A Statewide Approach to Expanding Nursing Clinical Placements: Washington's Clinical Placement Initiative

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Abstract: Nationally, nursing schools report they are unable to increase enrollment due to insufficient numbers of nurse faculty and clinical placement opportunities for students (AACN, 2022). In 2023, the Washington State Legislature allocated resources to increase clinical education and practice experiences by facilitating communication between nursing programs and healthcare facilities. The purpose of this initiative is to expand clinical placement opportunities available to nursing programs, to support increased program enrollment, and to address the nursing shortage. The Washington Center for Nursing (WCN) launched and directed the Clinical Placement Initiative (CPI) from 2023 to 2025. For the Initiative, WCN convened regional and statewide stakeholders from education and healthcare organizations to inform the project with the aim of improving communication and expanding clinical placement opportunities for nursing students. The initiative includes a clinical placement survey, an online community for placement communications, and the development of statewide recommendations. The authors describe the implementation of the CPI and include a summary of findings and outcomes.

Keywords: clinical placements, clinical experiences, nursing, community experiences, nursing education, stakeholder group feedback

Clinical experience provides nursing students with the opportunity to apply practical skills learned in the classroom in various health care settings under the supervision of a clinical instructor or preceptor (ANA, 2023). The AACN (2022) cites that nursing programs struggle to increase enrollments due to an inadequate supply of nurse faculty and clinical placement opportunities for students. A 2023 national survey conducted by the ANA reported that nursing programs denied admission to 66,274 students who applied to baccalaureate nursing programs across 368 schools. While the report cited several reasons for their inability to admit students, it

identified an inadequate supply of clinical sites as the primary reason. According to the ANA, 254 nursing schools (69%) reported difficulty securing sufficient clinical sites to meet students' learning needs (2023). Other studies have examined clinical placement experiences in nursing education and found that organizational and site-level conditions shape the quality of student clinical experiences (Cant et al., 2021). These findings mirror findings in the CPI, where competing demands and site-level capacity influence the ability and use of clinical placement opportunities.

In 2024, Washington state had 59 pre-licensure programs across 48 schools. During the 2022-2023 academic year, pre-licensure programs admitted 4,353 students. In the same year, 7,900 students met admission requirements, and programs rejected 3,547 applicants, reflecting a 55 percent admission rate. While students can apply to more than one program, which may result in duplicated counts, Washington's admission rate was 48 percent from 2017 to 2023, reflecting a total of 19,883 qualified students not admitted over five years (WABON Annual Education Report, 2024).

Inadequate clinical sites were reported by 46 percent of programs. Programs have indicated that clinical site availability is the largest challenge to expanding our program's enrollment. Many sites are already at maximum capacity. (Flores-Montoya et al., 2025).

Programs located in non-rural counties reported lower availability (86%) than those located in rural counties (14%). Practical nursing programs reported a higher rate of clinical site unavailability (57%) than associate degree (44%) and bachelor's (50%) programs (Flores-Montoya et al., 2025). To understand clinical hour consumption and demand, a five-year review of Washington's Registered Nurse Clinical Hours found significant variation in the number of clinical and preceptor hours by program. For example, the total clinical hours for associate degree (AD) programs ranged from 257 hours to 1,004 hours in the same academic year, with a five-year average of 571 total clinical hours (Flores-Montoya & Burwell, 2023). The Washington Board of Nursing (WABON) requires students in an AD nursing program to complete at least 500 clinical hours (Washington Administrative Code § 246-840-531, 2016). According to Flores-Montoya and Burwell (2023), students spend most of their clinical time in direct care hours (87%), followed by simulation hours (8%). For students completing AD clinical hours, programs deliver most learning in the medical-surgical rotation (46%), followed by the preceptor rotation (24%). Similarly, bachelor's nursing students average 815 clinical hours, with most in direct care (86%), 25 percent in a medical-surgical rotation, and 21 percent in a preceptor rotation. programs that report clinical placements for maternal health and mental health rotations are the most difficult

to find. AD programs notably increased simulation hours by 90 percent and 111 percent, respectively, for these rotations from 2015 to 2021 (Flores-Montoya & Burwell, 2023).

In a 2023 survey of Washington hospitals, 86 percent reported hosting students for clinical placements, prompting an inquiry to understand the 14 percent who are not hosting. Hospital participants reported not enough staff (64%) and staff burnout (38%) as the primary barriers to increasing nursing student clinical placements. Local consortia supported many nursing clinical placements and coordinated 25,031 placements across 120 facilities in 2022-2023, with most occurring in hospitals (Flores-Montoya, 2024). Education programs and healthcare facilities describe similar barriers to increasing clinical placements.

In efforts to address the nursing shortage and expand enrollment in nursing programs, Washington's 68th Legislature allocated state appropriation funding in 2023 to facilitate communication between nursing education programs and health care facilities to increase clinical education and practice experiences for nursing students. The Washington State Legislature tasked the Washington Center for Nursing (WCN) with facilitating the initiative, including stakeholder convenings, data collection, and the development of strategies to resolve clinical placement barriers.

Methods

WCN launched the CPI in the fall of 2023 and guided the project in accordance with the requirements outlined in Engrossed Substitute Senate Bill 5187 (2023). The overall purpose of the CPI is to facilitate communication between nursing education programs and healthcare facilities that offer clinical placements, increasing clinical education and practice experiences for nursing students. WCN began the CPI project by convening key statewide stakeholders and assembling a project team that included a program manager, a researcher, and a facilitator to conduct the meetings. WCN developed a plan and timeline for the two-year project to achieve the CPI requirements, including:

- Convene and facilitate regional stakeholder meetings between nursing education, healthcare facilities, and other relevant stakeholders.
- Gather data to assess current clinical placement practices, opportunities, and needs.
- Identify Washington healthcare facilities that offer clinical placement opportunities.
- Develop strategies to resolve clinical placement barriers.
- Provide a digital message board and communication platform to share clinical placement needs and opportunities.

- Identify policy recommendations to increase opportunities for clinical placements.
- Design Stakeholder Meetings

Stakeholders were recruited from across the state to participate in the CPI and included representatives from nursing programs, healthcare facilities, and statewide stakeholders such as WABON members or other leaders. Six quarterly meetings were held with regional stakeholders and with an advisory committee. Each meeting was held virtually using a participatory approach designed to guide structured discussion, elicit targeted stakeholder input, and inform the project development. Each meeting addressed a topic and was scheduled in this order:

- Sharing Context
- Creating a Shared Vision,
- Identifying Barriers to Success
- Crafting Strategic Directions
- Developing Success Indicators
- Identify Policy Recommendations

Participant activities included interactive and virtual Technology of Participation® facilitation methods for idea generation, theme determination, and discussion of outcomes. After the regional meetings were complete, a steering committee convened to review the information and developed a statewide model based on the regional inputs.

Data Gathering

To better understand current clinical placement practices and opportunities, many data sources were gathered. First, the WABON Annual Education Report (2024) was used to describe aspects of nursing education, such as exploring rural versus non-rural schools, the number of qualified applicants turned away, and the number of enrollees in programs to generate projections of clinical placements needed. Second, the WCN Clinical Hours report (Flores-Montoya & Burwell, 2023) was used to examine the number of hours nursing students spent in direct care and during their clinical rotations. The WCN Nursing Consortium report described the number of placements, the type of clinical setting, and their location, as well as the volume of hours scheduled for clinical placements, including the time of day, week, and year (WABON Annual Education Report, 2024). Data was gathered during each of the CPI regional meetings, where stakeholders were asked to discuss regional-specific barriers, seek strategies, and generate solutions. WABON's Preceptor Grant (2023-2026) data are explored to provide the number and

level of nursing students, the number of preceptor experiences by facility type, and the locations of schools and clinical sites where the preceptor grant is being used.

After the existing data was compiled, it was determined that additional data was still needed to further inform the project. Thus, WCN partnered with the Washington State Hospital Association (WSHA) to distribute a survey to hospitals statewide, as all hospitals are WSHA members. As a result, both organizations conducted a primary survey. The WSHA survey sought to understand clinical placements from its hospital members, while WCN's survey sought to collect clinical placement information from non-hospital settings. Both the WCN Clinical Placement Initiative Survey (Flores-Montoya et al., 2025) and the WSHA Survey (Washington State Hospital Association, 2025) included questions about the number and types of students hosted (undergraduate and graduate nursing students), barriers to placements, and the setting in which clinical placements occurred.

Community Platform

The online community platform was launched in February 2024. Hivebrite is a community management platform and was selected to support communications for education programs and healthcare facilities. To start, stakeholders were required to create a login and register for the online regional stakeholder meetings using the platform. To drive engagement and encourage stakeholder participation on the platform, weekly activities were posted. One of the first benefits of the platform was the availability of visible, accessible contact information by region, so that participants could find and connect with stakeholders in their region or statewide. A second benefit of the community platform was Live Feed, where participants could engage in discussions, such as sharing best practices for clinical placements and discovering non-traditional placement ideas.

Another function of the platform was the Opportunities section, where healthcare facilities posted clinical placement opportunities for nursing students, and nursing programs posted that they were seeking such placements. Finally, the platform's Information Center was used to upload various resources for stakeholders, such as meeting summaries to review and implement ideas generated during the engaging sessions, lists of potential clinical sites, and articles supporting clinical placement research and practices. The online community platform was used to foster communication through weekly discussion postings to support engagement, share resources, and facilitate ongoing recruitment of stakeholders.

Results

Stakeholder Meetings and Community Platform

The meeting topics included an environmental scan, identifying missing data, creating a shared vision, identifying barriers to success, crafting strategic directions, developing success indicators, and identifying policy recommendations (see Table 1).From 2023-2025, 248 stakeholder participants across the state participated in meetings.

Table 1
Stakeholder Meeting Topics and Outcomes

Meeting Topic	Outcomes
Environmental Scan and Identifying the Missing Data	Identified missing data, informed primary data survey, and created a list of clinical placement opportunities
Creating a Shared Vision	Identify strategies by region with a vision describing success in 3-5 years
Identifying Barriers to Success	Describe internal and external obstacles to the implementation of strategies at all levels
Crafting Strategic Directions	Explore specific, practical, and innovative strategies to achieve project goals and identify the highest priority strategic directions.
Developing Success Indicators	Develop implementation plan using SMARTIE(specific, measurable, attainable, relevant, time-bound, inclusive, and equitable) approach
Identify Policy Recommendations	Identify and prioritize policy recommendations and solutions

Findings

At the end of 2024, WCN and WSHA each administered separate clinical placement surveys to gather information from facilities about current clinical placement practices. WSHA sent the survey to its hospital members, while WCN sent the survey to non-hospital healthcare settings. The WSHA survey was sent to 115 hospital members statewide (representing all hospitals in Washington) and received 45 responses. The WCN survey was distributed to at least 139

healthcare facilities through other networks, including the Washington State Department of Health's (WSDH) facility distribution list and WCN's network of nursing and other organizations. The WCN survey had a total of 145 responses from various settings, including hospitals, dialysis centers, public health, and correctional facilities. A total of 132 distinct facilities reported clinical placement data from 31counties across Washington and one from an out-of-state county. A total of 60 facilities were in rural counties, and 72 were in non-rural counties. When asked if facilities increased or decreased clinical placements over the 2024 calendar year, most hospitals (69%) reported they "stayed the same," and 52 percent of WCN non-hospital participants reported they "stayed the same". Some facilities reported an increase in clinical placements in 2024, with 22 percent of hospitals and 31 percent of non-hospital facilities (Flores-Montoya et al., 2025; Washington State Hospital Association, 2025).

While the WCN survey was distributed primarily in non-hospital settings, a small number of hospital facilities also participated. The largest group of respondents to the WCN survey was school nursing sites, comprising of 21 percent of responses, followed by acute care facilities with fewer than 25 beds, acute care facilities with more than 25 beds, and nursing homes, each representing 8 percent of responses. A total of 96 participants (70%) reported "yes" to currently hosting nursing students for clinical placements, while 42 (30%) reported "no" to hosting students. The largest type of setting in a rural county was acute care with fewer than 25 beds (94%), followed by rural health clinics (86%) and prison or correctional facilities (80%). Many facilities are associated with more than one setting; therefore, the total number of settings exceeds the total number of participant responses. A total of 5,395 nursing clinical placements were reported for the 2024 calendar year, with 92 percent of those placements being Registered Nurse placements, followed by Practical Nurse placements five percent, and three percent were NP student placements (Flores-Montoya et al., 2025).

Table 2
CPI Survey Facilities Hosting Nursing Students

	N	%	Yes Host Students (%)	No Host Students (%)	Rural
Acute Care (<25 beds)	17	8%	76%	24%	94%
Acute Care (>25 beds)	16	8%	100%	0%	25%
Ambulatory Center	15	7%	73%	27%	20%
Behavioral Mental Health	12	6%	100%	0%	42%
FQHCC/Community Clinic	4	2%	67%	33%	33%
Home Health/Hospice	10	5%	80%	20%	30%
Nursing Home/ SNF/Senior Homes	16	8%	88%	12%	25%
Public Health	12	6%	67%	33%	50%
Primary Care Clinic	12	6%	92%	8%	33%
Rural Health Clinic	14	7%	86%	14%	86%
School Nursing	44	21%	52%	48%	55%
Specialty Clinic	12	6%	92%	8%	33%
Urgent Care Center	10	5%	90%	10%	40%
Prison/Correctional Center	10	5%	70%	30%	80%
Other	5	2%	60%	40%	0%

Note: Healthcare facilities can select more than one setting type; therefore, the total exceeds the number of participants. Source: Flores-Montoya et al. (2025)

Of the 45 responses from hospital members, 41 (91%) reported "yes" to hosting students, and 4 (9%) reported "no." Three of the four who reported "no" to hosting had 25 or fewer beds and are likely in rural areas. For hospitals with fewer than 25 beds, 10 reported "yes" to hosting and are likely located in a rural setting. Hospitals reported a total of 164 PN placements, 4,969 RN placements, and 233 NP placements.

Figure 1 shows the number of clinical placements by number of licensed beds. Those hospitals with more beds typically had more clinical placements, with the largest hospital, with 810 beds, hosting 941 placements. Another hospital with 407 licensed beds reported 1,025 clinical placements in the one-year period. A smaller hospital with 50 beds reported 220 clinical placements, and another with 123 beds reported six placements. While a hospital with 349 beds reported zero placements. Hospitals with 24 beds or fewer were more likely to report zero clinical placements. While it appeared that hospitals with more beds typically hosted more clinical

placements, the chart shows no clear pattern or average number of clinical placements with the number of licensed beds (Flores-Montoya et al., 2025).

Figure 1

Total Clinical Placements by Number of Hospital Licensed Beds

Total Clinical Placements by Number of Licensed Hospital Beds 2024
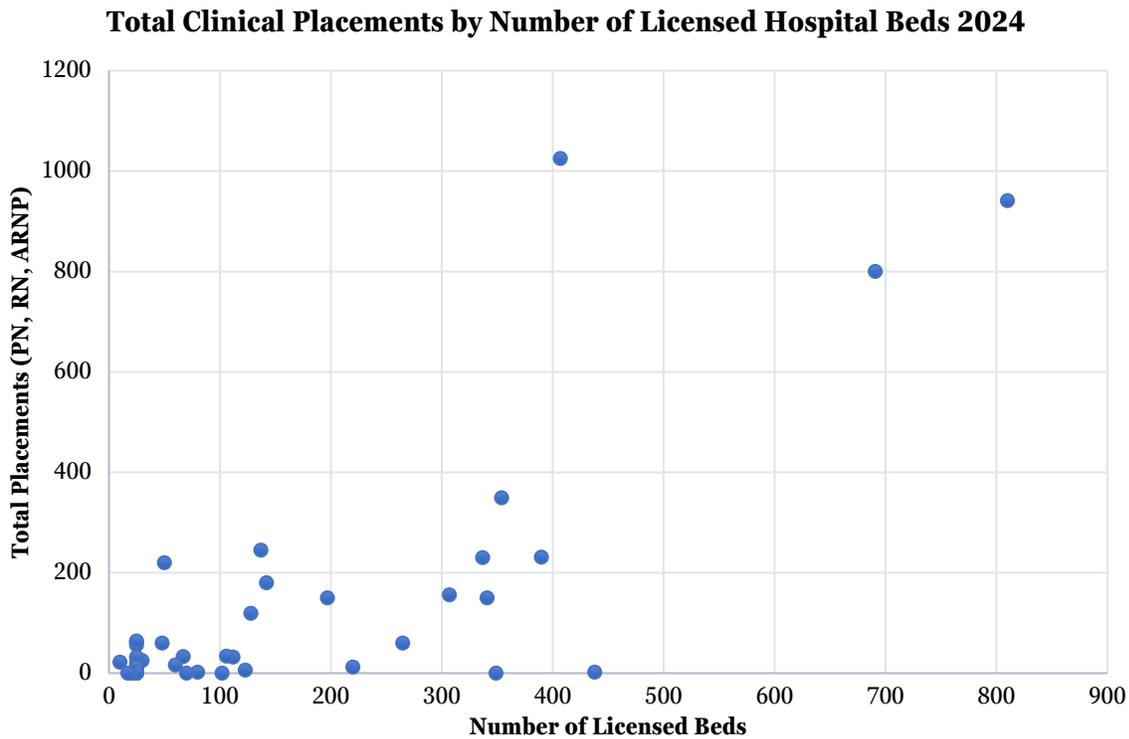
Barriers

Both the WCN Clinical Placement Initiative Survey and the WSHA Clinical Placement Survey asked the healthcare facilities to identify the clinical placement barriers. Both hospitals and non-hospitals identified clinical staff feeling overburdened or stressed as the greatest barrier (25%), followed by the facilities prioritizing their employee training over student placements (18%) (Flores-Montoya et al., 2025; Washington State Hospital Association, 2025).

Table 3
Facilities Reporting Clinical Placement Barriers

	Hospital	%	Non-hospital	%
Clinical staff feel overburdened/stressed	27	25%	46	27%
Prioritizing employee training vs student placement	19	18%	n/a	n/a
Limitations of physical space	17	16%	24	14%
Concern for the quality of clinical experience for students	12	11%	24	14%
Inexperience (Staff are not prepared to work with students)	9	8%	n/a	n/a
Misalignment of clinical placement dates/times with available opportunities	8	7%	13	8%
Other	7	7%	4	2%
Complex onboarding process	5	5%	10	6%
Concern for the quality of patient care/experience	3	3%	8	5%
Concern for incivility	0	0%	1	0.6%
Insufficient number of RN staff	n/a	n/a	30	18%
Financial burden	n/a	n/a	10	6%

Note: Healthcare facilities could select more than one barrier; the total exceeds the number of participants. Source: Flores-Montoya et al. (2025); Washington State Hospital Association (2025).

Facilities were asked various questions about placement practices, such as how placements are coordinated, and most reported direct communication with schools, 80 percent of hospital participants, and 73 percent of non-hospital participants. Overall, 53 percent of hospitals reported having a dedicated student placement coordinator; however, only 16 percent of rural hospitals reported having one. Most non-hospital participants (58%) reported having a dedicated student placement coordinator. Student placement coordination also occurs via consortium placements. When asked whether facilities provide incentives such as premium or differential pay to preceptors, 73 percent of hospitals surveyed responded "yes," and 46 percent of non-hospitals reported "yes."

While 51 percent of non-hospital facilities reported increasing the number of clinical placements in 2024, and 22 percent of hospitals surveyed reported they plan to increase clinical placement capacity, schools continue to report challenges with clinical placements. To understand the number and types of clinical sites available, data was compiled from various surveys, and reports

identified 611 unique sites currently hosting all levels of nursing students. Sites ranged from small to large hospitals, behavioral health settings, prison or correction facilities, rural health clinics, and many more (Flores-Montoya et al., 2025).

Implications

When hospital participants were asked to describe practices, their organizations are implementing to increase clinical placement opportunities, they reported a streamlined onboarding process and exploring sites outside the hospital. When asked what the non-hospital needs are to support facilities accepting students, they reported preceptor training for staff (32%), hiring more staff (31%), and a dedicated clinical coordinator (18%). Some facilities located in rural areas identified support needed in housing or transportation for students (6%) (Flores-Montoya et al., 2025).

The following are recommendations to increase the number of clinical placement sites.

Clinical placement schedules. Consortium placement data show an opportunity for more placements during the summer months, on weekends, and during the night shift (Flores-Montoya, 2024).

Rural placements. Opportunity to expand clinical placements in rural locations. Most (75%) of hospital participants who reported "no" to hosting students were in rural counties, and 52 percent of non-hospital facilities were in rural counties (Flores-Montoya, 2024).

Sites that are not currently hosting students. There were four hospitals and 40 non-hospital sites identified from the CPI surveys that reported "no" to currently hosting students. Of those, 28 (80%) reported "yes" to the question of whether they would like to host students. Additional insights and associations provide opportunities to support expansion to these sites (Flores-Montoya, 2024).

Non-traditional sites. Most clinical placements for pre-licensure students occur in hospital settings. Evidence supports similar student outcomes with clinical experiences in non-hospital settings (Patterson et al., 2018; Gillespie & McLaren, 2010). CPI stakeholders identified non-traditional settings and facility names where they would like to expand clinical opportunities.

Simulation. Evidence supports the use of simulation for undergraduate clinical experiences (McKitterick et al., 2023; Hayden et al., 2014), and although schools are integrating it into their curriculum, it remains underutilized.

Each opportunity listed poses unique challenges and requires both resources and creativity to establish new practices. The stakeholders identified the above opportunities in detail, coupled with the obstacles to implementation and the strategies to address them.

Conclusion

Much effort went into recruiting stakeholders, and high engagement was consistent from education programs and hospitals across the state. However, it was challenging to recruit and retain other stakeholders, including non-traditional healthcare settings. Similarly, stakeholder engagement in some regions had fewer participants than in others, and, notably, they reported fewer clinical placement issues; thus, project engagement was lower in those areas. To maintain equal participation and input from healthcare facilities and education programs during regional meetings, ongoing efforts to re-engage or recruit ensured neither group outweighed the other. Launching the online communication platform was quick; however, consistent participation on the platform takes time. Ongoing strategies were developed to create an engaging platform for stakeholder communication. Strategies included marketing on social media platforms, active stakeholder contributions to the platform, and posting useful resources identified during meetings. Project success is attributed to WCN's longstanding relationships across the state, including the hospital association, the board of nursing, colleges and universities, consortium partners, and healthcare facility leaders and clinical coordinators. Finally, employing a skilled team to support the project, including key partners across the state, a program manager to oversee the day-to-day activities, researchers for data analysis, and expert facilitators to lead purposeful regional meetings.

References

American Association of Colleges of Nursing (AACN). (2022). Data spotlight: The impact of insufficient clinical sites on baccalaureate program admissions. https://www.aacnnursing.org/news-data/all-news/january-2022-data-spotlight-impact-of-insufficient-clinical-sites-on-baccalaureate-program-admissions

American Nurses Association (ANA). (2023, November). What to expect during nursing clinicals. *ANA Nursing Resources Hub*. https://www.nursingworld.org/content-hub/resources/becoming-a-nurse/what-to-expect-during-clinicals/

Cant, R., Ryan, C., Hughes, L., Luders, E., & Cooper, S. (2021). What helps, what hinders? Undergraduate nursing students' perceptions of clinical placements based on a thematic synthesis of literature. *SAGE Open Nursing, 7*, 1–20. https://doi.org/10.1177/23779608211035845

Flores-Montoya, A. (2024). Nursing education clinical placements: A review of Washington consortium data 2022–2023. *Washington Center for Nursing*.

Flores-Montoya, A., Aragon, S., & Merry, L. (2025). Clinical Placement Initiative Report: Increasing access to nursing education clinical placements. *Washington Center for Nursing*. https://www.wcnursing.org/wp-content/uploads/2025/12/2025-Dec_WA-Center-for-Nursing-Clinical-Placement-Initiative-Final-Report.pdf.

Flores-Montoya, A., & Moulton Burwell, P. (2023). Washington State nursing education clinical hours for registered nursing programs: Academic years 2015–2022. *Washington Center for Nursing*. https://www.wcnursing.org/wp-content/uploads/documents/reports/2023-July_WCN-Nursing-Education-Clinical-Hours-Report_Final.pdf

Gillespie, M., & McLaren, D. (2010). Student nurses' perceptions of non-traditional clinical placements. *British Journal of Nursing, 19*(11), 705–708. https://doi.org/10.12968/bjon.2010.19.11.48395

Hayden, J. K., Smiley, R. A., Alexander, M., Kardong-Edgren, S., & Jeffries, P. R. (2014). The NCSBN national simulation study: A longitudinal, randomized, controlled study replacing clinical hours with simulation in prelicensure nursing education. *Journal of Nursing Regulation, 5*(2). https://doi.org/10.1016/S2155-8256(15)30062-4

McKitterick, D. J., Jayasekara, R., & Parker, B. (2023). Effectiveness of simulation in undergraduate programs: Systematic review. *Science Talks, 6*. https://doi.org/10.1016/j.sctalk.2023.100186

Patterson, C., Perlman, D., Taylor, E. K., Moxham, L., Brighton, R., & Rath, J. (2018). Mental health nursing placement: A comparative study of non-traditional and traditional placement. *Nurse Education in Practice, 33*, 4–9. https://doi-org.offcampus.lib.washington.edu/10.1016/j.nepr.2018.08.010

S.B. 5187, 68th Leg., 2023 Reg. Sess. (Wash. 2023). https://app.leg.wa.gov/BillSummary/?BillNumber=5187&Year=2023&Initiative=false

WABON Annual Education Report (2024). https://nursing.wa.gov/sites/default/files/2025-07/2023-2024-Annual-School-Report.pdf

WABON's Preceptor Grant (2023-2026). https://nursing.wa.gov/research-and-data/data-dashboards/preceptor-grant-dashboard

Washington Administrative Code § 246-840-531. (2016). WAC 246-840-531: https://app.leg.wa.gov/wac/default.aspx?cite=246-840-531

Washington State Hospital Association. (2025). WSHA–WCN clinical placement survey results [PowerPoint slides]. Unpublished internal presentation.