



Washington State Employer Demand Trends for Nursing Professionals:

An Environmental Scan of Data from 2011-2020

Spring, 2022

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WCN supports a healthy Washington by engaging nurses' expertise, influence, and perspective and by building a diverse, highly qualified nurse workforce to meet future demands.

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Acknowledgments

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Nursing Care Quality Assurance Commission

National Forum of State Nursing Workforce Centers

Washington Center for Nursing Board Members

Washington's Health Workforce Sentinel Network

Washington's Health Workforce Council

Washington State Employment Security Department

Summary of Key Findings

Employment data across nursing professions are presented in the table below. Nurse anesthetists have the highest average wage. The average wage for nursing faculty is close to the registered nurse average wage. Metropolitan regions had the highest wages across nursing professions, except for nurse anesthetists, where the highest wage was in the Eastern Washington Nonmetropolitan Area (NMA) area (see Figure 89).

Nurse anesthetists saw the largest increase in employment from 2011 to 2021, with employment declining for nurse midwives during the same timeframe. Nurse practitioners are projected to have the greatest increase in demand through 2029, with nursing faculty having the smallest projected increase. The greatest separations, turnover, transfers, and exits through 2029 are projected for home health and personal care aides, followed by nursing assistants. Nurse practitioners have had the greatest increase in online job postings between 2019 and 2021, with licensed practical nurses and registered nurses showing a marked decline during the same timeframe.

Table 1. WA Employment Data Across Nursing Professions

	Home Health & Personal Care Aides	Nursing Assistants	Licensed Practical Nurses	Registered Nurse	Nurse Practitioner	Nurse Anesthetist	Nurse Midwife	Nursing Faculty
2020 Average Wage	\$31,932	\$34,816	\$59,183	\$88,018	\$129,642	\$196,568	\$110,122	\$88,738
Highest Regional Wage in 2021	Wenatchee MSA \$33,739	Mount-Vernon-Anacortes MSA \$39,333	Seattle-Tacoma-Bellevue MSA \$65,213	Vancouver & Portland MSA \$100,703	Longview MSA \$142,392	Eastern Washington NMAS \$253,604	Seattle-Tacoma-Bellevue MSA \$116,150	Seattle-Tacoma-Bellevue MSA \$100,621
Change in Employment from 2011-2021	+101.63%	+51.54%	-17.81%	+12.19%	+38.26%	+123.23%	-11.57%	+35.99%
Projected Change in Employment 2019-2029	+33.85%	+12.37%	+4.62%	+8.77%	+34.28%	+6.72%	+6.96%	+3.67%
% Of Projected Job Openings Due to Separations, Turnover, transfers and exits 2024-2029	37.57%	37.06%	35.63%	25.60%	27.49%	26.32%	26.02%	19.92%
Online Job Postings Percentage Change 2019-2021	N/A	-70.58%	-65.04%	-25.45%	+226.44%	N/A	N/A	N/A

Sources: OEWS: WA Employment Security Department, WA Employment Security Department Alternative State Specific Long Term Employment Projections, WA Employment Security Department Employer Demand Reports

Overall Findings by Profession

Home Health and Personal Care Aides: Wages are consistently above the national average and compete well with the neighboring Pacific Coast States. There was a dramatic increase in employment from 2017-2018. Home health and personal care aides are projected to have a high rate of separations, turnover, transfers, and exits.

Nursing Assistants: Wages are consistently above the national average but are less than the neighboring Pacific Coast states. The demand for nursing assistants has been increasing over the last ten years (2011-2021), and it is projected to continue increasing through 2029. Nursing assistants have a projected high rate of separations, turnover, transfers and exits. Online job postings have decreased dramatically since 2019. Long-term care facilities reported long vacancies, increased demand, and retention and turnover problems for most Health Workforce Sentinel Network reporting periods from 2018-2021.

Licensed Practical Nurse: Wages in Washington are consistently above the national average and the closest neighboring states. Employment has declined between 2011-2021, though it is projected to increase slightly through 2029. There has been a marked decline in online job postings since 2019. Long-term Care reported the greatest issues with long vacancies, increased demand, and retention and turnover problems.

Registered Nurse: Wages in Washington are consistently above the national average but below the neighboring Pacific Coast States. There has been a small increase in employment over the last ten years, with a small increase projected through 2029. There has been a marked decline in online job postings since 2019. Long vacancies, increased demand, and retention and turnover problems have been reported by both small acute care hospitals and long-term care facilities across all Health Workforce Sentinel Network reporting periods.

Nurse Practitioner: Wages increased above the national average starting in 2017 and are above the neighboring Pacific Coast States, except California. There has been a marked increase in employment over the last nine years, which is projected to increase through 2029. There was a large increase in online job postings from 2019-2022.

Nurse Anesthetist: Wages are consistently above the national average and below most neighboring Pacific Coast States. There has been a marked increase in employment over the last nine years, which is projected to increase slightly through 2029.

Nurse Midwife: Wages are consistently below the national average and higher than most neighboring Pacific Coast States. Employment has decreased over the last nine years although a slight increase is projected through 2029.

Nursing Faculty: Wages are consistently below the national average from 2011-2019, just above the national average in 2020, and are higher than most neighboring Pacific Coast States and lower than most post-secondary faculty in Washington State. Employment has increased over the last ten years, with a slight projected increase predicted through 2029.

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Background

Before the COVID-19 pandemic, nurse workforce recruitment, retention, and turnover prevention were important issues facing healthcare systems. The current COVID-19 pandemic nationwide nursing shortage further adds to this dire workforce situation. According to the Organization of Nurse Leaders (2022), there are key differences in nursing shortages today including not only the pandemic, but also an aging nursing workforce along with an aging population, tight labor markets, and changes in state and organizational policies. An adequate nurse workforce supply is essential for healthcare systems to provide safe, quality patient care and nursing staff and patient satisfaction (NSI Nurse Staffing Solutions, 2021). The direct financial cost incurred for losing and replacing a nurse is significant due to orientation costs and several other known factors. The average turnover cost for a bedside RN is \$40,038, resulting in the average hospital losing \$3.6 to 6.5 million a year. To decrease nursing staff shortages, many healthcare systems rely on costly strategies such as agency/travel nurses, utilizing overtime, and offering premium pay. For every 20 travel-RNs eliminated, a hospital can save an average of \$3,084,000/year (NSI Nurse Staffing Solutions, 2021). Nursing shortages are evident internationally leading to the need to increase the self-sufficiency of domestic nursing supply and efforts to retain nurses to sustain the current burned-out and stressed nursing workforce (Buchan, Catton & Shaffer, 2022). A report by AYA Healthcare cited by a local journal indicated that Washington is eighth in the country for the most open positions for travel nurses (Thompson, 2022).

Looking to the future, there will be a marketed increase in long term care needs of the Washington population ages 85 and older which is projected to markedly increase from 141,400 in 2020 to 558,500 by 2050 (Office of Financial Management, 2021).

Introduction

This report pulls together available nursing workforce demand data to determine 1) what information is already available and 2) identify gaps for future demand research at the Washington Center for Nursing. This report is informed by a Spring 2021 survey of nursing workforce stakeholders.

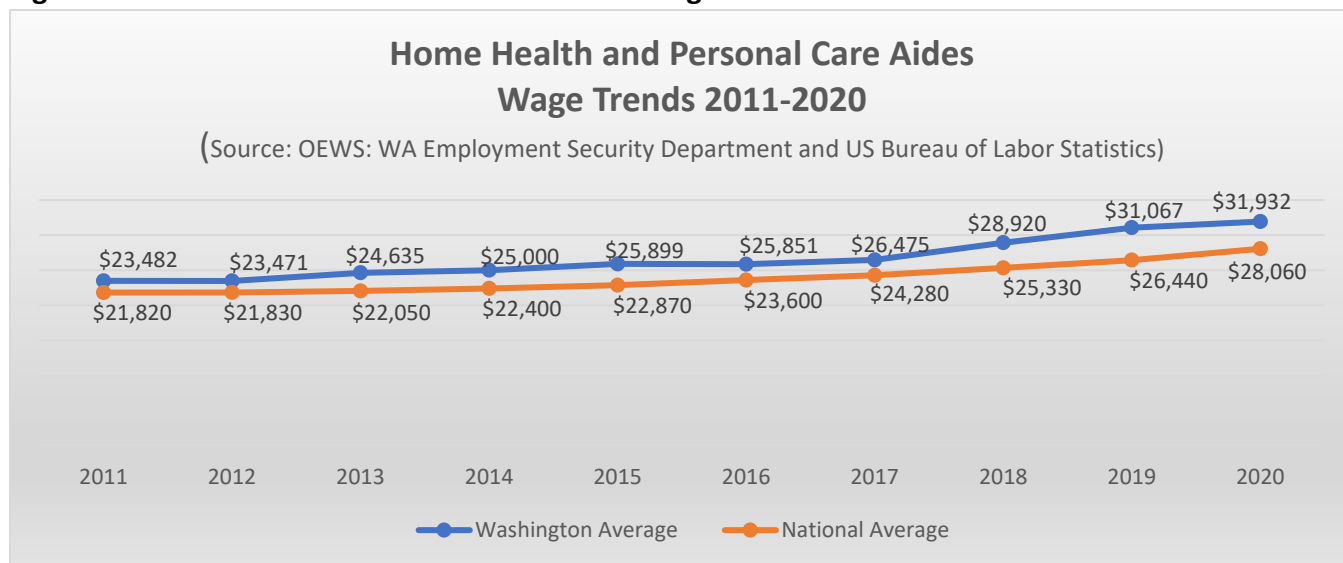
This report features demand and employment data from two primary sources. The first is the Washington Employment Security Department paired with national data information from the United States Bureau of Labor Statistics. This data includes wage trends, employment projections, job openings, and where available, job postings. More information about this data source, including limitations, is available in the appendix of this report.

The second data source is Washington's Health Workforce Sentinel Network. This is an initiative of Washington's Health Workforce Council conducted collaboratively by Washington's Workforce Board and the University of Washington Center for Health Workforce Studies. More information about this source is also available in the appendix.

Home Health and Personal Care Aides

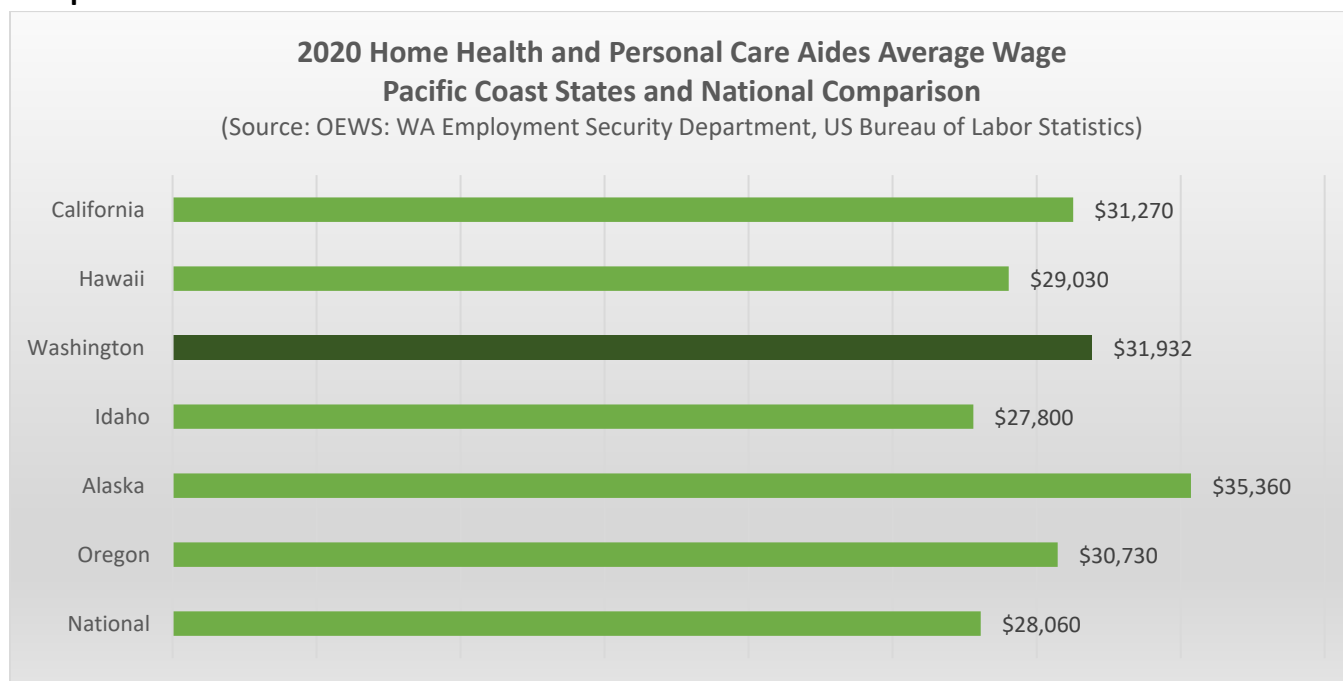
Washington's home health and personal care aides' annual wages have increased by 35.99% in the last ten years and have consistently exceeded the national average.

Figure 1: Home Health and Personal Care Aides Wage Trends 2010-2020



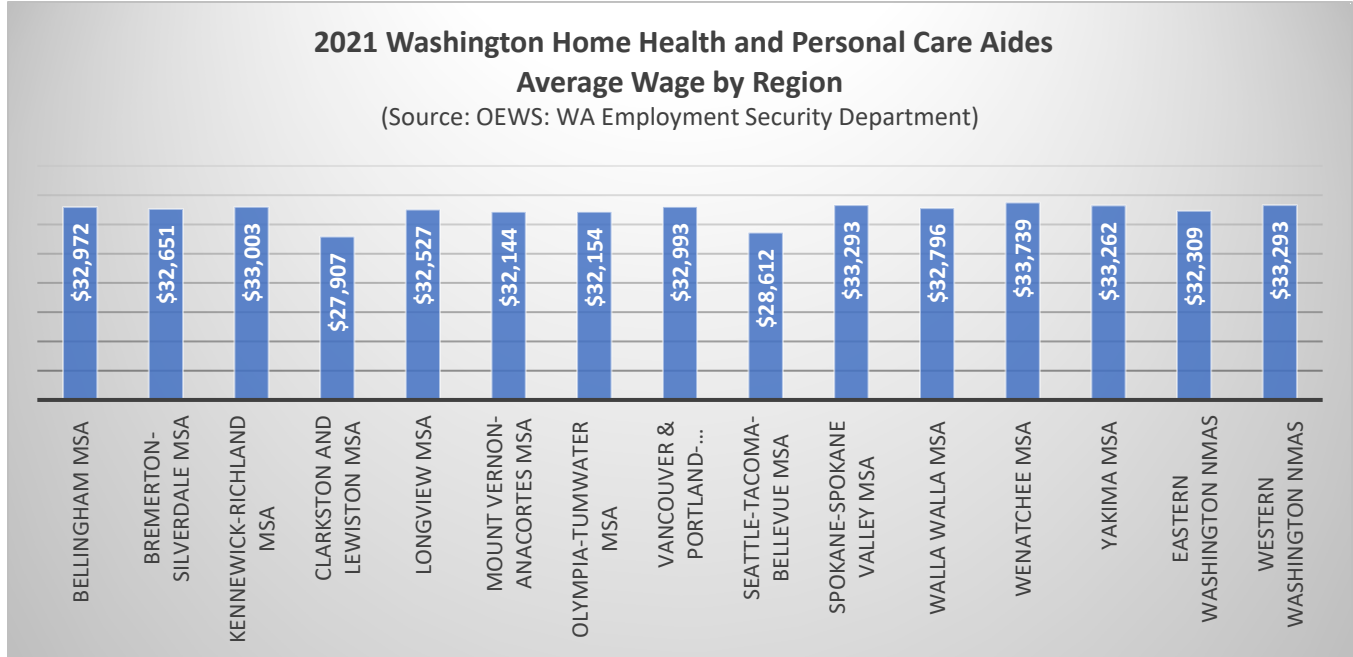
When compared with Pacific Coast states, Alaska (\$35,360) offered higher wages for home health and personal care aides in 2020 as compared to Washington State (\$31,932).

Figure 2: 2020 Home Health and Personal Care Aides Average Wage Pacific Coast States and National Comparison



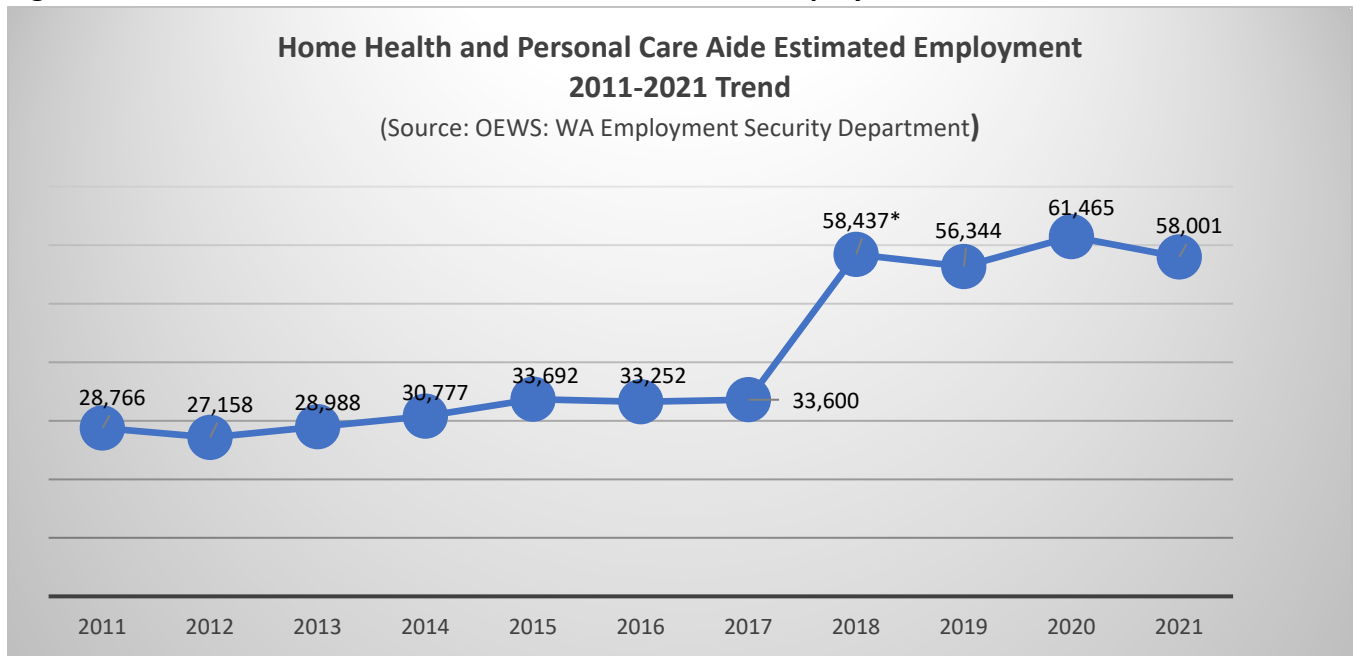
When divided by region, 2021 home health and personal care aides' annual wages were highest in the Wenatchee MSA region (\$33,739) and lowest in the Clarkson and Lewiston MSA (\$27,907). A map depicting regions is available in the appendix.

Figure 3: 2021 Washington Home Health and Personal Care Aides Average Wage by Region



Employment of home health and personal care aides has increased by 101.63% from 28,766 (2011) to 58,001 (2021).

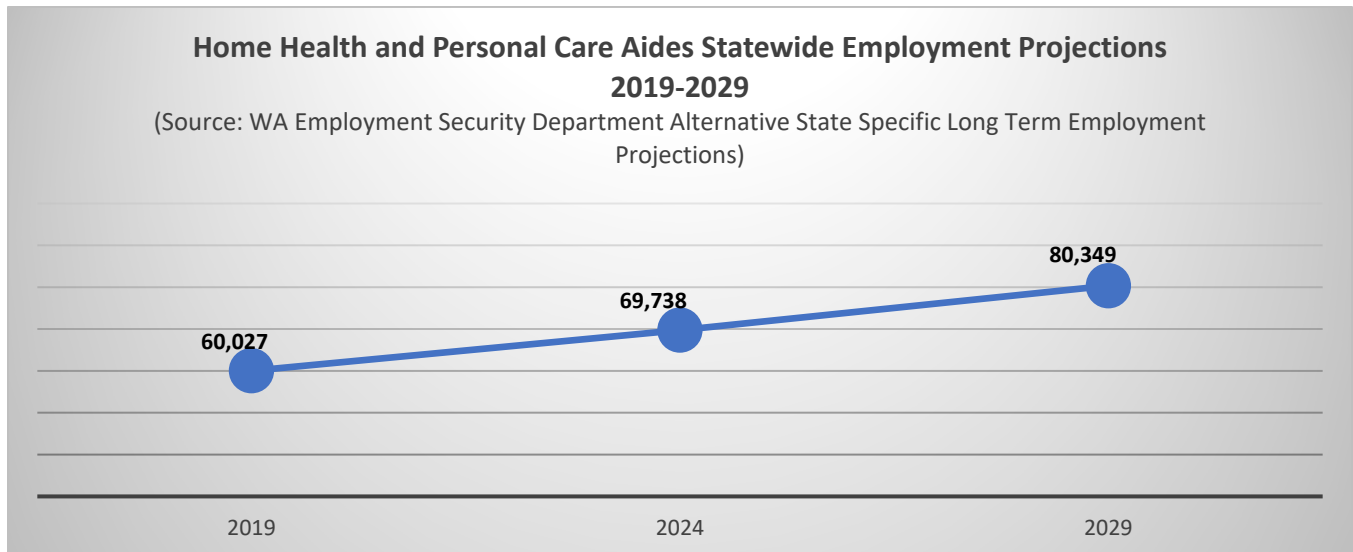
Figure 4: Home Health and Personal Care Aide Estimated Employment 2011-2021 Trend



* Note: There were standard occupation classification code changes in 2018 which resulted in the increased number.

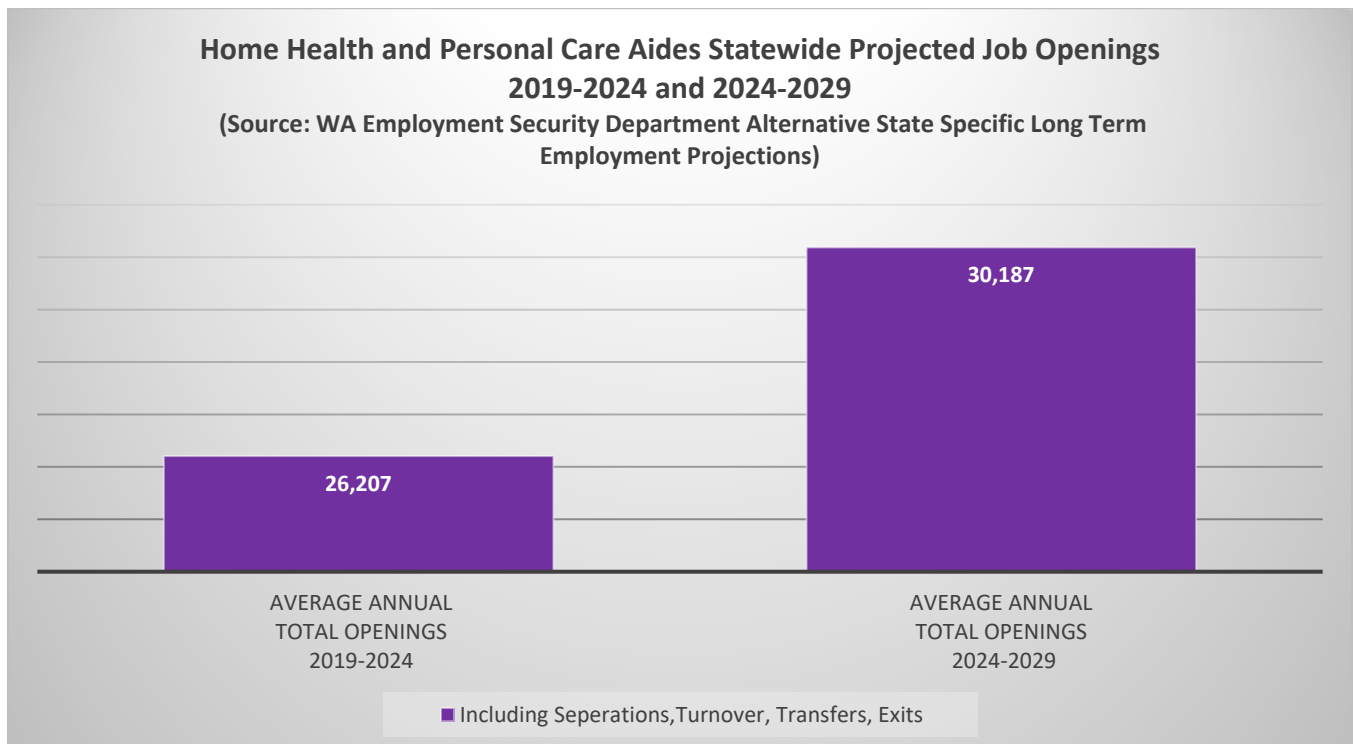
Home Health and Personal Care Aide employment is projected to increase by 33.85% from 60,027 in 2019 to 80,349 in 2029.

Figure 5: Home Health and Personal Care Aides Statewide Estimated Employment Projections 2019-2029



Average home health and personal care aides annual job openings including separations, turnovers, transfers, and exits are projected to compose 37.58% by 2024 and 37.57% in 2029 openings when divided by total employment.

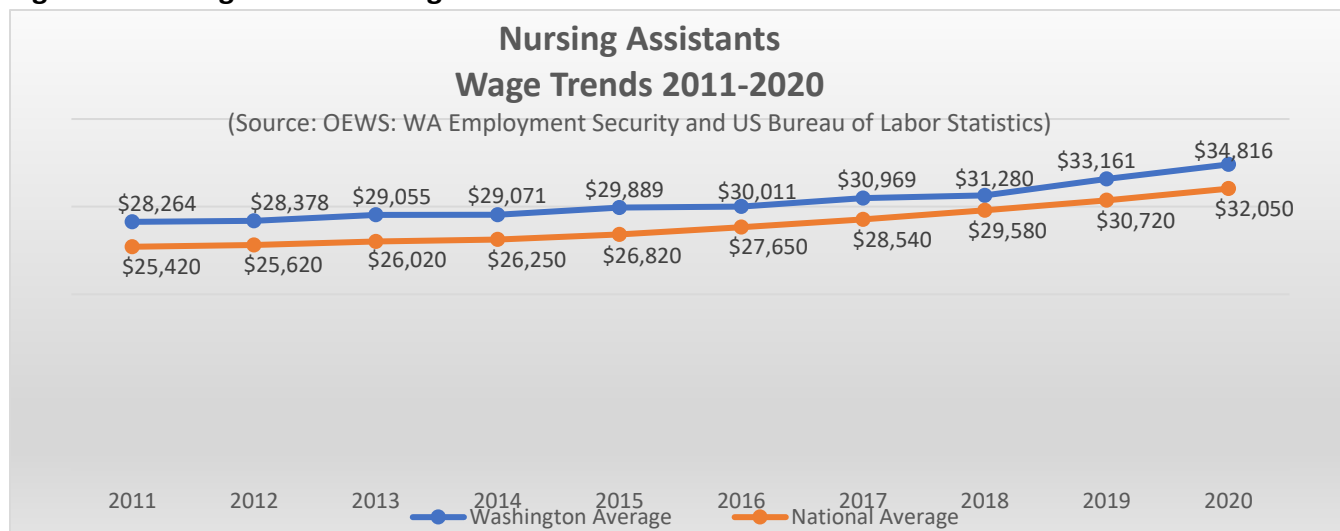
Figure 6: Home Health and Personal Care Aides Statewide Projected Job Openings 2019-2024 and 2024-2029



Nursing Assistants

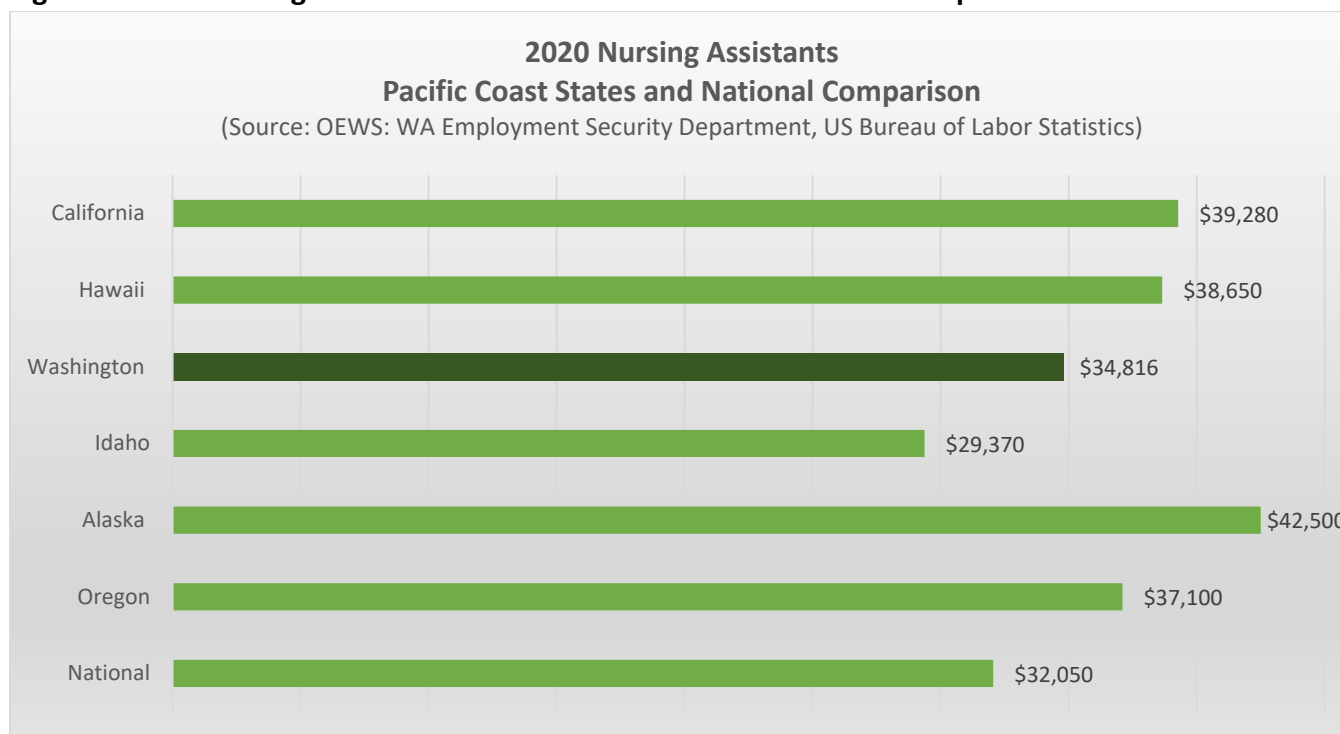
Washington's Nursing Assistant annual wages have increased by 23.18% in the last ten years and have consistently exceeded the national average.

Figure 7: Nursing Assistants Wage Trends 2011-2020



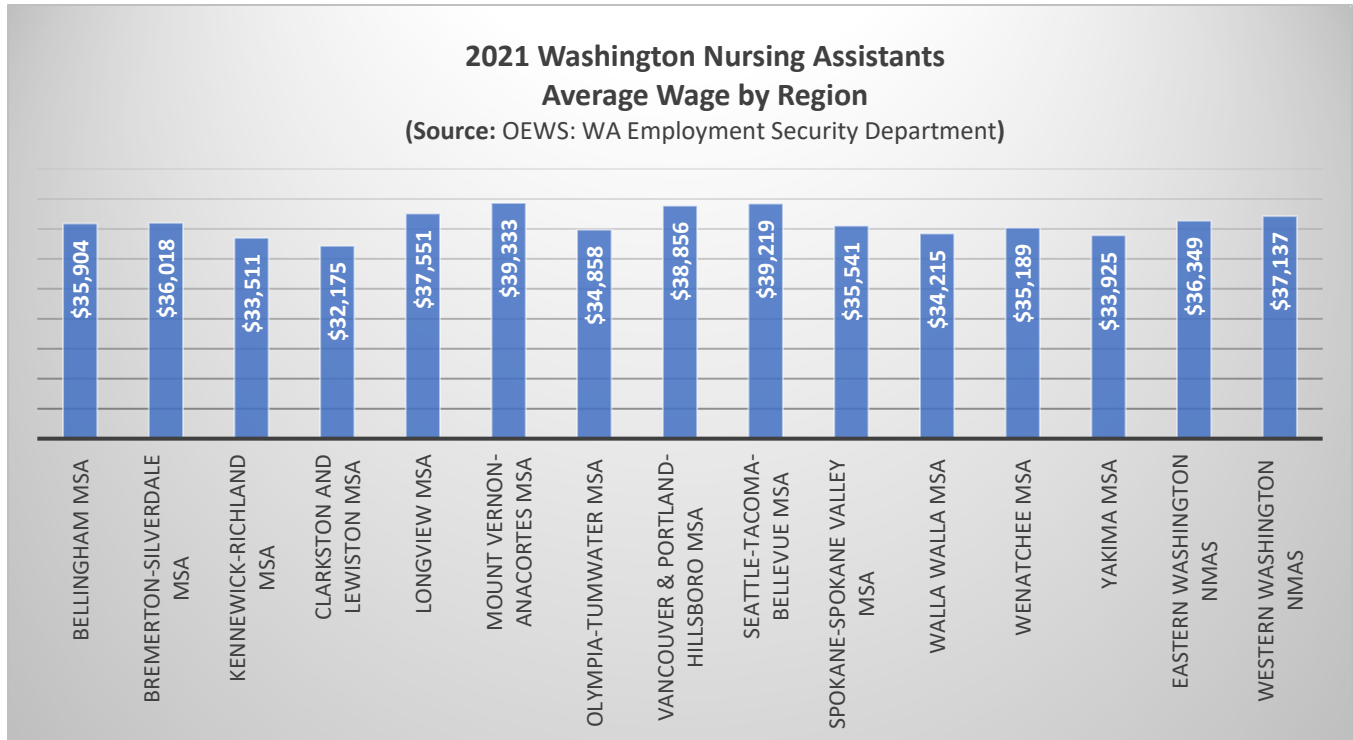
When compared with Pacific Coast states, Alaska (\$42,500), California (\$39,280), Hawaii (\$38,650), and Oregon (\$37,100) offered higher wages for Nursing Assistants in 2020 as compared to Washington State (\$34,816).

Figure 8: 2020 Nursing Assistants Pacific Coast States and National Comparison



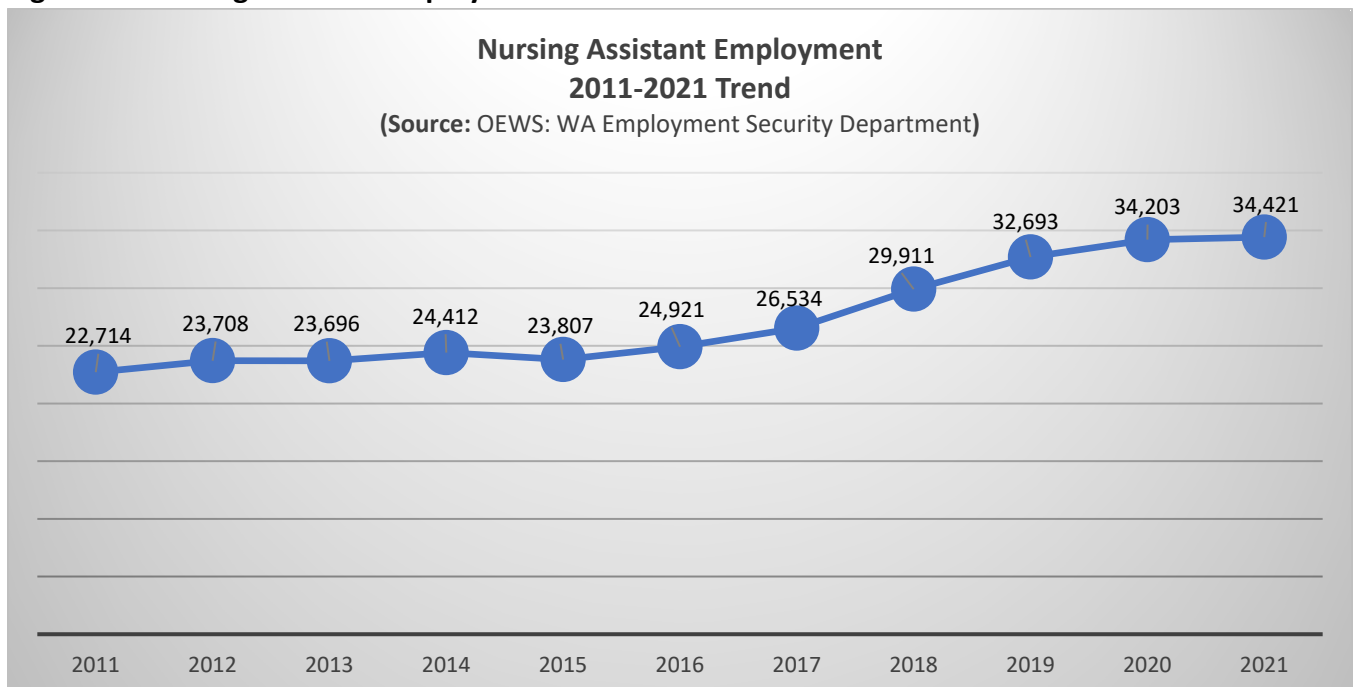
When divided by region, 2021 Nursing Assistant annual wages were highest in the Mount Vernon-Anacortes MSA region (\$39,333) and lowest in the Clarkson and Lewiston MSA (\$32,175). A map depicting regions is available in the appendix.

Figure 9: 2021 Washington Nursing Assistants Average Wage by Region



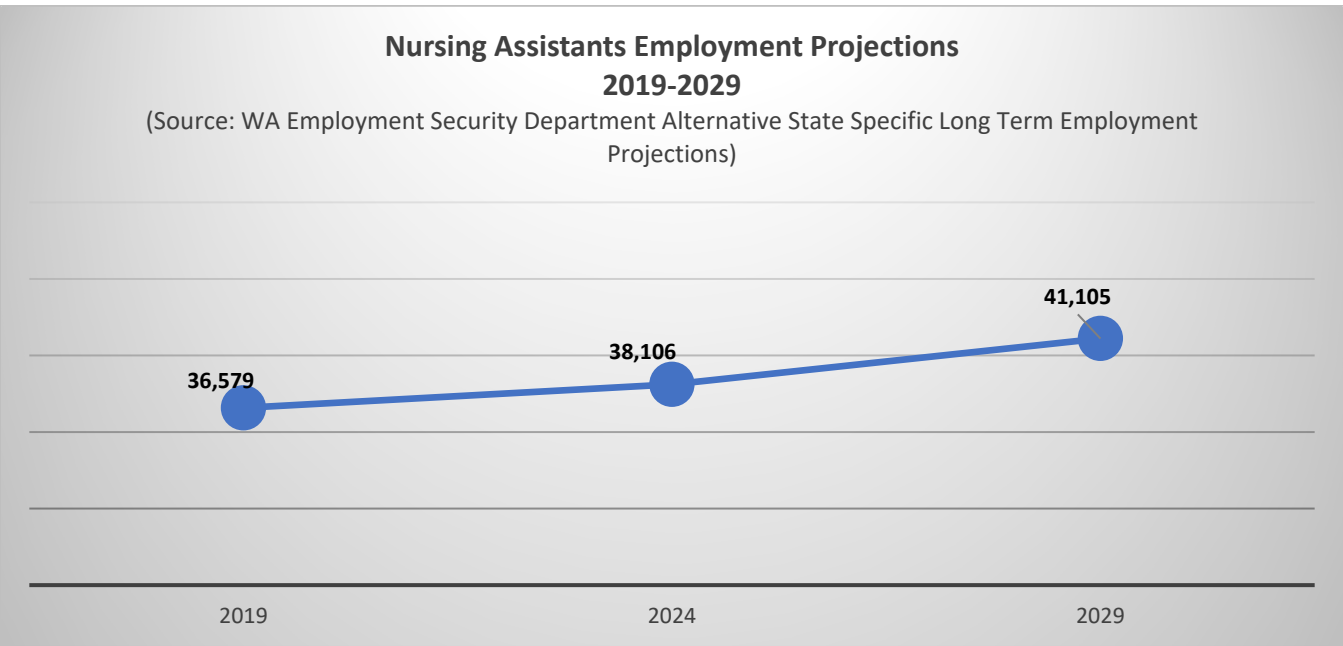
Employment of Nursing Assistants has increased by 51.54% from 22,714 (2011) to 34,421 (2021).

Figure 10: Nursing Assistant Employment 2011-2021 Trend



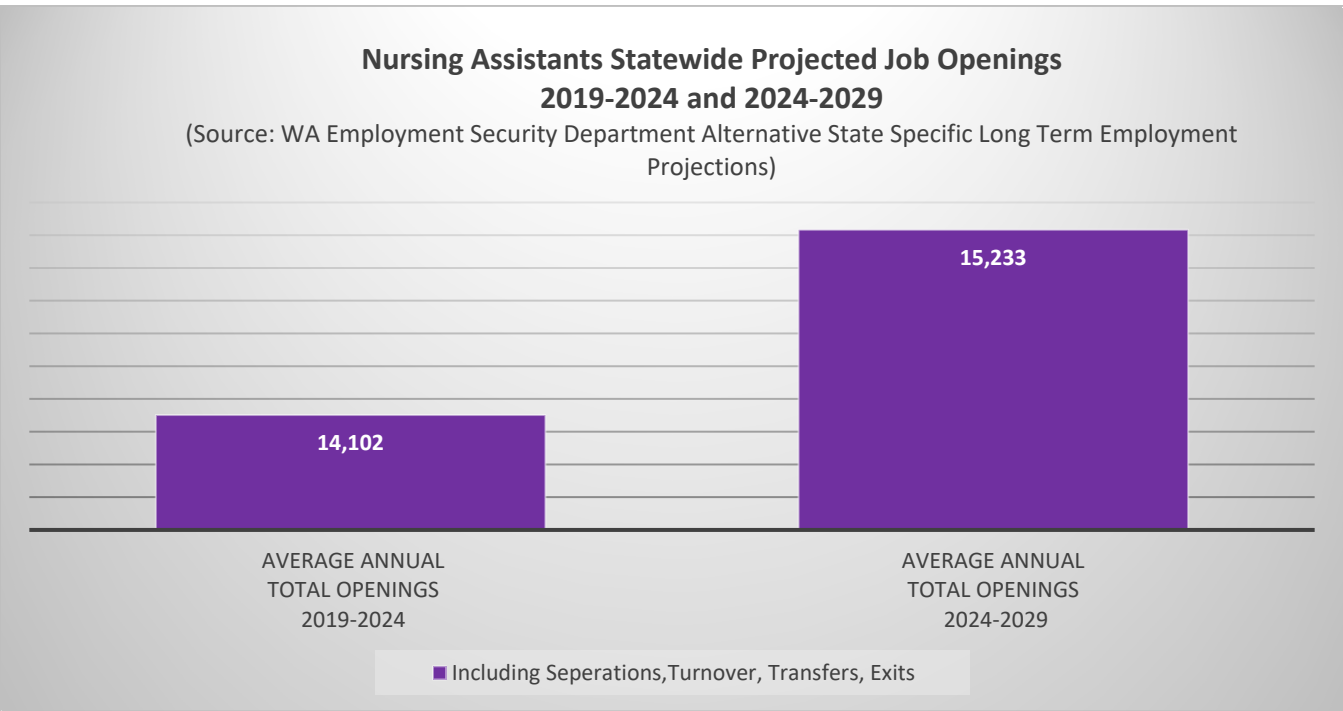
Nursing Assistant employment is projected to increase by 12.37% from 36,579 in 2019 to 41,105 in 2029.

Figure 11: Nursing Assistants Employment Projections 2019-2029



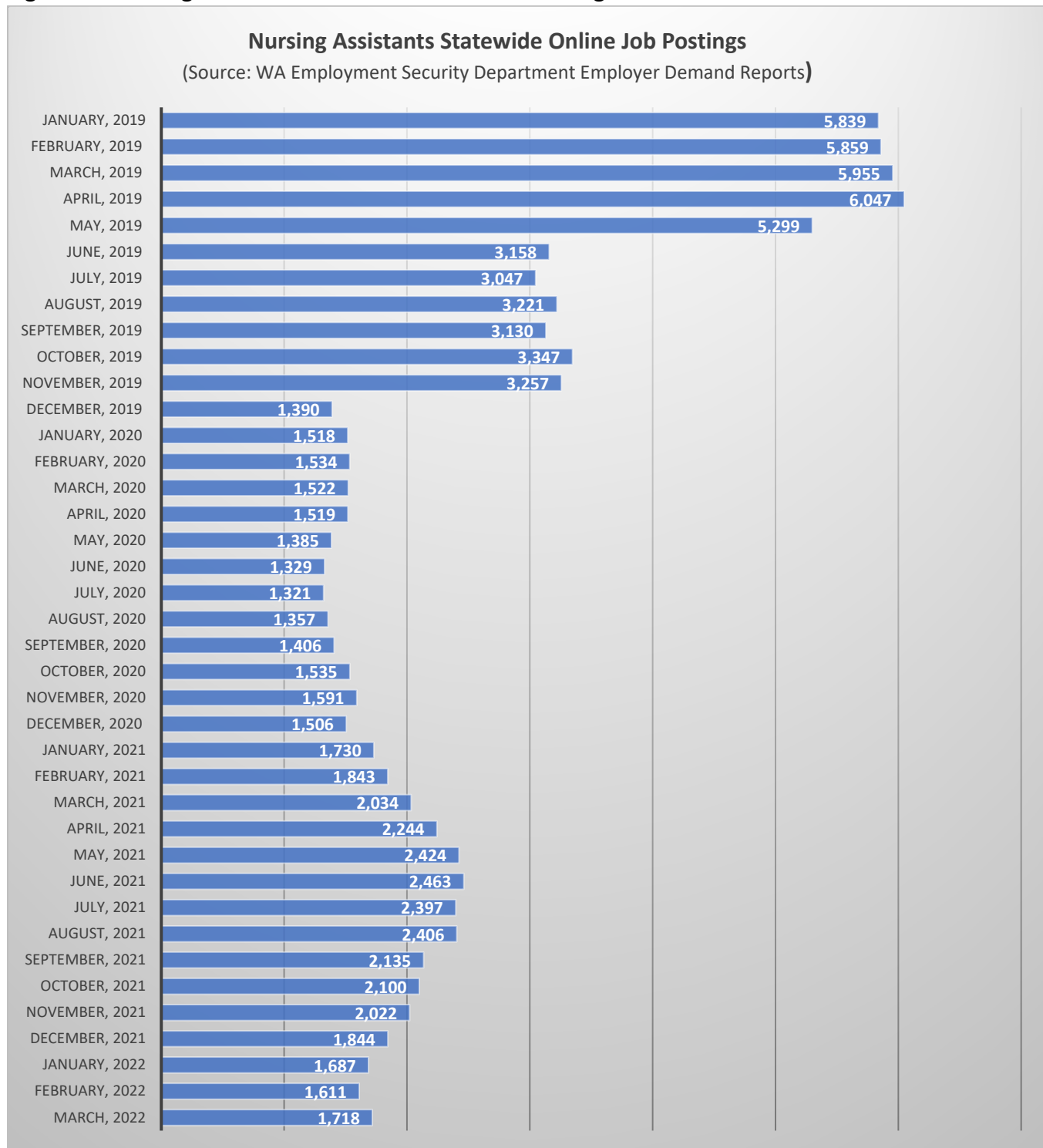
Average Nursing Assistant annual job openings including separations, turnovers, transfers, and exits (see definition of these terms in Appendix A) are projected to compose 37.01% by 2024 and 37.06% in 2029 openings when divided by total employment.

Figure 12: Nursing Assistants Statewide Projected Job Openings 2019-2024 and 2024-2029



Nursing Assistant Job Postings decreased by 70.58% between January 2019 (5,839 jobs) and March 2022 (1,718 jobs).

Figure 13: Nursing Assistants Statewide Online Job Postings



* Note that each monthly report reflects the number posted in the last three months. More information including limitations about this data source is included in the appendix.

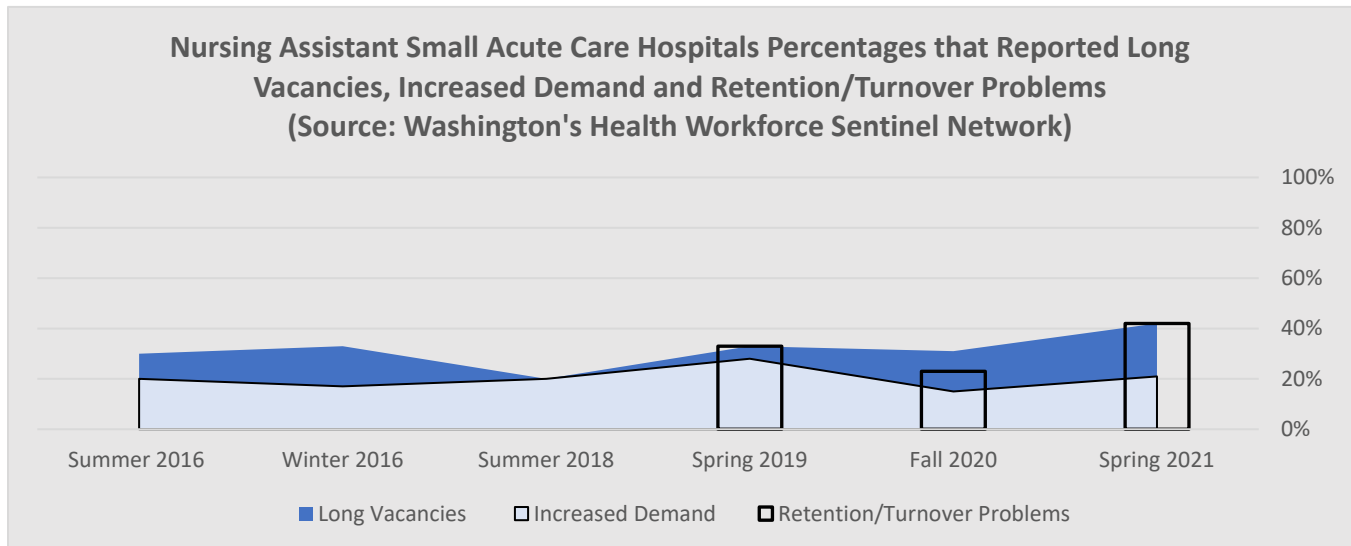
Washington's Health Workforce Sentinel Network Findings

Small Acute Care Hospitals

Small Acute Care Hospitals with less than 25 beds included responses from an average of 14.5 hospitals which varied from 10 to 24 hospitals during each reporting period. Fall 2021, Spring 2020, Fall 2019, Fall 2017, and Spring 2017 reporting periods have been excluded due to the low number of reporting hospitals (less than 10).

More small acute care hospitals reported exceptionally long vacancies for open Nursing Assistant positions, an increase in demand or retention and turnover problems in Spring, 2021.

Figure 14: Nursing Assistant Small Acute Hospital Sentinel Network Findings



Small Acute Care Hospitals Comments for Nursing Assistants (2021 Reporting Periods)

Spending more efforts and cost of recruitment ads and recruitment campaigns.

Wage is the primary issue. Applicants could be paid more working in a less skilled position or get guaranteed hours. Due to reduction in non-essential care requirements some low-censusing of staff and lower productivity resulted in hiring on-call/per diem staff.

Very expensive housing combined with low wage job makes recruitment especially difficult.

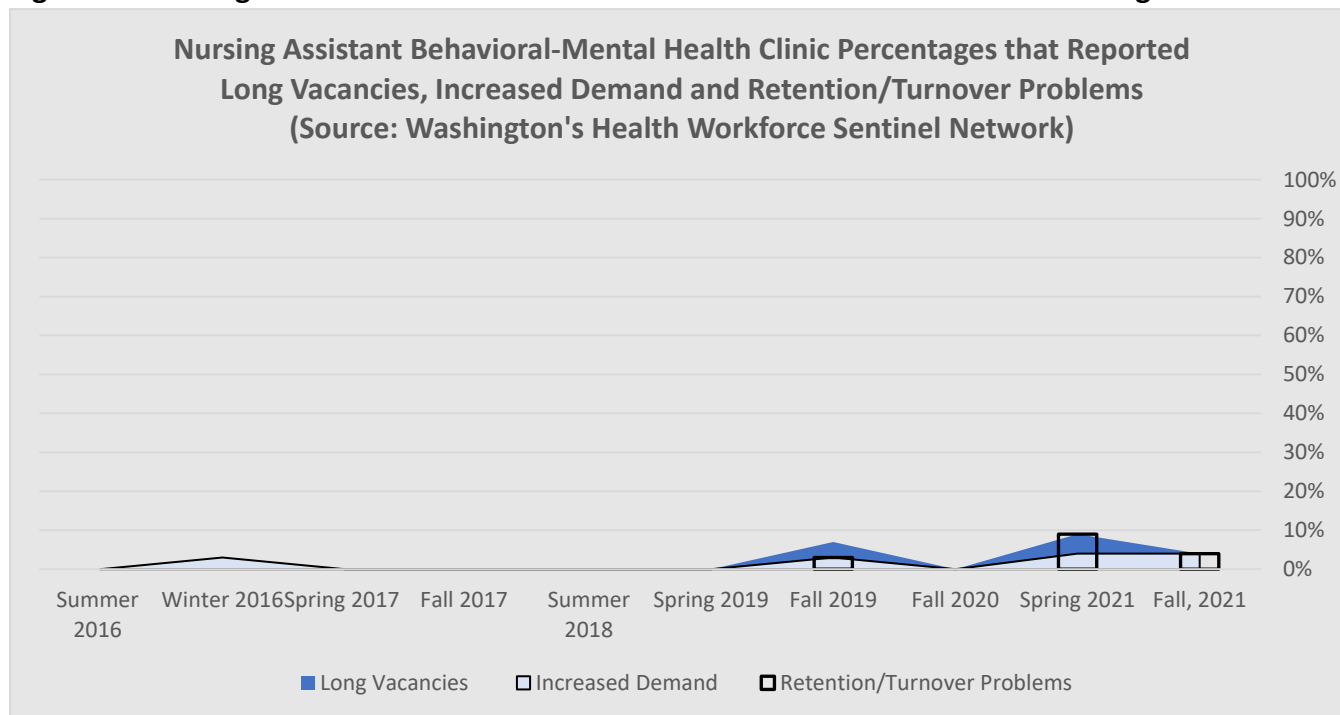
Seeking full time day shift CNAs Applicants are generally nursing students not interested in "career" CNA roles.

Behavioral-Mental Health Clinics

Behavioral- Mental Health Clinics included responses from an average of 24.3 clinics which varied from 16 to 30 clinics during each reporting period. The Spring 2020 reporting period has been excluded due to the low number of reporting clinics (less than 10).

Few Behavioral-Mental Health Clinics reported exceptionally long vacancies for open nursing assistant positions, and an increase in demand or retention and turnover problems.

Figure 15: Nursing Assistant Behavioral-Mental Health Clinic Sentinel Network Findings



Behavioral-Mental Health Clinics Comments for Nursing Assistants

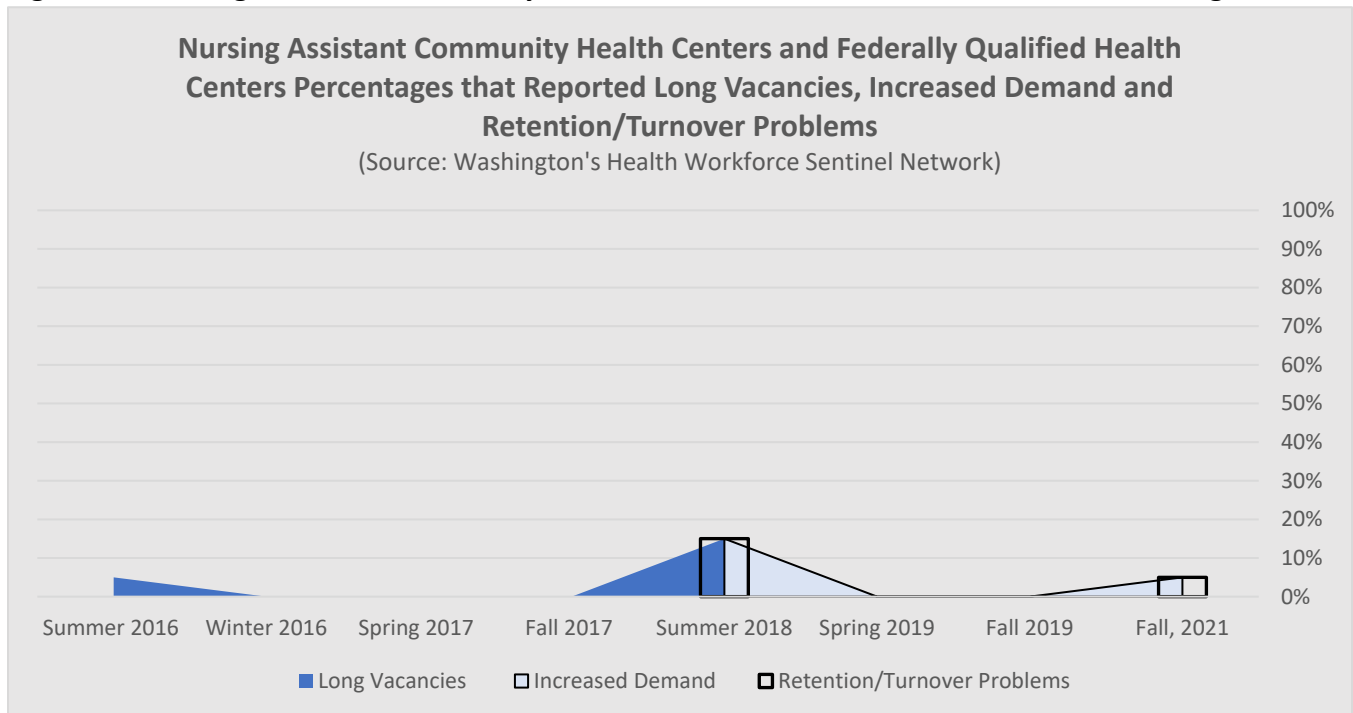
We are getting few if any applications and cannot compete with wages offered by large healthcare systems, Managed Care Organizations and State systems.

Community Health Centers

Community Health Centers and Federally Qualified Health Centers included responses from an average of 17.88 centers which varied from 13 to 23 centers during each reporting period. Spring 2021, Fall 2020, and Spring 2020 reporting period has been excluded due to the low number of reporting centers (less than 10).

Few Community Health Centers and Federally Qualified Health Centers reported exceptionally long vacancies for open nursing assistant positions, an increase in demand or retention and turnover.

Figure 16: Nursing Assistant Community Health Centers and FQHC Sentinel Network Findings



Nursing Assistant Community Health Centers and FQHC Comments for Nursing Assistants
(2021 Reporting Periods)

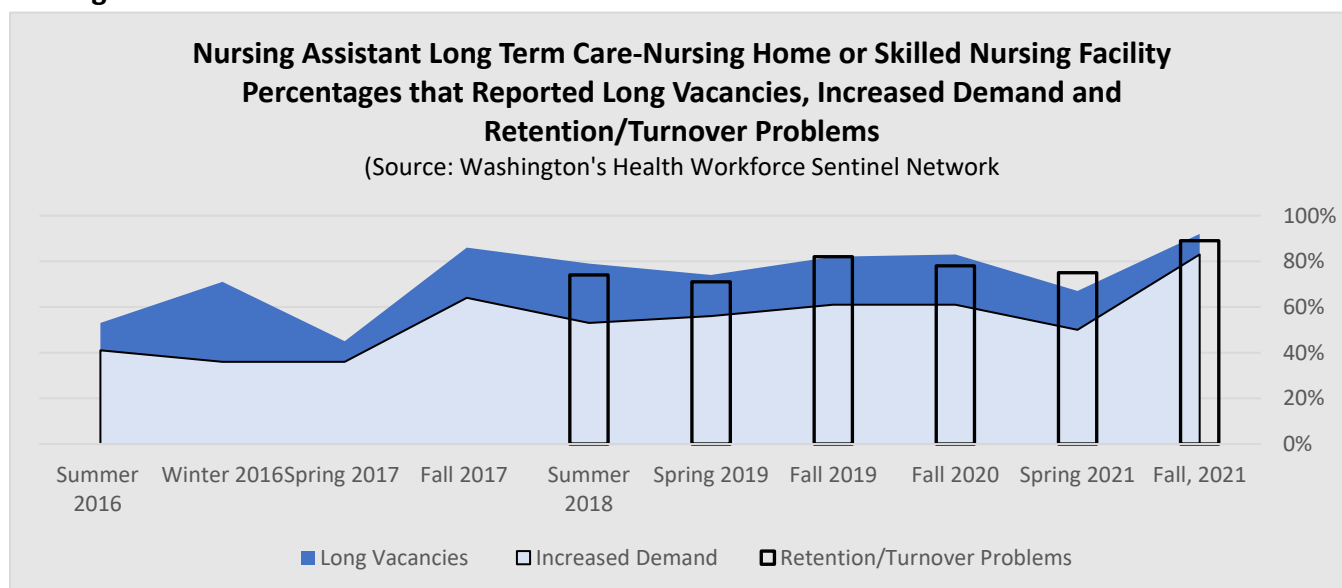
Our current salary scale isn't competitive with local recruitment efforts.

Long Term Care- Nursing Home or Skilled Nursing Facility

Long Term Care- Nursing Home or Skilled Nursing Facility included responses from an average of 23.3 facilities which varied from 11 to 44 facilities during each reporting period. The Spring 2020 reporting period has been excluded due to the low number of reporting facilities (less than 10).

Many Long-Term Care- Nursing Home or Skilled Nursing Facilities reported exceptionally long vacancies for open nursing assistant positions, an increase in demand or retention and turnover problems across all reporting periods.

Figure 17: Nursing Assistant Long Term Care-Nursing Home/Skilled Nursing Facility Sentinel Network Findings



Long Term Care- Nursing Home or Skilled Nursing Facility Comments for Nursing Assistants

It's a bidding atmosphere. Providers are rapidly making wage offer changes in hopes of enticing a limited number of applicants. There are not enough CNA programs providing training so that the number of applicants can increase.

Many nursing assistants move on to become nurses. This creates a shortage since classes were not held during the pandemic. Some have been recruited to the hospital.. Some have left the industry related to burn out. Our ability to hire and train our own nursing assistants is very complicated due to regulations in place. It is difficult to find nursing assistants willing to work the shifts available.

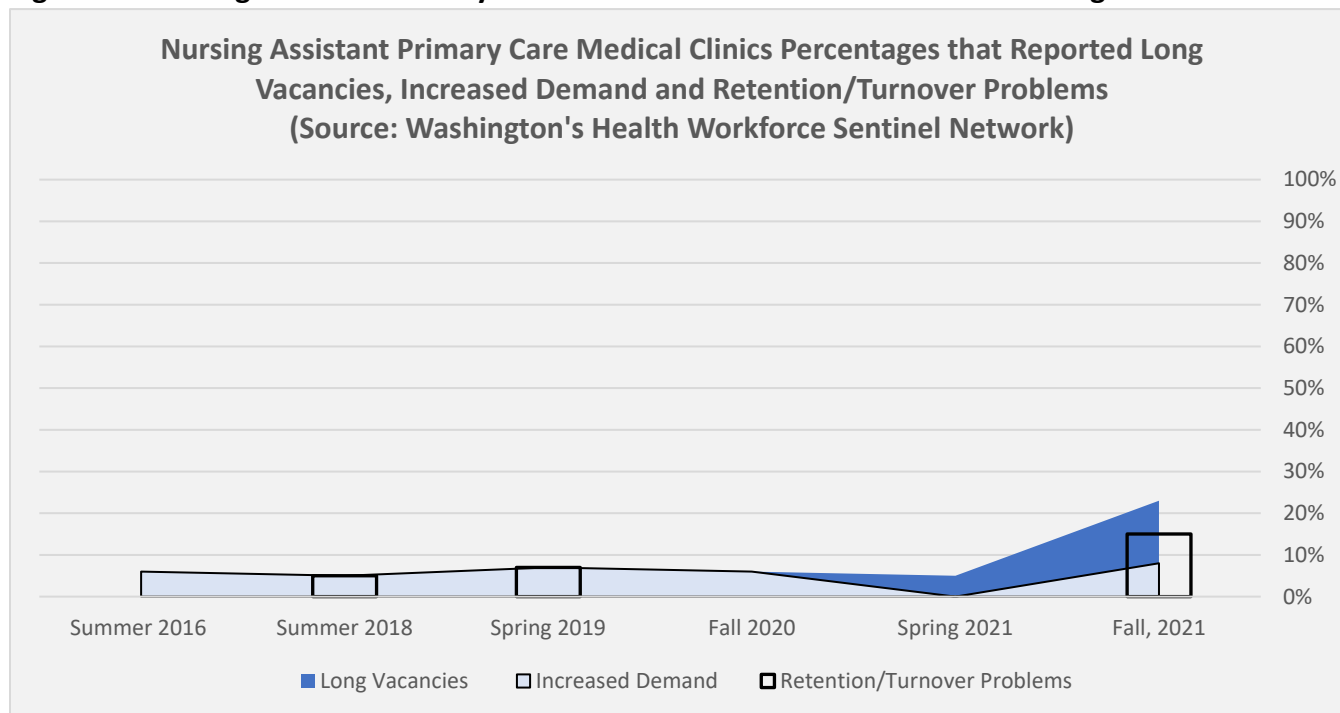
We recently added two units which increased our bed capacity but can't open fully because we can't fill current open positions for existing units.

Primary Care Medical Clinics

Primary Care Medical Clinics included responses from an average of 16.83 clinics which varied from 13 to 21 clinics during each reporting period. Spring 2020, Fall 2019, Fall 2017, Spring 2017, and Winter 2016 reporting periods have been excluded due to the low number of reporting clinics (less than 10).

Few Primary Care Medical Clinics reported exceptionally long vacancies for open nursing assistant positions, an increase in demand or retention and turnover problems until Fall, 2021.

Figure 18: Nursing Assistant Primary Care Medical Clinics Sentinel Network Findings



Primary Care Medical Clinics Comments for Nursing Assistants (2021 Reporting Periods)

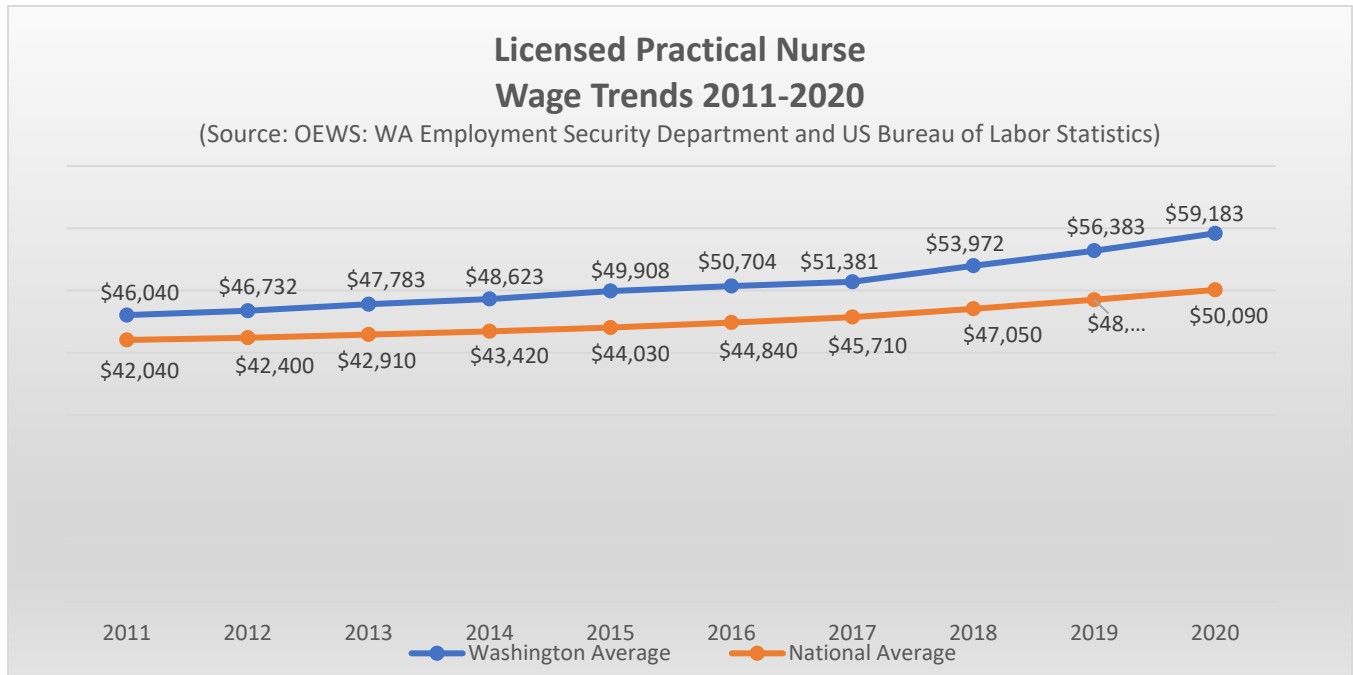
Constant turnover, poaching, salary issues and life chaos with childcare issues.

Constant turnover not enough qualified applicants.

Licensed Practical Nurse

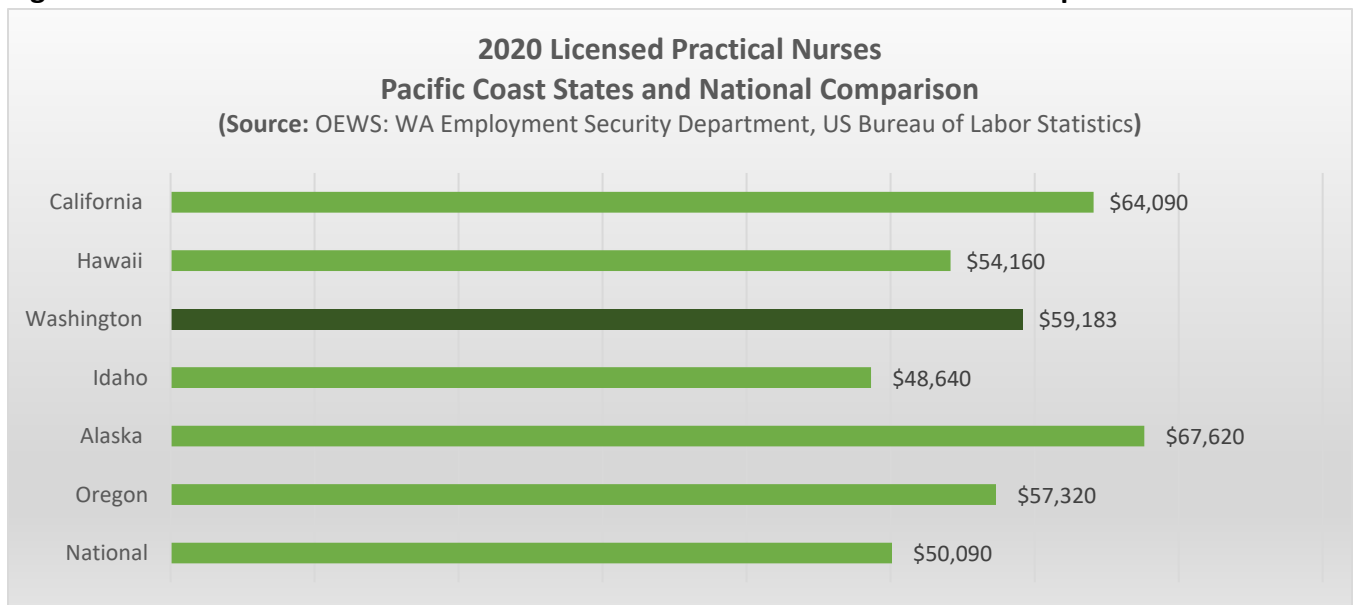
Washington's Licensed Practical Nurse annual wages have increased by 24.98% in the last ten years and have consistently exceeded the national average.

Figure 19: Licensed Practical Nurse Wage Trends 2011-2020



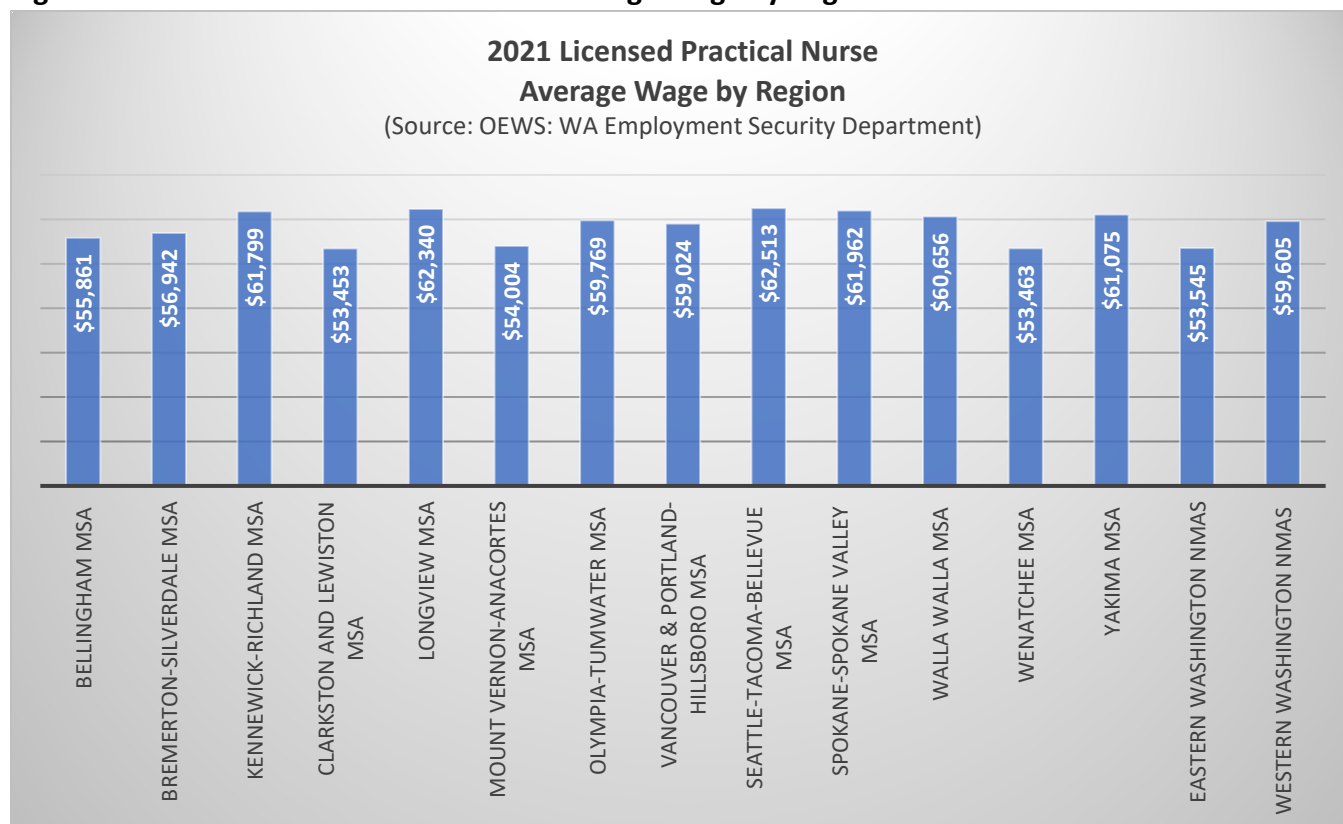
When compared with Pacific Coast states, Alaska (\$67,620) and California (\$64,090) offered higher wages for Licensed Practical Nurses in 2020 as compared to Washington State (\$59,183).

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



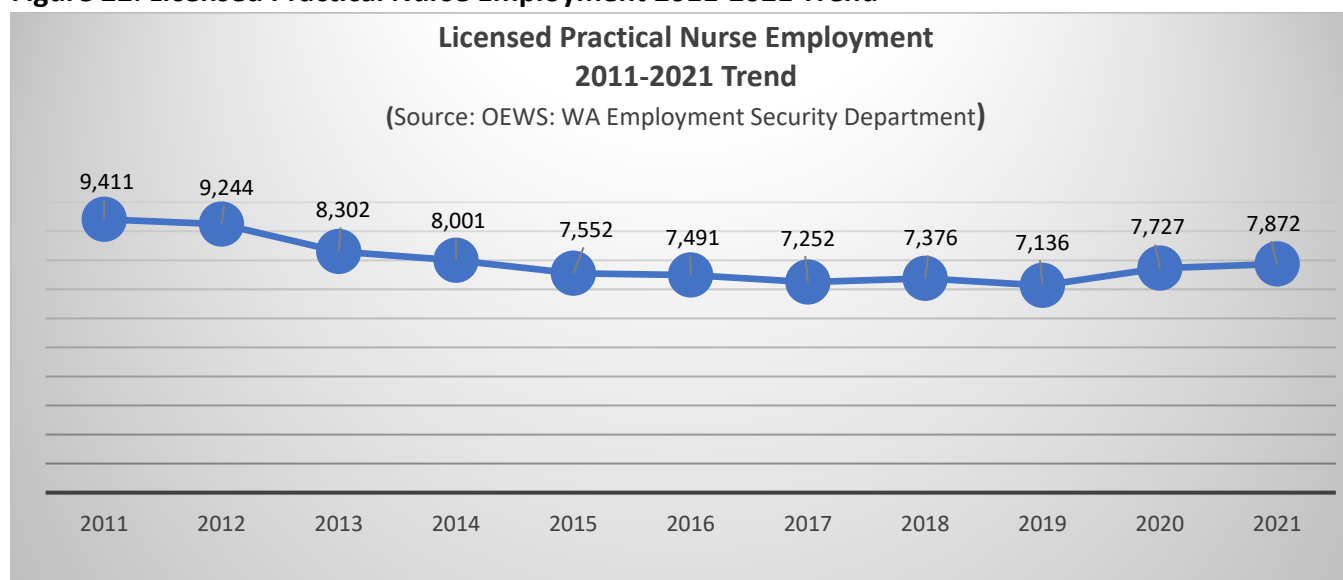
When divided by region, 2021 Licensed Practical Nurse annual wages were highest in the Seattle-Tacoma-Bellevue MSA region (\$65,213) and lowest in the Clarkson and Lewiston MSA (\$53,453). A map depicting regions is available in the appendix.

Figure 21: 2021 Licensed Practical Nurse Average Wage by Region



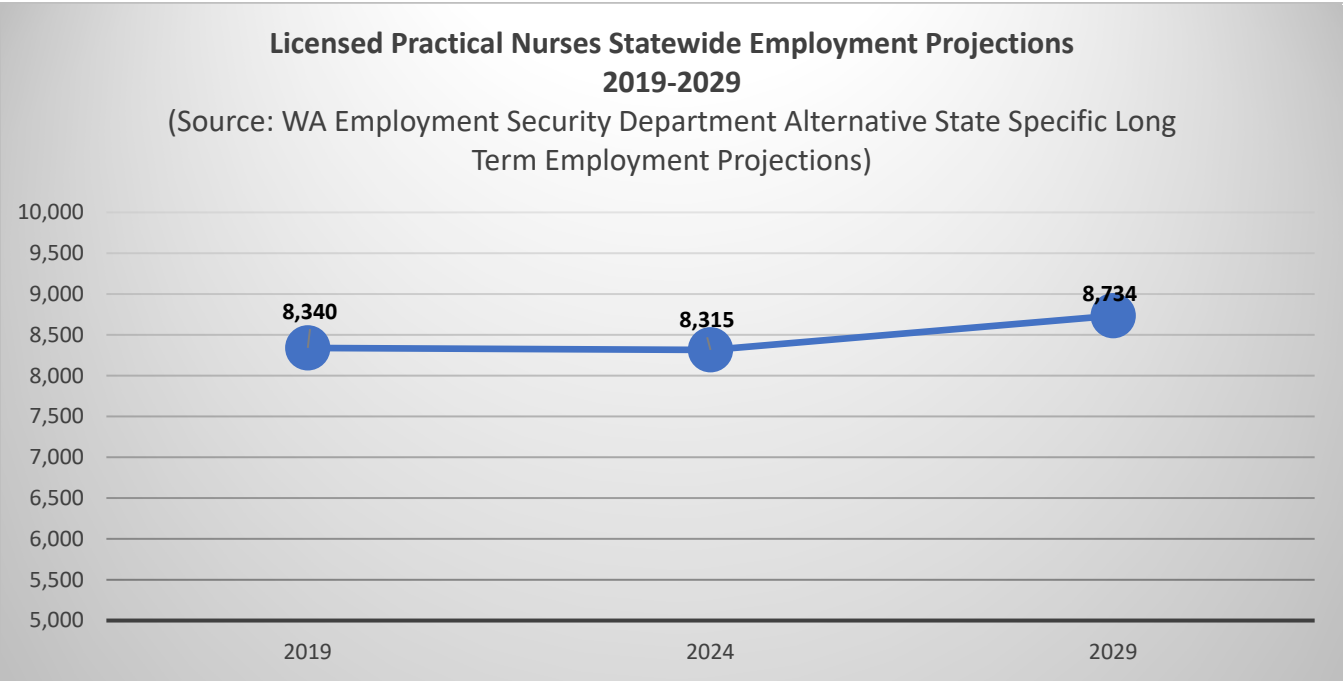
Employment of Licensed Practical Nurses has decreased by 17.81% from 9,411 (2011) to 7,872 (2021).

Figure 22: Licensed Practical Nurse Employment 2011-2021 Trend



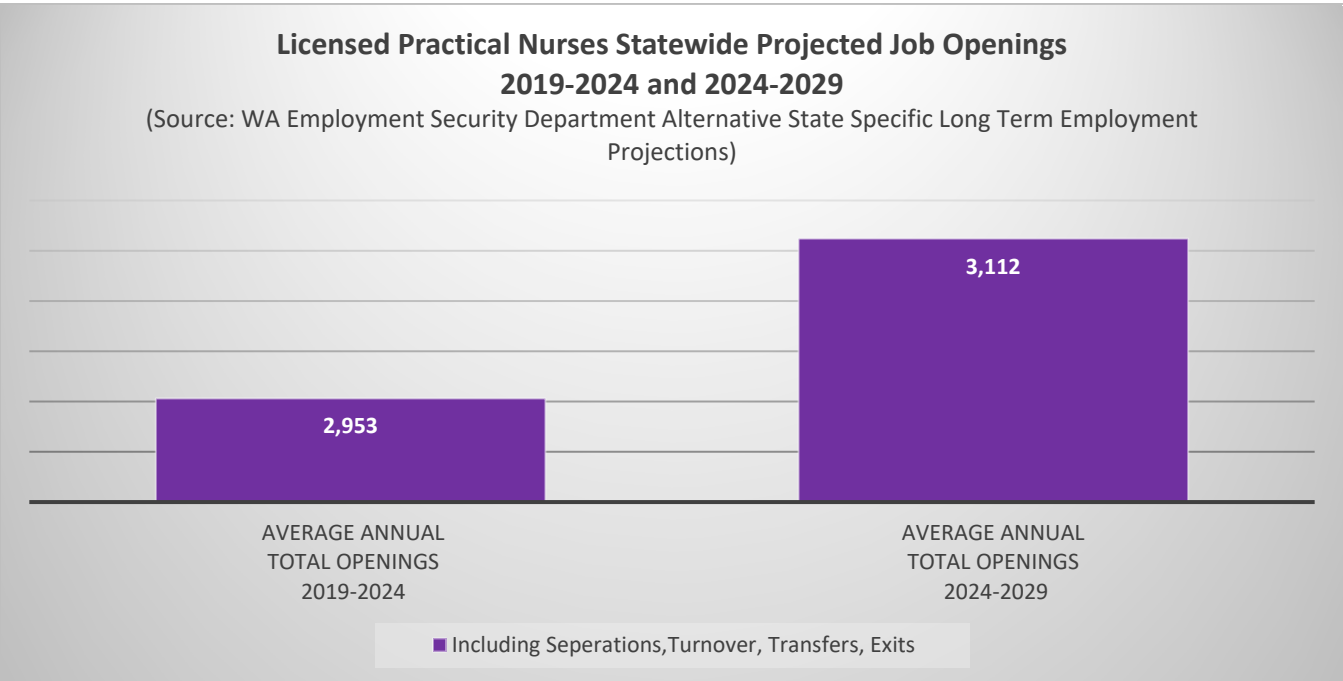
Licensed Practical Nurse employment is projected to increase by 4.62% from 8,340 (2019) to 8,734 (2029).

Figure 23: Licensed Practical Nurses Statewide Employment Projections 2019-2029



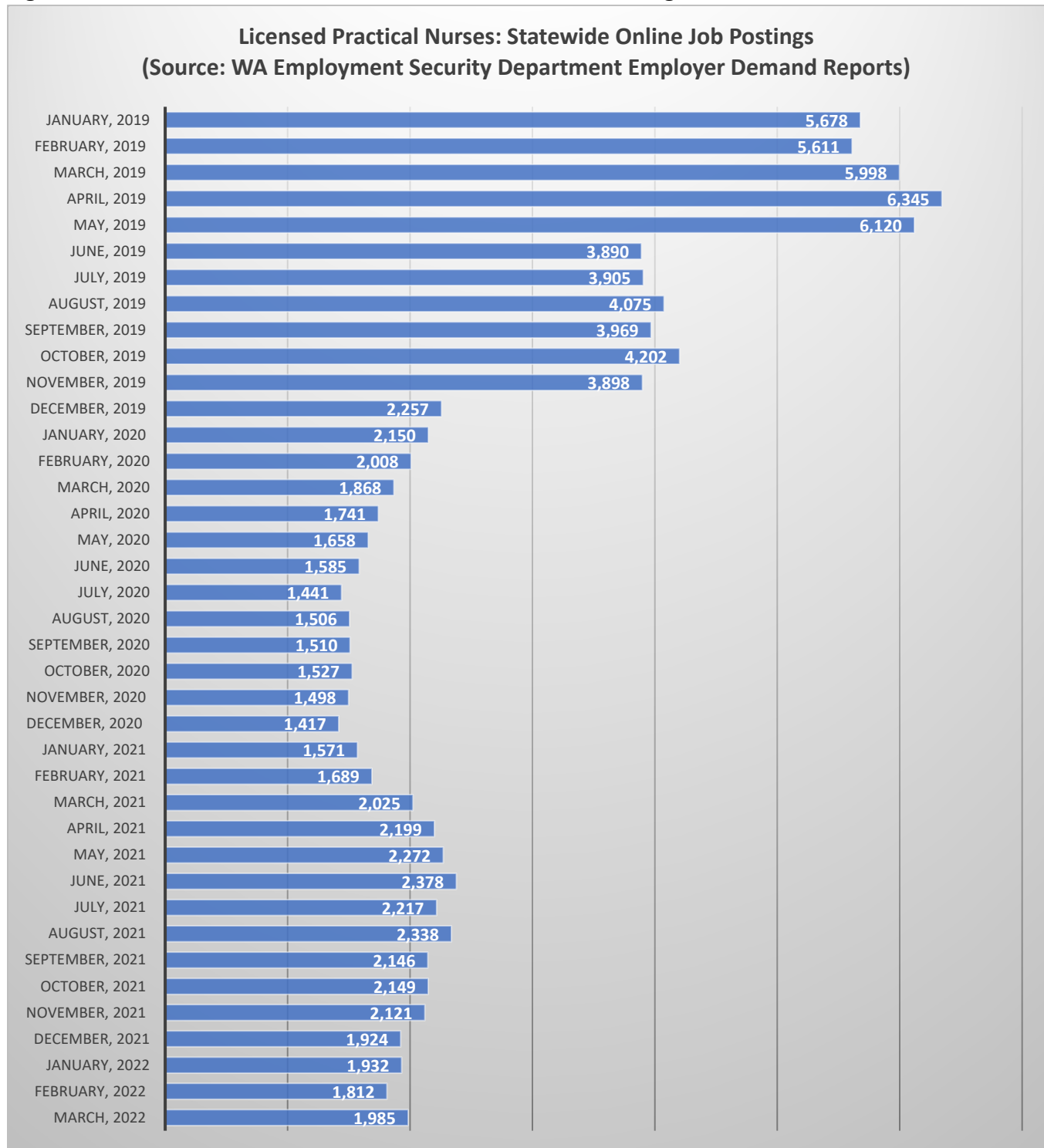
Average Licensed Practical Nurse annual job openings including separations, turnovers, transfers, and exits (see definition of these terms in Appendix A) are projected to compose 35.51% by 2024 and 35.63% in 2029 openings when divided by total employment.

Figure 24: Licensed Practical Nurses Statewide Projected Job Openings 2019-2024 and 2024-2029



Licensed Practical Nurse Job Postings decreased by 65.04% between January 2019 (5,678 jobs) and March 2022 (1,985 jobs). Please note that each monthly report reflects the number posted in the last three months.

Figure 25: Licensed Practical Nurses Statewide Online Job Postings



* Note that each monthly report reflects the number posted in the last three months. More information including limitations about this data source is included in the appendix.

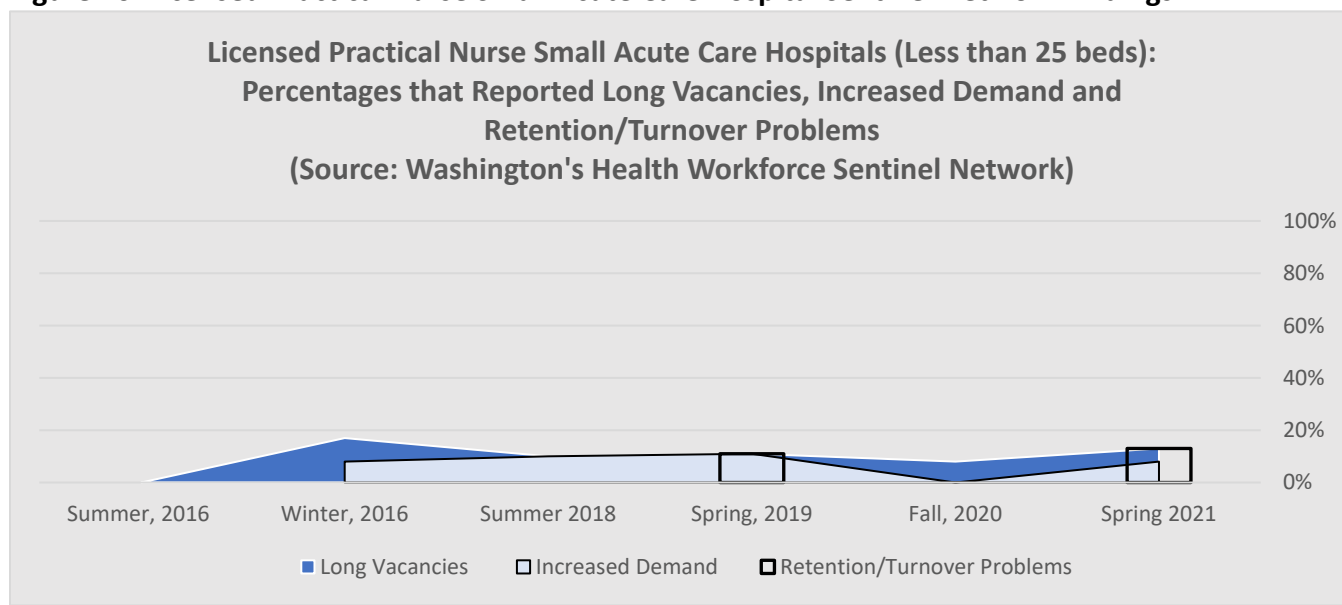
Washington's Health Workforce Sentinel Network

Small Acute Care Hospitals

Small Acute Care Hospitals with less than 25 beds included responses from an average of 14.5 hospitals which varied from 10 to 24 hospitals during each reporting period. Fall 2021, Spring 2020, Fall, 2019, Fall 2017, and Spring 2017 reporting periods have been excluded due to the low number of reporting hospitals (less than 10).

Few small acute care hospitals reported exceptionally long vacancies for open LPN positions, an increase in demand or retention and turnover problems.

Figure 26: Licensed Practical Nurse Small Acute Care Hospital Sentinel Network Findings



Small Acute Care Hospitals Comments for Licensed Practical Nurses (2021 Reporting Periods)

Small rural market lacking certified LPN's and MA

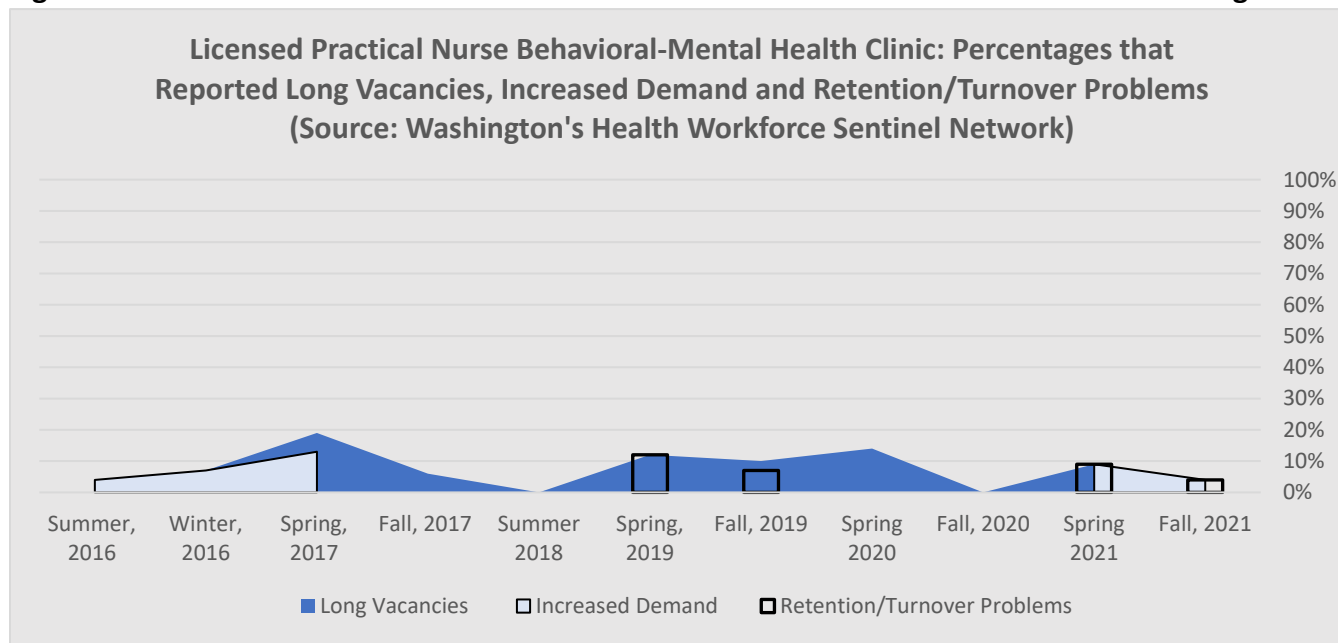
More affordable nursing profile for clinic work, but there is a shortage, and the high cost of living does not attract applicants.

Behavioral-Mental Health Clinics

Behavioral- Mental Health Clinics included responses from an average of 24.3 clinics which varied from 16 to 30 clinics during each reporting period. The Spring 2020 reporting period has been excluded due to the low number of reporting clinics (less than 10).

Few Behavioral-Mental Health Clinics reported exceptionally long vacancies for open LPN positions, an increase in demand or retention and turnover problems.

Figure 27: Licensed Practical Nurse Behavioral-Mental Health Clinic Sentinel Network Findings



Behavioral-Mental Health Clinics Comments for Licensed Practical Nurses (2021 Reporting Periods)

I'm not sure if it is all COVID as the workforce populations was declining prior to COVID. It is truly worse now. Due to County funding and payment model, we can't increase salaries to be competitive with Hospital and Private Practice.

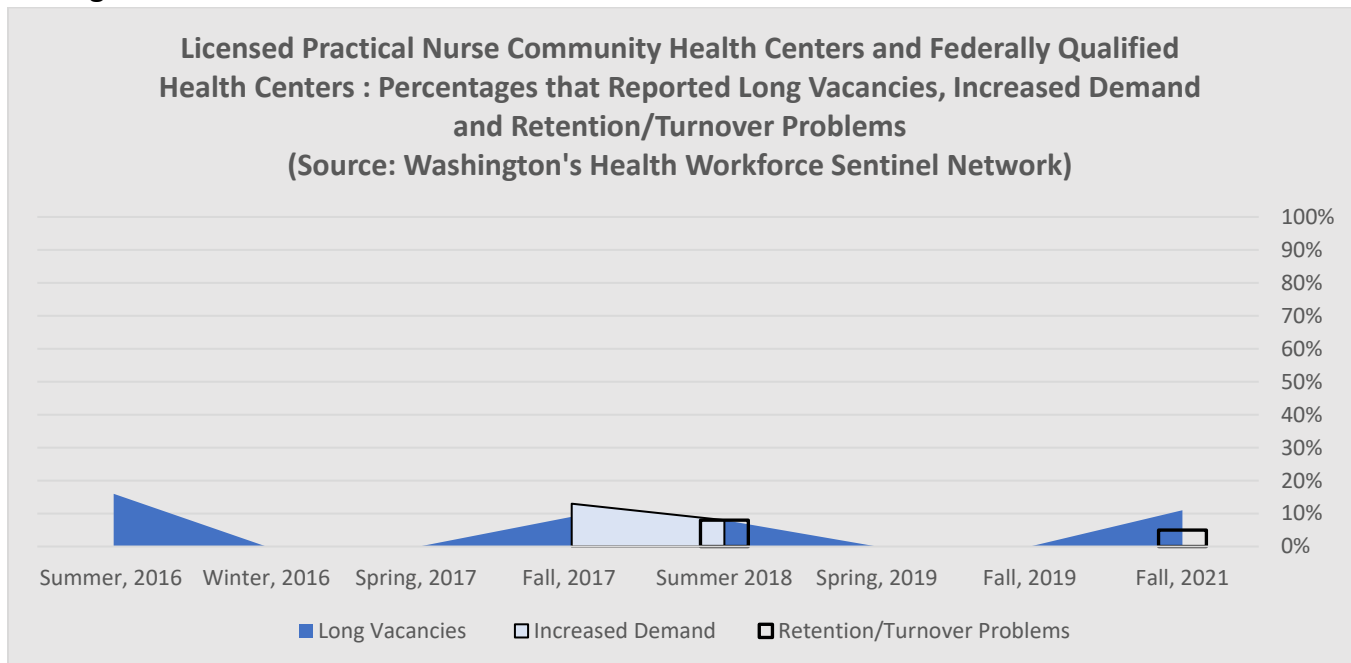
The need for care to address the mental health challenges, are in demand from all populations. Stress, Burnout, Fear, etc. to manage the stress of COVID and all of the events of 2019, 2020 and 2021. We don't have enough staff to address the increase and those we have are getting burned out.

Community Health Centers

Community Health Centers and Federally Qualified Health Centers included responses from an average of 17.88 centers which varied from 13 to 23 centers during each reporting period. Spring 2021, Fall 2020, and Spring 2020 reporting period has been excluded due to the low number of reporting centers (less than 10).

Few Community Health Centers and Federally Qualified Health Centers reported exceptionally long vacancies for open LPN positions, an increase in demand or retention and turnover problems.

Figure 28: Licensed Practical Nurse Community Health Centers and FQHC Centers Sentinel Network Findings



Community Health Center and FQHC Comments for Licensed Practical Nurses (2021 Reporting Periods)

Our current salary scale isn't competitive with local recruitment efforts.

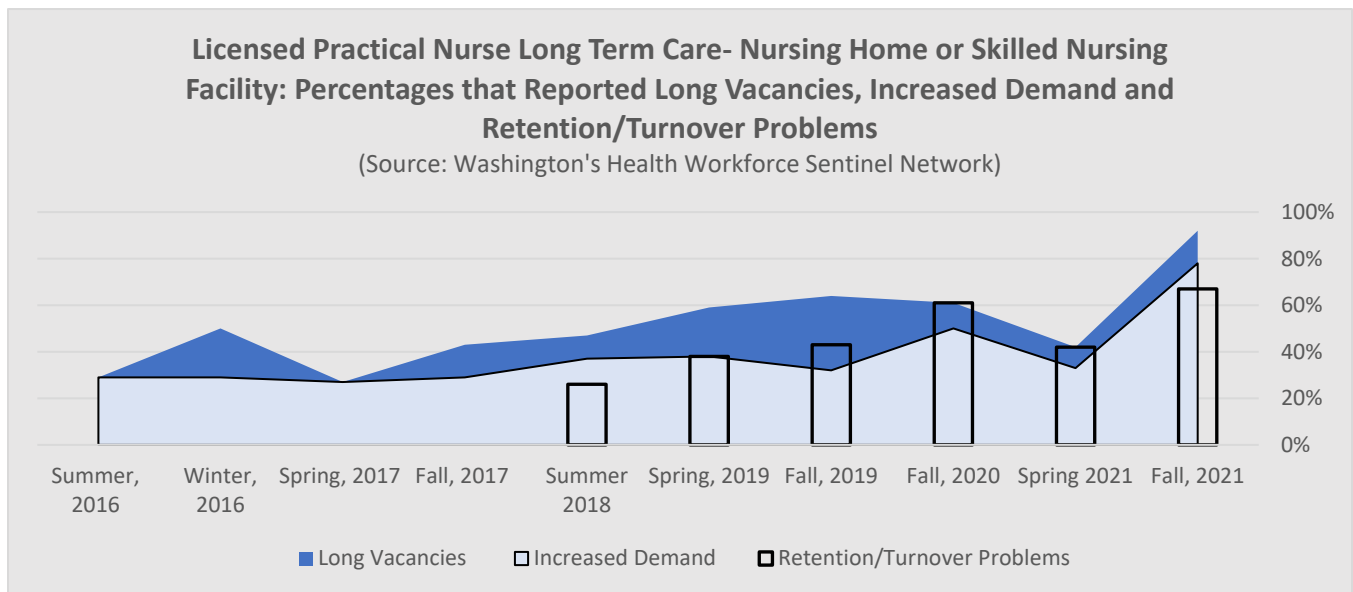
Increased duties with COVID testing and vaccine clinics.

Long Term Care- Nursing Home or Skilled Nursing Facility

Long Term Care- Nursing Home or Skilled Nursing Facility included responses from an average of 23.3 facilities which varied from 11 to 44 facilities during each reporting period. The Spring 2020 reporting period has been excluded due to the low number of reporting facilities (less than 10).

Many Long-Term Care- Nursing Home or Skilled Nursing Facilities reported exceptionally long vacancies for open LPN positions, an increase in demand or retention and turnover problems across all reporting periods with the greatest increase in Fall, 2021.

Figure 29: Licensed Practical Nurse Long Term Care-Nursing Home or Skilled Nursing Facility Sentinel Network Findings



Long Term Care- Nursing Home or Skilled Nursing Facility Comments for Licensed Practical Nurses (2021 Reporting Periods)

We place ads for LPNs and exceedingly long periods of time transpire between applicants.

No school means no graduates. Cannot compete with Agency wages.

Applicant pool has decreased dramatically during pandemic, and we are also competing against higher wages offered at the local hospital.

Short staffing coupled with additional regulatory needs during the pandemic.

COVID has caused a higher demand to care for the vulnerable population. Resources afforded do not entirely make up for the shortage of skilled staff.

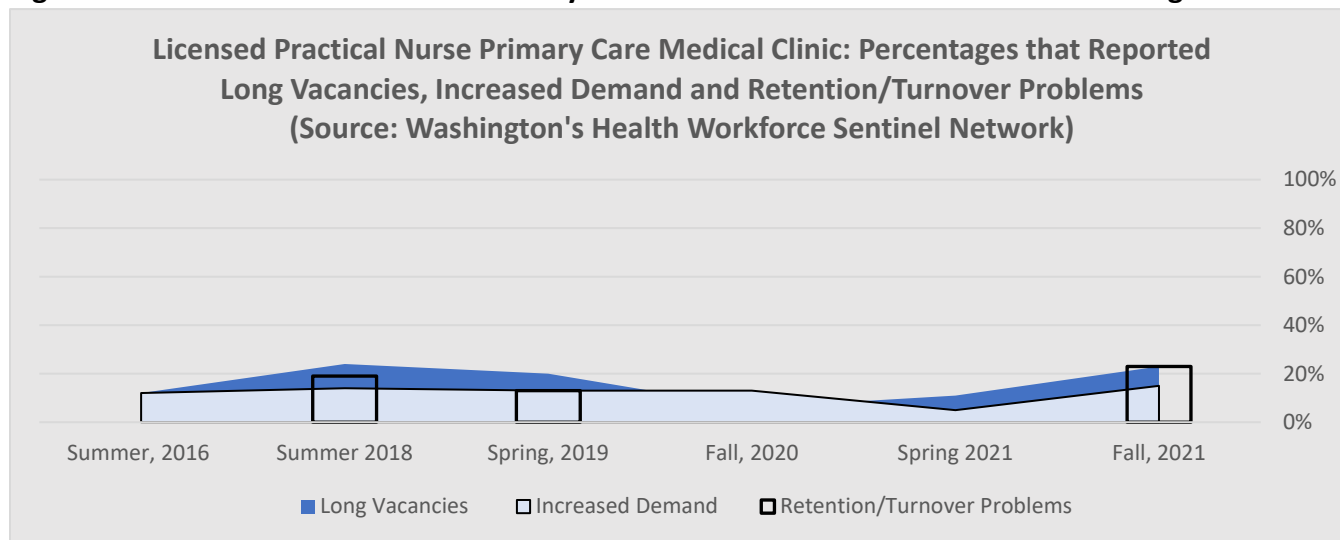
Changing in standards of practice.

Primary Care Medical Clinics

Primary Care Medical Clinics included responses from an average of 16.83 clinics which varied from 13 to 21 clinics during each reporting period. Spring 2020, Fall 2019, Fall 2017, Spring 2017, and Winter 2016 reporting periods have been excluded due to the low number of reporting clinics (less than 10).

Less than 40% of Primary Care Medical Clinics reported exceptionally long vacancies for open LPN positions, an increase in demand or retention and turnover problems.

Figure 30: Licensed Practical Nurse Primary Care Medical Clinic Sentinel Network Findings



Primary Care Medical Clinics Comments for Licensed Practical Nurses (2021 Reporting Periods)

Backlog of deferred care and increased triage needs related to COVID-19

As time passes for the pandemic, the need for care has increased demand on our needs for more LPNs.

Registered Nurse

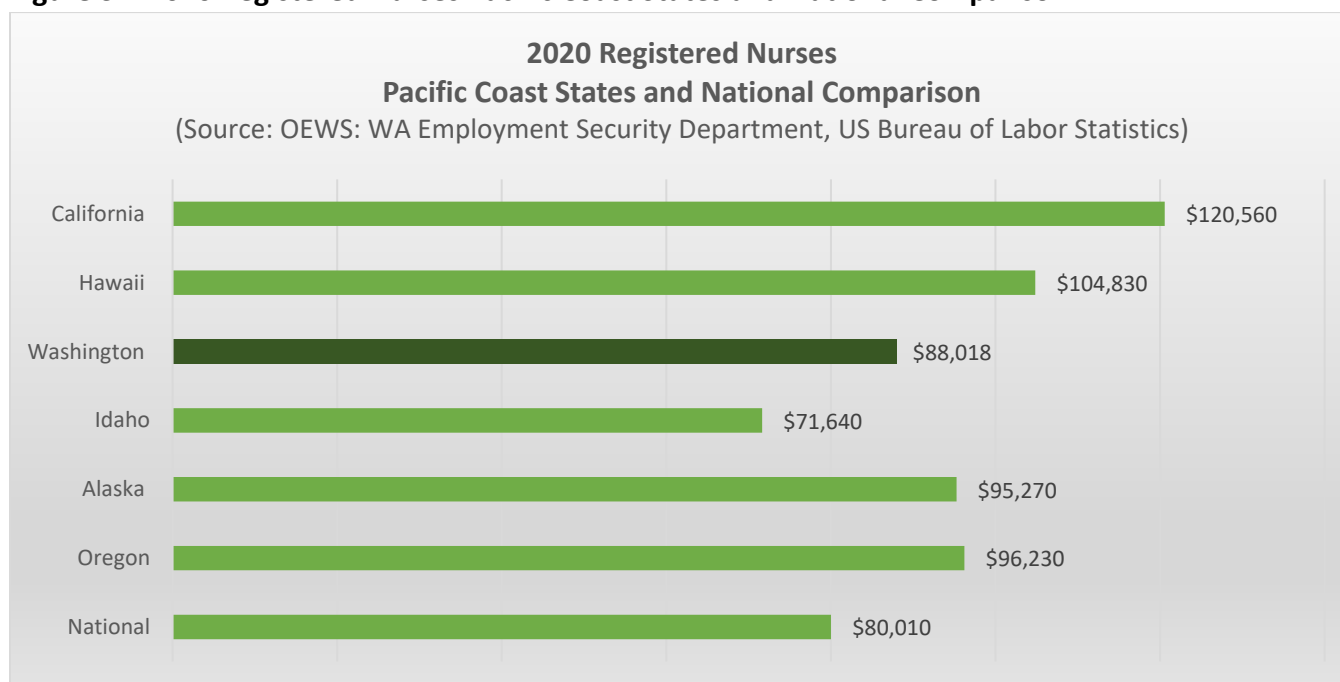
Washington's Registered Nurse annual wages have increased by 16.34% in the last ten years and have consistently exceeded the national average.

Figure 31: Registered Nurse Wage Trends 2011-2020



When compared with Pacific Coast states, California (\$120,560), Hawaii (\$104,830), Oregon (\$96,230), and Alaska (\$95,270) offered higher wages for Registered Nurses in 2020 as compared to Washington State (\$88,018).

Figure 32: 2020 Registered Nurses Pacific Coast States and National Comparison



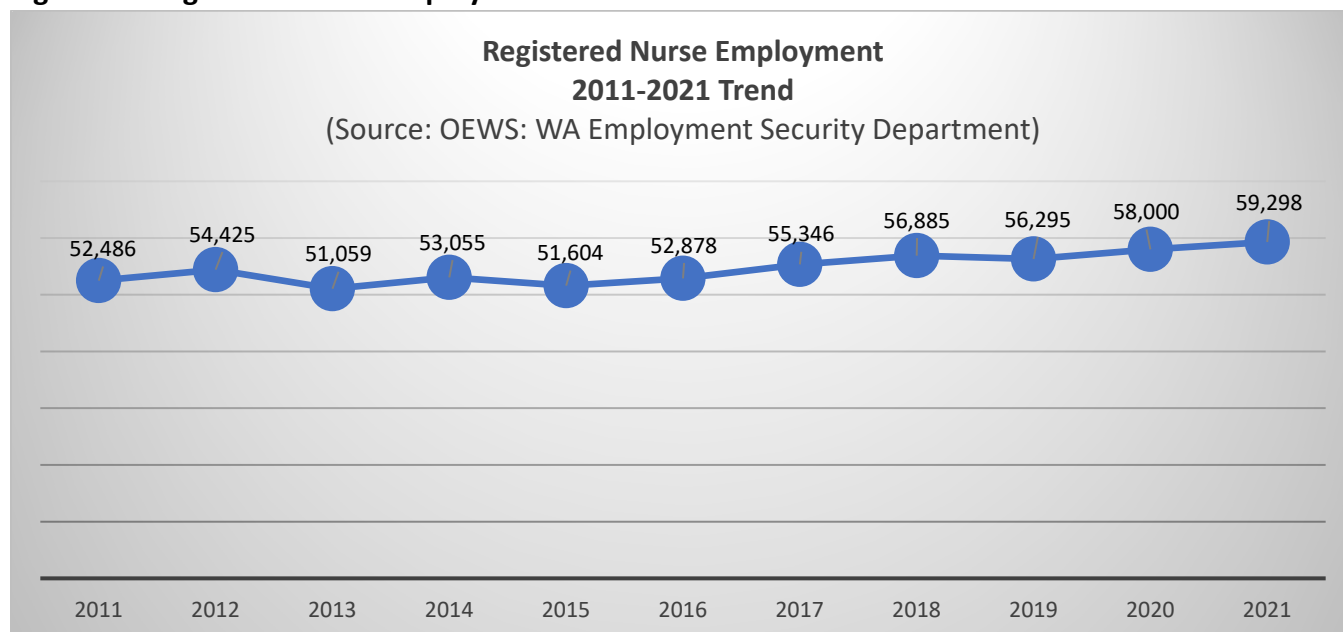
When divided by region, 2021 Registered Nurse annual wages were highest in the Vancouver & Portland MSA region (\$100,703) and lowest in the Bellingham MSA (\$71,584). A map depicting regions is available in the appendix.

Figure 33: 2021 Washington Registered Nurse Average Wage by Region



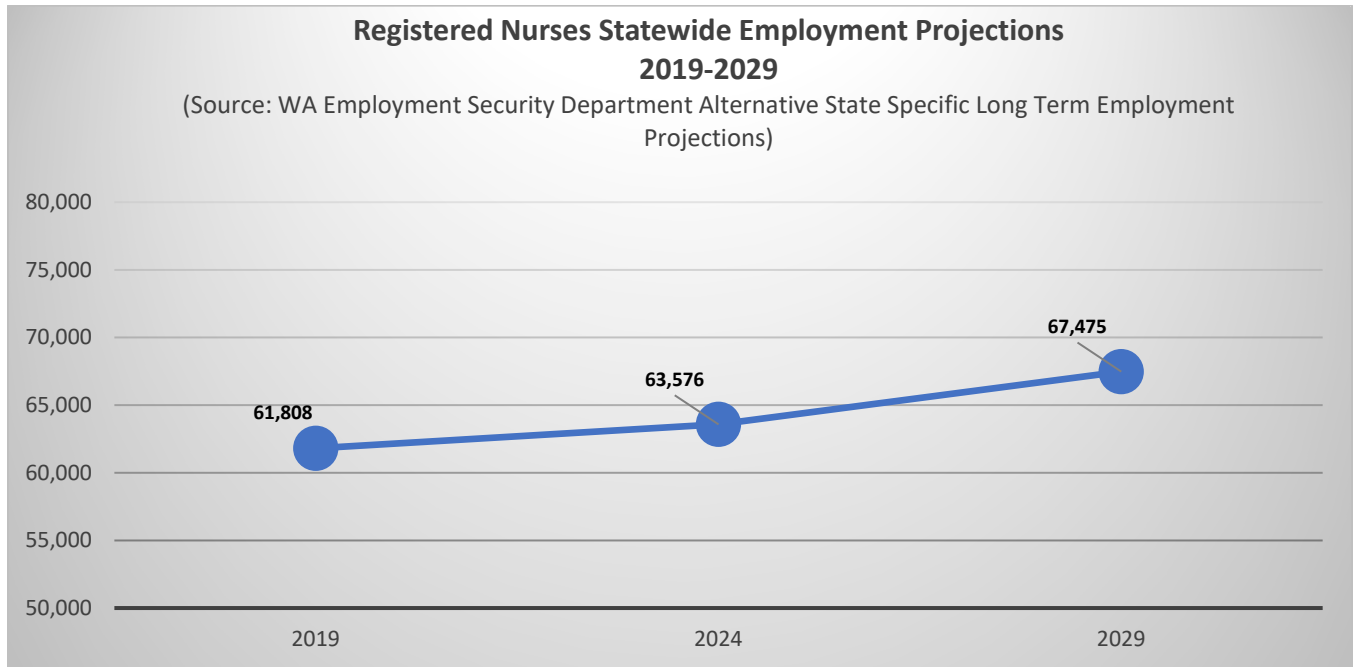
Employment of Registered Nurses has increased by 12.19% from 52,486 (2011) to 59,298 (2021).

Figure 34: Registered Nurse Employment 2011-2021 Trend



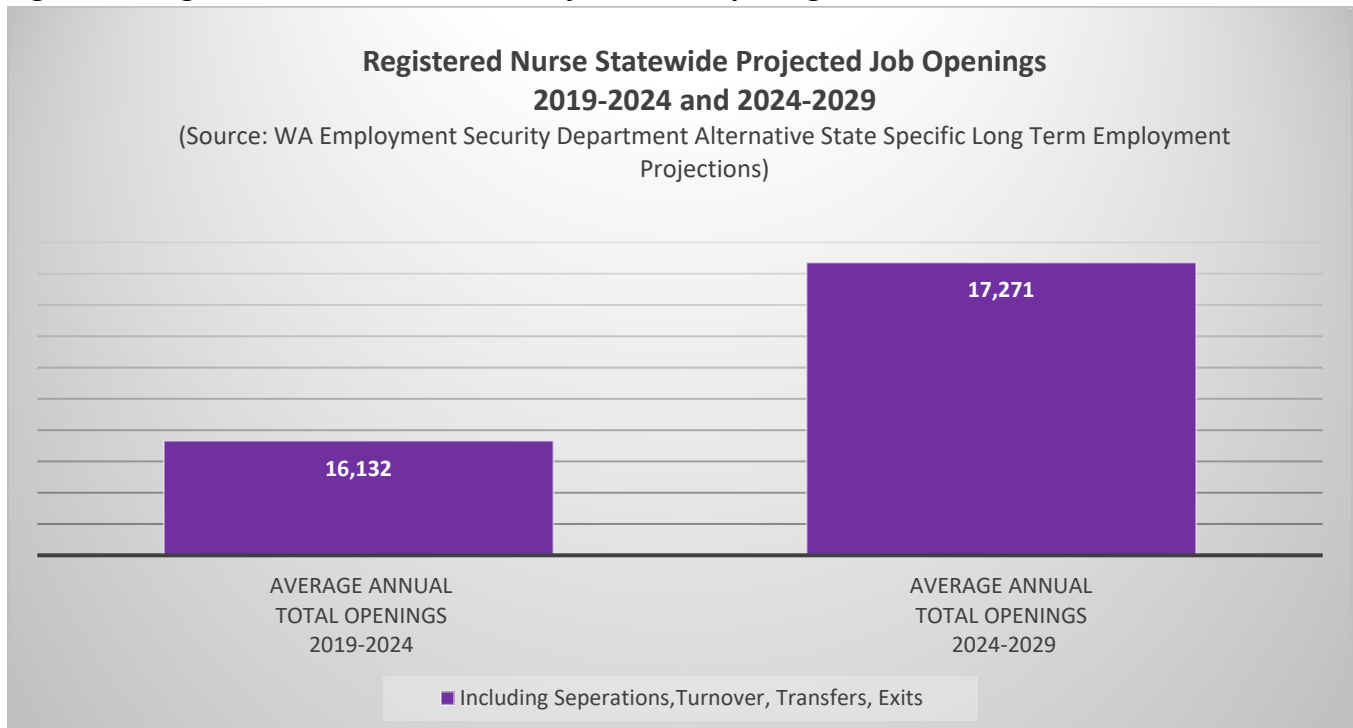
Registered Nurse employment is projected to increase by 8.77% from 61,808 (2019) to 67,475 (2029).

Figure 35: Registered Nurses Statewide Employment Projections 2019-2029



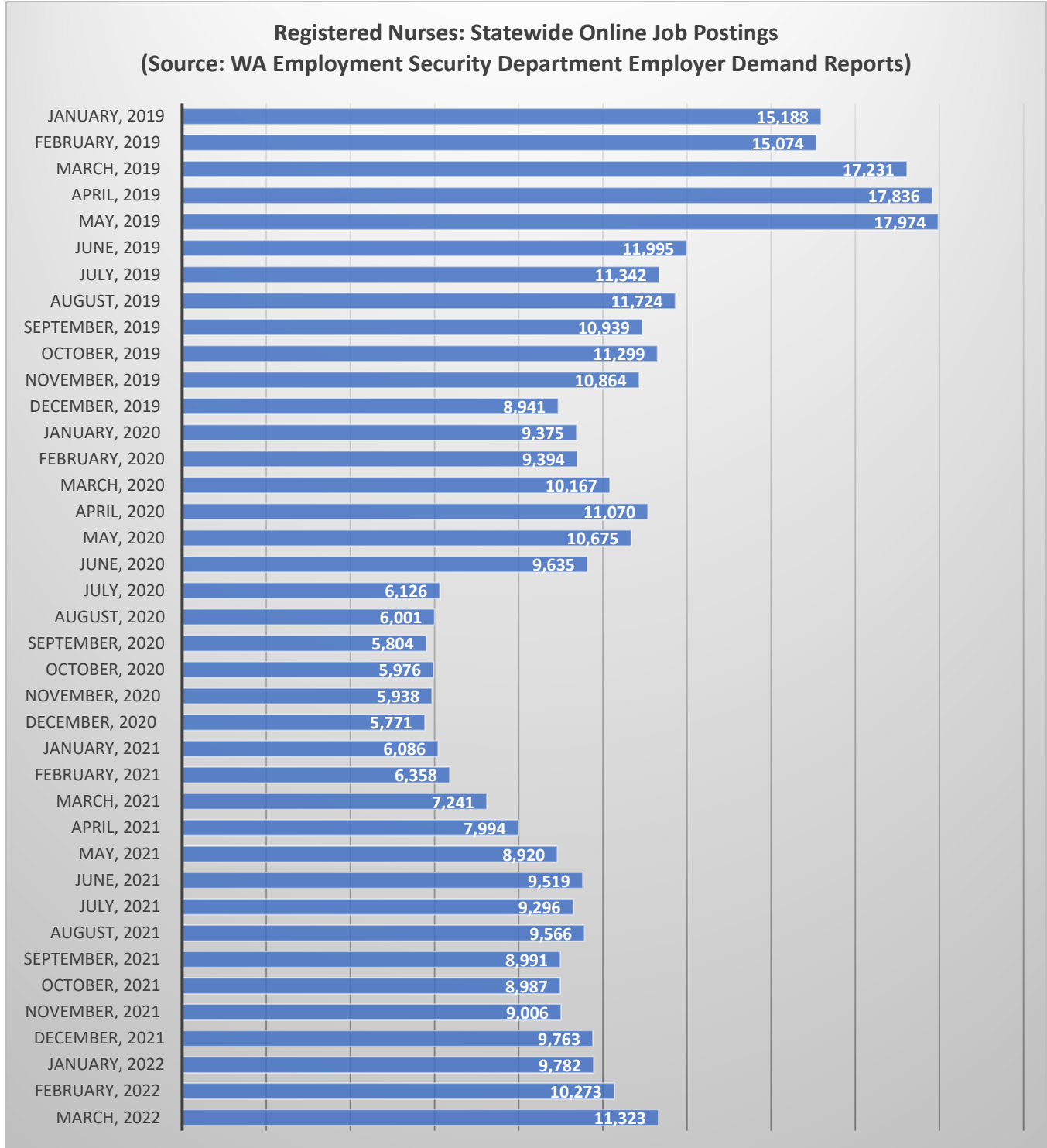
Average Registered Nurse annual job openings including separations, turnovers, transfers, and exits (see definition of these terms in Appendix A) are projected to compose 25.37% by 2024 and 25.60% in 2029 openings when divided by total employment.

Figure 36: Registered Nurse Statewide Projected Job Openings 2019-2024 and 2024-2029



Registered Nurse Job Postings decreased by 25.45% between January 2019 (15,188 jobs) and March 2022 (11,323 jobs). Please note that each monthly report reflects the number posted in the last three months.

Figure 37: Registered Nurses Statewide Online Job Postings



* Note that each monthly report reflects the number posted in the last three months. More information including limitations about this data source is included in the appendix.

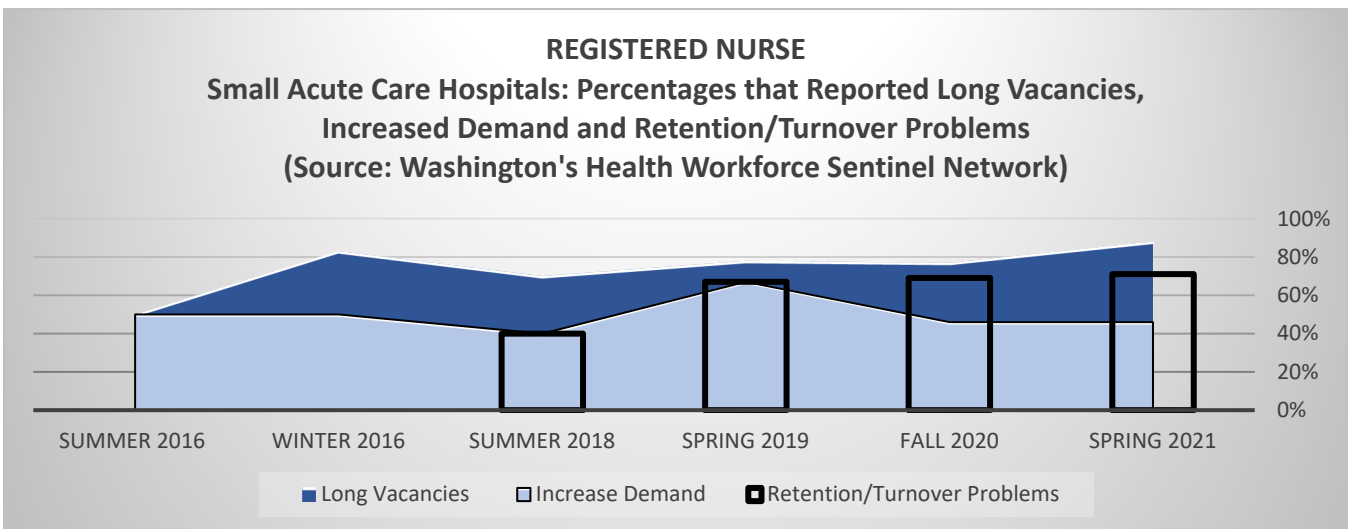
Washington's Health Workforce Sentinel Network

Small Acute Care Hospitals

Small Acute Care Hospitals with less than 25 beds included responses from an average of 14.5 hospitals which varied from 10 to 24 hospitals during each reporting period. Fall 2021, Spring 2020, Fall, 2019, Fall 2017, and Spring 2017 reporting periods have been excluded due to the low number of reporting hospitals (less than 10).

Many small acute care hospitals reported exceptionally long vacancies for open RN positions, an increase in demand or retention and turnover problems.

Figure 38: Registered Nurse Small Acute Care Hospitals Sentinel Network Findings



Small Acute Care Hospital Comments for Registered Nurses

(2021 Reporting Periods)

There have been several vacancies open for longer than 6 months at our facility. We do not have a steady flow of candidates and RNs can earn more money by taking traveler positions.

Demand for nursing services is increasing far faster than nursing schools can graduate candidates.

We have a hard time competing with wages from an area which is 30 minutes away from us and has two nursing schools. Also, we compete with new nurses wanting more experience than we can offer. COVID-19 has made finding nurses harder because they can go other places and make more money

We are in a very rural area and don't see enough births to have dedicated OB RNs. We have been looking for Med/Surg RNs who are willing to train to float to OB. However, we have also experienced a lot of COVID positives among our staff which has left our units short staffed.

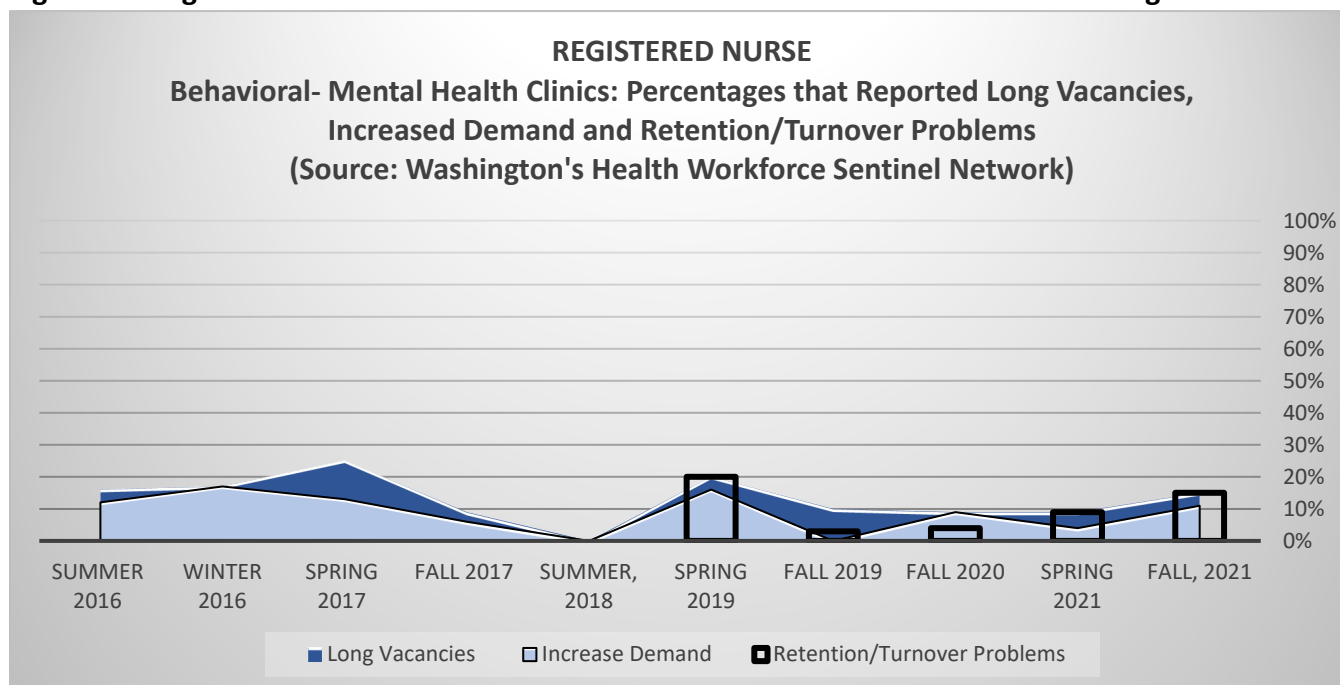
Many employees qualified as high risk and while an attempt was made to utilize them in non-patient facing positions (tele/employee health) lack of connectivity from locale or limited training/ability to adapt to new technologically driven skill set created staffing gaps.

Behavioral-Mental Health Clinics

Behavioral- Mental Health Clinics included responses from an average of 24.3 clinics which varied from 16 to 30 clinics during each reporting period. Spring 2020 reporting period has been excluded due to the low number of reporting clinics (less than 10).

Few Behavioral-Mental Health Clinics reported exceptionally long vacancies for open RN positions, an increase in demand or retention and turnover problems.

Figure 39: Registered Nurse Behavioral-Mental Health Clinics Sentinel Network Findings



Behavioral-Mental Health Clinic Comments for Registered Nurses (2021 Reporting Periods)

Could make significantly more money at other locations. RNs are in high demand in community, could work anywhere within the community. Significant bonuses and other benefits being offered by other larger organizations. Our organization offered a new hire bonus but was not competitive to some other competitors.

In higher demand because needed for programs growth and development.

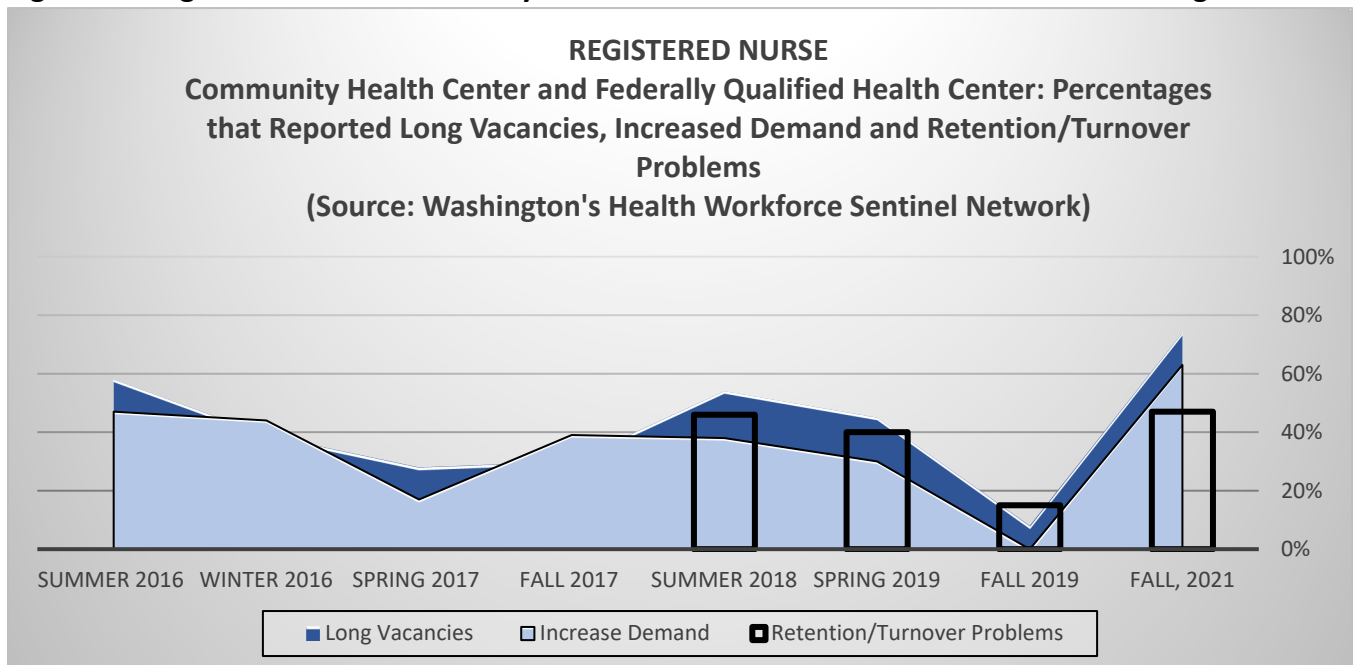
The need for care to address the mental health challenges, are in demand from all populations. Stress, Burnout, Fear, etc. to manage the stress of COVID and all the events of 2019, 2020 and 2021. We don't have enough staff to address the increase and those we have are getting burned out.

Community Health Centers

Community Health Centers and Federally Qualified Health Centers included responses from an average of 17.88 centers which varied from 13 to 23 centers during each reporting period. Spring 2021, Fall 2020 and Spring 2020 reporting period has been excluded due to the low number of reporting centers (less than 10).

Many Community Health Centers and Federally Qualified Health Centers reported exceptionally long vacancies for open RN positions, an increase in demand and retention and turnover problems except for during Spring 2017 and Fall 2019.

Figure 40: Registered Nurse Community Health Center and FQHC Sentinel Network Findings



Community health Center and FQHC Comments for Registered Nurses

(2021 Reporting Periods)

No applicants, this is a unique position and looking for RN with independence and passion for street medicine.

We have no housing to house out of town employees. The pandemic rose RN salaries beyond our price range. Hard to recruit to a town where you can't buy a home.

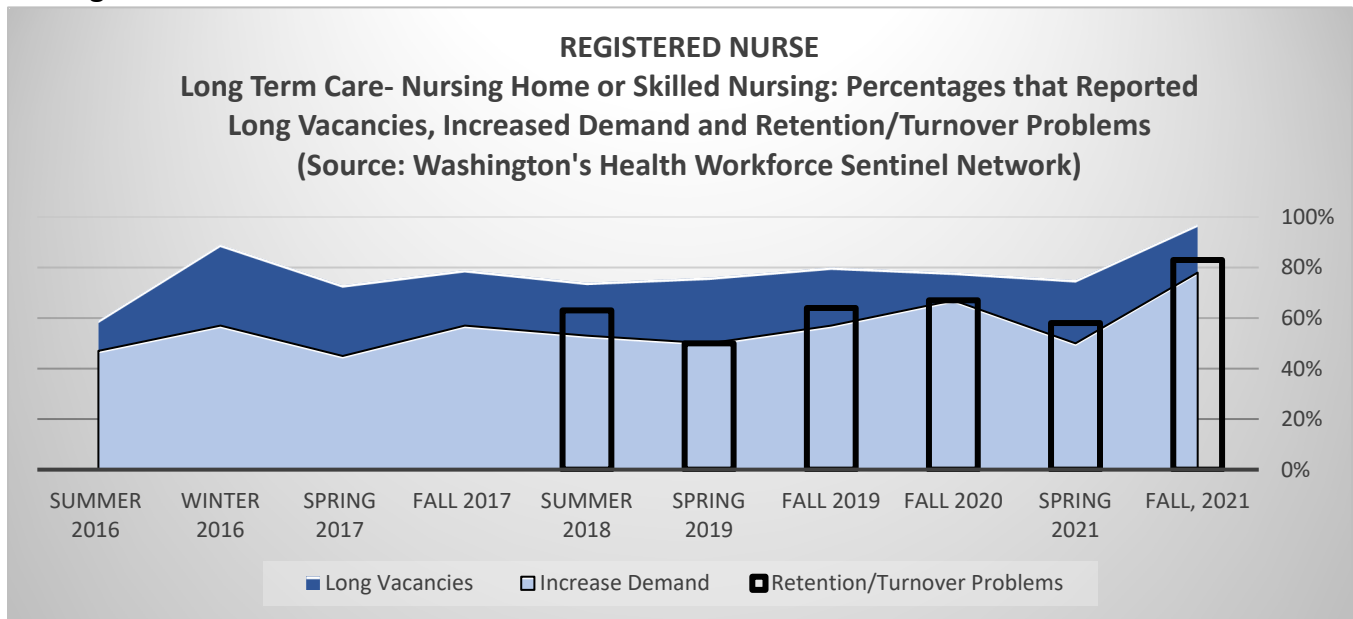
With increased COVID testing & care triage our organization has relied on increasing the workforce of our RN to offset the clinical demand of our PCP, so that they can continue to offer and focus on primary care needs.

Long Term Care- Nursing Home or Skilled Nursing Facility

Long Term Care- Nursing Home or Skilled Nursing Facility included responses from an average of 23.3 facilities which varied from 11 to 44 facilities during each reporting period. Spring 2020 reporting period has been excluded due to the low number of reporting facilities (less than 10).

Many Long-Term Care- Nursing Home or Skilled Nursing Facilities reported exceptionally long vacancies for open RN positions, an increase in demand and retention and turnover problems across all reporting periods.

Figure 41: Registered Nurse Long Term Care-Nursing Home or Skilled Nursing Sentinel Network Findings



Long Term Care-Nursing Home or Skilled Nursing Comments for Registered Nurses (2021 Reporting Periods)

Only 1-2 applications in last 6 months. Asking rate of RN with 3 or less years of experience is beyond that of our veteran RN with 20 years' experience; Cannot match sign on bonus of hospital. We have had quite a few resign for opportunity at hospital

RNs retiring sooner. Increase fatigue and exhaustion. Significant decrease with the loss of nurses due to the vaccination mandate.

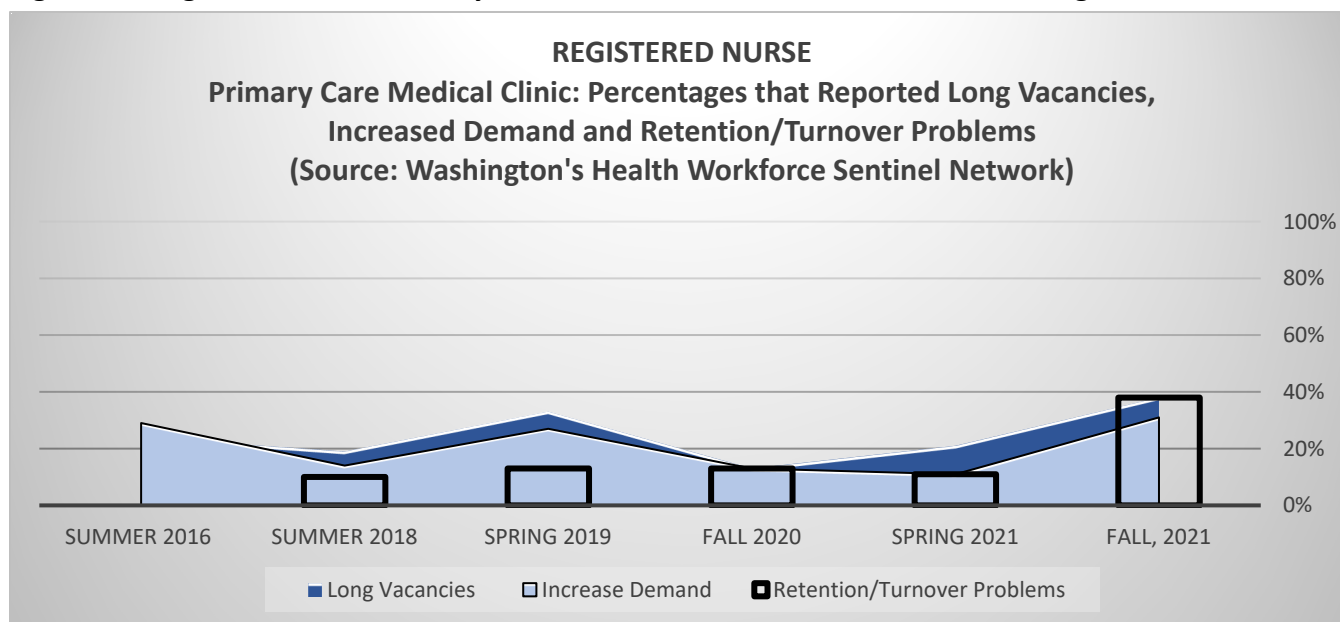
We experienced many long-term RN managers who have retired, we promoted within, leaving vacancies on the carts or floor. Decrease in applications has prevented hiring to replace.

Primary Care Medical Clinics

Primary Care Medical Clinics included responses from an average of 16.83 clinics which varied from 13 to 21 clinics during each reporting period. Spring 2020, Fall 2019, Fall 2017, Spring 2017 and Winter 2016 reporting periods have been excluded due to the low number of reporting clinics (less than 10).

Less than 40% of Primary Care Medical Clinics reported exceptionally long vacancies for open RN positions, an increase in demand or retention and turnover problems.

Figure 42: Registered Nurse Primary Care Medical Clinic Sentinel Network Findings



Primary Care Medical Clinic Comments for Registered Nurses (2021 Reporting Periods)

Fewer applicants, applicants requiring higher pay due to competition with health systems and low Medicaid reimbursement this is a challenge for us. COVID 19 has taken many women out of the workforce, and we are all competing for the same few applicants left. There is a lot of burnout due to COVID19.

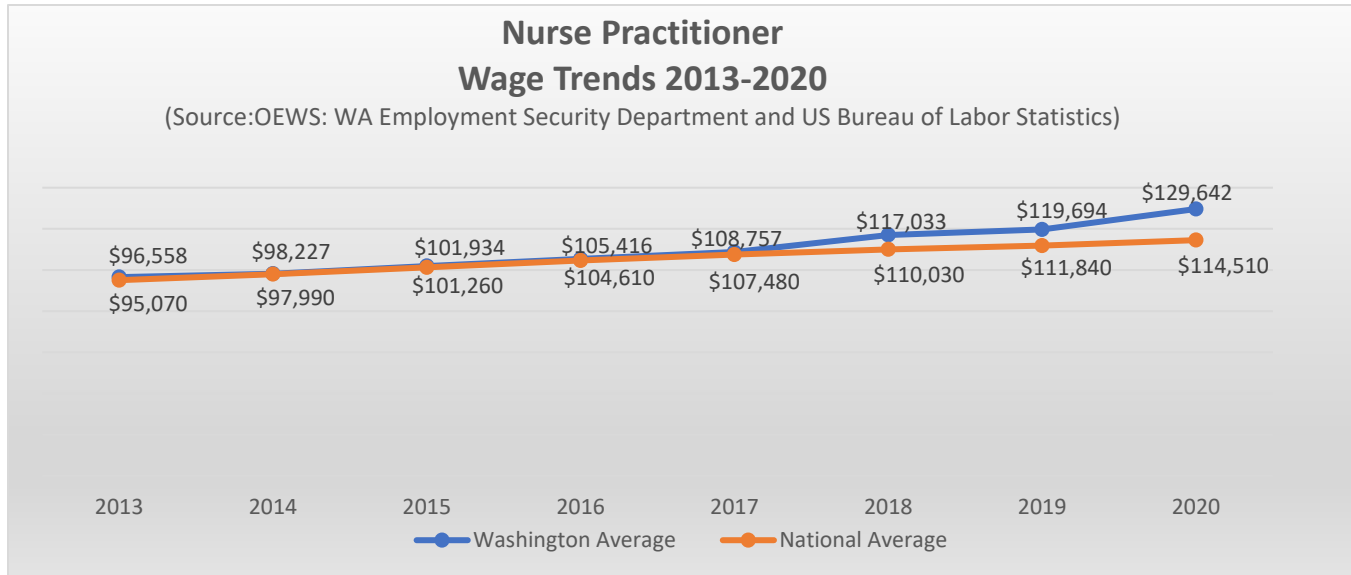
We need the assistance from our population health pools to help patients as they transition from hospital care.

Lots of turnover due to retirement, burnout, younger RNs being recruited away, and people taking the job then declining at the last minute. Lots of churn.

Nurse Practitioner

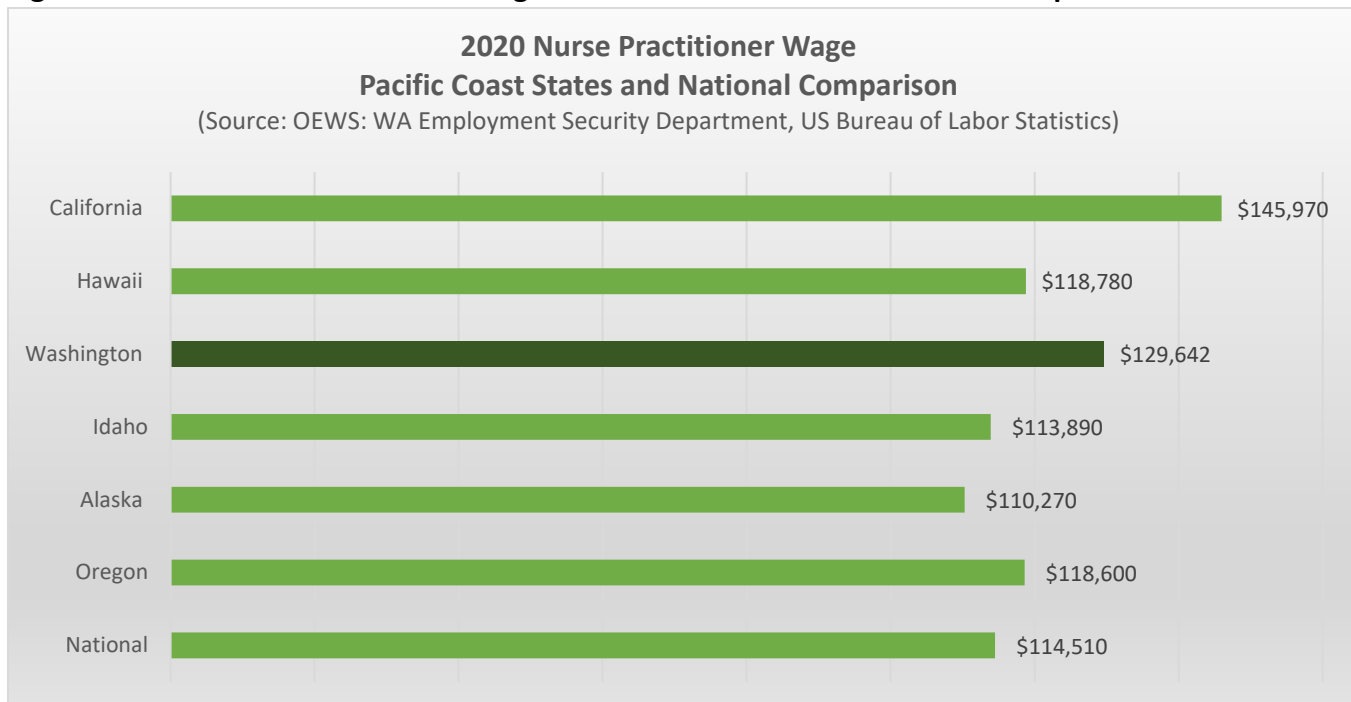
Washington's nurse practitioner's annual wages have increased by 29.25% in the last ten years, with the greatest difference from the national average in the last three years.

Figure 43: Nurse Practitioner Wage Trends 2013-2020



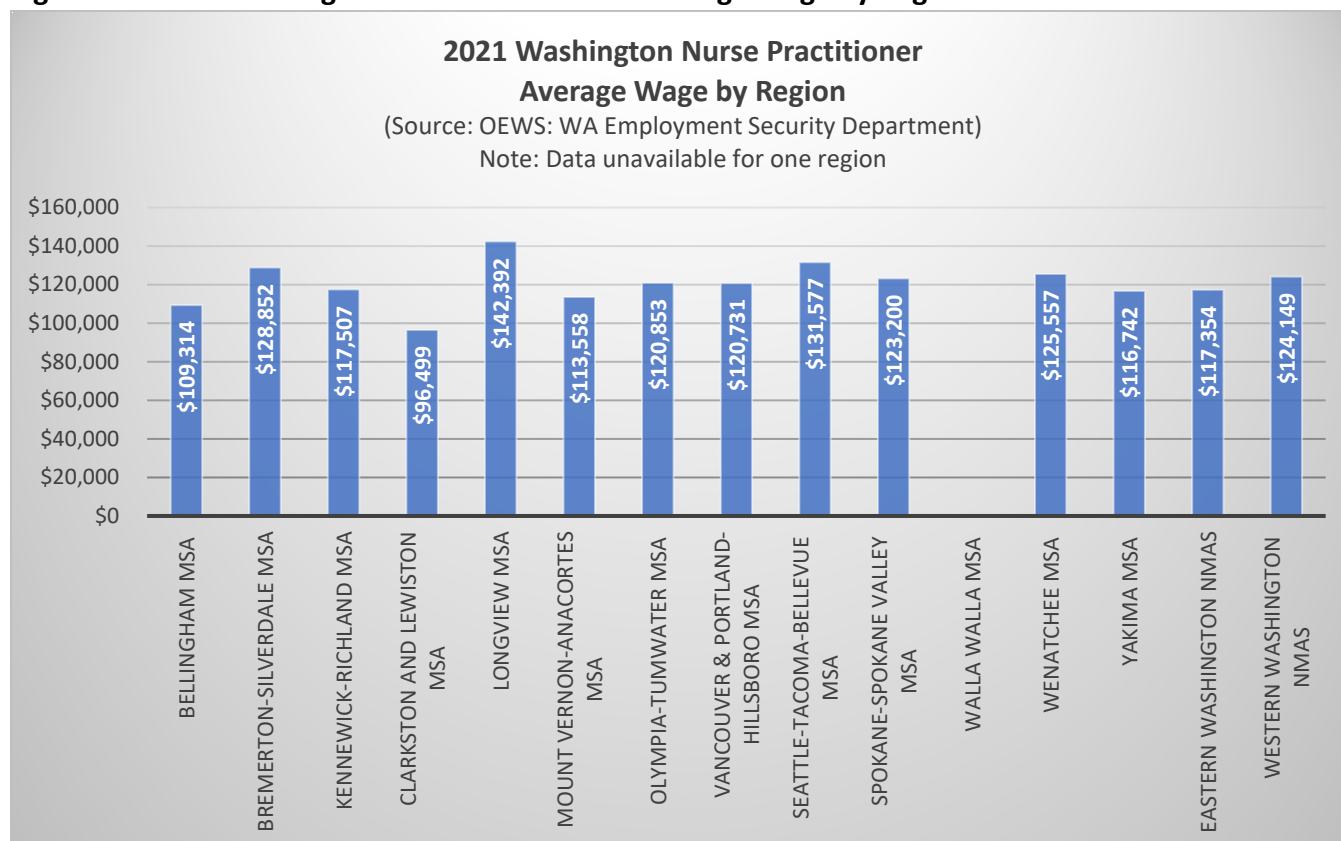
When compared with Pacific Coast states, California (\$145,970) offered higher wages for nurse practitioners in 2020 than Washington State (\$129,642).

Figure 44: 2020 Nurse Practitioner Wage Pacific Coast States and National Comparison



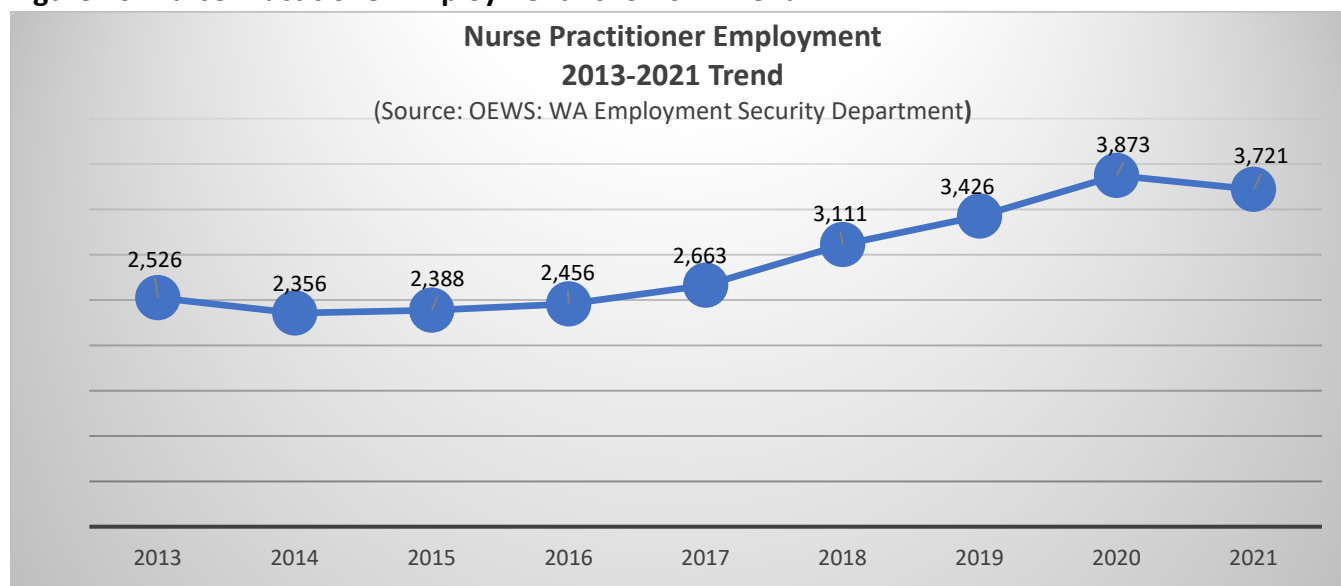
When divided by region, 2021 nurse practitioners' annual wages were highest in the Longview MSA region (\$142,392) and lowest in the Clarkston and Lewiston MSA (\$96,499). A map depicting MSA regions is available in Appendix A (pg. 61).

Figure 45: 2021 Washington Nurse Practitioner Average Wage by Region



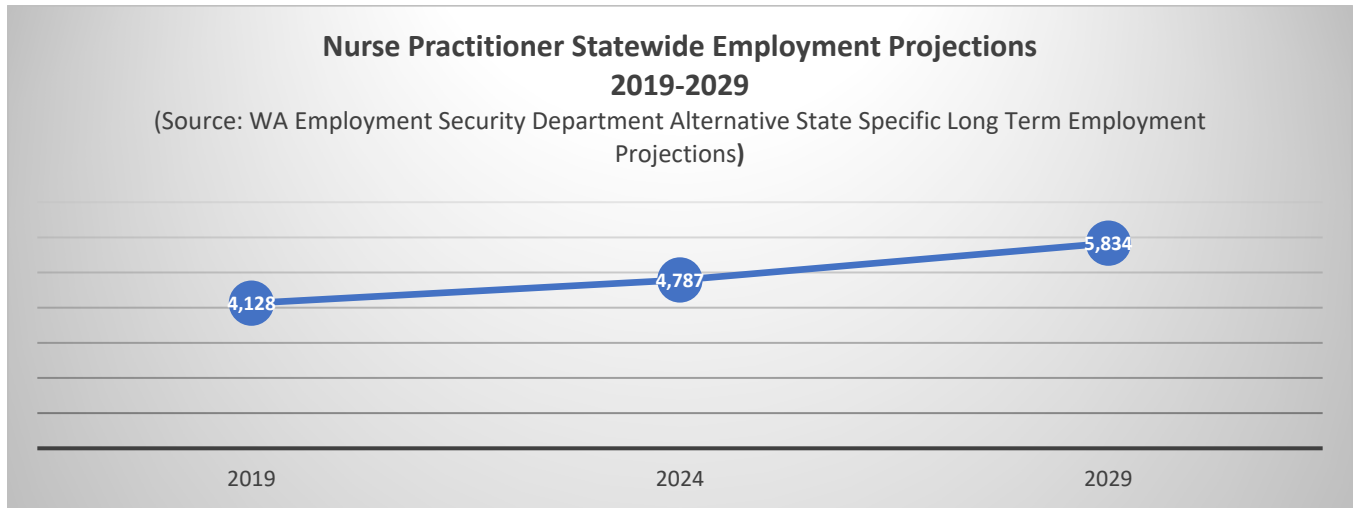
Employment of nurse practitioners has increased by 38.26%, from 2,526 (2011) to 3,721 (2021).

Figure 46: Nurse Practitioner Employment 2013-2021 Trend



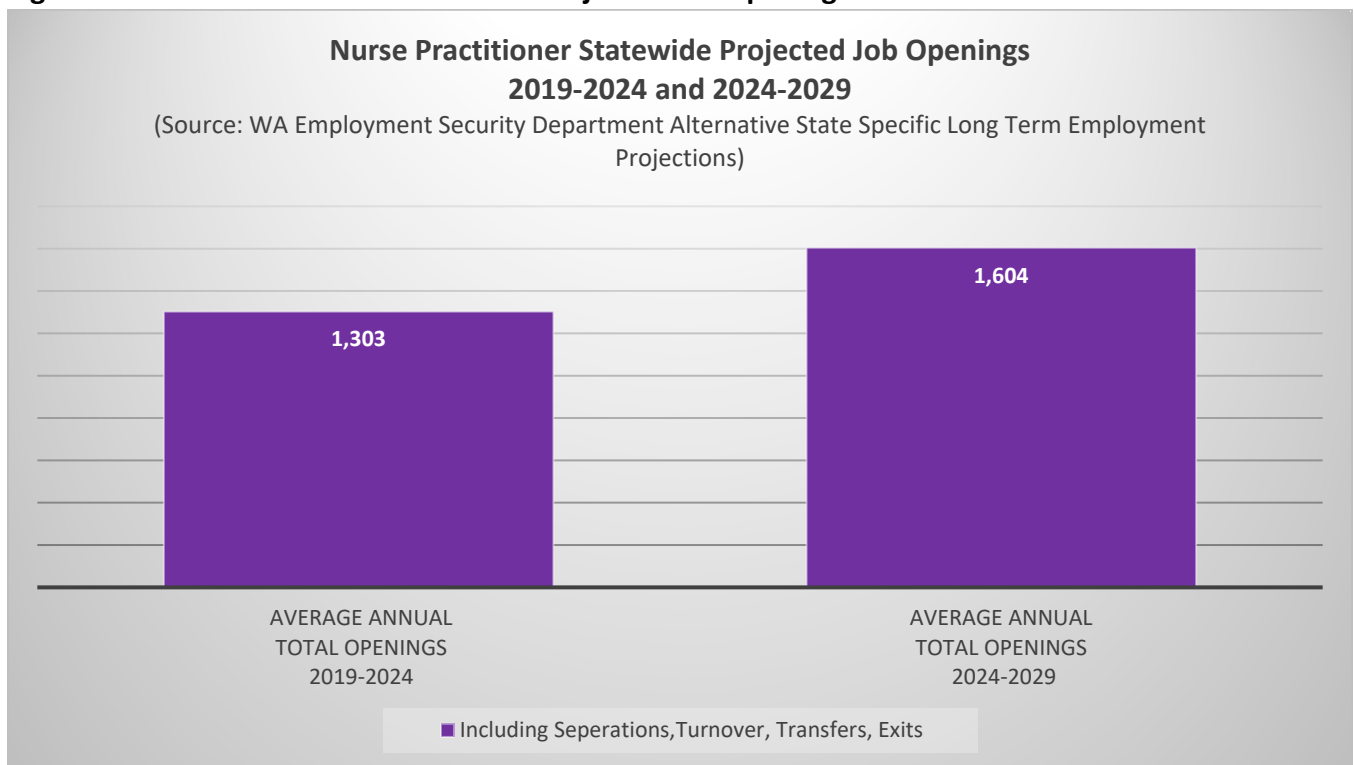
Nurse practitioner employment is projected to increase by 34.28%, from 4,128 (2019) to 5,834 (2029).

Figure 47: Nurse Practitioner Statewide Employment Projections 2019-2029



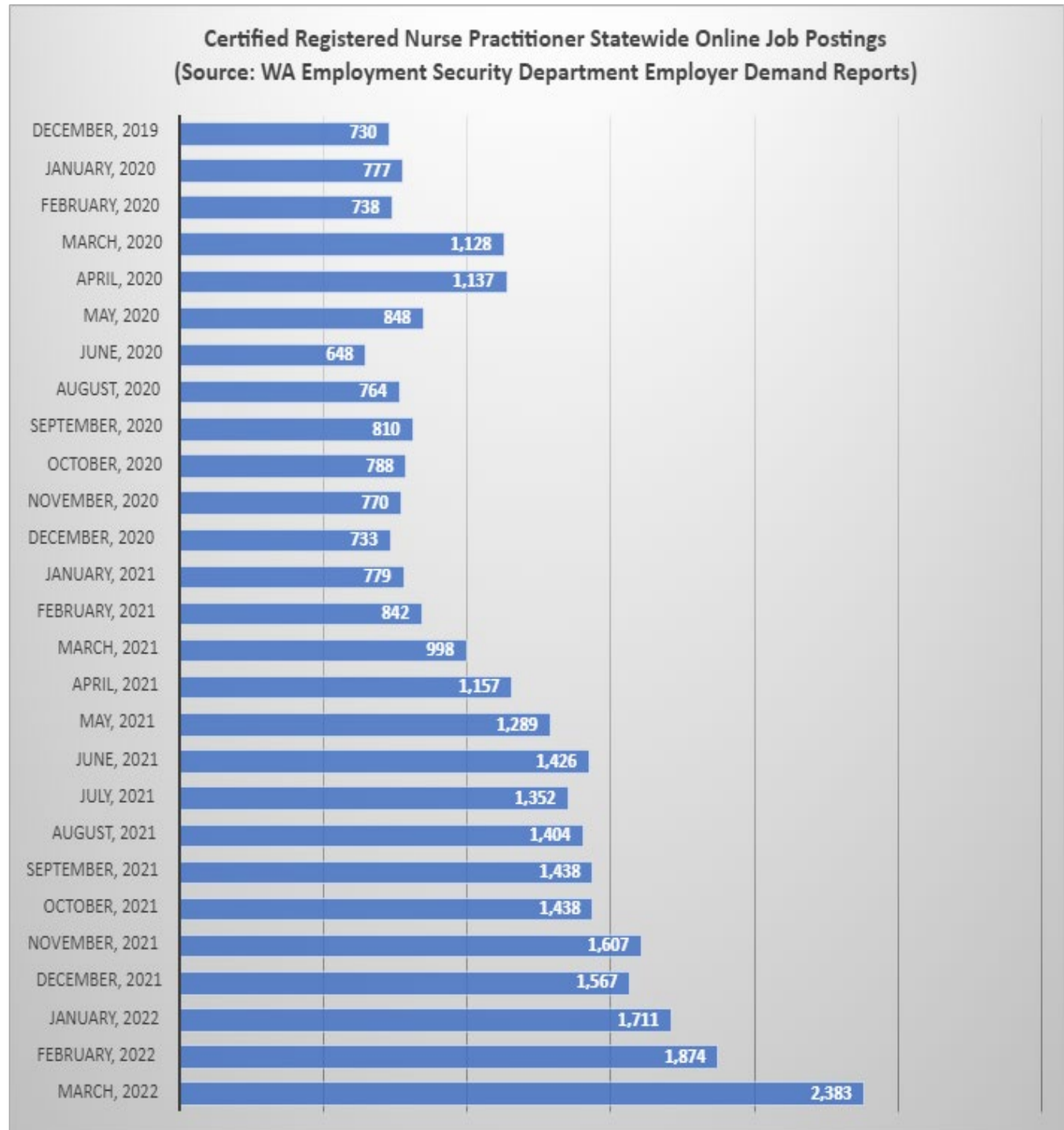
Average nurse practitioner annual job openings, including separations, turnovers, transfers, and exits (see definition of these terms in Appendix A), are projected to comprise 27.22% by 2024 and 27.49% by 2029 when openings are divided by total employment.

Figure 48: Nurse Practitioner Statewide Projected Job Openings 2019-2024 and 2024-2029



Nurse Practitioner Job Postings increased by 226.44% between December 2019 (730 jobs) and March 2022 (2,383 jobs). Please note that each monthly report reflects the number posted in the last three months.

Figure 49: Certified Registered Nurse Practitioner Statewide Online Job Postings



* Note that each monthly report reflects the number posted in the last three months. More information including limitations about this data source is included in the appendix.

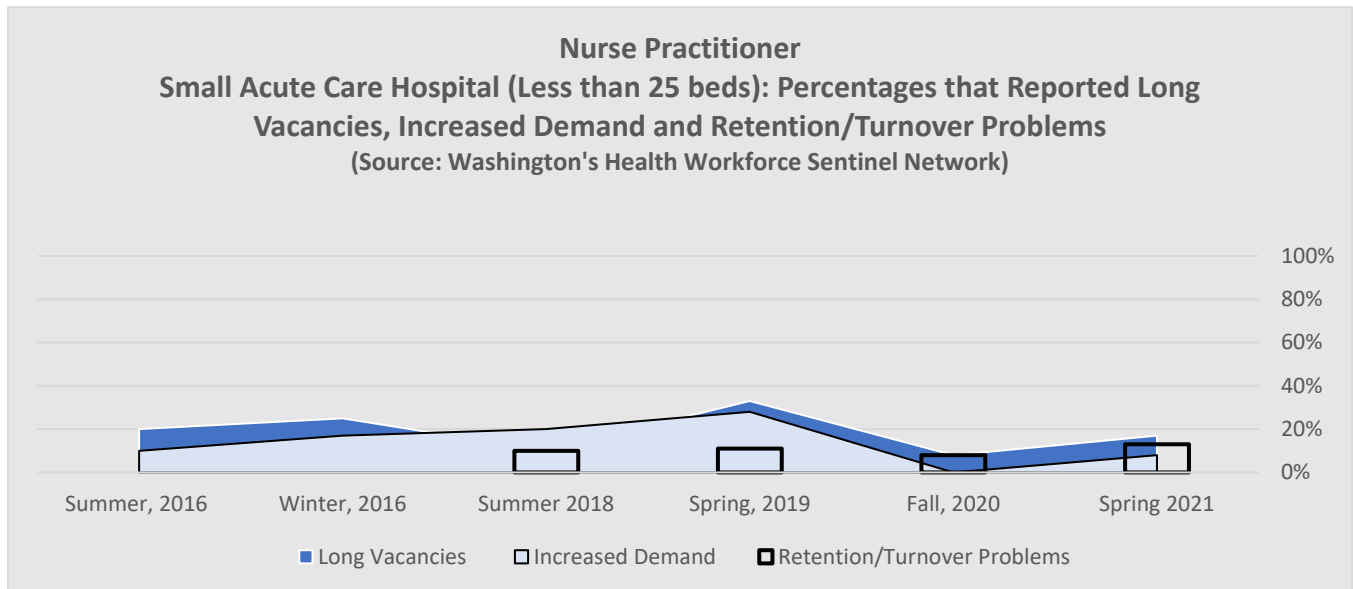
Washington's Health Workforce Sentinel Network

Small Acute Care Hospitals

Small Acute Care Hospitals with less than 25 beds included responses from an average of 14.5 hospitals which varied from 10 to 24 hospitals during each reporting period. Fall 2021, Spring 2020, Fall, 2019, Fall 2017, and Spring 2017 reporting periods have been excluded due to the low number of reporting hospitals (less than 10).

Few small acute care hospitals reported exceptionally long vacancies for open NP positions, an increase in demand or retention and turnover problems.

Figure 50: Nurse Practitioner Small Acute Care Hospital Sentinel Network Findings



Small Acute Care Hospital Comments for Nurse Practitioner (2021 Reporting Periods)

It takes time to recruit the best applicant.

Rural and remote location.

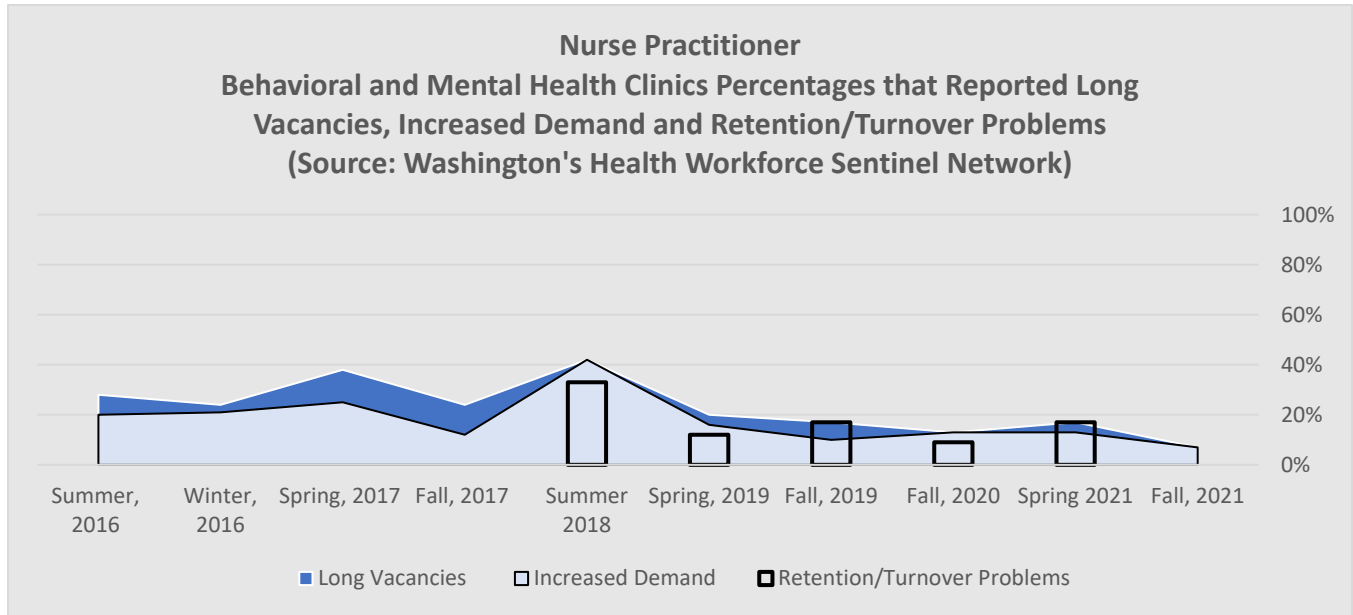
We have a primary care turnover that NPs can assist with.

Behavioral-Mental Health Clinics

Behavioral- Mental Health Clinics included responses from an average of 24.3 clinics which varied from 16 to 30 clinics during each reporting period. The Spring 2020 reporting period has been excluded due to the low number of reporting clinics (less than 10).

Few Behavioral-Mental Health Clinics reported exceptionally long vacancies for open NP positions, an increase in demand or retention and turnover problems after Summer 2018.

Figure 51: Nurse Practitioner Behavioral and Mental Health Clinic Sentinel Network Findings



Behavioral and Mental Health Clinics Comments for Nurse Practitioner (2021 Reporting Periods)

Psychiatric for children and youth. We now pay our ARNPs the rate we were paying our psychiatrists three years ago. Costs in this area have risen rapidly and dramatically.

Both Psych ARNPs and Child and Adolescent Psychiatrists are extremely difficult to hire. They expect a very high salary and we have no choice but to meet their demands.

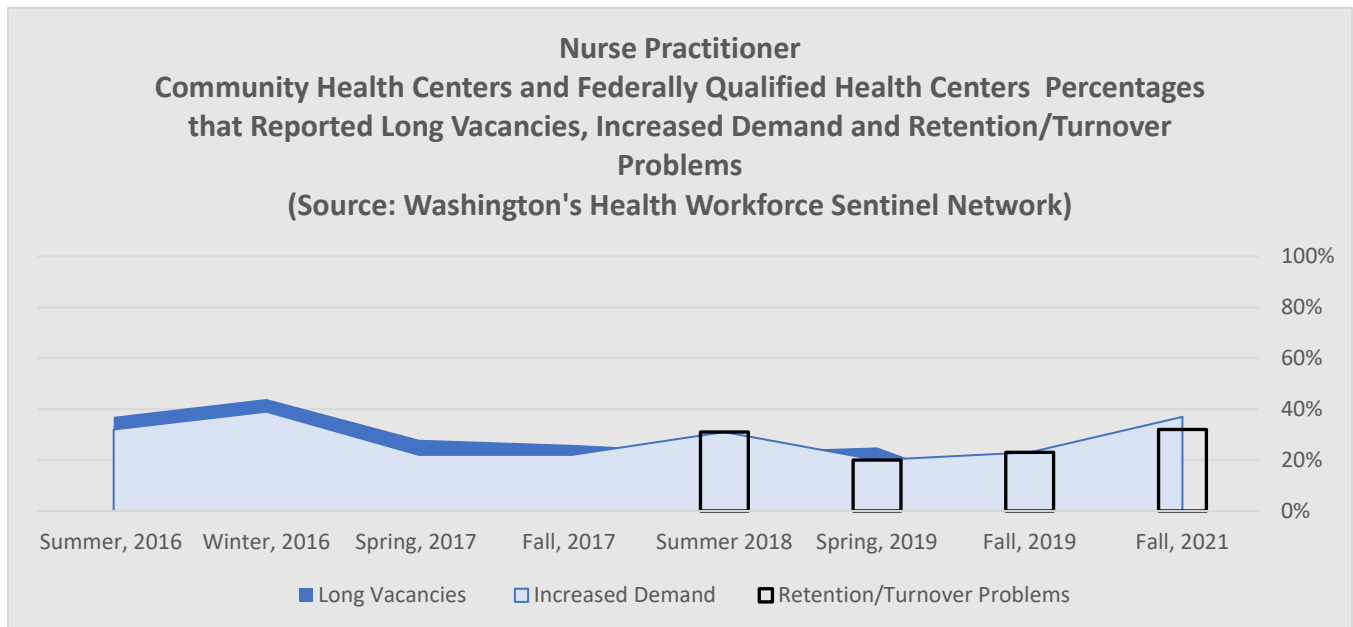
Agency has seen a dramatic increase in clients wanting only medications services, and established clients wanting medications.

Community Health Centers

Community Health Centers and Federally Qualified Health Centers included responses from an average of 17.88 centers which varied from 13 to 23 centers during each reporting period. Spring 2021, Fall 2020, and Spring 2020 reporting period has been excluded due to the low number of reporting centers (less than 10).

There has been an increase in Community Health Centers and Federally Qualified Health Centers reporting NP increase in demand or retention and turnover problems in Fall 2021.

Figure 52: Nurse Practitioner Community Health Center and FQHC Sentinel Network Findings



Community Health Center and FQHC Comments for Nurse Practitioner (2021 Reporting Periods)

Our current salary scale isn't competitive with local recruitment efforts

Rural area- not enough NP's.

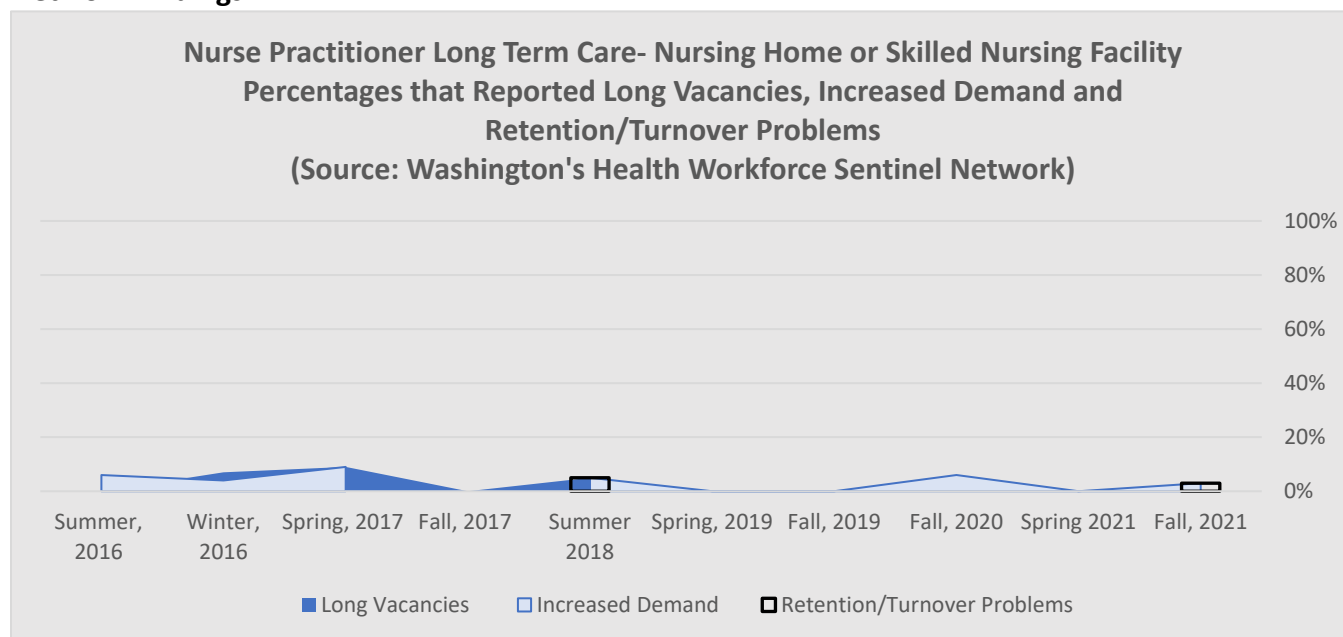
Increased demand for appointments.

Long Term Care- Nursing Home or Skilled Nursing Facility

Long Term Care- Nursing Home or Skilled Nursing Facility included responses from an average of 23.3 facilities which varied from 11 to 44 facilities during each reporting period. The Spring 2020 reporting period has been excluded due to the low number of reporting facilities (less than 10).

Few Long-Term Care- Nursing Home or Skilled Nursing Facilities reported exceptionally long vacancies for open NP positions, an increase in demand or retention and turnover problems across all reporting periods.

Figure 53: Nurse Practitioner Long Term Care-Nursing Home or Skilled Nursing Facility Sentinel Network Findings



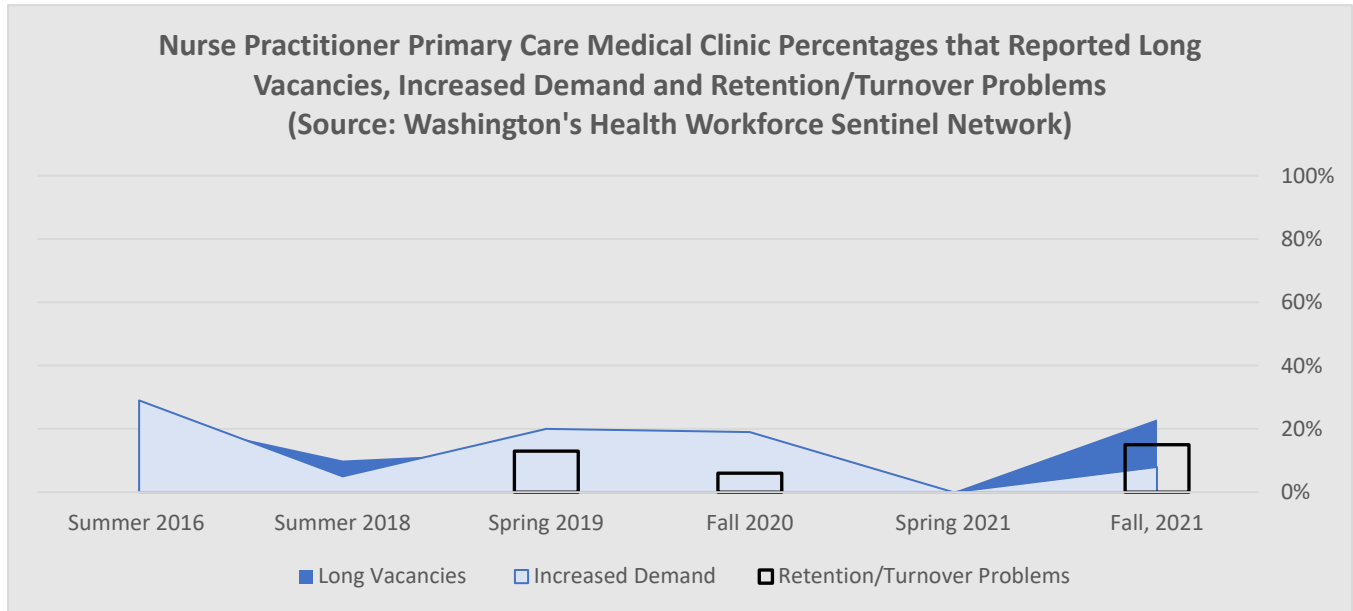
There were no comments in the 2021 reporting periods.

Primary Care Medical Clinics

Primary Care Medical Clinics included responses from an average of 16.83 clinics which varied from 13 to 21 clinics during each reporting period. Spring 2020, Fall 2019, Fall 2017, Spring 2017, and Winter 2016 reporting periods have been excluded due to the low number of reporting clinics (less than 10).

An increased percentage of Primary Care Medical Clinics reported exceptionally long vacancies for open NP positions in Fall 2021 along with retention and turnover problems.

Figure 54: Nurse Practitioner Primary Care Medical Clinic Sentinel Network Findings



Primary Care Medical Clinic Comments for Nurse Practitioner (2021 Reporting Periods)

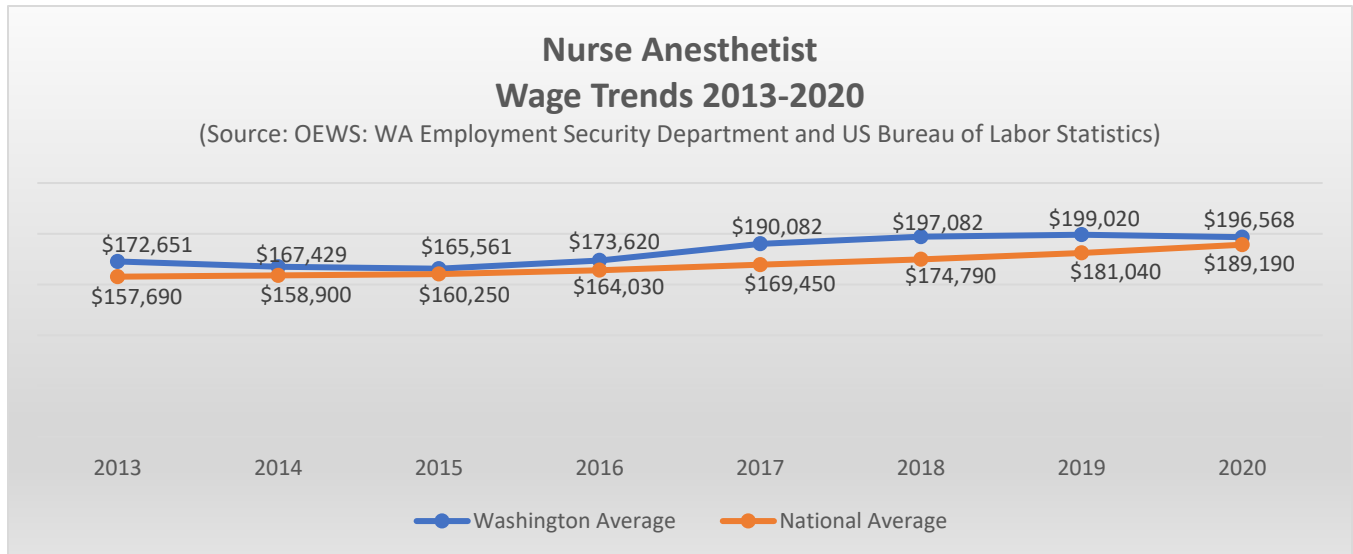
Some have left the market due to mandates related to COVID-19 and concerns about vaccines effect on pregnancy.

As time passes for the pandemic, the need for care has increased demand on our needs for more NPs.

Nurse Anesthetist

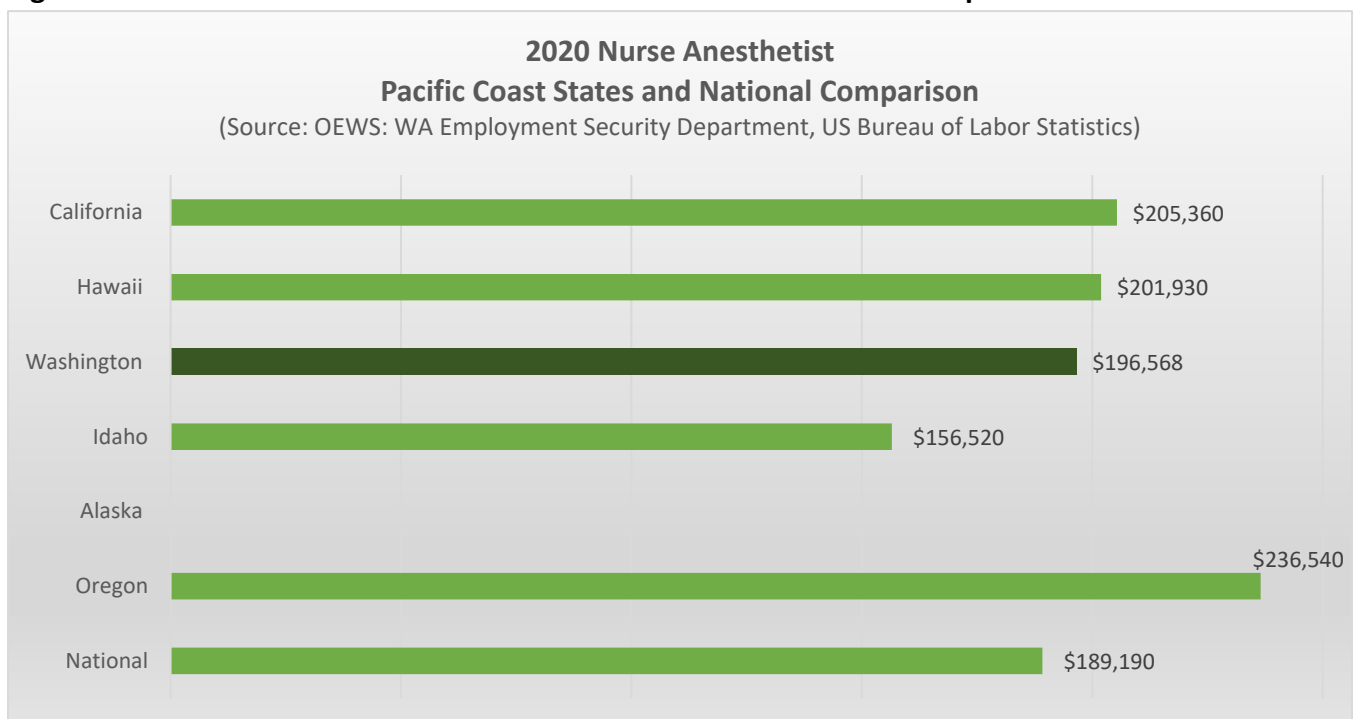
Washington's nurse anesthetist annual wages have increased by 13.85% in the last ten years, with the greatest difference from the national average in 2017-2019.

Figure 55: Nurse Anesthetist Wage Trends 2013-2020



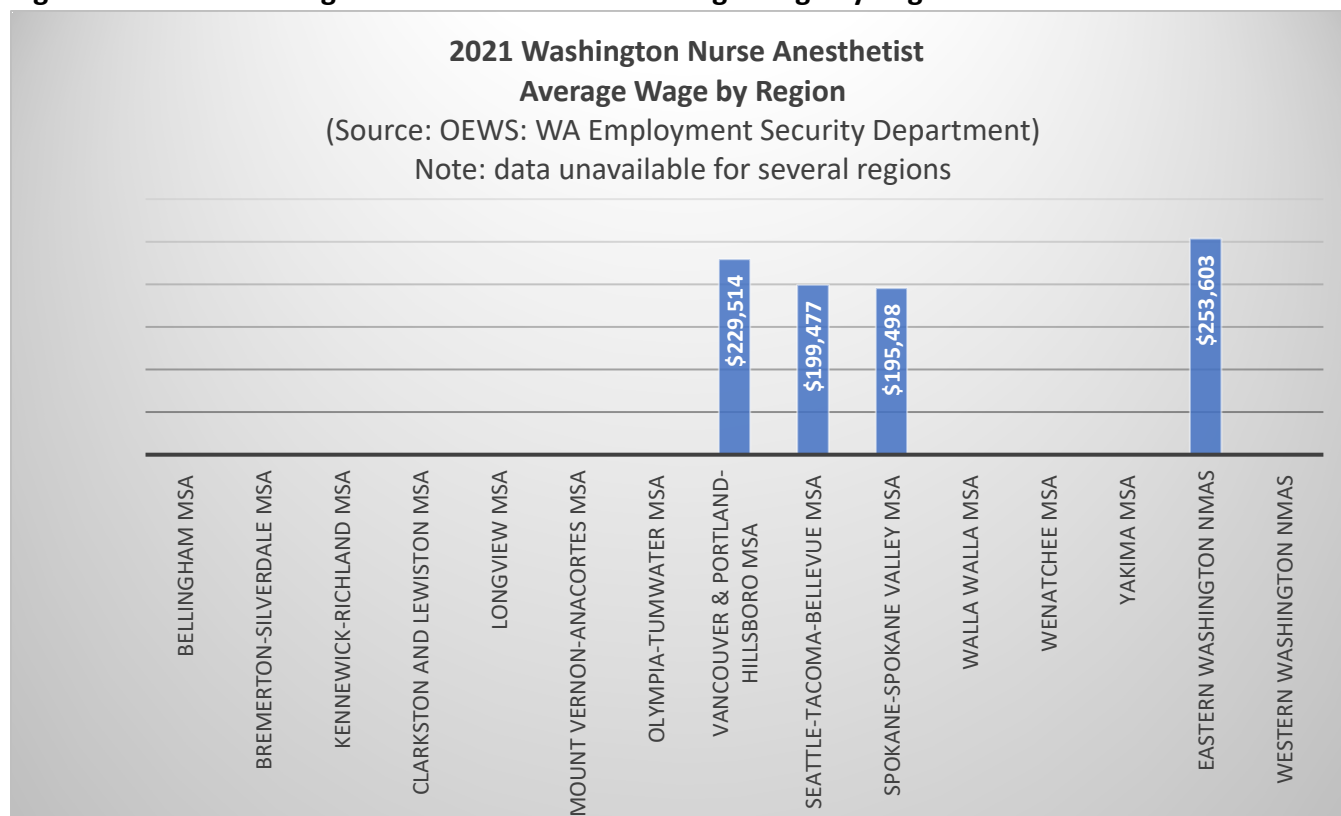
When compared with Pacific Coast states, Oregon (\$236,540), California (\$205,360), and Hawaii (\$201,930) offered higher wages for nurse anesthetists in 2020 as compared to Washington State (\$196,568).

Figure 56: 2020 Nurse Anesthetist Pacific Coast States and National Comparison



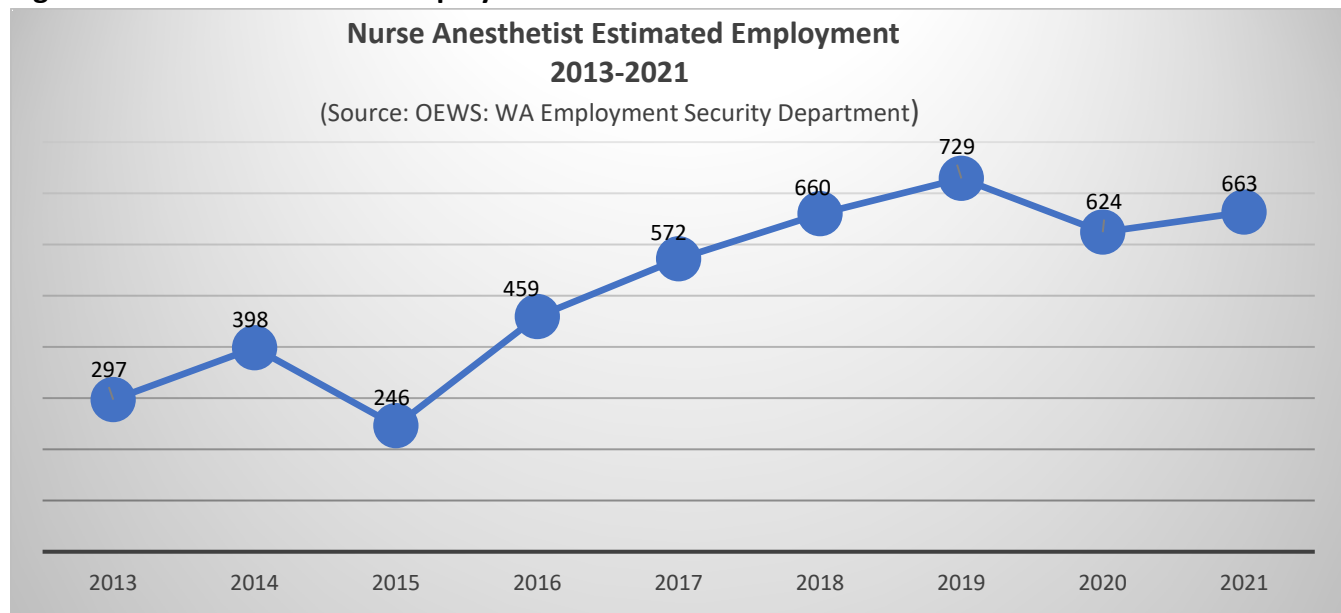
When divided by region, in 2021 nurse anesthetists' annual wages were highest in the Eastern Washington NMA region (\$253,603) and lowest in the Spokane-Spokane Valley MSA (\$195,698). A map depicting NMA regions is available in Appendix A (pg.61).

Figure 57: 2021 Washington Nurse Anesthetist Average Wage by Region



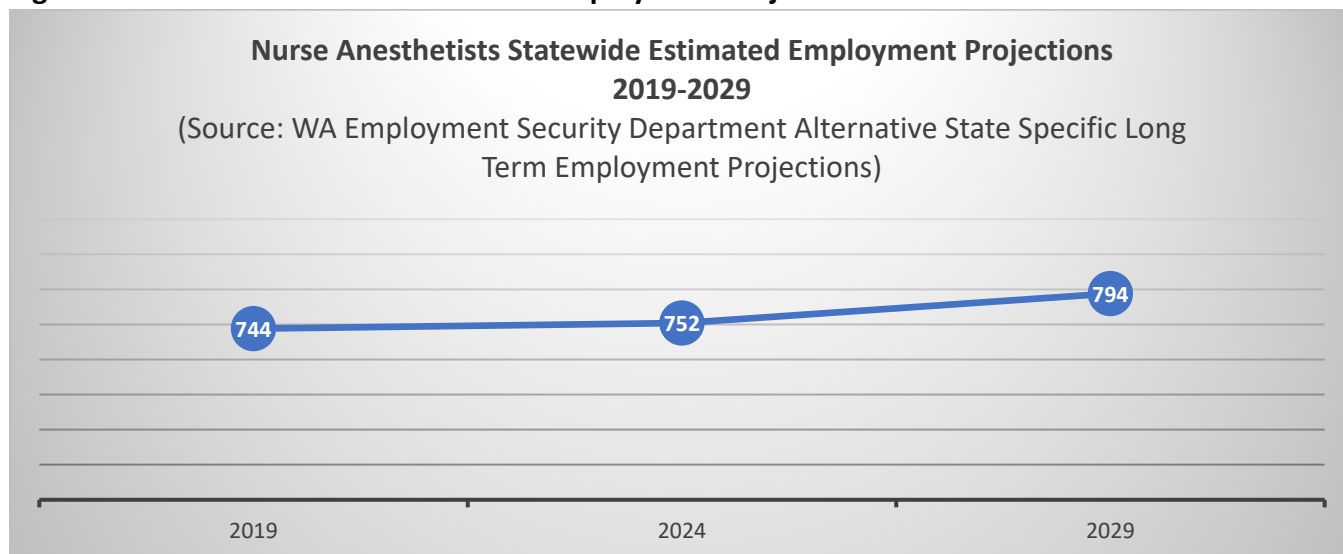
Employment of nurse anesthetists has increased by 123.23% from 297 (2011) to 663 (2021).

Figure 58: Nurse Anesthetist Employment 2013-2021



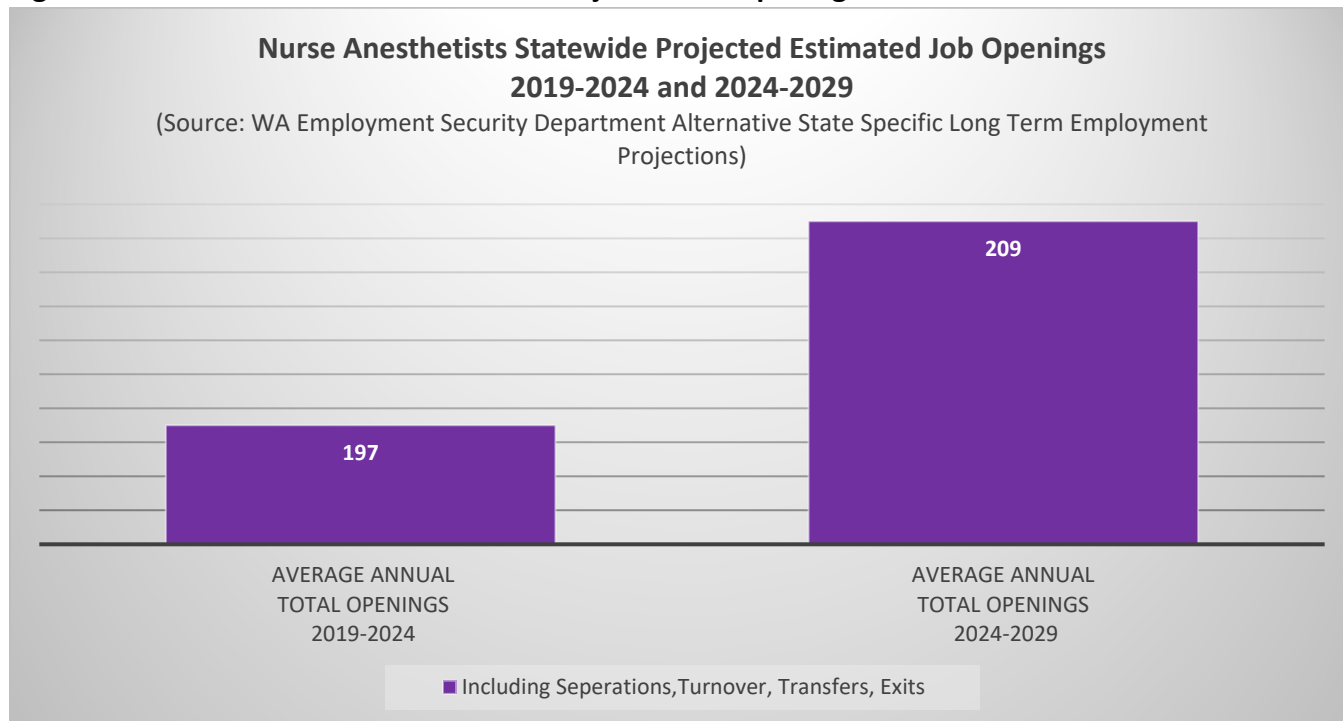
Nurse anesthetist employment is projected to increase by 6.72% from 744 (2019) to 794 (2029).

Figure 59: Nurse Anesthetists Statewide Employment Projections 2019-2029



Average nurse anesthetist annual job openings, including separations, turnovers, transfers, and exits (see definition of these terms in Appendix A), are projected to comprise 26.20% by 2024 and 26.32% in 2029 openings when divided by total employment.

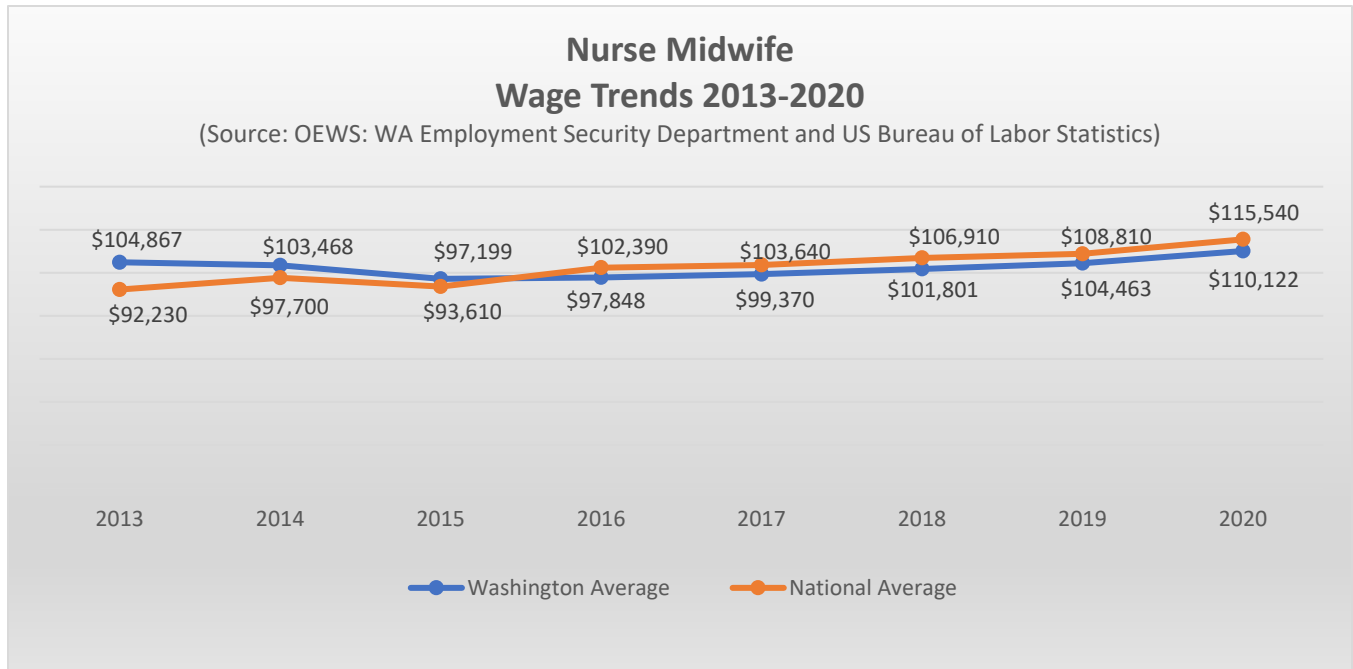
Figure 60: Nurse Anesthetists Statewide Projected Job Openings 2019-2024 and 2024-2029



Nurse Midwife

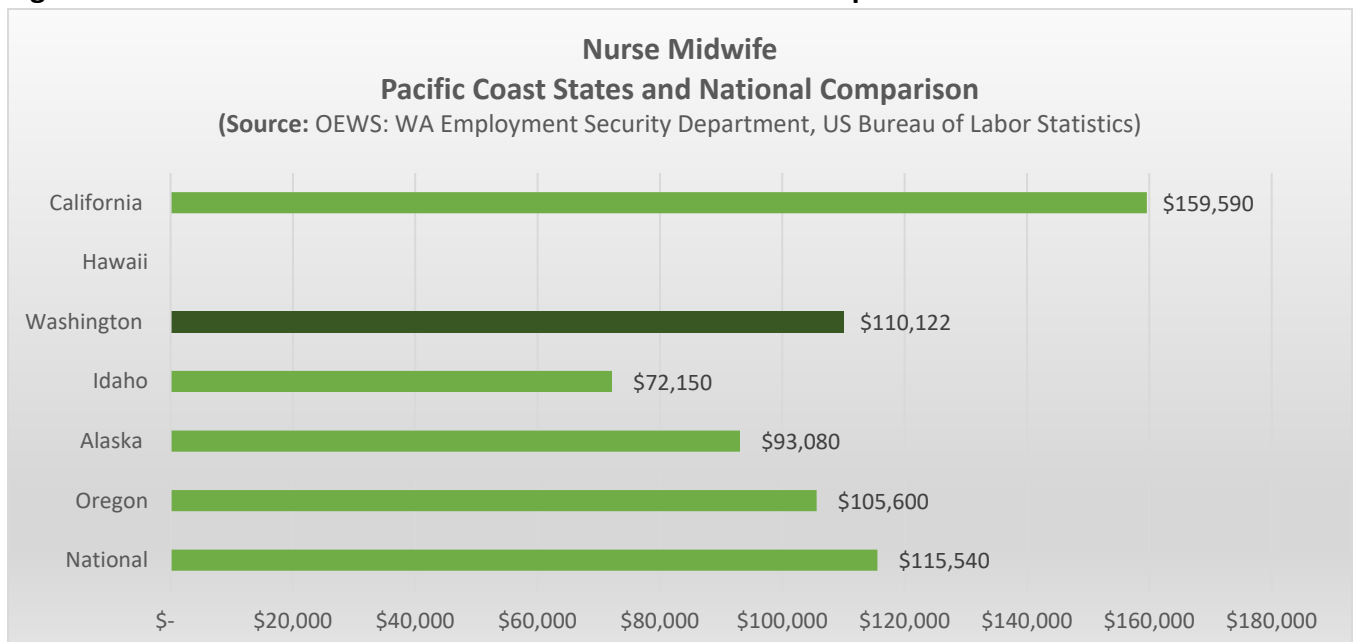
Washington's nurse midwife annual wages have increased by 5.01%, with below national average wages from 2016-2020.

Figure 61: Nurse Midwife Wage Trends 2013-2020



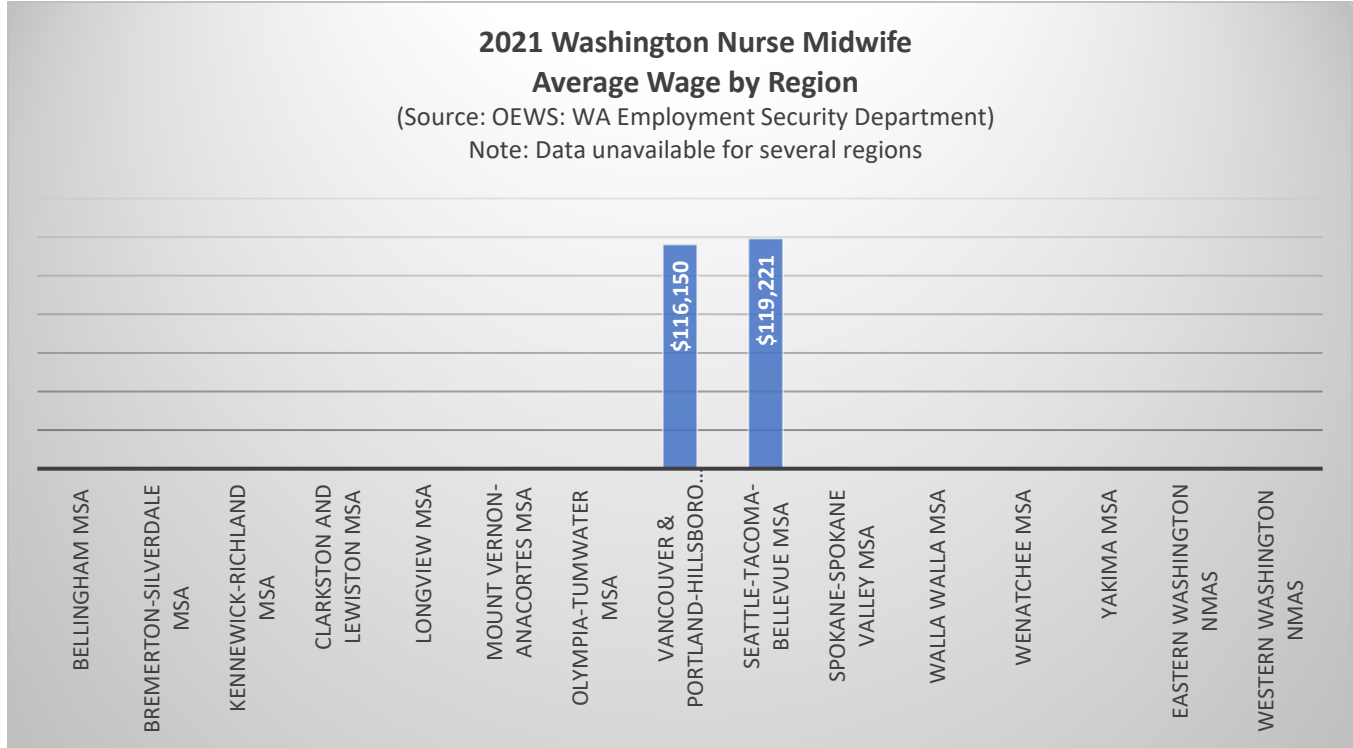
When compared with Pacific Coast states, California (\$159,590) offered higher wages for nurse midwives in 2020 than Washington State (\$110,122).

Figure 62: Nurse Midwife Pacific Coast States and National Comparisons



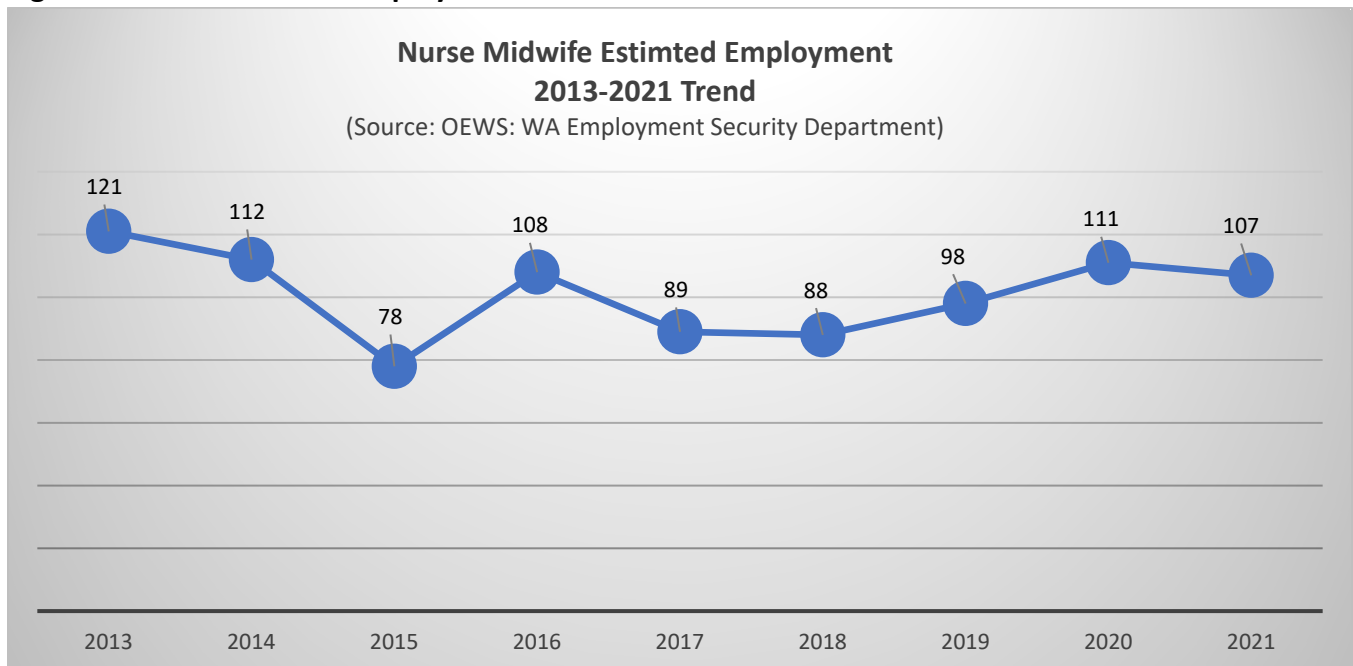
When divided by region, in 2021, nurse midwives' annual wages were highest in Seattle-Tacoma-Bellevue MSA region (\$119,221) and lowest in the Vancouver & Portland-Hillsboro MSA (\$116,150). A map depicting MSA regions is available in Appendix A (pg. 61).

Figure 63: 2021 Washington Nurse Midwife Average Wage by Region



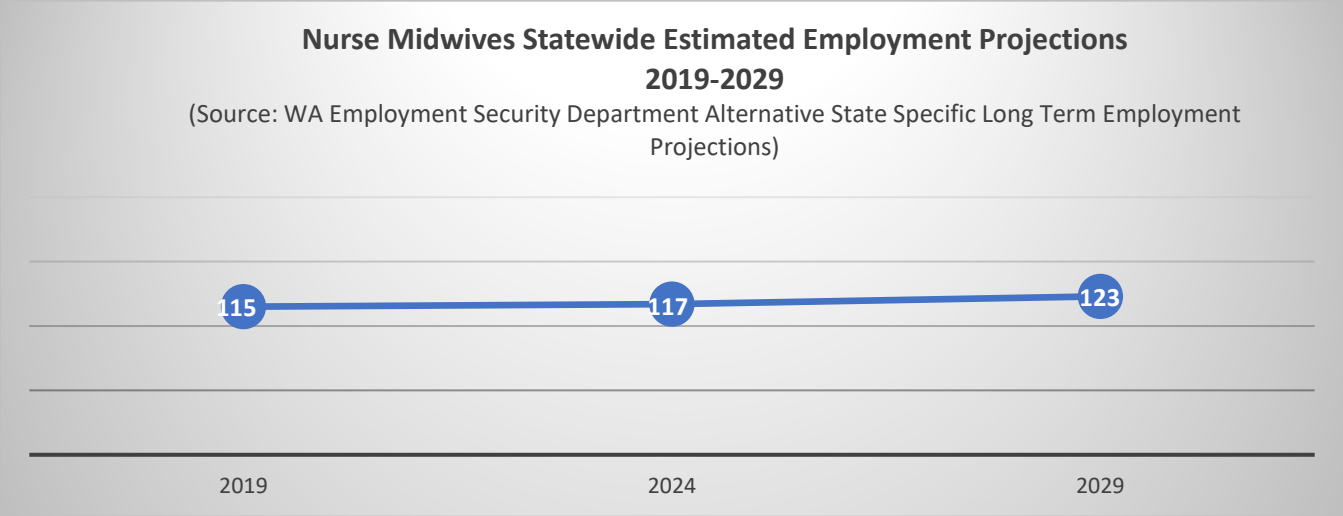
Employment of nurse midwives has decreased by 11.57% from 121 (2011) to 107 (2021).

Figure 64: Nurse Midwife Employment 2013-2021 Trend



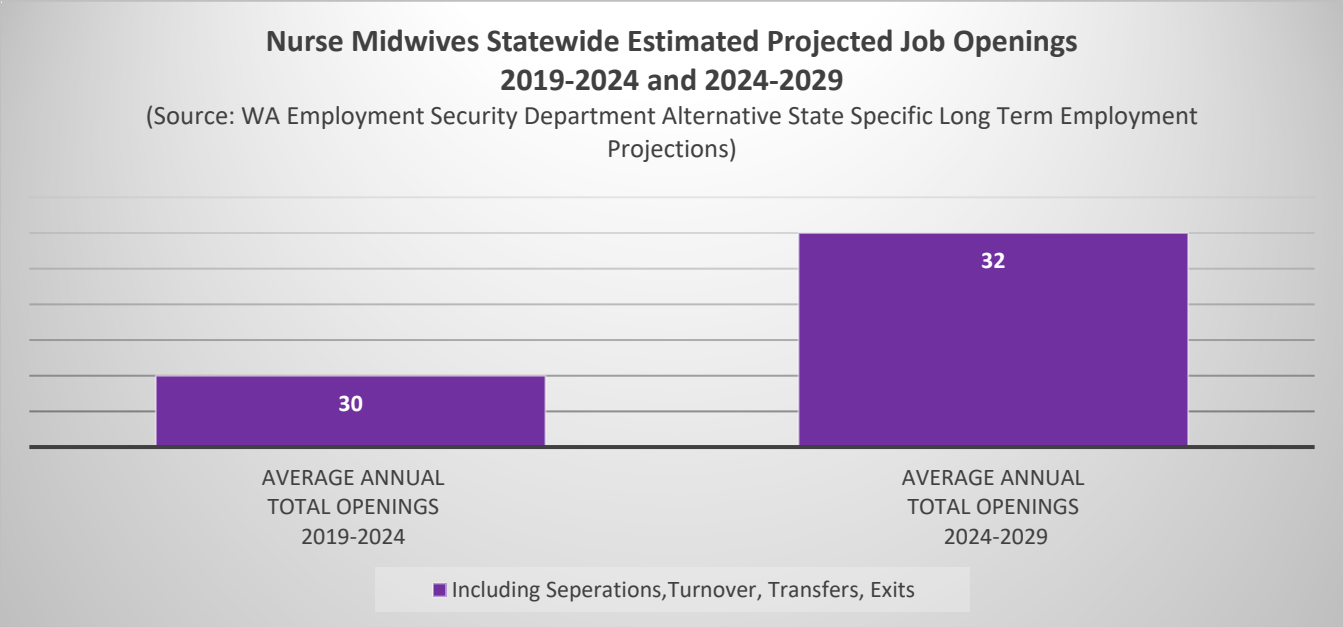
Nurse midwife employment is projected to increase by 6.96% from 115 (2019) to 123 (2029).

Figure 65: Nurse Midwives Statewide Estimated Employment Projections 2019-2029



Average nurse midwife annual job openings, including separations, turnovers, transfers, and exits (see definition of these terms in Appendix A), are projected to comprise 25.64% by 2024 and 26.02% by 2029 openings when divided by total employment.

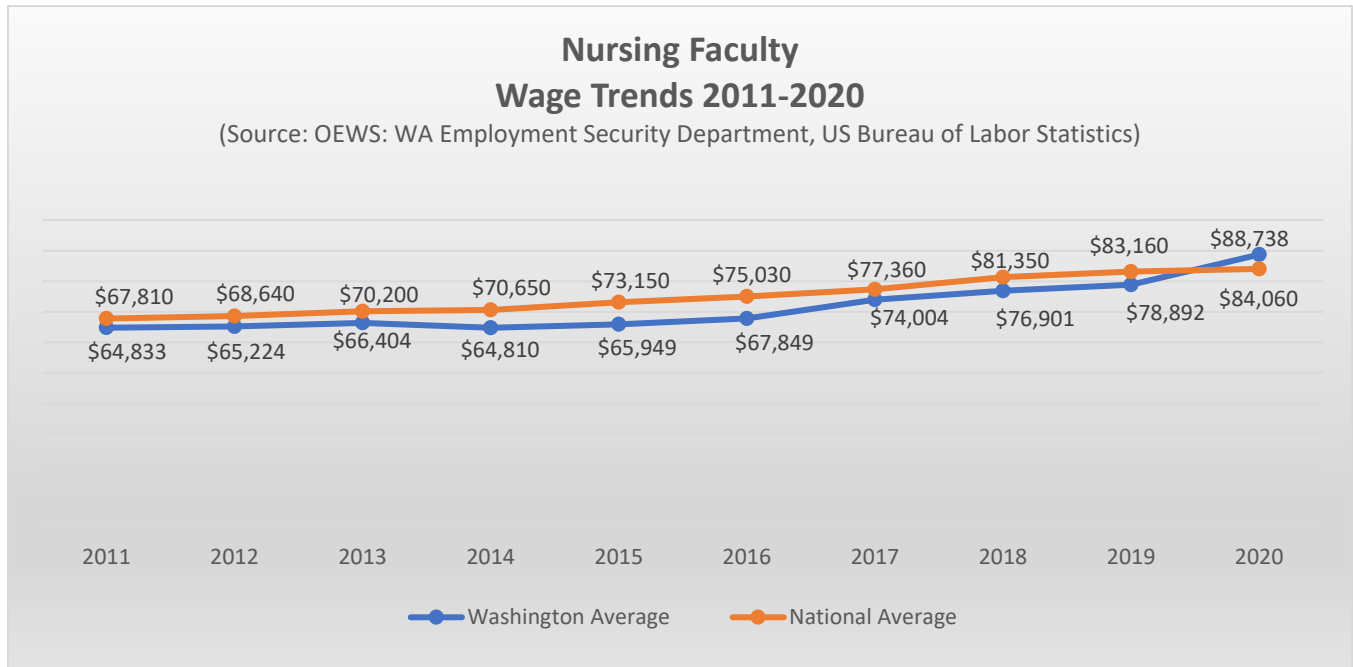
Figure 66: Nurse Midwives Statewide Estimated Projected Job Openings 2019-2024 and 2024-2029



Nursing Faculty

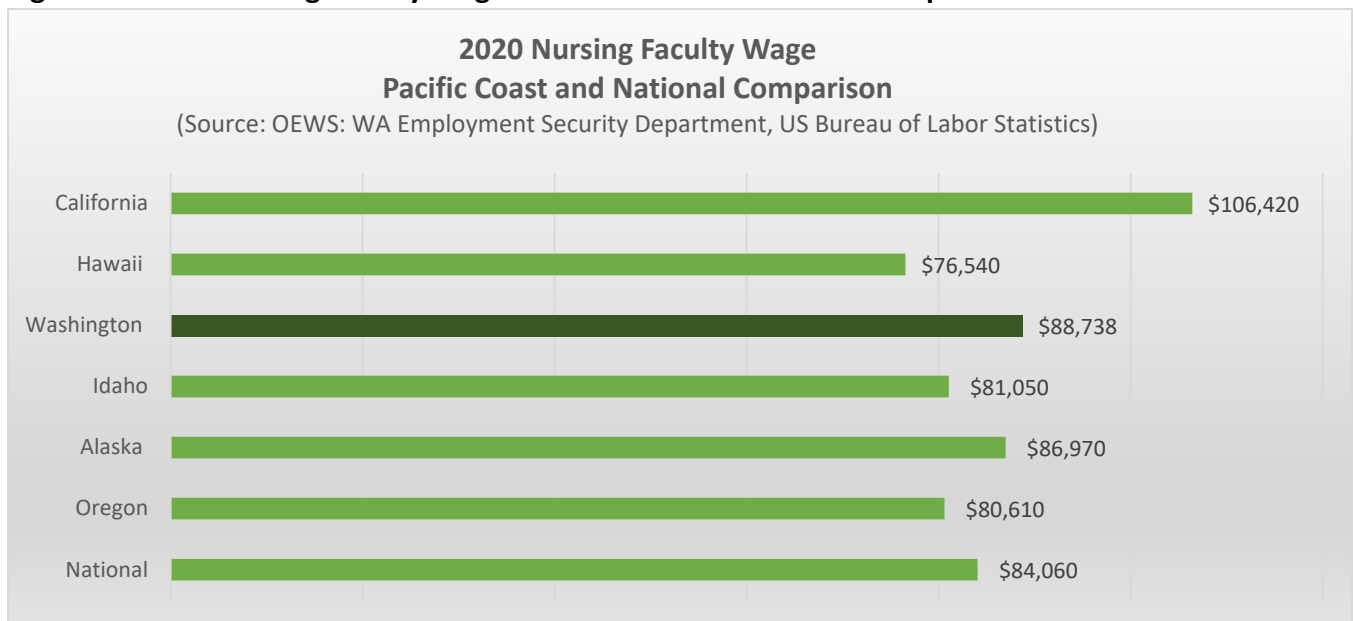
Washington's nursing faculty's annual wages have increased by 36.87% with below national average wages from 2011 until 2019.

Figure 67: Nursing Faculty Wage Trends 2011-2020



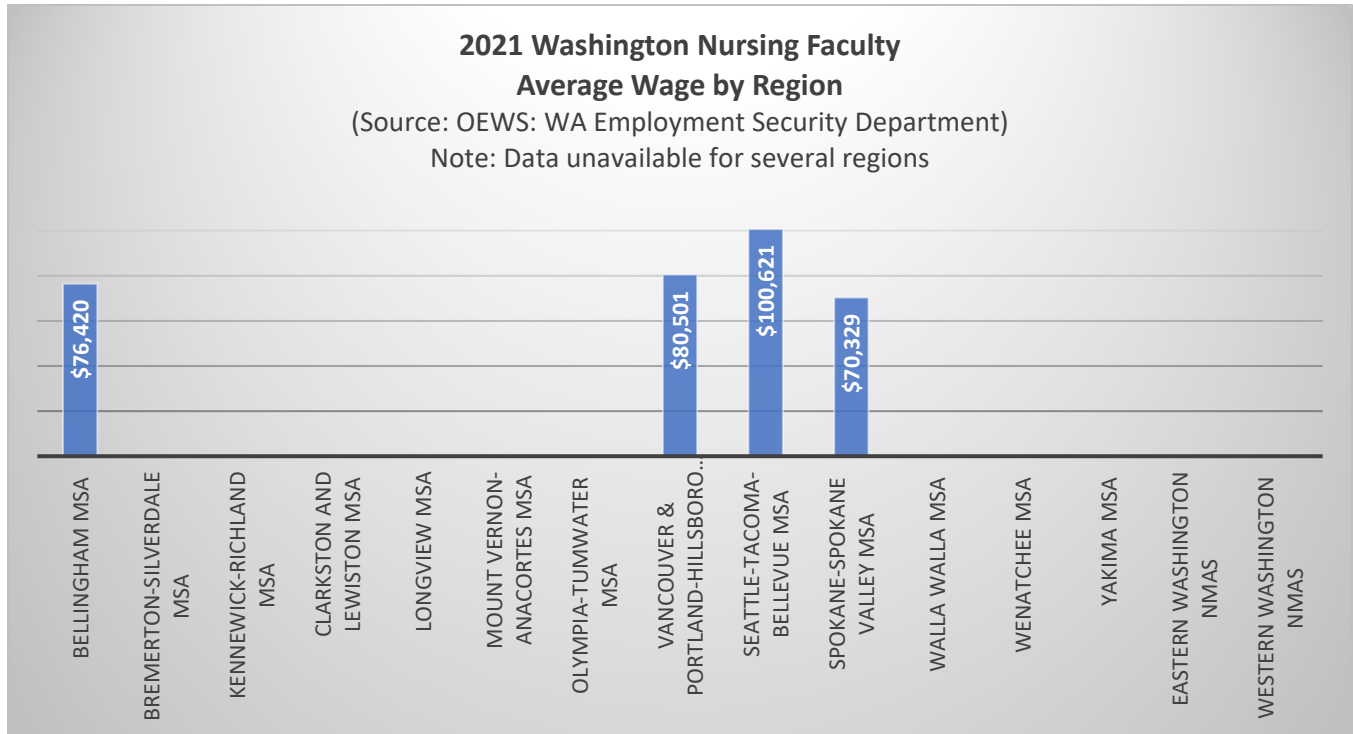
When compared with Pacific Coast states, California (\$106,420) offered higher wages for nursing faculty in 2020 than Washington State (\$88,738).

Figure 68: 2020 Nursing Faculty Wage Pacific Coast and National Comparisons



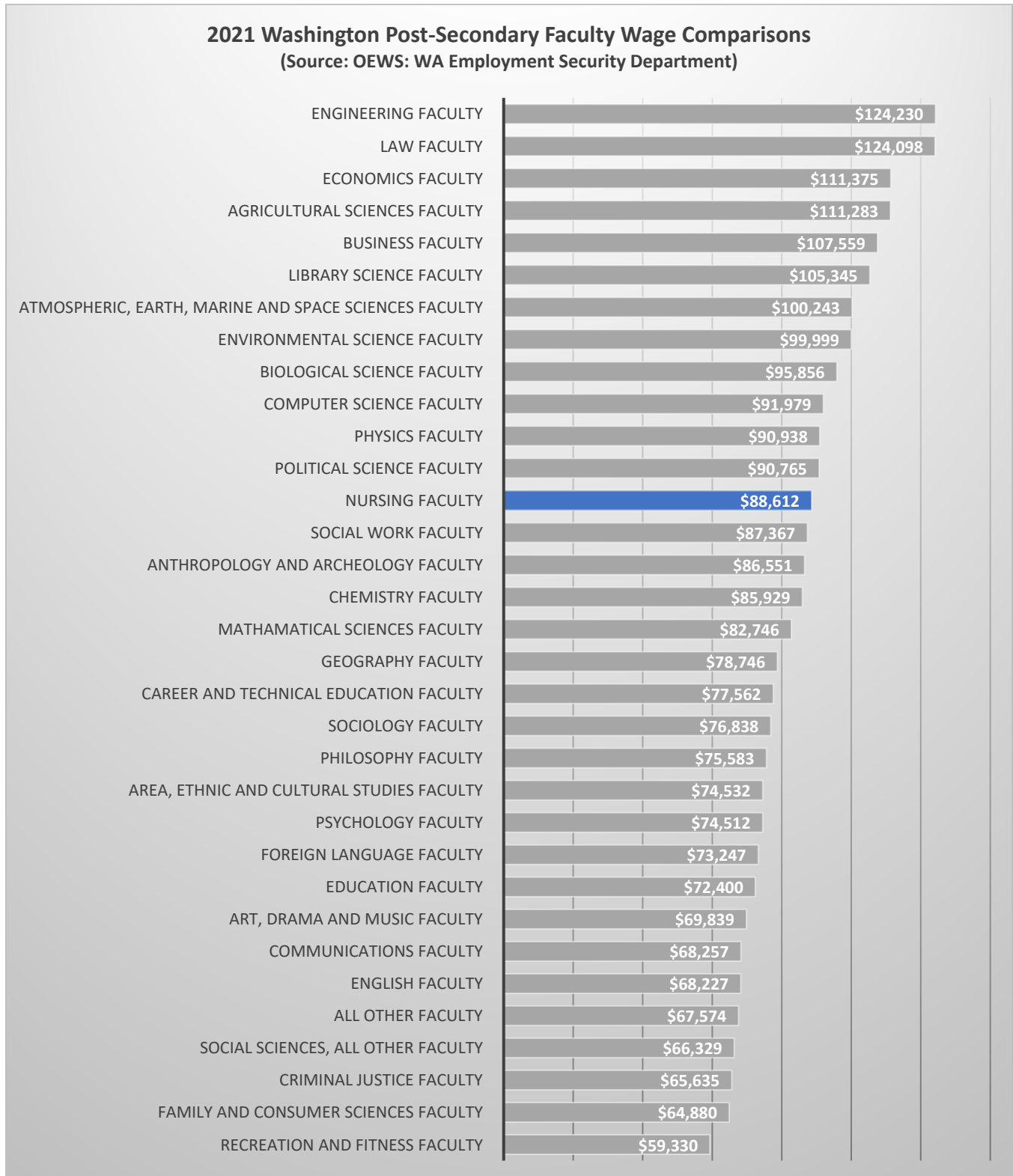
When divided by region, 2021 nursing faculty annual wages were highest in Seattle-Tacoma-Bellevue MSA region (\$100,621) and lowest in the Spokane-Spokane Valley MSA (\$70,329). A map depicting MSA regions is available in Appendix A (pg.61).

Figure 69: 2021 Washington Nursing Faculty Average Wage by Region



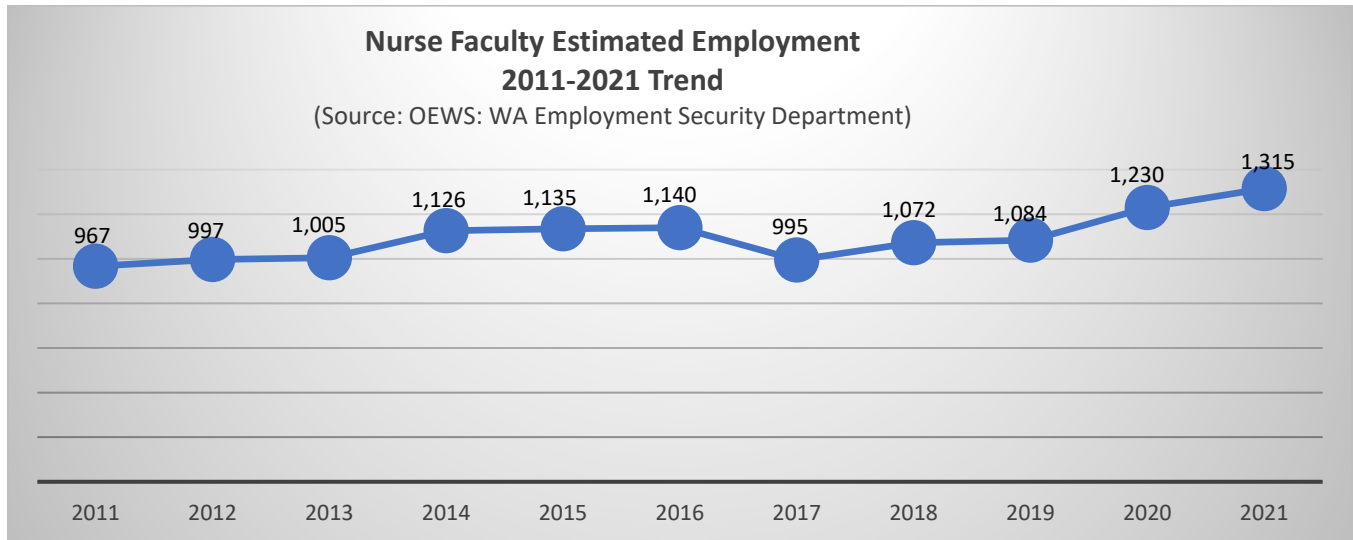
When compared with other post-secondary faculty wages in Washington, nursing faculty wages (\$88,612) were lower than multiple other disciplines faculty.

Figure 70: 2021 Washington Post-Secondary Faculty Wage Comparisons



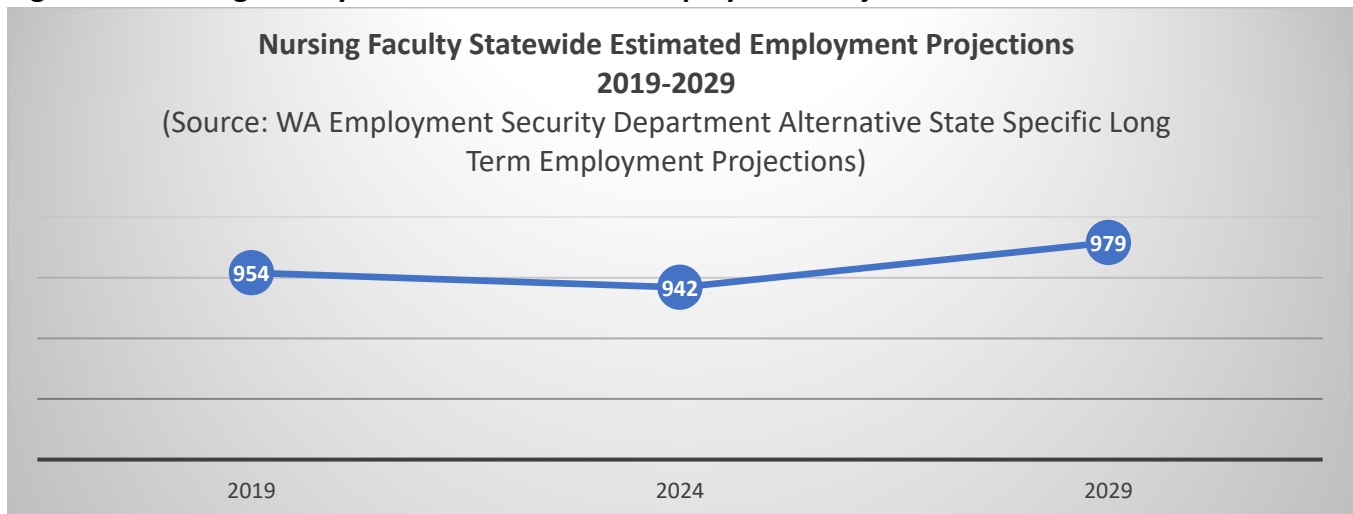
Employment of nursing faculty has increased by 35.99% from 967 (2011) to 1,315 (2021).

Figure 71: Nursing Faculty Employment 2011-2021 Trend



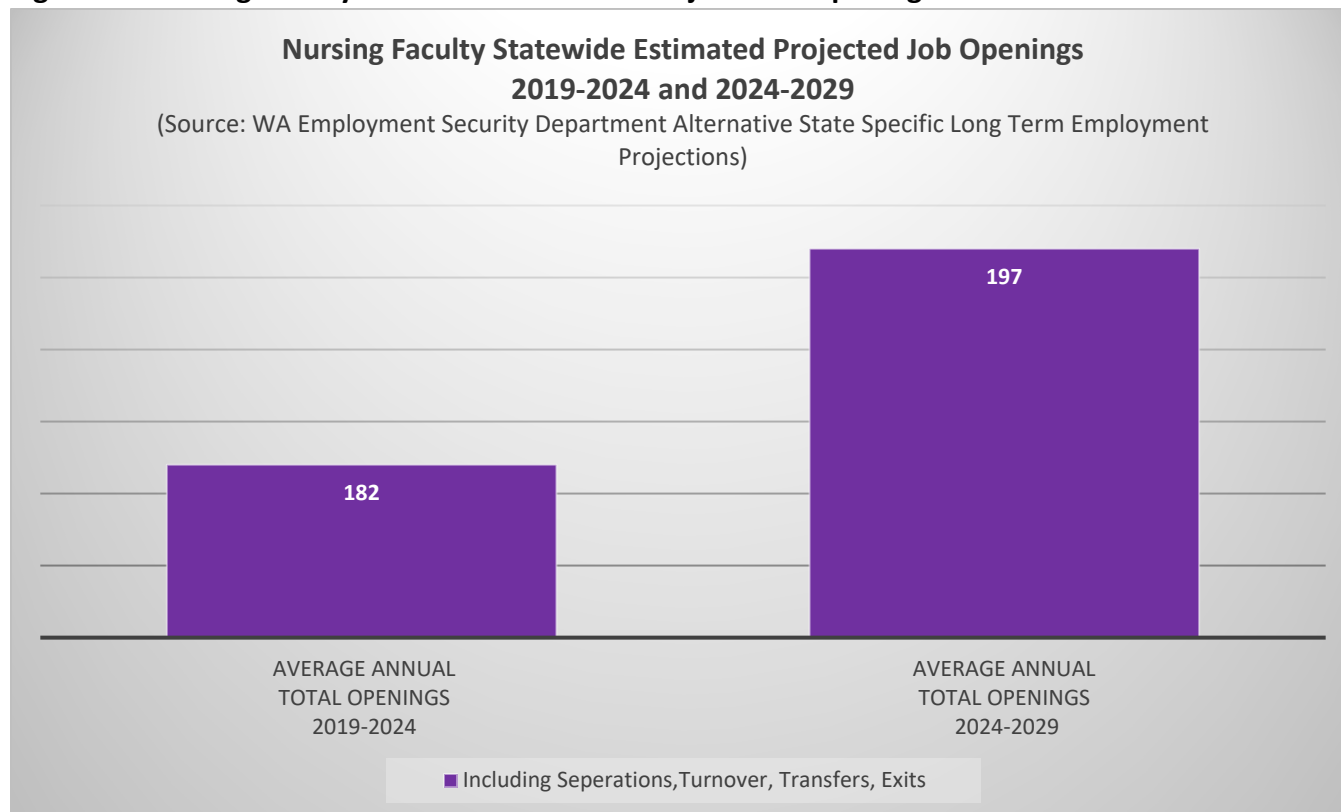
Nursing faculty employment is projected to increase by 3.67% from 954 (2019) to 989 (2029).

Figure 72: Nursing Faculty Statewide Estimated Employment Projections 2019-2029



Average nursing faculty annual job openings, including separations, turnovers, transfers, and exits (see definition of these terms in Appendix A), are projected to comprise 19.32% by 2024 and 19.92% in 2029 openings when divided by total employment.

Figure 73: Nursing Faculty Estimated Statewide Projects Job Openings 2019-2024 and 2024-2029



Future Studies

In March 2021, WCN conducted a stakeholder survey to inform the WCN Research Agenda. The table below lists the stakeholder recommendations for demand-related research topics in the first column. The Washington State Nursing Demand Data Environment Scan summarizes the results analyzed and fulfills 38% of the listed recommendations from stakeholders. The Future Studies column lists recommendations where data was not readily available or recommendations beyond the scope of this report.

For example, many of the recommendations could be collected through an employer demand survey following the National Forum of State Nursing Workforce Centers Demand Minimum Data set https://nursingworkforcecenters.org/wp-content/uploads/2021/12/Nurse_Demand_MDS_RevisedDecember2020.pdf with additional specific questions.

Table 2: Stakeholder Feedback and Future Studies

2021 WCN Research Stakeholder Survey: Demand Recommendations	Washington State Employer Demand Trends for Nursing Professionals: An Environmental Scan of Data from 2011-2020	Potential Future Studies
CRNA Needs in the Future	Included in report	Employer Survey for Community Health, Public Health and School Nursing. Include vacancies, turnover rates, and salaries by specialty.
Demand Data for nurse Types, such as Health Workforce Sentinel Network	Included from Sentential network and Labor data	
Community Health Nursing, Public Health Nursing, School Nursing. Turnover rates by specialty, including school nurse and public health nurse.	Data not available.	
Data concerning comparison of BIPOC nurses employed to various employers throughout the city and the state. The hiring process of the various employers in relation to BIPOC staff.	Data not available.	Employer survey collecting diversity data including salaries.
Support for education attainment like tuition reimbursement by practice setting, why nurses chose a particular practice setting to work, factors that would make certain practice settings more attractive to nurses seeking work	Data not available	Employer survey for settings (hospital, long-term care, ambulatory care, home health, etc.) collecting vacancy, turnover, travel nurse data and information about recruitment and retention strategies, skills needed and recognitions strategies. Include a question about new nurse wages and

		data about direct care nurses versus nurses in leadership positions. Could examine magnet versus non-magnet.
Demand data for ARNPs	Included in report	
Where are there more nurses than jobs and where are there employment opportunities not being filled in any practice setting?	Job openings included in report-regional data available but included in report. Would also need a comparison with supply by region.	
Nursing supply and demand with rapidly changing nursing workforce and modern healthcare.	Not included in report. Follow-up documents will include both supply and demand information.	
Salaries of nursing faculty across the state of WA.	Included in report	
Continue to provide employment data	Included in report.	
Racial diversity and salaries	Data not available.	
How many open positions are there and what is the current status of our agency nurses? Are the agency nurses WA residents or from out of state with WA licenses	Data not available.	
Demand for RNs across settings, not just acute care	Labor Data for all settings together included in the report, Sentinel data across settings included in report.	
Hourly and salary in regard to cost of living in WA state	Salary included in report. Comparison with cost of living not calculated.	
Nursing needs (vacant positions)	Data not available.	
WA state and National data	Salary data for WA and National included in the report.	
Highest wage for new nurses, need vs. demand with area	New nurse wage not available.	
Employer demand in acute care settings. How many essential positions are open, how long they have been open,	Setting specific demand numbers not available.	

challenges, projected outcomes from our current state		
Salaries of School nurses	Data not available.	
If can get turnover data that would be good - both for direct care nurses as well as nurses in leadership positions	Data not available.	
How many school nursing positions go unfilled- how many nurses are working in a job that they are overqualified for?	Data not available.	
The usual, but also information about needs to help retain the incumbent nurse workforce (e.g., new skills needed, ways to recognize and support professional development)	Data not available.	
Where demand is regionally and by setting, correlation with job satisfaction and pay	Data not available.	
Magnet facilities versus non-magnet facilities	Data not available.	
Consistent dashboards would be so helpful so we can follow industry trends of shortages, surpluses, use of travelers, use of LPN and NACs in addition to RN and ARNPs. Consistency would help us monitor some of these cyclical trends.	Dashboards are under development. Traveler data is not available.	
Nursing practice areas and employment in different practice areas, shortages, supply and demand for areas of nursing practice	Specific nursing practice area employment data is not available.	

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- U.S. Bureau of Labor Statistics May 2020 Occupation Profiles https://www.bls.gov/oes/current/oes_stru.htm
- Washington's Health Workforce Sentinel Network Facility Findings Summer 2016-2021
<https://wa.sentinelnetwork.org/findings/facility/>

Appendix A:

Washington Employment Security Department Data Sources

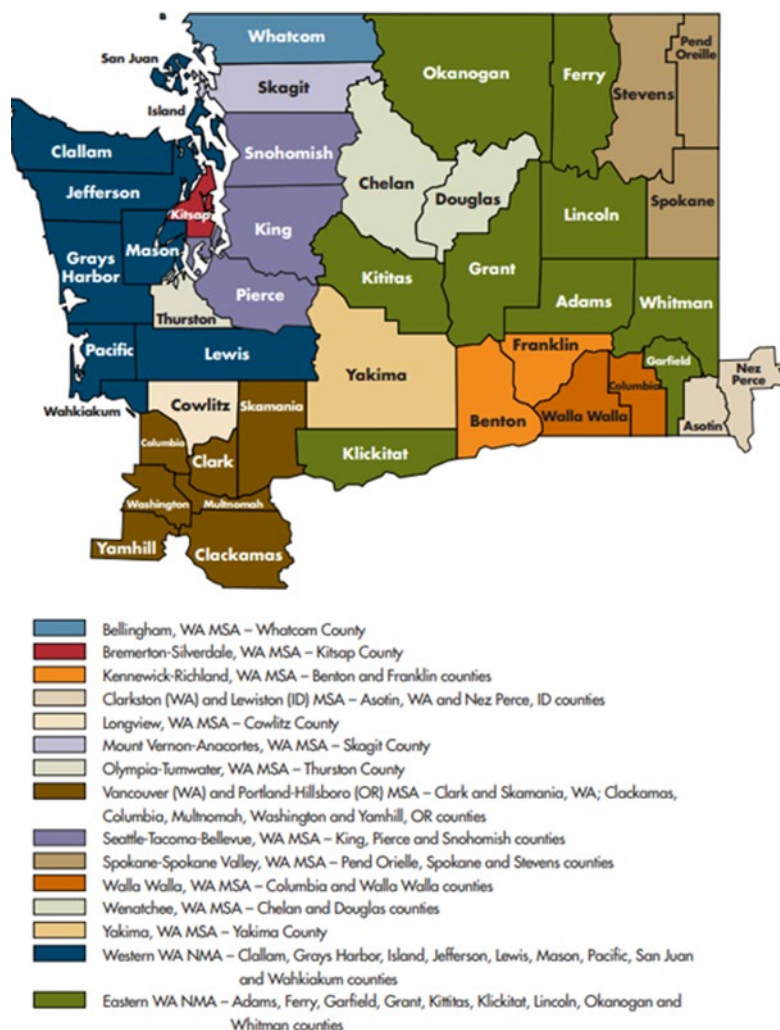
Occupational Employment and Wage Statistics (OEWS)

This is a program of the U.S. Department of Labor, Bureau of Labor Statistics (BLS). This federal-state cooperative program produces employment and wage estimates for nearly 867 occupations. Each year the Employment Security Department's Labor Market and Economic Analysis division compiles occupational employment and wage estimates for Washington state. The data are presented statewide, for metropolitan statistical areas (MSAs) and nonmetropolitan areas (NMAs). All data are at the cross-industry level. For more information, go to

<https://esd.wa.gov/labormarketinfo/occupations>

Estimates for a given reference period are based on a sample of 1.1 million business establishments collected in six semiannual panels for three consecutive years. Using six data panels to produce each set of estimates allows data to be produced at very detailed levels of occupation, geography, and industry, but it also means that sudden changes in staffing patterns or wages are reflected in the OEWS estimates only gradually. Data limitations for this data source include periodic changes in the Standard Occupation Classification Codes (SOCS) and analysis changes from year to year.

Map of survey areas



WA Employment Security Department Alternative State Specific Long Term Employment Projections

Employment projections provide job seekers, policy makers, and training providers an idea of how many jobs exist within industries and occupations, how the number of jobs is expected to change over time, and what the future demand for workers will be. Projections show expected changes in employment by industry and occupation, the current and projected employment counts, estimated growth rates, and average annual openings. Temporary employers and those with less than 50 openings are not included in the projections.

Beginning with the 2017 projections cycle, ESD created a new Washington state-specific alternative occupational method to the BLS separations method. The objective was to also track job openings due

to workers transferring within occupations. The alternative method is based on Washington state wage records, making the resulting alternative rates specific to Washington state.

The alternative rates track openings created by turnover within occupations (i.e., workers stay within occupations but transfer to different companies) and when workers leave one occupation for another or leave the workforce. Job opening projections include consideration of:

- Separations- workers who leave occupations that need to be replaced by new entrants; this includes exiting the workforce
- Turnovers- workers stay within the occupation, but change employers
- Transfers- includes transfers between industries, inside industries
- New individuals in Washington state wage records
- Exits or individuals that are no longer in the wage file

More information is available on their website: <https://esd.wa.gov/labormarketinfo/projections>. Data limitations for this data source include annual changes in the projection model, which can impact year-to-year comparisons.

Washington State Employer Demand Reports

The Washington State Employment Security Department produces a [group of four monthly reports](#) that track the top 25 skill clusters and certifications that employers are looking for in workers, along with the top 25 occupations and employers. This data is gathered from The Conference Board Burning Glass Help Wanted Online data series that gathers real-time labor demand data from online job ads. Burning Glass collects online postings from over 45,000 online job sites to develop a comprehensive portrait of labor market demand. Software reviews each posting eliminating duplicate postings, and the resulting database is utilized for analysis. The labor market demand data collected represents about 85% of the total labor demand and does not capture local job postings and other recruitment strategies. For more technical information about this data source, visit their website at <https://esdorchardstorage.blob.core.windows.net/esdwa/Default/ESDWAGOV/labor-market-info/Libraries/Occupational-reports/Employer-demand-top-25/2020%20HWOL/Market%20Representation%20New%20US.pdf>

Appendix B:

Washington's Health Workforce Sentinel Network

The Health Workforce Sentinel Network links the healthcare sector with policymakers, workforce planners and educators to identify and respond to changing demand for healthcare workers, with a focus is on identifying newly emerging skills and roles required by employers. The Health Workforce Sentinel Network is an initiative of Washington's Health Workforce Council, conducted collaboratively by Washington's Workforce Board and the University of Washington's Center for Health Workforce Studies. Funding to initiate the Health Workforce Sentinel Network came from the Healthier Washington initiative, with ongoing support from Governor Inslee's office and the Washington State Legislature.

Every six months, employers ("Sentinels") from across the state and from a wide range of healthcare sectors share their top workforce challenges. This information is used to identify signals of changes in the healthcare workforce and possible solutions. The data are compiled and made available on the Health Workforce Sentinel Network website and disseminated through meetings and reports so that employer needs are communicated to stakeholders who can make the necessary changes. [Click to find more information about the Health Workforce Sentinel Network.](#)