Washington State Nursing Education Trend Report 2019-2023

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Theresa Granger, PhD, MN, ARNP, FNP-C
Associate Professor
Buntain School of Nursing, Northwest University

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

WASHINGTON CENTER FOR NURSING

16300 Christensen Rd, Suite 310
Tukwila, WA 98188
206.787.1200

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Executive Summary

- This five-year report (2019–2023) provides an overview of nursing education trends in Washington State, drawn a secondary analysis of prelicensure and postlicensure annual education state surveys and the Washington Board of Nursing's Education Data Dashboard.
- Despite expanded program capacity, enrollment across many nursing pathways has not kept pace, highlighting systemic mismatches between educational potential and workforce outcomes.
- Major barriers exist including limited clinical placements, persistent faculty shortages, and geographic inequities, especially affecting rural and underserved regions.
- Demographic data reveal a continuing need to increase representation of underrepresented racial, ethnic, and gender groups among both students and faculty, underscoring ongoing equity gaps.
- Prelicensure clinical education has increasingly relied on simulation, with regulatory shifts influencing the balance between in-person and simulated training hours.
- Faculty workforce trends show a concerning pattern of rising resignations, alongside retirements, adding to instability in program leadership and instruction capacity.
- Nursing program leaders cite faculty recruitment and retention, availability of clinical placements and preceptors, financial constraints, student success issues, and competition with online programs as significant operational challenges.
- Student enrollment in associate and baccalaureate programs remains robust. Doctor of Nursing Practice (DNP) enrollments continue steady national growth, though Washington-specific DNP numbers appear to have plateaued.
- Recommendations include expanding data collection on simulation use in postlicensure programs, investing in faculty development and leadership pipelines, and improving support systems for underrepresented students and faculty to strengthen workforce diversity.
- This report advocates for stronger regional collaborations, innovative preceptor incentives, expanded use of telehealth and virtual simulation, and targeted efforts to stabilize program leadership and faculty staffing to ensure program resilience moving forward.

Introduction

Nursing education in Washington State stands at a pivotal crossroads. Amid rising demand for nurses across all care settings, nursing programs are working to adapt to an increasingly complex set of challenges such as faculty shortages, limited clinical placements, and uneven access to educational opportunities, particularly in rural and underserved areas. At the same time, advances in simulation, regulatory changes, and expanded educational pathways are creating new possibilities for how nurses are prepared to enter and advance in the profession.

Over the past five years, the state's nursing education landscape has experienced both strain and innovation. Programs have expanded their capacity in response to workforce needs, yet many continue to face barriers to fully enrolling and graduating students. The demographic makeup of students and faculty reflects ongoing disparities in representation, and the infrastructure to support equitable, high-quality education remains uneven across regions.

This report provides a detailed look at how nursing education in Washington state is evolving. It examines trends in enrollment, faculty workforce, clinical training, and program distribution, offering insight into the forces shaping the current and future state of the profession. As Washington seeks to build a nursing workforce that is prepared, diverse, and geographically distributed, understanding the state of nursing education is critical to informing policy, investment, and collective action.

"Prelicensure" indicates programs that are designed for students who have not yet obtained Registered Nursing (RN) licensure. This includes the programs: AD-RN, BSN, LPN, LPN to BSN, and GE. "Postlicensure" indicates programs that are designed for students who have already obtained RN licensure. This includes the programs: AD-MS, ARNP, MSN and MN, RNB, PMC, DNP, and PhD (Washington State Board of Nursing, n.d.). Appendix A includes a complete list of program acronyms used along with their definitions.

Results

The following section presents key findings drawing on data from a secondary analysis of the Washington State Board of Nursing's (WABON) annual prelicensure and postlicensure program surveys from 2019 to 2023 and data trends using the Education Data Dashboard from the same time period. The results highlight trends in enrollment, faculty capacity, clinical training availability, student and faculty demographics, and geographic program distribution. This data provides a snapshot of the structural realities, growth patterns, and persistent challenges facing nursing education across the state. These findings offer a foundation for understanding where the system is functioning well, where gaps remain, and what opportunities exist to strengthen the pipeline of a well-prepared and equitable nursing workforce. The purpose of this report was to examine trends and challenges in nursing education programs across Washington State from 2019 to 2023 with the goal of informing policies and practices that strengthen nursing education capacity.

Programs

Washington state is rich with nursing educational programs. A complete list of approved nursing programs and program offerings can be found on the WABON website. When looking at rural versus non-rural prelicensure programs and their specific geographic location within the state, mapping program locations can be helpful particularly when evaluating shortage areas and locating potential funding opportunities for both faculty and students. The significance of which will be described in the sections below.

Program Mapping

When completing their annual educational survey, program deans and directors (or designee) provided cities where their programs are located. These cities were then placed into their respective counties using the Washington State Cities and Counties (2023) open data portal for comparison. Auburn is situated in both King and Pierce Counties. For this report, Auburn was placed in Pierce County as both King and Pierce counties are classified as non-rural.

Non-Rural Vs. Rural Designation

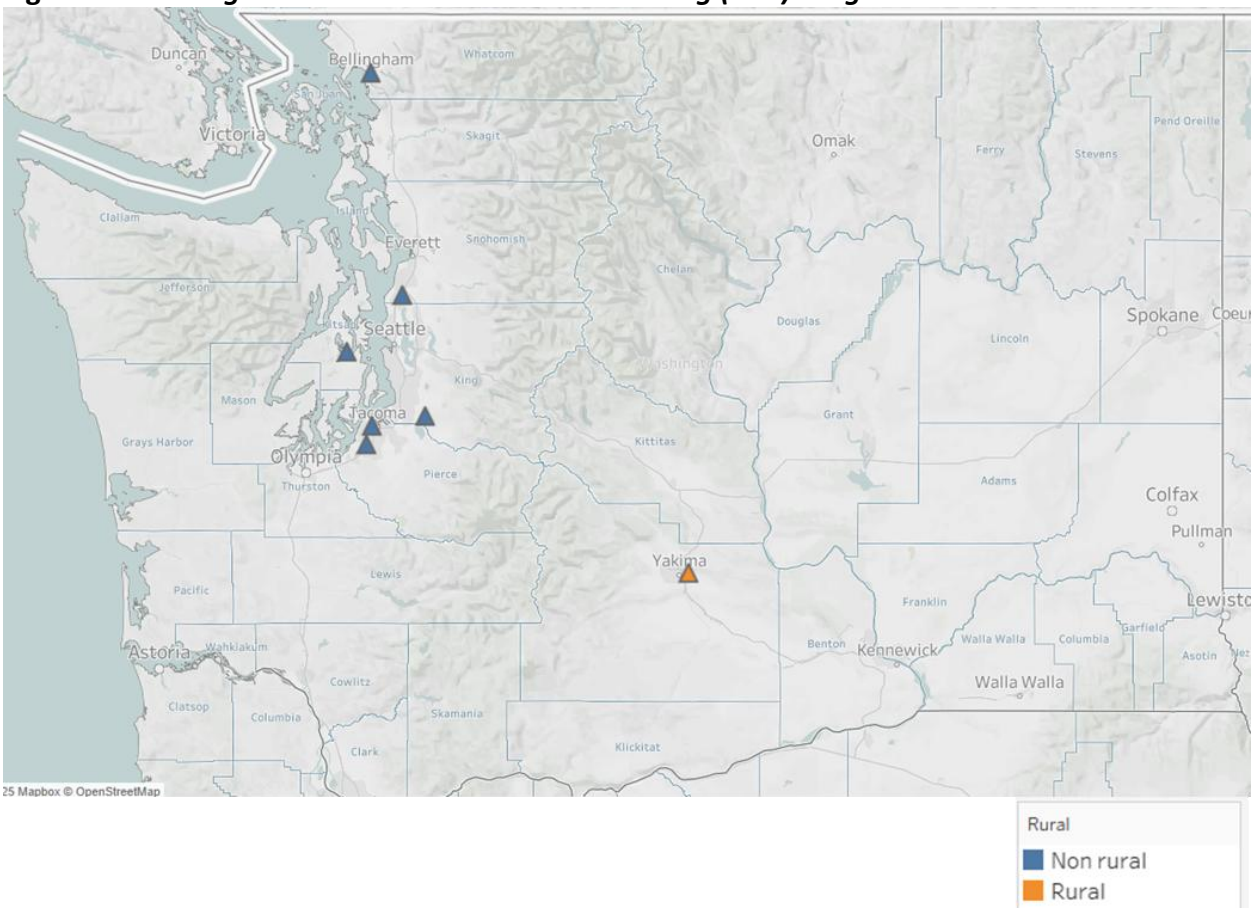
Once the cities were placed within their respective counties, the counties were then classified as non-rural or rural based on the Washington State Office of Financial Management (OFM) (2024) classifications. In instances where there was a discrepancy between self-reported data and OFM classification, the OFM classification was used. A "rural county is defined as a county with a population density of less than 100 persons per square mile" (OFM, 2024).

Geographically, Washington is a large state with prelicensure nursing programs located across all regions. Figures 1 through 3 display licensed practical nursing (LPN), associate degree in nursing (ADN), and bachelor of science (BSN) nursing programs in Washington state along with their non-rural and rural designations. The majority (88%) of the LPN programs are located in non-

rural Western Washington areas. Yakima Valley College has the only LPN program located in a designated rural area (Figure 1). ADN (Figure 2) and BSN programs (Figure 3) are widely dispersed throughout the state. With the exception of Bellingham and Omak, nursing programs are lacking in the state's northern most regions (Figure 4).

Figure 1 illustrates the geographic distribution of Licensed Practical Nurse (LPN) programs in Washington State, categorized by rural (orange) and non-rural (blue) settings. The visual reveals a strong concentration of LPN programs in non-rural, urbanized areas, particularly clustered around the Seattle-Tacoma-Olympia corridor in western Washington. In contrast, there is a notable scarcity of rural LPN programs, with only a single rural site identified in the Yakima area, leaving large portions of eastern and southwestern Washington underserved.

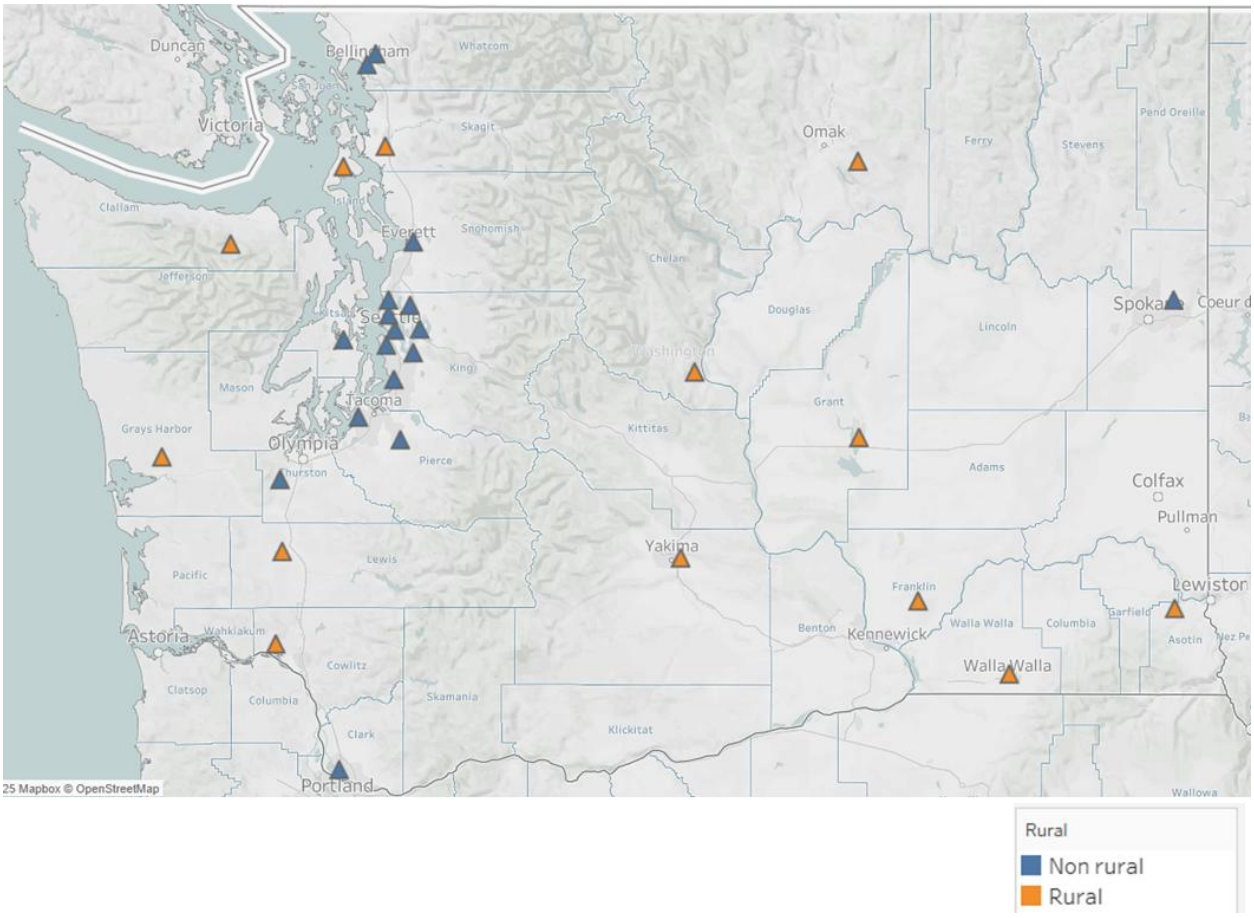
Figure 1: ***Washington State Licensed Practical Nursing (LPN) Programs Non-Rural and Rural***



Source: Washington State Board of Nursing. (2025). Approved nursing education programs.

Figure 2 displays the distribution of Associate Degree in Nursing (ADN) programs across Washington State, highlighting a relatively balanced presence of programs in both rural (orange) and non-rural (blue) areas. While urban centers such as the Seattle-Tacoma metro region show a dense concentration of non-rural ADN programs, there is also a strong rural presence, particularly in eastern and southeastern Washington—including areas near Yakima, Walla Walla, Kennewick, Colfax, and Omak. However, the western rural corridor and middle portion of the state, especially along the southwest and Olympic Peninsula, remains sparsely covered.

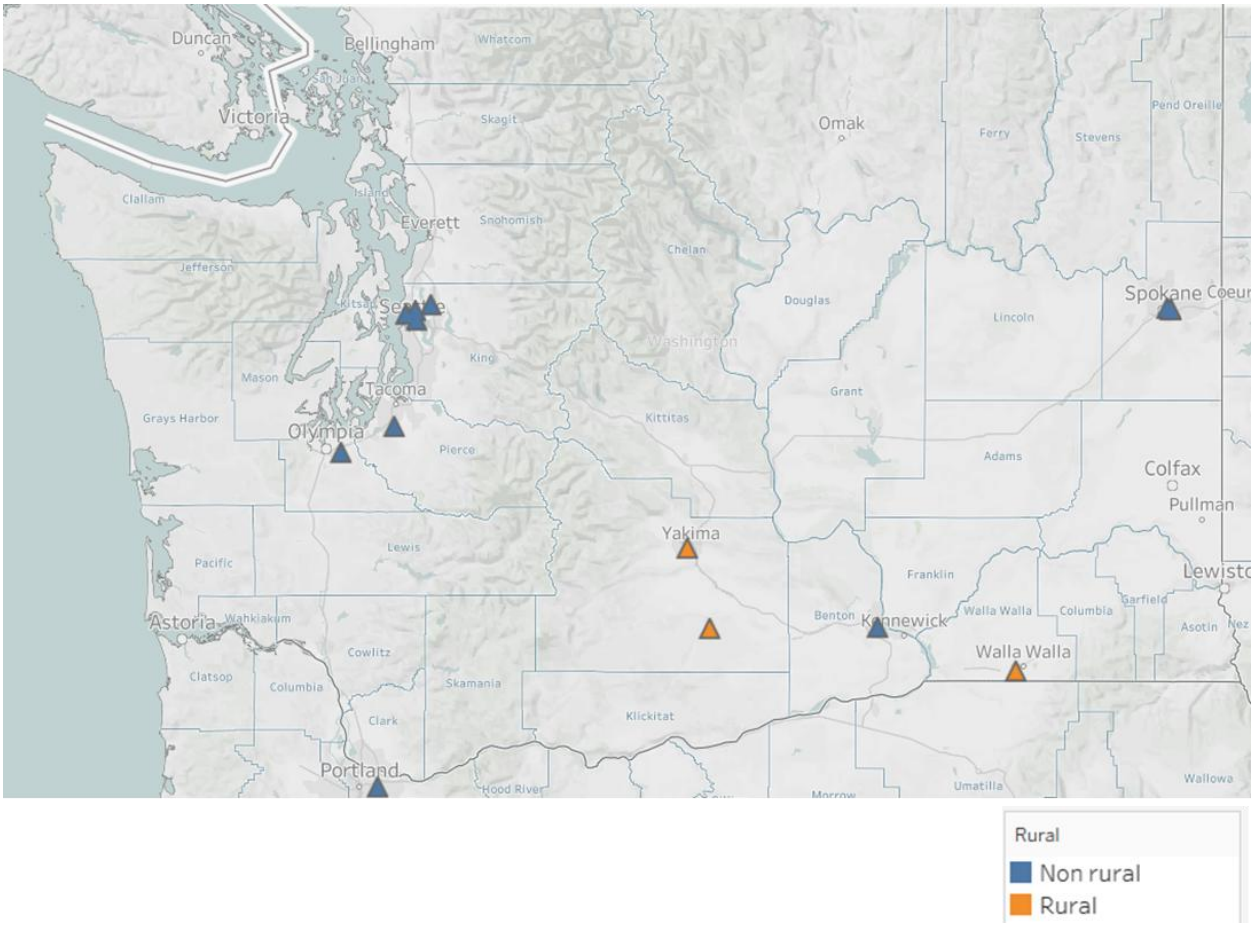
Figure 2: ***Washington State Associate Degree in Nursing (AD-RN) Prog rams Non-Rural and Rural***



Source: Washington State Board of Nursing. (2025). Approved nursing education programs.

Figure 3 illustrates the geographic distribution of Bachelor of Science in Nursing (BSN) programs in Washington State, revealing a notable concentration in non-rural urban centers, particularly in the Seattle-Tacoma-Olympia corridor and Spokane. In contrast, only a small number of BSN programs are located in rural areas, including parts of Yakima, southeast Washington, and the southern central region. The limited rural presence may restrict access for students in remote communities, which could impact the development of a locally trained nursing workforce in underserved areas.

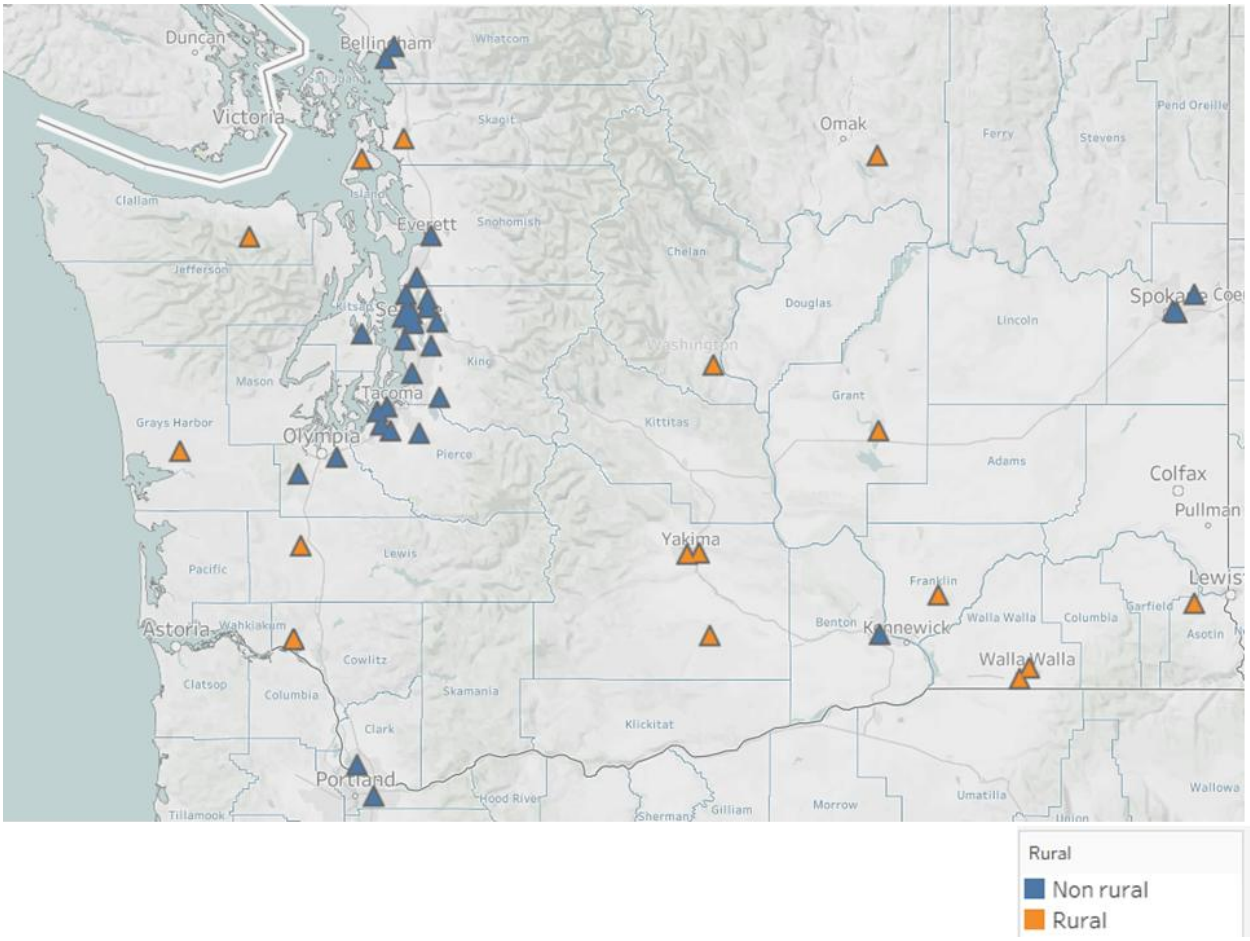
Figure 3: ***Washington State Bachelor of Science in Nursing (BSN) Programs Non-Rural and Rural***



Source: Washington State Board of Nursing. (2025). Approved nursing education programs.

The combined distribution of rural and non-rural programs across Washington (Figure 4) shows a clear concentration of non-rural locations within the Puget Sound corridor, reflecting the state's urban population centers. In contrast, rural sites are more geographically dispersed, reflecting a strategy to extend access and support to communities outside major metropolitan areas. This pattern underscores the ongoing effort to bridge urban-rural disparities and ensure equitable reach across the diverse geographic regions in the state.

Figure 4: ***Washington State Schools that Offer Prelicensure Programs Non-Rural and Rural Combined***



Source: Washington State Board of Nursing. (2025). Approved nursing education programs.

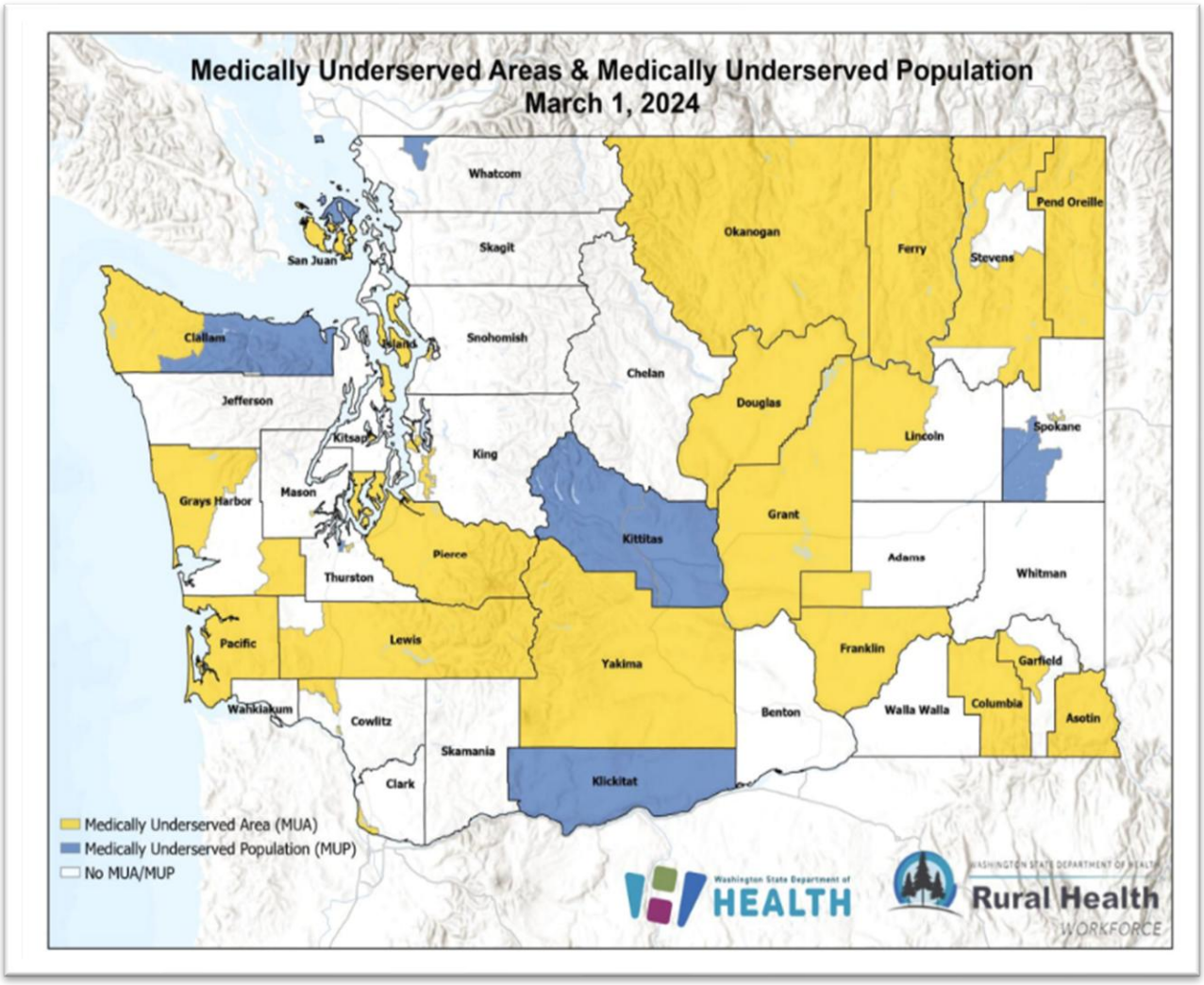
Medically Underserved Areas

According to the Health Resources & Services Administration (HRSA) (n.d.), medically underserved areas or populations (MUA/P) are geographic areas and populations lacking in primary care services. The HRSA shortage area tool is used to find areas by state or county that meet the Health Professional Shortage Area (HPSA) criteria. Many federal programs (such as the National Health Service Corps, Nurse Corps, and Health Center Program) use the tool to improve access and distribute resources within healthcare specialty areas (primary care, dental, and mental health). The Washington State Department of Health's (2024), medically underserved areas map reflects areas of the state meeting the HRSA definition of MUA/P (Figure 5).

Once the non-rural or rural designation of nursing program's county of origin was determined, this information was compared with the Washington State Department of Health's (2024), map (Figure 5). This was done to determine which programs are located in MUA/P areas. Table 1 lists nursing programs located in MUA/Ps of Washington State. As stated above, many federal programs use the MUA/P designation for distributing resources and funding. This is an important designation to understand, as there is funding available for nursing students and faculty committed to working in these shortage areas after graduation. Table 2 provides examples of the types of scholarships available.

Figure 5 highlights the distribution of medically underserved areas (MUAs) and medically underserved populations (MUPs) across Washington State. A significant portion of the state is designated as medically underserved (yellow). These areas often correspond to rural regions, indicating limited access to primary healthcare services and provider shortages. Select counties (blue) have specific medically underserved populations. A handful of counties appear to have no MUA/MUP designation, suggesting better healthcare accessibility in those regions.

Figure 5: ***Map of Medically Underserved Areas and Populations in Washington State***



Source: Washington State Department of Health. (2024). Medically underserved areas & medically underserved population: March 1, 2024.

Table 1 lists twelve Washington State nursing programs located in medically underserved areas (MUAs), reflecting a notable commitment to providing nursing education in regions with limited access to healthcare services in the state. Institutions such as Bates Technical College, Columbia Basin College, and Yakima Valley College are strategically positioned to help address healthcare workforce shortages in these areas. This geographic distribution supports workforce development by preparing nurses who may remain and practice in underserved communities. The presence of both community colleges and universities, including Heritage University and Pacific Lutheran University, demonstrates a range of educational pathways being made accessible in high-need regions.

Table 1: ***Washington State Nursing Programs Located in Medically Underserved Areas***

Bates Technical College
Big Bend Community College
Centralia College Nursing Program
Clover Park Technical College
Columbia Basin College
Grays Harbor College
Heritage University
Pacific Lutheran University
Peninsula College
Pierce College
Tacoma Community College
Yakima Valley College

Source: Washington State Board of Nursing. Prelicensure Annual Survey.

Note. Programs may have branch or satellite campuses in numerous counties across Washington state.

The cost to attend nursing school is not insignificant. Registered nurses have approximately $48 billion of student loan debt outstanding (Human Resources & Services Administration, 2024).

The following funding programs (Table 2) reflect Washington's multi-pronged strategy to support both healthcare delivery and education in underserved areas. By incentivizing service in Medically Underserved Areas and Healthcare Professional Shortage Areas through scholarships and loan repayment, the state effectively addresses:

- Workforce distribution in areas of shortage such as primary care and mental health.
- Healthcare disparities in rural and underserved communities.
- Capacity challenges in nursing education.

Prospective applicants are strongly encouraged to explore each program's eligibility requirements and timelines to take advantage of these opportunities as the program offerings are subject to change.

Table 2: Funding Opportunities for Nursing Students/Faculty Working in MUA/P or HRSA Shortage Areas

Organization	Program Name	Scholarship Type	Amount	Conditions	Program Website
Washington State Opportunity Scholarship	Graduate Student Scholarship	Nurse Practitioner	25,000	Practice in a MUA or HPSA for ≥ 2 years post graduation	https://waopportunityscholarship.org/applicants/grd/
Washington Student Achievement Council	Washington Health Corps	Licensed Practical Nurse, Registered Nurse, Nurse Practitioner	Varies	Practice in a MUA or HPSA for ≥ 2 - 3 years post graduation	https://wsac.wa.gov/washington-health-corps
Washington Student Achievement Council	Washington Health Corps	Nurse Educator Loan Repayment	Varies	Serve as a faculty member and teach at an approved WA state school	https://wsac.wa.gov/nelr

Enrollment and Admissions Trends

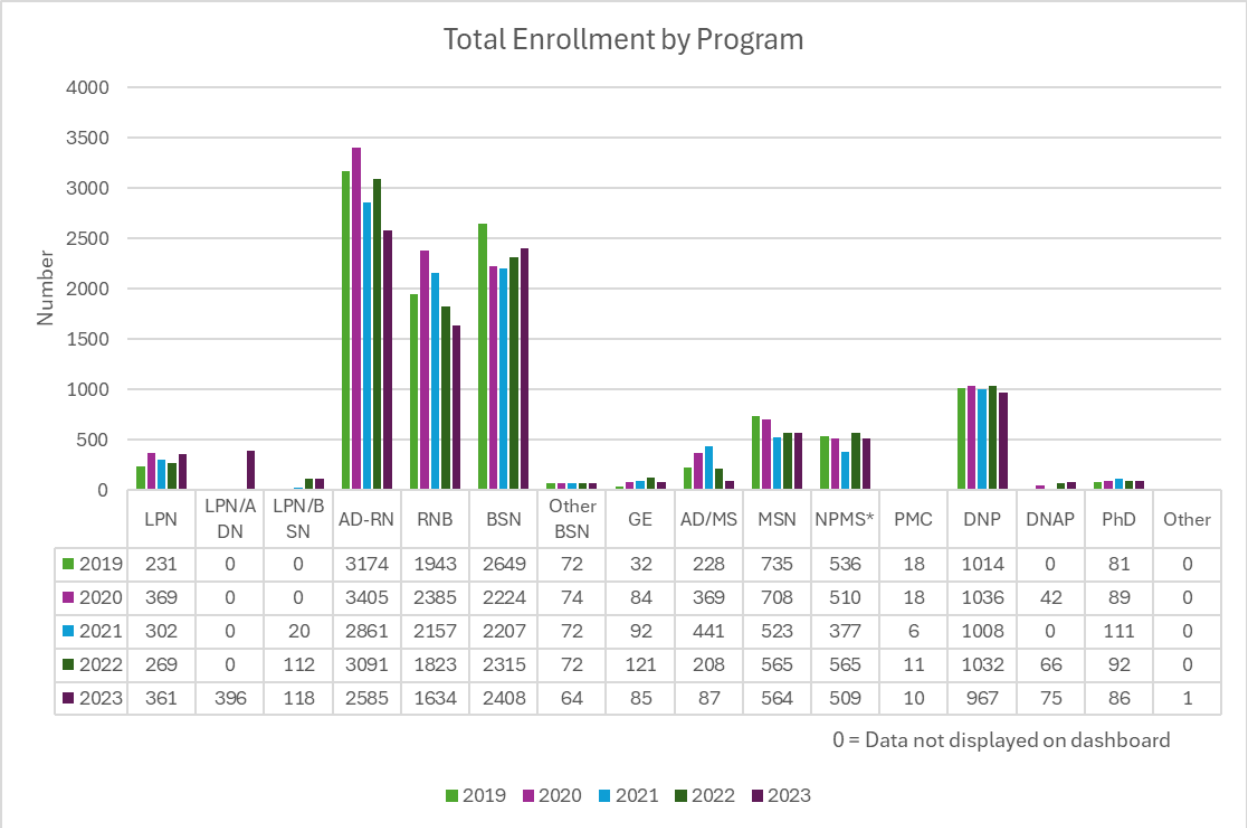
AACN's Annual Report highlights key national trends in nursing education enrollment for 2023. Entry-level Bachelor of Science in Nursing (BSN) programs experienced a modest 0.3% increase in enrollment, signaling stabilization after previous declines. Doctor of Nursing Practice (DNP) programs continued two decades of steady growth with a 2.0% enrollment increase, reflecting the expanding role of advanced practice nurses nationwide. In contrast, master's-level nursing programs saw a 0.9% decline in enrollment as more students opt for practice-focused doctoral programs. Notably, PhD nursing programs continue to face a persistent downturn, with enrollment dropping 3.1%, raising concerns about the future pipeline of nurse scientists and educators. Additionally, RN-to-BSN programs saw a sharp 9.9% decline, consistent with national patterns of nurses entering the workforce already holding a BSN (AACN, 2024).

Holistic admissions have emerged as a key strategy in nursing education to promote diversity, equity, and inclusion within the future healthcare workforce. According to AACN (2020), holistic review processes consider applicants' life experiences, personal attributes, and academic metrics to align with institutional missions and support the development of a culturally competent nursing workforce. This approach moves beyond traditional academic criteria to evaluate candidates' potential to succeed in nursing programs and contribute meaningfully to patient care. Schools implementing holistic admissions have reported increased student diversity without negative impacts on academic performance or licensure pass rates, demonstrating its effectiveness in maintaining educational standards while addressing workforce disparities. Moreover, holistic admissions foster inclusive learning environments and improve access to care for underserved populations by preparing nurses who better reflect the communities they serve.

When comparing national figures to Washington state data, several unique dynamics emerge. While national trends show declining RN-to-BSN (RNB) enrollments, Washington maintains robust AD-RN (Associate Degree in Nursing) enrollments, suggesting regional reliance on associate degree pathways despite the broader push for BSN-prepared nurses. While DNP programs nationally are on the rise, Washington state's DNP enrollment appears to have plateaued.

Chart 1 provides a comprehensive view of nursing student enrollment trends across various educational pathways from 2019 to 2023. Associate Degree in Nursing (AD-RN) and Bachelor of Science in Nursing (BSN) programs consistently show the highest enrollment numbers, with AD-RN peaking in 2020 (3,405 students) and BSN showing a rebound in 2023 (2,408 students) after a dip in prior years. Enrollment in RN to BSN (RNB) programs has steadily declined from 2,385 in 2020 to 1,634 in 2023. Graduate-level programs such as MSN, ARNP, and DNP have remained relatively stable. With the exception of 2019, DNP enrollment exceeded 1,000 students each year. Notably, newer or previously unreported programs like LPN/ADN and LPN/BSN show emerging growth in 2023.

Chart 1: ***Total Enrollment by Program: Prelicensure and Postlicensure***



	LPN	LPN/ADN	LPN/BSN	AD-RN	RNB	BSN	Other BSN	GE	AD/MS	MSN	NPMS*	PMC	DNP	DNAP	PhD	Other
2019	231	0	0	3174	1943	2649	72	32	228	735	536	18	1014	0	81	0
2020	369	0	0	3405	2385	2224	74	84	369	708	510	18	1036	42	89	0
2021	302	0	20	2861	2157	2207	72	92	441	523	377	6	1008	0	111	0
2022	269	0	112	3091	1823	2315	72	121	208	565	565	11	1032	66	92	0
2023	361	396	118	2585	1634	2408	64	85	87	564	509	10	967	75	86	1

0 = Data not displayed on dashboard

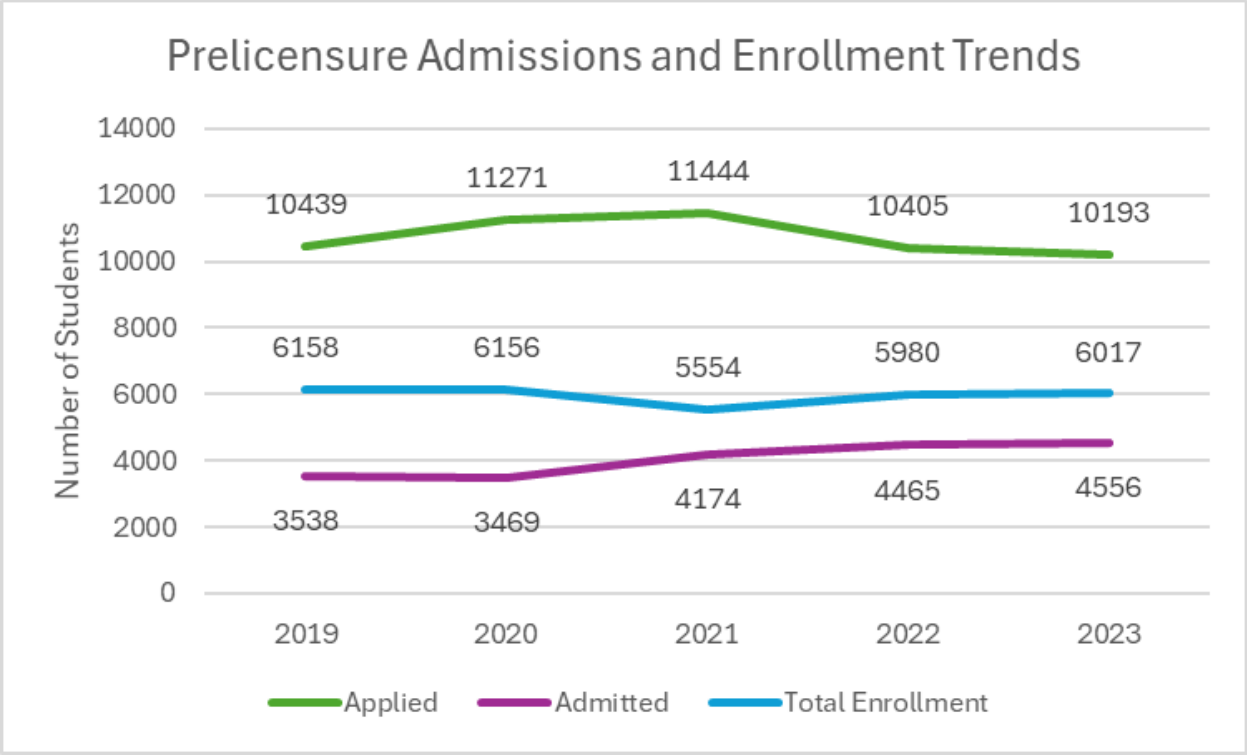
Source: Source: Washington State Board of Nursing. (n.d.) Education Data Dashboard

Note. *Master's degree to provide for advanced practice licensure.

Prelicensure Enrollment and Admission Trends

Chart 2 illustrates the number of students who applied, were admitted, and were enrolled in prelicensure nursing programs from 2019 to 2023. Over this five-year span, application numbers peaked in 2021 at 11,444 but declined slightly to 10,193 by 2023. Admission numbers have steadily increased from 3,538 in 2019 to 4,556 in 2023, indicating expanded program capacity or improved applicant qualifications. In contrast, total enrollment experienced a dip in 2021 (5,554) but recovered to 6,017 by 2023. The gap between applications and admissions remains significant, suggesting ongoing selectivity or capacity constraints

Chart 2: ***Prelicensure Applications vs. Admission vs. Enrollment Trends***

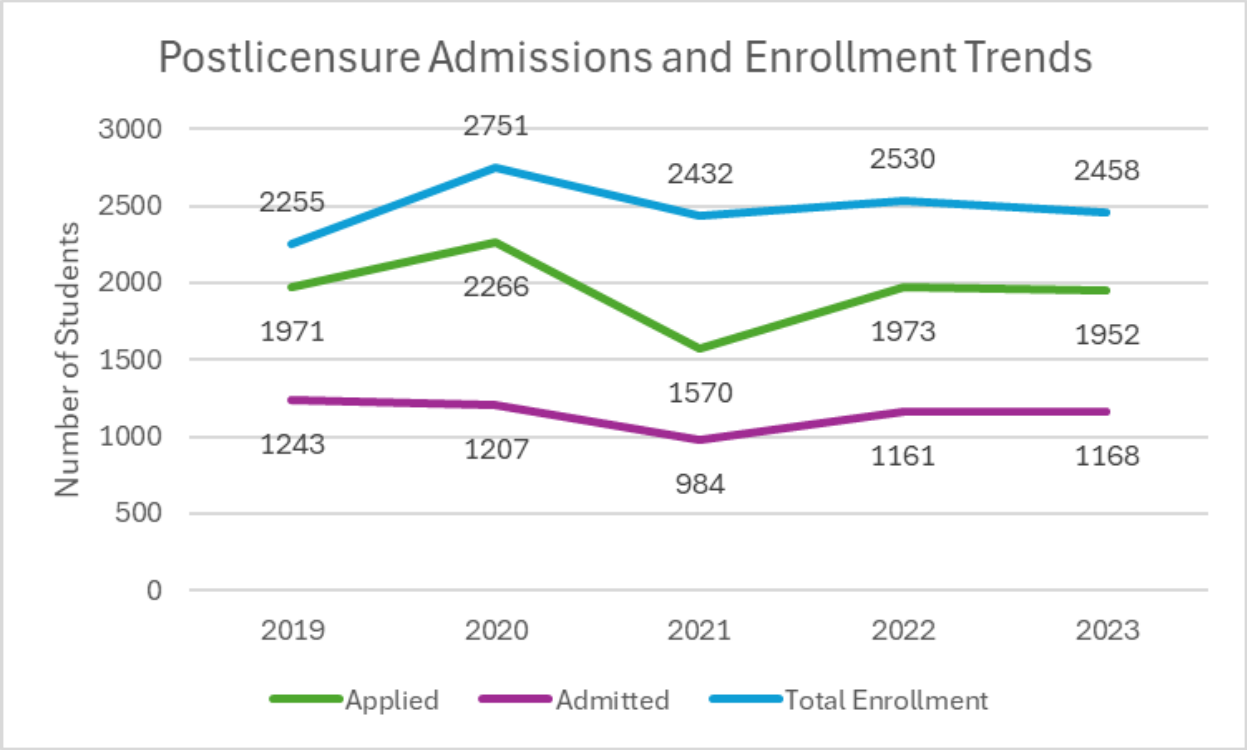


Source: Washington State Board of Nursing. (n.d.) Education Data Dashboard

Postlicensure Enrollment and Admission Trends

Chart 3 displays application, admission, and enrollment data for postlicensure nursing programs from 2019 to 2023. Total enrollment peaked in 2020 at 2,751 students, followed by a decline and slight fluctuations, settling at 2,458 students in 2023. The number of applicants also reached its highest point in 2020 (2,266), but then dropped to 1,952 by 2023. Admissions followed a similar trajectory, falling from 1,243 in 2019 to a low of 984 in 2021, then rebounding slightly to 1,168 by 2023. The dip across all metrics in 2021 may reflect pandemic-related disruptions, while the partial recovery in the following years indicates a slow stabilization. The consistent gap between applications and admissions suggests limited capacity or selective admissions criteria in postlicensure programs.

Chart 3: ***Postlicensure Applications vs. Admission vs. Enrollment Trends***



Source: Washington State Board of Nursing. (n.d.) Education Data Dashboard

Note: Excludes Western Governor's University.

Clinical Placement Data

Refer to the separate Clinical Placement Initiative report (to be completed Fall 2025) for more in-depth information on clinical placement data evaluation and results.

Student Demographics

The following section presents data on student demographics, including age, race, ethnicity, and gender across prelicensure and postlicensure programs. These insights help identify representation gaps, inform equity strategies, and guide efforts to create more inclusive and accessible pathways into the nursing profession.

Age Distribution

Data from the 2022 National Sample Survey of Registered Nurses revealed the majority of nurses complete their initial nursing or nursing-related degrees (diploma, associate, or bachelor's) at relatively young ages. Specifically, 37% complete by age 19–23, 25% by age 24–28, and 15% by age 29-33. Graduate degree recipients are also concentrated near age 28, with 14% completing by age 19–23, 43% by age 24–28, and 18% by age 29-33. Only small proportions of graduates in either category complete their degrees after age 34. Those older than 44 make up less than 3% nationally (HRSA, 2020).

In contrast, the Washington state data provides a slightly more diverse age picture:

Prelicensure students (Chart 4, 2023 data) are primarily aged 21–30 (58%), aligning with the national profile. However, Washington has a slightly larger share of older prelicensure students, with 28% aged 31–40, and 11% aged 41–50, compared to the national estimates where fewer students fall into these older brackets.

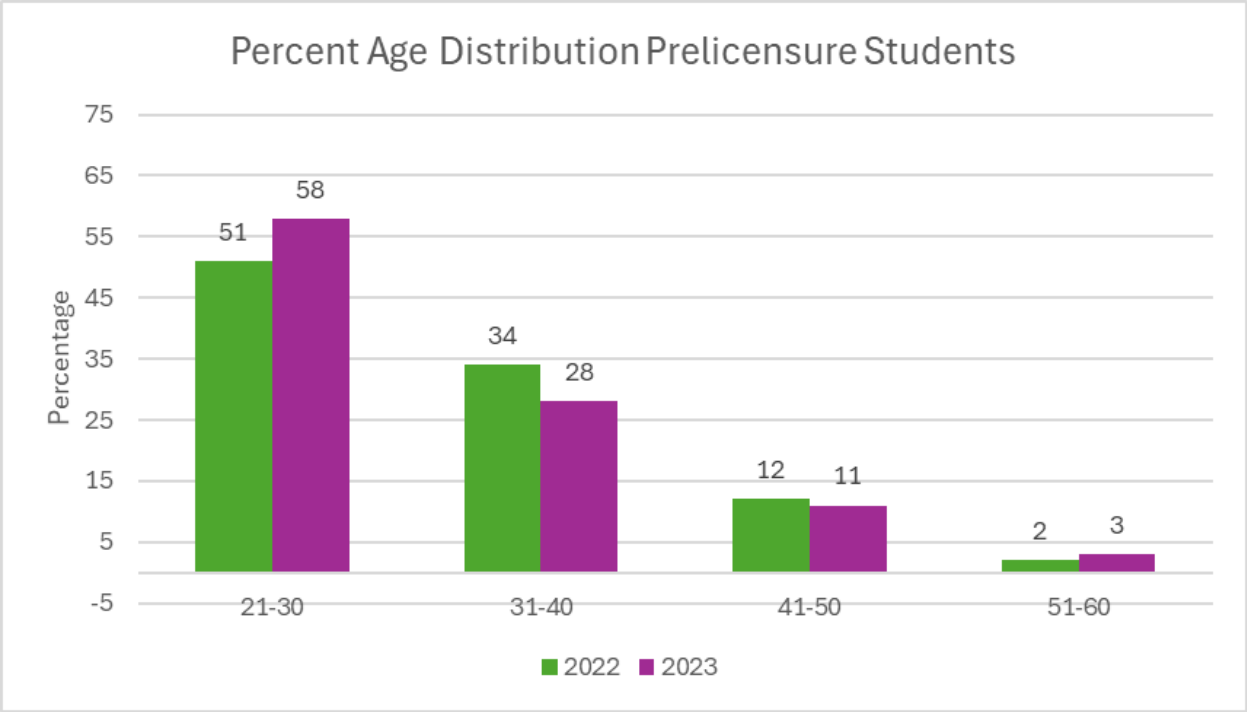
Postlicensure students (Chart 5, 2023 data) in Washington show a distinctly older age distribution. Only 27% are aged 21–30, while the largest groups are 31–40 (40%) and 41–50 (23%). Washington data suggests even more pronounced enrollment among mid-career and older adults compared to national averages.

This comparison highlights how Washington's postlicensure (graduate) nursing student population appears somewhat older than national trends, indicating a robust local pattern of nurses returning to school later in their careers. Meanwhile, the prelicensure age trends in Washington align more closely with national patterns, with most students entering the profession in their twenties but still reflecting slightly more diversity in student ages.

Prelicensure Programs

The age distribution data for Washington state nursing students indicate that prelicensure programs (Chart 4) predominantly enroll younger individuals. In 2023, 58% of prelicensure students were aged 21–30, with a decreasing representation in older age brackets. 2023 data on postlicensure nursing students shows that the largest age group is 31–40 years (40%), followed by 21–30 years (27%) and 41–50 years (23%). Notably, the 51–60 age group makes up 8%, and students over 60 make up 1%, reflecting that postlicensure students are older on average compared to prelicensure cohorts.

Chart 4: ***Percent Age Distribution Prelicensure Students***



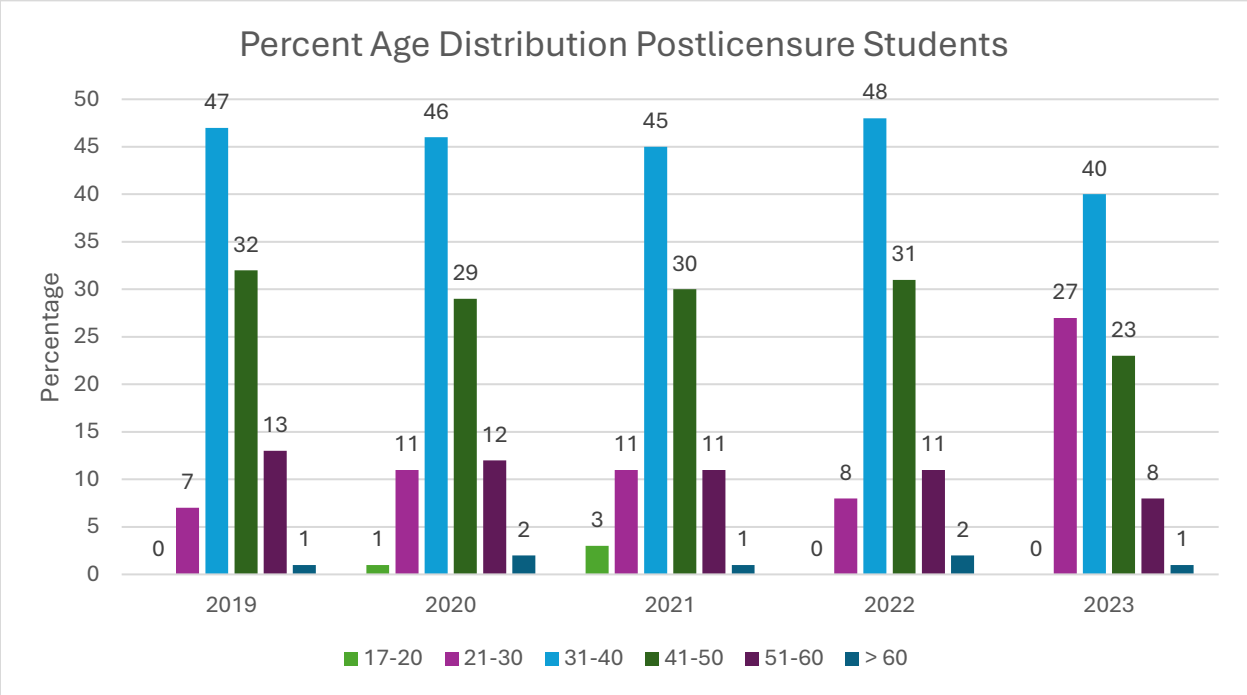
Source: Washington State Board of Nursing. (n.d.) Education Data Dashboard

Note. Data not displayed on dashboard until 2022-2023. No responses for ≥ 60 category.

Postlicensure Programs

Chart 5 displays the percentage of postlicensure students in various age groups from 2019 to 2023. Across all five years, the 31–40 age group consistently represented the largest proportion of postlicensure students, ranging from 40% to 48%. The 21–30 age group held a small share (approximately 10%) until 2023, when its proportion rose sharply to 27%, narrowing the gap with the dominant 31–40 group. The 41–50 age group remained relatively stable, hovering around 29% to 32% from 2019 to 2022, but saw a decline to 23% in 2023. The 51–60 age group consistently represented about 11% until a drop to 8% in 2023, while the over 60 category maintained a minimal but stable presence (1–2%). Notably, the 17–20 age group remained virtually absent.

Chart 5: ***Percent Age Distribution Postlicensure Students***



Source: Washington State Board of Nursing. (n.d.) Education Data Dashboard

Note. 17 – 20 age category introduced in 2020-2021.

Race and Ethnicity by Program Type

According to AACN (2023), 56% of students enrolled in entry-level baccalaureate (pre-licensure) nursing programs identified as White (non-Hispanic), 13% as Black/African American, 16% as Hispanic/Latino, 10% as Asian/Native Hawaiian/Other Pacific Islander, 0.5% as American Indian/Alaska Native, and 4% as two or more races (non-Hispanic).

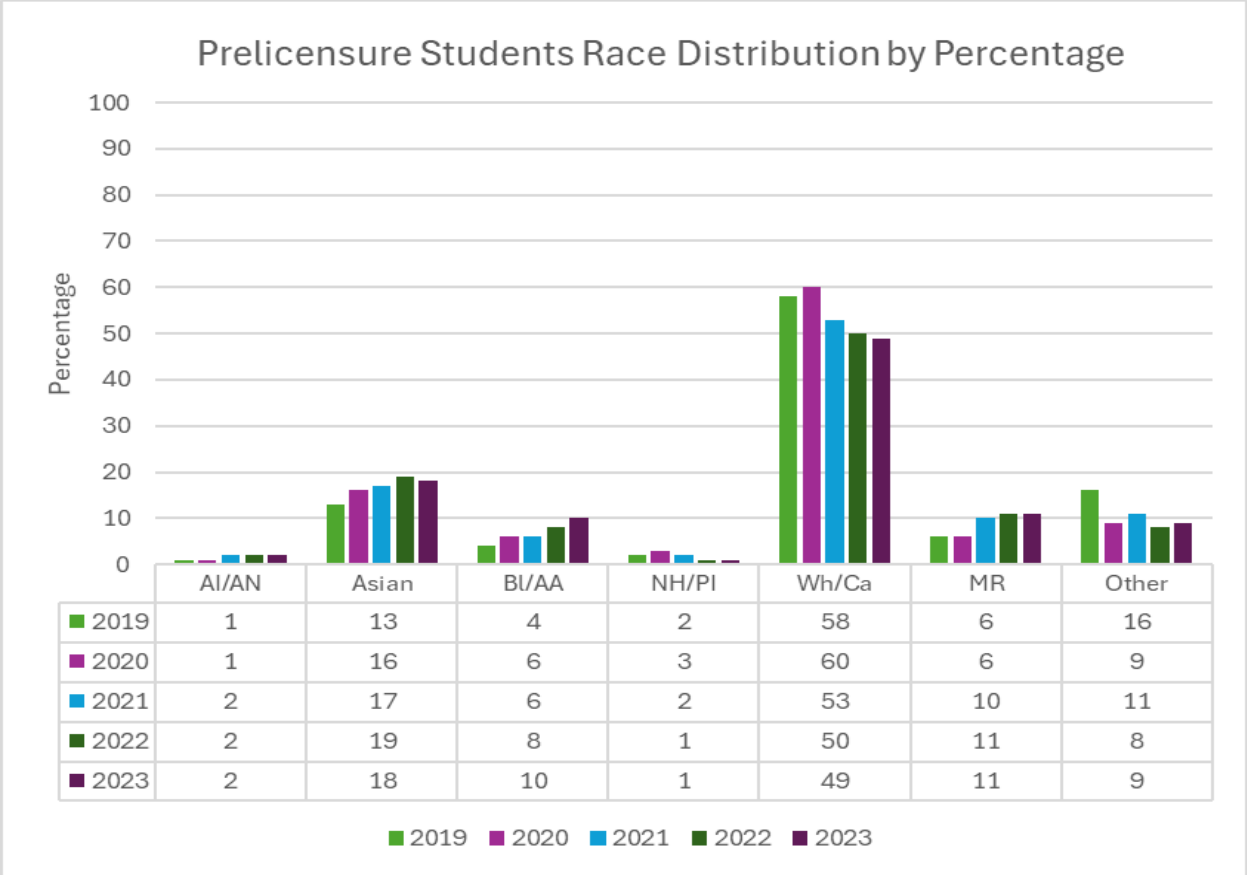
In 2023, prelicensure nursing students in Washington reflected a more racially and ethnically diverse profile when compared to the general state population (Washington Center for Nursing, 2024). Students identifying as Asian (18%) and Black/African American (10%) were represented

at nearly double their statewide population percentages (11% and 5%, respectively). Similarly, students identifying as multiracial (11%) and of Hispanic/Latino ethnicity (18%) exceeded state representation (5% and 15%, respectively). Representation of American Indian/Alaska Native (2%) and Native Hawaiian/Pacific Islander (1%) students aligned with state demographics.

Prelicensure Students

Between 2019 and 2023, Washington state's prelicensure nursing programs have seen notable shifts in race and ethnicity (Chart 6, Chart 7). In 2023, White/Caucasian students comprised 49% of the cohort, a decrease from 58% in 2019. Asian students accounted for 18%, up from 13% in 2019. Black/African American students increased from 4% to 10% over the same period. Native Hawaiian/Pacific Islander and American Indian/Alaska Native students remained steady at 1–3%. Multiracial students rose from 6% to 11%. Hispanic/Latino students increased from 13% to 18% (Chart 7).

Chart 6: ***Prelicensure Students Race Distribution by Percentage***

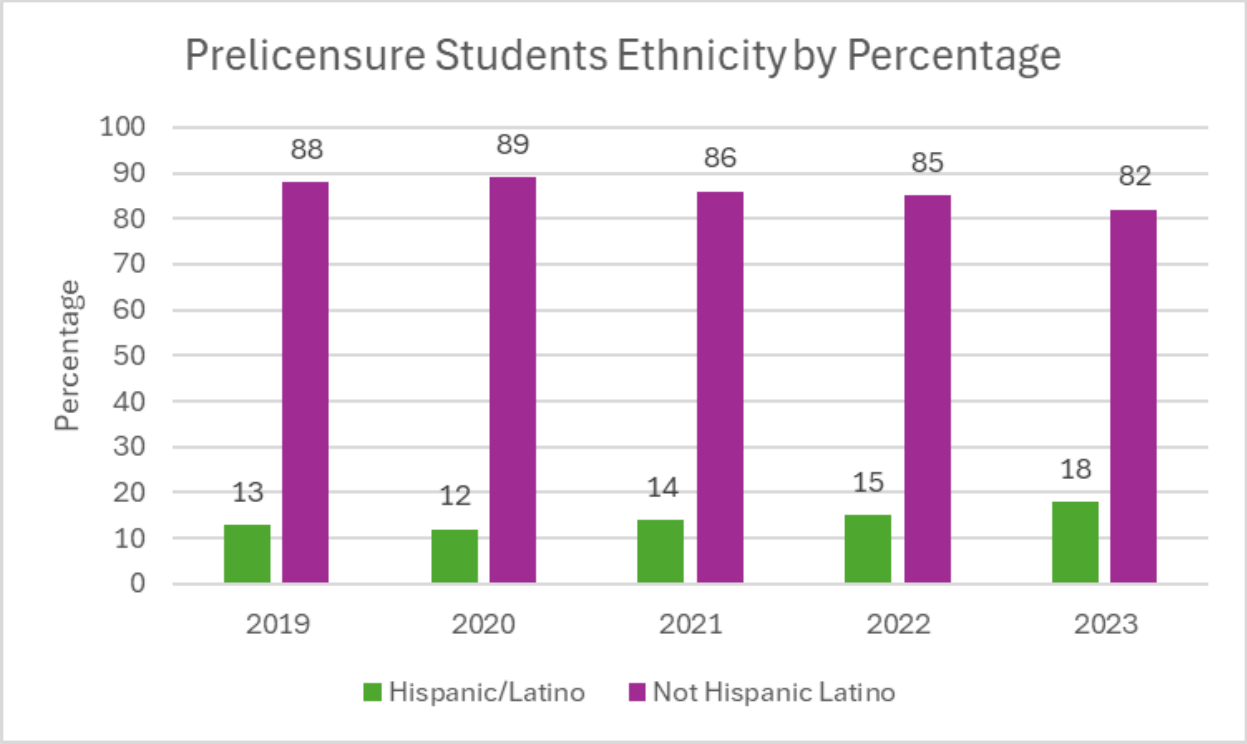


	AI/AN	Asian	BI/AA	NH/PI	Wh/Ca	MR	Other
2019	1	13	4	2	58	6	16
2020	1	16	6	3	60	6	9
2021	2	17	6	2	53	10	11
2022	2	19	8	1	50	11	8
2023	2	18	10	1	49	11	9

Source: Washington State Board of Nursing. (n.d.) Education Data Dashboard

Note. AI/AN = American Indian/Alaska Native, BI/AA = Black/African American, NH/PI = Native Hawaiian/Other Pacific Islander, Wh/Ca = White Caucasian, MR = Multi-Racial

Chart 7: ***Prelicensure Students Ethnicity by Percentage***



Source: Washington State Board of Nursing. (n.d.) Education Data Dashboard

Postlicensure Students

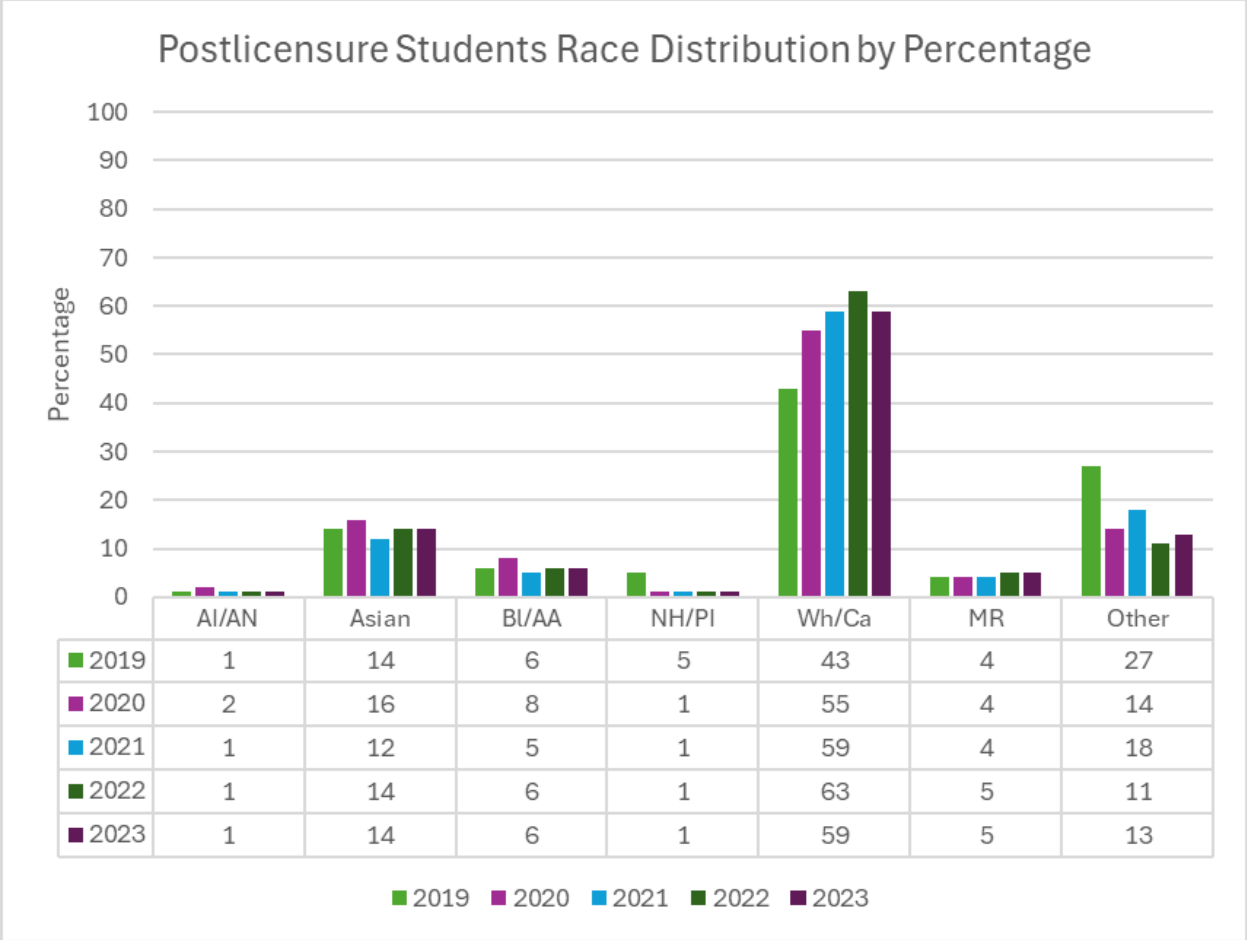
In 2022, racial and ethnic diversity among graduate nursing students increased across master's, research-focused doctoral (PhD), and Doctor of Nursing Practice (DNP) programs. Among master's students, 41% identified as members of racial or ethnic minority groups, including Black/African American (16%), Hispanic/Latino (12%), and Asian/Native Hawaiian/Other Pacific Islander (10%). Similarly, 41% of DNP students identified as minorities with 19% identifying as Black/African American, 9% as Hispanic/Latino, and 9% as Asian/Native Hawaiian/Other Pacific Islander. In research-focused doctoral programs (PhD), the percentage of total minority students was slightly lower at 36% with 19% reported as Black/African American, 7% as Hispanic/Latino, and 7% as Asian/Native Hawaiian/Other Pacific Islander (American Association of Colleges of Nursing, 2023).

In 2023, postlicensure nursing students in Washington demonstrated equal or greater racial and ethnic diversity compared to the general state population, with several minority groups—such as Asian and Black/African American students—represented at or above statewide demographic levels (Washington Center for Nursing, 2024). Asian students accounted for 14%, slightly above 11% representation in the state population. Black/African American students made up 6%, just above the state benchmark of 5%. Representation of American Indian/Alaska Native (1%) and Native Hawaiian/Pacific Islander (1%) students was consistent with state demographics. Hispanic/Latino students represented 10% of the postlicensure group, which is below their 15%

share of the Washington population. Students identified as multiracial (5%) or other races (13%) exceed that of the general state population (5%).

The racial and ethnic distribution of postlicensure nursing students from 2019 to 2023 (Chart 8, Chart 9) reveals persistent dominance by White/Caucasian students and relatively stable representation among minority groups. White/Caucasian students consistently comprised the largest racial group, peaking at 63% in 2022 before declining slightly to 59% in 2023. Asian students made up the second-largest group, remaining steady at 14–16% over the five years. Representation among Black/African American students ranged modestly between 5% and 8%, while students identified as "Other" declined from a high of 27% in 2019 to 13% in 2023. Multi-racial (MR) students maintained a low but stable presence (4–5%), and Native Hawaiian/Pacific Islander (NH/PI) and American Indian/Alaskan Native (AI/AN) groups remained under 2% throughout the timeframe. Ethnicity data for 2022 and 2023 indicate that the overwhelming majority of postlicensure students identified as Not Hispanic/Latino—92% in 2022 and 90% in 2023—while Hispanic/Latino representation slightly increased from 8% to 10% during the same period (Chart 9).

Chart 8: ***Postlicensure Students Race Distribution by Percentage***

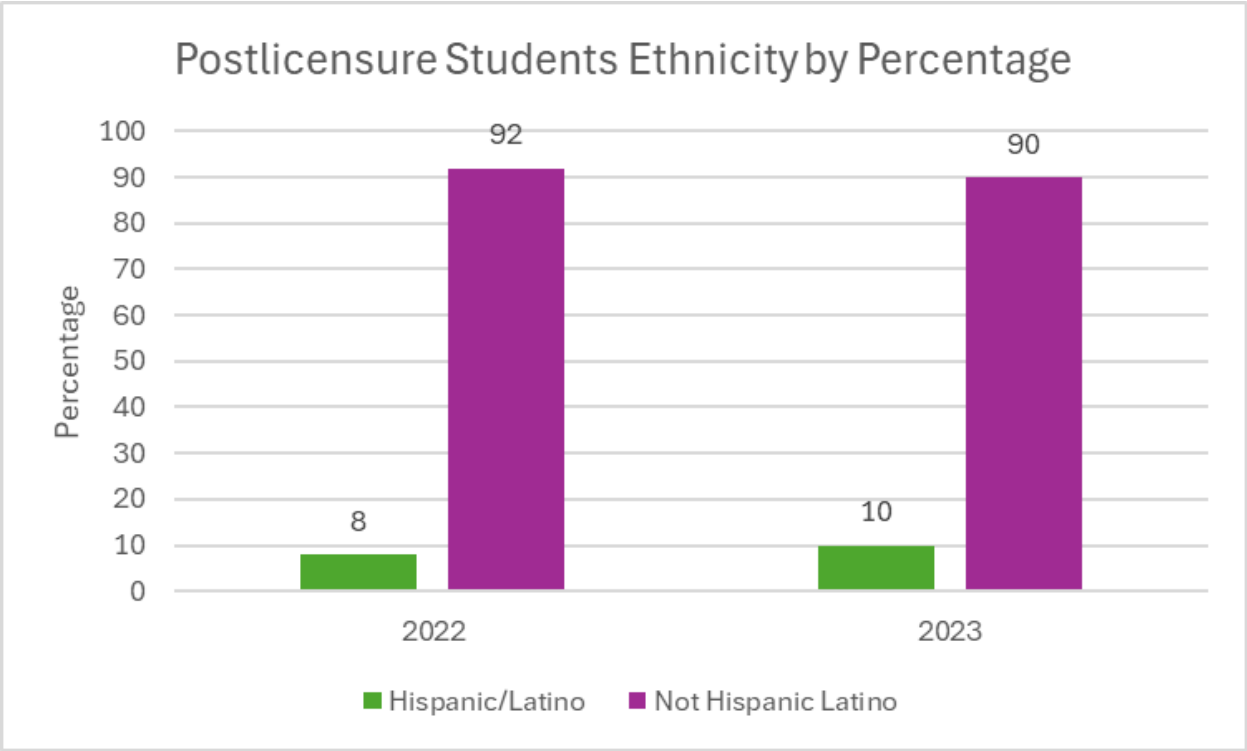


	AI/AN	Asian	Bl/AA	NH/PI	Wh/Ca	MR	Other
2019	1	14	6	5	43	4	27
2020	2	16	8	1	55	4	14
2021	1	12	5	1	59	4	18
2022	1	14	6	1	63	5	11
2023	1	14	6	1	59	5	13

Source: Washington State Board of Nursing. (n.d.) Education Data Dashboard

Note. AI/AN = American Indian/Alaska Native, BI/AA = Black/African American, NH/PI = Native Hawaiian/Other Pacific Islander, Wh/Ca = White Caucasian, MR = Multi-Racial

Chart 9: ***Postlicensure Students Ethnicity by Percentage***



Source: Washington State Board of Nursing. (n.d.) Education Data Dashboard

Note. 2019-2021 data not available on dashboard.

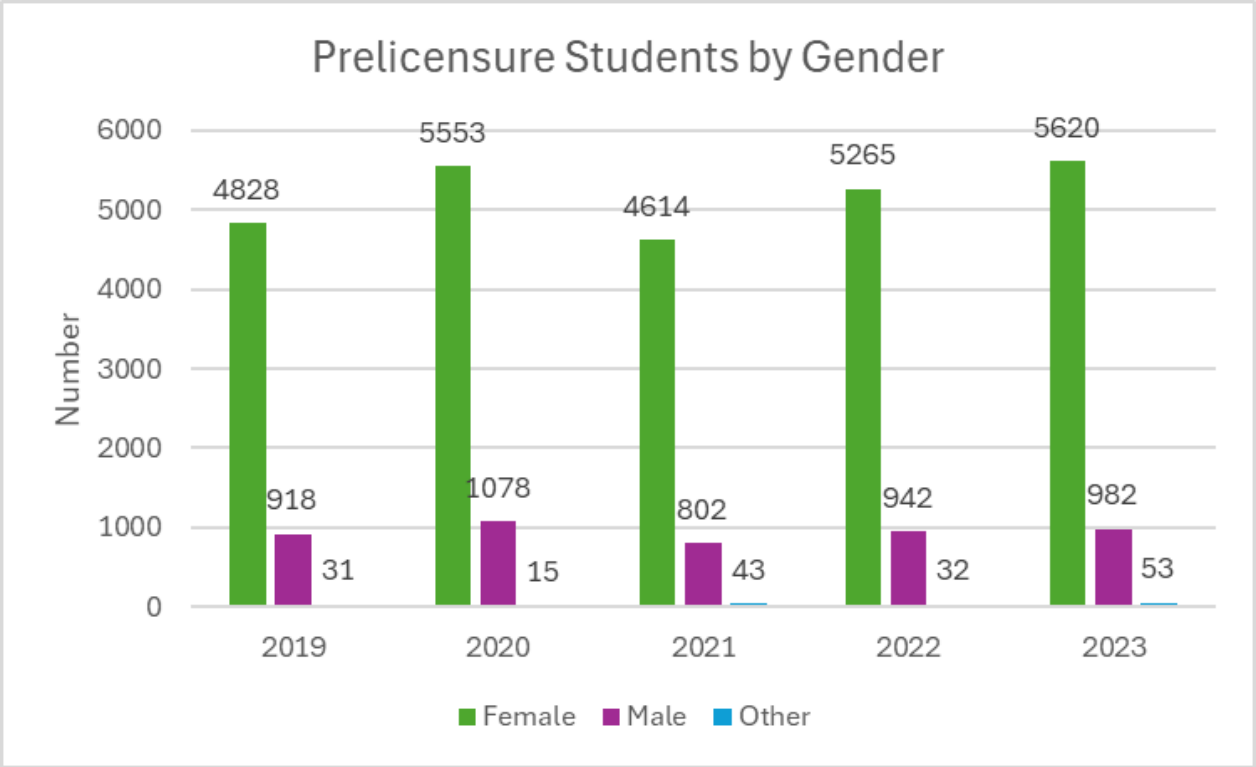
Gender

Gender representation among nursing students in the United States continues to be disproportionately female, though incremental progress has been made in diversifying the student body. According to AACN (2024), male students comprised 13% of students enrolled in baccalaureate nursing programs, 12% in master's programs, 12% in PhD programs, and 15% of students in Doctor of Nursing Practice (DNP) programs. These figures highlight a persistent gender gap, despite national efforts to attract more men into nursing education through targeted recruitment campaigns and awareness initiatives. Male students consistently remain underrepresented in nursing education.

Prelicensure Students

Chart 10 displays the gender distribution of prelicensure nursing students in the state from 2019 to 2023. Female students consistently make up the majority, with numbers ranging from 4,614 in 2021 to a high of 5,620 in 2023. Male enrollment has remained relatively steady, ranging from 802 to 1,078 students.

Chart 10: *Gender Distribution Prelicensure Students*

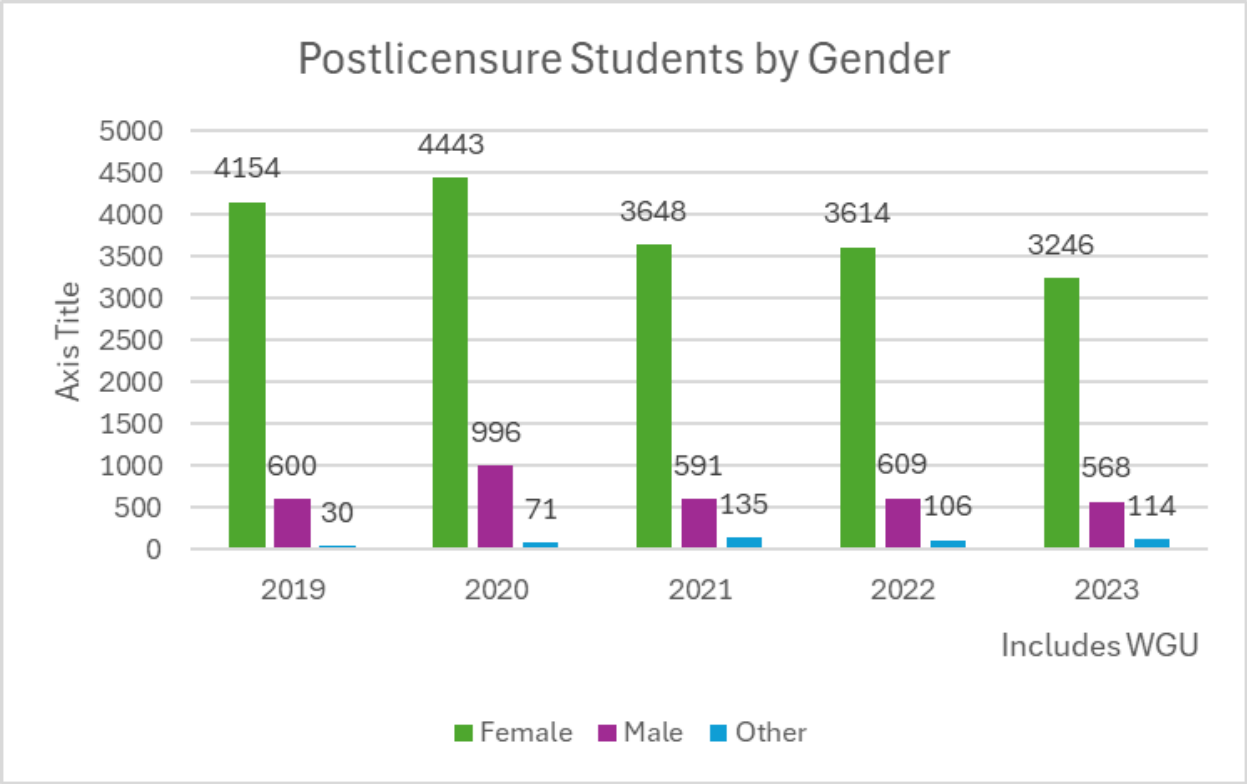


Source: Washington State Board of Nursing. (n.d.) Prelicensure Annual Survey.

Postlicensure Students

Chart 11 illustrates the gender distribution of postlicensure nursing students from 2019 to 2023, including data from Western Governors University (WGU). Across all five years, female students consistently represent the majority, with the highest number observed in 2020 (4,443 students). Male student enrollment peaked in 2020 at 996 and then declined in subsequent years, dropping to 568 by 2023.

Chart 11: ***Gender Distribution Postlicensure Students***



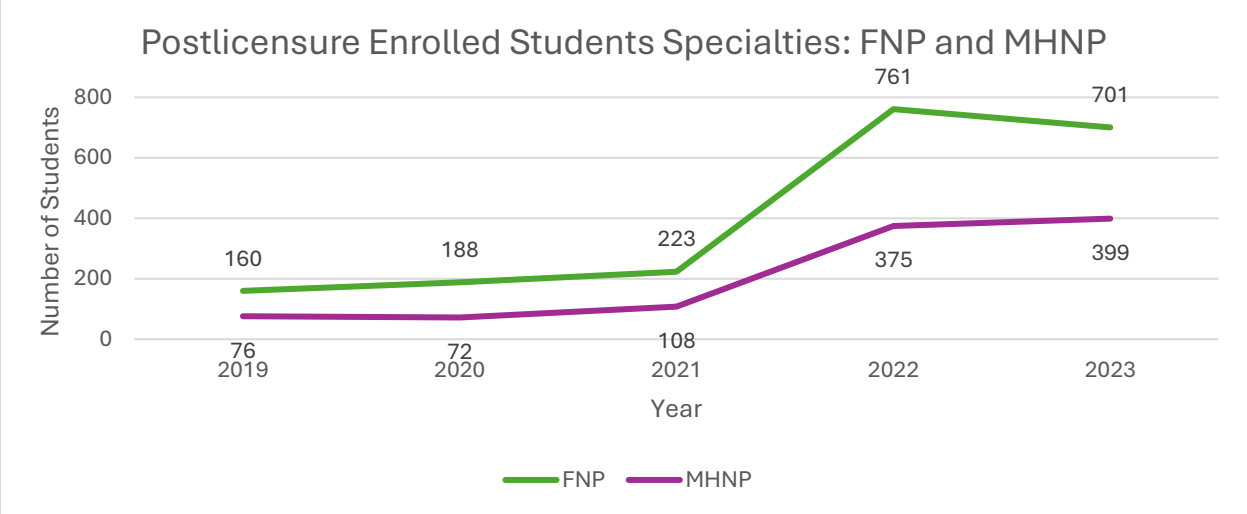
Source: Washington State Board of Nursing. (n.d.). Postlicensure Annual Survey.

Graduate Student Specialty Trends

Graduate nursing education continues to trend toward clinically focused, practice-based pathways, with nurse practitioner (NP) programs representing the most significant area of growth. At both the master's and Doctor of Nursing Practice (DNP) levels, NP-focused programs now comprise the majority of graduate nursing enrollments and graduations. In Fall 2022, NP students accounted for nearly two-thirds of all master's-level enrollees, and similar patterns were observed at the DNP level, where post-baccalaureate NP students made up the largest proportion of new entrants. In contrast, enrollment in traditional master's programs outside of NP specialties and research-focused doctoral (PhD) programs has continued to decline (American Association of Colleges of Nursing & National Organization of Nurse Practitioner Faculties, 2023).

The enrollment trends in postlicensure nursing specialties from 2019 to 2023 (Chart 12) reveal significant growth and shifting interest among advanced practice roles, particularly in Family Nurse Practitioner (FNP) and Psychiatric Mental Health Nurse Practitioner (MHNP) advanced practice programs. FNP programs experienced substantial enrollment growth from 160 students in 2019 to a peak of 761 in 2022, followed by a slight decline to 701 in 2023. Meanwhile, MHNP programs demonstrated consistent and accelerating growth, increasing steadily from 76 students in 2019 to 399 in 2023.

Chart 12: ***Postlicensure Enrolled Student: Family Nurse Practitioner and Mental Health Nurse Practitioner Specialties***



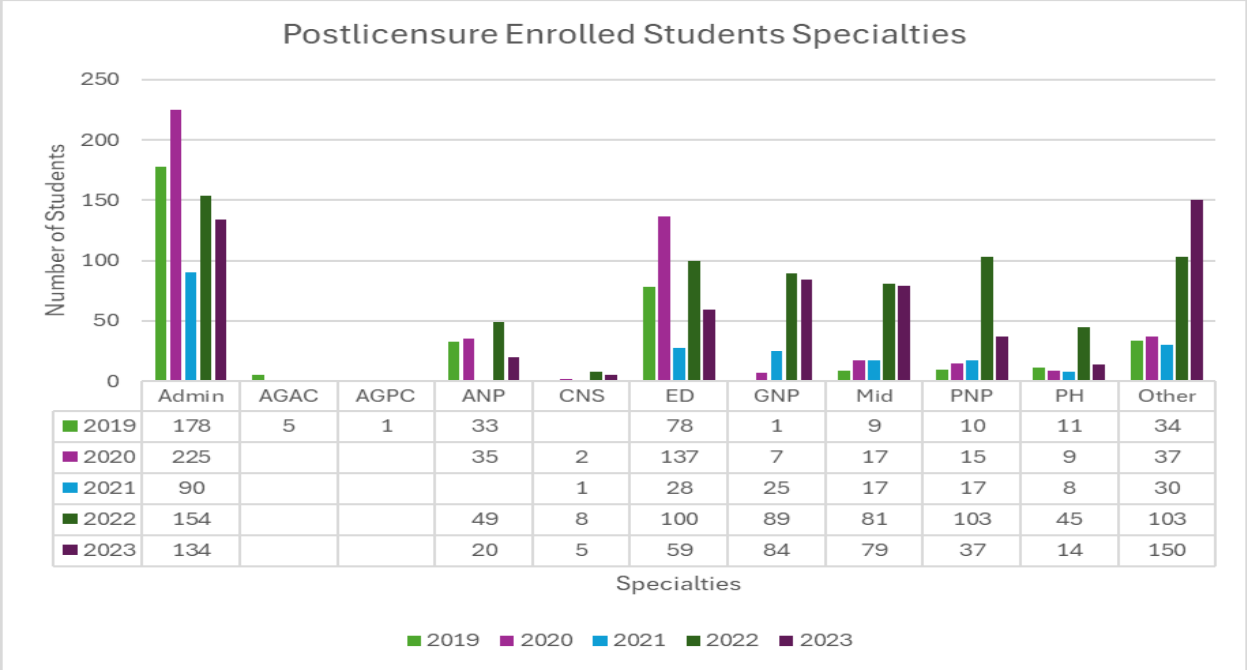
Source: Washington State Board of Nursing. (n.d.) Education Data Dashboard

Note. FNP = Family Nurse Practitioner and MHNP = Mental Health Nurse Practitioner.

The broader distribution of specialties (Chart 13) shows dynamic fluctuations. Enrollment in postlicensure programs with a nursing administration focus, while initially the largest category in 2019 and 2020 (178 and 225 students respectively), declined to 134 students by 2023, indicating a possible shift away from the interest in administrative roles. Education (ED) specialty enrollment rose sharply from 78 in 2019 to 137 in 2020, then declined before rebounding to 100 in 2022. Geriatric and pediatric-focused nurse practitioner specialties (e.g., GNP, PNP) generally maintained moderate enrollment, while categories such as Midwifery (Mid), Adult Nurse Practitioner (ANP), and Clinical Nurse Specialist (CNS) showed modest enrollment. The "Other" category increased significantly, reaching 150 students in 2023, suggesting diversification into nontraditional or emerging specialty areas. Note: Nurse Anesthetist programs are not included in the categories of specialties. It is possible that the “Other” category includes this specialty.

Overall, data indicate a strong upward trajectory in clinical practice-focused specialties, especially FNP and MHNP, with declining interest in administrative tracks and steady engagement across a wide range of specialized practice areas.

Chart 13: Postlicensure Enrolled Students Specialties: Family Nurse Practitioner and Mental Health Nurse Practitioner Specialties Removed



	Admin	AGAC	AGPC	ANP	CNS	ED	GNP	Mid	PNP	PH	Other
2019	178	5	1	33		78	1	9	10	11	34
2020	225			35	2	137	7	17	15	9	37
2021	90				1	28	25	17	17	8	30
2022	154			49	8	100	89	81	103	45	103
2023	134			20	5	59	84	79	37	14	150

Source: Washington State Board of Nursing. (n.d.) Education Data Dashboard

Note. Admin = Administration/Leadership, AGAC = Adult-Geriatric Acute Care, AGPC = Adult-Geriatric Primary Care, ANP = Adult Nurse Practitioner, CNS = Clinical Nurse Specialist, ED = Education, GNP = Geriatric Nurse Practitioner, Mid = Midwife, PNP = Pediatric Nurse Practitioner, PH = Population Health. Not on 2019 dashboard = CNS. Not on 2020 dashboard: AGAC, AGPC, and ANP. Not on 2021 dashboard: AGAC, ACPC, and ANP.

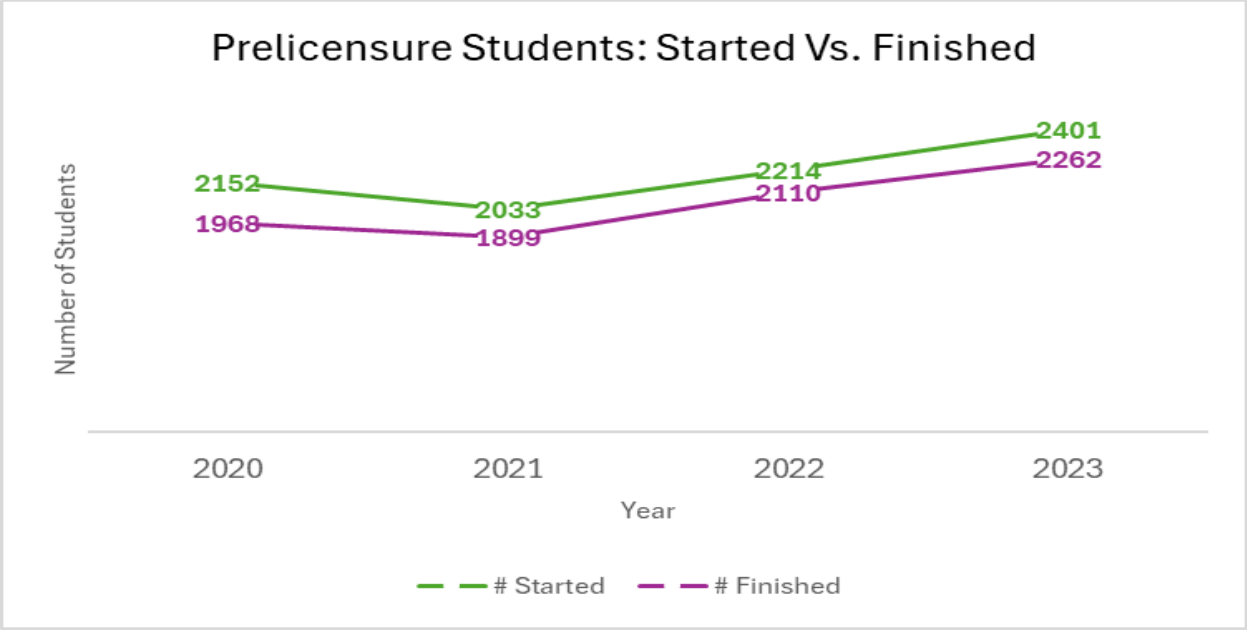
Graduation Rates and Attrition

National data on nursing program attrition rates are somewhat limited, as national organizations like the AACN and the National League for Nursing (NLN) do not routinely publish comprehensive nationwide attrition statistics. However, some benchmarks and related data provide insight into program completion expectations. For example, the Commission on Collegiate Nursing Education (CCNE) requires accredited programs to demonstrate a minimum program completion rate of 70% over a defined period, typically calculated either in the most recent calendar year or as an average over the past three years (CCNE, 2024). While this sets a performance standard, it does not reflect actual national attrition rates, which may vary by institution and program type.

Prelicensure

Chart 14 shows the estimated number of prelicensure students who started and completed nursing programs between 2020 and 2023. While both metrics experienced a slight dip in 2021, overall enrollment and completion numbers increased steadily, with starts rising from 2,152 in 2020 to 2,401 in 2023 and completions growing from 1,968 to 2,262. The consistent upward trend in both categories suggests improved student retention and possibly expanded program capacity over time.

Chart 14: ***Prelicensure Students: Started Program versus Finished Program***



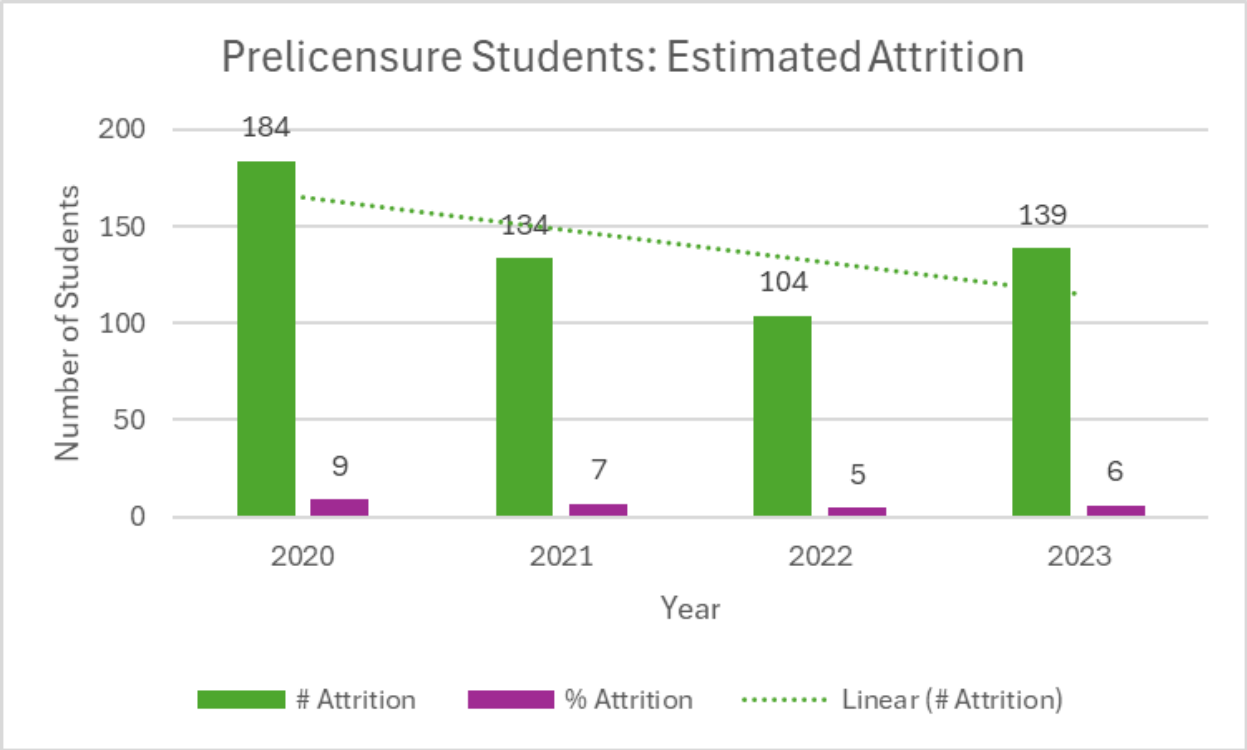
Source: Washington State Board of Nursing. Prelicensure Annual Survey.

Note. Assumed that students actively completing coursework, but did not graduate, ultimately graduated. 2019 graduation questions were specifically related to COVID and not included in the

analysis. Attrition is defined as a reduction in the number of individuals in a group over time due to voluntary or involuntary withdrawal.

In looking at the specific estimated attrition rates (Chart 15), the number of students who did not complete decreased from 184 in 2020 to a low of 104 in 2022, before slightly rising to 139 in 2023. These figures indicate a positive trend in student persistence, with fewer students dropping out or failing to complete their programs over time. It was assumed that the students who were reported as did not graduate, but were actively competing coursework, ultimately graduated.

Chart 15: ***Prelicensure Students: Attrition Rates***



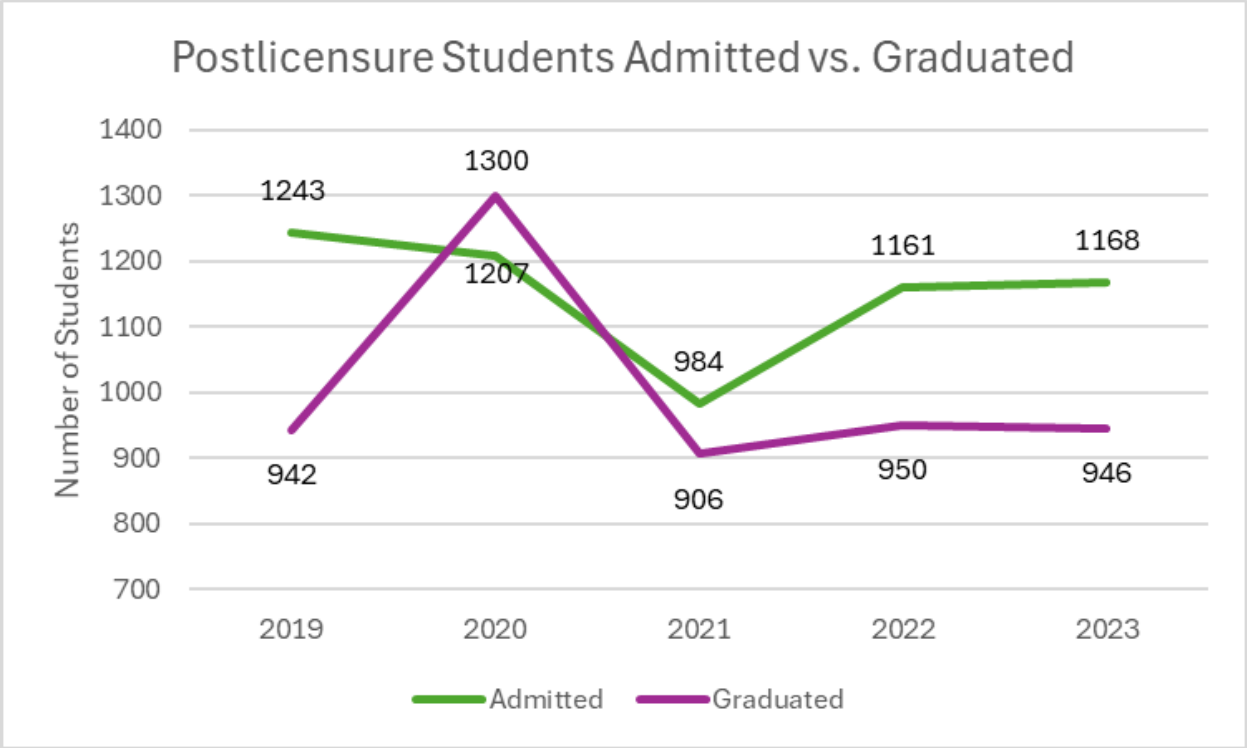
Source: Washington State Board of Nursing. Prelicensure Annual Survey.

Note. Assumed that students actively completing coursework, but did not graduate, ultimately graduated. 2019 graduation questions were specifically related to COVID and not included in the analysis.

Postlicensure

For postlicensure attrition rate, data reported to the EDD were evaluated. Chart 16 illustrates trends in the number of postlicensure nursing students admitted versus those who graduated from 2019 to 2023. Overall, the number of admitted students shows a slight decline from 1,243 in 2019 to 1,207 in 2020, followed by a significant drop in 2021 to 984, likely reflecting disruptions related to the COVID-19 pandemic. However, admissions rebounded in 2022 and 2023, reaching 1,161 and 1,168 respectively. Graduation numbers followed a similar but more variable pattern, starting at 942 in 2019 and peaking at 1,300 in 2020. This was followed by a sharp decline in 2021 to 906, and only modest recovery in 2022 and 2023, with 950 and 946 graduates respectively. The most notable trend is the widening gap between admissions and graduations after 2020, suggesting a potential lag in student progression, retention, or other programmatic factors affecting completion rates in the postlicensure population.

Chart 16: ***Postlicensure Students Admitted vs. Graduated***

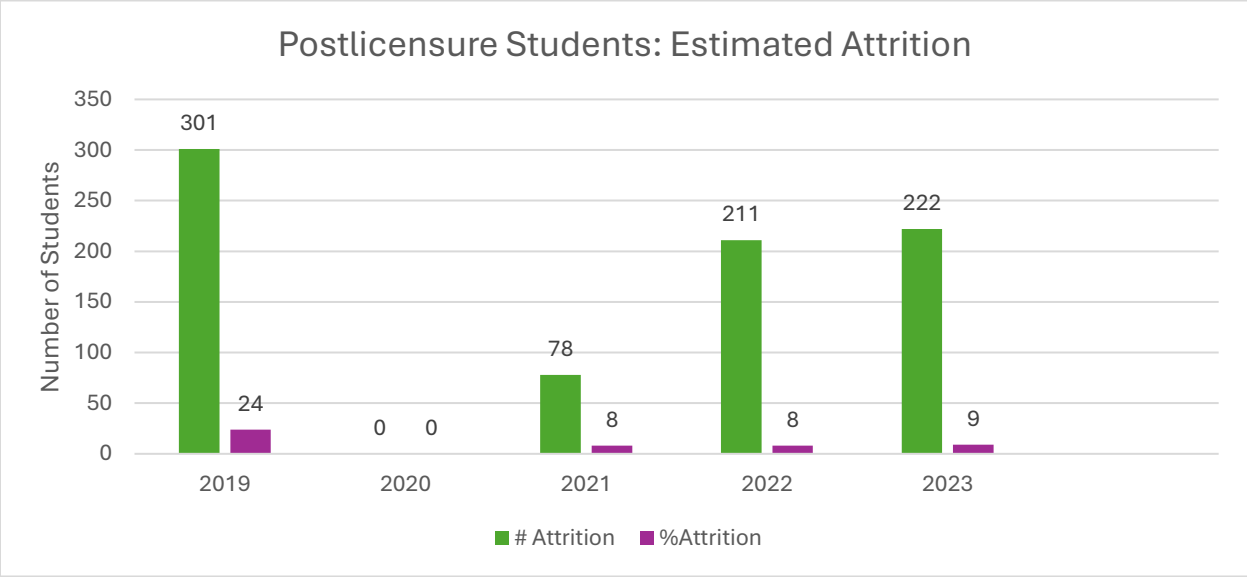


Source: Washington State Board of Nursing. (n.d.) Education Data Dashboard

Note: Excludes Western Governor's University.

Chart 17 displays the estimated attrition among postlicensure students from 2019 to 2023. In 2019, attrition was at its highest, with over 300 students leaving—corresponding to the highest percentage across the five-year span. In 2020, graduation rates exceeded admission rates. For this reason, attrition has been recorded as zero. In 2021, attrition sharply declined to fewer than 100 students, accompanied by a minimal percentage loss. However, attrition rebounded in 2022 and 2023, with each year showing over 200 students departing, though the corresponding percentage remained low. The raw number of students increased again after 2021.

Chart 17: ***Postlicensure Students: Estimated Attrition***



Source: Washington State Board of Nursing. (n.d.) Education Data Dashboard
Note. This slide is an estimation comparing the number of students admitted to a program vs. the number graduating in a given year.

Faculty Demographics

Faculty demographics are a critical indicator of nursing education system capacity, workforce stability, and institutional readiness to meet future healthcare demands. Understanding age, race, ethnicity, and gender composition of nursing faculty provides insight into current challenges such as recruitment, retention, and succession planning. As the nursing faculty workforce continues to age and diversify, these trends have significant implications for academic continuity, educational equity, and long-term workforce development. The following section presents an analysis of faculty demographic trends across prelicensure and postlicensure programs in Washington State from 2019 to 2023, with comparisons to national benchmarks where available.

Age Distribution

The aging of nursing faculty in the United States presents significant challenges for the future of nursing education. According to AACN (2024, May), the average ages of doctorally prepared nurse faculty were 61 years for full professors, 56 years for associate professors, and 50 years for assistant professors. For master's-prepared faculty, the average ages were 55 years for professors, 55 years for associate professors, and 48 years for assistant professors.

The implications of an aging faculty are profound. Fang and Kesten (2017) projected that one-third of the current nursing faculty workforce in baccalaureate and graduate programs would retire by 2025, underscoring the urgency for succession planning and the development of younger faculty members. This anticipated wave of retirements could exacerbate existing faculty shortages, limiting the capacity of nursing programs to educate new nurses and potentially impacting the quality of nursing education.

Prelicensure Faculty

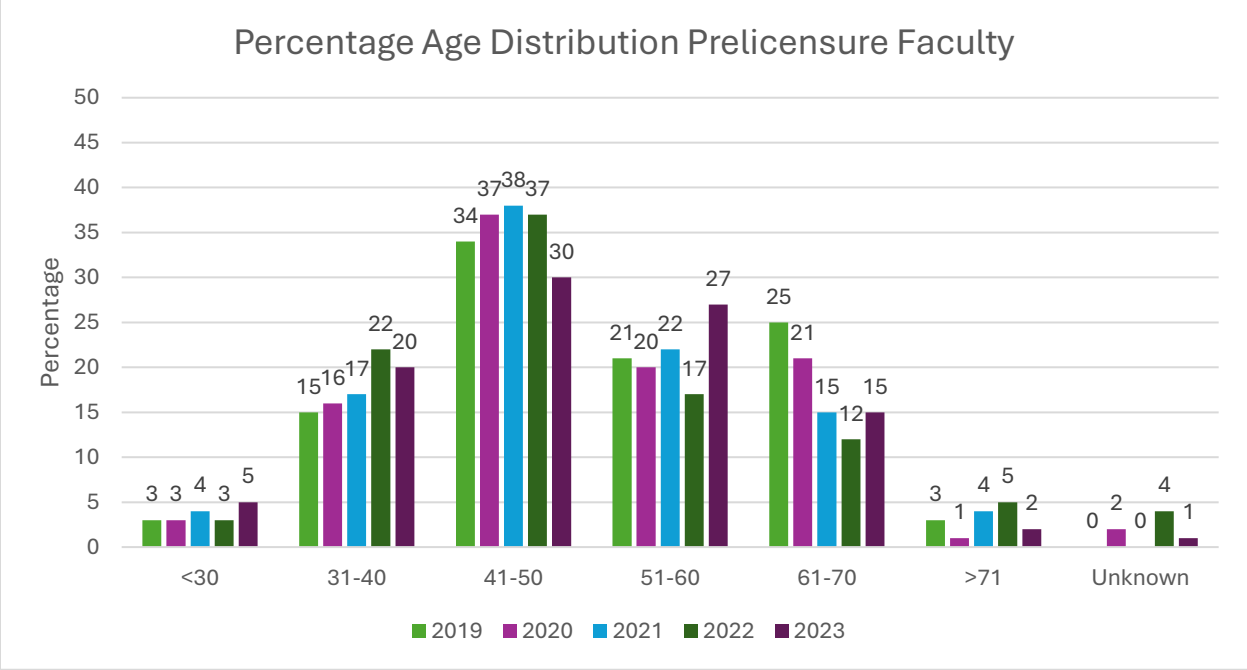
Chart 18 displays a five-year comparison (2019–2023) of the age distribution among faculty teaching in prelicensure nursing programs. Across all five years, the largest proportion of faculty consistently falls within the 41–50 age range, making up approximately 34–38% of the workforce, although this percentage decreased to 30% in 2023. The next largest groups are those aged 51–60 and 31–40, with both categories fluctuating between roughly 15–27% across the years. Notably, the 51–60 age group rose to its highest percentage (27%) in 2023, indicating a potential aging trend among mid-career faculty.

The data also show a declining representation among the 61–70 age group, which dropped from 25% in 2019 to just 15% by 2023, possibly reflecting retirements or transitions out of full-time roles. Faculty under 30 years old consistently represent only a small fraction (3–5%) of the workforce, underscoring ongoing challenges in recruiting younger nurse educators. Similarly, faculty over 71 years old make up only 1–5% across the years, reflecting the expected tapering

off at older ages. Finally, the “Unknown” category remains minimal, typically accounting for 0–4% across all years.

Overall, this distribution highlights a concentration of prelicensure nursing faculty in mid-career age ranges, with relatively low representation from both the youngest and oldest age brackets. These patterns point to potential succession planning needs, as institutions will need to focus on strategies for attracting and retaining younger faculty to ensure continuity and stability as older faculty approach retirement.

Chart 18: ***Percentage Age Distribution Prelicensure Faculty***



Source: Washington State Board of Nursing. (n.d.) Education Data Dashboard

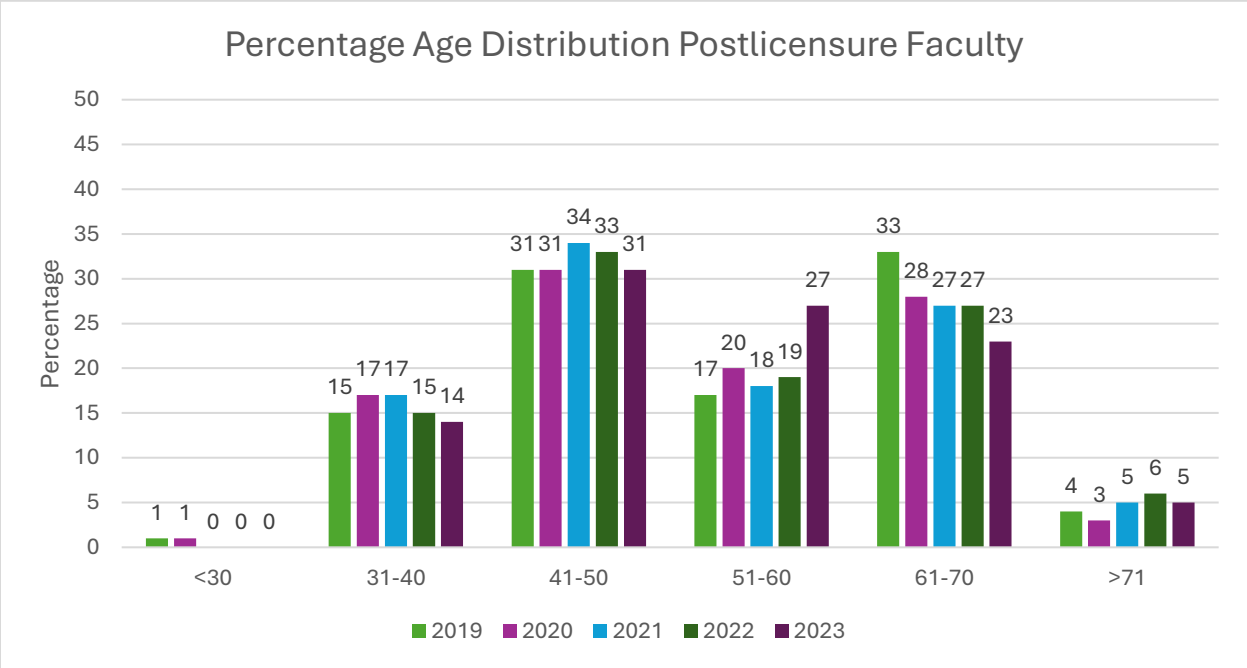
Postlicensure Faculty

Chart 19 displays the age distribution of faculty teaching in postlicensure nursing programs over a five-year period, from 2019 to 2023. The largest percentage of postlicensure faculty consistently falls in the 41–50 and 61–70 age ranges. The 41–50 group maintained a steady presence between 31% and 34% across the years. The 61–70 group ranged from 23% to as high as 33% in 2019, though it declined to 23% by 2023. Notably, the 51–60 age group has shown an increase, rising from 17% in 2019 to 27% in 2023, likely suggesting a shift as mid-career faculty age into older cohorts.

In contrast, younger faculty under 30 years old are nearly absent, consistently making up only about 0–1% of the workforce, underscoring challenges in recruiting early-career educators. The 31–40 age bracket has remained stable but relatively modest, hovering between 14% and 17% over the five years. Faculty over 71 years old account for a small but steady share, around 3–6%, reflecting a small number of long-serving senior educators who continue teaching beyond traditional retirement age.

Overall, postlicensure nursing faculty are generally older, with a strong concentration in mid-to-late career stages. The notable presence of faculty aged 61 and older, coupled with minimal representation from younger age groups, highlights the need for targeted succession planning and recruitment strategies to ensure generational balance and preserve institutional capacity as older faculty approach retirement.

Chart 19: ***Percentage Age Distribution Postlicensure Faculty***



Source: Washington State Board of Nursing. (n.d.) Education Data Dashboard

Race and Ethnicity

In 2022, white nursing faculty constituted nearly 80% of the workforce. According to the National League for Nursing (Mazinga, 2022), 21**%** of full-time nurse educators in the United States identified as members of underrepresented racial or ethnic groups. This includes 11% African American, 4% Asian, 4% Hispanic, 3% Native American, and 1% multiracial faculty. Supporting this, AACN (2023) reported that 21% of full-time faculty identify as racial or ethnic minorities, demonstrating consistency across national data sources.

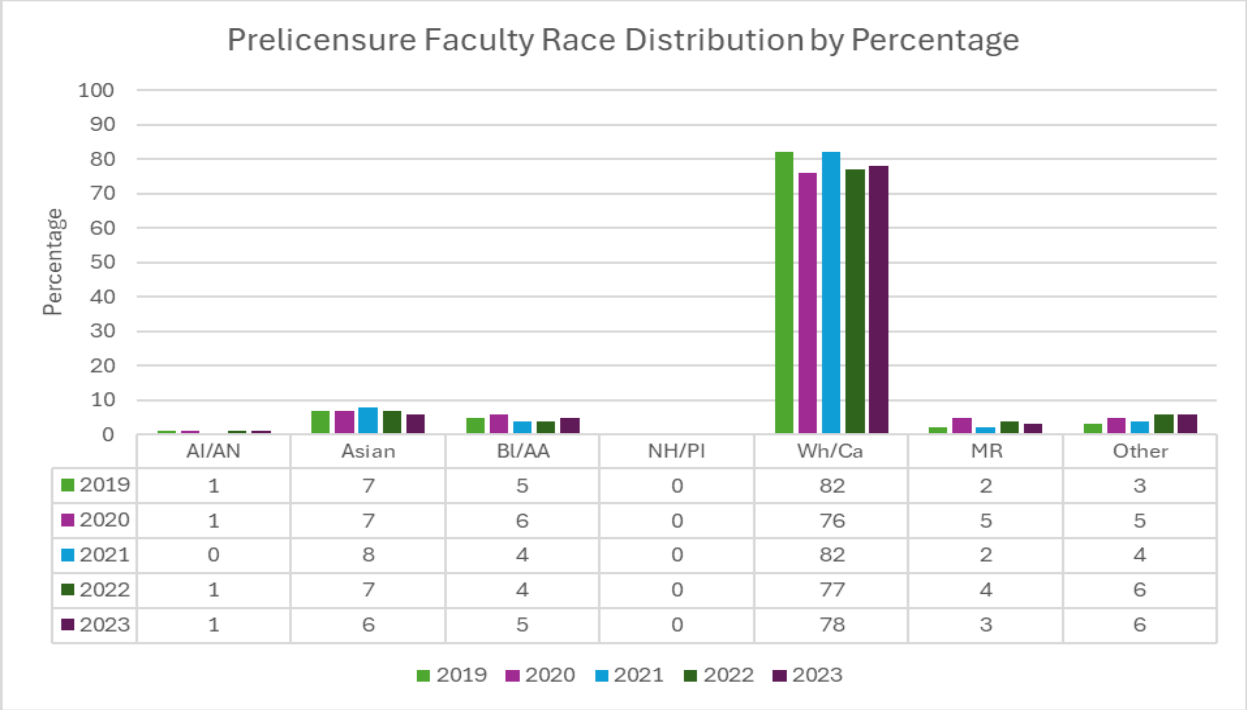
In 2023, the racial and ethnic makeup of prelicensure nursing faculty in Washington remained disproportionately less diverse compared to the state's general population (Washington Center for Nursing, 2024). White/Caucasian faculty remained significantly overrepresented at 78%, compared to 64% of the state population. Hispanic/Latino faculty were notably underrepresented at just 5%, despite accounting for 15% of Washington's general population. Asian (6%) and Black/African American (5%) faculty were also underrepresented relative to their state proportions of 11% and 5% respectively. Representation of Native Hawaiian/Pacific Islander and American Indian/Alaska Native faculty remained at or below 1% which is consistent with statewide demographics.

A comparison between 2023 postlicensure nursing faculty data and Washington state's general population shows continued disparities in racial and ethnic representation within the faculty workforce (Washington Center for Nursing, 2024). White/Caucasian individuals comprised 76% of postlicensure nursing faculty in 2023, compared to 64% of the general population. Hispanic/Latino representation among faculty declined to just 3% which is significantly lower than the 15% Hispanic/Latino population. Faculty identified as Asian (5%) and Black/African American (9%) showed mixed representation: Asian faculty were underrepresented compared to the state population (11%), while Black/African American faculty were nearly double their statewide proportion (5%). Despite accounting for 2% of Washington's population, American Indian/Alaska Native faculty had no reported representation. Faculty identified as multiracial (3%) or from other racial backgrounds (7%) made up a combined 10% of postlicensure nursing faculty, which is higher than Washington's population (5%) identified as multiracial or other races. Because the 2023 postlicensure survey did not report data on Native Hawaiian and Other Pacific Islander faculty, their representation cannot be compared to the Washington state population.

Prelicensure Faculty

Race and ethnicity data for prelicensure nursing faculty from 2019 to 2023 (Chart 20, Chart 21) reveal persistent racial and ethnic homogeneity, with only modest diversity gains. White/Caucasian faculty consistently make up the overwhelming majority, ranging from 76% to 82% over the five-year period. Asian faculty represent the next largest group, maintaining a steady presence between 6% and 8%, while Black/African American faculty fluctuate slightly between 4% and 6%. Other racial groups, including American Indian/Alaska Native (AI/AN), Native Hawaiian/Pacific Islander (NH/PI), Multiracial (MR), and "Other," each remain below 6% annually, indicating limited racial representation outside of the dominant categories.

Chart 20: ***Prelicensure Faculty Race Distribution by Percentage***



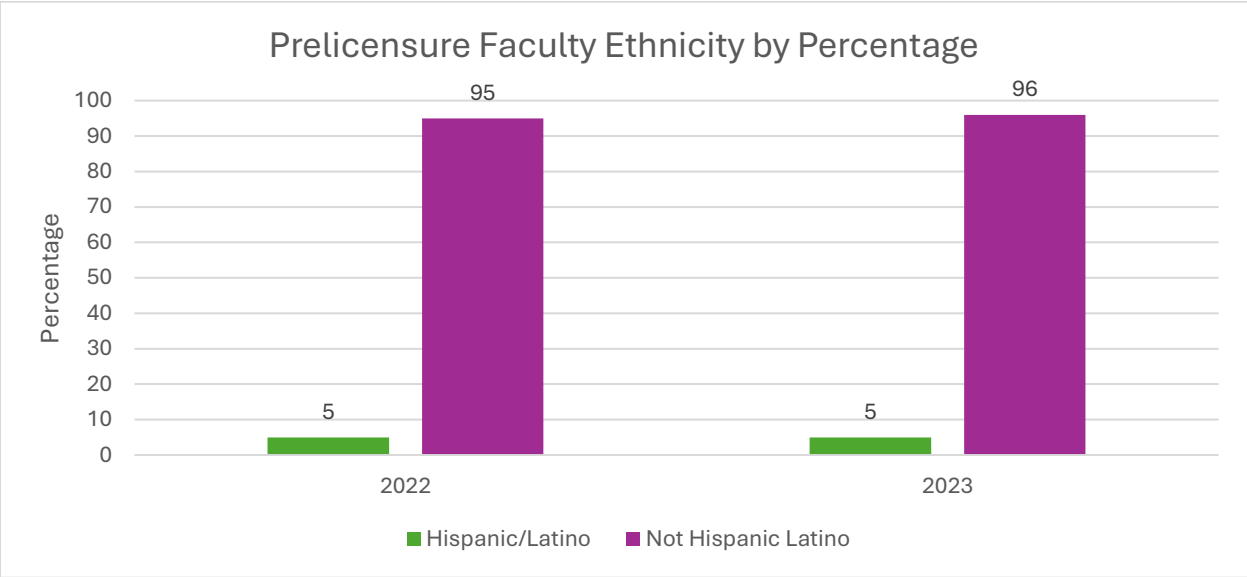
	AI/AN	Asian	Bl/AA	NH/PI	Wh/Ca	MR	Other
2019	1	7	5	0	82	2	3
2020	1	7	6	0	76	5	5
2021	0	8	4	0	82	2	4
2022	1	7	4	0	77	4	6
2023	1	6	5	0	78	3	6

Source: Washington State Board of Nursing. (n.d.) Education Data Dashboard

Note. AI/AN = American Indian/Alaska Native, BI/AA = Black/African American, NH/PI = Native Hawaiian/Other Pacific Islander, Wh/Ca = White Caucasian, MR = Multi-Racial.

Ethnicity data from 2022 and 2023 (Chart 21) show that Hispanic/Latino prelicensure faculty comprised 5% of the workforce, while 95–96% identify as Not Hispanic/Latino.

Chart 21: ***Prelicensure Faculty Ethnicity by Percentage***



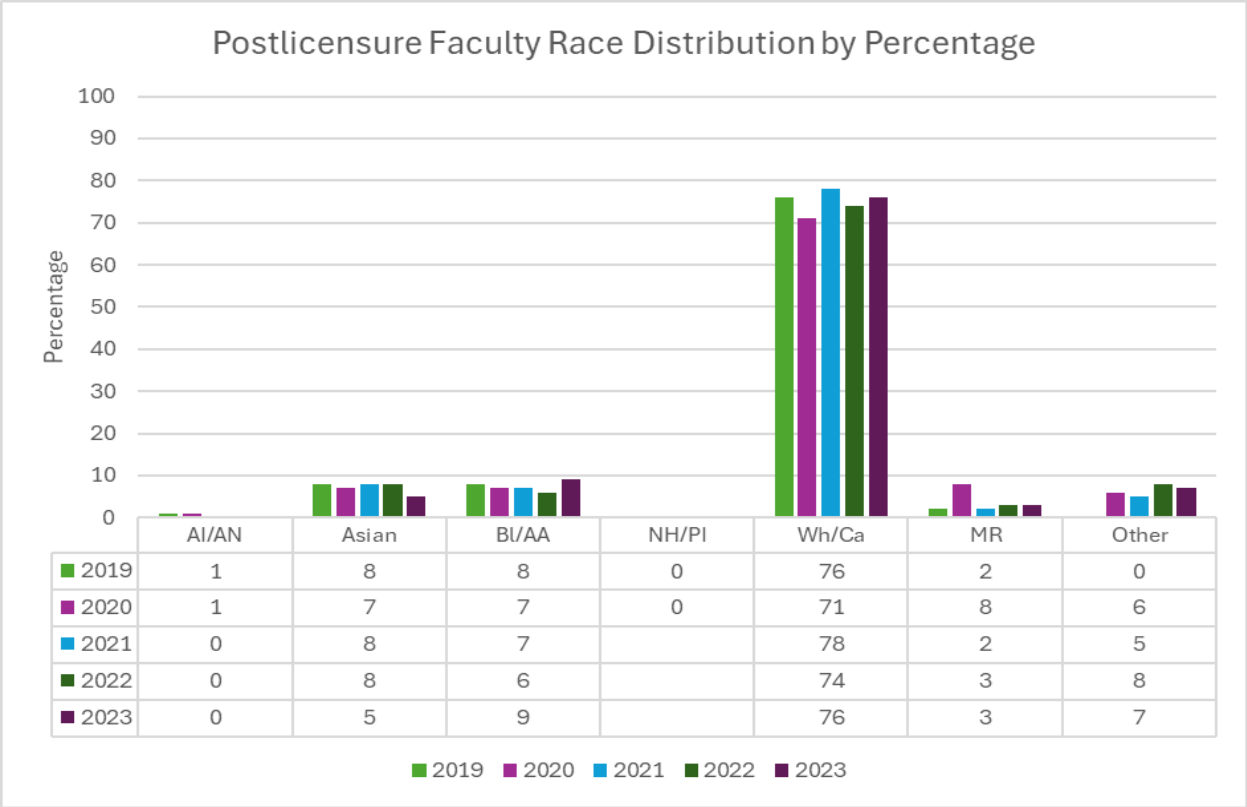
Source: Washington State Board of Nursing. (n.d.) Education Data Dashboard

Note. Data not displayed on dashboard until 2022. Ethnicity 2023 combined totals exceed 100.

Postlicensure Faculty

Data on postlicensure faculty race and ethnicity from 2019 to 2023 (Chart 22, Chart 23) show persistent underrepresentation of racially and ethnically diverse faculty, with only modest year-to-year fluctuations. White/Caucasian faculty consistently make up the majority, ranging from 71% to 78% over the five-year period. Representation among Asian faculty remained relatively steady between 7% and 8% through 2022, followed by a decline to 5% in 2023. Black/African American faculty representation remained consistent at 7%–9%, while American Indian/Alaska Native and Native Hawaiian/Pacific Islander groups were not represented at all from 2021 onward. Multiracial faculty peaked at 8% in 2020 but declined to 2%–3% in subsequent years. Faculty reported as "Other" increased from 0% in 2019 to 7%–8% by 2022–2023.

Chart 22: ***Postlicensure Faculty Race Distribution by Percentage***



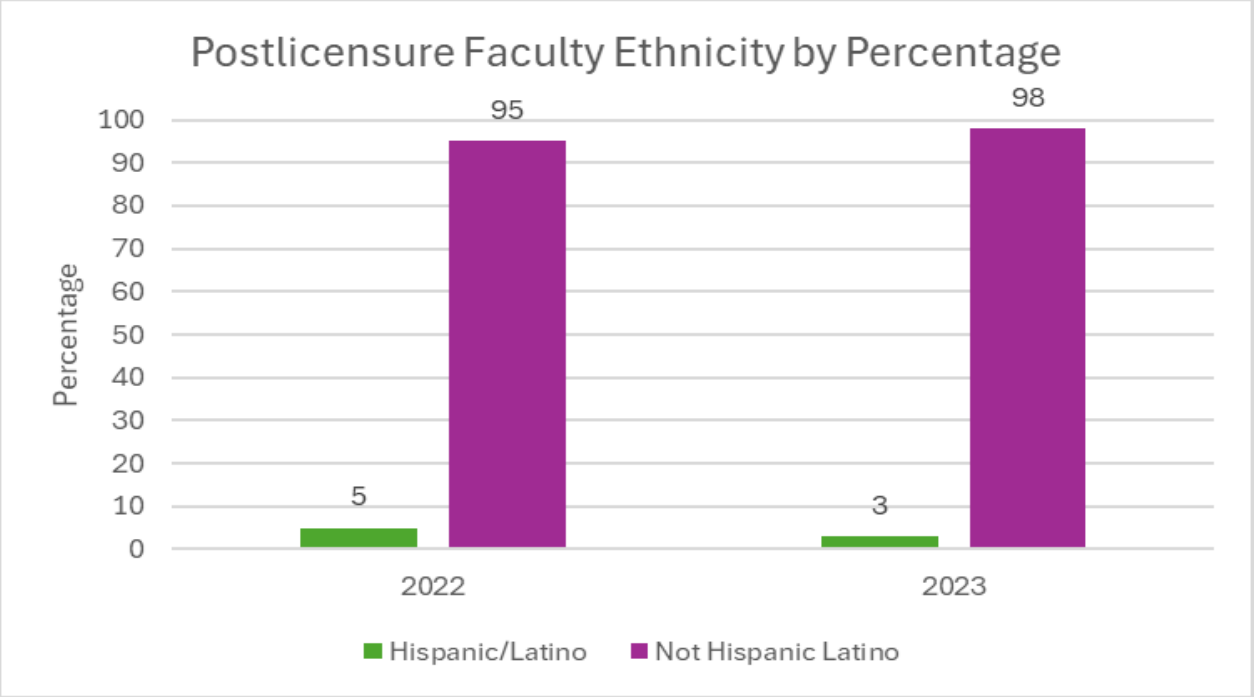
	AI/AN	Asian	Bl/AA	NH/PI	Wh/Ca	MR	Other
2019	1	8	8	0	76	2	0
2020	1	7	7	0	71	8	6
2021	0	8	7		78	2	5
2022	0	8	6		74	3	8
2023	0	5	9		76	3	7

Source: Washington State Board of Nursing. (n.d.) Education Data Dashboard

Note. AI/AN = American Indian/Alaska Native, BI/AA = Black/African American, NH/PI = Native Hawaiian/Other Pacific Islander, Wh/Ca = White Caucasian, MR = Multi-Racial. NH/PI category not included on 2021-2023 demographic dashboard area.

Ethnicity data (Chart 23) further underscores the limited diversity with only 5% of faculty were reported as identifying as Hispanic/Latino in 2022, and that proportion dropped to 3% in 2023. Over 95% were reported as identifying as not Hispanic/Latino in both years.

Chart 23: ***Postlicensure Faculty Ethnicity by Percentage***



Source: Washington State Board of Nursing. (n.d.) Education Data Dashboard

Note. Data not displayed on dashboard until 2022. Ethnicity 2023 combined totals exceed 100.

Overall, these trends highlight a persistent lack of racial and ethnic diversity among postlicensure nursing faculty, reinforcing the need for deliberate strategies to attract and retain faculty from underrepresented backgrounds to ensure a more inclusive and representative academic nursing workforce.

Gender

The following charts present a five-year overview (2019–2023) of gender representation among faculty in nursing education programs, separated by employment status (full-time vs. part-time) and program type (prelicensure vs. postlicensure). A clear and consistent trend across all categories is the dominance of female faculty, who make up the vast majority in every year and category. This pattern reflects the gender demographics seen nationally in the nursing profession (AACN, 2023). Overall, the data indicates a consistently female-dominated faculty workforce across nursing education, a stable but limited presence of male faculty.

In both full-time and part-time prelicensure positions, female representation has steadily increased, with the full-time female prelicensure faculty rising from 434 in 2019 to 568 in 2023. Similar growth is evident in part-time roles, peaking at 561 in 2022.

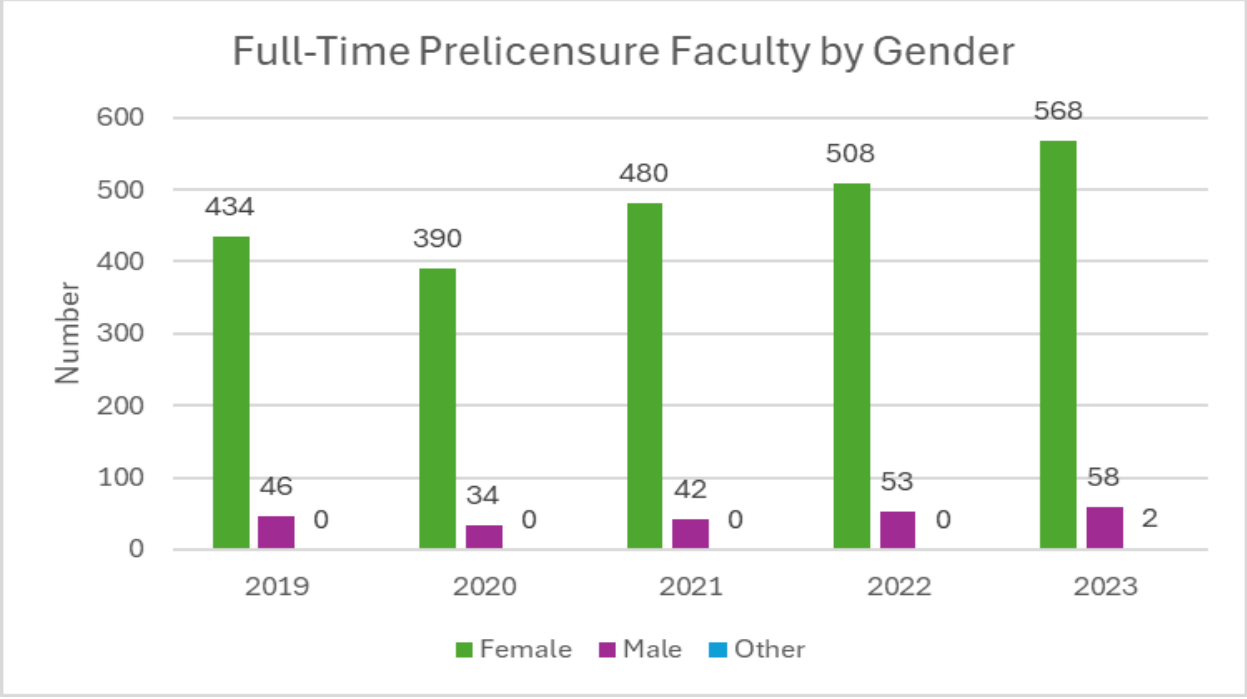
Male faculty presence has remained relatively small but steady, with minor fluctuations from year to year. For example, in full-time prelicensure faculty, male representation varied from 34 to 58 over the five-year span. The "Other" gender category—likely representing non-binary or gender-diverse faculty—has only recently begun appearing in the data, with entries beginning in 2020 for part-time prelicensure and 2022 for postlicensure faculty.

Full-time female postlicensure faculty saw a significant increase in 2023, rising from 234 in 2022 to 487, nearly doubling in size. Conversely, part-time female postlicensure faculty experienced dramatic fluctuations, with a high of 344 in 2021 and a sharp decline to 146 in 2022.

Prelicensure Faculty

Chart 23 shows the gender distribution of full-time prelicensure nursing faculty from 2019 to 2023. Female faculty consistently dominate the workforce, increasing from 434 in 2019 to 568 in 2023. Male faculty numbers remain significantly lower but show a modest upward trend, rising from 46 to 58 over the same period. Overall, the data reflects a predominantly female faculty base with gradual growth and minimal change in male representation.

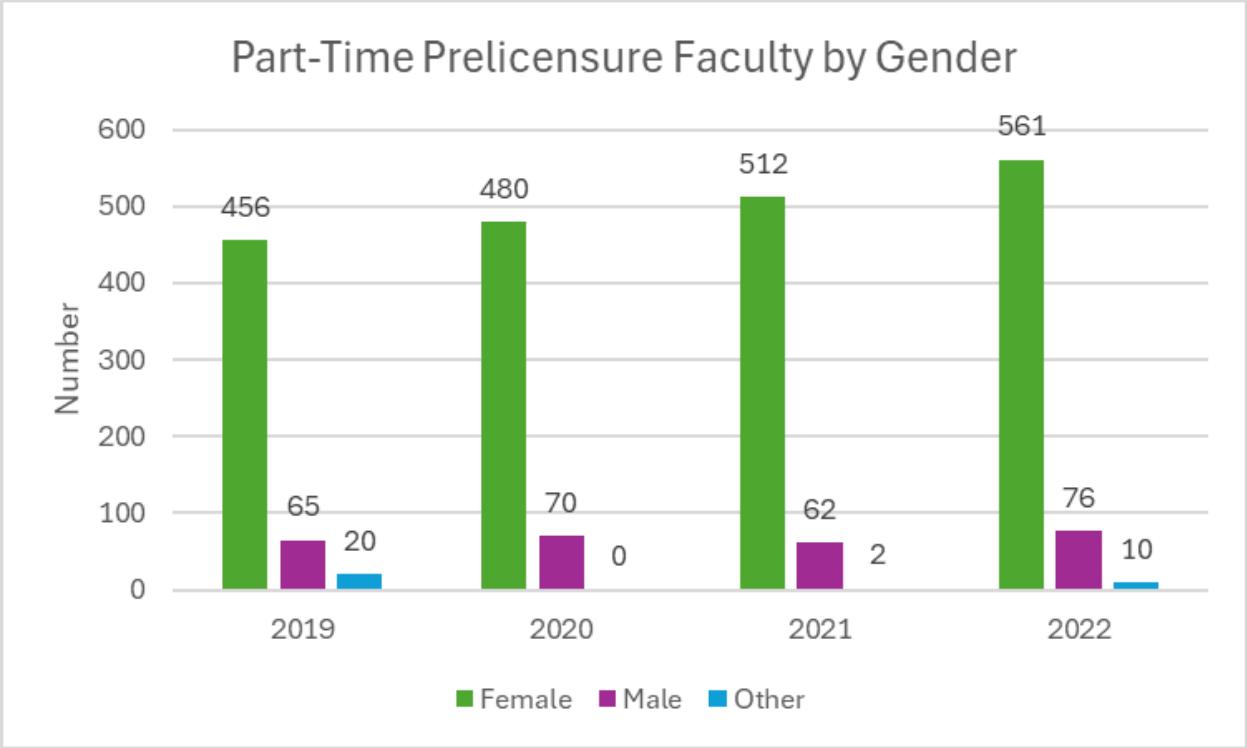
Chart 23: ***Full-time Prelicensure Faculty by Gender***



Source: Washington State Board of Nursing. Prelicensure Annual Survey.

Chart 24 presents the gender breakdown of part-time prelicensure faculty from 2019 to 2022. Female faculty make up the vast majority each year, increasing from 456 in 2019 to 561 in 2022. Male faculty numbers remain relatively steady, fluctuating slightly between 62 and 76. The "Other" gender category is minimally represented. Overall, the data reflects a predominantly female part-time faculty workforce with slight gains in gender diversity.

Chart 24: ***Part-time Prelicensure Faculty by Gender***



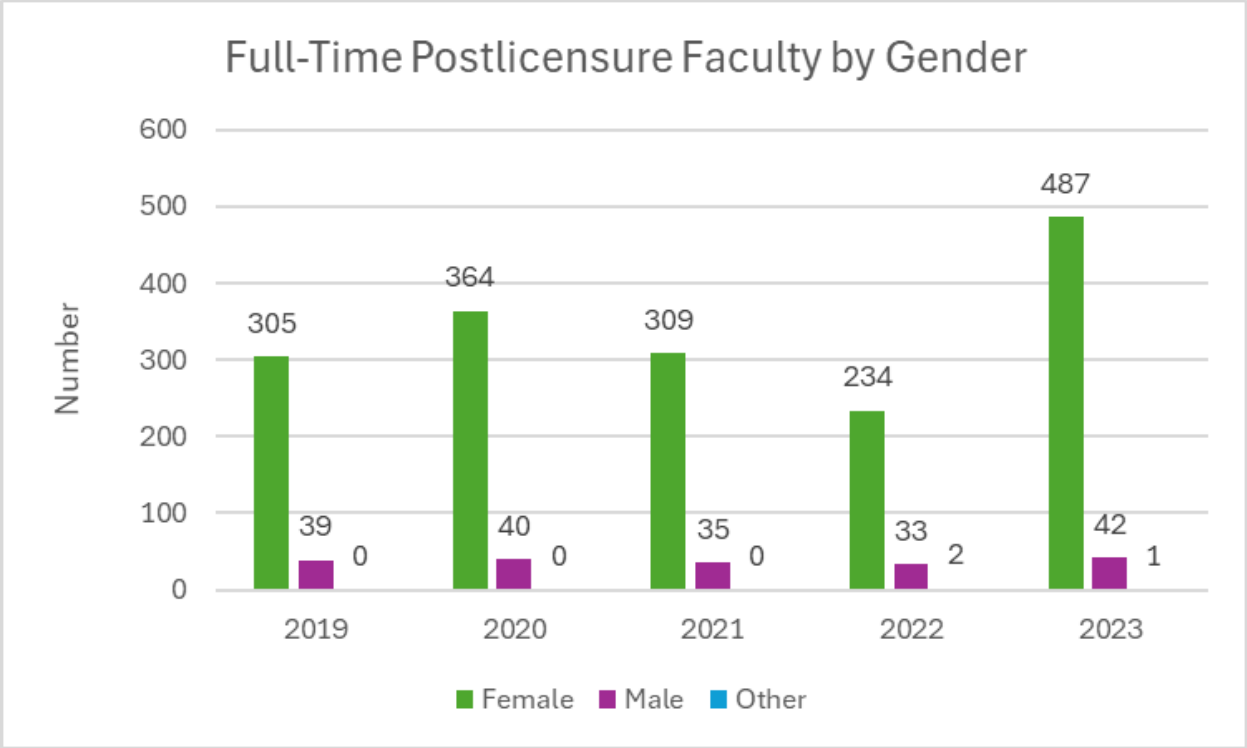
Source: Washington State Board of Nursing. Prelicensure Annual Survey.

Note. Question not asked in 2023-2024 survey.

Postlicensure Faculty

Chart 25 illustrates the gender distribution of full-time postlicensure faculty from 2019 to 2023. Female faculty dominate throughout the period, with a notable increase from 234 in 2022 to 487 in 2023, following a dip from previous years. Male faculty numbers remain relatively stable, fluctuating between 33 and 42. The "Other" category appears only in 2022 and 2023, with 2 and 1 individuals respectively.

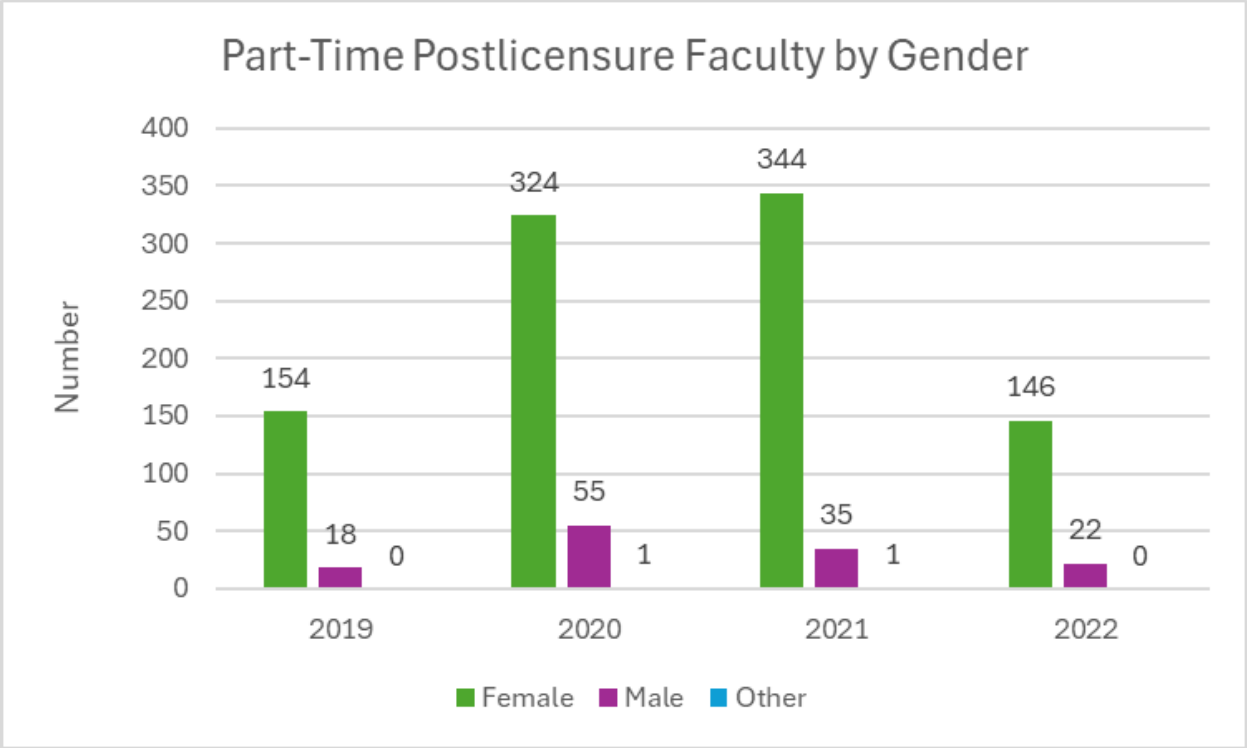
Chart 25: ***Full-Time Postlicensure Faculty by Gender***



Source: Washington State Board of Nursing. Postlicensure Annual Survey.

Chart 26 displays the gender distribution of part-time postlicensure faculty from 2019 to 2022. Female faculty consistently make up the majority, with a significant rise from 154 in 2019 to a peak of 344 in 2021, followed by a sharp decline to 146 in 2022. Male faculty numbers also fluctuate, rising from 18 in 2019 to a high of 55 in 2020, then decreasing to 22 in 2022. The "Other" gender category appears only in 2020 and 2021, with 1 individual each year.

Chart 26: ***Part-Time Postlicensure Faculty by Gender***



Source: Washington State Board of Nursing. Postlicensure Annual Survey.

Note. Question not asked in 2023-2024 survey.

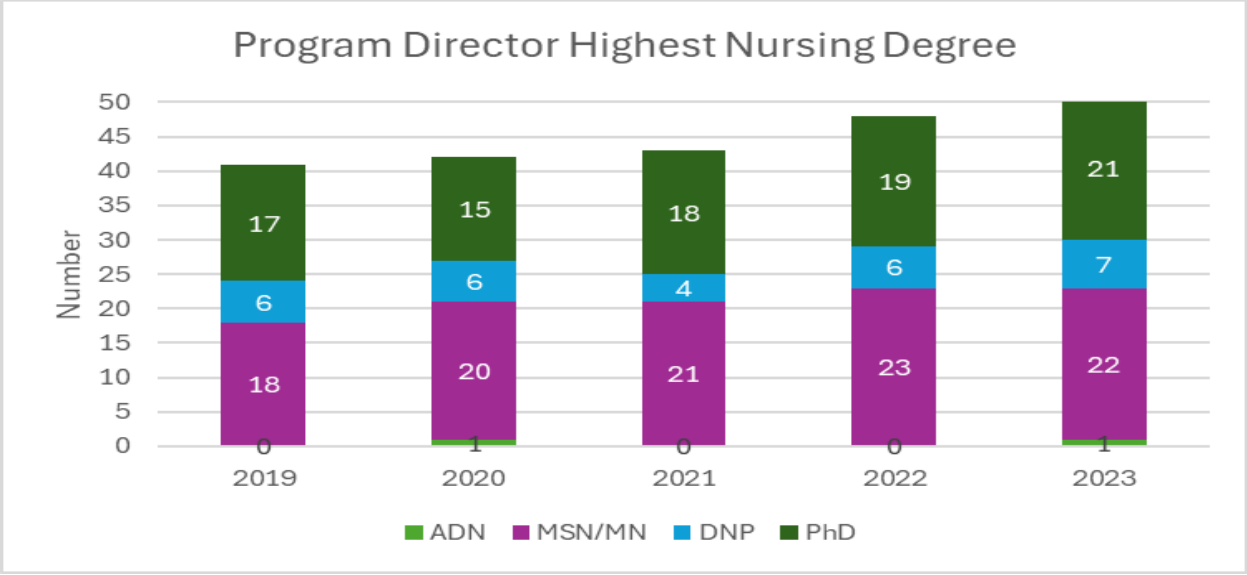
Program Director Highest Degree

The Washington State Board of Nursing (2024) is proposing amendments to WAC 246-840-517, which outline the qualification requirements for nurse administrators of baccalaureate nursing education programs. These proposed changes are in response to Engrossed Second Substitute Senate Bill (E2SSB) 5582, codified as RCW 18.79.150, aiming to reduce barriers and expanding educational opportunities to increase the supply of nurses in Washington state. The specific changes under consideration include allowing nurse administrators to qualify with a graduate degree in nursing, rather than mandating a doctoral degree.

Nationally, similar trends are observed. The American Association of Colleges of Nursing (AACN, 2024) reports a national nurse faculty vacancy rate of 8%, with most vacancies (80%) in positions requiring or preferring a doctoral degree. This shortage has prompted institutions to reconsider stringent educational requirements for faculty and administrative roles.

Chart 27 shows the highest nursing degrees achieved by program directors from 2019 to 2023. Over the five-year period, the majority of program directors consistently held a master's degree (MSN/MN), increasing from 18 in 2019 to 22 in 2023. Directors with a PhD have also risen modestly, from 17 in 2019 to 21 in 2023, indicating a gradual shift toward more doctoral-prepared leadership. The number of DNP-prepared directors has remained relatively stable, with a slight increase from 6 in 2019 to 7 in 2023. Very few directors held an associate degree (ADN) as their highest qualification, with only one such instance each occurring in 2020 and 2023.

Chart 27: ***Prelicensure Program Director Highest Nursing Degree***



Source: Washington State Board of Nursing. Prelicensure Annual Survey.

Note. Question asked: What is the program director's highest nursing degree achieved? Question not asked in postlicensure annual surveys.

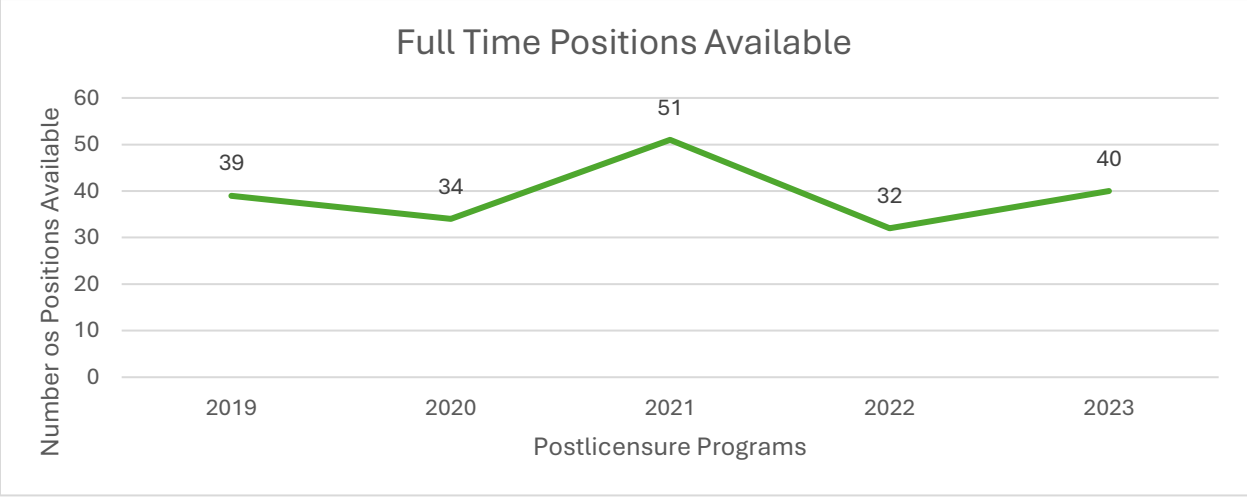
Leadership and Organizational Changes

National data highlight growing instability in nursing program leadership, marked by frequent turnover and persistent faculty vacancies. According to the National League for Nursing's Annual Survey of Schools (2022-2023), 836 faculty vacancies for nursing programs were reported, driven by factors such as non-competitive salaries and a limited pool of qualified candidates. AACN (2023) reported a 9% full-time faculty vacancy rate.

These vacancy trends contribute to turnover among key leadership roles, including deans and program directors, as institutions struggle to attract and retain experienced administrators. Furthermore, many nursing faculty are nearing retirement, which further threatens leadership continuity in academic nursing (HRSA, 2021). Without strong pipelines for succession, schools may increasingly rely on interim or short-term leadership appointments, impacting strategic planning, accreditation readiness, and faculty development.

In Washington state, there have been fluctuations in the reported number of full-time faculty positions available in postlicensure nursing programs over a five-year period (Chart 28). The number of positions peaked at 51 in 2021, reflecting either expansion efforts or increased program demand during the COVID-19 pandemic. However, that growth was short-lived, with a steep drop to 32 positions in 2022, the lowest point in the timeframe. By 2023, availability rebounded slightly to 40 positions, returning closer to pre-pandemic levels. Sustained efforts to stabilize and grow the faculty pipeline will be essential to meet ongoing and future demand in nursing education.

Chart 28: ***Total Number of Full-Time Postlicensure Faculty Positions Available***



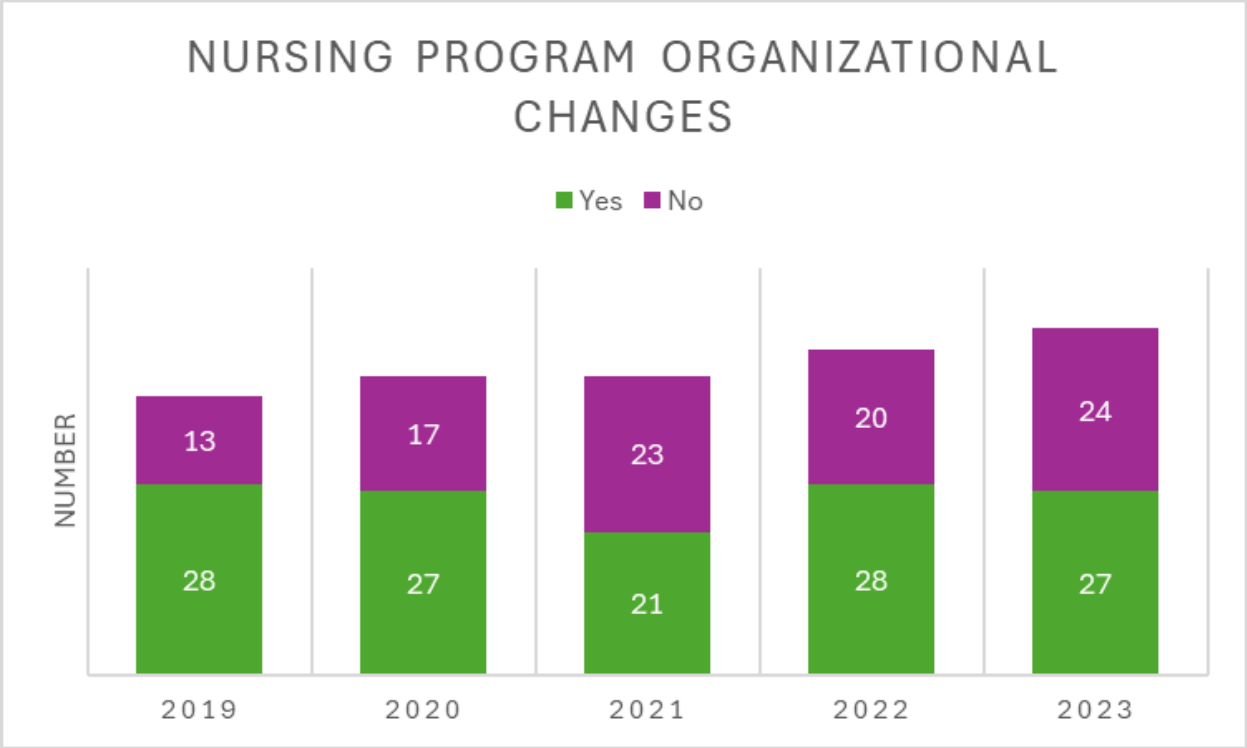
Source: Washington State Board of Nursing. Postlicensure Annual Survey.

Note. Survey question not asked on annual prelicensure surveys or on 2023-2024 postlicensure survey. Questions asked: Do you have full-time nursing faculty vacancies in your nursing programs currently? If yes, please enter the number of full-time vacancies.

Each year on the prelicensure and postlicensure educational surveys, deans and directors were asked to respond to the question, “Has the nursing program experienced major organizational changes over the past year”? Responses were recorded as yes or no.

Chart 29 tracks responses to the question among prelicensure licensure nursing programs over a five-year period. From 2019 to 2023, the number of programs reporting changes (yes response) fluctuated, peaking in 2022 with 28 programs and shows a consistent rise in those reporting no changes (no response) from 13 in 2019 to 24 in 2023. However, by 2022, programs reporting changes outnumbered those reporting changes. The reasons given for some of these changes are reported in Chart 30.

Chart 29: ***Prelicensure Nursing Program Organizational Changes***

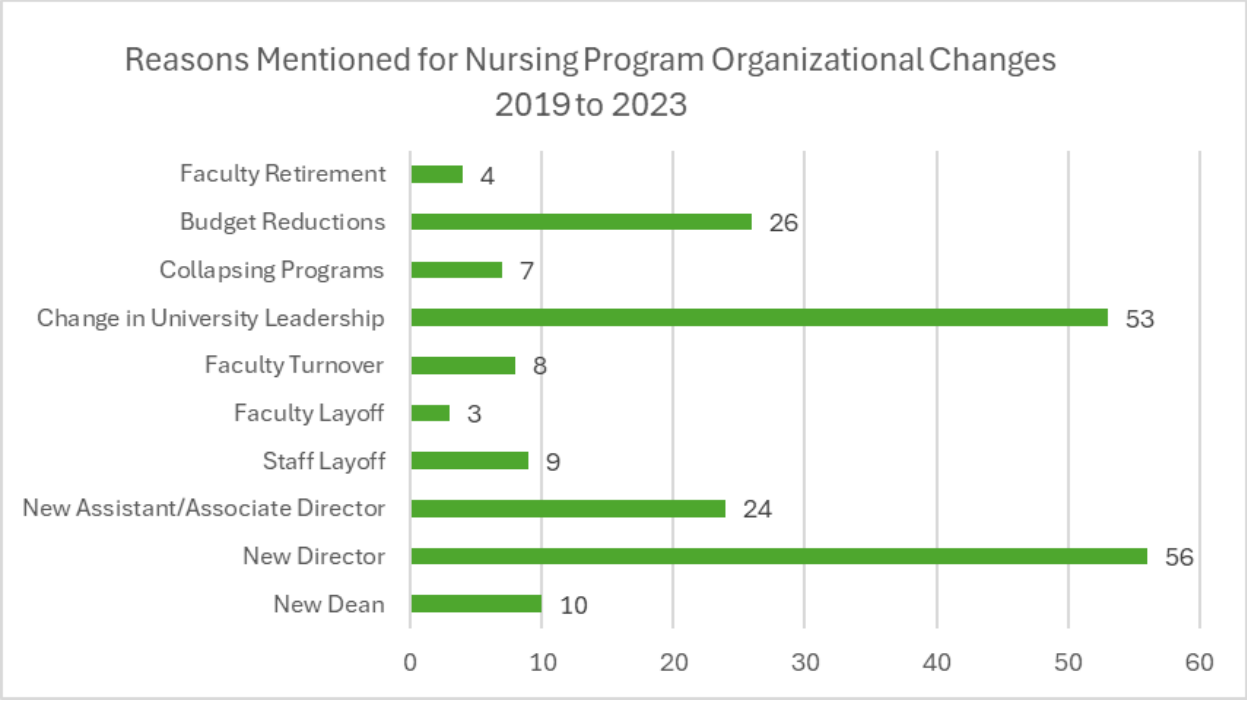


Source: Washington State Board of Nursing. Prelicensure Annual Survey.

Note. Question asked: Has the nursing program experienced major organizational changes over the past year?

The most frequently cited reasons for organizational changes in prelicensure nursing programs between 2019 and 2023 (Chart 30) were related to leadership transitions, with “New Director” (56 mentions) and “Change in University Leadership” (New Provost or President) (53 mentions) topping the list. Other significant factors included budget reductions (26 mentions), the appointment of a new assistant or associate director (24 mentions), and new dean (10 mentions), indicating that both financial pressures and administrative restructuring played key roles in these changes. Less common but still noteworthy were mentions of staff layoffs (9 mentions), faculty turnover (8 mentions), and program collapse (7 mentions). The least cited causes were faculty layoffs (3 mentions) and faculty retirement (4 mentions). Results suggest that reported leadership instability and institutional decision-making contributed to nursing program instability.

Chart 30: ***Reasons Mentioned for Prelicensure Nursing Program Organizational Changes: 2019 to 2023***

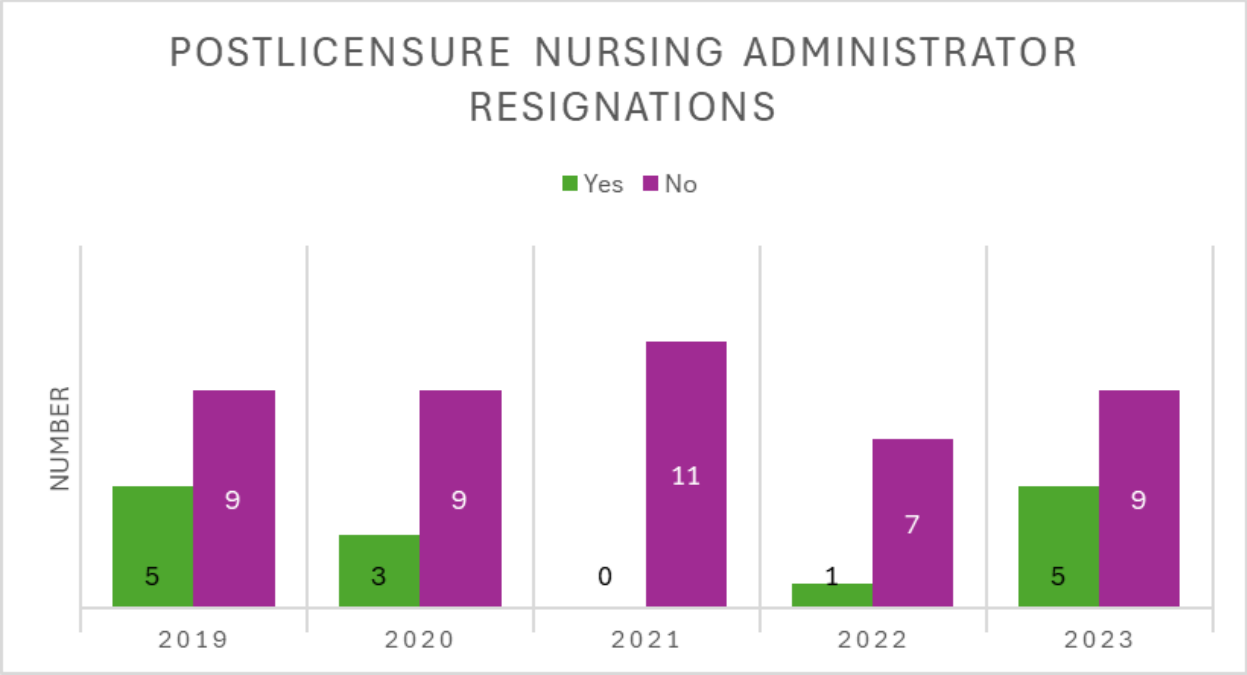


Source: Washington State Board of Nursing. Prelicensure Annual Survey.

Note. Question asked: What major organizational changes has the nursing program experienced in the past year?

Chart 31 illustrates trends in resignations among postlicensure nursing administrators over a five-year span. The number of reported resignations peaked in 2019 and 2023 (both at 5 resignations) with a notable drop to zero in 2021. The year 2021 also saw the highest number of programs reporting no resignations (11), possibly reflecting temporary administrative stability or delayed transitions during the pandemic. In contrast, 2022 marked the lowest number of reported resignations (1), followed by a rebound in 2023.

Chart 31: ***Number of Postlicensure Nursing Administrator Resignations***

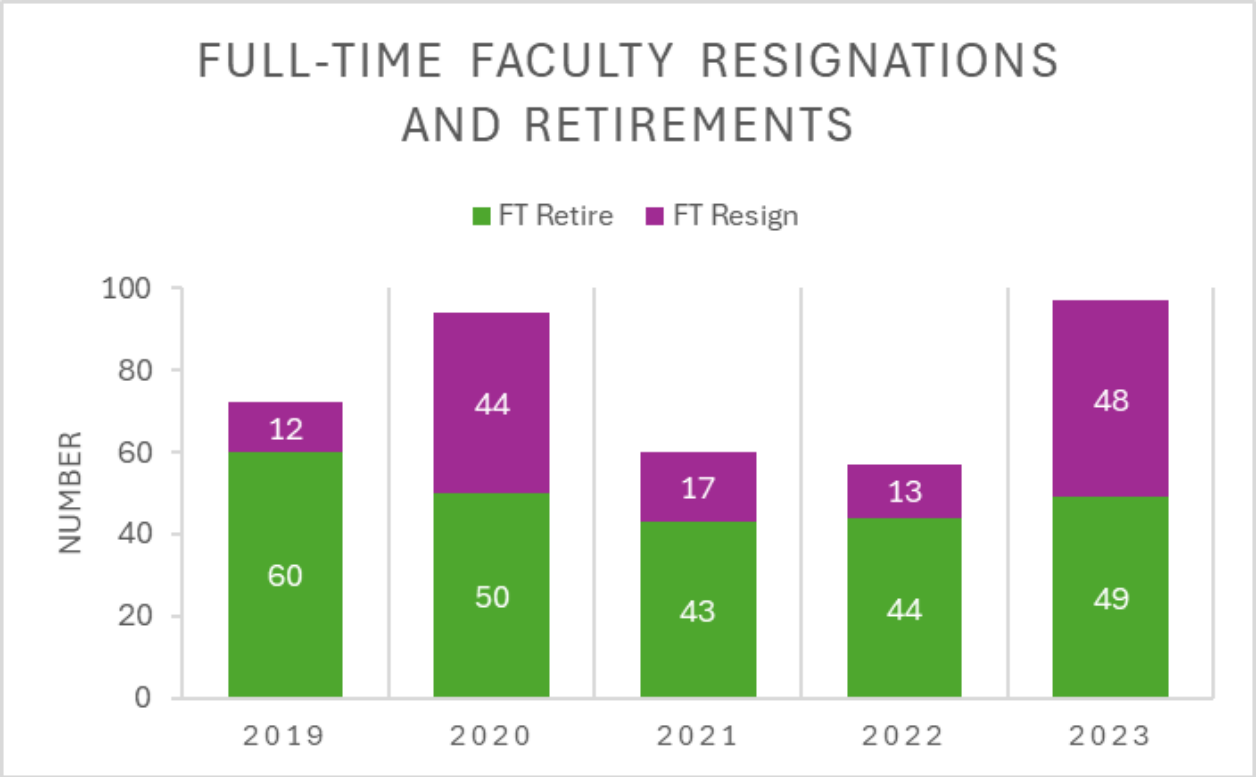


Source: Washington State Board of Nursing. Postlicensure Annual Survey.

Note. Survey question not asked in annual prelicensure surveys. Question asked: During the year, did the nursing administrator resign?

There have been notable shifts in full-time nursing faculty turnover from 2019 to 2023 (Chart 32). While retirements steadily declined from 60 in 2019 to 43–49 in subsequent years, resignations surged, particularly in 2020 (44) and again in 2023 (48)—nearly matching the number of retirements. The 2020 spike in resignations may reflect pandemic-related pressures, burnout, or dissatisfaction with academic conditions. By 2023, resignations nearly equaled retirements, signaling a potentially concerning trend in voluntary faculty departures. These patterns suggest that faculty turnover is increasingly being driven not just by retirement, but by workplace factors that result in resignation.

Chart 32: ***Number of Full-Time Faculty Resignations and Retirements***

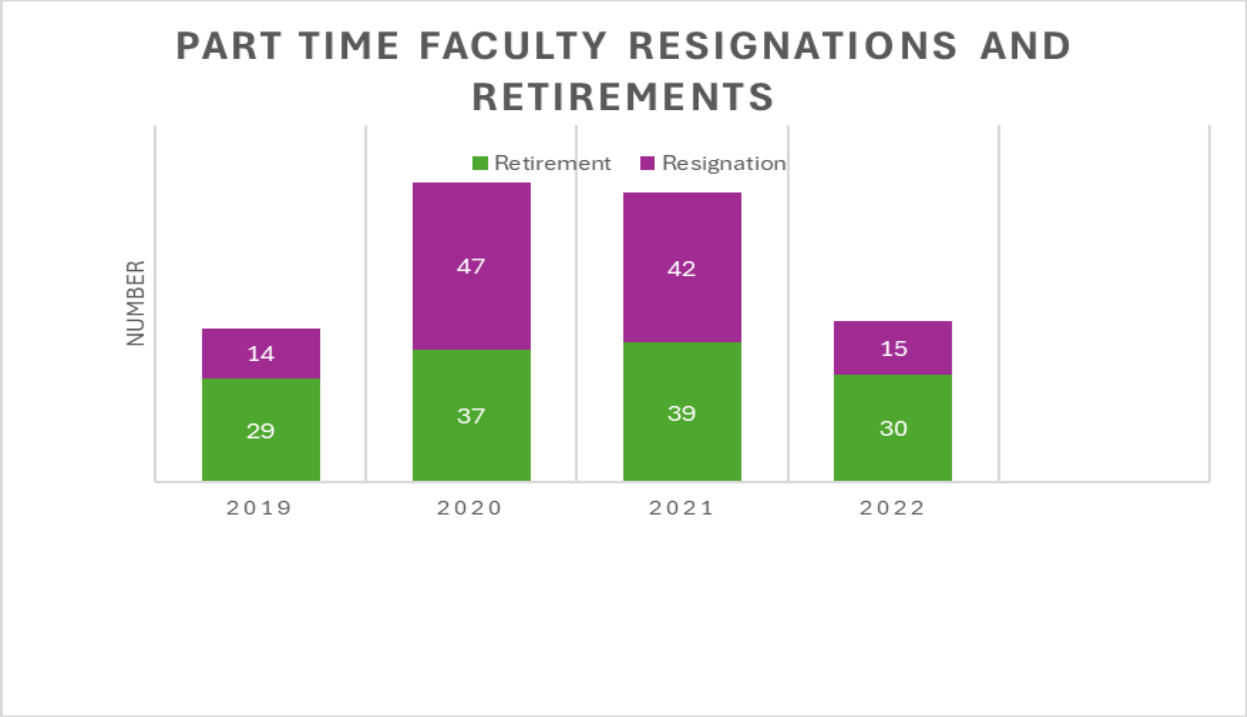


Source: Washington State Board of Nursing. Postlicensure Annual Survey.

Note. Survey question not asked on annual prelicensure surveys. Questions asked: How many of your full-time faculty are projected to retire in the next five (5) years? During the year, how many full-time faculty resigned?

In addition to fluctuations in full-time faculty resignations and retirements (Chart 33), there have been similar fluctuations in part-time faculty turnover, particularly resignations between 2019 and 2022. Resignations spiked dramatically in 2020 (47) and remained high in 2021 (42), before dropping to 15 in 2022. Retirements followed a steadier trend, peaking in 2021 (39) but decreasing to 30 in 2022, similar to 2019 levels. The combined data indicate that 2020 and 2021 were periods of acute instability for part-time faculty, with resignations outpacing retirements.

Chart 33: ***Number of Part-Time Faculty Resignations and Retirements***



Source: Washington State Board of Nursing. Postlicensure Annual Survey.

Note. Survey question not asked in annual prelicensure surveys or in 2023-2024 postlicensure survey. How many of your part-time faculty are projected to retire in the next five (5) years? During the year, how many part-time faculty resigned?

Faculty Salary Data

AACN offers specific salary breakdowns by academic rank, but not by contract length. For the 2022–2023 academic year, the average salaries for full-time instructional nursing faculty were $87, 737 for instructors with doctoral degrees ($92, 890 for non-doctoral degree), $104,403 for assistant professors with doctoral degrees ($80, 534 for non-doctoral degree), $142,521 for associate professors with doctoral degrees ($79, 222 for non-doctoral degree), and $186,202 for full professors with doctoral degrees (American Association of Colleges of Nursing, 2023a). These figures reflect salaries specifically within nursing programs and highlight the increases in compensation that align with academic advancement and rank. In addition, AACN provides data on administrative roles, showing that average salaries on calendar-year contracts were $154, 457 for assistant deans, $174,539 for associate deans, $134,939 for department chairs, and $128,424 for program directors (American Association of Colleges of Nursing, 2023b).

While national averages for nursing faculty salaries reflect a wide range based on position and experience, academic rank and administrative responsibilities significantly increase earning potential. Although the available information does not explicitly separate prelicensure and postlicensure roles, data suggest that institutions place strong salary incentives on advanced academic rank and leadership roles, underscoring the importance of doctoral preparation and administrative service in achieving higher compensation levels within nursing education.

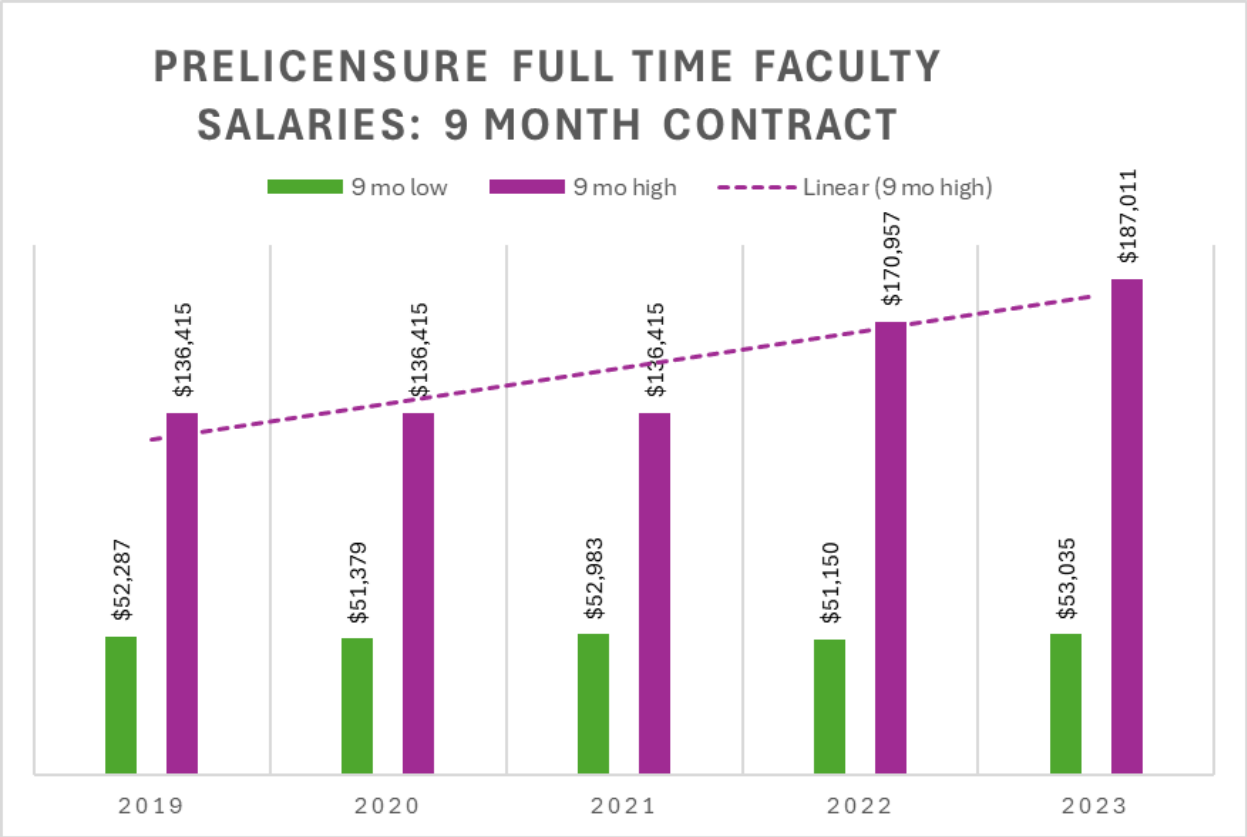
The following charts present a detailed look at the salary trends for prelicensure full-time nursing faculty employed under 9-month (Chart 34) and 12-month (Chart 35) contracts between 2019 and 2023. The slides offer a snapshot of how faculty compensation has evolved over this five-year period, providing insights into both the low-end (minimum) and high-end (maximum) salaries reported each year. See methods section for information regarding how salary reporting was determined.

The figures also highlight the broader context of salary distribution, revealing not just overall pay levels but also disparities or stagnation between entry-level and top-tier salaries. By examining both types of contracts side by side, the data allow for meaningful comparisons between faculty employed for the academic year (9-month) and those on full-year (12-month) contracts, offering a window into how institutions value different faculty roles and how compensation strategies may have shifted over time in response to market pressures, faculty shortages, or budgetary constraints.

Prelicensure Faculty

For the 9-month contracts (Chart 34), the low-end reported salaries remain relatively flat, hovering around $51,000–$53,000 across the five years. In contrast, the high-end salaries show a notable upward trend, rising from $136,415 in 2019–2021 to $170,957 in 2022 and then reaching $187,011 in 2023.

Chart 34: ***Prelicensure Full Time Faculty Reported Salaries by 9 Month Contract Length****



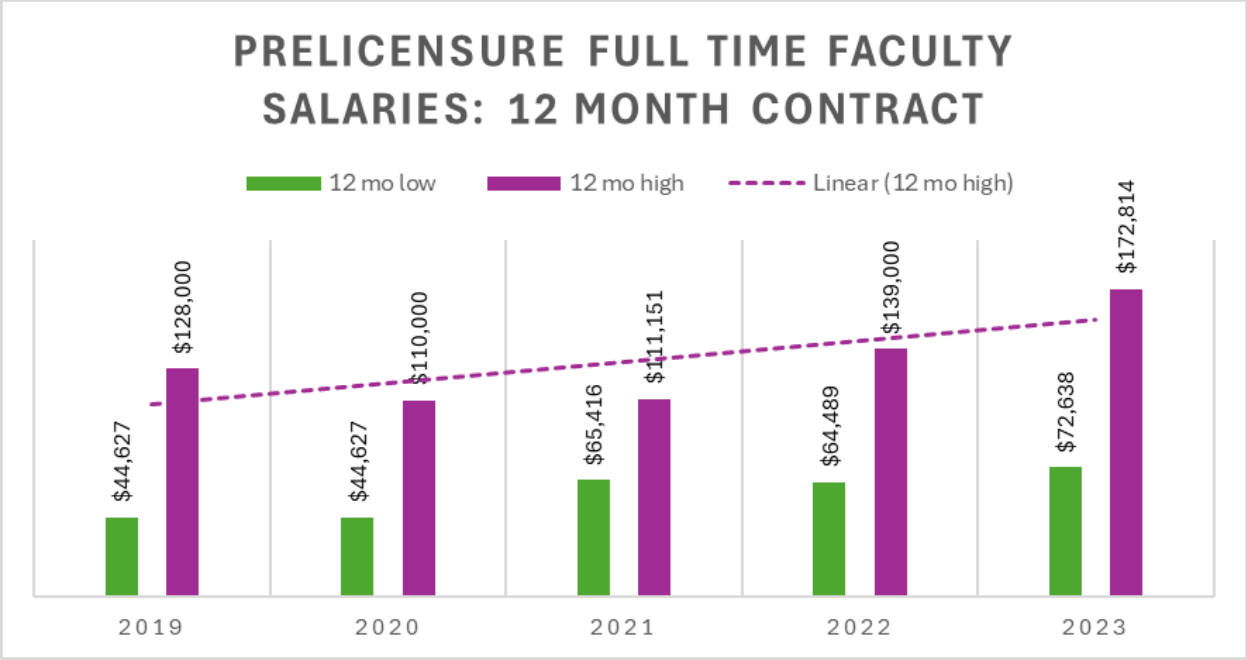
Source: Washington State Board of Nursing. Prelicensure Annual Survey.

Note. The annual educational surveys did not ask deans or program directors to report their salaries. Question asked: Please provide the following information for your full-time faculty in the pre-licensure program: contract lengths and associated salary ranges. Do not include time for non-teaching activities such as administration.

*Community and Technical colleges, and universities combined. Raw data reported. The lowest and highest reported salaries were reported (not averages). Results differ from EDD.

The 12-month contract salaries (Chart 35) show a somewhat different pattern. The low-end salaries start at $44,627 in 2019 and 2020, but increase more noticeably over time, reaching $72,638 by 2023. High-end salaries show some variability: starting at $128,000 in 2019, dropping to $110,000–$111,151 in 2020–2021, before rising to $139,000 in 2022 and peaking at $172,814 in 2023.

Chart 35: ***Prelicensure Full Time Faculty Reported Salaries by 12 Month Contract Length****



Source: Washington State Board of Nursing. Prelicensure Annual Survey.

Note. The annual educational surveys did not ask deans or program directors to report their salaries. Question asked: Please provide the following information for your full-time faculty in the pre-licensure program: contract lengths and associated salary ranges. Do not include time for non-teaching activities such as administration.

*Community and Technical colleges, and universities combined. Raw data reported. The lowest and highest reported salaries were reported (not averages). Results differ from EDD.

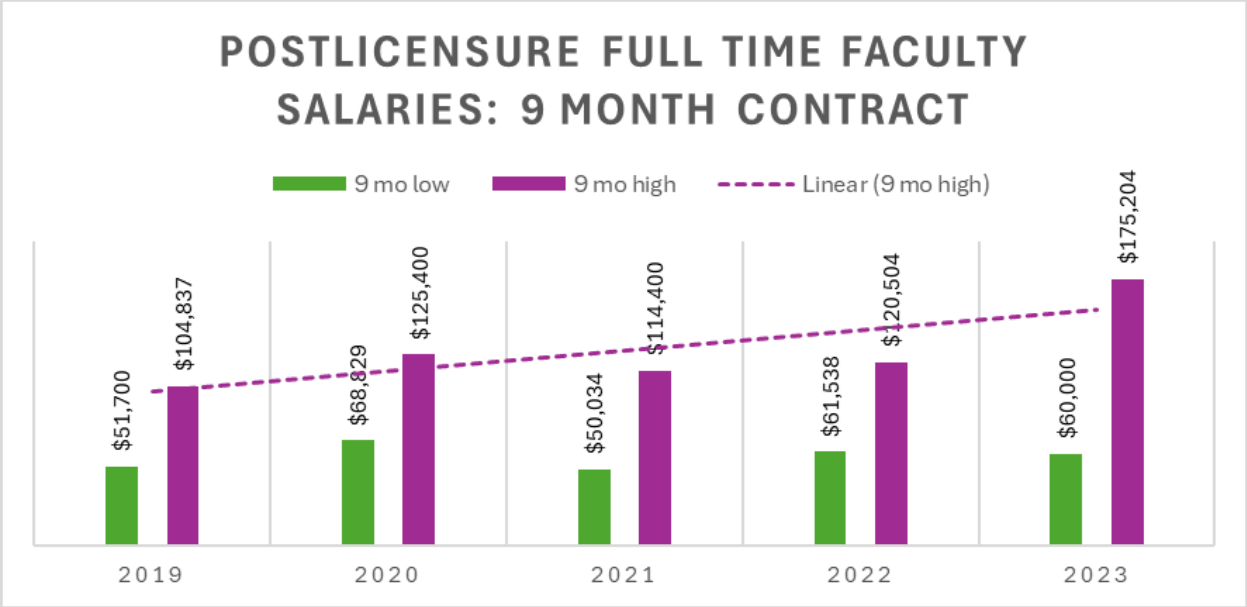
Postlicensure Faculty

Chart 36 and Chart 37 provide a detailed examination of postlicensure full-time nursing faculty salaries over a five-year period (2019–2023), segmented by contract type — 9-month and 12-month appointments. This data is critical for understanding how institutions compensate faculty who teach in postlicensure programs such as RN-to-BSN, MSN, DNP, post-master's certificates, and advanced practice specialties. Faculty in these programs typically teach practicing nurses who are advancing their education and professional scope, often preparing for leadership, educator, or advanced clinical roles. Because these faculty members bring specialized expertise, often hold advanced or terminal degrees, and may carry additional responsibilities such as research, scholarship, or clinical oversight, their compensation is an important indicator of how institutions value and invest in advanced nursing education.

This faculty salary information is particularly relevant in today's context where nursing education faces national faculty shortages, increasing demands for graduate-level nursing preparation, and growing competition among academic institutions to recruit and retain highly qualified faculty. By showing both the low-end and high-end salaries for each year, this allows for a nuanced look at salary growth, disparities between entry- and senior-level pay, and institutional salary trends over time. Together, they offer a window into how postlicensure faculty compensation has evolved — and how it compares between contract types — at a time when investment in advanced nursing education is more critical than ever.

The 9-month contract data (Chart 36) for low-end salaries have remained fairly stable, fluctuating between roughly $50,000 and $68,000 over the five years, with a notable peak in 2020 before leveling off again by 2023 at $60,000. However, high-end salaries show substantial growth, increasing dramatically from $104,837 in 2019 to $175, 204 by 2023.

Chart 36: ***Postlicensure Full Time Faculty Reported Salaries by 9 Month Contract Length****



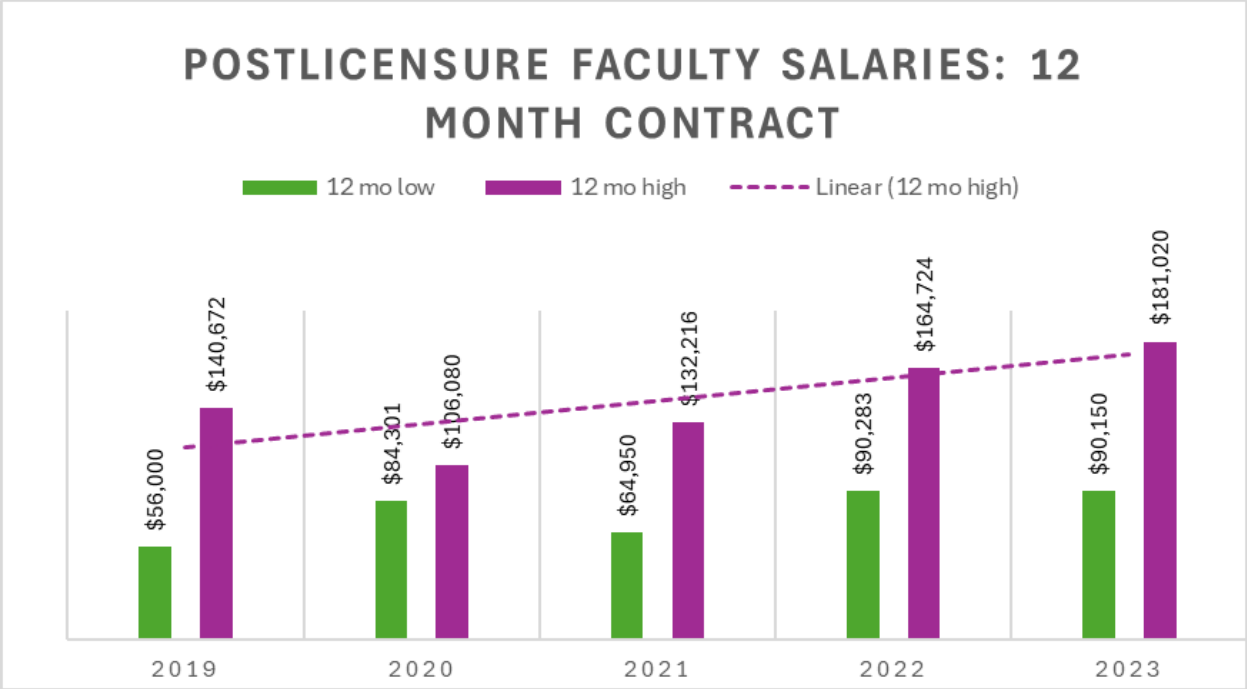
Source: Washington State Board of Nursing. Postlicensure Annual Survey.

Note. The annual educational surveys did not ask deans or program directors to report their salaries. Question asked: Please provide the annual salary information for your full-time faculty in the postlicensure program. Do not include time for non-teaching activities such as administration.

*Includes Western Governor's University. Raw data reported. The lowest and highest reported salaries were evaluated (not averages). Results differ from EDD.

In comparison, the 12-month contract salaries (Chart 37) present a slightly different pattern. Low-end salaries start higher than their 9-month counterparts, beginning at $56,000 in 2019 and gradually rising to $90,150 by 2023, showing steady and meaningful growth over the five years. High-end salaries for 12-month contracts also display notable increases, increasing from $140,672 in 2019 to $181,020 in 2023. Despite some year-to-year fluctuations, the linear trendline points to a clear upward movement in maximum salaries across the period.

Chart 37: ***Postlicensure Full Time Faculty Reported Salaries by 12 Month Contract Length****



Source: Washington State Board of Nursing. Postlicensure Annual Survey.

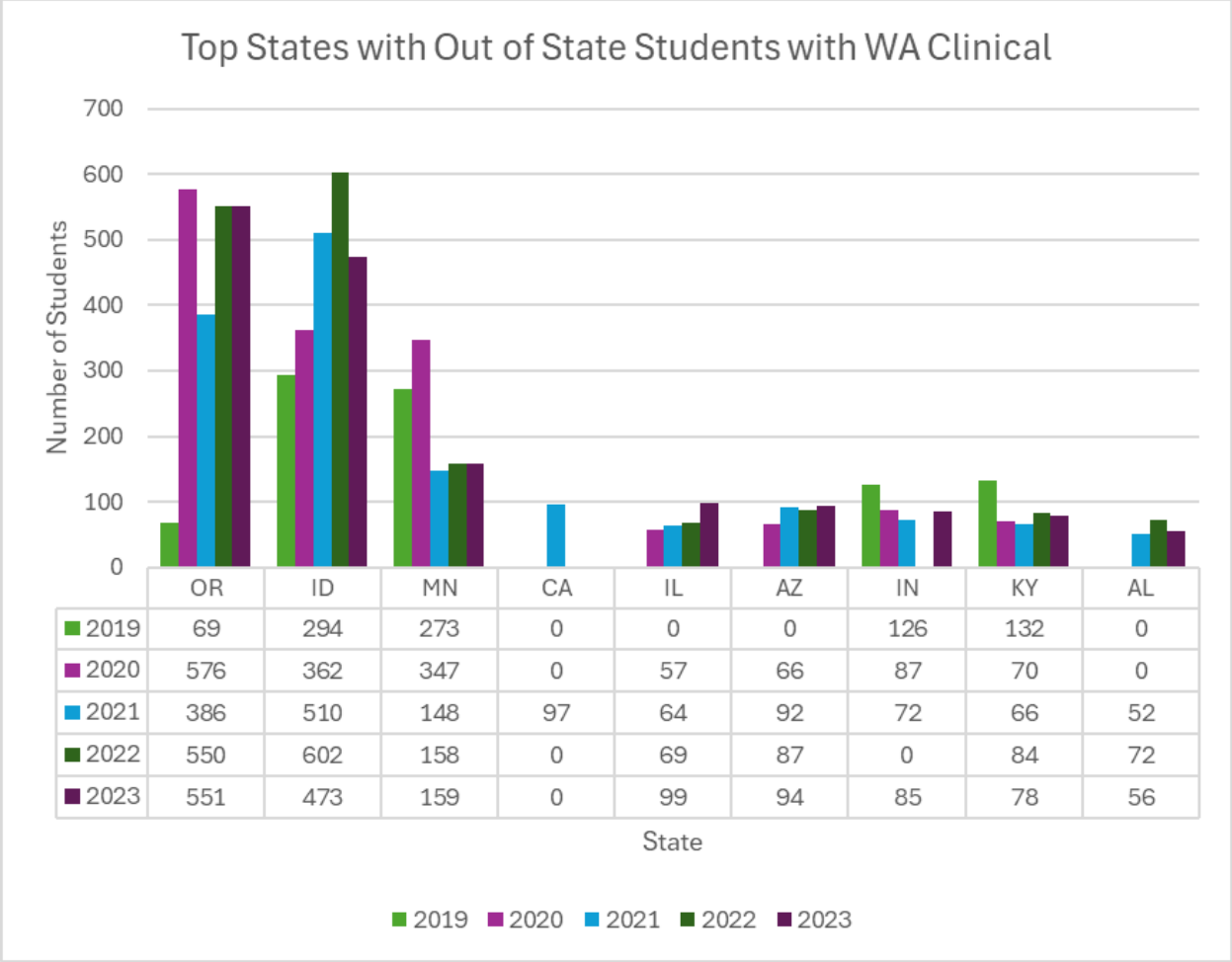
Note. The annual educational surveys did not ask deans or program directors to report their salaries. Question asked: Please provide the annual salary information for your full-time faculty in the postlicensure program. Do not include time for non-teaching activities such as administration.

*Includes Western Governor's University. Raw data reported. The lowest and highest reported salaries were reported (not averages). Results differ from EDD.

Clinical Topics

Chart 38 below displays data on students from other states competing for clinical experiences in Washington state. Oregon and Idaho consistently stand out as the top two contributing states, with Oregon jumping from just 69 students in 2019 to over 550 students annually from 2022 onward. Idaho increased from 294 students in 2019 to a peak of over 600 in 2022 before declining in 2023. Minnesota showed strong participation in 2019 and 2020 (around 270–350 students) but experienced a notable drop to approximately 150 students per year after that. Other states such as Illinois, Arizona, Indiana, Kentucky, and Alabama consistently contributed smaller but steady numbers, generally ranging between 50 and 100 students per year, though Alabama only began appearing in the data after 2021. California had a unique one-year peak in 2021 with 97 students but with no reported presence in the other years. Overall, the data highlight a strong regional pattern, with neighboring western states, particularly Oregon and Idaho, serving as the dominant sources of out-of-state students, while more distant states show either variable or declining participation over the five-year period.

Chart 38: ***Top States with Out of State Students with Washington Clinical Experience***



	OR	ID	MN	CA	IL	AZ	IN	KY	AL
2019	69	294	273	0	0	0	126	132	0
2020	576	362	347	0	57	66	87	70	0
2021	386	510	148	97	64	92	72	66	52
2022	550	602	158	0	69	87	0	84	72
2023	551	473	159	0	99	94	85	78	56

Source: Washington State Board of Nursing. (n.d.) Education Data Dashboard

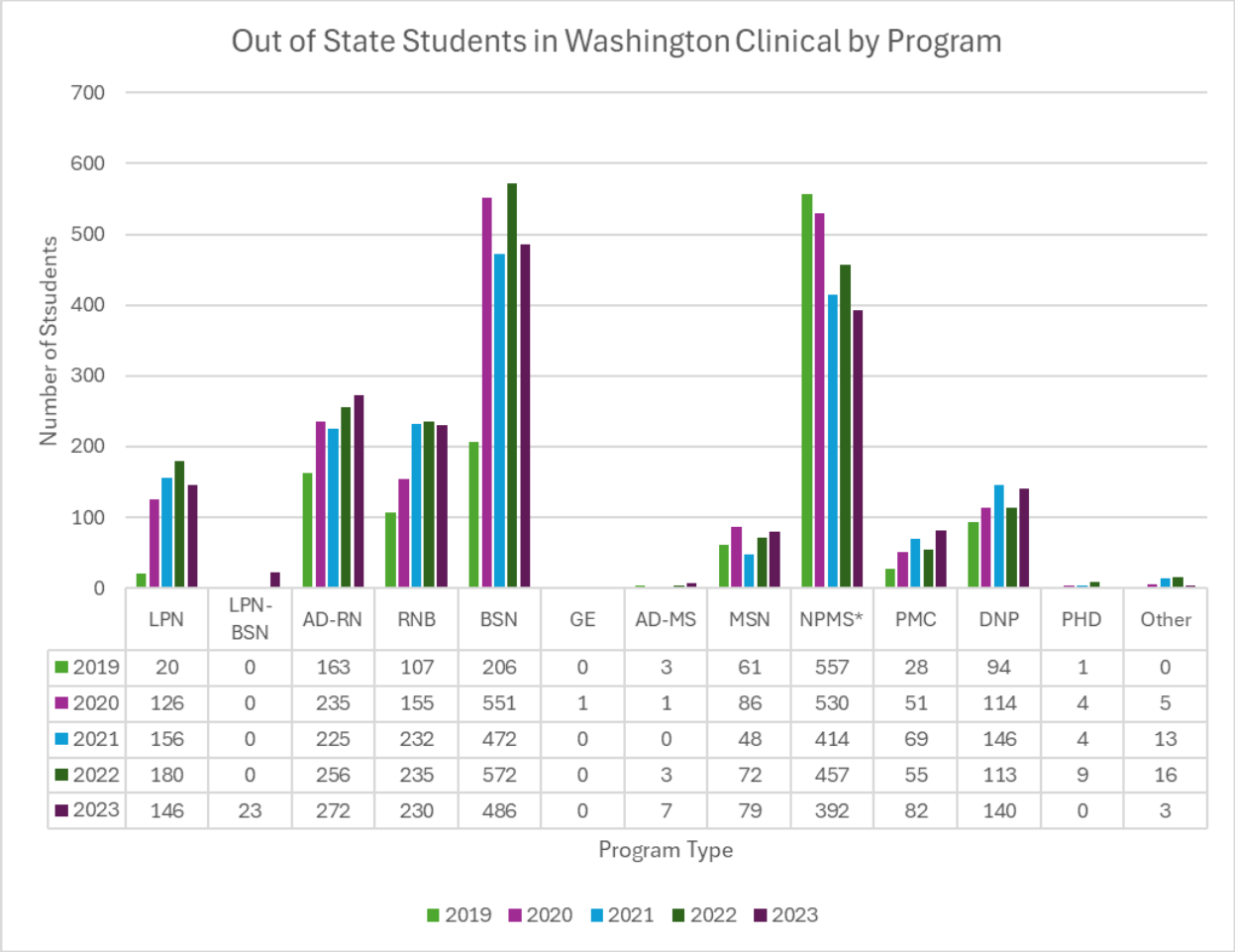
Chart 39 presents data detailing the number of out-of-state students participating in Washington clinical rotations across various nursing programs. The largest groups consistently come from BSN (Bachelor of Science in Nursing) and ARNP (Advanced Registered Nurse Practitioner) programs, both showing peaks around 450 - 550 students in 2020–2022. ARNP numbers declined slightly to 392 in 2023.

Associate Degree in Nursing (AD-RN) and RN-to-BSN (RNB) programs steadily increased over time, with AD-RN climbing from 163 in 2019 to 272 in 2023, and RNB rising from 107 to 230 over the same period. LPN (Licensed Practical Nurse) programs also grew sharply after 2019, jumping from 20 to over 140–180 annually in later years. LPN-BSN programs only appear in the data in 2022 and 2023.

Graduate programs, including MSN (Master of Science in Nursing), DNP (Doctor of Nursing Practice), and Post-Master's Certificates (PMC), show moderate but steady growth, with DNP programs increasing from 94 in 2019 to 140 in 2023. Meanwhile, PhD and "Other" program categories remain consistently low, never exceeding 16 students.

Overall, the trends reflect a strong and sustained demand from both undergraduate and advanced practice nursing programs for out of state student clinical placements in Washington, with notable growth across nearly all categories over the five-year span, particularly in undergraduate BSN pathways and graduate-level ARNP and DNP programs.

Chart 39: ***Out of State Students in Washington Clinical by Program***



	LPN	LPN-BSN	AD-RN	RNB	BSN	GE	AD-MS	MSN	NPMS*	PMC	DNP	PHD	Other
2019	20	0	163	107	206	0	3	61	557	28	94	1	0
2020	126	0	235	155	551	1	1	86	530	51	114	4	5
2021	156	0	225	232	472	0	0	48	414	69	146	4	13
2022	180	0	256	235	572	0	3	72	457	55	113	9	16
2023	146	23	272	230	486	0	7	79	392	82	140	0	3

Source: Washington State Board of Nursing. (n.d.) Education Data Dashboard

Note. *Master's degree to provide for advanced practice licensure.

Simulation Update

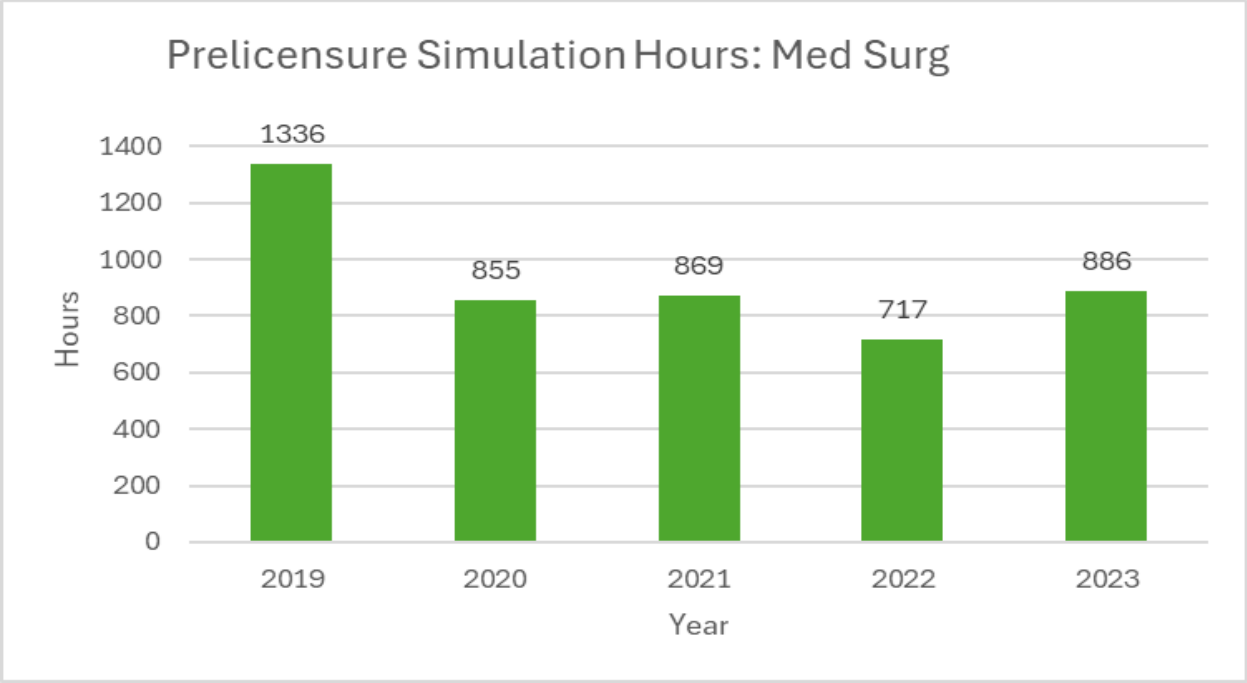
Simulation has become a cornerstone of nursing education in the United States, with widespread adoption across undergraduate and graduate programs. This shift has been largely driven by persistent challenges in clinical placement availability, increasing faculty shortages, and the demand for safe, standardized learning environments. Nationally, regulatory bodies and academic institutions now recognize simulation as an essential method to supplement and, in some cases, replace traditional clinical hours.

Technological advancements—such as high-fidelity manikins, virtual reality (VR), and screen-based simulations—have further accelerated the use of simulation in both didactic and clinical training. These tools offer scalable, immersive experiences that foster critical thinking, communication, and clinical judgment in controlled environments (Nashwan et al., 2025).

Arguably, the most significant changes in nursing education within the last five years occurred in the area of simulation. A landmark study conducted years before the pandemic concluded that high-quality prelicensure simulation experiences for up to half of traditional clinical hours produces comparable outcomes graduates that are ready for clinical practice (Hayden, J. K., Smiley, R. A., Alexander, M., Kardong-Edgren, S., & Jeffries, P. R., 2014). This landmark study paved the way for the use of simulation during the pandemic. Washington state nursing simulation programs (LPN, RN, RN-BSN) counted simulation hours at a 1:1 ratio where one hour of simulation counts for one hour of required clinical experience, not to exceed 50% of its clinical hours for a particular course (Washington Administrative Code, n.d.).

Chart 40 displays the number of simulation hours dedicated to medical-surgical (med-surg) training in prelicensure nursing programs from 2019 to 2023. Data reveal a significant decline from a high of 1,336 hours in 2019 to just 717 hours in 2022, likely reflecting the impact of the COVID-19 pandemic on clinical education. Factoring out 2019, the use of simulation for the med-surg prelicensure nursing specialty has remained constant at around 850 hours.

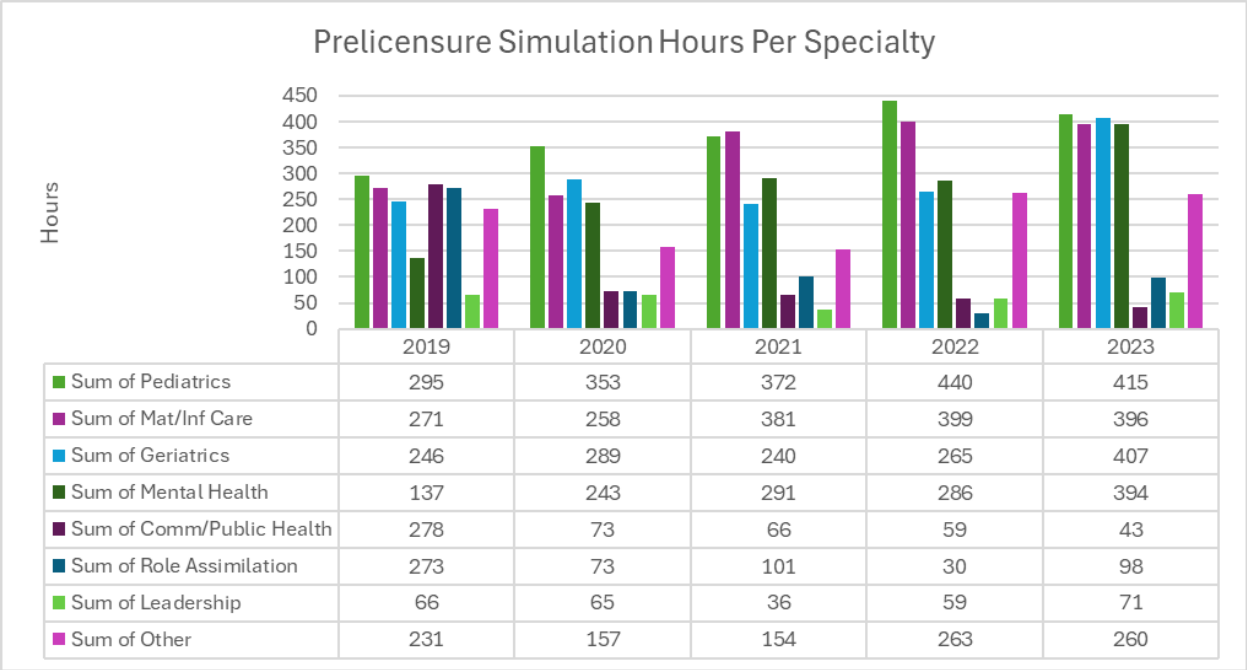
Chart 40: ***Reported Prelicensure Simulation Hours for Medical Surgical Specialty***



Source: Washington State Board of Nursing. (n.d.). Education Data Dashboard.

With the medical-surgical specialty removed (Chart 41), Pediatrics, Maternal/Infant Care, and Mental Health consistently received the highest simulation hours, each peaking in 2022 or 2023, reflecting strong emphasis on these core clinical areas. Notably, Geriatrics showed a sharp increase in 2023, rising from 265 hours in 2022 to 407, the highest growth of any specialty reported that year—suggesting growing attention to aging populations. In contrast, Community/Public Health and Role Assimilation experienced significant declines over the period, with Public Health dropping from 278 hours in 2019 to just 43 in 2023. Leadership simulation hours remained consistently low, though they rose slightly in 2023.

Chart 41: ***Prelicensure Simulation Hours Per Specialty***



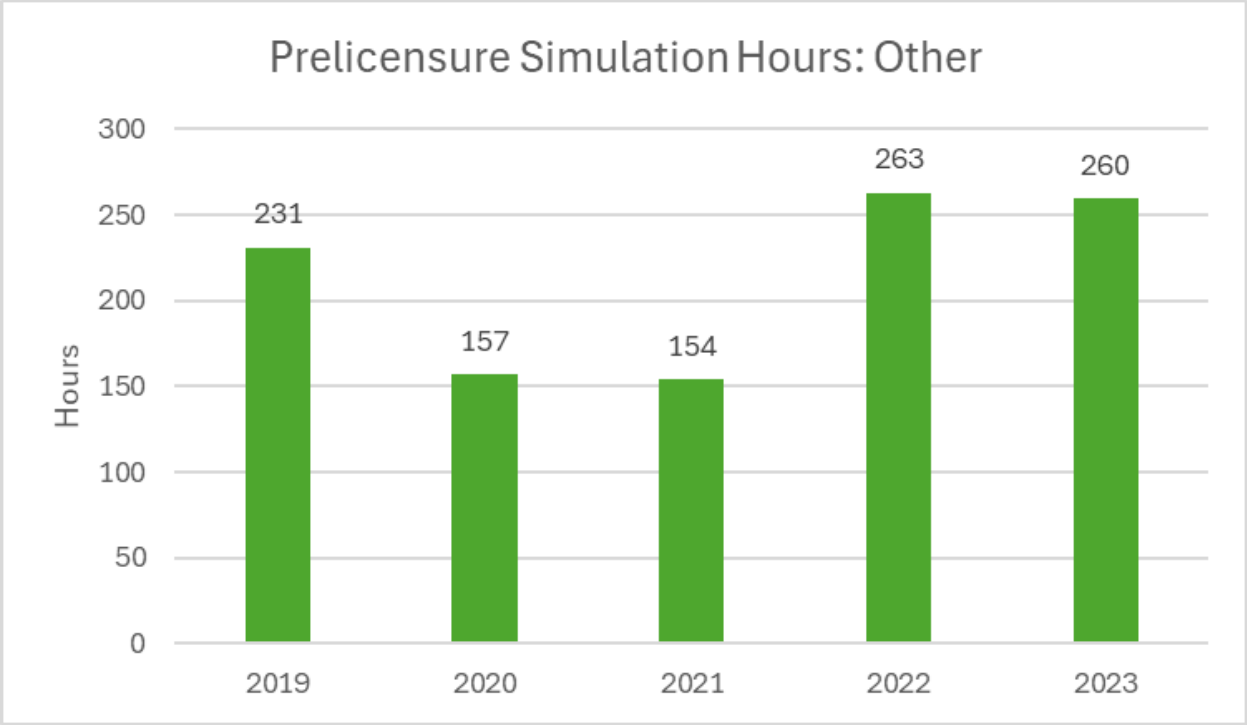
	2019	2020	2021	2022	2023
Sum of Pediatrics	295	353	372	440	415
Sum of Mat/Inf Care	271	258	381	399	396
Sum of Geriatrics	246	289	240	265	407
Sum of Mental Health	137	243	291	286	394
Sum of Comm/Public Health	278	73	66	59	43
Sum of Role Assimilation	273	73	101	30	98
Sum of Leadership	66	65	36	59	71
Sum of Other	231	157	154	263	260

Source: Washington State Board of Nursing. (n.d.). Education Data Dashboard.

Note. Medical Surgical specialty removed.

Simulation “Other” hours (Chart 42) declined significantly between 2019 (231 hours) and 2021 (154 hours), likely reflecting disruptions during the COVID-19 pandemic. However, there was a strong rebound in 2022 (263 hours), with only a slight decrease to 260 hours in 2023. This category represents a significant number of simulation hours.

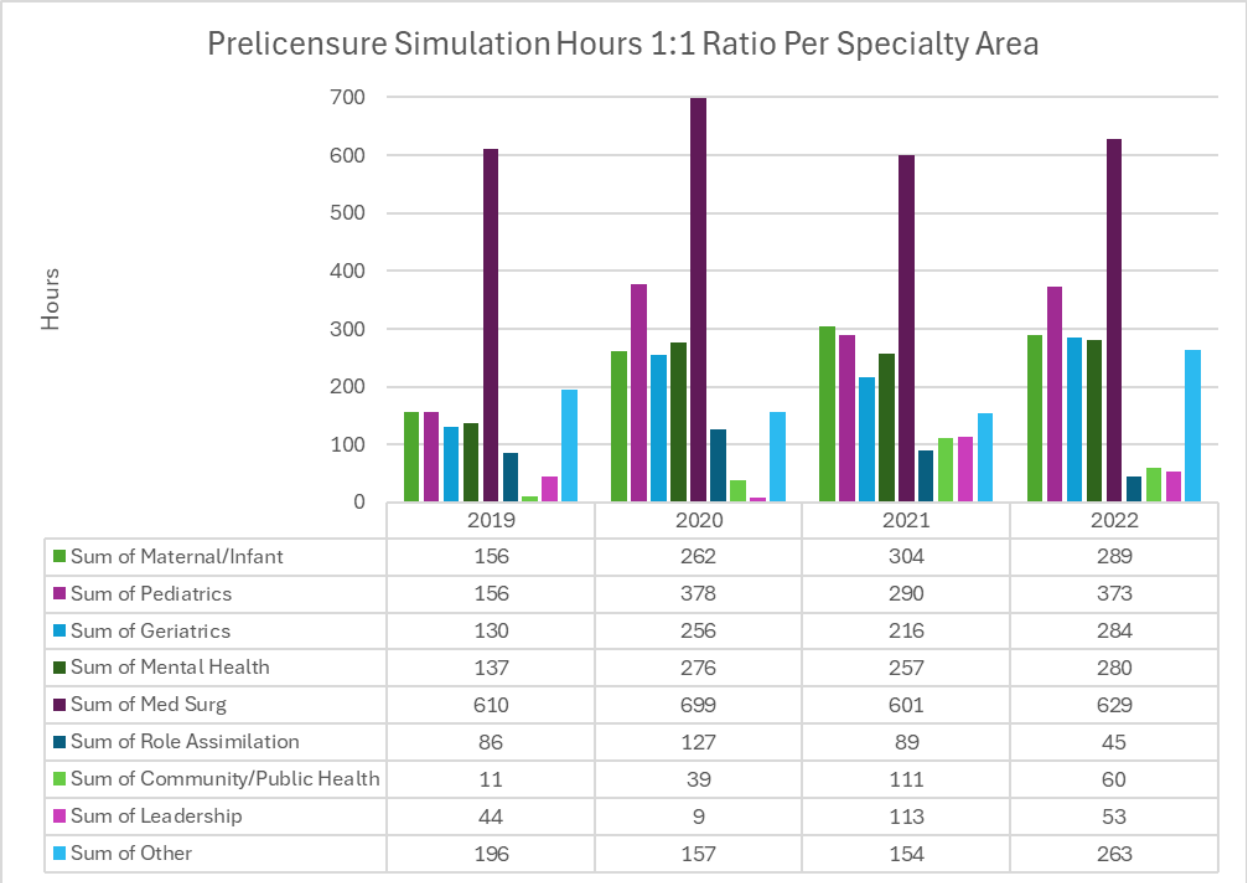
Chart 42: ***Prelicensure Simulation Hours Per Specialty: Other***



Source: Washington State Board of Nursing. Prelicensure Annual Survey.

Medical-Surgical (Med Surg) simulations (Chart 43) consistently received the highest 1:1 allocation, ranging from 601 to 699 hours annually, underscoring its central role in clinical training. Pediatrics, Mental Health, Geriatrics, and Maternal/Infant Care all saw substantial growth or sustained levels over time, with Pediatrics peaking at 378 hours in 2020 and again reaching 373 in 2022. Role Assimilation and Community/Public Health showed fluctuating or declining investment, particularly Role Assimilation, which dropped from 127 hours in 2020 to just 45 in 2022. The rise in "Other" simulation hours in 2022 suggests diversification or expansion into emerging content areas.

Chart 43: ***Prelicensure Simulation Hours 1:1 Ratio Per Specialty Area***



	2019	2020	2021	2022
Sum of Maternal/Infant	156	262	304	289
Sum of Pediatrics	156	378	290	373
Sum of Geriatrics	130	256	216	284
Sum of Mental Health	137	276	257	280
Sum of Med Surg	610	699	601	629
Sum of Role Assimilation	86	127	89	45
Sum of Community/Public Health	11	39	111	60
Sum of Leadership	44	9	113	53
Sum of Other	196	157	154	263

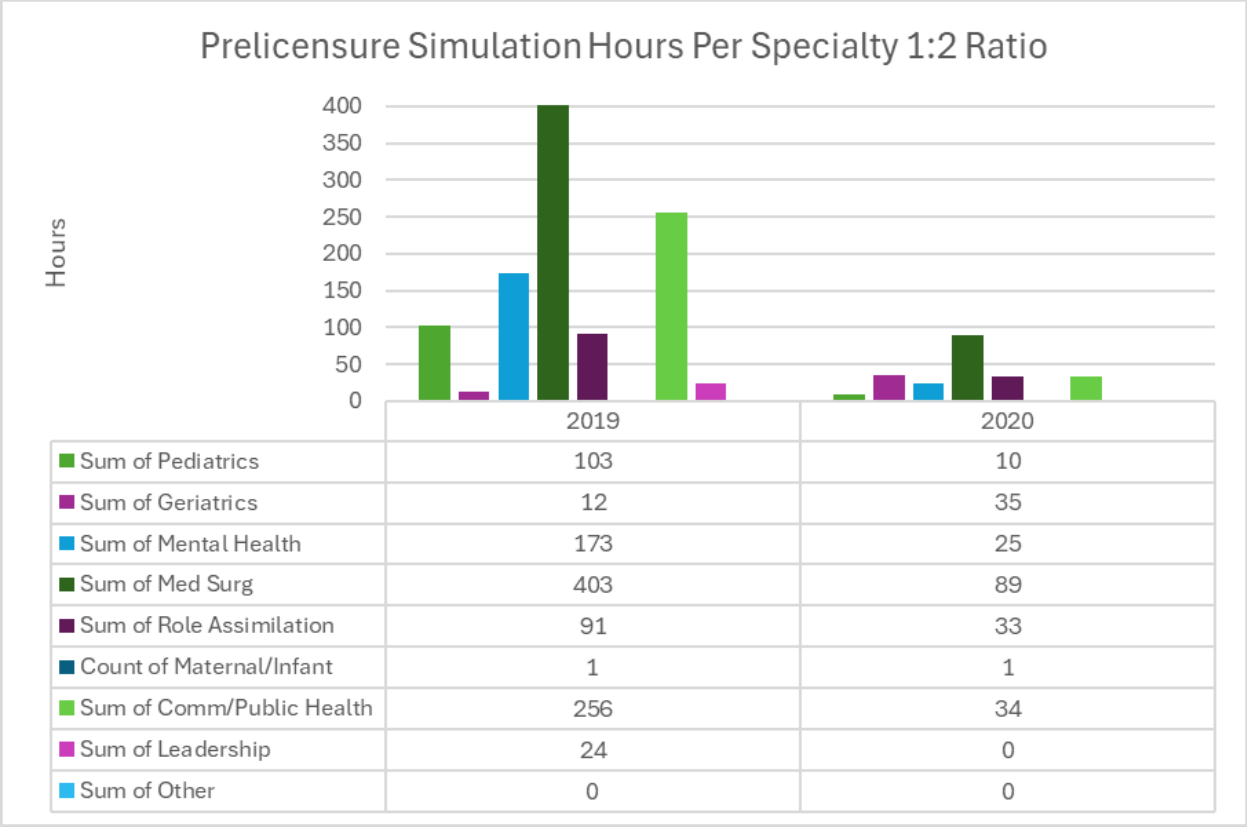
Source: Washington State Board of Nursing. (n.d.). Education Data Dashboard.

Note. Question not asked on 2023-2024 annual prelicensure survey.

During the time of Covid (2019-2020), programs received permission to report hours at a 1:2 ratio (Washington State Board of Nursing, (n.d.). However, there were no formal rules in place to guide programs at that time.

In 2019, the most substantial 1:2 simulation hours (Chart 44) were reported in Med Surg (403 hours) and Community/Public Health (256 hours), followed by Mental Health (173) and Role Assimilation (91). By contrast, 2020 saw a steep decline across all categories, with Med Surg dropping to 89 hours and most other specialties reporting fewer than 40 hours. The data highlights the impact of COVID-19 on clinical education delivery models and the heavy reliance on more resource-efficient ratios or modalities during times of crisis.

Chart 44: ***Prelicensure Simulation Hours Per Specialty 1:2 Ratio***



	2019	2020
Sum of Pediatrics	103	10
Sum of Geriatrics	12	35
Sum of Mental Health	173	25
Sum of Med Surg	403	89
Sum of Role Assimilation	91	33
Count of Maternal/Infant	1	1
Sum of Comm/Public Health	256	34
Sum of Leadership	24	0
Sum of Other	0	0

Source: Washington State Board of Nursing. (n.d.). Education Data Dashboard.

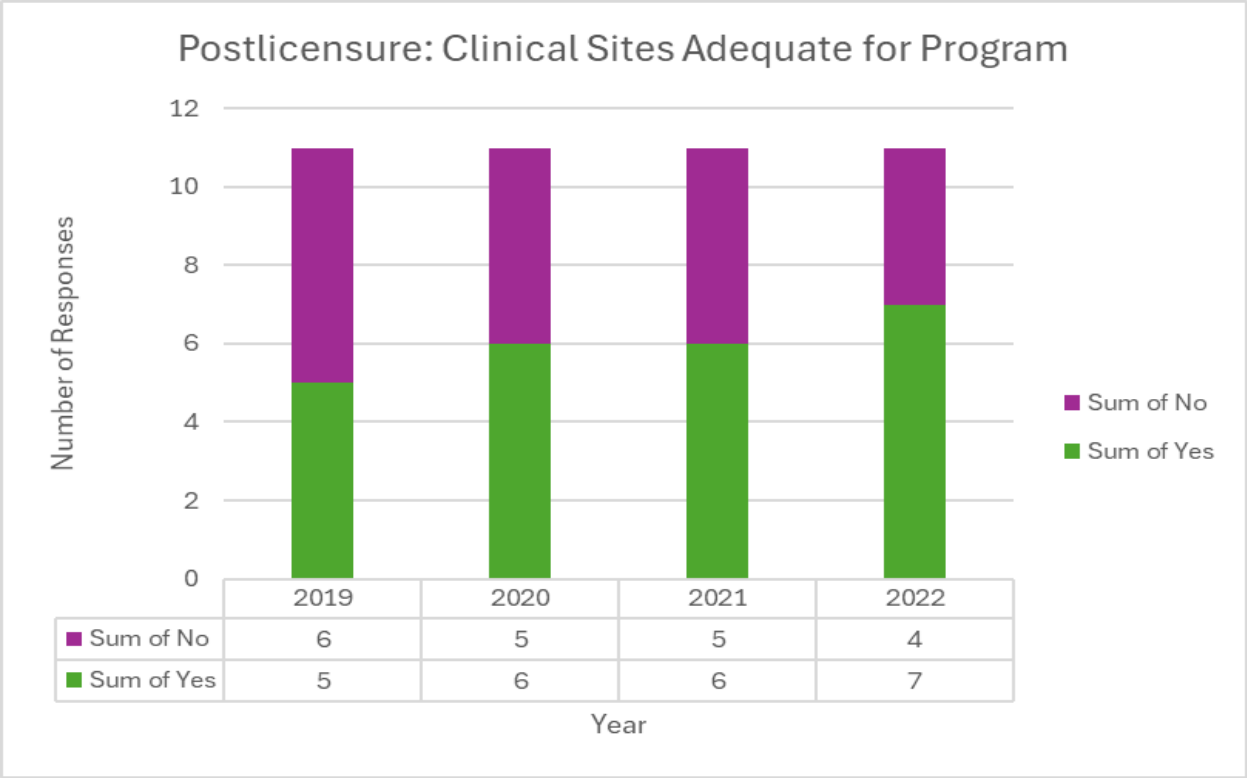
Note. Question not asked in 2021, 2022, and 2023 prelicensure annual surveys.

Currently, there are no simulation rules in place governing postlicensure programs leading to advanced practice clinical degrees (family nurse practitioner, pediatric nurse practitioner, adult-geriatric nurse practitioner, psychiatric mental health nurse practitioner, and nurse anesthetist programs for example). The current rules in place are for LPN, RN, and RN-BSN programs.

Postlicensure annual surveys did not include specific questions about the use of simulation for the advanced practice registered nurse programs with a clinical focus. The number of postlicensure advanced practice clinical programs using simulation to augment clinical hours is not currently known. What is known is that the availability of clinical sites is not adequate for program needs (Chart 44).

Postlicensure programs were asked to answer the question, "Is availability of clinical sites adequate for your program"? Responses are evenly split in earlier years (Chart 44), with 5 to 6 programs annually indicating insufficient clinical sites. However, a gradual positive shift is observed. Programs reporting adequate clinical sites increased from 5 in the first year to 7 in the most recent year, while those reporting inadequacy declined from 6 to 4. The ongoing presence of programs reporting inadequacy signals persistent challenges in securing sufficient clinical training opportunities for postlicensure students.

Chart 44: ***Postlicensure: Clinical Sites Adequate for Program Needs***



Source: Washington State Board of Nursing. Postlicensure Annual Survey.

Note. Question asked: Is availability of clinical sites adequate for your program? Question not asked in 2023-2024 survey. Question not asked in prelicensure annual surveys.

Table 2 below provides specific comments provided about clinical sites not being adequate for postlicensure program needs. Programs consistently reported significant challenges in securing adequate clinical placements for postlicensure nursing students. Key themes included competition among programs, with larger and out-of-state institutions dominating limited sites with some even paying preceptors, thus creating inequities. The COVID-19 pandemic exacerbated the problem, with many facilities reducing student access due to staffing shortages, safety concerns, overwhelmed hospitals, and shifts to virtual care. A recurrent issue was the financial disincentive for nurses to teach, as practicing nurses often earn more than faculty, leading to a shortage of preceptors. Mental health placements were especially difficult to obtain, even when payment was offered. By 2022, the strain remained acute, with programs citing maximum capacity at existing sites, high competition for nurse practitioner placements, and persistent difficulty in expanding enrollment due to lack of available clinical opportunities.

Table 2: ***Postlicensure Summary of Qualitative Responses: Clinical Sites Not Adequate for Program Needs***

Year	Response
2019	While we have a small program, other programs have > 100 to place. The disproportionality across programs plays a significant role in availability.
	Out-of-state programs contribute to the problem especially as some of those programs are paying preceptors.
2020	Many facilities are understaffed due to or have changed requirements due to COVID.
	Many locations are not allowing students so sites are hard to find. Also, there is a lack of qualified faculty and nurses can make more nursing than they do teaching so they opt out of precepting students.
	Psych mental health placements remained challenging to secure during COVID.
	Many clinics have had to lay staff off, some have turned to completely virtual care, some lack PPE and hospitals are overwhelmed with very ill patients. Students are universally viewed as an additional burden on staff even when faculty are present.
2021	Struggling to find adequate sites, clinics understaffed
	Sites are often unable to host students due to safety concerns, patient volume, and staffing issues. Many clinics have staffing concerns that make supervising students challenging as the training expectations present a burden to staff.
	It is very difficult to get placements because nurses make more working than teaching others. Sites are starting to require payment for precepting students which also limits sites that we can use.
	Psych mental health placements have been especially challenging but aided by paying preceptors, but long-term financial sustainability of that arrangement is challenging and uncertain.
2022	We tend to be dependent on smaller clinics for our sites, so varies with each quarter and focus.
	NP clinical placements are highly competitive.
	Clinical site availability is the largest challenge to expanding our program enrollment, and site availability for the students we do have is at maximum capacity already.
	Clinical placements remained challenging and requires tremendous effort to secure.
	It is difficult to find placements especially in mental health, it is difficult to find qualified faculty to teach in the program as they can make more money working in nursing than education.

Source: Washington State Board of Nursing. Postlicensure Annual Survey.

Effective October 2024, new legislation went into effect governing the use of simulation for the 1:2 ratio for LPN, RN, and RN-BSN programs in Washington state (Washington Administrative Code, n.d.). This new ruling allows programs using simulation to count one hour of simulation for two hours of required clinical and direct care experiences. Simulation experiences may not exceed 50% of clinical hours for a particular course. While this alleviates some of the challenges for programs with clinical placement issues, there are significant program and faculty compliance requirements. Nursing programs previously approved by the board have received conditional approval to conduct simulation under the 1:2 rule until 2029.

Programs utilizing nursing simulation must obtain either endorsement or accreditation from a board-approved organization that provides endorsement or accreditation in health care simulation. The Society for Simulation in Healthcare (SSH, 2025) and the International Nursing Association for Clinical Simulation and Learning (INACSL, 2021) both provide accreditation or endorsement for programs meeting specific criteria. While nursing simulation centers may obtain SSH accreditation, accreditation is also given to academic medical centers, hospitals, and other training facilities. SSH accredited programs successfully demonstrate meeting Core Standards. There is a Teaching/Education accreditation area for programs meeting pre-defined criteria. Accreditation fees start at $7,675 with variable reviewer travel fees. Full accreditation is granted for a five-year period with $255.00 renewal fees paid annually. The International Nursing Association for Clinical Simulation and Learning (INACSL) provides endorsement for nursing and other healthcare programs (2021). INACSL endorsed programs must demonstrate excellence in four Healthcare Simulation Standards of Best Practice areas. Initial fees (filing and application) start at $2,650. Accepted institutions receive endorsement for three years and may reapply for endorsement for an additional five-year period.

Nursing programs have until June 30, 2029, to come into full compliance with this rule. Those failing to meet the criteria will be unable to continue simulation under the 1:2 rule. However, they may continue to conduct simulation activities under the 1:1 rule.

Although not a program requirement at the time, the WABON annual prelicensure survey asked programs to report if their simulation programs were accredited (yes/no). The question did not ask for endorsement status. It is possible that programs with INACSL endorsement answered "yes" to this question. Chart 45 lists responses for the past five years. The majority of prelicensure nursing simulation facilities in Washington state responded that they were not accredited. Under the new 1:2 simulation ruling, programs with limited faculty and fiscal resources may be challenged to come into compliance with the new rules.

Chart 45: ***Number of Programs with Accredited Simulation Facilities***

	2019	2020	2021	2022	2023
Sum of No	36	41	42	41	41
Sum of Yes	3	1	1	5	5

Source: Washington State Board of Nursing. Prelicensure Annual Survey.

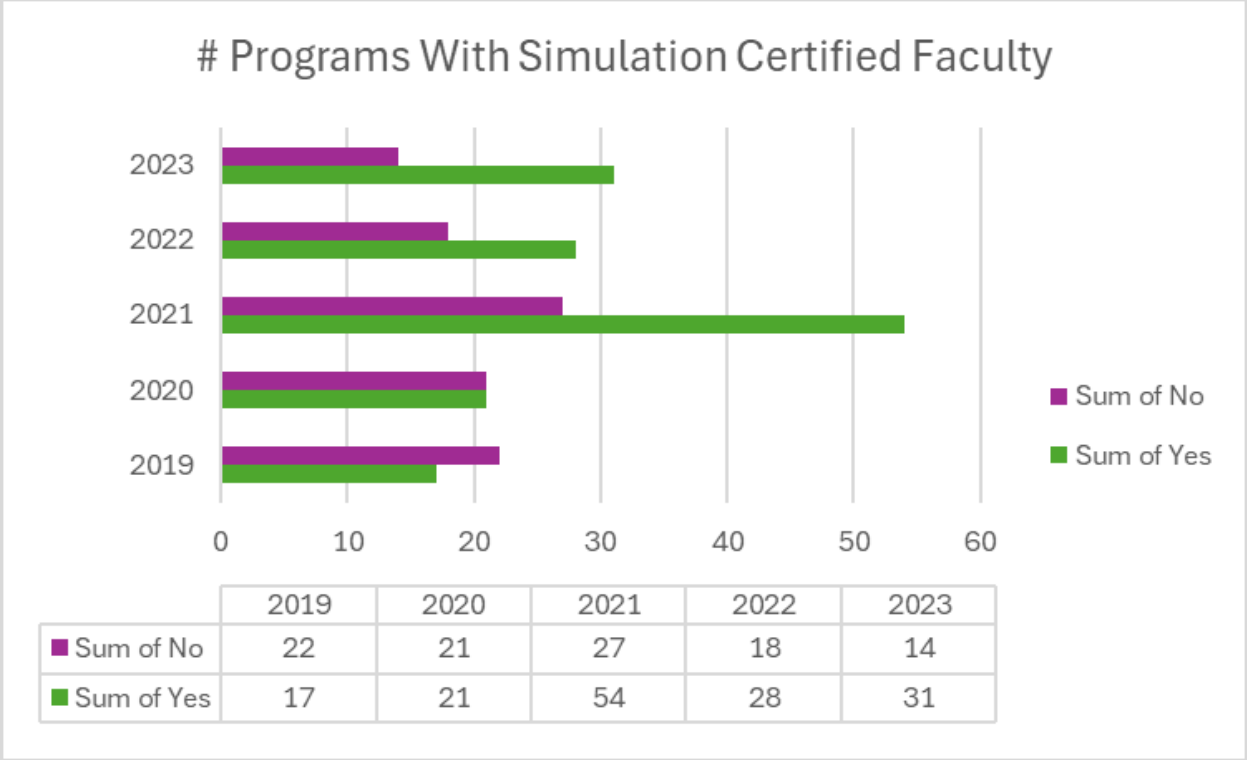
In addition to compliance rules for simulation programs, nursing faculty involved in simulation need additional training and certification (Washington Administrative Code, 2024). The simulation manager must obtain and maintain a Certified Healthcare Simulation Educator (CHSE) or Certified Healthcare Simulation Educator – Advanced (CHSE-A) certification. Effective July 1, 2029, the ruling states that at least 10% of nursing faculty who facilitate simulation-based learning experiences (SLE) must hold a CHSE or CHSE-A certification. Nursing programs where faculty facilitate SLE and are not certified as CHSE or CHSE-A must provide documentation demonstrating ongoing simulation-related professional development. The rule outlines specific criteria for meeting this requirement.

SSH (2024) provides the CHSE and CHSE-A certifications for healthcare professionals. Eligibility includes two years documented continued use of simulation in healthcare education, research, or administration. The certification exam fee is approximately $500 and candidates meeting criteria must pass a national examination. CHSE certification status is granted for a three-year period with recertification as an option at the end of the term.

While the exact number of Washington state nursing faculty holding a CHSE or CHSE-A is currently unknown, a query of the SSH certification database lists individuals in Washington state holding a CHSE or CHSE-A designation (participation in the SSH database directory is optional).

Reported below (Chart 46) are the number of nursing programs with simulation-certified faculty from 2019 to 2023, showing a notable surge in 2021, when 54 programs reported having certified faculty, more than double any other year. This spike may reflect an institutional response to the pandemic, where reliance on simulation as a substitute for clinical hours increased and drove certification efforts. In the surrounding years, the number of programs with certified faculty was significantly lower, ranging from 17 in 2019 to 31 in 2023. The number of programs without certified faculty steadily declined from 22 in 2019 to 14 in 2023.

Chart 46: ***Number of Programs with Simulation Certified Faculty***



	2019	2020	2021	2022	2023
Sum of No	22	21	27	18	14
Sum of Yes	17	21	54	28	31

Source: Washington State Board of Nursing. Prelicensure Annual Survey.

Note. Question asked: Are simulation faculty certified?

Program Challenges

Nursing programs across the United States are confronting several significant challenges that impact the capacity to educate and prepare the next generation of nurses. These challenges include faculty shortages, limited clinical training opportunities, inadequate compensation for educators, and the pressing need to integrate innovative educational technologies (simulation for example).

A primary concern is the persistent shortage of qualified nursing faculty. The National Advisory Council on Nurse Education and Practice (NACNEP) reports over 80,000 qualified applicants were turned away from baccalaureate and graduate nursing programs, primarily due to an insufficient number of nurse faculty (NACNEP, 2021). This shortage is exacerbated by noncompetitive salaries, which make academic positions less attractive compared to clinical roles where advanced practice nurses can earn significantly higher incomes. For instance, nurses in practice settings with master's degrees earn more than $100,000 per year and those with doctoral degrees often earn more than $200,000, whereas academic roles typically offer lower compensation (NACNEP, 2021).

The scarcity of clinical training sites and preceptors further compounds the issue. In 2023, AACN found that 5,491 qualified applications were turned away from master's programs, and 4,461 from doctoral programs due to shortages of faculty, preceptors, and clinical education sites (AACN, 2024).

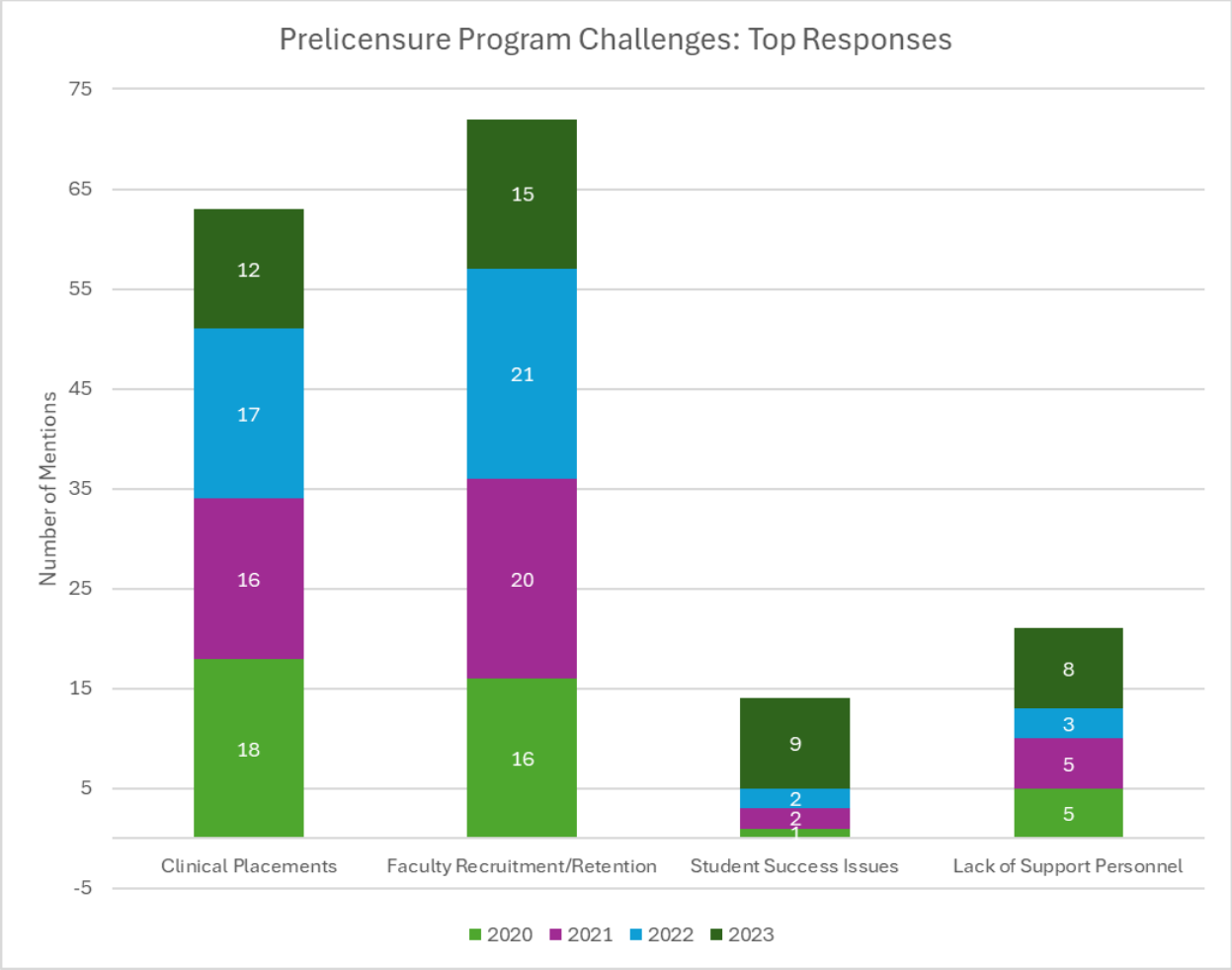
In addition, nursing education faces challenges in adapting to evolving healthcare technologies and pedagogical methods. NACNEP (2021) emphasizes the importance of integrating innovative educational strategies, such as virtual and augmented reality, simulation, and competency-based education models, to enhance both undergraduate and graduate nursing curricula. However, for many programs, lack of qualified faculty and funding limits this ability.

Over the past five years, both prelicensure and postlicensure programs in Washington state have faced significant challenges. With the exception of the 2019-2020 survey, each annual educational survey asked the question, "What are your biggest challenges for your nursing program at this time?" The following sections (Chart 47, Chart 48, and Chart 49) provide prelicensure and postlicensure open-ended responses to this question.

Prelicensure Program Challenges

Chart 47 highlights key recurring issues from 2020 through 2023. Two dominant and persistent themes emerge: clinical placements and faculty recruitment/retention. Both challenges received the highest number of mentions each year, indicating they are longstanding systemic barriers in nursing education. Faculty recruitment/retention saw a consistent rise, culminating in 72 total mentions by 2023, reflecting growing concern over workforce sustainability in academic nursing. Clinical placements also remained highly cited, though slightly lower in total at 63 mentions, underscoring the ongoing struggle to secure adequate hands-on training opportunities for students. Student success issues and lack of support personnel were cited far less frequently, though both have shown slight upward trends, especially in 2023.

Chart 47: ***Prelicensure Nursing Program Top Responses***



Source: Washington State Board of Nursing. Prelicensure Annual Survey.

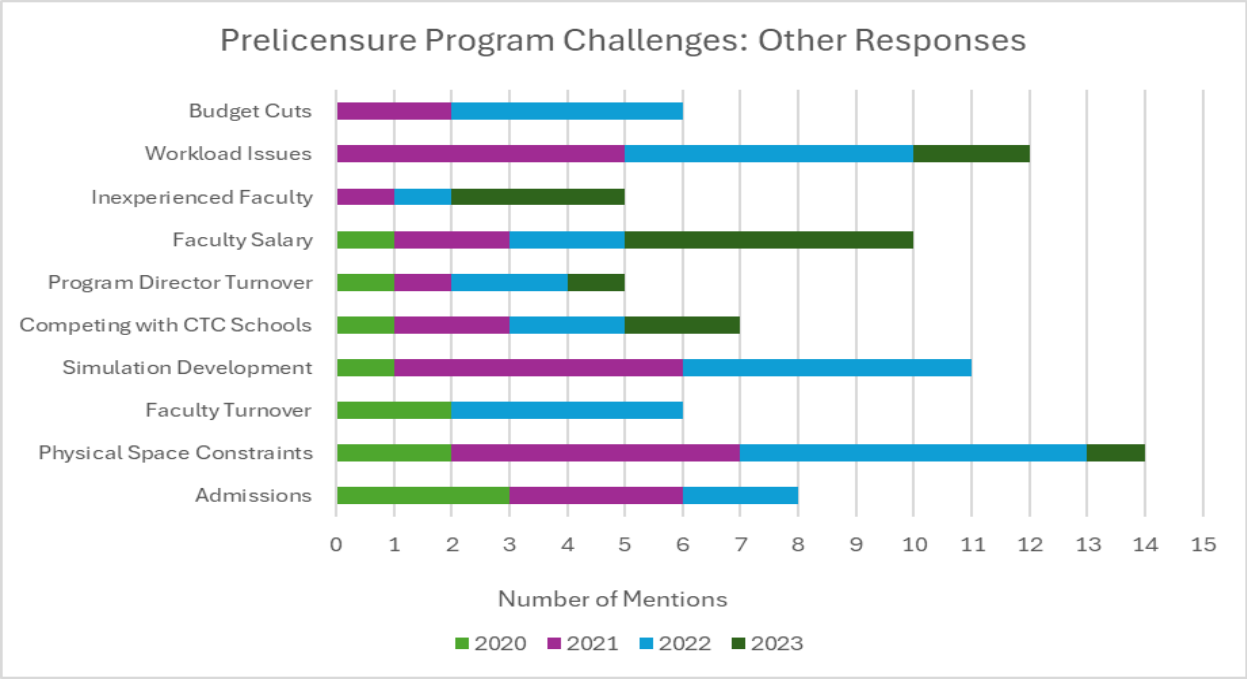
Note. Question not asked in 2019-2020 survey. Other challenges cited: Lack of administrative support, DEI initiatives, faculty burnout, low morale, competition with online programs, and unstable leadership.

Chart 48 displays secondary, but still significant, barriers facing prelicensure programs between 2020 and 2023. Prominent among these challenges are physical space constraints and workload issues, which both reached peak mentions in 2023, with physical space cited 14 times and workload 12 times. There is mounting pressure on institutions to accommodate increasing student volumes and faculty responsibilities.

Other consistently cited concerns include faculty salary, faculty turnover, and simulation development. Faculty salary saw a notable rise in 2023, reflecting ongoing dissatisfaction with compensation relative to workload and recruitment pressures. Inexperienced faculty and program director turnover were also cited, suggesting persistent gaps in leadership continuity and educator preparedness.

Challenges such as budget cuts, admissions, and competing with community and technical colleges (CTC) received relatively fewer mentions but still reflect external pressures affecting program operations. The distribution of mentions suggests that while structural issues like clinical placements and faculty recruitment remain top priorities (as seen in the previous chart), these additional factors compound the complexity of sustaining program quality and capacity. Increased attention to simulation and physical space constraints in 2023 may reflect toward innovative clinical instructional models which is causing infrastructure strain.

Chart 48: ***Prelicensure Nursing Program Other Responses***



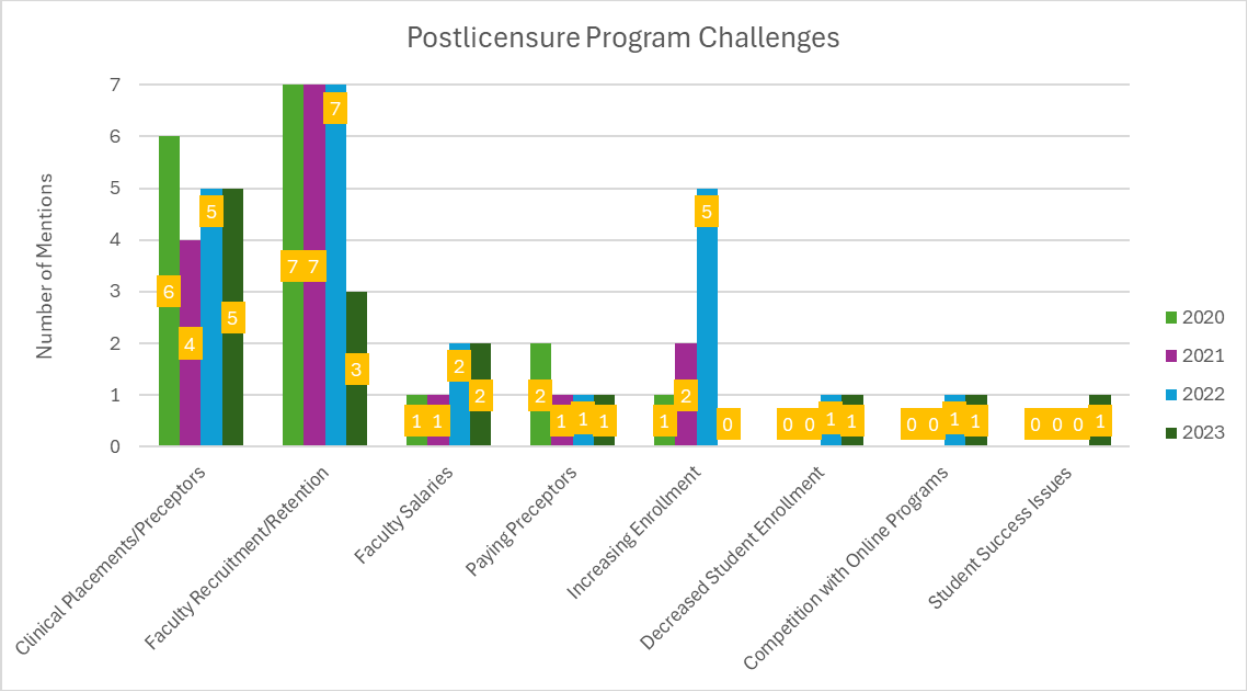
Source: Washington State Board of Nursing. Prelicensure Annual Survey.

Note. Question not asked in 2019-2020 survey. Other challenges cited: Lack of administrative support, DEI initiatives, faculty burnout, low morale, competition with online programs, and unstable leadership.

Postlicensure Program Challenges

With respect to postlicensure program challenges (Chart 49), faculty recruitment and retention along with clinical placements/preceptors were the most frequently cited issues in all four years, each peaking at 7 mentions in multiple years. Paying preceptors and faculty salaries were raised less frequently but consistently mentioned. Increasing enrollment mentions surged in 2022 with 5 mentions. Newer concerns such as competition with online programs, student success issues, and decreased enrollment appeared in 2023.

Chart 49: Biggest Challenges for Postlicensure Nursing Programs



Source: Washington State Board of Nursing. Postlicensure Annual Survey.

Note. Question not asked in 2019-2020 survey. Other challenges cited: Starting a new program, budget constraints, new/inexperienced faculty, competition with WGU, lack of support personnel, and program director turnover.

Methods

Part of the data for this report came from analysis of the public use Washington State Board of Nursing (WABON) Education Data Dashboard. The Education Data Dashboard (EDD) was launched in 2023 and was not available when the 2014-2020 educational trend report was written. Before 2019, most of the evaluation data came from the Nursing Care Quality Assurance Commission (NCQAQ)/Washington State Board of Nursing annual surveys that nursing program directors were required to complete. Since 2020, WABON (n.d.) has expanded their data dashboard sources to include the (a) National Council of State Boards of Nursing (NCSBN) In-State Prelicensure survey (which incorporates the National Nursing Workforce Education Minimum Dataset variables); (b) WABON In-State Postlicensure survey; (c) WABON Out of State survey; (d) Pearson VUE National Council Licensure Exam (NCLEX) statistics, (d) WABON Refresher Program survey, and (e) Washington Nursing Assistant Program survey. Note: Effective 2023, as part of the legislature to join the Nurse Licensure Compact, NCQAQ changed its name to WABON (WABON, n.d.).

Regulations regarding nursing education in the state of Washington require programs to submit an annual report via survey provided by WABON (WAC 246-840-520). The dashboard covers data reported during a particular academic year. Data are aggregated and reported in summary form and shared publicly by WABON. The data is subject to public disclosure under the Public Records Act (RCW 42.56). However, the EDD information comes with limitations (see limitations section below).

In addition to evaluating trends published by WABON to the EDD, a secondary analysis was conducted by evaluating raw data from the NCSBN In-State Prelicensure and WABON In-State Postlicensure annual surveys collected from the 2019 – 2023 time period. A data request was submitted and approved to use for analysis by WABON. Survey raw data were downloaded in January 2025.

The purpose of the secondary analysis portion of the report was to evaluate data and trends not currently being reported or highlighted on the dashboard (data and maps regarding non-rural versus rural nursing programs for example). Data were reviewed for accuracy. Duplicate records, incomplete records, or extreme outliers were excluded from analysis. Numbers reported as decimals were rounded to the nearest whole number. Whole numbers, not averages, are presented. In addition, all programs answering the surveys were included in the secondary analysis (Western Governor's University for example).

In this report, faculty salary data analysis differs from data reported on the EDD. For this report, 9- and 12-month contract low and high salaries reported by programs on prelicensure and postlicensure surveys were listed in rank order from lowest reported salary to highest reported salary. The lowest and highest reported salaries (including Western Governor's University) for

each contract length salary were then chosen and reported. Whole numbers, not averages, were reported. Data were not averaged. Extreme outliers on the low end were not included.

Methodological differences (such as the salary data explained above) may result in dashboard, annual prelicensure, and postlicensure data analysis to diverge slightly from that reported**. The information presented in this report may differ from that presented on the EDD.**

Limitations

The annual pre and postlicensure WABON program surveys, and the EDD provide important data to the public. However, for the purposes of writing this report, the following limitations exist:

1. It is not known how dashboard data were cleaned or how discrepancies in information were resolved (missing data, incorrect responses, outliers). With certain survey questions, there were large amounts of data recorded as missing or unknown making calculations, trends, and comparisons difficult. See Appendix A for a snapshot regarding how WABON evaluated data for the dashboard.
2. Where calculated averages are reported on the dashboard, it is not known how the averages were calculated and if outliers were included in the calculations (example: faculty salary data).
3. Annual survey questions varied from year to year making trends and comparison of data difficult. Questions asked one year were not asked in subsequent years.
4. Survey data obtained often lacked question headers. Because of this, It was not possible to evaluate and trend raw data. In these instances, data reported to the EDD were used.
5. There was information collected in the annual surveys that was not included on the dashboard (example: responses for program challenges).
6. On the annual surveys, schools with multiple campuses were not asked to report as separate programs or separate campuses. Schools report as one combined program. For this reason, it was not possible to distinguish rural vs. non-rural programs with respect to students, faculty and actual numbers of programs available, etc.
7. The postlicensure survey lacked simulation questions regarding the use of simulation in master's and doctoral programs leading to advanced practice degrees (family nurse practitioner for example), thus making it difficult to evaluate the use of simulation in graduate programs.
8. The annual pre and postlicensure survey responses were self-reported data which could be completed by more than one person. Questions were subject to interpretation. As a result, responses may vary from year to year depending on the individual(s) completing the questions.
9. The existing dashboard does not provide context for the data. The reader must come to their own conclusion. This may be difficult due to the many resources from which to gather and display information.
10. The dashboard does not include qualitative survey responses, which would help to provide context for situations.
11. COVID questions were asked early on that were not included in later surveys, making it difficult to evaluate the long-term impacts of the pandemic on nursing education.

12. Data collected were for regulatory purposes (NCSBN prelicensure survey for example), not for research purposes. Thus, the information collected does not address specific research questions or provide rationales for responses in the survey.

Ultimately, the accuracy of the data is dependent on the accuracy of the data published to the WABON EDD. WABON provides technical assistance for programs to better understand the survey questions. It is up to the reader to make individual informed decisions about the information being published.

Recommendations

Based on the findings of this report, the following recommendations are provided to guide future research, strengthen program improvement efforts, and support effective succession planning across nursing education programs in Washington State.

Future Research

- Analyze the impact of out-of-state program presence on the availability of in-state clinical placement opportunities.
- Conduct focused statewide research on postlicensure clinical placement barriers, particularly in mental health and rural practice areas.
- Expand survey instruments to specifically capture the use of simulation among postlicensure nursing programs, which are currently missing from statewide data collection. Failure to do so limits the understanding of simulation's role in advanced practice nursing education.
- Improve year-to-year data collection consistency by standardizing survey instruments to allow for more accurate trend analysis and actionable insights.
- Assess the financial and operational impact of new simulation requirements on programs, especially within rural and under-resourced institutions.
- Investigate patterns in faculty recruitment, retention, and turnover with attention to the rising rate of resignations alongside retirements.
- Examine the demographic barriers and facilitators affecting enrollment, persistence, and success among underrepresented racial, ethnic, and gender groups in nursing programs.

Program Improvement

- Location of programs rural vs non-rural**:** Focus on bolstering presence in central and northeastern counties where fewer programs are currently represented. Note: It is difficult to find preceptors and faculty for rural areas
- Expand funding, not only for simulation labs and equipment, but for faculty development. This includes CHSE/CHSE-A simulation certifications as well as ongoing training.
- Strengthen strategies to recruit and retain preceptors including exploring sustainable financial incentives or compensation models.
- Enhance student success initiatives especially in response to the recent rise in reported prelicensure student success challenges.

Succession Planning

- Establish structured mentoring and leadership development programs for new and aspiring deans, directors, and administrators to ensure smooth transitions.
- Build leadership pipelines that intentionally support underrepresented groups to improve diversity at the administrative level.
- Create formal succession plans within programs to reduce disruptions caused by leadership turnover, which has been a significant driver of organizational change.
- Develop "grow your own" faculty models that mentor part-time or adjunct faculty into full-time teaching roles.
- Provide leadership development workshops and resources to prepare mid-level faculty for future administrative roles.
- Advocate for statewide policies that offer institutional support during leadership transitions, including financial and administrative assistance, to help maintain program stability.

Summary of strategies

This section outlines practical and operational strategies drawn from the report's content that goes beyond formal recommendations. These approaches could help nursing programs and stakeholders strengthen their efforts to improve nursing education, clinical access, faculty support, and workforce development across Washington State.

Strengthen Regional Collaborations

- Build formal partnerships between urban and rural nursing programs to share faculty expertise, clinical site access, and simulation resources.

Leverage Technology and Virtual Resources

- Expand the use of telehealth simulation and virtual clinical experiences to supplement physical clinical site shortages, especially in mental health and rural specialties.
- Invest in shared simulation libraries or cross-institutional scenario banks to reduce development costs.

Enhance Preceptor Engagement

- Offer non-monetary incentives for preceptors, such as continuing education credits, clinical faculty titles (rather than adjunct), or access to university resources otherwise reserved for full-time faculty.
- Develop recognition programs that publicly acknowledge and celebrate the contributions of preceptors.

Diversify Recruitment Pipelines

- Collaborate with high schools, community-based organizations, and workforce development boards to create early pipeline programs targeting underrepresented students.
- Provide tailored support services for nontraditional students, such as flexible course scheduling, childcare assistance, or financial and professional success coaching.

Boost Faculty Support and Retention

- Implement structured faculty onboarding and peer mentoring programs to improve retention, particularly for new and part-time faculty.
- Offer flexible workload models, such as teaching-release time for research or professional development, to reduce burnout.
- Consider transitioning courses to an online format to allow for more workload flexibility.

Advance Leadership Development

- Create leadership shadowing opportunities within programs to help junior or mid-level faculty understand administrative responsibilities.
- Partner with national organizations (e.g., NLN, AACN) to send emerging leaders to formal leadership academies or fellowships.

Optimize Data and Evaluation Systems

- Enhance internal program data tracking systems to go beyond state-required reporting to better inform internal quality improvement.
- Conduct regular internal reviews or “pulse checks” on faculty and student satisfaction to proactively address issues before they escalate.

Dissemination Plan

Draft results from this report were presented to the WCN Board of Directors, CNEWS, the Washington State Nursing Leadership group, and the Nursing Workforce Research stakeholders' group prior to release. Feedback from these presentations re-shaped this report. All of the feedback is greatly appreciated.

Initial dissemination plans for this report include:

- This report will be uploaded to the Washington Center for Nursing website at https://www.wcnursing.org/ August 2025
- WCN will promote the release of the report on Facebook, LinkedIn and Instagram through a special social media release in August 2025.
- Links to the report will be sent to the Washington Center for Nursing Board in August 2025. The WCN Board includes:
    - Antwinett O. Lee, EdD, MSN-CNS, RN, Multicultural Nurses Association
    - Melissa L. Hutchinson, DNP, ARNP-CNS, CCNS, CWCN-AP, CCRN, ARNP Position
    - Steven C. Simpkins, PhD, RN, CNEWS 2-year Community/Technical College Position
    - Michelle James, MBA, MM, BSN, RN, CCRN, CENP, NWONL Position
    - Edna Cortez, RN, WSNA Position
    - Katie Eilers, MSN, BSN, RN, Public Health Association
    - David Keepnews, PhD, JD, RN, FAAN, WSNA Position
    - Jane Hopkins, RN, SEIU Position
    - Christina Nyirati, PhD, RN, CNEWS 4-year College/University Position
    - Wendy Williams-Gilbert, PhD, RN, At Large Position
    - Christina Finch, MHA, BSN, RN, CPN, NWONL Position
    - Carol Denison, LPN, LPN Position
    - Tricia Jenkins, RN, BSN, CEN, SEIU Staff Nurse Position
- In addition, the Washington State Board of Nursing, and all major nursing and healthcare organizations will receive the report to send out to their members in August 2025.

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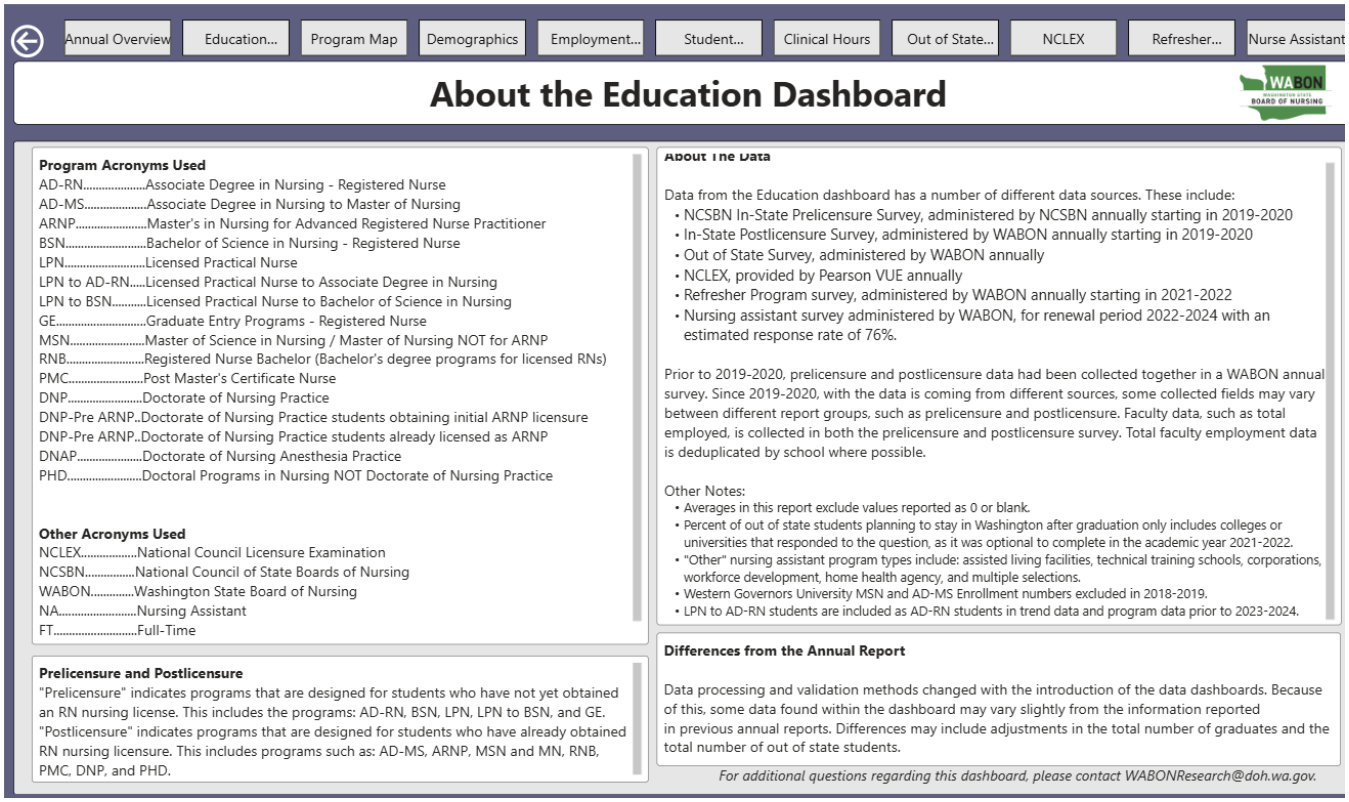
Appendix A

This screenshot provides an overview of the Washington Nursing Education Dashboard detailing key definitions, acronyms, and data sources used in statewide reporting on nursing education programs. It distinguishes between *prelicensure* programs—those for students not yet licensed as RNs—and *postlicensure* programs for students who have already earned RN licensure. The dashboard aggregates data from multiple sources. Acronyms for common nursing degrees and certifications are defined, along with special notes on data exclusions and interpretation. Methodological differences may cause dashboard data to diverge slightly from that reported in annual summaries, particularly regarding out-of-state students and total program completions.



Source: Source: Source: Washington State Board of Nursing. (n.d.) Education Data Dashboard