolation by validating shared experiences, and increasing networking opportunities.

Inspired by the Coalition's monthly discussions, the event created a space for Nurses of Color to share workplace experiences, seek mentorship, and connect with others who face similar challenges.

The symposium was attended by 36 nurse leaders. The interactive workshop aimed to equip Nurses of Color with essential tools for self-care and resilience when confronted with subtle yet harmful biases.

With a trauma-informed lens at the center, the participants engaged in hands-on activities, including discussing case studies of microaggressions. This approach provided attendees with skills to identify different types of microaggressions and was followed with tips and resources for self-care, response, and support. The goal was to enhance awareness and provide actionable strategies for handling microaggressions in professional and personal contexts.

Dr. Antwinett O. Lee, EdD, MSN-CNS, BSN, RN, and Nursing Professional Development Specialist at the UW Medical Center, led an in-depth session on understand-



ing microaggressions, covering their definitions, types, and the significant impact they can have on mental and physical health. Participants learned to recognize various forms of microaggressions, such as microassaults, microinsults, and microinvalidations and discussed real-life examples to contextualize these concepts.

Rebeca Allen, MN, RN, and Nursing Professor at Green River College, conducted a session on communication techniques and boundary setting. Nurses were trained to script their responses to microaggressions using "I" statements to express their feelings assertively without escalating conflicts. The workshop provided practical script and language suggestions, enabling participants to address microaggressions in the moment or at a later time, depending on the context.

Kawai Kaneali'i, MSN, RN, and Community Health and Wellness Advocate at Valley Medical Center, led workshops on emotional and physical self-care, recognizing the toll microaggressions can take. Techniques such as deep breathing, grounding exercises, and progressive muscle relaxation were introduced to help manage stress and promote well-being. Nurses were encouraged to engage in physical activities like yoga, walking, and dancing as part of their self-care regimen, alongside ensuring adequate rest and proper nutrition.

The workshop highlighted the importance of seeking support from trusted individuals and professional re-

sources. Building a robust support network was emphasized as a crucial step in fostering resilience and maintaining well-being and mental health.

To support sustained progress, attendees were encouraged to develop personalized action plans for setting boundaries, practicing diverse coping strategies, seeking support, and engaging in regular self-care activities. Additionally, nurses at the symposium were encouraged to advocate for awareness and understanding of microaggressions within their communities and workplaces, promoting a culture of inclusivity and respect.

During lunch, attendees reflected on their experiences by sharing their responses to the following questions:

- How does your cultural identity influence your sense of belonging in different spaces?
- In what ways has society made you feel included or excluded? How has this impacted your sense of belonging?
- Can you share an experience where you felt a sense of belonging or exclusion due to societal norms and expectations?
- Describe a time when you felt a strong sense of belonging in your workplace or professional environment. What factors contributed to that feeling?
- How important is a sense of belonging in achieving professional success and satisfaction? Can you share a personal example?

By encouraging attendees to share their experiences, the lunch session provided valuable insights into the various dimensions of belonging. Through shared stories and collective brainstorming, the discussions underscored how vital a sense of belonging is for fostering a supportive and productive workplace culture.

Participants also received a Certificate of Participation to meet continuing competency requirements for nursing licensure in Washington State.

The WCN Nurses of Color Symposium was a success, providing Nurses of Color with valuable tools and resources to combat microaggressions, promote a sense of belonging, lessen isolation through creating a community, and prioritize their well-being. By fostering a supportive environment and empowering individuals with knowledge and strategies, the Nurses of Color Coalition continues to champion the cause of equity and inclusivity in the nursing profession.

For more information about the WCN Nurses of Color Coalition, please contact [info@wcnursing.org](mailto:info@wcnursing.org).



By WCN Clinical Placement Associate, Lucy Merry

We're excited to bring you the latest updates on the Clinical Placement Initiative (CPI) and share our progress since the last newsletter. The CPI 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.

## Reflecting on Our Journey: December 2023 to May 2024

In December 2023, WCN held a statewide Open House meeting, setting the stage for the Clinical Placement Initiative. This initial meeting provided a comprehensive overview of our roadmap, key goals, and strategic vision, laying a strong foundation for our work.

In February 2024, we hosted our first quarterly meeting focused on data analysis. During this session, we conducted an environmental scan to evaluate our current data and identify gaps. This analysis helped us build a shared understanding among all participants and highlight areas where more information is needed.

May 2024 saw us diving deeper into regional perspectives through six visioning sessions. These meetings aimed to establish a shared vision for each region, ensuring that local insights and priorities were captured. The feedback from these sessions is instrumental as we align these regional visions with our broader state-level goals.

In June 2024, the steering committee will work to finalize the visioning product for our state-level goals.

## Hivebrite: The CPI Online Digital Communication Platform

One of our significant achievements has been the successful launch of Hivebrite, our digital communication platform. Recommended by the Washington State Hospital Association (WSHA), Hivebrite launched fully in February 2024 after a pilot session in January. Hivebrite has become the space for communication and networking within the initiative. Hivebrite serves as a central hub for interested participants to register and become

stakeholders, stay informed, and engage with the project. It hosts updates and meeting presentation files, providing a space for continuous interaction beyond our quarterly meetings. Moreover, it facilitates the posting of available clinical placements by healthcare facilities and the sharing of clinical placement needs by nursing schools. Currently, 169 of our 260 registered stakeholders are active on Hivebrite. We are dedicated to maximizing the platform's capabilities and ensuring it serves our community effectively.

## Looking Forward: State-Level Goals and September Meetings

Our immediate focus is on finalizing the state-level goals. The steering committee is synthesizing insights from our regional meetings to develop unified statewide objectives. This synthesis will align our regional visions with a cohesive state vision, guiding our future actions.

In September 2024, we will convene our next series of regional meetings. These sessions will tackle the contradictions within our current system. Each regional group will examine critical issues that have hindered progress or could challenge future success. This analysis will address cultural, behavioral, institutional, and systemic barriers, providing a powerful opportunity to confront the complex challenges we face.

## Join Us in Shaping the Future

We invite all nursing education programs, healthcare employers with current or potential clinical placements, and other stakeholders to participate in the Clinical Placement Initiative. Your involvement is crucial to the success of this initiative.

To join the initiative or get more involved, visit Hivebrite or click below to register.

<https://clinicalplacement.wcnursing.org/page/Welcome>

## Call for Feedback

We value your input! If you have any success stories, suggestions, or feedback on the initiative or Hivebrite, please let us know by emailing WCN Clinical Placement Associate Lucy Merry at [LucyM@wcnursing.org](mailto:LucyM@wcnursing.org). Your insights are vital to our continuous improvement.

# WCN Washington Clinical Placement Initiative

The WCN Clinical Placement Initiative is underway! If you are a clinical placement stakeholder in Washington and have not registered to join the initiative, follow the link below to learn more and register.

**Click the link to learn more about the Initiative or to register to join,**

<https://www.wcnursing.org/washington-state-nursing-clinical-placement-initiative/>

**Already a registered Initiative stakeholder?**

Click your region link below to register for your next quarterly meeting.



## Regional Meeting Schedule for September

### Meeting Focus: Examining Critical Issues to Success

Each region will work in the next session to identify and analyze the issues and barriers, both internal and external, that have impeded progress or which could undermine or block your future success.

#### Eastern

**Wed, September 18, 2024  
8:30 to 11 a.m.**

Meeting registration link

<https://us02web.zoom.us/j/91234567890>

#### Central

**Tue, September 10, 2024  
8:30 to 11 a.m.**

Meeting registration link

<https://us02web.zoom.us/j/12345678901>

#### Southwest

**Thu, September 19, 2024  
1 to 3:30 p.m.**

Meeting registration link

<https://us02web.zoom.us/j/23456789012>

#### North Sound

**Tue, September 10, 2024  
1 to 3:30 p.m.**

Meeting registration link

<https://us02web.zoom.us/j/34567890123>

#### South Sound

**Tue, September 17, 2024  
8:30 to 11 a.m.**

Meeting registration link

<https://us02web.zoom.us/j/45678901234>

#### King

**Wed, September 11, 2024  
1 to 3:30 p.m.**

Meeting registration link

<https://us02web.zoom.us/j/56789012345>

## 2 New Washington Nursing Workforce Data Reports!

**COMING  
SOON**

**Nursing Education Clinical Placements:  
A Review of Washington Consortium Data 2022-2023**

**Prioritizing Nursing Well-Being to Strengthen the  
Workforce 2024 Washington Nursing Burnout Survey  
and Next Steps**

**DUE OUT THIS JULY!**

For the latest WCN reports visit the  
Reports, Publications & WA Nursing Workforce Data Quick Jump Link at [WCNursing.org](https://WCNursing.org)

# Change Makers in Washington Nursing

An interview with Denise Mills, MN, RN, President of the Ebony Nurses Association of Tacoma

WCN is kicking off a new interview series: Change Makers in Washington Nursing. To start our new series, we interviewed Denise Mills, MN, RN, Clinical Manager for Perianesthesia at St. Joseph Medical Center in Tacoma and current President of the Ebony Nurses Association of Tacoma. To learn more about the Ebony Nurses Association of Tacoma and their available scholarships, visit [Ebonynursesoftacoma.org](http://Ebonynursesoftacoma.org).

WCN ran into Denise when she volunteered to support WCN's Teen Nursing Academy at Muckleshoot Tribal School in April. Mills' journey into nursing was far from a straight line, but she overcame every obstacle to accomplish her goal and become a nurse. Now, she is a passionate advocate for the education, advancement, and leadership of BIPOC nurses throughout Pierce County. As a change maker in Washington Nursing, here is what she had to share with WCN about her experience.

**WCN:** Can you share with us a little about yourself?

**Mills:** I am originally from Tacoma and went to school on the Hilltop. My parents came to Tacoma in 1964. My dad was drafted into the military and stationed in Tacoma; he brought my mom here from Louisiana a little later. My brother and I came along a few years after that.

Their first home was right at the edge of Hilltop, but by the time I was born, they had moved to south Tacoma. However, we were still very much a part of the Hilltop community. My parents were Baptist and attended Mt. Tabor Baptist Church. Growing up, however, my brother and I attended Allen AME church since AME had a church van. My brother and I were both baptized at Allen AME. I was married there as well.

I graduated from Foss High School. Back then, the world was a different place. In the 90s, black education at HBCUs (Historically Black Colleges and Universities) was a big thing, and several of us from church decided we would attend an HBCU. I attended Grambling State University, my friend Kevin went to Morehouse, and my other friend Tiffany went to Clark Atlanta. And with that, we left Tacoma.

**WCN:** Can you tell us about your nursing journey so far?

**Mills:** I started as a premed student. I love science. I wanted to be a doctor or a teacher. Back then, my parents and I did not know much about schools, and though I was on a premed track, Grambling did not have an accredited premed program. My

first roommate was a nursing major and encouraged me to study nursing. I also had a cousin who wanted to be a nurse. I was not interested in being a nurse at the time. But, as I went through school, I wasn't happy with premed and decided late in my junior year to change to nursing.

From there, my nursing journey gets a bit convoluted.

Grambling had the best nursing scores in Louisiana at the time. But I'm down south in the Bible Belt. I knew about the racism there. My parents were from Louisiana, and we visited there my whole life. What I did not know until I got to Grambling was the nursing school faculty was almost 100% white. There were three black professors, and that was it. I interviewed with Dean Smith, everything went well, and I was accepted into the nursing program. It wasn't until I was in the nursing program that I saw where the gaps were.

In northern Louisiana, you had Grambling, an HBCU, and the University of Louisiana Monroe and Louisiana Tech, two predominantly white colleges, all within 30 minutes of Ruston. There are minority scholarships, and there are also diversity minority scholarships, and if you were a white student going to an HBCU, you could receive diversity minority funding. My class was about sixty percent White and forty percent Black. There was a lot of overt racism. For example, you could not wear braids in your hair, or you would get marked down by the Dean. Also, you could not be pregnant in nursing school. I wasn't, but I had some classmates who were married and



Denise Mills, MN, RN

had to sit out of the program when they got pregnant.

It was a five-semester program with levels 1 through 4. Soon, it became apparent that my graduating was not on their priority list. I failed level one. And that's okay. Nursing school is hard. I retook it and did well. For level two, I did fine. When I got to level three, we started to get new instructors coming in. We had a White professor come in who called out the program. In class one day, she said, "I don't like what is going on here. I'm probably going to lose my job for this, but they are having secret meetings with the White students and giving them the answers to the tests."

We all looked at each other because we knew something was happening. But we didn't know what.

We went into the 4th quarter, which was OB. We had been doing med-serve most of the time. My instructor in this class put me in a room with a pregnant woman and said to start her IV and do an assessment. I had never done an IV, and I didn't know what assessment I was doing. I had done assessments on med-surge patients, but never one on a person with a baby in their belly. And the whole quarter, she did that with most of us. She would tell us we were not prepared and that she did not understand what we had been doing the last three years. We tried advocating for ourselves. We told her that we

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had never done OB before.

Later that quarter, my dad passed away, and I ended up failing out that quarter, too. I was so embarrassed. I couldn't figure out what was going on. I should have had my act together. I didn't want to tell my mom. She was planning on coming down in May for my graduation. When I went home for Christmas, I had to tell her. At the time, there were seven of us who were close and did not make it out of that nursing program.

I was also a missionary with the Southern Baptist Church during this time, and that summer, I went on a mission trip with them to Sydney, Australia. That was in 2000. I was supposed to go from June through August. While there, I applied to multiple nursing programs across the U.S. but did not get in. Then I learned that the full mission trip was for six months, but for students, it was only three months. Since I had not been accepted into a nursing program, they asked me to stay for the rest of the mission. I had raised funds for the first three months, but now I had to raise funds for the last three months.

By August, most of the students had left, and the ten of us who stayed were sitting in a boardroom with our lead pastor, talking about the next phase of the mission. Then, the pastor looked at me and said, "Tetelestai. Do you know what 'tetelestai' means?" I told him I didn't know what it meant. He said, "It means it is finished. It is what Jesus said on the cross." I said, "Okay. What is finished?" He said, "I recently received a check from Singapore for the exact amount of money you need to stay here." He told me it was given anonymously, and it was in my name. Right then, I knew I was meant to be there. And since I had raised close to \$800 already, I looked around the room and saw Nick, a young man still working on raising his funds. I told Nick he could have the \$800 I had raised. If someone blessed me in such a way, then the money I had raised should go to someone else. So, I gave Nick the money and stayed in Australia for the last three months of the mission.

I had the time of my life and still have great family connections from that experience.

While in Australia, there was a cricket field I would walk around in the mornings to think and pray. There had been a man I was seeing back home, but I didn't want it to get too serious because I didn't want to lose my focus. One morning, as I walked around that cricket field, I heard intuitively a voice I believe was Christ speaking to me. I heard, "Fred is not the one, so don't worry about it. Your husband is going to be a foreigner. And you will graduate, but you must go home." At the time, I didn't want to go home because I was embarrassed for failing out of school. But the three things I heard on the cricket field that morning changed my mind, and on October 31, 2000, I left Australia. I stayed in Louisiana for a while before coming home to Tacoma in February 2001.

Back in Tacoma, I registered for a general studies BA at UW Tacoma. In October of 2001, I sat in my first class. In that class,

I met a man named Angelo Mills from Trinidad and Tobago. I didn't want to date anyone at the time. Graduating was my focus. But, six months before graduating with my BA in August of 2002, Angelo and I did start dating. And on October 1, 2005, we got married. The three things I had heard that morning on the cricket field in Australia had all come to fruition.

After that, I started working at St. Clare Hospital in Lakewood and eventually went to school for my LPN degree. I took Grambling off my transcript and decided to start from the ground up. I retook all my prerequisites, including all seven of my science classes. I graduated from LPN school, and Angelo and I moved to a house.

Next, I applied to RN school, and on May 1st, I found out I was accepted. On May 30th, I found out I was pregnant. Thankfully, it was a part-time program. While in the program, however, I hid my pregnancy, remembering what I heard at Grambling, that you can't be pregnant in nursing school. One day, when I was about eight months along, the Dean came to me and said, "Congratulations are in order, right?" I looked at her while wearing these big scrubs and said, "What are you talking about?" And she said, "I'm talking about the baby in your belly." I said, "Please don't make me drop out of school." She said, "Why would you think that?" I shared with her that I was told you couldn't be pregnant in nursing school. She replied, "That is not so. It is a natural part of life." She then shared with me how one of the students had to have a C-section and missed clinicals and how they were going to make sure that student still graduated, just like they were going to make sure I would still graduate.

I gave birth halfway through the program. Knowing I was supported really helped. When I graduated, my son was nine months old and sitting on my hip.

I think that is why my passion for nursing education is so strong. It is because, though I had the bandwidth, the strength, and the resources to redo all of that, it was very unnecessary. There are a lot of people that can't do that. They couldn't pay for school again. They couldn't have overcome all the obstacles I had to overcome. And that is why I want to make nursing education open and free to everyone. We often look at it under the umbrella of marginalized communities, but it is not really about that. It is about everyone having equity and access to a quality education.

And going back to Grambling's BSN program, they did end up losing their accreditation for several years. The covert racism was hidden for a while, but in 2015, they lost their accreditation, and they didn't get it back until several years later. When I first came home after failing out of their nursing program and told people what had happened, no one believed me. Not even from my community. But, when their BSN program lost accreditation, it was confirmation for me that what I had gone through was happening, and the state board had to come in and clean it up.

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

## Washington Registered Nurses: 2023 Data Snapshot

WCN put together a Washington RN data snapshot for 2023, giving a quick look at data as it applies to RNs in the state.

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

### Washington RN Education by the Numbers 2021-2022<sup>(1,2)</sup>

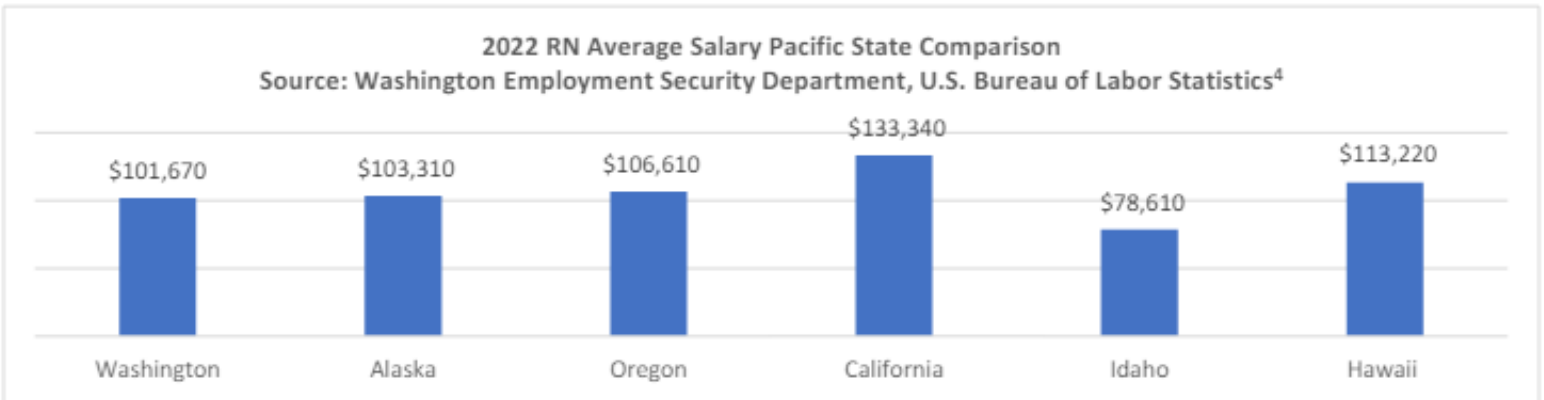
<b>Number of RN (Registered Nurse) Education Programs</b>	11 Practical Nurse to Associates RN (PN to AD-RN) 30 Associate Degree RN (AD-RN) 13 Associate RN to Bachelors RN (RNB) 7 Practical Nurse to Bachelors RN (BSN) 13 Bachelors RN (BSN) Total=74 RN Programs
<b>Number of Applicants that met Requirements</b>	4,394 AD-RN 3,342 BSN- RN 91 GE-RN (Graduate Entry)
<b>Number of Students Admitted</b>	1,892 AD-RN 1,892 BSN 30 GE(Graduate Entry)
<b>Percentage of Students identify as racial/ethnic minority</b>	42% AD-RN 55% BSN (WA State Population=37%)
<b>Graduates</b>	1,561 AD-RN 1,064 BSN/GE (Graduate Entry)
<b>Average NCLEX Pass Rates</b>	84.76% AD-RN (National=79.9%) 81.44% BSN (National= 79.9%)

### Washington RN Supply by the Numbers 2023 <sup>(3)</sup>

<b>Number of RNs with Active WA license</b>	120,878
<b>Number of RNs with Active WA License and Reside in WA</b>	79,323
<b>Male RNs</b>	12.6% (WA state males=50.5%)
<b>Average RN Age</b>	46.3 years (National=52)
<b>RN Highest Education Level</b>	68.31% BSN or higher
<b>White/Caucasian RNs</b>	76.75% (WA state Population=65%)
<b>RNs Employed Full or Part Time in Nursing in a Position that Requires a Nurse License</b>	94.01%
<b>RN Primary Position Description</b>	70.2% Staff Nurse
<b>RN Primary Employment Setting</b>	52.28% Hospital 14.29% Other 11.94% Ambulatory Care
<b>RN Primary Employment Specialty (Top-three)</b>	14.13% Acute Care/Critical Care 10.54% Medical Surgical 9.28% Other Clinical Specialties
<b>RN Work Average 30-40 Hours per Week</b>	69.1%

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Washington RN Demand by the Numbers <sup>4</sup>	
Number of RN Jobs in 2021	60,541
Number of Projected RN Jobs in 2031	72,738
Projected Annual RN Job Openings (2021-2026)	16,616
Projected Annual RN Job Openings (2026-2031)	18,327
Labor Market Supply/Demand Gap 2023	8,090 more jobs than RNs
Average RN Salary 2022	\$101,670
Lowest Average RN Regional Salary 2020	\$79,470 Clarkston (WA)/Lewiston (ID)
Highest Average RN Regional Salary 2020	\$111,610 Vancouver (WA)/Portland (OR)



**References**

- (1) Washington State Department of Health (2023). Approved Nursing Programs in the State of Washington. Retrieved from <https://nursing.wa.gov/sites/default/files/2023-07/Approved-Nursing-Programs-WA.pdf>
- (2) Washington State Board of Nursing (2023). [Education Data Dashboard](#).
- (3) Washington State Board of Nursing (2023). [Licensing Dashboard](#) (updated 11/3/2023), [Workforce Dashboard](#) (updated 11/3/2023)
- (4) Washington Employment Security Department: [Occupational Employment and Wage Estimates 2023, 2021-2031 Long-Term Occupational Projections](#) (alternative state specific), Labor Market Supply/Demand Gap Analysis

WCN BIPOC Nursing Affinity Group officially named

## WCN NURSES OF COLOR COALITION

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

The WCN-Nurses of Color Coalition is a brave space to build community, foster belonging, and step towards creating an inclusive workplace in the nursing profession. The WCN supports the coalition by convening the group virtually monthly.

For more information and to connect with the WCN Nurses of Color Coalition, contact WCN DEI Associate Fawzi Belal at [FawziB@wcnursing.org](mailto:FawziB@wcnursing.org)



## Tricia Jenkins, RN, BSN, CEN (she/her/hers)

*Emergency Room Nurse Swedish Medical Center | SEIU Staff Nurse Position*

As an Emergency Room Nurse, Tricia brings extensive knowledge and expertise in healthcare to WCN's Board of Directors. Her hands-on experience in emergency medicine has equipped her with a deep understanding of medical protocols, patient care, and the operational challenges within healthcare systems. Tricia's insight into the intricacies of healthcare, particularly as it relates to disparities affecting African American communities, makes her an asset in developing effective strategies for health equity.

Tricia's lived experience as a member of a historically marginalized community informs her deep empathy and understanding of the challenges faced by African American communities. She brings a unique and multi-layered perspective to WCN's work. As a mother of two, a dedicated wife, and a fierce Black woman with a White mother and a Black father, her identity is deeply intertwined with her personal and professional experiences.

Tricia has built strong relationships with both the community and hospital administration. These connections enable her to bridge gaps between different stakeholders and foster collaborative efforts. Her ability to navigate these relationships is instrumental in mobilizing support and implementing strategies that promote health equity and justice.

Her positionality allows her to see and recognize privileges and feel and experience her lived BIPOC identity. Her identity allows her to give space for white people to digest new concepts like fragility and privilege and provide empathy for BIPOC people who must start life's race at a deficit. Her intersectionality allows her to assimilate people and herself easily into the community. Her nursing background has allowed her to develop her skills of being a good team player and team leader.

She is an Emergency Room Nurse, union member, executive board member, committee co-chair, advocate, and lobbyist. Her work in the ER, where quick, critical decisions are made based on a color-coded triage system, has exposed her to the harsh realities of implicit bias in healthcare. This experience fuels her passion for addressing health disparities and advocating for racial justice. Being a Black woman in a predominantly white healthcare system, she is committed to fostering health equity within African American communities. By participating on the WCN board, she aims to leverage her expertise and lived experiences to build political will and drive collective action towards reparations and justice in healthcare.

## So You Want to be a Professor Video Series

Presented by the



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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.

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# The Washington Center for Nursing is now recruiting volunteers to serve on our **Statewide Burnout and Retention Workgroups**

WCN is looking for Washington nurses from all employment settings, including nursing education and nursing students, to support building a statewide burnout and retention action plan. Workgroups will begin meeting in July and will be organized using the primary strategies from the National Plan for Health Workforce Well-Being (<https://nam.edu/initiatives/clinician-resilience-and-well-being/national-plan-for-health-workforce-well-being/>).

To volunteer, complete this short four-question survey:

<https://www.surveymonkey.com/r/QNP8TLY>

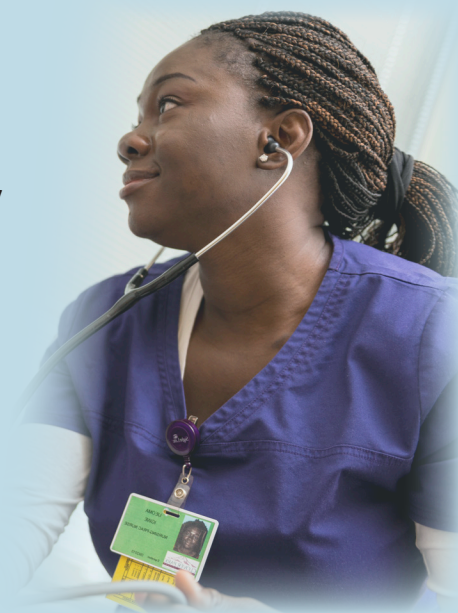
(Survey closes 7/15/2024. Commitment is 1-2 hours a month from July 2024 through June 2025, which includes monthly meetings and communications with the workgroups.)

### Workgroups will

- Determine who else needs to be at the table and recruit additional volunteers for their group.
- Learn more about the evidence, strategies, and resources for their priority area from the National Plan for Health Workforce Well-Being.
- Examine preliminary results and feedback from the Spring 2024 WCN survey data collection.
- Determine additional questions/answers and data analysis from the survey.
- Collect other data sources/evidence as needed for planning.
- Gather additional strategies/resources from other state-based Centers for Nursing and other entities.
- Utilize consensus building to prioritize strategies and outline action plans.
- Finalize a statewide action plan by June, 2025.

Questions? Contact Dr. Patricia Moulton Burwell at

[PatriciaB@wcnursing.org](mailto:PatriciaB@wcnursing.org)



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Washington's nursing workforce,  
careers in nursing, and nursing  
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