



### NAVIGATING INCIVILITY IN NURSING: TOOLS FOR A HEALTHIER WORKPLACE

By WCN Communications Manager, Brenda Little

On Friday, August 15, 2025, the Washington Center for Nursing (WCN) hosted a full-day Zoom workshop, Navigating Incivility in Nursing: Tools for a Healthier Workplace. The event, open to nurses across Washington, drew 15 participants into a candid and solutions-oriented conversation about one of the profession's most difficult yet too often unspoken challenges: workplace incivility.

#### Why This Workshop Mattered

Nurses enter the profession with a shared purpose—to help people. Yet, when tensions, power struggles, miscommunication, or unresolved conflicts arise in the workplace, the resulting friction can drain energy, disrupt teamwork, and even compromise patient care. Incivility is not just uncomfortable; it has ripple effects on morale, retention, and the quality of care provided. Recognizing the importance of equipping nurses with tools to navigate these dynamics, WCN created a learning space dedicated to exploring root causes, understanding power dynamics, and practicing strategies for healthier professional relationships.

#### What Happened at the Workshop

The six-hour session, led by facilitator Meg Halverson, Principal Consultant at Bright Spring Strategy Consulting, encouraged participants to engage openly in confidential discussions and interactive exercises. The workshop focused on two central goals:

- Identifying common roots of incivility and its impacts on individuals and teams.
- Exploring research-based strategies for managing difficult professional relationships, including role-playing scenarios.

Participants worked in small groups to “game out” scenarios drawn from real-world nursing challenges. This allowed attendees to not only practice new skills but also brainstorm solutions together. For many, hearing that their peers were facing similar struggles with power dynamics, communication breakdowns, or difficult colleagues provided both validation and relief.

One especially powerful discussion revolved around the “power dead-even rule,” which suggests that women who share nearly equal levels of power tend to sustain stronger long-term relationships. When that power is disrupted by a promotion or a change in role, however, the dynamic often changes for the worse.



This concept helped participants reframe conflicts they had experienced, offering a new lens for understanding and addressing strained professional interactions.

#### What Participants Took Away

By the end of the day, attendees left with:

- **Increased self-awareness:** A better understanding of how their own power and self-esteem dynamics can influence others and workplace interactions.
- **Practical skills:** Tools for resolving and preventing workplace issues, addressing challenging behaviors, and fostering respectful collaboration by practicing how to identify particular types of aggression and strategies for dealing with each type.
- **Renewed perspective:** A reminder that reducing relational friction makes nursing teams more effective, efficient, and—importantly—makes every day at work more enjoyable.

#### Outcomes and Next Steps

Because the workshop was intentionally confidential to encourage open sharing, no formal evaluation data is being shared. However, feedback highlighted the value of practicing through scenarios and the mutual recognition that comes from discussing shared struggles in a supportive environment.

To continue supporting attendees, WCN is offering optional one-on-one coaching sessions with Meg Halverson. These sessions provide nurses with the

opportunity to privately explore their most challenging workplace relationships and apply tools learned during the workshop.

### Building Healthier Workplaces, Together

The incivility workshop demonstrated that while difficult conversations can feel risky, they are essential to cultivating healthier workplace cultures. By providing tools, language, and support, WCN continues to empower nurses to reduce conflict, strengthen collaboration, and uphold the values that brought them into the profession in the first place.

### Resources for Continued Learning

For those who could not attend—or for participants eager to keep learning—WCN recommends the following resources:

- *In the Company of Women* – Pat Heim, PhD and Susan A. Murphy, PhD, MBA with Susan Golant
- *The Dauntless Nurse* – Martha E. Griffin, RN, PhD; Kathleen Bartholomew, RN, MN; and Arna Robins, RN, MSN
- *WCN's Brave Space Toolkit*: [Read here](#)
- *Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Color* – Kimberlé Crenshaw
- *Enough! Eradicate Bullying & Incivility in Healthcare: Strategies for Front Line Leaders* – Renee Thompson
- *Do No Harm Applies to Nurses Too: Strategies to Protect and Bully Proof Yourself at Work* – Renee Thompson
- *Core Competencies of Civility in nursing and healthcare* – Cynthia Clark, PhD, RN, ANEF, FAAN

## WCN Bilingual Nurse Videos Help Promote Nursing as a Career

According to the 2023 United States Census Bureau, 20.5% [1 in 5] of Washingtonians speak a language other than English at home. At WCN, we celebrate the rich diversity of Washington's communities.

In healthcare, a diverse nursing workforce strengthens care for all. To celebrate the contributions of bilingual nurses in Washington, WCN created Bilingual Nurses, Stronger Care videos to share the journey into nursing for some of Washington's bilingual nurses.

These videos explore the challenges these nurses overcame to pursue a career in nursing, along with their passion for caring and community that helped them to succeed!



## HELP US REACH A 100 VIEWS PER VIDEO!!

If you or your organization works with K-12 students... you can help by sharing these videos with students. The more Washington students we reach with these encouraging videos, the more impact they will have!

WCN created these videos to promote nursing as a career to diverse populations and culturally competent care. If you are a student considering a career in nursing, know that nursing needs you. And though there are challenges in pursuing a career in nursing, there are people and resources to help you achieve your goal!

To learn more about nursing as a career, start your journey by visiting,

[www.WCNursing/be-a-nurse/](http://www.WCNursing/be-a-nurse/)

Follow WCN on YouTube for more informative videos!

<https://www.youtube.com/channel/UCh3gToTp1-vqt72Xd9w7xIA>



# Change Makers in Washington Nursing

Darcy Jaffe, MN, APRN

As part of the *Change Makers in Washington Nursing* series, WCN interviewed Darcy Jaffe, MN, APRN, and Senior Vice President for Clinical Excellence at the Washington State Hospital Association. Jaffe's distinguished career reflects a sustained dedication to advancing health equity, strengthening patient advocacy, and fostering collaboration across complex healthcare systems. Her professional journey—from early work in public health to senior leadership—offers valuable insights into resilience, effective leadership, and the essential role of nurses in driving systemic equity and healthcare transformation.

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

**Jaffe:** I've lived in Washington my whole life and grew up in the small town of Port Orchard. My grandmother was a nurse, and I remember watching the way she connected with veterans at the Retsil Veterans Home. Even as a child, I could see the respect and warmth in those relationships. That stuck with me.

When I entered the University of Washington's nursing program, I wasn't entirely sure where it would lead, but I knew I wanted to do work that mattered. Nursing gave me the perfect mix of science, problem-solving, and human connection. I also loved that it offered so many pathways — I could take it anywhere.

While many of my peers were preparing for hospital rotations, I pursued something different. One of the nurses I worked with as a student had shifts at the King County Jail and encouraged me to check it out. The idea of working in correctional health care intrigued me.

I did my senior practicum in psychiatry at the jail, and it changed my life. The work demanded compassion without judgment. We weren't there to make value judgments about why people were incarcerated — we were there to care for them. That lesson has stayed with me throughout my career.

The autonomy was also incredible. As nurses, we were often the ones leading suicide risk assessments, determining safe housing placements, and coordinating care with physicians and the courts. It was a crash course in leadership. More importantly, it opened my eyes to inequities and gave me a deep respect for people whose life circumstances

were so different from mine.

One of the most memorable experiences from those years was organizing a camping trip for a group of patients from the jail diversion program. Many of them had never been camping before — some had never even left the city. We went up near Deception Pass, built campfires, played music, and simply enjoyed being outdoors together. For a weekend, they weren't "inmates" or "patients" — they were just people, laughing, sharing stories, and experiencing something new. It reminded me that behind every label is a human being, and it deepened my belief that dignity and connection are essential parts of healing.

I believe every nurse should start in public health. It gives you a completely different perspective on people and the systems that shape their lives. When you see patients outside the hospital walls — in their communities, in vulnerable situations — you understand health in a much broader, more human way. That perspective has guided every step of my career.

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

**Jaffe:** Working in the jail was foundational. It taught me to listen deeply, to respect every individual, and to find creative ways to build trust, even with people who were severely ill or profoundly marginalized. Those lessons became the backbone of my leadership style.

I also saw firsthand how social conditions, poverty, and mental illness intersect. You can't provide good care if you only look at the clinical side. That's why I've always believed nurses need to have a strong voice in shaping systems, policies, and laws — because health is never just about



*Darcy Jaffe (left), Darcy, her husband, Craig, & son, Max (right)*

the hospital bed.

After several years working at the jail, I transitioned to Harborview, where I grew as both a nurse and a leader. I started on the psychiatric intensive care unit, where patients were acutely ill and required a high level of care. Like the jail, it was another environment where I had autonomy, and I thrived on that responsibility.

Over time, I was promoted to manage multiple psychiatric units, and eventually became Director of Inpatient Psychiatry. That role gave me the chance to bring together units that had historically been siloed. We created shared programs and treatment opportunities so that patients could access the full spectrum of care, not just what was offered on their unit. It was challenging, but it was incredibly rewarding to see the staff embrace collaboration and innovation.

I became Chief Nurse at Harborview, which is not something I had planned. In fact, I was hesitant at first. But I believed strongly in the CEO's vision, and I wanted nursing to have a powerful voice at the table.

Leadership at that level requires you to balance two perspectives: the professional growth of nurses and the operational demands of an entire hospital. I fought hard to ensure nurses had the autonomy and recognition they deserved. For example, I created Associate Chief Nursing Officer roles to mirror the structure on the medical side. That parity was important — it

*Continued on next page*

showed that nursing leadership was equal to medical leadership.

I also worked to strengthen the nursing infrastructure: launching a nurse residency program, beginning Harborview's Magnet journey, and embedding coaching into leadership development. One of the most meaningful initiatives was a program I started called Coach It Forward, which paired nurse leaders with managers to build a culture of mentorship. By the time I left, dozens of leaders had gone through it, and it transformed the way people supported each other.

I've always believed that nurses must be at the table when policies are made. During my years at Harborview, I worked with King County and the state on issues ranging from mental health law to Medicaid transformation. I learned that policymakers often don't have deep knowledge of healthcare realities, and nurses can provide that essential perspective.

Policy work is an extension of patient advocacy. Whether it's fighting for resources for behavioral health or ensuring equitable access to care, nurses bring a grounded, holistic lens. That's why I've continued to stay engaged at the state and federal levels — because the systems we build determine the kind of care people receive.

I started at the Washington State Hospital Association (WSHA) in 2019, managing a major federal quality contract across Washington, Oregon, and Alaska. A year later, the pandemic hit. Suddenly, our role became coordinating hospitals statewide in a crisis unlike anything we had seen.

In those first months, my team and I were literally calling hospitals every day to track cases because no formal reporting systems were in place. We worked with the Department of Health, set up PPE policies, and helped hospitals align on isolation protocols. When vaccines became available, we collaborated on distribution strategies. It was chaotic, exhausting, and at the same time, a remarkable demonstration of leadership and solidarity.

One of the proudest moments was seeing Washington hospitals commit to sharing resources. Large and small, rural and urban, they agreed that no patient would go without care simply because of where they showed up. That unity saved lives — and it reflected the best of what nursing leadership stands for: collaboration, courage, and compassion.

**WCN:** Through your leadership, how do you work to impact nursing and the advancement of health equity in Washington?

**Jaffe:** Equity has to be more than a buzzword — it has to be built into how we practice. At the Hospital Association, I created the role of Director of Health Equity, and we're now working with hospitals to standardize how we screen for social determinants of health. Consistent data helps us understand where the greatest needs are and how to intervene.

For example, when we looked at Medicaid patients, the data revealed how disproportionately long their hospital

stays were, often tied to lack of housing or other social barriers. By surfacing that information, we can push for collective solutions that go beyond the walls of the hospital.

Equity work is also about humility. It means listening to communities, admitting where systems fall short, and committing to change. For me, it goes back to my early days in corrections and psychiatry — every person deserves dignity and care, no matter their circumstances.

**WCN:** What are some of the overall challenges you face in your work? And how do you work to overcome those challenges?

**Jaffe:** The financial pressures on hospitals right now are immense, and that affects everything: staffing, resources, and morale. For nursing, the challenge is to ensure we don't lose sight of professional growth and equity in the midst of those struggles.

We need to keep investing in rural nursing, specialty areas like maternal health, and programs that diversify the workforce. If we want a resilient healthcare system, we have to support nurses not only at the bedside but as leaders, innovators, and policy shapers.

One of the areas we're focusing on right now is rural nursing. WSHA has partnered with AARP on a rural nursing leadership program, which was very well received, and we're preparing to do it again. The goal is to give rural nurses more leadership skills and strengthen their connection to their hospitals, since turnover can be especially tough in small communities.

We're also working with rural hospitals to identify creative partnerships with nursing schools, and even reaching into high schools as early as 9th grade. That's when students need to start on math and science if they want to pursue nursing. By showing them they can build a career and come back to serve their community, we're building a sustainable pipeline. Some hospitals are even offering to pay for school if students return to work locally.

**WCN:** What advice would you give to nurses and future leaders?

**Jaffe:** First, embrace every opportunity to lead, even if it feels uncomfortable. Leadership isn't about having all the answers — it's about being willing to step forward, listen, and make decisions with integrity.

Second, never underestimate the power of your voice. Nurses see the whole picture — patients, families, systems. That perspective is invaluable, and it belongs at every table where decisions are made.

Finally, remember that leadership is about hope. People look to nurses not only for skill but for reassurance that we can find a way forward, even in the hardest times. Hold on to that — because it's true.

To get to know more WA nurse leaders, visit!  
[wcnursing.org/in-the-spotlight/](https://wcnursing.org/in-the-spotlight/)



# SO YOU WANT TO BE A PROFESSOR WORKSHOP

## Washington State needs more nurse educators!

Can you envision yourself teaching nursing students at a community college, university, or as a clinical instructor? Jump-start your journey with this unique workshop!

The WCN is committed to creating a strong and diverse nurse faculty workforce. *So You Want to be a Professor* is a half-day Zoom workshop that introduces participants to nursing education as a career and the different and surprising paths nurse educators can take.

**Via Zoom | Thu, Oct 30, 2025 | 9 am-1:30 pm | FREE**

Registration is open through Oct 24, 2024. Register today!

Earn  
4 Contact  
Hours

Register here:

<https://www.surveymonkey.com/r/9DJJK9R>

**Who should register?** Practicing nurses and nursing students interested in pursuing the nurse educator path can register. To support greater diversity among Washington's nursing faculty, WCN also strongly encourages diverse practicing nurses and nursing students interested in pursuing the nurse educator path to register.

### This workshop will:

- Identify the requirements and competencies to teach in a nursing program.
- Describe the roles and expectations of a nursing professor in teaching, research, and service.
- Explore paths to becoming a nurse educator in Washington.

### Meet the Workshop Presenters:



Stephanie Macon-Moore, DNP, MSN.Ed,  
CMSRN

Director RN-BSN Programs - Clinical  
Assistant Professor, Washington State  
University



Kumhee Ro, DNP, ARNP, FAANP,  
FAAN

Associate Professor/Nurse  
Practitioner, Seattle University



Jacob Garcia, MBA, MSN, RN, PCCN  
Director of RN to BSN, Assistant Professor,  
Heritage University



Steven Simpkins, PhD, RN  
Director of Nursing Programs,  
Highline College

This nursing continuing professional development activity was approved by Oregon Nurses Association, an accredited approver of the American Nurses Credentialing Center's Commission on Accreditation.



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For more information on the workshop,  
email [info@wcnursing.org](mailto:info@wcnursing.org)

To learn more visit, <https://bit.ly/WCN-SYWTBAP>

# WCN CLINICAL PLACEMENT INITIATIVE UPDATE

The Clinical Placement Initiative (CPI) steering committee has been working this summer to develop the statewide report that will be submitted to the Legislature in December 2025. As part of this work, the committee identified the following top four draft policy recommendations.

## TOP FOUR STATE LEVEL RECOMMENDATIONS:

1. Non-traditional sites. Most clinical placements occur in the hospital setting for pre-licensure students. There are many sites where health services occur beyond the hospital setting where clinical placements can occur to apply didactic learning and practice technical skills. CPI stakeholders identified non-traditional settings and names of facilities they would like to expand clinical opportunities.
2. Consistent clinical requirements. Establish an evidence-based approach to clinical experience standards. Variation across programs creates inequity in clinical placements and confusion for facilities hosting students. Individualize clinical placements to optimize success for students.
3. Integrated onboarding process and placement transparency. Establish onboarding requirements across sites and settings to improve efficiency and process for students and facilities. Use transparency to see available sites and create placement equity.
4. Rural placements. Identify opportunities to expand clinical placements in rural locations. Most (75%) of hospital participants who reported “no” to hosting students were in a rural county and 52% of non-hospital facilities were in a rural county.

The final report will also include additional state-level recommendations informed by data, stakeholder, and steering committee feedback. In addition, each region has established goals for the next two years to guide local implementation of these priorities.

## WHAT'S NEXT

In late September/early October, a draft executive summary will be released for stakeholder comment through the CPI Digital Communication Platform, Hivebrite. We encourage all stakeholders to register to join the platform, stay informed, and contribute to this important work.

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

For questions, contact WCN Clinical Placement Associate Lucy Merry at [LucyM@wcnursing.org](mailto:LucyM@wcnursing.org)



## 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 their career. Fortunately, effective treatment and ongoing support can save a nurse's career and even their life.



The Washington Board of Nursing recognizes the importance of providing early recognition and treatment options for nurses who may be struggling with alcohol or drug use. The Board of Nursing 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 WABON'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 Nurse Faculty: 2024 Data Snapshot

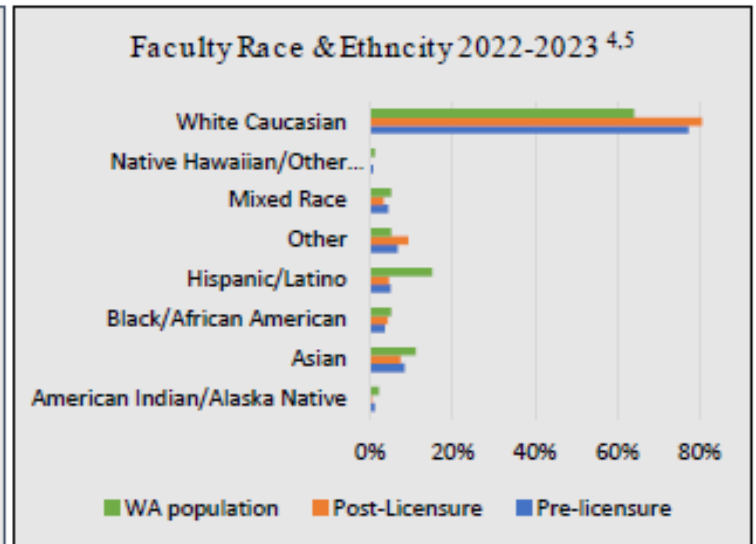
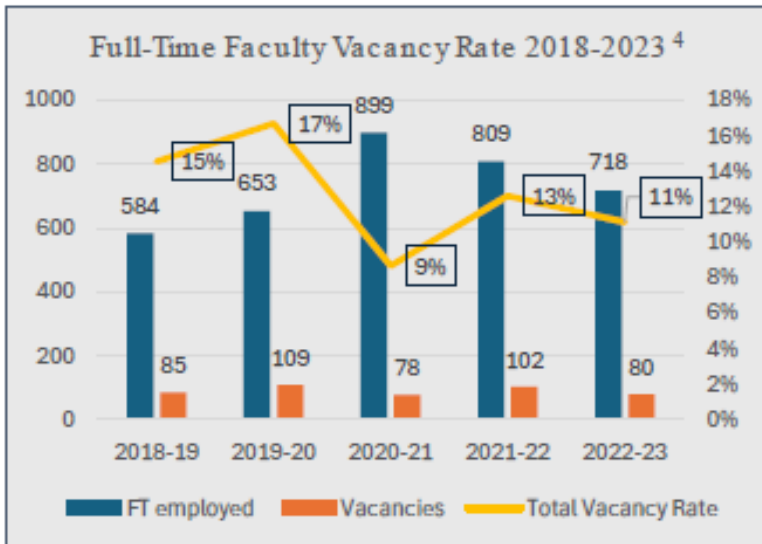


The WCN 2024 Washington Nurse Faculty Data Snapshot gives a quick look at data as it applies to Registered Nurses in WA. To view additional Washington Nursing Workforce Data Snapshots, click the link below.

[Washington Nursing Workforce Data & Reports](#)

Washington Nurse Faculty by the Numbers Education 2022-2023 <sup>1,4,5</sup>				
<b>Nurse Faculty Count</b>		<b>Pre-Licensure</b> Full-time 492 Part-time 537		<b>Post-Licensure</b> Full-time 226 Part-time 132
<b>Faculty Diversity</b>		<b>Pre-Licensure<sup>4</sup></b>	<b>WA Population<sup>5</sup></b>	<b>Post-Licensure<sup>4</sup></b>
White/Caucasian		77.3%	64.2%	80.6%
Racial or Ethnic Minority		22.7%	38.4%	22.6%
Male		12%	50.4%	23%
<b>Faculty Highest Education</b>		<b>Pre-Licensure</b>		<b>Post-Licensure</b>
Masters		61%		25%
PhD		10%		31%
DNP		11%		28%
Non-nursing Doctorate		2%		15%
<b>Faculty Age (full-time)</b>		<b>Pre-Licensure</b>		<b>Post-Licensure</b>
40 years and younger		21%		16%
41-50 years		31%		32%
51-60 years		26%		28%
61-70 years		18%		18%
71 years and older		4%		6%
<b>Community College Nurse Faculty 9-month Salary Average</b>		<b>Pre-Licensure</b> \$93,508		<b>Post-Licensure</b> \$87,520
<b>University Nurse Faculty Salary 9-month Salary Average</b>		<b>Pre-Licensure</b> \$83,641		<b>Post-Licensure</b> \$94,616
<b>Washington Nurse Faculty Vacancy Rate</b>		<b>Pre-Licensure</b> 8%		<b>Post-Licensure</b> 18%

DNP: Doctor of Nursing Practice



\*Note: Both graphs include pre and post licensure faculty. Source: Washington State Board of Nursing Annual Education Survey (2022-2023 academic year).



## Washington Nurse Faculty Supply by the Numbers 2024<sup>3</sup>

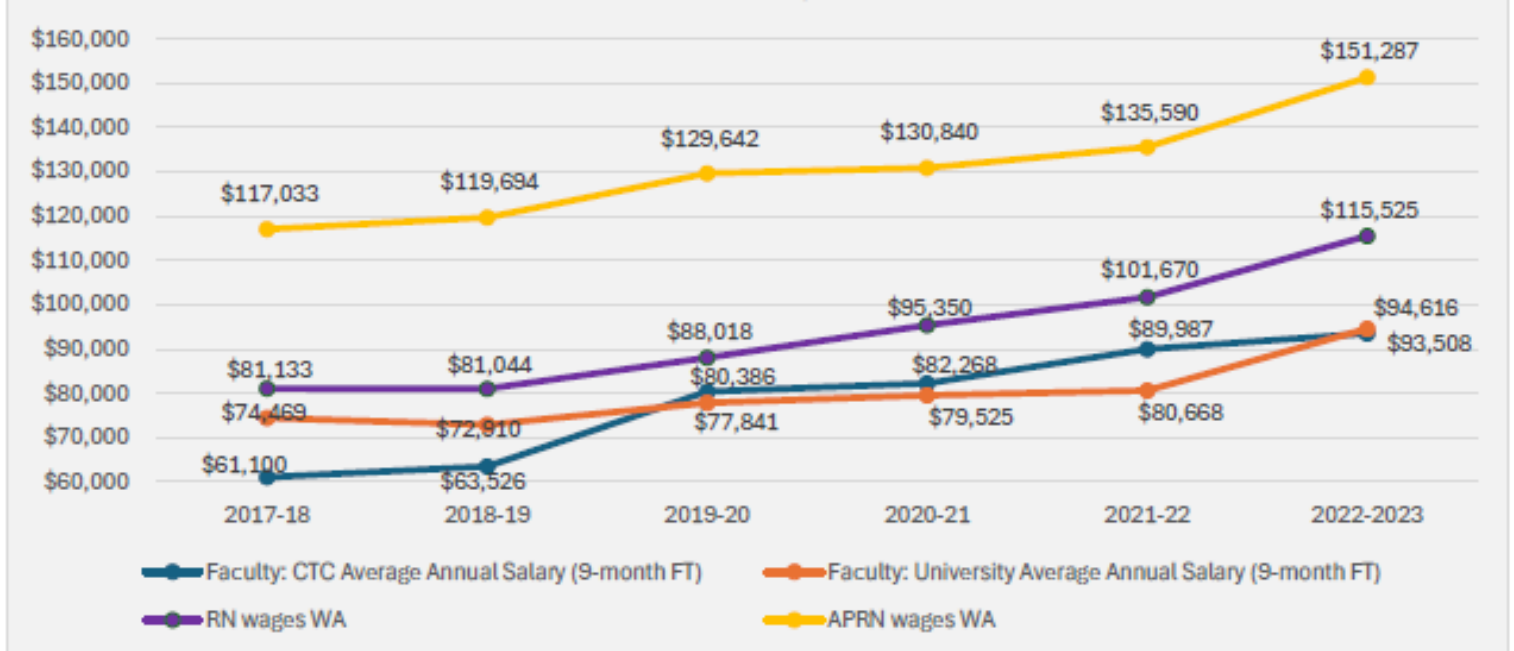
% of RNs who describe position as Nurse Faculty	1.97%
RNs Primary Employment Setting in School of Nursing	1.43%
RNs Secondary Employment Setting in School of Nursing	6.45%
% of ARNPs who describe position as Nurse Faculty	1.89%
ARNPs Primary Employment Setting in School of Nursing	1.51% (NP) 1.35% (CRNA)
ARNPs Secondary Employment Setting in School of Nursing	7.14% (NP) 5.83% (CRNA)

## Washington Nurse Faculty Demand by the Numbers 2023<sup>3</sup>

Number of Faculty Jobs in 2023	1,510
Projected Number of Faculty Jobs in 2027	1,761
Projected Number of Faculty Jobs in 2032	1,964

RN: Registered Nurse(s), ARNP: Advance Registered Nurse Practitioner(s)

## Annual Nurse Wage Trends: Faculty, RNs, APRNs 2017-2023<sup>3, 4</sup>



\*Note: Salaries calculated using the average of the annual 9-month low salaries and the average annual 9-month high salaries for full-time faculty.

### References

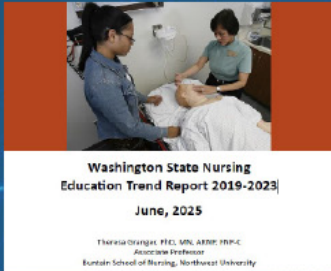
1. Washington State Board of Nursing (2024). Education Data Dashboard.
2. Washington State Board of Nursing (2024). Licensing Dashboard (updated 11/6/2024), Workforce Dashboard (updated 11/6/2024)
3. Washington Employment Security Department 2024 Occupational Employment and Wage Estimates, 2022-2032 Long-Term Occupational Projections (alternative state specific)
4. Washington State Board of Nursing Annual Education Survey (2022-2023 academic year).
5. U.S. Census Bureau Quick Facts Washington (2024).



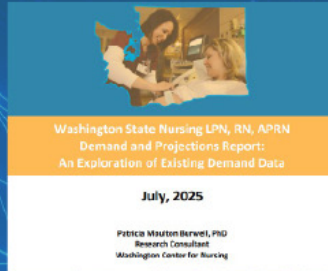
# Washington Center for Nursing Releases Three New Nursing Workforce Data Reports

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

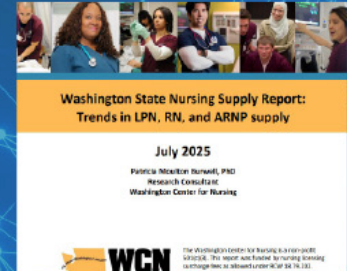
## Washington State Nursing Education Trend Report: Academic Years 2019-2023



## Washington State Nursing LPN, RN, APRN Demand and Projection Report: An Exploration of Existing Demand Data



## Washington State Nursing Supply Report: Trends in LPN, RN, and ARNP supply



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

Application period open now through January 15, 2026

## POPULATION HEALTH & SYSTEMS LEADERSHIP

FOR MORE INFORMATION ABOUT THE PROGRAM CLICK HERE



Take the leap to a DNP—we're here to catch you!

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Visit [nursing.uw.edu](http://nursing.uw.edu) programs to learn more.

The University of Washington School of Nursing is accepting applications for the [Population Health and Systems Leadership DNP](#), now through January 15, 2026. If you are passionate about making a difference in the ways that communities experience health and healthcare, this Population Health and Systems Leadership DNP will prepare you to lead the charge in addressing population-level health issues and promoting health equity at a local, national, or global level.

Population Health and Systems Leadership Faculty are hosting virtual [Information Sessions](#) now. If you're interested in learning more about the program or inquiring about available scholarship and financial aid funding, you are encouraged to attend one. Or contact the school at [asknursing@uw.edu](mailto:asknursing@uw.edu) for more information!

CHECK US OUT ONLINE!

[WCNURSING.ORG](http://WCNURSING.ORG)

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



It's About Washington's Health

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